

Preferred (B4) Drug List

Effective 12-01-2024

How to use this list:

On a 4 tier PPO plan? Refer to the B4 drug list.

Your drugs will fall into 4 tiers: Generic (1), Brand (2), Non-Preferred Brand (3), and Specialty (4).

Please see the chart on pages III- IV for information.

Have any questions? Please call customer service at 800-722-1471 (TTY:711), Monday through Friday, 5 a.m. to 8p.m. Pacific Time.

What is the list of covered drugs (Drug list)?

This document contains a list of generic, brand and specialty drugs covered under your plan.

How is the list of covered drugs developed?

The drug list is developed with an independent committee of physicians, pharmacists and other healthcare providers called the Pharmacy and Therapeutics Committee. This independent committee reviews and selects drugs for coverage based on each drug's safety, effectiveness, and cost.

The committee meets at least quarterly to review new drugs to market to determine placement on this list and reviews updated safety, effectiveness, and cost information for existing drugs to ensure the drug list remains up to date with current medical evidence.

How do I use the Drug list?

Drugs are listed by categories depending on the type of medical conditions that they are used to treat. If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

If you are not sure what category to look under, you can also search for the drug in the index. The index provides an alphabetical list of all the drugs included in this document. Next to the name of the drug in the Index, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

How does this drug list help me understand my drug coverage?

Drug coverage is based on your coverage contract. Coverage for a specific drug is subject to the rules outlined in your member booklet. This document will tell you if a drug is included on the drug list attached to your plan.

Will this drug list change?

This drug list is updated throughout the year. If you are taking a drug and it will be removed from the drug list or moved to a higher cost sharing tier, we will notify you of this change via letter. We also post information on upcoming drug list changes on our website on the “Drug List Changes” page.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These can be seen in the column next to the drug name on the list. These requirements and limits may include:

- **Prior Authorization:** some drugs require prior approval before they are covered.
- **Quantity Limits:** for some drugs, we limit the amount of the drug that we will cover. For example, we will cover 18 per 30-day supply of zolmitriptan oral tablets.
- **Step Therapy:** for some drugs we require that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, then we will then cover Drug B.

Drugs subject to these restrictions will generally mean that your physician or healthcare provider may need to provide additional information on your medical condition before the drug will be covered at the pharmacy. Information on this process is on our website on the “Drugs Requiring Approval” page.

Preferred (B4) Drug list

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *metformin oral tablet*).

The information in the Requirements/Limits column tells you if we have any special requirements for coverage of your drug.

The amount you pay for a covered drug will depend on if you have met any applicable deductible for the plan year, if you have met any applicable maximum out of pocket for the plan year and what tier the medication is on.

More information on applicable deductibles and maximum out of pockets can be found in your member booklet.

Drug Tier	Includes
Generic (1)	Tier 1 is the lowest tier and includes generic drugs. Generic drugs are as effective, safe, and high quality as their brand-name counterparts, yet less expensive.
Brand (2)	Tier 2 includes preferred brand drugs. Considered “preferred” when there is no generic, and/or because of their value and effectiveness.
Non-Preferred Brand (3)	Tier 3 includes non-preferred brand drugs. These drugs may be more expensive than their alternatives in tiers 1 and 2.
Specialty (4)	Tier 4 includes specialty drugs are drugs typically used to treat chronic, complex, or rare conditions and may require enhanced clinical support. Specialty Drugs are generally limited to a month supply on dispense. Please check your member booklet for more details.

Preferred (B4) Drug list

COVERAGE AND ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
UTILIZATION MANAGEMENT RESTRICTIONS		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit Restriction	We limit the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before we provide coverage for this drug you must first try another drug to treat your medical condition. This drug may only be covered if the other drug does not work for you.
OTHER SPECIAL REQUIREMENTS FOR COVERAGE		
SP	Specialty Pharmacy	In general, specialty drugs are drugs typically used to treat chronic, complex, or rare conditions and may require enhanced clinical support. Specialty Drugs are generally limited to a month supply on dispense. Please check your member booklet for more details.
OCh	Oral Chemo	Oral Chemotherapy Drug. Certain oral chemotherapy drugs may be covered under your medical plan. Please check your member booklet for more details.

ACA PV	Affordable Care Act (ACA) Preventive Medication	The Affordable Care Act (ACA) makes certain preventive medications available to you at no cost when you meet the requirements of the U.S. Preventive Services Task Force (USPSTF) recommendation grade of “A” or “B.” <i>If you have an Individual or a Family Plan that was purchased independently, the coverage in full for some drugs is limited to the following:</i> • <i>Bowel prep (example: peg 3350-electrolytes oral recon soln): Covered for persons between 45 and 75 years old. Limited to 2 prescriptions per year.</i> • <i>Breast cancer prevention (tamoxifen, raloxifene, anastrozole, exemestane, Soltamox liquid): Covered in full for persons 35 years or older.</i> • <i>Fluoride: Covered in full for persons 6 months old through 16 years old</i> • <i>Smoking cessation aids (example: nicotine patches): Covered in full for persons 18 years or older. Limited to 180 days per year.</i> • <i>Statins (example: atorvastatin): Covered in full for persons 40 years old through 75 years old.</i> <i>Coverage outside of the limits described above will be at the tier in the “Drug Tier” column.</i>
LA	Limited Access Drug	Some drugs under your plan may only be filled at an in-network specialty pharmacy. These are drugs where the FDA has restricted distribution or are drugs that require special handling, provider coordination, or patient education that cannot be met by a network retail pharmacy.
Vac	Vaccines	For more information on the coverage of vaccines administered at a Pharmacy, please see your member booklet, or contact Customer Service.

Drug Name	Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	3	
BREXAFEMME ORAL TABLET 150 MG	3	PA; ST; QL (24 per 180 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	3	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	
<i>itraconazole oral solution 10 mg/ml</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	3	PA; ST
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
ORAVIG MUCO-ADHESIVE BUCCAL TABLET 50 MG	3	ST
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	1	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	
SPORANOX ORAL CAPSULE 100 MG	3	
SPORANOX ORAL SOLUTION 10 MG/ML	3	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	3	PA; ST

Drug Name	Tier	Requirements / Limits
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	3	PA
VFEND ORAL TABLET 200 MG, 50 MG	3	PA
VIVJOA ORAL CAPSULE 150 MG	4	PA; ST; SP
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>adefovir oral tablet 10 mg</i>	1	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	4	PA; SP
APTIVUS ORAL CAPSULE 250 MG	2	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	
ATRIPLA ORAL TABLET 600-200-300 MG	3	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	PA
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	3	PA
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	4	PA; SP
CIMDUO ORAL TABLET 300-300 MG	3	
COMPLERA ORAL TABLET 200-25-300 MG	2	
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	3	
DESCOVY ORAL TABLET 120-15 MG	3	PA; ST

Drug Name	Tier	Requirements / Limits
DESCOVY ORAL TABLET 200-25 MG	3	PA; ST; QL (30 per 30 days)
DOVATO ORAL TABLET 50-300 MG	2	
EDURANT ORAL TABLET 25 MG	2	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	4	PA; SP; LA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	4	PA; SP; LA
EPIVIR ORAL SOLUTION 10 MG/ML	3	PA
EPIVIR ORAL TABLET 150 MG, 300 MG	3	PA
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG	3	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
FLUMADINE ORAL TABLET 100 MG	3	
<i>fosamprenavir oral tablet 700 mg</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4	SP
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	4	PA; ST; SP; LA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	4	PA; ST; SP; LA
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	3	
ISENTRESS HD ORAL TABLET 600 MG	2	
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	

Drug Name	Tier	Requirements / Limits
ISENTRESS ORAL TABLET 400 MG	2	
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	2	
JULUCA ORAL TABLET 50-25 MG	2	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	3	
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	PA; SP; LA
LIVTENCITY ORAL TABLET 200 MG	4	PA; SP
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	PA
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	4	PA; ST; SP; LA
MAVYRET ORAL TABLET 100-40 MG	4	PA; ST; SP; LA
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	
NORVIR ORAL POWDER IN PACKET 100 MG	2	
NORVIR ORAL TABLET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	2	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	2	QL (40 per 90 days)
PIFELTRO ORAL TABLET 100 MG	3	
PREVYMIS ORAL TABLET 240 MG, 480 MG	3	
PREZCOBIX ORAL TABLET 800-150 MG-MG	3	
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	

Drug Name	Tier	Requirements / Limits
PREZISTA ORAL TABLET 600 MG, 800 MG	3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	
RETROVIR ORAL CAPSULE 100 MG	3	
RETROVIR ORAL SYRUP 10 MG/ML	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	3	
<i>ribavirin inhalation recon soln 6 gram</i>	1	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	3	PA; ST; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; ST; SP; LA
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	4	PA; ST; SP; LA
SOVALDI ORAL TABLET 200 MG, 400 MG	4	PA; ST; SP; LA
STRIBILD ORAL TABLET 150-150-200-300 MG	3	
SUNLENCA ORAL TABLET 300 MG	4	PA; ST; SP; QL (9 per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	4	PA; ST; SP; QL (2 per 135 days)
SYMFI LO ORAL TABLET 400-300-300 MG	3	
SYMFI ORAL TABLET 600-300-300 MG	3	
SYMTUZA ORAL TABLET 800-150-200-10 MG	3	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	3	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	
TEMBEXA ORAL SUSPENSION 10 MG/ML	3	
TEMBEXA ORAL TABLET 100 MG	3	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 50 MG	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	

Drug Name	Tier	Requirements / Limits
TRIUMEQ ORAL TABLET 600-50-300 MG	2	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	3	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	3	PA; ST
TYBOST ORAL TABLET 150 MG	3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
VALCYTE ORAL RECON SOLN 50 MG/ML	3	
VALCYTE ORAL TABLET 450 MG	3	
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
VALTREX ORAL TABLET 1 GRAM, 500 MG	3	PA; ST
VEMLIDY ORAL TABLET 25 MG	2	PA
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIRAZOLE INHALATION RECON SOLN 6 GRAM	3	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	3	PA; ST
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PA; ST
VIREAD ORAL TABLET 300 MG	3	PA; ST
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; ST; SP; LA
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL (2 per 365 days)
ZEPATIER ORAL TABLET 50-100 MG	4	PA; SP; LA
ZIAGEN ORAL SOLUTION 20 MG/ML	3	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	

Drug Name	Tier	Requirements / Limits
<i>cefazolin injection recon soln 1 gram, 3 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	
DIFICID ORAL TABLET 200 MG	3	
<i>e.e.s. oral tablet 400 mg</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	

Drug Name	Tier	Requirements / Limits
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	3	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
ZITHROMAX ORAL PACKET 1 GRAM	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	3	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	3	PA; ST
<i>albendazole oral tablet 200 mg</i>	1	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	PA; ST
ALINIA ORAL TABLET 500 MG	3	PA; ST
<i>amikacin injection solution 500 mg/2 ml</i>	1	
ARAKODA ORAL TABLET 100 MG	3	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	SP
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	

Drug Name	Tier	Requirements / Limits
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	4	PA; ST; SP
BILTRICIDE ORAL TABLET 600 MG	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; SP; LA; QL (90 per 30 days)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
COARTEM ORAL TABLET 20-120 MG	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG	3	
<i>cycloserine oral capsule 250 mg</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DARAPRIM ORAL TABLET 25 MG	4	PA; ST; SP
EMVERM ORAL TABLET, CHEWABLE 100 MG	3	PA
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
FLAGYL ORAL CAPSULE 375 MG	3	PA
<i>gentamicin injection solution 40 mg/ml</i>	1	
HUMATIN ORAL CAPSULE 250 MG	4	PA; SP; LA
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG	3	PA
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	QL (20 per 30 days)
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; ST; SP
KRINTAFEL ORAL TABLET 150 MG	3	

Drug Name	Tier	Requirements / Limits
LAMPIT ORAL TABLET 120 MG, 30 MG	3	
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	3	PA
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
MALARONE ORAL TABLET 250-100 MG	3	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	3	
<i>mefloquine oral tablet 250 mg</i>	1	
MEPRON ORAL SUSPENSION 750 MG/5 ML	3	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
MYCOBUTIN ORAL CAPSULE 150 MG	3	
NEBUPENT INHALATION RECON SOLN 300 MG	3	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	
<i>paromomycin oral capsule 250 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
<i>pentamidine inhalation recon soln 300 mg</i>	1	
PLAQUENIL ORAL TABLET 200 MG	3	
<i>praziquantel oral tablet 600 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG	3	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	PA; ST
QUALAQUIN ORAL CAPSULE 324 MG	3	
<i>quinine sulfate oral capsule 324 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	3	PA
SIVEXTRO ORAL TABLET 200 MG	3	QL (6 per 30 days)
SOVUNA ORAL TABLET 200 MG, 300 MG	3	
STROMECTOL ORAL TABLET 3 MG	3	QL (20 per 30 days)

Drug Name	Tier	Requirements / Limits
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; ST; SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	PA; ST; SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	SP
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	SP
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; ST; SP
TRECTOR ORAL TABLET 250 MG	3	
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN ORAL TABLET 200 MG	3	PA; ST; QL (60 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; ST; QL (60 per 30 days)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	
ZYVOX ORAL TABLET 600 MG	3	
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	

Drug Name	Tier	Requirements / Limits
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	3	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	3	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
QUINOLONES		
BAXDELA ORAL TABLET 450 MG	3	
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
FACTIVE ORAL TABLET 320 MG	3	QL (7 per 30 days)
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET 800-160 MG	3	
BACTRIM ORAL TABLET 400-80 MG	3	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
TETRACYCLINES		
ACTICLATE ORAL TABLET 150 MG, 75 MG	3	ST

Drug Name	Tier	Requirements / Limits
AVIDOXY DK KIT 100 MG-2 % -SPF 30	3	ST
<i>avidoxy oral tablet 100 mg</i>	1	ST
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG	3	ST
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 80 MG	3	ST
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	3	ST
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic 40 mg</i>	1	ST
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
MINOCYCLINE ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	3	ST
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	ST
<i>monodoxyne nl oral capsule 100 mg, 75 mg</i>	1	
MONODOX ORAL CAPSULE 100 MG, 50 MG, 75 MG	3	ST
MORGIDOX 1X 50 KIT 50 MG	3	ST
MORGIDOX 1X100 KIT 100 MG	3	ST
NUZYRA ORAL TABLET 150 MG	3	
ORACEA ORAL CAPSULE, IR - DELAY REL, BIPHASE 40 MG	3	ST
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	3	ST

Drug Name	Tier	Requirements / Limits
TARGADOX ORAL TABLET 50 MG	3	ST
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
XIMINO ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	3	ST
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	3	
MACROBID ORAL CAPSULE 100 MG	3	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	3	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	3	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	
<i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i>	1	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
MESNEX ORAL TABLET 400 MG	3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	PA; SP
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		

Drug Name	Tier	Requirements / Limits
<i>abiraterone oral tablet 250 mg, 500 mg</i>	4	PA; SP; Och; LA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	4	PA; ST; SP; Och; LA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA; ST; SP; Och; LA
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	4	PA; SP; Och
ALECENSA ORAL CAPSULE 150 MG	4	PA; SP; Och; LA; QL (240 per 30 days)
ALKERAN ORAL TABLET 2 MG	3	Och
ALUNBRIG ORAL TABLET 180 MG	4	PA; SP; Och; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; SP; Och; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	4	PA; SP; Och; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	4	PA; SP; Och; QL (1 per 30 days)
<i>anastrozole oral tablet 1 mg</i>	1	Och; ACA PV; QL (30 per 30 days)
ARIMIDEX ORAL TABLET 1 MG	3	PA; ST; Och; QL (30 per 30 days)
AROMASIN ORAL TABLET 25 MG	3	PA; ST; Och; QL (30 per 30 days)
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	
AUGTYRO ORAL CAPSULE 40 MG	4	PA; SP; Och; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; SP; Och
AZASAN ORAL TABLET 100 MG, 75 MG	3	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; ST; SP; Och
<i>bexarotene oral capsule 75 mg</i>	4	PA; ST; SP; Och
<i>bexarotene topical gel 1 %</i>	1	PA; ST
<i>bicalutamide oral tablet 50 mg</i>	1	Och; QL (30 per 30 days)
BOSULIF ORAL CAPSULE 100 MG, 50 MG	4	PA; ST; SP; Och; LA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA; ST; SP; Och; LA
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; SP; Och; LA
BRUKINSA ORAL CAPSULE 80 MG	4	PA; ST; SP; Och
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; ST; SP; Och; LA

Drug Name	Tier	Requirements / Limits
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA; ST; SP; Och
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	4	PA; SP
<i>capecitabine oral tablet 150 mg</i>	4	SP; Och; LA; QL (210 per 30 days)
<i>capecitabine oral tablet 500 mg</i>	4	SP; Och; LA; QL (84 per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; SP; Och
CASODEX ORAL TABLET 50 MG	3	PA; ST; Och
CELLCEPT ORAL CAPSULE 250 MG	3	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	3	
CELLCEPT ORAL TABLET 500 MG	3	
COMETRIQ ORAL CAPSULE 100 MG/DAY (80 MG X1-20 MG X1), 140 MG/DAY (80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	2	PA; Och
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA; ST; SP; Och
COTELLIC ORAL TABLET 20 MG	4	PA; SP; Och; LA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	Och
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	Och
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1, 800 MG-30, 000 UNIT/15 ML	4	PA; ST; SP; LA
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	4	PA; SP; Och; LA
DAURISMO ORAL TABLET 100 MG, 25 MG	4	PA; SP; Och; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA; SP; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA; SP; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA; SP; LA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA; SP; LA

Drug Name	Tier	Requirements / Limits
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; SP; LA
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	PA; ST
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; SP; Och; LA
ERLEADA ORAL TABLET 240 MG, 60 MG	4	PA; SP; Och; LA
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; ST; SP; Och; LA
<i>etoposide oral capsule 50 mg</i>	1	Och
EULEXIN ORAL CAPSULE 125 MG	3	PA; ST; Och
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	4	PA; SP; Och; LA; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; SP; Och; LA
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	4	PA; SP; Och; LA; QL (150 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	4	PA; SP; Och; LA; QL (90 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	4	PA; SP; Och; LA; QL (60 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	PA
<i>everolimus (immunosuppressive) oral tablet 1 mg</i>	1	PA; QL (300 per 30 days)
<i>exemestane oral tablet 25 mg</i>	1	Och; ACA PV; QL (30 per 30 days)
FARESTON ORAL TABLET 60 MG	3	PA; ST; Och; QL (30 per 30 days)
FEMARA ORAL TABLET 2.5 MG	3	PA; ST; Och; QL (30 per 30 days)
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	4	PA; SP; LA
FOTIVDA ORAL CAPSULE 0.89 MG	4	PA; ST; SP; Och; QL (33 per 30 days)
FOTIVDA ORAL CAPSULE 1.34 MG	4	PA; ST; SP; Och; QL (22 per 30 days)
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	4	PA; SP; Och
GAVRETO ORAL CAPSULE 100 MG	4	PA; SP; Och; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i>	4	PA; SP; Och
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; ST; SP; Och; LA
GLEEVEC ORAL TABLET 100 MG, 400 MG	4	PA; SP; Och; LA

Drug Name	Tier	Requirements / Limits
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	PA; ST; Och
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	SP; Och; LA
HYDREA ORAL CAPSULE 500 MG	3	Och
<i>hydroxyurea oral capsule 500 mg</i>	1	Och
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; SP; Och; LA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; SP; Och; LA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; ST; SP; Och
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; SP; Och; LA
<i>imatinib oral tablet 100 mg</i>	4	PA; SP; Och; LA; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i>	4	PA; SP; Och; LA; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; ST; SP; Och
IMBRUVICA ORAL SUSPENSION 70 MG/ML	4	PA; ST; SP; Och
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; ST; SP; Och
IMURAN ORAL TABLET 50 MG	3	
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; ST; SP; Och; LA
INQOVI ORAL TABLET 35-100 MG	4	PA; SP; Och; LA
INREBIC ORAL CAPSULE 100 MG	4	PA; SP; Och; LA
IRESSA ORAL TABLET 250 MG	4	PA; ST; SP; Och; LA
IWILFIN ORAL TABLET 192 MG	4	PA; ST; SP; Och; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; ST; SP; Och; LA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	4	PA; SP; Och; LA
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	PA; ST
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA; SP; Och
KRAZATI ORAL TABLET 200 MG	4	PA; SP; Och
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	4	PA; ST; SP
<i>lapatinib oral tablet 250 mg</i>	4	PA; ST; SP; Och; LA; QL (180 per 30 days)

Drug Name	Tier	Requirements / Limits
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	4	PA; ST; SP; Och; LA; QL (30 per 30 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	4	PA; ST; SP; Och; LA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	4	PA; ST; SP; Och; LA
<i>letrozole oral tablet 2.5 mg</i>	1	Och; ACA PV; QL (30 per 30 days)
LEUKERAN ORAL TABLET 2 MG	2	PA; Och
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA; SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; ST; SP; Och; LA
LORBRENA ORAL TABLET 100 MG	4	PA; SP; Och; LA; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA; SP; Och; LA; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	4	PA; ST; SP; Och; LA; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	4	PA; ST; SP; Och; LA; QL (90 per 30 days)
LUPKYNIS ORAL CAPSULE 7.9 MG	4	PA; ST; SP; QL (180 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA; SP; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; SP; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; SP; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; SP; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	4	PA; SP; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA; SP; LA

Drug Name	Tier	Requirements / Limits
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; SP; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; ST; SP; Och; LA
LYSODREN ORAL TABLET 500 MG	4	PA; SP; Och
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA; SP; Och
MATULANE ORAL CAPSULE 50 MG	4	PA; SP; Och
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	QL (2 per 30 days)
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	QL (1 per 30 days)
<i>megestrol oral tablet 20 mg</i>	1	Och; QL (480 per 30 days)
<i>megestrol oral tablet 40 mg</i>	1	Och; QL (240 per 30 days)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	4	PA; ST; SP; Och; LA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; ST; SP; Och; LA
MEKTOVI ORAL TABLET 15 MG	4	PA; SP; Och; LA
<i>mercaptopurine oral tablet 50 mg</i>	1	Och; QL (120 per 30 days)
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	Och
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	4	PA; ST; SP; QL (120 per 30 days)
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	3	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	3	
MYLERAN ORAL TABLET 2 MG	2	Och
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	
NEORAL ORAL SOLUTION 100 MG/ML	3	

Drug Name	Tier	Requirements / Limits
NERLYNX ORAL TABLET 40 MG	4	PA; ST; SP; Och; LA; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	4	PA; ST; SP; Och; LA
NILANDRON ORAL TABLET 150 MG	3	PA; ST; Och
<i>nilutamide oral tablet 150 mg</i>	1	PA; ST; Och; QL (60 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; ST; SP; Och; LA
NUBEQA ORAL TABLET 300 MG	4	PA; SP; Och; LA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	4	SP
ODOMZO ORAL CAPSULE 200 MG	4	PA; SP; Och; LA; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; SP; Och
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	4	PA; SP; Och
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	4	PA; SP; Och
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	4	PA; SP; Och
ONUREG ORAL TABLET 200 MG	4	PA; ST; SP; Och; LA; QL (21 per 30 days)
ONUREG ORAL TABLET 300 MG	4	PA; ST; SP; Och; LA; QL (14 per 30 days)
ORGOVYX ORAL TABLET 120 MG	4	PA; SP; Och
ORSERDU ORAL TABLET 345 MG, 86 MG	4	PA; SP; Och
<i>pazopanib oral tablet 200 mg</i>	4	PA; ST; SP; Och; LA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; ST; SP; Och; QL (28 per 30 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA; SP; Och; LA; QL (30 per 30 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; ST; SP; Och; LA; QL (30 per 30 days)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	3	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	

Drug Name	Tier	Requirements / Limits
PURIXAN ORAL SUSPENSION 20 MG/ML	4	PA; SP; Och
QINLOCK ORAL TABLET 50 MG	4	PA; ST; SP; Och; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	4	PA; SP; Och; LA; QL (60 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; ST; SP; Och; LA; QL (30 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	4	PA; SP; Och
REZUROCK ORAL TABLET 200 MG	3	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	4	PA; SP; Och; LA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	4	PA; ST; SP; Och; LA
RUBRACA ORAL TABLET 250 MG, 300 MG	4	PA; ST; SP; Och; LA
RYDAPT ORAL CAPSULE 25 MG	4	PA; SP; Och; LA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	PA; ST; SP; LA
SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	4	PA; ST; SP; Och
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA; ST; SP
SIKLOS ORAL TABLET 1,000 MG, 100 MG	3	
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	3	Och; ACA PV
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	PA; SP; LA
<i>sorafenib oral tablet 200 mg</i>	4	PA; ST; SP; Och; LA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; ST; SP; Och; LA
STIVARGA ORAL TABLET 40 MG	4	PA; ST; SP; Och; LA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; ST; SP; Och; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; ST; SP; Och; LA
TABLOID ORAL TABLET 40 MG	2	PA; Och; QL (210 per 30 days)

Drug Name	Tier	Requirements / Limits
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA; SP; Och; LA; QL (168 per 30 days)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; SP; Och; LA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	4	PA; SP; Och; LA
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; ST; SP; Och; LA
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	4	PA; SP
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 1 MG	4	PA; SP; Och; LA
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG	4	PA; ST; SP; Och; LA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	Och; ACA PV; QL (60 per 30 days)
TARCEVA ORAL TABLET 100 MG	4	PA; ST; SP; Och; LA
TARGRETIN ORAL CAPSULE 75 MG	3	PA; ST; Och
TARGRETIN TOPICAL GEL 1 %	3	PA; ST
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; ST; SP; Och; LA
TAZVERIK ORAL TABLET 200 MG	4	PA; ST; SP; Och; QL (240 per 30 days)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	PA; ST; SP; Och; LA
TEPMETKO ORAL TABLET 225 MG	4	PA; SP; Och; QL (60 per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; SP; Och; LA
TIBSOVO ORAL TABLET 250 MG	4	PA; SP; Och
<i>toremifene oral tablet 60 mg</i>	1	Och
<i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; ST; SP; Och
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	Och
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	PA; ST; Och; QL (15 per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	4	PA; ST; SP; Och; QL (40 per 30 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	4	PA; ST; SP; Och; QL (120 per 30 days)
TURALIO ORAL CAPSULE 125 MG	4	PA; SP; Och
TYKERB ORAL TABLET 250 MG	4	PA; ST; SP; Och; LA; QL (180 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	4	PA; SP; Och

Drug Name	Tier	Requirements / Limits
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; ST; SP; Och
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	4	PA; SP; Och
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; SP; Och; LA
VIJOICE ORAL GRANULES IN PACKET 50 MG	4	PA; SP
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	4	PA; SP
VITRAKVI ORAL CAPSULE 100 MG	4	PA; SP; Och; LA
VITRAKVI ORAL CAPSULE 25 MG	4	PA; ST; SP; Och; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; SP; Och; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA; SP; Och; LA
VONJO ORAL CAPSULE 100 MG	4	PA; ST; SP; Och; QL (120 per 30 days)
VOTRIENT ORAL TABLET 200 MG	4	PA; ST; SP; Och; LA
WELIREG ORAL TABLET 40 MG	4	PA; ST; SP; Och; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG	4	PA; SP; Och; LA; QL (75 per 30 days)
XALKORI ORAL CAPSULE 250 MG	4	PA; SP; Och; LA; QL (60 per 30 days)
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	4	PA; SP; Och; LA
XATMEP ORAL SOLUTION 2.5 MG/ML	3	PA; ST; Och; QL (2 per 30 days)
XELODA ORAL TABLET 150 MG, 500 MG	4	PA; ST; SP; Och; LA
XERMELO ORAL TABLET 250 MG	4	PA; ST; SP
XOSPATA ORAL TABLET 40 MG	4	PA; SP; Och
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; ST; SP; Och
XTANDI ORAL CAPSULE 40 MG	4	PA; SP; Och; LA
XTANDI ORAL TABLET 40 MG, 80 MG	4	PA; SP; Och; LA
YONSA ORAL TABLET 125 MG	4	PA; SP; Och; LA

Drug Name	Tier	Requirements / Limits
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	4	PA; ST; SP; Och; LA
ZELBORAF ORAL TABLET 240 MG	4	PA; ST; SP; Och; LA
ZOLINZA ORAL CAPSULE 100 MG	4	PA; ST; SP; Och; LA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; SP; Och; LA; QL (30 per 30 days)
ZYKADIA ORAL TABLET 150 MG	4	PA; ST; SP; Och; LA; QL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG	4	PA; ST; SP; Och; LA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	3	PA; ST; QL (240 per 30 days)
APTIOM ORAL TABLET 400 MG	3	PA; ST; QL (120 per 30 days)
APTIOM ORAL TABLET 600 MG	3	PA; ST; QL (80 per 30 days)
APTIOM ORAL TABLET 800 MG	3	PA; ST; QL (60 per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	3	PA; ST
BANZEL ORAL TABLET 200 MG, 400 MG	3	PA; ST
BRIVIACT ORAL SOLUTION 10 MG/ML	3	PA; ST; QL (2 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA; ST; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	3	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
CELONTIN ORAL CAPSULE 300 MG	3	QL (1200 per 30 days)
<i>clobazam oral suspension 2.5 mg/ml</i>	1	
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA; ST; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA; ST; SP
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	2	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	2	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1, 000 MG, 1, 500 MG	3	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; ST; SP; LA; QL (400 per 30 days)
<i>epitol oral tablet 200 mg</i>	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	3	PA
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	

Drug Name	Tier	Requirements / Limits
FELBATOL ORAL TABLET 400 MG, 600 MG	3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA; ST; SP; QL (210 per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	PA; ST; QL (2 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA; ST; QL (30 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	1	PA; ST
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	3	PA; ST
KEPPRA ORAL SOLUTION 100 MG/ML	3	PA; ST; QL (9 per 30 days)
KEPPRA ORAL TABLET 1, 000 MG	3	PA; ST; QL (90 per 30 days)
KEPPRA ORAL TABLET 250 MG	3	PA; ST; QL (360 per 30 days)
KEPPRA ORAL TABLET 500 MG	3	PA; ST; QL (180 per 30 days)
KEPPRA ORAL TABLET 750 MG	3	PA; ST; QL (120 per 30 days)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	PA; ST; QL (180 per 30 days)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	PA; ST; QL (120 per 30 days)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG	3	PA; ST; QL (225 per 30 days)
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 200 MG	3	PA; ST; QL (113 per 30 days)
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 25 MG	3	PA; ST; QL (900 per 30 days)
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 50 MG	3	PA; ST; QL (450 per 30 days)
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	3	PA; ST; QL (1 per 30 days)

Drug Name	Tier	Requirements / Limits
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	3	PA; ST; QL (1 per 30 days)
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	3	PA; ST; QL (1 per 30 days)
LAMICTAL ORAL TABLET 100 MG	3	PA; ST; QL (225 per 30 days)
LAMICTAL ORAL TABLET 150 MG	3	PA; ST; QL (150 per 30 days)
LAMICTAL ORAL TABLET 200 MG	3	PA; ST; QL (113 per 30 days)
LAMICTAL ORAL TABLET 25 MG	3	PA; ST; QL (900 per 30 days)
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG	3	PA; ST; QL (900 per 30 days)
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 5 MG	3	PA; ST; QL (4500 per 30 days)
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35)	3	PA; ST; QL (1 per 30 days)
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) -100 MG (14)	3	PA; ST; QL (1 per 30 days)
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) -100 MG (7)	3	PA; ST; QL (1 per 365 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	PA; ST; QL (225 per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 200 MG	3	PA; ST; QL (113 per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 25 MG	3	PA; ST; QL (900 per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 250 MG	3	PA; ST; QL (90 per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 300 MG	3	PA; ST; QL (75 per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	PA; ST; QL (450 per 30 days)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (21) -50 MG (7)	3	PA; ST; QL (1 per 365 days)
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL, DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	PA; ST; QL (1 per 365 days)

Drug Name	Tier	Requirements / Limits
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL, DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	PA; ST; QL (1 per 365 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	2	PA; QL (2 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	3	PA; ST
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	3	PA; ST
<i>methsuximide oral capsule 300 mg</i>	1	
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	3	PA; ST; QL (120 per 30 days)
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 200 MG	3	PA; ST; QL (60 per 30 days)
MYSOLINE ORAL TABLET 250 MG	3	QL (240 per 30 days)
MYSOLINE ORAL TABLET 50 MG	3	QL (1200 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	
NEURONTIN ORAL CAPSULE 100 MG	3	PA; ST; QL (540 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	3	PA; ST; QL (180 per 30 days)

Drug Name	Tier	Requirements / Limits
NEURONTIN ORAL CAPSULE 400 MG	3	PA; ST; QL (135 per 30 days)
NEURONTIN ORAL SOLUTION 250 MG/5 ML	3	PA; ST
NEURONTIN ORAL TABLET 600 MG	3	PA; ST; QL (90 per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	PA; ST; QL (68 per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	3	PA; ST; QL (4 per 30 days)
ONFI ORAL TABLET 10 MG	3	PA; ST; QL (120 per 30 days)
ONFI ORAL TABLET 20 MG	3	PA; ST; QL (60 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	3	PA; ST; QL (30 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; ST; QL (120 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	1	
PRIMIDONE ORAL TABLET 125 MG	3	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG	3	PA; ST; QL (120 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 150 MG	3	PA; ST; QL (80 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 200 MG	3	PA; ST; QL (60 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 25 MG	3	PA; ST; QL (480 per 30 days)

Drug Name	Tier	Requirements / Limits
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 50 MG	3	PA; ST; QL (240 per 30 days)
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA
SABRIL ORAL POWDER IN PACKET 500 MG	4	PA; ST; SP; LA
SABRIL ORAL TABLET 500 MG	4	PA; ST; SP; LA
SPRITAM ORAL TABLET FOR SUSPENSION 1, 000 MG	3	PA; ST; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	3	PA; ST; QL (360 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	3	PA; ST; QL (180 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	3	PA; ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i>	1	
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	1	
<i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	1	
SYMPAZAN ORAL FILM 10 MG	3	PA; ST; QL (120 per 30 days)
SYMPAZAN ORAL FILM 20 MG	3	PA; ST; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PA; ST; QL (240 per 30 days)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	
TEGRETOL ORAL TABLET 200 MG	3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG	3	PA; ST; QL (800 per 30 days)
TOPAMAX ORAL CAPSULE, SPRINKLE 25 MG	3	PA; ST; QL (480 per 30 days)
TOPAMAX ORAL TABLET 100 MG	3	PA; ST; QL (120 per 30 days)
TOPAMAX ORAL TABLET 200 MG	3	PA; ST; QL (60 per 30 days)
TOPAMAX ORAL TABLET 25 MG	3	PA; ST; QL (480 per 30 days)

Drug Name	Tier	Requirements / Limits
TOPAMAX ORAL TABLET 50 MG	3	PA; ST; QL (240 per 30 days)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	3	PA; ST; QL (5 per 30 days)
TRILEPTAL ORAL TABLET 150 MG	3	PA; ST; QL (480 per 30 days)
TRILEPTAL ORAL TABLET 300 MG	3	PA; ST; QL (240 per 30 days)
TRILEPTAL ORAL TABLET 600 MG	3	PA; ST; QL (120 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	3	PA; ST; QL (120 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	3	PA; ST; QL (60 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 25 MG	3	PA; ST; QL (480 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 50 MG	3	PA; ST; QL (240 per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	
<i>vigabatrin oral powder in packet 500 mg</i>	4	PA; ST; SP; LA
<i>vigabatrin oral tablet 500 mg</i>	4	PA; ST; SP; LA
<i>vigadrone oral powder in packet 500 mg</i>	4	PA; ST; SP
<i>vigadrone oral tablet 500 mg</i>	4	PA; ST; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML	4	PA; SP
<i>vigpoder oral powder in packet 500 mg</i>	4	PA; ST; SP
VIMPAT ORAL SOLUTION 10 MG/ML	3	PA; ST; QL (6 per 30 days)
VIMPAT ORAL TABLET 100 MG	3	PA; ST; QL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG	3	PA; ST; QL (80 per 30 days)
VIMPAT ORAL TABLET 200 MG	3	PA; ST; QL (60 per 30 days)

Drug Name	Tier	Requirements / Limits
VIMPAT ORAL TABLET 50 MG	3	PA; ST; QL (240 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY (150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	PA; ST
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA; ST
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14) - 25 MG (14), 150 MG (14) - 200 MG (14), 50 MG (14) - 100 MG (14)	3	PA; ST
ZARONTIN ORAL CAPSULE 250 MG	3	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	3	PA; ST; QL (6 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	4	PA; SP
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	4	PA; ST; SP; LA; QL (1 per 30 days)
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	4	PA; ST; SP
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
DHIVY ORAL TABLET 25-100 MG	3	PA
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	4	PA; SP; LA
<i>entacapone oral tablet 200 mg</i>	1	

Drug Name	Tier	Requirements / Limits
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG	4	PA; ST; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; ST; SP
LODOSYN ORAL TABLET 25 MG	3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 2.25 MG, 3 MG, 3.75 MG	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	
NOURIANZ ORAL TABLET 20 MG, 40 MG	4	PA; ST; SP; LA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	3	PA; ST
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG	4	PA; ST; SP; QL (30 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	PA
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	PA
TASMAR ORAL TABLET 100 MG	3	
<i>tolcapone oral tablet 100 mg</i>	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
XADAGO ORAL TABLET 100 MG, 50 MG	3	PA
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG	3	

Drug Name	Tier	Requirements / Limits
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; ST
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; ST
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; ST
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL (18 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	QL (8 per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL (18 per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	3	PA; ST
EMGALITY SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; ST
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; ST
ERGOMAR SUBLINGUAL TABLET 2 MG	2	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
FROVA ORAL TABLET 2.5 MG	3	QL (18 per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL (18 per 30 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (18 per 30 days)
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	3	QL (8 per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	3	QL (8 per 30 days)
MAXALT ORAL TABLET 10 MG	3	QL (18 per 30 days)
MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG	3	QL (18 per 30 days)
<i>migergot rectal suppository 2-100 mg</i>	1	
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	3	QL (8 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; ST; QL (8 per 30 days)

Drug Name	Tier	Requirements / Limits
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	3	ST; QL (16 per 30 days)
QULIPTA ORAL TABLET 10 MG	3	PA; ST; QL (180 per 30 days)
QULIPTA ORAL TABLET 30 MG	3	PA; ST; QL (60 per 30 days)
QULIPTA ORAL TABLET 60 MG	3	PA; ST; QL (30 per 30 days)
RELPAK ORAL TABLET 20 MG, 40 MG	3	QL (18 per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	3	PA; ST; QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	1	PA; ST; QL (18 per 30 days)
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	3	QL (18 per 30 days)
TREXIMET ORAL TABLET 85-500 MG	3	PA; ST; QL (18 per 30 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	3	PA
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; ST; QL (10 per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	3	ST; QL (8 per 30 days)
ZOLMITRIPTAN NASAL SPRAY, NON- AEROSOL 2.5 MG	3	
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	PA
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL (18 per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	3	ST
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	3	ST; QL (18 per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	3	QL (18 per 30 days)

Drug Name	Tier	Requirements / Limits
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	3	PA; ST
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	4	PA; ST; SP; LA; QL (60 per 30 days)
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	3	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	4	PA; SP; LA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	4	PA; SP; LA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18- 24-30 MG	4	PA; SP; LA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	PA; SP; LA; QL (60 per 30 days)
DAYBUE ORAL SOLUTION 200 MG/ML	4	PA; SP
<i>dichlorphenamide oral tablet 50 mg</i>	4	PA; SP; LA; QL (120 per 30 days)
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	4	PA; SP; LA; QL (3 per 30 days)
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	3	
FIRDAPSE ORAL TABLET 10 MG	4	PA; ST; SP
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	3	PA; ST
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	4	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	4	PA; SP
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	4	PA; SP
KEVEYIS ORAL TABLET 50 MG	4	PA; ST; SP; QL (120 per 30 days)

Drug Name	Tier	Requirements / Limits
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	
<i>memantine oral solution 2 mg/ml</i>	1	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	
MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG	2	
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK 5-10 MG	2	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	3	
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR 7 MG	3	
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	
NUDEXTA ORAL CAPSULE 20-10 MG	3	PA; QL (60 per 30 days)
<i>ormalvi oral tablet 50 mg</i>	4	PA; SP
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	4	PA; SP; LA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	
SKYCLARYS ORAL CAPSULE 50 MG	4	PA; SP
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	SP; LA
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	4	PA; SP; QL (30 per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG	4	PA; ST; SP; LA
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; ST; SP; LA; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG-0.46 MG - 0.92 MG (21)	4	PA; SP; LA; QL (1 per 365 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	PA; ST; SP; LA; QL (1 per 365 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX ORAL CAPSULE, EXTENDED RELEASE 24HR 15 MG, 30 MG	3	ST

Drug Name	Tier	Requirements / Limits
BACLOFEN ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	3	PA
BACLOFEN ORAL SOLUTION 5 MG/5 ML	3	PA; ST
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	1	
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1	PA; ST
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	1	ST
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>	1	ST
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
DANTRIUM ORAL CAPSULE 25 MG	3	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
FEXMID ORAL TABLET 7.5 MG	3	
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	3	ST
LORZONE ORAL TABLET 375 MG, 750 MG	3	PA; ST
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG	3	PA
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
MESTINON ORAL SYRUP 60 MG/5 ML	3	
MESTINON ORAL TABLET 60 MG	3	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	3	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	
NORGESIC ORAL TABLET 25-385-30 MG	3	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	1	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	1	

Drug Name	Tier	Requirements / Limits
OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	3	PA; ST
OZOBAX ORAL SOLUTION 5 MG/5 ML	3	PA; ST
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
SOMA ORAL TABLET 250 MG, 350 MG	3	
<i>tanlor oral tablet 1,000 mg</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<i>vanadom oral tablet 350 mg</i>	1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
ZANAFLEX ORAL TABLET 4 MG	3	
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	4	PA; ST; SP
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1	PA; ST
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	PA; ST
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	PA; ST
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	PA; ST
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	3	PA; ST
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	PA; ST
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	PA; ST
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	3	PA
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	PA; ST
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	PA; ST
DILAUDID ORAL LIQUID 1 MG/ML	3	PA; ST
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	3	PA; ST
<i>diskets oral tablet, soluble 40 mg</i>	1	PA; ST
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	3	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; ST
ESGIC ORAL TABLET 50-325-40 MG	3	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg, 600 mcg</i>	1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	PA; ST
FIORICET ORAL CAPSULE 50-300-40 MG	3	
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	PA; ST
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; ST; QL (60 per 30 days)
<i>hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	PA; ST; QL (60 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml)</i>	1	PA; ST

Drug Name	Tier	Requirements / Limits
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; ST
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	PA; ST
<i>hydromorphone oral liquid 1 mg/ml</i>	1	PA; ST
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	PA; ST
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1	PA; ST; QL (60 per 30 days)
<i>hydromorphone rectal suppository 3 mg</i>	1	PA; ST
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA; ST
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	1	PA; ST
<i>meperidine oral solution 50 mg/5 ml</i>	1	PA; ST
<i>meperidine oral tablet 50 mg</i>	1	PA; ST
<i>methadone oral concentrate 10 mg/ml</i>	1	PA; ST
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	PA; ST
<i>methadone oral tablet 10 mg, 5 mg</i>	1	PA; ST
<i>methadone oral tablet, soluble 40 mg</i>	1	PA; ST
<i>methadose oral concentrate 10 mg/ml</i>	1	PA; ST
<i>methadose oral tablet, soluble 40 mg</i>	1	PA; ST
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	PA; ST
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	PA; ST; QL (60 per 30 days)
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; ST; QL (90 per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	PA; ST
<i>morphine oral tablet 15 mg, 30 mg</i>	1	PA; ST
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; ST; QL (120 per 30 days)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	PA; ST
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	3	PA; ST; QL (120 per 30 days)
NALOCET ORAL TABLET 2.5-300 MG	3	PA; ST

Drug Name	Tier	Requirements / Limits
<i>oxycodone oral capsule 5 mg</i>	1	PA; ST
<i>oxycodone oral concentrate 20 mg/ml</i>	1	PA; ST
<i>oxycodone oral solution 5 mg/5 ml</i>	1	PA; ST
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	PA; ST
OXYCODONE ORAL TABLET, ORAL ONLY 30 MG, 5 MG	3	PA; ST
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 20 MG, 40 MG	3	PA; ST; QL (90 per 30 days)
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 80 MG	3	PA; ST; QL (120 per 30 days)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml, 5-325 mg/5 ml</i>	1	PA; ST
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; ST
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	2	PA; ST; QL (90 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 60 MG, 80 MG	2	PA; ST; QL (120 per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	PA; ST
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	PA; ST; QL (90 per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	PA; ST
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	3	PA; ST
PROLATE ORAL SOLUTION 10-300 MG/5 ML	3	PA; ST
<i>prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	PA; ST
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	PA; ST
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	3	PA; ST
SEGLENTIS ORAL TABLET 44-56 MG	3	PA; ST
<i>tencon oral tablet 50-325 mg</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	PA; ST
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR (DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	PA; ST

Drug Name	Tier	Requirements / Limits
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA PV
ANAPROX DS ORAL TABLET 550 MG	3	ST
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC 50-200 MG-MCG	3	ST
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC 75-200 MG-MCG	3	ST
<i>aspirin childrens oral tablet, chewable 81 mg</i>	1	ACA PV
<i>aspirin oral tablet, chewable 81 mg</i>	1	ACA PV
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA PV
BAYER CHEWABLE ASPIRIN ORAL TABLET 81 MG	3	
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA PV
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	PA; ST; QL (2 per 30 days)
CAMBIA ORAL POWDER IN PACKET 50 MG	3	PA; ST
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	3	ST
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	3	PA; ST
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; ST
DAYPRO ORAL TABLET 600 MG	3	ST
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	3	ST
<i>diclofenac potassium oral capsule 25 mg</i>	1	ST
<i>diclofenac potassium oral powder in packet 50 mg</i>	1	
<i>diclofenac potassium oral tablet 25 mg, 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	1	
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	1	
DICLOFENAC SUBMICRONIZED ORAL CAPSULE 35 MG	3	ST
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
DISALCID ORAL TABLET 500 MG, 750 MG	3	
DOLOBID ORAL TABLET 250 MG	3	
DUEXIS ORAL TABLET 800-26.6 MG	3	ST
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	3	ST
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA PV
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
FENOPROFEN ORAL CAPSULE 200 MG	3	ST
<i>fenopropfen oral capsule 400 mg</i>	1	ST
<i>fenopropfen oral tablet 600 mg</i>	1	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	3	ST
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	PA
INDOCIN ORAL SUSPENSION 25 MG/5 ML	3	ST
INDOCIN RECTAL SUPPOSITORY 50 MG	3	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>indomethacin oral suspension 25 mg/5 ml</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac injection syringe 30 mg/ml</i>	1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 5 days)
<i>kiprofen oral capsule 25 mg</i>	1	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	3	ST
LODINE ORAL TABLET 400 MG	3	ST
<i>lofena oral tablet 25 mg</i>	1	ST
<i>lofexidine oral tablet 0.18 mg</i>	1	PA; ST
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	3	
LUCEMYRA ORAL TABLET 0.18 MG	3	PA; ST
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML	3	PA; ST
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
NALFON ORAL CAPSULE 400 MG	3	ST
NALFON ORAL TABLET 600 MG	3	ST
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
NALTREX ORAL CAPSULE 1.5 MG	3	
NALTREX ORAL CAPSULE 4.5 MG	3	PA
<i>naltrexone oral tablet 50 mg</i>	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	3	ST

Drug Name	Tier	Requirements / Limits
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
<i>naproxen oral suspension 125 mg/5 ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 750 mg</i>	1	PA; ST
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i>	1	ST
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA; ST; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	PA; ST; QL (181 per 30 days)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	3	PA
<i>oxaprozin oral tablet 600 mg</i>	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION (2 %)	3	PA; ST
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	PA; ST
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
QDOLO ORAL SOLUTION 5 MG/ML	3	PA; ST
RELAFEN DS ORAL TABLET 1, 000 MG	3	ST
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	4	PA; ST; SP; QL (5 per 30 days)
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	1	ACA PV
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA PV

Drug Name	Tier	Requirements / Limits
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	3	QL (90 per 30 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
TOLECTIN 600 ORAL TABLET 600 MG	3	ST
<i>tolmetin oral capsule 400 mg</i>	1	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	3	PA; ST
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; ST
TRAMADOL ORAL SOLUTION 5 MG/ML	3	PA; ST
TRAMADOL ORAL TABLET 100 MG, 25 MG	3	PA; ST
<i>tramadol oral tablet 50 mg</i>	1	PA; ST
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; ST
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; ST
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	PA; ST
VIMOVO ORAL TABLET, IR, DELAYED REL, BIPHASIC 375-20 MG, 500-20 MG	3	ST
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	4	SP
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	3	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	3	PA
ZIPSOR ORAL CAPSULE 25 MG	3	ST
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	3	ST
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	QL (90 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	3	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	3	

Drug Name	Tier	Requirements / Limits
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	PA; ST
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	PA; ST
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	ST
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	3	PA; ST
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	3	PA; ST
ADDYI ORAL TABLET 100 MG	3	PA
ADZENYS XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	PA; ST
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
AMBIEN CR ORAL TABLET, EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	3	PA; ST
AMBIEN ORAL TABLET 10 MG, 5 MG	3	PA; ST
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	3	PA; ST
APTENSIO XR ORAL CAP, ER SPRINKLE, BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	PA; ST

Drug Name	Tier	Requirements / Limits
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	1	
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	3	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	3	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	3	PA; ST
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	3	PA; ST
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	PA; ST
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	PA; ST
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	3	ST
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	3	PA; ST
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
CITALOPRAM ORAL CAPSULE 30 MG	3	PA; ST
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	ST
COBENFY ORAL CAPSULE 125-30 MG, 50-20 MG	3	PA; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	3	PA; QL (60 per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	3	PA; ST
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	PA; ST
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG	3	PA; ST
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	3	PA; ST
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	PA; ST
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
DESOXYN ORAL TABLET 5 MG	3	PA; ST
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	3	PA; ST
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Tier	Requirements / Limits
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	3	PA; ST
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
DORAL ORAL TABLET 15 MG	3	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	3	PA; ST
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	3	PA; ST
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	3	PA; ST
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	3	PA; ST
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	3	PA; ST

Drug Name	Tier	Requirements / Limits
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	
<i>ergoloid oral tablet 1 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	
EVEKEO ORAL TABLET 10 MG, 5 MG	3	PA; ST
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	ST
FANAPT ORAL TABLETS, DOSE PACK 1MG (2)-2MG (2)- 4MG (2)-6MG (2)	3	ST
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	PA; ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	PA; ST
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral capsule, delayed release (dr/ec) 90 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	
<i>fluoxetine oral tablet 60 mg</i>	1	PA; ST
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA; ST
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	3	PA; ST
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	PA; ST

Drug Name	Tier	Requirements / Limits
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	3	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	3	ST
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
HALCION ORAL TABLET 0.25 MG	3	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	3	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	4	PA; ST; SP; LA
HETLIOZ ORAL CAPSULE 20 MG	4	PA; ST; SP; LA
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	3	PA
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	3	PA; ST
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	3	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	3	ST
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	3	
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	PA; ST
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	PA; ST

Drug Name	Tier	Requirements / Limits
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	3	PA; ST
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1	
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG	3	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	4	PA; SP
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	3	PA; ST
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	3	ST
MARPLAN ORAL TABLET 10 MG	3	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	PA; ST
<i>methamphetamine oral tablet 5 mg</i>	1	
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	3	PA; ST
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	PA; ST
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	3	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	3	PA; ST
NARDIL ORAL TABLET 15 MG	3	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
NUPLAZID ORAL CAPSULE 34 MG	4	PA; SP; LA
NUPLAZID ORAL TABLET 10 MG	4	PA; SP; LA
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	3	
<i>olanzapine intramuscular recon soln 10 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	3	
PARNATE ORAL TABLET 10 MG	3	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	
<i>paroxetine mesylate (menop.sym) oral capsule 7.5 mg</i>	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	3	PA; ST
PAXIL ORAL SUSPENSION 10 MG/5 ML	3	PA; ST
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	3	PA; ST
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	3	
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	3	PA; ST
<i>procentra oral solution 5 mg/5 ml</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
PROVIGIL ORAL TABLET 100 MG, 200 MG	3	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	3	PA; ST

Drug Name	Tier	Requirements / Limits
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	3	PA; ST; QL (120 per 30 days)
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG	3	PA; ST; QL (80 per 30 days)
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	3	PA; ST; QL (60 per 30 days)
QUAZEPAM ORAL TABLET 15 MG	3	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
QUETIAPINE ORAL TABLET 150 MG	3	ST
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	3	PA; ST
QUILLIVANT XR ORAL SUSPENSION, EXT REL 24HR, RECON 5 MG/ML (25 MG/5 ML)	3	PA; ST
QUVIVIQ ORAL TABLET 25 MG, 50 MG	3	PA; ST
<i>ramelteon oral tablet 8 mg</i>	1	
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	3	
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	PA; ST
REMERON ORAL TABLET 15 MG, 30 MG	3	PA; ST
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG	3	PA; ST
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	3	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PA; ST
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	3	
RISPERDAL ORAL SOLUTION 1 MG/ML	3	ST
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	1	
<i>risperidone oral solution 1 mg/ml</i>	1	

Drug Name	Tier	Requirements / Limits
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	PA; ST
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	3	PA; ST
ROZEREM ORAL TABLET 8 MG	3	PA; ST
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	3	ST
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	ST
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	3	ST
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	3	PA; ST
SERTRALINE ORAL CAPSULE 150 MG, 200 MG	3	PA; ST
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SILENOR ORAL TABLET 3 MG, 6 MG	3	PA; ST
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; ST; SP; QL (3 per 30 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; ST; SP
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	3	PA; ST
SUNOSI ORAL TABLET 150 MG	3	PA; ST; QL (30 per 30 days)
SUNOSI ORAL TABLET 75 MG	3	PA; ST; QL (60 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	PA; ST
<i>tasimelteon oral capsule 20 mg</i>	4	PA; SP; LA
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranylcypromine oral tablet 10 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	PA; ST
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	3	
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	3	PA; ST
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	ST
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	PA; ST
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	ST
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	4	PA; SP
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	PA; ST
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	PA; ST
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	4	PA; ST; SP; LA; QL (60 per 30 days)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	3	PA; ST
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	3	PA; ST
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 3 MG	3	

Drug Name	Tier	Requirements / Limits
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	3	PA; ST
XYREM ORAL SOLUTION 500 MG/ML	4	PA; ST; SP; QL (3 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	4	PA; ST; SP; QL (3 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA; ST
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	PA; ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	3	PA; ST
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	3	PA; ST
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	1	
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	4	PA; SP; QL (14 per 30 days)
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	3	ST
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	3	ST
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	3	
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	3	ST

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	3	

Drug Name	Tier	Requirements / Limits
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
NORPACE ORAL CAPSULE 100 MG, 150 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	3	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	3	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	ST
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	ST
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	3	ST
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hctiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	3	ST
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	ST
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	ST
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	3	ST
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	3	ST
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	3	ST
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	3	ST
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
BIDIL ORAL TABLET 20-37.5 MG	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	3	PA
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	3	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	3	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	3	
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	3	ST
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	3	

Drug Name	Tier	Requirements / Limits
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST
DEMSER ORAL CAPSULE 250 MG	3	
DIBENZYLINE ORAL CAPSULE 10 MG	3	
<i>diltiazem hcl oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	3	ST
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	3	ST
DIURIL ORAL SUSPENSION 250 MG/5 ML	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	3	
EDARBI ORAL TABLET 40 MG, 80 MG	3	ST
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	ST
EDECRIN ORAL TABLET 25 MG	3	
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML	3	ST
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>eprosartan oral tablet 600 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	

Drug Name	Tier	Requirements / Limits
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	3	ST
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	3	ST
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	4	PA; SP
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	3	ST
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	3	
INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	3	
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	3	
INSPIRA ORAL TABLET 25 MG, 50 MG	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	3	
KATERZIA ORAL SUSPENSION 1 MG/ML	3	

Drug Name	Tier	Requirements / Limits
KERENDIA ORAL TABLET 10 MG	3	PA; ST; QL (60 per 30 days)
KERENDIA ORAL TABLET 20 MG	3	PA; ST; QL (30 per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3	
LEVAMLODIPINE ORAL TABLET 2.5 MG, 5 MG	3	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	3	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	ST
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	ST
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	3	ST
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	3	ST
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	3	PA
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML	3	PA
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (42)	4	PA; SP; LA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (210)	4	PA; SP; LA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	4	PA; SP; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; SP; LA
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	3	ST
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	3	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
QBRELIS ORAL SOLUTION 1 MG/ML	3	ST
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG	3	PA; ST
<i>spironolactone oral suspension 25 mg/5 ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
TEKTURNAL ORAL TABLET 150 MG, 300 MG	3	PA
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
TENORETIC 50 ORAL TABLET 50-25 MG	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
THALITONE ORAL TABLET 15 MG	3	

Drug Name	Tier	Requirements / Limits
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	3	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	3	ST
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; SP; LA
UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; SP; LA
VALSARTAN ORAL SOLUTION 4 MG/ML	3	ST
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VASERETIC ORAL TABLET 10-25 MG	3	ST
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	ST
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	ST
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	3	ST
CARDIAC GLYCOSIDES		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
COAGULATION THERAPY		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	4	PA; SP; LA; QL (60 per 30 days)
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	3	
AMICAR ORAL TABLET 1,000 MG, 500 MG	3	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	SP
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
ASPIRIN-OMEPRazole ORAL TABLET, IR, DELAYED REL, BIPHASIC 81-40 MG	3	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
CABLIVI INJECTION KIT 11 MG	4	PA; SP
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET ORAL TABLET 20 MG	4	PA; ST; SP; LA
EFFIENT ORAL TABLET 10 MG, 5 MG	3	

Drug Name	Tier	Requirements / Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	4	SP
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	4	SP
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	SP
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	4	SP
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	ST; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	4	PA; SP; LA
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5, 000 UNIT/0.5 ML	3	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	4	SP
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	4	ST; SP
MULPLETA ORAL TABLET 3 MG	4	PA; SP; LA
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	3	

Drug Name	Tier	Requirements / Limits
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML	3	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
PLAVIX ORAL TABLET 75 MG	3	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; SP; LA; QL (360 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; SP; LA; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	4	PA; SP; LA; QL (360 per 30 days)
PROMACTA ORAL TABLET 25 MG	4	PA; SP; LA; QL (180 per 30 days)
PROMACTA ORAL TABLET 50 MG	4	PA; SP; LA; QL (90 per 30 days)
PROMACTA ORAL TABLET 75 MG	4	PA; SP; LA; QL (60 per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	3	
TAVALISSE ORAL TABLET 100 MG, 150 MG	4	PA; ST; SP
<i>vitamin k injection solution 1 mg/0.5 ml</i>	1	
<i>vitamin k1 injection solution 10 mg/ml</i>	1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
YOSPRALA ORAL TABLET, IR, DELAYED REL, BIPHASIC 325-40 MG, 81-40 MG	3	
ZONTIVITY ORAL TABLET 2.08 MG	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	3	PA; ST
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA PV
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-80 MG	3	ST
CADUET ORAL TABLET 5-40 MG	3	
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
COLESTID ORAL GRANULES 5 GRAM	3	
COLESTID ORAL TABLET 1 GRAM	3	
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	PA; ST
EZALLOR ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	3	PA; ST
<i>ezetimibe oral tablet 10 mg</i>	1	
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	3	PA; ST
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	PA; ST
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	3	PA; ST
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release (dr/ec) 135 mg, 45 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	3	PA; ST
FIBRICOR ORAL TABLET 105 MG, 35 MG	3	PA; ST
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	3	PA; ST
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	ACA PV
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	ACA PV
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1	PA; ST; QL (120 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	4	PA; ST; SP; LA; QL (30 per 30 days)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	3	PA; ST
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	PA; ST
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	3	PA; ST
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	PA; ST
LOPID ORAL TABLET 600 MG	3	PA; ST
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	ACA PV
LOVAZA ORAL CAPSULE 1 GRAM	3	ST; QL (120 per 30 days)
NEXLETOL ORAL TABLET 180 MG	3	PA; ST
NEXLIZET ORAL TABLET 180-10 MG	3	PA; ST
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
NIACOR ORAL TABLET 500 MG	3	ST
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	1	ACA PV
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	3	PA; ST; QL (2 per 30 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML	3	PA; ST; QL (4 per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA PV
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	3	

Drug Name	Tier	Requirements / Limits
QUESTRAN ORAL POWDER 4 GRAM	3	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	3	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; ST
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; ST
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; ST
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA PV
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	3	PA; ST
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	ACA PV
TRICOR ORAL TABLET 145 MG, 48 MG	3	PA; ST
TRILIPIX ORAL CAPSULE, DELAYED RELEASE (DR/EC) 135 MG, 45 MG	3	PA; ST
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	3	PA; ST; QL (120 per 30 days)
VYTORIN ORAL TABLET 10-10 MG	3	PA; ST
VYTORIN ORAL TABLET 10-20 MG	3	PA; ST
VYTORIN ORAL TABLET 10-40 MG	3	PA; ST
VYTORIN ORAL TABLET 10-80 MG	3	PA; ST
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	3	
WELCHOL ORAL TABLET 625 MG	3	
ZETIA ORAL TABLET 10 MG	3	PA; ST
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	PA; ST
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	PA; ST
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES, PACKET 1,000 MG, 500 MG	3	PA; ST
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	4	PA; SP; LA
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	PA; ST; SP
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA; ST

Drug Name	Tier	Requirements / Limits
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	PA
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	2	PA
FILSPARI ORAL TABLET 200 MG, 400 MG	4	PA; ST; SP
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	1	PA; ST
LODOCO ORAL TABLET 0.5 MG	3	PA
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
TRYVIO ORAL TABLET 12.5 MG	3	PA
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA
VYNDAMAX ORAL CAPSULE 61 MG	4	PA; SP; LA
VYNDAQEL ORAL CAPSULE 20 MG	4	PA; SP; LA
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	3	
ISORDIL ORAL TABLET 40 MG	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>nitro-bid transdermal ointment 2 %</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	3	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	3	

Drug Name	Tier	Requirements / Limits
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	3	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	3	ST
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	4	PA; SP; LA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	4	PA; SP; LA
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i>	1	
CALCIPOTRIENE TOPICAL FOAM 0.005 %	3	PA; ST
<i>calcipotriene topical ointment 0.005 %</i>	1	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	1	
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; ST; SP; LA
COSENTYX PEN (2 PENS) SUBCUTANEOUS INJECTOR 150 MG/ML	4	PA; ST; SP; LA
COSENTYX PEN SUBCUTANEOUS INJECTOR 150 MG/ML	4	PA; ST; SP; LA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	4	PA; ST; SP; LA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	4	PA; ST; SP; LA
ENSTILAR TOPICAL FOAM 0.005-0.064 %	3	ST
EPIFOAM TOPICAL FOAM 1-1 %	3	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; ST; SP; LA
OVACE PLUS TOPICAL SHAMPOO 10 %	3	ST

Drug Name	Tier	Requirements / Limits
OVACE PLUS TOPICAL CLEANSER 10 %	3	ST
OVACE PLUS TOPICAL CREAM 10 %	3	ST
OVACE PLUS TOPICAL LOTION 9.8 %	3	ST
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	3	ST
OVACE TOPICAL CLEANSER 10 %	3	ST
PLEXION NS TOPICAL SHAMPOO 9.8 %	3	ST
PRAMOSONE TOPICAL CREAM 1-1 %	2	ST
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	2	ST
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	2	ST
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	4	PA; ST; SP; LA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; ST; SP; LA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; ST; SP; LA
SORILUX TOPICAL FOAM 0.005 %	3	ST
SOTYKTU ORAL TABLET 6 MG	4	PA; SP; LA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; ST; SP; LA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; ST; SP; LA
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	1	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	3	ST
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; ST; SP; LA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; ST; SP; LA

Drug Name	Tier	Requirements / Limits
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; ST; SP; LA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	4	PA; ST; SP; LA
TERSI TOPICAL FOAM 2.25 %	3	ST
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA; ST; SP; LA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; ST; SP; LA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	4	PA; ST; SP; LA
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	3	ST
VTAMA TOPICAL CREAM 1 %	3	PA; ST
WYNZORA TOPICAL CREAM 0.005-0.064 %	3	PA
ZORYVE TOPICAL CREAM 0.15 %	3	PA; ST
ZORYVE TOPICAL CREAM 0.3 %	3	PA
ZORYVE TOPICAL FOAM 0.3 %	3	PA; ST; QL (1 per 30 days)
BURN THERAPY		
SILVADENE TOPICAL CREAM 1 %	3	
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; ST; SP; LA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; ST; SP; LA
AMELUZ TOPICAL GEL 10 %	3	
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION 0.7 %	3	PA; ST; QL (2 per 30 days)
CARAC TOPICAL CREAM 0.5 %	2	PA; ST
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	4	PA; ST; SP; LA
CONDYLOX TOPICAL GEL 0.5 %	3	PA; ST
CORTANE-B TOPICAL LOTION 1-1-0.1 %	3	

Drug Name	Tier	Requirements / Limits
<i>diclofenac sodium topical gel 3 %</i>	1	
<i>doxepin topical cream 5 %</i>	1	
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	3	
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	4	PA; ST; SP; LA; QL (2 per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	4	PA; ST; SP; LA; QL (2 per 30 days)
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	4	PA; SP; LA
EFUDEX TOPICAL CREAM 5 %	3	
ELIDEL TOPICAL CREAM 1 %	3	PA; ST
EUCRISA TOPICAL OINTMENT 2 %	3	PA; ST
FLUOROPLEX TOPICAL CREAM 1 %	2	PA; ST
FLUOROURACIL TOPICAL CREAM 0.5 %	2	PA; ST
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
IODOSORB TOPICAL GEL 0.9 %	3	
LEVULAN TOPICAL SOLUTION 20 %	3	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OPZELURA TOPICAL CREAM 1.5 %	3	PA; ST
PANRETIN TOPICAL GEL 0.1 %	3	
<i>pimecrolimus topical cream 1 %</i>	1	
<i>podofilox topical gel 0.5 %</i>	1	
<i>podofilox topical solution 0.5 %</i>	1	
<i>prudoxin topical cream 5 %</i>	1	
QBREXZA TOPICAL TOWELETTE 2.4 %	3	PA; ST
REGRANEX TOPICAL GEL 0.01 %	3	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	4	PA; SP
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	3	PA; ST; QL (1 per 30 days)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	
TOLAK TOPICAL CREAM 4 %	2	PA; ST
VALCHLOR TOPICAL GEL 0.016 %	4	PA; ST; SP; LA

Drug Name	Tier	Requirements / Limits
VEREGEN TOPICAL OINTMENT 15 %	3	PA
ZONALON TOPICAL CREAM 5 %	3	
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	3	PA; ST
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3	PA; ST
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	3	PA; ST
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ACZONE TOPICAL GEL 5 %	3	PA; ST
ACZONE TOPICAL GEL WITH PUMP 7.5 %	3	PA; ST
<i>adapalene topical cream 0.1 %</i>	1	PA; ST
<i>adapalene topical gel 0.3 %</i>	1	PA; ST
<i>adapalene topical gel with pump 0.3 %</i>	1	PA; ST
ADAPALENE TOPICAL LOTION 0.1 %	2	PA; ST
<i>adapalene topical solution 0.1 %</i>	1	PA; ST
<i>adapalene topical swab 0.1 %</i>	1	PA; ST
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i>	1	PA; ST
AKLIEF TOPICAL CREAM 0.005 %	3	PA; ST
ALTRENO TOPICAL LOTION 0.05 %	3	PA; ST
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AMZEEQ TOPICAL FOAM 4 %	3	PA; ST
ARAZLO TOPICAL LOTION 0.045 %	3	PA; ST
ATRALIN TOPICAL GEL 0.05 %	3	PA; ST
AVAR LS TOPICAL CLEANSER 10-2 %	3	PA; ST
<i>avar topical cleanser 10-5 % (w/w)</i>	1	
AVAR-E TOPICAL CREAM 10-5 % (W/W)	3	ST
<i>azelaic acid topical gel 15 %</i>	1	
AZELEX TOPICAL CREAM 20 %	3	PA; ST
BENZAMYCIN TOPICAL GEL 3-5 %	3	ST
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	3	
<i>benzepro topical towelette 6 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	1	
<i>bp topical cleanser 10-1 %</i>	1	
<i>brimonidine topical gel with pump 0.33 %</i>	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 %	3	PA; ST
CLEOCIN T TOPICAL LOTION 1 %	3	ST
CLINDACIN ETZ TOPICAL KIT 1 %	3	ST
<i>clindacin etz topical swab 1 %</i>	1	
<i>clindacin p topical swab 1 %</i>	1	
CLINDACIN PAC TOPICAL KIT 1 %	3	ST
<i>clindacin topical foam 1 %</i>	1	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	3	PA; ST
<i>clindamycin phosphate topical foam 1 %</i>	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	
<i>clindamycin phosphate topical lotion 1 %</i>	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 %</i>	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	
<i>dapsone topical gel 5 %</i>	1	
<i>dapsone topical gel with pump 7.5 %</i>	1	
DIFFERIN TOPICAL CREAM 0.1 %	3	PA; ST
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	3	PA; ST
DIFFERIN TOPICAL LOTION 0.1 %	2	PA; ST
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	3	PA; ST
EPSOLAY TOPICAL CREAM 5 %	3	PA; ST
<i>ery pads topical swab 2 %</i>	1	
<i>erygel topical gel 2 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
EVOCLIN TOPICAL FOAM 1 %	3	PA; ST
FABIOR TOPICAL FOAM 0.1 %	3	PA; ST
FINACEA TOPICAL FOAM 15 %	3	PA; ST
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	
<i>ivermectin topical cream 1 %</i>	1	
METROCREAM TOPICAL CREAM 0.75 %	3	PA; ST
METROGEL TOPICAL GEL 1 %	3	PA; ST
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	3	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	3	ST
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	1	
NORITATE TOPICAL CREAM 1 %	3	PA; ST
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %	3	PA; ST
PACNEX TOPICAL CLEANSER 7 %	3	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	3	ST
PLEXION TOPICAL CLEANSER 9.8-4.8 %	3	PA; ST
PLEXION TOPICAL CREAM 9.8-4.8 %	3	PA; ST
PLEXION TOPICAL LOTION 9.8-4.8 %	3	PA; ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	3	ST
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 %	3	PA; ST
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	3	PA; ST
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	3	PA; ST
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	3	PA; ST
RHOFADE TOPICAL CREAM 1 %	3	PA

Drug Name	Tier	Requirements / Limits
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosadan topical gel 0.75 %</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	3	ST
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	1	
ROSULA TOPICAL CLEANSER 10-4.5 %	3	PA; ST
SOOLANTRA TOPICAL CREAM 1 %	3	PA; ST
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	
<i>sss 10-5 topical foam 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
SULFACETAMIDE SODIUM-SULFUR TOPICAL CLEANSER 8-4 %	3	PA; ST
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	
SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 %	3	PA; ST
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	1	
SUMADAN TOPICAL CLEANSER 9-4.5 %	3	PA; ST
SUMADAN TOPICAL KIT 9-4.5 %	3	ST
SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM 9 %-4.5 % -SPF 25	3	ST
SUMAXIN CP TOPICAL KIT 10-4 %	3	ST
SUMAXIN TOPICAL CLEANSER 9-4 %	3	PA; ST
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	3	ST
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	3	PA; ST
<i>tazarotene topical cream 0.05 %, 0.1 %</i>	1	
TAZAROTENE TOPICAL FOAM 0.1 %	3	PA; ST

Drug Name	Tier	Requirements / Limits
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	3	PA; ST
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	PA; ST
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1	
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	1	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	
TWYNEO TOPICAL CREAM 0.1-3 %	3	PA; ST
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	3	ST
VELTIN TOPICAL GEL 1.2-0.025 %	3	PA; ST
WINLEVI TOPICAL CREAM 1 %	3	PA; ST
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ZIANA TOPICAL GEL 1.2-0.025 %	3	PA; ST
ZILXI TOPICAL FOAM 1.5 %	3	PA; ST
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %	3	PA; ST
TOPICAL ANESTHETICS		
COCAINE NASAL SOLUTION 4 %	3	
<i>dermacinrx lidocan topical adhesive patch, medicated 5 %</i>	1	
GOPRELTO NASAL SOLUTION 4 %	3	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	
<i>lidocaine topical ointment 5 %</i>	1	
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1	
LIDOCAINE-TETRACAINE TOPICAL CREAM 7-7 %	3	PA; ST
<i>lidocan iv topical adhesive patch, medicated 5 %</i>	1	
<i>lidocan v topical adhesive patch, medicated 5 %</i>	1	
<i>lidocort topical cream 3-0.5 %</i>	1	

Drug Name	Tier	Requirements / Limits
LIDODERM TOPICAL ADHESIVE PATCH, MEDICATED 5 %	3	ST
NYNUTEY TOPICAL CREAM 23-7 %	3	ST
PLIAGLIS TOPICAL CREAM 7-7 %	3	ST
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	3	ST
TOPICAL ANTIBACTERIALS		
ALCORTIN A TOPICAL GEL 2-1-1 %	3	ST
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	3	ST
ALTABAX TOPICAL OINTMENT 1 %	3	
CENTANY AT TOPICAL OINTMENT KIT 2 %	3	ST
CENTANY TOPICAL OINTMENT 2 %	2	ST
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
KLARON TOPICAL SUSPENSION 10 %	3	ST
<i>lugols topical solution 5-10 %</i>	1	
<i>mafenide acetate topical packet 50 gram</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	1	
<i>mupirocin topical ointment 2 %</i>	1	
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	ST
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	ST
<i>strong iodine topical solution 5-10 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
XEPI TOPICAL CREAM 1 %	3	PA; ST
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	3	ST
CICLODAN KIT TOPICAL SOLUTION 8 %	3	ST
<i>ciclodan topical cream 0.77 %</i>	1	ST
<i>ciclodan topical solution 8 %</i>	1	ST
<i>ciclopirox topical cream 0.77 %</i>	1	
<i>ciclopirox topical gel 0.77 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>ciclopirox topical shampoo 1 %</i>	1	
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	1	
<i>clotrimazole topical cream 1 %</i>	1	
<i>clotrimazole topical solution 1 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
<i>econazole topical cream 1 %</i>	1	
ECOZA TOPICAL FOAM 1 %	3	ST
ERTACZO TOPICAL CREAM 2 %	3	ST
EXELDERM TOPICAL CREAM 1 %	3	ST
EXELDERM TOPICAL SOLUTION 1 %	3	ST
EXTINA TOPICAL FOAM 2 %	3	ST
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	3	PA; ST
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical foam 2 %</i>	1	
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>ketodan kit topical combo pack 2 %</i>	1	ST
<i>ketodan topical foam 2 %</i>	1	
<i>klayesta topical powder 100,000 unit/gram</i>	1	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	3	ST
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	3	ST
LOPROX KIT TOPICAL COMBO PACK 0.77 %	3	ST
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	3	ST
LULICONAZOLE TOPICAL CREAM 1 %	3	ST
LUZU TOPICAL CREAM 1 %	3	ST
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 %	3	ST
<i>naftifine topical cream 1 %, 2 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>naftifine topical gel 2 %</i>	1	
NAFTIN TOPICAL GEL 2 %	3	ST
<i>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i>	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i>	1	
<i>oxiconazole topical cream 1 %</i>	1	
OXISTAT TOPICAL LOTION 1 %	3	ST
SULCONAZOLE TOPICAL CREAM 1 %	3	ST
SULCONAZOLE TOPICAL SOLUTION 1 %	3	ST
<i>tavaborole topical solution with applicator 5 %</i>	1	PA; ST
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	3	ST
XOLEGEL TOPICAL GEL 2 %	3	ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	1	
<i>acyclovir topical ointment 5 %</i>	1	
DENAVIR TOPICAL CREAM 1 %	3	PA; ST
<i>penciclovir topical cream 1 %</i>	1	PA
XERESE TOPICAL CREAM 5-1 %	3	ST
ZOVIRAX TOPICAL CREAM 5 %	3	ST
ZOVIRAX TOPICAL OINTMENT 5 %	3	ST
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP TOPICAL LOTION 2 %	3	ST
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical cream 0.1 %</i>	1	
<i>amcinonide topical ointment 0.1 %</i>	1	
<i>apexicon e topical cream 0.05 %</i>	1	
<i>beser topical lotion 0.05 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
BRYHALI TOPICAL LOTION 0.01 %	3	ST
CAPEX TOPICAL SHAMPOO 0.01 %	2	ST
<i>clobetasol scalp solution 0.05 %</i>	1	
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical foam 0.05 %</i>	1	
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical lotion 0.05 %</i>	1	
<i>clobetasol topical ointment 0.05 %</i>	1	
<i>clobetasol topical shampoo 0.05 %</i>	1	
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	
<i>clobetasol-emollient topical foam 0.05 %</i>	1	
CLOBEX TOPICAL SHAMPOO 0.05 %	3	ST
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 %	3	ST
<i>clocortolone pivalate topical cream 0.1 %</i>	1	ST
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	3	ST
<i>clodan topical shampoo 0.05 %</i>	1	
CORDRAN LARGE ROLL TOPICAL TAPE 4 MCG/CM2	3	ST
CORDRAN TOPICAL CREAM 0.025 %, 0.05 %	3	ST
CORDRAN TOPICAL LOTION 0.05 %	3	ST

Drug Name	Tier	Requirements / Limits
CORDRAN TOPICAL OINTMENT 0.05 %	3	ST
DERMA-SMOOTH/FS BODY TOPICAL OIL 0.01 %	3	
DERMA-SMOOTH/FS SCALP OIL 0.01 %	3	
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical gel 0.05 %</i>	1	
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone topical gel 0.05 %</i>	1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i>	1	
<i>diflorasone topical cream 0.05 %</i>	1	
<i>diflorasone topical ointment 0.05 %</i>	1	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	3	ST
DUOBRII TOPICAL LOTION 0.01-0.045 %	3	ST
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
<i>fluocinonide-e topical cream 0.05 %</i>	1	
<i>flurandrenolide topical cream 0.05 %</i>	1	ST
<i>flurandrenolide topical lotion 0.05 %</i>	1	
<i>flurandrenolide topical ointment 0.05 %</i>	1	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 %</i>	1	ST
<i>halobetasol propionate topical cream 0.05 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
HALOG TOPICAL CREAM 0.1 %	3	ST
HALOG TOPICAL OINTMENT 0.1 %	3	ST
HALOG TOPICAL SOLUTION 0.1 %	3	ST
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	ST
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
IMPOYZ TOPICAL CREAM 0.025 %	3	ST
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	3	ST
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	3	ST
LOCOID TOPICAL LOTION 0.1 %	3	ST
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
NUCORT TOPICAL LOTION 2 %	3	ST
OLUX TOPICAL FOAM 0.05 %	3	ST
PANDEL TOPICAL CREAM 0.1 %	3	ST
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
PROCTOCORT TOPICAL CREAM 1 %	3	ST
<i>scalacort topical lotion 2 %</i>	1	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	3	ST
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	3	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 %	3	ST
SYNALAR TOPICAL CREAM 0.025 %	3	ST

Drug Name	Tier	Requirements / Limits
SYNALAR TOPICAL OINTMENT 0.025 %	3	ST
SYNALAR TOPICAL SOLUTION 0.01 %	3	ST
SYNALAR TS TOPICAL KIT 0.01 %	3	ST
TEXACORT TOPICAL SOLUTION 2.5 %	3	ST
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	3	ST
TOPICORT TOPICAL GEL 0.05 %	3	ST
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	3	ST
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	3	ST
<i>tovet emollient topical foam 0.05 %</i>	1	ST
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>triderm topical cream 0.1 %, 0.5 %</i>	1	
ULTRAVATE TOPICAL LOTION 0.05 %	3	ST
VANOS TOPICAL CREAM 0.1 %	3	ST
VERDESO TOPICAL FOAM 0.05 %	3	ST
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL 8.8 %	3	PA
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	QL (6 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	1	
ELIMITE TOPICAL CREAM 5 %	3	
EURAX TOPICAL CREAM 10 %	2	
EURAX TOPICAL LOTION 10 %	3	
<i>malathion topical lotion 0.5 %</i>	1	
NATROBA TOPICAL SUSPENSION 0.9 %	3	
OVIDE TOPICAL LOTION 0.5 %	3	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	1	

Drug Name	Tier	Requirements / Limits
ULESFIA TOPICAL LOTION 5 %	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
PHYSIOSOL IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
<i>ringer's irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	3	
<i>tis-u-sol pentalyte irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	1	
AGRYLIN ORAL CAPSULE 0.5 MG	3	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	4	PA; ST; SP
BUPHENYL ORAL TABLET 500 MG	4	PA; ST; SP
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	PA; SP; LA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	4	PA; SP
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL TABLET 330 MG	3	
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	2	PA
CUVRIOR ORAL TABLET 300 MG	4	PA; ST; SP

Drug Name	Tier	Requirements / Limits
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	PA; SP; LA
<i>deferasirox oral tablet 180 mg</i>	4	PA; SP; LA
<i>deferasirox oral tablet 360 mg, 90 mg</i>	4	PA; ST; SP; LA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	4	PA; ST; SP; LA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	4	PA; SP
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	4	PA; ST; SP; LA
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	4	PA; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	4	PA; ST; SP
ENDARI ORAL POWDER IN PACKET 5 GRAM	4	PA; ST; SP; LA; QL (180 per 30 days)
EVOXAC ORAL CAPSULE 30 MG	3	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	4	PA; ST; SP; LA
FABHALTA ORAL CAPSULE 200 MG	4	PA; ST; SP
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	4	PA; ST; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA; ST; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	4	PA; ST; SP
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	4	PA; SP; LA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	4	PA; SP; LA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; SP; LA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	4	PA; ST; SP; LA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	4	PA; ST; SP; LA
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA; ST
JOENJA ORAL TABLET 70 MG	4	PA; SP; QL (60 per 30 days)
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	

Drug Name	Tier	Requirements / Limits
LITFULO ORAL CAPSULE 50 MG	4	PA; SP; LA
LITHOSTAT ORAL TABLET 250 MG	3	
METOPIRONE ORAL CAPSULE 250 MG	3	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	4	PA; SP; LA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	4	PA; ST; SP; LA
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	4	PA; ST; SP; LA
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	4	PA; ST; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	4	PA; ST; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	4	PA; ST; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM	4	PA; ST; SP; LA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	4	PA; ST; SP
PYRUKYND ORAL TABLETS, DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	4	PA; ST; SP
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	4	PA; ST; SP; LA
RILUTEK ORAL TABLET 50 MG	3	
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	4	PA; SP
SYPRINE ORAL CAPSULE 250 MG	3	PA; ST; QL (240 per 30 days)

Drug Name	Tier	Requirements / Limits
TAVNEOS ORAL CAPSULE 10 MG	4	PA; SP
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA; ST; SP
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	4	PA; ST; SP
THIOLA ORAL TABLET 100 MG	4	PA; ST; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA; ST; SP
<i>tiopronin oral tablet 100 mg</i>	4	PA; SP; LA
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	4	PA; SP
<i>trientine oral capsule 250 mg</i>	1	PA; ST; QL (240 per 30 days)
VAFSEO ORAL TABLET 150 MG, 300 MG	3	PA; QL (30 per 30 days)
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	4	PA; ST; SP; QL (180 per 30 days)
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	4	PA; SP; QL (120 per 30 days)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	4	PA; ST; SP
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	ACA PV
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	2	ACA PV
CHANTIX ORAL TABLET 1 MG	2	ACA PV
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	2	ACA PV
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	3	ACA PV
NICORETTE BUCCAL GUM 2 MG	3	ACA PV
<i>nicorette buccal gum 4 mg</i>	1	ACA PV
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1	ACA PV
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	1	ACA PV
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	1	ACA PV
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	1	ACA PV
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	1	ACA PV

Drug Name	Tier	Requirements / Limits
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	2	ACA PV
<i>quit 2 buccal gum 2 mg</i>	1	ACA PV
<i>quit 2 buccal lozenge 2 mg</i>	1	ACA PV
<i>quit 4 buccal gum 4 mg</i>	1	ACA PV
<i>quit 4 buccal lozenge 4 mg</i>	1	ACA PV
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	1	ACA PV
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	1	ACA PV
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	1	ACA PV

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	3	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	
<i>fluoride (sodium) dental solution 0.2 %</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	3	
<i>kourzeq dental paste 0.1 %</i>	1	
MUGARD MUCOUS MEMBRANE SOLUTION	4	SP

Drug Name	Tier	Requirements / Limits
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	1	
<i>oralone dental paste 0.1 %</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	3	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
PREVIDENT DENTAL GEL 1.1 %	3	
PREVIDENT DENTAL SOLUTION 0.2 %	3	
PREVIDENT KIDS DENTAL PASTE 1.1 %	3	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	4	SP
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	3	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	3	

Drug Name	Tier	Requirements / Limits
<i>flac oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 %	3	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	1	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	
CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML	3	
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; SP; LA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	4	PA; SP; LA
AGAMREE ORAL SUSPENSION 40 MG/ML	4	PA; ST; SP
ALKINDI ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	3	PA; ST
<i>betamethasone acet, sod phos injection suspension 6 mg/ml</i>	1	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST
<i>cortisone oral tablet 25 mg</i>	1	
CORTROPHIN GEL INJECTION 80 UNIT/ML	4	PA; SP; LA
<i>deflazacort oral suspension 22.75 mg/ml</i>	4	PA; SP
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	4	PA; ST; SP
DEPO-MEDROL INJECTION SUSPENSION 80 MG/ML	3	
<i>dexabliss oral tablets, dose pack 1.5 mg (39 tabs)</i>	1	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	

Drug Name	Tier	Requirements / Limits
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablets, dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	4	PA; ST; SP; LA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	4	PA; ST; SP; LA
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
HEMADY ORAL TABLET 20 MG	3	ST
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	3	
MEDROL (PAK) ORAL TABLETS, DOSE PACK 4 MG	3	ST
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	ST
MEDROL ORAL TABLET 2 MG	2	ST
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	1	
<i>millipred dp oral tablets, dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	1	
<i>millipred oral tablet 5 mg</i>	1	
ORAPRED ODT ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 30 MG	3	ST
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone oral tablet 5 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	
RAYOS ORAL TABLET, DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	3	ST
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	ST
TARPEYO ORAL CAPSULE, DELAYED RELEASE(DR/EC) 4 MG	4	PA; ST; SP
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
ZCORT ORAL TABLETS, DOSE PACK 1.5 MG (25 TABS)	3	ST
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution 1 gram/ml</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SSKI ORAL SOLUTION 1 GRAM/ML	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRIPS	3	ST
ACCU-CHEK GUIDE TEST STRIPS	3	ST
ACCU-CHEK SMARTVIEW TEST STRIPS	3	ST
ACCUTREND GLUCOSE TEST STRIPS	3	ST
ADVANCED GLUC METER TEST STRIPS	3	ST
ADVOCATE REDI-CODE PLUS STRIPS	3	ST
AGAMATRIX AMP TEST STRIPS	3	ST
ASSURE 4 STRIPS	3	ST
ASSURE PLATINUM TEST STRIPS	3	ST
ASSURE PRISM MULTI STRIPS	3	ST

Drug Name	Tier	Requirements / Limits
BIONIME RIGHTEST TEST STRIPS	3	ST
BLOOD GLUCOSE TEST STRIPS	3	ST
BLULINK GLUCOSE TEST STRIPS	3	ST
CARESENS N TEST STRIPS	3	ST
CARETOUCH TEST STRIPS	3	ST
CLEVER CHOICE MICRO TEST STRIPS	3	ST
CLEVER CHOICE PRO STRIPS	3	ST
CLEVER CHOICE TALK TEST STRIPS	3	ST
CLEVER CHOICE TEST STRIPS	3	ST
CLEVER CHOICE VOICE PLUS TEST STRIPS	3	ST
CONTOUR NEXT TEST STRIPS	2	
CONTOUR PLUS TEST STRIPS	2	
CONTOUR TEST STRIPS	2	
DIATRUE PLUS TEST STRIPS	3	ST
EASY PLUS II TEST STRIPS	3	ST
EASY STEP STRIPS	3	ST
EASY TALK GLUCOSE TEST STRIPS	3	ST
EASY TALK PLUS II TEST STRIPS	3	ST
EASY TOUCH BLULINK TEST STRIPS	3	ST
EASY TOUCH TEST STRIPS	3	ST
EASY TRAK GLUCOSE TEST STRIPS	3	ST
EASY TRAK II TEST STRIPS	3	ST
EASYGLUCO TEST STRIPS	3	ST
EASYMAX STRIPS	3	ST
ELEMENT COMPACT TEST STRIPS	3	ST
ELEMENT TEST STRIPS	3	ST
EMBRACE BLOOD GLUCOSE SYSTEM STRIPS	3	ST
EMBRACE EVO TEST STRIPS	3	ST
EMBRACE PRO TEST STRIPS	3	ST
EMBRACE TALK TEST STRIPS	3	ST
EVENCARE G2 STRIPS	3	ST
EVENCARE G3 TEST STRIPS	3	ST
EVENCARE MINI GLUCOSE TEST STRIPS	3	ST
EVENCARE PROVIEW TEST STRIPS	3	ST

Drug Name	Tier	Requirements / Limits
EVOLUTION TEST STRIPS	3	ST
EZ SMART PLUS TEST STRIPS	3	ST
EZ SMART TEST STRIPS	3	ST
FORA 6 CONNECT GLUCOSE STRIPS	3	ST
FORA 6CONN-GTEL-TN'G ADV STRIPS	3	ST
FORA D15G STRIPS	3	ST
FORA D20 STRIPS	3	ST
FORA D40-G31 TEST STRIPS	3	ST
FORA G20 STRIPS	3	ST
FORA G30-PREMIUM V10 TEST STRIPS	3	ST
FORA GD50 TEST STRIPS	3	ST
FORA GTEL GLUCOSE TEST STRIPS	3	ST
FORA TEST STRIPS	3	ST
FORA TN'G ADVAN PRO TEST STRIPS	3	ST
FORA TN'G VOICE TEST STRIPS	3	ST
FORA V10 STRIPS	3	ST
FORA V10-V12-D10-D20 STRIPS	3	ST
FORA V12 GLUCOSE STRIPS	3	ST
FORA V20 STRIPS	3	ST
FORACARE GD20 STRIPS	3	ST
FORACARE GD40 TEST STRIPS	3	ST
FREESTYLE INSULINX STRIPS	3	ST
FREESTYLE INSULINX TEST STRIPS	3	ST
FREESTYLE LITE STRIPS	3	ST
FREESTYLE PRECISION NEO STRIPS	3	ST
FREESTYLE TEST STRIPS	3	ST
GE100 BLOOD GLUCOSE TEST STRIPS	3	ST
GE333 BLOOD GLUCOSE TEST STRIPS	3	ST
GENSTRIP TEST STRIPS	3	ST
GLUCO NAVII TEST STRIPS	3	ST
GLUCOCARD 01 SENSOR PLUS STRIPS	3	ST
GLUCOCARD EXPRESSION STRIPS	3	ST
GLUCOCARD SHINE TEST STRIPS	3	ST
GLUCOCARD VITAL SENSOR STRIPS	3	ST
GLUCOCARD VITAL TEST STRIPS	3	ST

Drug Name	Tier	Requirements / Limits
GLUCOCOM GLUCOSE STRIPS	3	ST
GM100 STRIPS	3	ST
GOJJI BLOOD GLUCOSE TEST STRIPS	3	ST
HARMONY GLUCOSE TEST STRIPS	3	ST
HEALTHPRO TEST STRIPS	3	ST
IHEALTH GLUCOSE TEST STRIPS	3	ST
INFINITY TEST STRIPS	3	ST
MICRO BLOOD GLUCOSE STRIPS	3	ST
MICRODOT BLOOD GLUCOSE SYSTEM STRIPS	3	ST
MICRODOT XTRA BLOOD GLUCOSE STRIPS	3	ST
MYGLUCOHEALTH STRIPS	3	ST
NEUTEK 2TEK TEST STRIPS	3	ST
NOVA MAX GLUCOSE TEST STRIPS	3	ST
ON CALL EXPRESS TEST STRIPS	3	ST
ONETOUCH ULTRA TEST STRIPS	2	
ONETOUCH VERIO TEST STRIPS	2	
OPTIUM EZ STRIPS	3	ST
OPTIUM TEST STRIPS	3	ST
PHARMACIST CHOICE STRIPS	3	ST
PIP BLOOD GLUCOSE TEST STRIPS	3	ST
PLATINUM TEST STRIPS	3	ST
PRECISION PCX PLUS TEST STRIPS	3	ST
PRECISION PCX TEST STRIPS	3	ST
PRECISION POINT OF CARE TEST STRIPS	3	ST
PRECISION Q-I-D TEST STRIPS	3	ST
PRECISION XTRA TEST STRIPS	3	ST
PREMIER TEST STRIPS	3	ST
PREMIUM V10 STRIPS	3	ST
PRO VOICE V8-V9 TEST STRIPS	3	ST
PRODIGY NO CODING STRIPS	3	ST
QUINTET AC STRIPS	3	ST
REFUAH PLUS STRIPS	3	ST
RELION CONFIRM-MICRO STRIPS	3	ST
RELION PRIME TEST STRIPS	3	ST

Drug Name	Tier	Requirements / Limits
RELION ULTIMA STRIPS	3	ST
REVEAL TEST STRIPS	3	ST
RIGHTEST GS550 TEST STRIPS	3	ST
RIGHTEST GT333 TEST STRIPS	3	ST
SMART SENSE TEST STRIPS	3	ST
SMARTEST TEST STRIPS	3	ST
SOLUS V2 TEST STRIPS	3	ST
SURE-TEST EASYPLUS MINI STRIPS	3	ST
TELCARE TEST STRIPS	3	ST
TEST N'GO TEST STRIPS	3	ST
TRUE METRIX GLUCOSE TEST STRIPS	3	ST
TRUETEST TEST STRIPS	3	ST
TRUETRACK TEST STRIPS	3	ST
ULTRATRAK STRIPS	3	ST
ULTRATRAK ULTIMATE STRIPS	3	ST
UNISTRIPI TEST STRIPS	3	ST
VIVAGUARD INO TEST STRIPS	3	ST
WAVESENSE JAZZ STRIPS	3	ST
WAVESENSE PRESTO STRIPS	3	ST
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	3	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	3	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
EVERSENSE 365 TRANSMITTER DEVICE	3	

Drug Name	Tier	Requirements / Limits
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	3	
TWIST STARTER KIT KIT	3	
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	PA; ST
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; ST
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	PA; ST
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; ST
BASAGLAR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA; ST
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	3	PA; ST
FIASP FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	3	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	PA; ST
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	3	PA; ST

Drug Name	Tier	Requirements / Limits
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	3	PA; ST
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	PA; ST
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	3	PA; ST
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	3	PA
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	PA; ST
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; ST
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	PA; ST
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	PA; ST
HUMULIN N NPH KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA; ST
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	PA; ST
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	3	PA; ST
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	

Drug Name	Tier	Requirements / Limits
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	3	PA; ST
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; ST
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	3	PA; ST
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA; ST
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; ST
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	PA; ST
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	PA; ST
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	PA; ST
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; ST
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	PA; ST
LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	PA; ST
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	3	PA; ST

Drug Name	Tier	Requirements / Limits
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; ST
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	2	
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA; ST
SEMGLEE (INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; ST
SEMGLEE (INSULIN GLARG-YFGN) PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA; ST
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	PA; ST
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	

Drug Name	Tier	Requirements / Limits
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	PA; ST
MISCELLANEOUS HORMONES		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	ST
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	ST
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	4	ST; SP
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CERDELGA ORAL CAPSULE 84 MG	4	PA; SP; LA
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	3	
<i>desmopressin injection solution 4 mcg/ml</i>	4	SP; LA
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON- AEROSOL 150 MCG/SPRAY (0.1 ML)	3	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	

Drug Name	Tier	Requirements / Limits
GALAFOLD ORAL CAPSULE 123 MG	4	PA; SP; LA
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; ST; SP; QL (180 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	3	ST
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	4	PA; SP; LA
<i>javygtor oral tablet, soluble 100 mg</i>	4	PA; SP; LA
JYNARQUE ORAL TABLET 15 MG, 30 MG	4	PA; SP; QL (60 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	4	PA; SP; QL (60 per 30 days)
KORLYM ORAL TABLET 300 MG	4	PA; SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	4	PA; ST; SP; LA
KUVAN ORAL TABLET, SOLUBLE 100 MG	4	PA; ST; SP; LA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	3	ST
METHITEST ORAL TABLET 10 MG	2	ST
<i>methyltestosterone oral capsule 10 mg</i>	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	
<i>mifepristone oral tablet 300 mg</i>	4	PA; SP; LA
<i>miglustat oral capsule 100 mg</i>	4	PA; ST; SP; LA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; SP; LA; QL (27 per 30 days)
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	3	ST
NOC DURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	3	
NOC DURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	3	
OPFOLDA ORAL CAPSULE 65 MG	4	PA; SP; LA
ORILISSA ORAL TABLET 150 MG	3	PA; QL (1 per 30 days)
ORILISSA ORAL TABLET 200 MG	3	PA; QL (90 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	4	PA; ST; SP; LA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	3	

Drug Name	Tier	Requirements / Limits
RECORLEV ORAL TABLET 150 MG	4	PA; ST; SP; QL (240 per 30 days)
ROCALTROL ORAL SOLUTION 1 MCG/ML	3	PA; ST
SAMSCA ORAL TABLET 15 MG, 30 MG	4	PA; SP; LA; QL (60 per 30 days)
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA; SP; LA
<i>sapropterin oral tablet, soluble 100 mg</i>	4	PA; SP; LA
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	4	PA; ST; SP
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; ST; SP; LA; QL (30 per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	4	PA; SP
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	PA; ST; QL (5 per 30 days)
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	ST
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1	
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	
TLANDO ORAL CAPSULE 112.5 MG	3	ST
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	4	PA; SP; LA; QL (60 per 30 days)
UNDECATREX ORAL CAPSULE 200 MG	3	PA; ST; QL (120 per 30 days)
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	ST
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	ST
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	ST

Drug Name	Tier	Requirements / Limits
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	4	PA; SP; LA; QL (30 per 30 days)
XYOSTED SUBCUTANEOUS AUTO- INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	ST
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	4	PA; SP
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3	
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	PA; ST
ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	3	PA; ST
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25- 45 MG	3	PA; ST
BRENZAVVY ORAL TABLET 20 MG	3	PA; ST
BYDUREON BCISE SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85 ML	2	PA; ST
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; ST
CYCLOSET ORAL TABLET 0.8 MG	3	
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10- 1,000 MG, 5-1,000 MG	3	PA; ST
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	3	PA; ST
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	3	
FARXIGA ORAL TABLET 10 MG, 5 MG	2	PA; ST
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
GLIPIZIDE ORAL TABLET 2.5 MG	3	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG	3	
GLUMETZA ORAL TABLET, ER GAST.RETENTION 24 HR 1,000 MG, 500 MG	3	PA; ST
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	PA; ST
INPEFA ORAL TABLET 400 MG	3	PA; ST
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	PA; ST
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	PA; ST
INVOKANA ORAL TABLET 100 MG, 300 MG	3	PA; ST
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	PA; ST
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	PA; ST
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	PA; ST
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	PA; ST
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	PA; ST
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	PA; ST
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	3	PA; ST
<i>metformin oral solution 500 mg/5 ml</i>	1	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
METFORMIN ORAL TABLET 625 MG	3	PA; ST
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	1	PA; ST
<i>metformin oral tablet, er gast.retention 24 hr 1,000 mg, 500 mg</i>	1	PA; ST
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; ST
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	PA; ST
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	PA; ST
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; ST
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
QTERN ORAL TABLET 10-5 MG, 5-5 MG	2	PA; ST
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
RIOMET ORAL SOLUTION 500 MG/5 ML	3	PA; ST
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; ST
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	1	PA
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>	1	PA
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	3	PA; ST
STEGLATRO ORAL TABLET 15 MG, 5 MG	3	PA; ST
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	3	PA; ST
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	PA; ST

Drug Name	Tier	Requirements / Limits
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	PA; ST
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	PA; ST
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	PA; ST
TRADJENTA ORAL TABLET 5 MG	2	PA; ST
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	2	PA; ST
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; ST
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	PA; ST
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	PA; ST
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	PA; ST
ZITUVIMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	PA; ST
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	3	PA; ST
THYROID HORMONES		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	3	
ERMEZA ORAL SOLUTION 30 MCG/ML	3	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz oral tablet, disintegrating 0.125 mg</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1	PA; ST
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	

Drug Name	Tier	Requirements / Limits
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	3	
DARTISLA ORAL TABLET, DISINTEGRATING 1.7 MG	3	PA
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET 16.2-0.1037 - 0.0194 MG	3	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1	
GLYCATE ORAL TABLET 1.5 MG	3	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
LEVBIID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	3	
LEVSIN ORAL TABLET 0.125 MG	3	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	3	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	3	
LOMOTIL ORAL TABLET 2.5-0.025 MG	3	
<i>loperamide oral capsule 2 mg</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
MOTOFEN ORAL TABLET 1-0.025 MG	3	

Drug Name	Tier	Requirements / Limits
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	4	PA; ST; SP; QL (60 per 30 days)
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	3	
<i>opium oral tincture 10 mg/ml (morphine)</i>	1	
<i>oscimin oral tablet 0.125 mg</i>	1	
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet 16.2-0.1037 -0.0194 mg</i>	1	
ROBINUL FORTE ORAL TABLET 2 MG	3	
ROBINUL ORAL TABLET 1 MG	3	
SYMAX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3	
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	1	
<i>symax-sl sublingual tablet 0.125 mg</i>	1	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1	
MISCELLANEOUS AGENTS		
AURYXIA ORAL TABLET 210 MG IRON	3	PA; ST
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	3	PA; ST
FOSRENOL ORAL TABLET, CHEWABLE 1,000 MG, 500 MG, 750 MG	3	PA
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	PA; ST; QL (30 per 30 days)
REVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	3	PA; ST
REVELA ORAL TABLET 800 MG	3	PA; ST
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	3	PA; ST
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	4	PA; ST; SP
XPHOZAH ORAL TABLET 20 MG, 30 MG	4	PA; ST; SP
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	3	
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	
<i>alvimopan oral capsule 12 mg</i>	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	PA; ST
ANA-LEX RECTAL KIT 2-2 %	3	ST
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	2	
ANTIVERT ORAL TABLET 50 MG	3	
ANTIVERT ORAL TABLET, CHEWABLE 25 MG	3	
<i>anucort-hc rectal suppository 25 mg</i>	1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	3	ST
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	3	ST
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM	3	PA; ST
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
AZULFIDINE ORAL TABLET 500 MG	3	
<i>balsalazide oral capsule 750 mg</i>	1	
<i>betaine oral powder 1 gram/scoop</i>	4	PA; ST; SP

Drug Name	Tier	Requirements / Limits
BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG	3	PA; ST
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	1	
<i>budesonide oral tablet, delayed and ext.release 9 mg</i>	1	
<i>budesonide rectal foam 2 mg/actuation</i>	1	
BYLVAY ORAL CAPSULE 1,200 MCG	4	PA; ST; SP; LA; QL (150 per 30 days)
BYLVAY ORAL CAPSULE 400 MCG	4	PA; ST; SP; LA; QL (450 per 30 days)
BYLVAY ORAL PELLETT 200 MCG	4	PA; ST; SP; LA; QL (900 per 30 days)
BYLVAY ORAL PELLETT 600 MCG	4	PA; ST; SP; LA; QL (300 per 30 days)
CANASA RECTAL SUPPOSITORY 1,000 MG	3	
CHENODAL ORAL TABLET 250 MG	4	SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	4	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; ST; SP; LA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; ST; SP; LA
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	ACA PV
COLAZAL ORAL CAPSULE 750 MG	3	PA; ST
COMPAZINE ORAL TABLET 10 MG, 5 MG	3	
COMPAZINE RECTAL SUPPOSITORY 25 MG	3	
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	3	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	2	PA
CREON ORAL CAPSULE,DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	

Drug Name	Tier	Requirements / Limits
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	4	PA; ST; SP
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	3	PA; ST
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG	3	PA; ST
DIPENTUM ORAL CAPSULE 250 MG	3	PA; ST
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	1	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
EMEND ORAL CAPSULE 80 MG	3	
EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2)	3	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	2	
<i>enulose oral solution 10 gram/15 ml</i>	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	3	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4	PA; SP; LA
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA PV
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA PV
<i>gavilyte-n oral recon soln 420 gram</i>	1	ACA PV
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>gentle laxative (mag hydrox) oral suspension 400 mg/5 ml</i>	1	ACA PV
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	4	PA; ST; SP
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	3	
<i>granisetron hcl oral tablet 1 mg</i>	1	
<i>hemmorex-hc rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	1	
HYDROCORTISONE-PRAMOXINE RECTAL SUPPOSITORY 25-18 MG	3	ST
IBSRELA ORAL TABLET 50 MG	3	PA; ST
IQIRVO ORAL TABLET 80 MG	4	PA; ST; SP; LA
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	2	
<i>lactulose oral packet 10 gram</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	3	PA; ST
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	3	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	1	ST
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	ST
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	PA; ST
LIVDELZI ORAL CAPSULE 10 MG	4	PA; SP
LIVMARLI ORAL SOLUTION 19 MG/ML	4	PA; SP
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; ST; SP; QL (3 per 30 days)
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	3	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	3	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
MECLIZINE ORAL TABLET 50 MG	3	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule, extended release 500 mg</i>	1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	

Drug Name	Tier	Requirements / Limits
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	3	PA; ST
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	PA; ST
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	3	
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	1	
OALIVA ORAL TABLET 10 MG, 5 MG	4	PA; ST; SP; LA; QL (30 per 30 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; ST; SP; LA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; ST; SP; LA
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	
PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	3	PA; ST
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA PV
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	ACA PV
<i>peg-electrolyte oral recon soln 420 gram</i>	1	ACA PV
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	3	PA; ST
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	PA; ST
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	3	ACA PV

Drug Name	Tier	Requirements / Limits
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
PROCORT RECTAL CREAM 1.85-1.15 %	3	
PROCTOCORT RECTAL SUPPOSITORY 30 MG	3	ST
PROCTOFOAM HC RECTAL FOAM 1-1 %	3	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	
REGLAN ORAL TABLET 10 MG, 5 MG	3	
RELISTOR ORAL TABLET 150 MG	3	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	3	
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	3	
RELTONE ORAL CAPSULE 200 MG, 400 MG	3	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	3	ST
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	3	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	4	PA; ST; SP; LA
<i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	ACA PV
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA; ST; SP; QL (2 per 30 days)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	3	ACA PV
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	

Drug Name	Tier	Requirements / Limits
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	ACA PV
SYMPROIC ORAL TABLET 0.2 MG	3	
SYNDROS ORAL SOLUTION 5 MG/ML	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	3	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	3	PA; ST
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG	3	PA; ST
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	PA
URSO FORTE ORAL TABLET 500 MG	3	
<i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VARUBI ORAL TABLET 90 MG	3	
VELSIPITY ORAL TABLET 2 MG	4	PA; ST; SP; LA
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA; ST; QL (60 per 30 days)
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
VOWST ORAL CAPSULE	4	PA; SP
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	4	PA; ST; SP
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	4	PA; ST; SP
ULCER THERAPY		
ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	3	ST
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	1	PA
CARAFATE ORAL SUSPENSION 100 MG/ML	3	
CARAFATE ORAL TABLET 1 GRAM	3	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	3	
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 30 MG, 60 MG	3	ST
<i>dexlansoprazole oral capsule, biphas delayed releas 30 mg, 60 mg</i>	1	ST
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	1	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
KONVOMEK ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	3	ST
<i>lansoprazole oral capsule, delayed release (dr/ec) 15 mg, 30 mg</i>	1	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 40 MG	3	ST
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG, 40 MG	3	ST
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	2	ST
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	3	PA; ST
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	1	ST

Drug Name	Tier	Requirements / Limits
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	1	ST
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	
PEPCID ORAL TABLET 20 MG, 40 MG	3	
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG	3	ST
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG	3	ST
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	3	ST
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	ST
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG	3	ST
PYLERA ORAL CAPSULE 140-125-125 MG	3	PA
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	3	ST
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	3	PA; ST
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	3	PA; ST
VOQUEZNA ORAL TABLET 10 MG, 20 MG	3	PA; ST
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	PA; ST
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM, 40-1.1 MG-GRAM	3	ST
ZEGERID ORAL PACKET 20-1,680 MG, 40-1,680 MG	3	ST
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
ANTIVIRALS		
<i>ribavirin oral capsule 200 mg</i>	4	SP; LA
<i>ribavirin oral tablet 200 mg</i>	4	SP; LA

Drug Name	Tier	Requirements / Limits
BIOTECHNOLOGY DRUGS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP; LA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA; SP; LA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; SP; LA
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML	4	PA; ST; SP; LA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	SP
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	4	PA; ST; SP; LA; QL (1 per 90 days)
LEUKINE INJECTION RECON SOLN 250 MCG	4	PA; SP
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	4	PA; SP
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	SP; LA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; ST; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; ST; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; ST; SP

Drug Name	Tier	Requirements / Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>	4	SP
PROCRT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA; SP; LA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; ST; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA; SP; LA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	4	PA; ST; SP
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; ST; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP
XOLREMDI ORAL CAPSULE 100 MG	4	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; ST; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP
GROWTH HORMONES		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; ST; SP; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA; ST; SP; LA

Drug Name	Tier	Requirements / Limits
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	4	PA; ST; SP; LA
NORDITROPIN FLEXPOR SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; ST; SP; LA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	4	PA; ST; SP; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; ST; SP; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA; ST; SP; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; ST; SP; LA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	4	PA; ST; SP; LA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; SP; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	4	PA; ST; SP; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; SP; LA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	2	
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; SP; LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; SP; LA
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; ST; SP; LA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; SP; LA

Drug Name	Tier	Requirements / Limits
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; SP; LA
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 95 MG	4	PA; ST; SP; LA; QL (120 per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; SP; LA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	4	PA; ST; SP; LA
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; SP; LA; QL (1 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg, 240 mg</i>	4	PA; SP; LA; QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i>	4	PA; SP; LA
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	4	PA; ST; SP; LA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; SP; LA
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; SP; LA
KESIMPTA SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; SP; LA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; SP; LA; QL (40 per 720 days)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; SP; LA; QL (16 per 720 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; SP; LA; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; SP; LA; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; SP; LA; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; SP; LA; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; SP; LA; QL (36 per 720 days)
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	4	PA; SP; LA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)	4	PA; SP; LA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	4	PA; SP; LA

Drug Name	Tier	Requirements / Limits
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA; SP; LA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; SP; LA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; SP; LA
PONVORY 14-DAY STARTER PACK ORAL TABLETS, DOSE PACK 2 MG (2) - 10 MG (3)	4	PA; SP; LA; QL (1 per 365 days)
PONVORY ORAL TABLET 20 MG	4	PA; SP; LA; QL (30 per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; SP; LA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; SP; LA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; SP; LA
TASCENSO ODT ORAL TABLET, DISINTEGRATING 0.25 MG	4	PA; ST; SP; LA; QL (60 per 30 days)
TASCENSO ODT ORAL TABLET, DISINTEGRATING 0.5 MG	4	PA; ST; SP; LA; QL (30 per 30 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG	4	PA; ST; SP; LA; QL (120 per 30 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG (14)- 240 MG (46)	4	PA; ST; SP; LA; QL (1 per 365 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 240 MG	4	PA; ST; SP; LA; QL (60 per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; SP; LA
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG	4	PA; ST; SP; LA; QL (120 per 30 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	2	Vac; ACA PV
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML	2	Vac
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	Vac; ACA PV
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	Vac; ACA PV

Drug Name	Tier	Requirements / Limits
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	Vac; ACA PV
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	Vac; ACA PV
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	Vac; ACA PV
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	Vac; ACA PV
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION 7.5 MCG/0.5 ML	2	Vac; ACA PV
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE 7.5 MCG/0.5 ML	2	Vac; ACA PV
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	Vac
BEXSERO INTRAMUSCULAR SYRINGE 50- 50-50-25 MCG/0.5 ML	2	Vac; ACA PV
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	Vac; ACA PV
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	Vac; ACA PV
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	2	Vac; ACA PV
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF- MCG-LF/0.5ML	2	Vac; ACA PV
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	Vac; ACA PV
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	Vac; ACA PV
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	Vac; ACA PV
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	Vac; ACA PV
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	Vac; ACA PV

Drug Name	Tier	Requirements / Limits
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	2	Vac; ACA PV
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	Vac; ACA PV
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	Vac; ACA PV
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	Vac; ACA PV
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	2	Vac; ACA PV
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	2	Vac; ACA PV
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	Vac; ACA PV
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	Vac; ACA PV
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	Vac; ACA PV
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	Vac; ACA PV
GRASTEK SUBLINGUAL TABLET 2,800 BAU	3	PA; ST
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1, 440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	Vac; ACA PV
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	Vac; ACA PV
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	Vac; ACA PV
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	Vac; ACA PV
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	Vac; ACA PV
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	Vac; ACA PV

Drug Name	Tier	Requirements / Limits
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	3	Vac; ACA PV
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	Vac; ACA PV
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	Vac; ACA PV
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	Vac; ACA PV
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	Vac; ACA PV
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	Vac; ACA PV
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	2	Vac; ACA PV
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	Vac; ACA PV
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	Vac; ACA PV
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	3	PA; ST
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; ST; SP
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	4	PA; SP; QL (30 per 30 days)
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	4	PA; SP; QL (30 per 30 days)
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	4	PA; SP; QL (30 per 30 days)
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	4	PA; SP; QL (30 per 30 days)
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	4	PA; SP; QL (30 per 30 days)
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	4	PA; SP; QL (30 per 30 days)
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	4	PA; SP; QL (30 per 30 days)
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	4	PA; SP; QL (30 per 30 days)
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	4	PA; SP; QL (30 per 30 days)

Drug Name	Tier	Requirements / Limits
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	4	PA; SP; QL (30 per 30 days)
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	4	PA; SP; QL (30 per 30 days)
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	4	PA; SP; QL (30 per 30 days)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	Vac; ACA PV
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	Vac; ACA PV
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	2	Vac; ACA PV
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	Vac; ACA PV
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	3	Vac; ACA PV
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	Vac; ACA PV
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	2	Vac; ACA PV
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	Vac; ACA PV
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	Vac; ACA PV
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	Vac; ACA PV
RABAERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	Vac; ACA PV
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	3	PA; ST
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	Vac; ACA PV
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	Vac; ACA PV
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	ACA PV
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	ACA PV

Drug Name	Tier	Requirements / Limits
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	Vac; ACA PV
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	2	Vac; ACA PV
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	Vac; ACA PV
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	Vac; ACA PV
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	Vac; ACA PV
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	ACA PV
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	Vac; ACA PV
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	Vac; ACA PV
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	Vac; ACA PV
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	Vac; ACA PV
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	Vac; ACA PV
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	Vac; ACA PV
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	Vac; ACA PV
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	ACA PV
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	Vac; ACA PV
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	Vac; ACA PV
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	Vac; ACA PV
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	Vac; ACA PV

Drug Name	Tier	Requirements / Limits
IMMUNOLOGY		
INTERLEUKINS		
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	1	
<i>imiquimod topical cream in packet 3.75 %</i>	1	ST
<i>imiquimod topical cream in packet 5 %</i>	1	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 %	3	PA; ST
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	3	PA; ST
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
COLCRYS ORAL TABLET 0.6 MG	3	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	3	PA; ST
MITIGARE ORAL CAPSULE 0.6 MG	3	ST
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ULORIC ORAL TABLET 40 MG, 80 MG	3	ST
ZYLOPRIM ORAL TABLET 100 MG	3	ST
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	
<i>alendronate oral solution 70 mg/75 ml</i>	1	
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG	3	
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	3	
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	4	PA; ST; SP; LA; QL (2 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	4	PA; ST; SP; LA; QL (1 per 30 days)
EVISTA ORAL TABLET 60 MG	3	PA; ST; QL (30 per 30 days)

Drug Name	Tier	Requirements / Limits
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	4	PA; ST; SP; LA; QL (1 per 30 days)
FOSAMAX ORAL TABLET 70 MG	3	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2, 800 UNIT, 70 MG- 5, 600 UNIT	3	
<i>ibandronate oral tablet 150 mg</i>	1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; ST; SP; LA
<i>raloxifene oral tablet 60 mg</i>	1	Och; ACA PV
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; ST; SP; LA; QL (1 per 30 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; ST; SP; QL (1 per 30 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; ST; SP; LA; QL (30 per 30 days)
OTHER RHEUMATOLOGICALS		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; ST; SP
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; SP
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; ST; SP; LA; QL (2 per 30 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; ST; SP; LA; QL (2 per 30 days)
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; ST; SP
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; ST; SP; LA
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; ST; SP
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; ST; SP
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; ST; SP

Drug Name	Tier	Requirements / Limits
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; ST; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	4	PA; ST; SP; LA
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; ST; SP; LA
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; SP; LA
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; SP; LA
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; SP; LA
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; SP; LA
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; ST; SP
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; SP
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; ST; SP; LA
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; ST; SP; LA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML	4	PA; ST; SP; LA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; SP; LA
ARA VA ORAL TABLET 10 MG, 20 MG	3	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; ST; SP; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; ST; SP; LA
CUPRIMINE ORAL CAPSULE 250 MG	3	PA; ST
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; SP; LA

Drug Name	Tier	Requirements / Limits
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; SP; LA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; SP; LA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; SP; LA
DEPEN TITRATABS ORAL TABLET 250 MG	3	PA; ST
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; ST; SP; LA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; ST; SP; LA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; ST; SP; LA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; ST; SP; LA
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	4	PA; ST; SP; LA
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	4	PA; ST; SP; LA
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	4	PA; ST; SP; LA
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; ST; SP; LA
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; ST; SP; LA
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; SP; LA
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; ST; SP; LA
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; ST; SP; LA
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; ST; SP; LA
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; ST; SP; LA

Drug Name	Tier	Requirements / Limits
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; ST; SP; LA
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; ST; SP; LA
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; ST; SP; LA
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	4	PA; ST; SP; LA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	4	PA; ST; SP; LA
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	4	PA; ST; SP
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	4	PA; ST; SP
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	4	PA; ST; SP; LA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; ST; SP; LA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; ST; SP; LA
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; ST; SP; LA
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; ST; SP; LA
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; ST; SP; LA
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; ST; SP; LA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; ST; SP; LA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; ST; SP; LA

Drug Name	Tier	Requirements / Limits
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; ST; SP
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA; ST; SP; LA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; ST; SP; LA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA; ST; SP; LA
OTEZLA ORAL TABLET 20 MG	4	PA; SP; LA
OTEZLA ORAL TABLET 30 MG	4	PA; ST; SP; LA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51)	4	PA; SP; LA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; ST; SP; LA
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	PA; ST; QL (4 per 30 days)
<i>penicillamine oral capsule 250 mg</i>	1	PA; ST
<i>penicillamine oral tablet 250 mg</i>	1	PA; ST
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	PA; ST; QL (4 per 30 days)
RIDAURA ORAL CAPSULE 3 MG	2	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	4	PA; ST; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	4	PA; ST; SP; LA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	PA; ST
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	PA; ST
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; ST; SP; LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4	PA; ST; SP; LA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4	PA; ST; SP; LA

Drug Name	Tier	Requirements / Limits
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; ST; SP; LA
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; ST; SP; LA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; ST; SP; LA
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; ST; SP
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; ST; SP
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; ST; SP
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	4	PA; ST; SP

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	3	ACA PV
FEMCAP VAGINAL DEVICE 22 MM	3	ACA PV
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	4	SP; ACA PV
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	4	ST; SP; ACA PV
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	4	SP; ACA PV
PARAGARD T 380A INTRAUTERINE DEVICE 380 SQUARE MM	4	SP; ACA PV
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	4	SP; ACA PV
WIDE-SEAL VAGINAL DIAPHRAGM 60 MM	3	ACA PV

ESTROGENS & PROGESTINS

ACTIVELLA ORAL TABLET 1-0.5 MG	3	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
BIJUVA ORAL CAPSULE 1-100 MG	3	
<i>camila oral tablet 0.35 mg</i>	1	ACA PV
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	3	

Drug Name	Tier	Requirements / Limits
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
CRINONE VAGINAL GEL 4 %	3	
<i>deblitane oral tablet 0.35 mg</i>	1	ACA PV
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	ACA PV
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	3	ACA PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	ACA PV
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	3	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
DUAVEE ORAL TABLET 0.45-20 MG	2	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	3	
<i>emzahh oral tablet 0.35 mg</i>	1	ACA PV
<i>errin oral tablet 0.35 mg</i>	1	ACA PV
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	3	

Drug Name	Tier	Requirements / Limits
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	1	
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	3	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	2	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>gallifrey oral tablet 5 mg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	ACA PV
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	3	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	3	
<i>incassia oral tablet 0.35 mg</i>	1	ACA PV
<i>jencycla oral tablet 0.35 mg</i>	1	ACA PV
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>lyleq oral tablet 0.35 mg</i>	1	ACA PV
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	ACA PV
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	ACA PV
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	ACA PV
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	
<i>nora-be oral tablet 0.35 mg</i>	1	ACA PV
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	ACA PV
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
OPILL ORAL TABLET 0.075 MG	2	ACA PV; QL (28 per 28 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	4	SP; LA
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	3	

Drug Name	Tier	Requirements / Limits
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
<i>sharobel oral tablet 0.35 mg</i>	1	ACA PV
<i>tulana oral tablet 0.35 mg</i>	1	ACA PV
VAGIFEM VAGINAL TABLET 10 MCG	3	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR	3	PA
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	
<i>yuvafem vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	2	ACA PV
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	3	
CLEOCIN VAGINAL CREAM 2 %	3	PA
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	PA
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	3	PA
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA PV
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA PV
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA PV
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA PV
INTRAROSA VAGINAL INSERT 6.5 MG	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	3	PA; ST; QL (30 per 30 days)
NEXPLANON SUBDERMAL IMPLANT 68 MG	4	SP; ACA PV; LA
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA PV
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	3	ACA PV

Drug Name	Tier	Requirements / Limits
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	3	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG (AM) /300 MG (PM)	3	PA; QL (90 per 30 days)
OSPHENA ORAL TABLET 60 MG	3	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	2	ACA PV
PREPIDIL VAGINAL GEL 0.5 MG/3 G	3	
RELAGARD VAGINAL GEL 0.9-0.025 %	3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	3	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	3	ACA PV
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
VCF CONTRACEPTIVE VAGINAL FILM 28 %	3	ACA PV
VCF CONTRACEPTIVE VAGINAL GEL 4 %	3	ACA PV
VEOZAH ORAL TABLET 45 MG	3	PA; QL (30 per 30 days)
XACIATO VAGINAL GEL 2 %	3	PA
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA PV
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA PV
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>after pill oral tablet 1.5 mg</i>	1	ACA PV
AFTERA ORAL TABLET 1.5 MG	3	ACA PV
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>amethyst oral tablet 90-20 mcg (28)</i>	1	ACA PV
<i>apri oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA PV

Drug Name	Tier	Requirements / Limits
<i>ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA PV
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	3	ACA PV
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA PV
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	3	ACA PV
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	ACA PV
<i>camrese lo oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>camrese oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA PV
<i>charlotte 24 fe oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)</i>	1	ACA PV
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA PV
<i>curae oral tablet 1.5 mg</i>	1	ACA PV

Drug Name	Tier	Requirements / Limits
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>cyred oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	ACA PV
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	1	ACA PV
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	ACA PV
<i>econtra ez oral tablet 1.5 mg</i>	1	ACA PV
<i>econtra one-step oral tablet 1.5 mg</i>	1	ACA PV
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	ACA PV
ELLA ORAL TABLET 30 MG	2	ACA PV
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA PV
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	ACA PV
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
FEMLYV ORAL TABLET, DISINTEGRATING 1 MG- 20 MCG	3	ACA PV
<i>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA PV
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>her style oral tablet 1.5 mg</i>	1	ACA PV

Drug Name	Tier	Requirements / Limits
<i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA PV
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	ACA PV
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA PV
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	1	ACA PV
<i>juleber oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA PV
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA PV
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	1	ACA PV
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>l norgest/e.estradiol-e.estrad oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA PV
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA PV
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA PV

Drug Name	Tier	Requirements / Limits
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA PV
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	1	ACA PV
<i>levonorgestrel oral tablet 1.5 mg</i>	1	ACA PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	ACA PV
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA PV
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30 (10)</i>	1	ACA PV
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	ACA PV
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	2	ACA PV
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	ACA PV
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	ACA PV
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	ACA PV
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	ACA PV
<i>lojaimiess oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	ACA PV
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA PV
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	ACA PV
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA PV
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA PV
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV

Drug Name	Tier	Requirements / Limits
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
<i>my choice oral tablet 1.5 mg</i>	1	ACA PV
<i>my way oral tablet 1.5 mg</i>	1	ACA PV
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	2	ACA PV
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA PV
<i>new day oral tablet 1.5 mg</i>	1	ACA PV
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	2	ACA PV
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	ACA PV
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA PV
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA PV
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20 (5)/1-30 (7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)</i>	1	ACA PV
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	ACA PV
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA PV
<i>nortrel 1/35 oral tablet 1-35 mg-mcg (21)</i>	1	ACA PV
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>ocella oral tablet 3-0.03 mg</i>	1	ACA PV
<i>opcicon one-step oral tablet 1.5 mg</i>	1	ACA PV
<i>option-2 oral tablet 1.5 mg</i>	1	ACA PV
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	ACA PV
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV

Drug Name	Tier	Requirements / Limits
PLAN B ONE-STEP ORAL TABLET 1.5 MG	3	ACA PV
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	ACA PV
QUARTETTE ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	3	ACA PV
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>rivelsa oral tablets, dose pack, 3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	ACA PV
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	3	ACA PV
<i>setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA PV
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>simpesse oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
SLYND ORAL TABLET 4 MG (28)	3	ACA PV
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>syeda oral tablet 3-0.03 mg</i>	1	ACA PV
TAKE ACTION ORAL TABLET 1.5 MG	3	ACA PV
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	3	ACA PV
<i>tilia fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)</i>	1	ACA PV
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA PV
<i>tri-legest fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)</i>	1	ACA PV
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA PV
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA PV
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA PV
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA PV

Drug Name	Tier	Requirements / Limits
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA PV
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA PV
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA PV
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA PV
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA PV
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA PV
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA PV
TYBLUME ORAL TABLET, CHEWABLE 0.1 MG- 20 MCG	2	ACA PV
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	ACA PV
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA PV
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	ACA PV
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA PV
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA PV
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA PV
YASMIN (28) ORAL TABLET 3-0.03 MG	3	ACA PV
YAZ (28) ORAL TABLET 3-0.02 MG	3	ACA PV
<i>zarah oral tablet 3-0.03 mg</i>	1	ACA PV
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	ACA PV

OXYTOCICS

methylergonovine oral tablet 0.2 mg

1

OPHTHALMOLOGY

ANTIBIOTICS

Drug Name	Tier	Requirements / Limits
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.6 %	3	
BETADINE PREP OPHTHALMIC (EYE) SOLUTION 5 %	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	3	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	

Drug Name	Tier	Requirements / Limits
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	3	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	2	
BETOPTIC S OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	2	PA; ST
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	3	PA; ST
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	3	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	3	PA; ST
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	SP
CYCLOPLEGIC MYDRIATICS		
ATROPINE OPHTHALMIC (EYE) DROPS 0.01 %, 0.025 %, 0.05 %	3	
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>cyclophen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	1	
CYCLOPENT-TROPIC-PHEN-KETR-WAT OPTHALMIC (EYE) DROPS 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 %	3	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
MYDRIACYL OPTHALMIC (EYE) DROPS 1 %	3	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
VUITY OPTHALMIC (EYE) DROPS 1.25 %	3	PA
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPTHALMIC (EYE) GEL 3.5 %	3	
ALCAINE OPTHALMIC (EYE) DROPS 0.5 %	3	
ALOCRILO OPTHALMIC (EYE) DROPS 2 %	3	PA; ST
ALOMIDE OPTHALMIC (EYE) DROPS 0.1 %	3	PA; ST
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
ALTAFLUOR BENOX OPTHALMIC (EYE) DROPS 0.25-0.4 %	3	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	
BEPREVE OPTHALMIC (EYE) DROPS 1.5 %	3	PA; ST
CEQUA OPTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA; ST
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYCLOSPORINE IN KLARITY OPTHALMIC (EYE) DROPS 0.1-0.25 %	3	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	
CYSTADROPS OPTHALMIC (EYE) DROPS 0.37 %	4	PA; SP
CYSTARAN OPTHALMIC (EYE) DROPS 0.44 %	4	PA; SP
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	

Drug Name	Tier	Requirements / Limits
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	3	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	3	PA; ST
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	3	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4	PA; ST; SP; LA; QL (30 per 30 days)
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	3	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.075 %	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.1 %	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.5-0.1 %	3	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.5-0.075 %	3	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	PA; ST
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	PA; ST
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	2	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	3	PA; ST

Drug Name	Tier	Requirements / Limits
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	3	PA; ST
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	3	PA; ST
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	4	PA; SP
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	PA; ST; QL (60 per 30 days)
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	3	PA; ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	3	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	3	
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	3	
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %</i>	1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	3	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	

Drug Name	Tier	Requirements / Limits
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 %	3	
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC (EYE) DROPS 0.1-2 %	3	PA
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	
<i>brinzolamide ophthalmic (eye) drops, suspension 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	3	
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	3	
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	3	PA; ST
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	PA; ST
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	PA; ST
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	PA; ST
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	1	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 %	3	
TIMOLOL-DORZOLAM-BIMATOPRO(PF) OPHTHALMIC (EYE) DROPS 0.5-2-0.01 %	3	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	3	PA; ST

Drug Name	Tier	Requirements / Limits
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	PA; ST
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	3	ST
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	3	PA; ST
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	3	PA; ST
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS, SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	3	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	3	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 %	3	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.5 %	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	ST
TOBRADEX ST OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.05 %	2	ST
<i>tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.5 %	3	ST
STERIODS		
ALREX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.2 %	3	

Drug Name	Tier	Requirements / Limits
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	3	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	3	PA; ST
FLAREX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	3	
<i>fluorometholone ophthalmic (eye) drops, suspension 0.1 %</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	2	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS, GEL 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS, GEL 0.38 %	3	
<i>loteprednol etabonate ophthalmic (eye) drops, gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.2 %, 0.5 %</i>	1	
MAXIDEX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	3	
PRED FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	
PRED MILD OPHTHALMIC (EYE) DROPS, SUSPENSION 0.12 %	2	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	

Drug Name	Tier	Requirements / Limits
<i>prednisolone acetate ophthalmic (eye) drops, suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	3	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	2	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	3	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	3	PA; QL (30 per 30 days)
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	3	PA; ST; QL (4 per 30 days)
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	PA; ST; QL (2 per 30 days)
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA; ST; QL (240 per 30 days)
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	PA; ST; QL (120 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET 5 MG	3	
<i>clemastine oral syrup 0.5 mg/5 ml</i>	1	

Drug Name	Tier	Requirements / Limits
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cycloheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cycloheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	PA; ST; QL (30 per 30 days)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	PA; ST; QL (30 per 30 days)
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	1	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	3	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (4 per 30 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	QL (4 per 30 days)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	3	QL (4 per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML	3	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)	3	QL (2 per 30 days)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
RYCLORA ORAL SOLUTION 2 MG/5 ML	3	
RYVENT ORAL TABLET 6 MG	3	
VISTARIL ORAL CAPSULE 25 MG	3	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	

Drug Name	Tier	Requirements / Limits
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	3	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	3	
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	3	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	3	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML	2	
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	3	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	3	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	3	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	3	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	3	

Drug Name	Tier	Requirements / Limits
PULMONARY AGENTS		
ACCOLATE ORAL TABLET 10 MG, 20 MG	3	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	
ADCIRCA ORAL TABLET 20 MG	4	PA; ST; SP; LA
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; SP; LA
ADRENALIN NASAL SOLUTION 1 MG/ML	3	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	
ADVAIR HFA INHALATION AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION	3	
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	3	
ALBUTEROL HFA 90 MCG INHALER 90 MCG/ACTUATION	3	QL
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	1	QL (2 per 30 days)
<i>albuterol sulfate inhalation inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>albuterol sulfate inhalation oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate inhalation oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate inhalation oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	3	PA; ST
<i>alyq oral tablet 20 mg</i>	4	PA; SP
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; SP; LA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	

Drug Name	Tier	Requirements / Limits
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	
ASMANEX HFA INHALATION AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	PA; ST
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	PA; ST
ATROVENT HFA INHALATION AEROSOL INHALER 17 MCG/ACTUATION	3	
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	1	
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	3	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; SP; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	
<i>breynga inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	3	

Drug Name	Tier	Requirements / Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	3	PA; ST
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
<i>epinephrine hcl nasal solution 1 mg/ml</i>	1	
ESBRIET ORAL CAPSULE 267 MG	4	PA; ST; SP; LA; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG, 801 MG	4	PA; SP; LA; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4	PA; ST; SP; LA
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	4	PA; ST; SP; LA
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	4	PA; ST; SP
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	3	
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	3	
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	3	
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	

Drug Name	Tier	Requirements / Limits
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	
FORMOTEROL FUMARATE-NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	3	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; ST; SP; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	3	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA; ST; SP
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	4	PA; ST; SP; LA
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	4	PA; SP; LA
KALYDECO ORAL TABLET 150 MG	4	PA; SP; LA
LETAIRIS ORAL TABLET 10 MG, 5 MG	4	PA; SP; LA
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	3	QL (2 per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	1	
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; ST; SP; LA; QL (1 per 30 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; ST; SP; LA; QL (1 per 30 days)

Drug Name	Tier	Requirements / Limits
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; ST; SP; LA; QL (2 per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; SP; LA; QL (60 per 30 days)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	4	PA; SP; QL (60 per 30 days)
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	3	PA; ST
OPSUMIT ORAL TABLET 10 MG	4	PA; SP; LA
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	4	PA; SP; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	4	PA; SP; LA
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	4	PA; ST; SP; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; SP; LA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	4	PA; ST; SP; QL (30 per 30 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	3	
<i>pirfenidone oral capsule 267 mg</i>	4	PA; SP; LA; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; SP; LA; QL (90 per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	4	PA; SP; QL (135 per 30 days)
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	3	QL (2 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	3	PA; ST
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	3	
<i>pulmosal inhalation solution for nebulization 7 %</i>	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; SP; LA
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	PA; ST

Drug Name	Tier	Requirements / Limits
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	
REVATIO ORAL TABLET 20 MG	4	PA; SP; LA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	3	PA; ST
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	4	PA; ST; SP; LA
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	4	PA; SP
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; SP
SINGULAIR ORAL GRANULES IN PACKET 4 MG	3	
SINGULAIR ORAL TABLET 10 MG	3	
SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG	3	
SINUVA SINUS IMPLANT 1,350 MCG	4	PA; SP
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; SP; LA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA; ST; SP; LA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	4	PA; ST; SP; LA

Drug Name	Tier	Requirements / Limits
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	4	PA; ST; SP; LA
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	4	PA; ST; SP; LA
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	1	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	4	PA; SP; LA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	4	PA; SP; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	4	PA; SP; LA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; SP; LA
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; SP; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; SP; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; SP; LA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA; SP; LA

Drug Name	Tier	Requirements / Limits
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; SP; LA
VENTOLIN HFA INHALATION AEROSOL INHALER 90 MCG/ACTUATION	3	QL (2 per 30 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	PA; ST
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	4	PA; ST; SP; LA; QL (2 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; SP; LA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	4	PA; ST; SP; LA; QL (4 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; ST; SP; LA; QL (2 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; ST; SP; LA; QL (2 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; ST; SP; LA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; ST; SP; LA; QL (4 per 30 days)
XOPENEX HFA INHALATION AEROSOL INHALER 45 MCG/ACTUATION	3	QL (2 per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	3	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	3	PA; ST
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1	ST
ZYFLO ORAL TABLET 600 MG	3	ST

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	
DETROL LA ORAL CAPSULE, EXTENDED RELEASE 24HR 2 MG, 4 MG	3	
DETROL ORAL TABLET 1 MG, 2 MG	3	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>flavoxate oral tablet 100 mg</i>	1	
GEMTESA ORAL TABLET 75 MG	3	PA; ST
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	1	PA; ST
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	3	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	ST
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	3	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	2	ST
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	ST
<i>trospium oral capsule, extended release 24hr 60 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	
VESICARE LS ORAL SUSPENSION 1 MG/ML	3	
VESICARE ORAL TABLET 10 MG, 5 MG	3	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
AVODART ORAL CAPSULE 0.5 MG	3	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	
ENTADFI ORAL CAPSULE 5-5 MG	3	PA
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE 0.4 MG	3	PA; ST
PROSCAR ORAL TABLET 5 MG	3	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	3	

Drug Name	Tier	Requirements / Limits
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	3	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; SP
ELMIRON ORAL CAPSULE 100 MG	2	PA; ST
K-PHOS NO 2 ORAL TABLET 305-700 MG	3	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	3	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	4	PA; ST; SP; LA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	4	PA; ST; SP; LA
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	4	PA; SP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	4	PA; SP
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	1	
URELLE ORAL TABLET 81-10.8-40.8 MG	3	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	3	
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG	3	
<i>urimar-t oral tablet 120-10.8-0.12 mg</i>	1	
URNEVA ORAL CAPSULE 120-10.8-40.8 MG	3	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	3	

Drug Name	Tier	Requirements / Limits
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	3	
<i>uro-sp oral capsule 118-10-40.8-36 mg</i>	1	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	2	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	3	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet, er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
<i>lugols oral solution 5 %</i>	1	
POKONZA ORAL PACKET 10 MEQ	3	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	

Drug Name	Tier	Requirements / Limits
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
<i>strong iodine oral solution 5 %</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	4	PA; ST; SP; LA
VITAMINS & HEMATINICS		
ACCRUFER ORAL CAPSULE 30 MG	3	PA
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	1	
<i>b complex 100 injection solution 100-2-100-2-2 mg/ml</i>	1	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	3	
<i>bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg</i>	1	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG - 25 MG/25 MG	3	
CITRANATAL MEDLEY ORAL CAPSULE 27 MG IRON-1 MG -200 MG	3	
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg</i>	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	3	
CONCEPT OB ORAL CAPSULE 85-1 MG	3	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	PA
<i>cyanocobalamin (vitamin b-12) nasal spray, non-aerosol 500 mcg/spray</i>	1	PA; ST
<i>dodex injection solution 1,000 mcg/ml</i>	1	

Drug Name	Tier	Requirements / Limits
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	3	
<i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>	1	
ENBRACE HR ORAL CAPSULE, IR - DELAY REL, BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FA-8 ORAL CAPSULE 0.8 MG	3	
FER-IN-SOL ORAL DROPS 15 MG IRON (75 MG)/ML	3	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	3	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	ACA PV
<i>fluoride (sodium) oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	ACA PV
<i>folic acid injection solution 5 mg/ml</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	ACA PV
<i>folivane-ob oral capsule 85-1 mg</i>	1	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	1	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	3	
<i>ludent fluoride oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	ACA PV
MARNATAL-F ORAL CAPSULE 60 MG IRON- 1 MG	3	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10, 000 MCG	3	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	1	ACA PV
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	ACA PV
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	ACA PV
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	3	PA; ST
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE 28 MG IRON -1 MG	3	
NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	3	
NEONATAL FE ORAL TABLET 90 MG-120 MG-12 MCG-1,000 MCG	3	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	3	
NESTABS ORAL TABLET 32-1,000 MG-MCG	3	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	1	
NOVAFERRUM ORAL DROPS 15 MG IRON/ML	3	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	3	
OB COMPLETE ORAL TABLET 50 MG IRON-1.25 MG	2	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	3	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	3	
<i>pnv-dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>pnv-omega oral capsule 28-1-300 mg</i>	1	
<i>pnv-select oral tablet 27-1 mg</i>	1	
<i>pr natal 400 ec oral combo pack, tablet and cap, dr 29-1-400 mg</i>	1	
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>pr natal 430 ec oral combo pack, tablet and cap, dr 29-1-430 mg</i>	1	
<i>pr natal 430 oral combo pack 29 mg iron-1 mg - 430 mg</i>	1	
PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	3	
<i>prenatabs fa oral tablet 29-1 mg</i>	1	
<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	3	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	3	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	1	ACA PV
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
PRENATE AM ORAL TABLET 1-500 MG	3	
PRENATE CHEWABLE ORAL TABLET, CHEWABLE 1 MG	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	3	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	3	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	3	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	3	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	3	
PRIMACARE ORAL CAPSULE 30-1-300 MG	3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	3	

Drug Name	Tier	Requirements / Limits
R-NATAL OB ORAL CAPSULE 20 MG IRON-1 MG-320 MG	3	
SELECT-OB (FOLIC ACID) ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	3	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	3	
SELECT-OB ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	3	
<i>se-natal 19 chewable oral tablet, chewable 29 mg iron- 1 mg</i>	1	
<i>se-natal-19 oral tablet 29 mg iron- 1 mg</i>	1	
<i>soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</i>	1	ACA PV
<i>soluvita oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	ACA PV
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	3	
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	1	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	1	
TRINAZ ORAL TABLET 12-1 MG	3	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	3	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA PV
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	3	
VITAFOL GUMMIES ORAL TABLET, CHEWABLE 3.33 MG IRON- 0.33 MG	3	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITAFOL-OB ORAL TABLET 65-1 MG	2	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	3	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	3	
<i>vitamins a, c, d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA PV

Drug Name	Tier	Requirements / Limits
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	3	
<i>wescap-c dha oral capsule 35-1-200 mg</i>	1	
<i>wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>wesnatal dha complete oral combo pack 29 mg iron- 1 mg-200 mg</i>	1	
<i>wesnate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>westgel dha oral capsule 31 mg iron- 1 mg-200 mg</i>	1	
<i>zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	1	
<i>zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	

Index

A		
<i>abacavir</i>	2	
<i>abacavir-lamivudine</i>	2	
ABILIFY	49	
ABILIFY MAINTENA.....	48	
ABILIFY MYCITE		
MAINTENANCE KIT	49	
ABILIFY MYCITE		
STARTER KIT	49	
<i>abiraterone</i>	15	
ABRILADA(CF).....	141	
ABRILADA(CF) PEN	141	
ABRYSVO (PF).....	134	
ABSORICA.....	82	
ABSORICA LD	82	
ACAM2000 (NATIONAL		
STOCKPILE).....	134	
<i>acamprosate</i>	94	
ACANYA.....	82	
<i>acarbose</i>	114	
ACCOLATE.....	170	
ACCRUFER.....	181	
ACCU-CHEK AVIVA PLUS		
TEST STRP	102	
ACCU-CHEK GUIDE TEST		
STRIPS.....	102	
ACCU-CHEK SMARTVIEW		
TEST STRIP	102	
ACCUPRIL	62	
ACCURETIC	62	
<i>accutane</i>	82	
ACCU-TREND GLUCOSE		
TEST STRIPS	102	
<i>acebutolol</i>	62	
<i>acetaminophen-caff-</i>		
<i>dihydrocod</i>	40	
<i>acetaminophen-codeine</i>	40	
<i>acetazolamide</i>	163	
<i>acetic acid</i>	94, 99	
<i>acetylcysteine</i>	170	
ACIPHEX	127	
<i>acitretin</i>	78	
ACTEMRA	141	
ACTEMRA ACTPEN.....	141	
ACTHAR	100	
ACTHAR SELFJECT	100	
ACTHIB (PF).....	134	
ACTICLATE.....	12	
ACTIMMUNE	132	
ACTIVELLA.....	146	
ACTONEL	140	
ACTOPLUS MET	114	
ACTOS.....	114	
ACULAR.....	163	
ACULAR LS.....	163	
ACUVAIL (PF).....	163	
<i>acyclovir</i>	2, 89	
ACZONE.....	82	
ADACEL(TDAP		
ADOLESN/ADULT)(PF)		
.....	134, 135	
ADALIMUMAB-AACF	141	
ADALIMUMAB-AACF(CF)		
PEN CROHNS	141	
ADALIMUMAB-AACF(CF)		
PEN PS-UV	141	
ADALIMUMAB-AATY...141,		
142		
ADALIMUMAB-ADAZ....	142	
ADALIMUMAB-ADBM...142		
ADALIMUMAB-ADBM(CF)		
PEN CROHNS	142	
ADALIMUMAB-ADBM(CF)		
PEN PS-UV	142	
ADALIMUMAB-FKJP	142	
ADALIMUMAB-RYVK ...142		
<i>adapalene</i>	82	
ADAPALENE	82	
<i>adapalene-benzoyl peroxide</i>	82	
ADBRY	80	
ADCIRCA	170	
ADDERALL	49	
ADDERALL XR.....	49	
ADDYI	49	
<i>adefovir</i>	2	
ADEMPAS.....	170	
ADLARITY.....	37	
ADMELOG SOLOSTAR U-		
100 INSULIN	107	
ADMELOG U-100 INSULIN		
LISPRO	107	
<i>adrenalin</i>	167	
ADRENALIN.....	170	
<i>adthyza</i>	117	
ADTHYZA.....	117	
<i>adult aspirin regimen</i>	44	
ADVAIR DISKUS	170	
ADVAIR HFA.....	170	
ADVANCED GLUC METER		
TEST STRIP	102	
ADVOCATE REDI-CODE		
PLUS	102	
ADZENYS XR-ODT	49	
AEMCOLO	8	
AFINITOR	15	
AFINITOR DISPERZ	15	
<i>afirmelle</i>	151	
AFLURIA TRIV 2024-2025		
.....	135	
AFLURIA TRIV 2024-2025		
(PF).....	135	
AFREZZA	107	
<i>after pill</i>	151	
AFTERA.....	151	
AGAMATRIX AMP TEST		
STRIPS	102	
AGAMREE	100	
AGRYLIN	94	
AIMOVIG AUTOINJECTOR		
.....	35	
AIRDUO DIGIHALER.....	170	
AIRDUO RESPICLICK.....	170	
AJOVY AUTOINJECTOR..35		
AJOVY SYRINGE.....	35	
AKEEGA.....	15	
AKLIEF	82	
AKTEN (PF)	161	
AKYNZEO (NETUPITANT)		
.....	121	
<i>ala-cort</i>	89	
ALA-SCALP	89	
<i>albendazole</i>	8	
<i>albuterol sulfate inhalation</i>	170	
ALCAINE.....	161	
<i>alclometasone</i>	89	
ALCORTIN A	87	
ALDACTONE.....	62	
ALECENSA	15	
<i>alendronate</i>	140	
ALFERON N.....	132	
<i>alfuzosin</i>	178	
ALINIA	8	
<i>aliskiren</i>	62	
ALKERAN	15	

ALKINDI SPRINKLE	100	<i>amlodipine</i>	62	ARANESP (IN	
<i>allopurinol</i>	140	<i>amlodipine-atorvastatin</i>	73	POLYSORBATE)	130
<i>almotriptan malate</i>	35	<i>amlodipine-benazepril</i>	62	ARAVA	142
ALOCRIAL	161	<i>amlodipine-olmesartan</i>	63	ARAZLO	82
ALOGLIPTIN	114	<i>amlodipine-valsartan</i>	63	ARCALYST	130
ALOGLIPTIN-METFORMIN		<i>amlodipine-valsartan-hcthiazid</i>		AREXVY (PF)	135
.....	114	.....	63	<i>arformoterol</i>	170
ALOGLIPTIN-		<i>ammonium lactate</i>	80	ARICEPT	37
PIOGLITAZONE	114	<i>amnesteam</i>	82	ARIKAYCE	8
ALOMIDE	161	<i>amoxapine</i>	49	ARIMIDEX	15
<i>alosetron</i>	121	<i>amoxicil-clarithromy-</i>		<i>aripiprazole</i>	50
ALPHAGAN P	167	<i>lansopraz</i>	127	ARISTADA	50
<i>alprazolam</i>	49	<i>amoxicillin</i>	11	ARISTADA INITIO	50
<i>alprazolam intensol</i>	49	<i>amoxicillin-pot clavulanate</i> ..	11	ARIXTRA	71
ALREX	165	<i>amphetamine sulfate</i>	49	<i>armodafinil</i>	50
ALTABAX	87	<i>ampicillin</i>	11	ARMOUR THYROID	117
<i>altacaine</i>	161	AMPYRA	37	ARNUITY ELLIPTA	171
ALTACE	62	AMRIX	38	AROMASIN	15
ALTAFLUOR BENOX	161	AMZEEQ	82	ARTHROTEC 50	44
<i>altavera</i> (28)	151	ANAFRANIL	49	ARTHROTEC 75	44
ALTOPREV	73	<i>anagrelide</i>	94	<i>ascomp with codeine</i>	40
ALTRENO	82	ANA-LEX KIT	121	<i>ascorbic acid (vitamin c)</i>	181
ALUNBRIG	15	ANALPRAM-HC	78, 121	<i>asenapine maleate</i>	50
ALVAIZ	71	ANAPROX DS	44	<i>ashlyna</i>	152
ALVESCO	170	<i>anaspaz</i>	118	ASMANEX HFA	171
<i>alvimopan</i>	121	<i>anastrozole</i>	15	ASMANEX TWISTHALER	
<i>alyacen 1/35</i> (28)	151	ANCOBON	1	.....	171
<i>alyacen 7/7/7</i> (28)	151	ANDROGEL	111	<i>aspirin</i>	44
<i>alyq</i>	170	ANGELIQ	146	<i>aspirin childrens</i>	44
<i>amantadine hcl</i>	2	ANNOVERA	150	<i>aspirin-dipyridamole</i>	71
AMBIEN	49	ANORO ELLIPTA	170	ASPIRIN-OMEPRAZOLE ..	71
AMBIEN CR	49	ANTIVERT	121	ASPRUZYO SPRINKLE	76
<i>ambrisentan</i>	170	<i>anucort-hc</i>	121	ASSURE 4 STRIPS	102
<i>amcinonide</i>	89	ANUSOL-HC	121	ASSURE PLATINUM TEST	
AMELUZ	80	<i>apexicon e</i>	89	STRIP	102
<i>amethia</i>	151	APIDRA SOLOSTAR U-100		ASSURE PRISM MULTI	
<i>amethyst</i> (28)	151	INSULIN	107	STRIP	102
AMICAR	71	APIDRA U-100 INSULIN ..	107	ASTAGRAF XL	15
<i>amikacin</i>	8	APLENZIN	49	ATACAND	63
<i>amiloride</i>	62	APOKYN	33	ATACAND HCT	63
<i>amiloride-hydrochlorothiazide</i>		<i>apomorphine</i>	33	<i>atazanavir</i>	2
.....	62	<i>apraclonidine</i>	167	ATELVIA	140
<i>aminocaproic acid</i>	71	<i>aprepitant</i>	121	<i>atenolol</i>	63
<i>amiodarone</i>	61	APRETUDE	2	<i>atenolol-chlorthalidone</i>	63
AMITIZA	121	<i>apri</i>	151	ATIVAN	50
<i>amitriptyline</i>	49	APRISO	121	<i>atomoxetine</i>	50
<i>amitriptyline-chlordiazepoxide</i>		APTENSIO XR	49	<i>atorvastatin</i>	74
.....	49	APTIOM	25	<i>atovaquone</i>	8
AMJEVITA(CF)	142	APTIVUS	2	<i>atovaquone-proguanil</i>	8
AMJEVITA(CF)		ARAKODA	8	ATRALIN	82
AUTOINJECTOR	142	<i>aranelle</i> (28)	151	ATRIPLA	2

<i>atropine</i>	160	AZULFIDINE EN-TABS ..	121	<i>besser</i>	89
ATROPINE	160	<i>azurette (28)</i>	152	BESIVANCE.....	159
ATROVENT HFA	171	B		BESREMI.....	132
AUBAGIO	132	<i>b complex 100</i>	181	BETADINE OPHTHALMIC	
<i>aubra</i>	152	<i>bacitracin</i>	159	PREP.....	159
<i>aubra eq</i>	152	<i>bacitracin-polymyxin b</i>	159	<i>betaine</i>	121
AUDENZ (NATIONAL		<i>baclofen</i>	39	<i>betamethasone acet,sod phos</i>	
STOCKPILE).....	135	BACLOFEN.....	39	.....	100
AUDENZ(PF)(NATIONAL		BACTRIM.....	12	<i>betamethasone dipropionate</i> 90	
STOCKPILE).....	135	BACTRIM DS.....	12	<i>betamethasone valerate</i>	90
AUGMENTIN.....	11	BAFIERTAM.....	133	<i>betamethasone, augmented</i> ...90	
AUGMENTIN XR	12	<i>bal-care dha</i>	181	BETAPACE	61
AUGTYRO	15	BAL-CARE DHA		BETAPACE AF	61
<i>aurovela 1.5/30 (21)</i>	152	ESSENTIAL.....	181	BETASERON.....	133
<i>aurovela 1/20 (21)</i>	152	BALCOLTRA	152	<i>betaxolol</i>	63, 160
<i>aurovela 24 fe</i>	152	<i>balsalazide</i>	121	<i>bethanechol chloride</i>	179
<i>aurovela fe 1.5/30 (28)</i>	152	BALVERSA	15	BETHKIS	9
<i>aurovela fe 1-20 (28)</i>	152	<i>balziva (28)</i>	152	BETIMOL	160
AURYXIA	120	BANZEL	25	BETOPTIC S.....	160
AUSTEDO	37	BAQSIMI	106	BEVESPI AEROSPHERE .	171
AUSTEDO XR.....	37	BARACLUDE.....	2	<i>bexarotene</i>	15
AUSTEDO XR TITRATION		BASAGLAR KWIKPEN U-		BEXSERO.....	135
KT(WK1-4).....	37	100 INSULIN	107	BEYAZ.....	152
AUVELITY.....	50	BASAGLAR TEMPO PEN(U-		<i>bicalutamide</i>	15
AUVI-Q.....	167	100)INSLN.....	107	BICILLIN L-A	12
AVALIDE	63	BAXDELA.....	12	BIDIL	63
AVAPRO	63	BAYER CHEWABLE		BIJUVA.....	146
<i>avar</i>	82	ASPIRIN	44	BIKTARVY	2
AVAR LS.....	82	<i>bayer low dose aspirin</i>	44	BILTRICIDE.....	9
AVAR-E.....	82	BCG VACCINE, LIVE (PF)		<i>bimatoprost</i>	163
AVEED	111	.....	135	BIMZELX	78
<i>aviane</i>	152	BELBUCA	40	BIMZELX AUTOINJECTOR	
<i>avidoxy</i>	13	<i>belladonna alkaloids-opium</i>		.....	78
AVIDOXY DK	13	.....	118	BINOSTO.....	140
AVODART	178	BELSOMRA	50	BIONIME RIGHTEST TEST	
AVONEX.....	132, 133	<i>benazepril</i>	63	STRIPS	103
<i>ayuna</i>	152	<i>benazepril-hydrochlorothiazide</i>		BIOTHRAX	135
AYYAKIT.....	15	.....	63	<i>bismuth subcit k-metronidz-tn</i>	
AZASAN.....	15	BENICAR	63	.....	128
AZASITE	159	BENICAR HCT	63	<i>bisoprolol fumarate</i>	63
<i>azathioprine</i>	15	BENLYSTA	142	<i>bisoprolol-hydrochlorothiazide</i>	
<i>azelaic acid</i>	82	BENZAMYCIN	82	.....	63
<i>azelastine</i>	98, 161	<i>benzeapro</i>	82	<i>blisovi 24 fe</i>	152
<i>azelastine-fluticasone</i>	171	BENZEPRO		<i>blisovi fe 1.5/30 (28)</i>	152
AZELEX	82	(MICROSPHERES)	82	<i>blisovi fe 1/20 (28)</i>	152
AZILECT	33	BENZNIDAZOLE	9	BLOOD GLUCOSE TEST	103
<i>azithromycin</i>	7	<i>benzonatate</i>	168	BLULINK GLUCOSE TEST	
AZOPT	163	<i>benzoyl peroxide</i>	83	STRIP	103
AZOR.....	63	<i>benztropine</i>	33	BONJESTA	122
AZSTARYS	50	<i>bepotastine besilate</i>	161	BOOSTRIX TDAP.....	135
AZULFIDINE	121	BEPREVE	161	<i>bosentan</i>	171

BOSULIF	15	BYSTOLIC	63	CARDIZEM LA	64
<i>bp 10-1</i>	83	C		CARDURA	64
BRAFTOVI	15	CABENUVA	2	CARDURA XL	64
BRENZAVVY	114	<i>cabergoline</i>	111	CARESENS N TEST STRIPS	
BREO ELLIPTA	171	CABLIVI	71	.....	103
BREXAFEMME	1	CABOMETYX	15	CARETOUCH TEST STRIP	
<i>breyana</i>	171	CADUET	74	.....	103
BREZTRI AEROSPHERE	171	<i>caffeine citrate</i>	94	<i>carglumic acid</i>	94
<i>brIELlyn</i>	152	<i>calcipotriene</i>	78	<i>carisoprodol</i>	39
BRILINTA	71	CALCIPOTRIENE	78	<i>carisoprodol-aspirin</i>	39
<i>brimonidine</i>	83, 167	<i>calcipotriene-betamethasone</i>	78	<i>carisoprodol-aspirin-codeine</i>	
BRIMONIDINE-		<i>calcitonin (salmon)</i>	111	.....	39
DORZOLAMIDE	164	<i>calcitriol</i>	78, 111	CARNITOR	94
BRIMONIDINE-		<i>calcium acetate(phosphat bind)</i>		CARNITOR (SUGAR-FREE)	
DORZOLAMIDE (PF) ..	164	.....	180	.....	94
<i>brimonidine-timolol</i>	164	CALQUENCE		CAROSPIR	64
<i>brinzolamide</i>	164	(ACALABRUTINIB MAL)		<i>carteolol</i>	160
BRIVIACT	25	.....	16	<i>cartia xt</i>	64
BROMFED DM	169	CAMBIA	44	<i>carvedilol</i>	64
<i>bromfenac</i>	163	CAMCEVI (6 MONTH)	16	<i>carvedilol phosphate</i>	64
<i>bromocriptine</i>	33	<i>camila</i>	146	CASODEX	16
<i>brompheniramine-pseudoeph-</i>		<i>camrese</i>	152	CATAPRES-TTS-1	64
<i>dm</i>	169	<i>camrese lo</i>	152	CATAPRES-TTS-2	64
BROMSITE	163	CAMZYOS	76	CATAPRES-TTS-3	64
BROVANA	171	CANASA	122	CAYA CONTOURED	146
BRUKINSA	15	<i>candesartan</i>	63	CAYSTON	9
BRYHALI	90	<i>candesartan-</i>		<i>caziant (28)</i>	152
<i>budesonide</i>	122, 171	<i>hydrochlorothiazid</i>	63	<i>cefaclor</i>	6
<i>budesonide-formoterol</i>	171	CANTHARIDIN IN		<i>cefadroxil</i>	6
<i>bumetanide</i>	63	ACETONE	80	<i>cefazolin</i>	7
BUPHENYL	94	<i>capecitabine</i>	16	<i>cefdinir</i>	7
<i>buprenorphine</i>	40	CAPEX	90	<i>cefixime</i>	7
<i>buprenorphine hcl</i>	40	CAPLYTA	50	<i>cefpodoxime</i>	7
<i>buprenorphine-naloxone</i>	44	CAPRELSA	16	<i>cefprozil</i>	7
<i>bupropion hcl</i>	50	<i>captopril</i>	63	<i>ceftriaxone</i>	7
BUPROPION HCL	50	<i>captopril-hydrochlorothiazide</i>		<i>cefuroxime axetil</i>	7
<i>bupropion hcl (smoking deter)</i>		.....	64	CELEBREX	44
.....	97	CAPVAXIVE	135	<i>celecoxib</i>	44
<i>buspirone</i>	50	CARAC	80	CELEXA	50
<i>butalbital-acetaminop-caf-cod</i>		CARAFATE	128	CELLCEPT	16
.....	40	CARBAGLU	94	CELONTIN	25
<i>butalbital-acetaminophen</i>	40,	<i>carbamazepine</i>	25	CENTANY	87
41		CARBAMAZEPINE	25	CENTANY AT	87
<i>butalbital-acetaminophen-caff</i>		CARBATROL	25	<i>cephalexin</i>	7
.....	41	<i>carbidopa</i>	33	CEQUA	161
<i>butalbital-aspirin-caffeine</i>	41	<i>carbidopa-levodopa</i>	33	CERDELGA	111
<i>butorphanol</i>	44	<i>carbidopa-levodopa-</i>		CERVIDIL	150
BUTRANS	41	<i>entacapone</i>	33	<i>cetirizine</i>	167
BYDUREON BCISE	114	<i>carbinoxamine maleate</i>	167	CETRAXAL	99
BYETTA	114	CARDIZEM	64	<i>cevimeline</i>	94
BYLVAY	122	CARDIZEM CD	64	CHANTIX	97

CHANTIX CONTINUING		
MONTH BOX.....	97	
CHANTIX STARTING		
MONTH BOX.....	97	
<i>charlotte 24 fe</i>	152	
<i>chateal (28)</i>	152	
<i>chateal eq (28)</i>	152	
CHEMET	94	
CHENODAL	122	
<i>chlordiazepoxide hcl</i>	50	
<i>chlordiazepoxide-clidinium</i>	118	
<i>chlorhexidine gluconate</i>	98	
<i>chloroquine phosphate</i>	9	
<i>chlorpromazine</i>	51	
<i>chlorthalidone</i>	64	
<i>chlorzoxazone</i>	39	
CHOLBAM.....	122	
<i>cholestyramine (with sugar)</i>	74	
<i>cholestyramine light</i>	74	
CIBINQO	80	
<i>ciclodan</i>	87	
CICLODAN KIT	87	
<i>ciclopirox</i>	87, 88	
<i>ciclopirox-ure-camph-menth-euc</i>	88	
<i>cilostazol</i>	71	
CILOXAN	159	
CIMDUO.....	2	
<i>cimetidine</i>	128	
<i>cimetidine hcl</i>	128	
CIMZIA.....	122	
CIMZIA POWDER FOR		
RECONST	122	
<i>cinacalcet</i>	111	
CIPRO	12	
CIPRO HC	100	
<i>ciprofloxacin</i>	12	
<i>ciprofloxacin hcl</i>	12, 99, 159	
<i>ciprofloxacin-dexamethasone</i>	100	
CIPROFLOXACIN-		
FLUOCINOLONE	100	
<i>citalopram</i>	51	
CITALOPRAM.....	51	
CITRANATAL B-CALM (FE		
GLUC).....	181	
CITRANATAL MEDLEY	181	
<i>claravis</i>	83	
CLARINEX.....	167	
CLARINEX-D 12 HOUR	169	
<i>clarithromycin</i>	7	
<i>clemastine</i>	167, 168	
CLENIA PLUS.....	83	
CLENPIQ	122	
CLEOCIN.....	150	
CLEOCIN HCL.....	9	
CLEOCIN PEDIATRIC.....	9	
CLEOCIN T	83	
CLEVER CHOICE MICRO		
TEST STRIP.....	103	
CLEVER CHOICE PRO....	103	
CLEVER CHOICE TALK		
TEST	103	
CLEVER CHOICE TEST		
STRIPS	103	
CLEVER CHOICE VOICE		
PLUS TEST.....	103	
CLIMARA.....	147	
CLIMARA PRO.....	146	
<i>clindacin</i>	83	
<i>clindacin etz</i>	83	
CLINDACIN ETZ.....	83	
<i>clindacin p</i>	83	
CLINDACIN PAC	83	
CLINDAGEL	83	
<i>clindamycin hcl</i>	9	
<i>clindamycin pediatric</i>	9	
<i>clindamycin phosphate</i>	83, 150	
<i>clindamycin-benzoyl peroxide</i>	83	
<i>clindamycin-tretinoin</i>	83	
CLINDESSE	150	
CLINPRO 5000.....	98	
<i>clobazam</i>	25	
<i>clobetasol</i>	90	
<i>clobetasol-emollient</i>	90	
CLOBEX.....	90	
<i>clocortolone pivalate</i>	90	
<i>clodan</i>	90	
CLODAN KIT.....	90	
<i>clomipramine</i>	51	
<i>clonazepam</i>	26	
<i>clonidine</i>	64	
<i>clonidine hcl</i>	51, 64	
CLONIDINE HCL	64	
<i>clopidogrel</i>	71	
<i>clorazepate dipotassium</i>	51	
<i>clotrimazole</i>	1, 88	
<i>clotrimazole-betamethasone</i>	88	
<i>clozapine</i>	51	
CLOZARIL	51	
<i>c-nate dha</i>	181	
COARTEM.....	9	
COBENFY	51	
COBENFY STARTER PACK		
.....	51	
COCAINE	86	
<i>codeine sulfate</i>	41	
<i>codeine-butalbital-asa-caff</i>	41	
<i>codeine-guaifenesin</i>	169	
CODITUSSIN AC.....	169	
CODITUSSIN DAC.....	169	
COLAZAL	122	
<i>colchicine</i>	140	
COLCRYS.....	140	
<i>colesevelam</i>	74	
COLESTID.....	74	
<i>colestipol</i>	74	
<i>colistin (colistimethate na)</i>	9	
COLY-MYCIN M		
PARENTERAL	9	
COMBIGAN	164	
COMBIPATCH.....	147	
COMBIVENT RESPIMAT.....	171	
COMETRIQ	16	
COMPAZINE.....	122	
COMPLERA	2	
<i>complete natal dha</i>	181	
<i>compro</i>	122	
CONCEPT DHA	181	
CONCEPT OB	181	
CONCERTA.....	51	
CONDYLOX.....	80	
CONJUPRI	64	
CONSENSI.....	64	
<i>constulose</i>	122	
CONTOUR NEXT TEST		
STRIPS	103	
CONTOUR PLUS TEST		
STRIP	103	
CONTOUR TEST STRIPS	103	
CONZIP.....	44	
COPAXONE	133	
COPIKTRA	16	
CORDRAN.....	90, 91	
CORDRAN TAPE LARGE		
ROLL.....	90	
COREG.....	64	
COREG CR	64	
CORLANOR	76	
CORTANE-B	80	
CORTEF.....	100	
CORTENEMA	122	

CORTIFOAM	122	CYLTEZO(CF) PEN		DENAVIR	89
<i>cortisone</i>	100	PSORIASIS-UV	143	<i>denta 5000 plus</i>	98
CORTISPORIN-TC	100	CYMBALTA	51	<i>dentagel</i>	98
CORTROPHIN GEL	100	<i>cyproheptadine</i>	168	DEPAKOTE	26
COSENTYX	78	<i>cyred</i>	153	DEPAKOTE ER	26
COSENTYX (2 SYRINGES)		<i>cyred eq</i>	153	DEPAKOTE SPRINKLES	26
.....	78	CYSTADANE	123	DEPEN TITRATABS	143
COSENTYX PEN	78	CYSTADROPS	161	DEPO-ESTRADIOL	147
COSENTYX PEN (2 PENS)	78	CYSTAGON	179	DEPO-MEDROL	100
COSENTYX UNOREADY		CYSTARAN	161	DEPO-PROVERA	147
PEN	78	CYTOMEL	117	DEPO-SUBQ PROVERA	104
COSOPT	164	CYTOTEC	128	.....	147
COSOPT (PF)	164	D		DEPO-TESTOSTERONE	111
COTELLIC	16	<i>dabigatran etexilate</i>	71	<i>dermacinrx lidocan</i>	86
COTEMPLA XR-ODT	51	<i>dalfampridine</i>	37	DERMA-SMOOTH/FS	
<i>covaryx</i>	147	DALIRESP	171	BODY OIL	91
<i>covaryx h.s.</i>	147	<i>danazol</i>	111	DERMA-SMOOTH/FS	
COZAAR	65	DANTRIUM	39	SCALP OIL	91
CREON	122	<i>dantrolene</i>	39	DERMOTIC OIL	99
CRESEMBA	1	DAPAGLIFLOZ		DESCOVY	2, 3
CRESTOR	74	PROPANED-METFORMIN		<i>desipramine</i>	51
CRINONE	147	.....	114	<i>desloratadine</i>	168
<i>cromolyn</i>	122, 161, 171	DAPAGLIFLOZIN		<i>desmopressin</i>	111
<i>crotan</i>	93	PROPANEDIOL	114	DESMOPRESSIN	111
<i>cryselle (28)</i>	152	<i>dapsone</i>	9, 83	<i>desog-e.estradiol/e.estradiol</i>	
CUPRIMINE	142	DAPTACEL (DTAP		.....	153
<i>curae</i>	152	PEDIATRIC) (PF)	135	<i>desonide</i>	91
CUVPOSA	119	DARAPRIM	9	<i>desoximetasone</i>	91
CUVRIOR	94	<i>darifenacin</i>	177	DESOXYN	51
<i>cyanocobalamin (vitamin b-12)</i>		DARTISLA	119	DESVENLAFAXINE	51
.....	181	<i>darunavir</i>	2	<i>desvenlafaxine succinate</i>	51
<i>cyclobenzaprine</i>	39	DARZALEX FASPRO	16	DETROL	177
CYCLOGYL	160	<i>dasatinib</i>	16	DETROL LA	177
CYCLOMYDRIL	167	<i>dasetta 1/35 (28)</i>	153	<i>dexabliss</i>	100
<i>cyclopentolate</i>	160	<i>dasetta 7/7/7 (28)</i>	153	<i>dexamethasone</i>	101
<i>cyclopen-tropic-phenyleph-</i>		DAURISMO	16	<i>dexamethasone intensol</i>	100
<i>watr</i>	161	DAYBUE	37	<i>dexamethasone sodium phos</i>	
CYCLOPENT-TROPIC-		DAYPRO	44	(pf)	101
PHEN-KETR-WAT	161	<i>daysee</i>	153	<i>dexamethasone sodium</i>	
<i>cyclophosphamide</i>	16	DAYTRANA	51	<i>phosphate</i>	101, 166
CYCLOPHOSPHAMIDE	16	DAYVIGO	51	<i>dexchlorpheniramine maleate</i>	
<i>cycloserine</i>	9	DDAVP	111	.....	168
CYCLOSET	114	<i>deblitane</i>	147	DEXEDRINE SPANSULE	52
<i>cyclosporine</i>	16, 161	<i>deferasirox</i>	95	DEXILANT	128
CYCLOSPORINE IN		<i>deferiprone</i>	95	<i>dexlansoprazole</i>	128
KLARITY	161	<i>deflazacort</i>	100	<i>dexmethylphenidate</i>	52
<i>cyclosporine modified</i>	16	DELESTROGEN	147	DEXTENZA	166
CYLTEZO(CF)	143	DELSTRIGO	2	<i>dextroamphetamine sulfate</i>	52
CYLTEZO(CF) PEN	143	DELZICOL	123	<i>dextroamphetamine-</i>	
CYLTEZO(CF) PEN		<i>demeclocycline</i>	13	<i>amphetamine</i>	52
CROHN'S-UC-HS	142	DEMSE	65	DHIVY	33

DIACOMIT	26	<i>dofetilide</i>	62	DYANAVEL XR	52
DIATRUE PLUS TEST STRIP	103	DOJOLVI	181	DYMISTA.....	172
<i>diazepam</i>	26, 52	<i>dolishale</i>	153	DYRENIUM.....	65
<i>diazepam intensol</i>	52	DOLOBID	45	E	
<i>diazoxide</i>	106	<i>donepezil</i>	37	<i>e.e.s. 400</i>	7
DIBENZYLIN	65	DONNATAL.....	119	E.E.S. GRANULES.....	7
<i>dichlorphenamide</i>	37	DOPTELET.....	71	EASY PLUS II TEST.....	103
DICLEGIS.....	123	DORAL	52	EASY STEP	103
DICLOFENAC EPOLAMINE	44	DORYX.....	13	EASY TALK GLUCOSE TEST.....	103
<i>diclofenac potassium</i>	44	DORYX MPC	13	EASY TALK PLUS II TEST STRIP	103
<i>diclofenac sodium</i>	44, 45, 81, 163	<i>dorzolamide</i>	164	EASY TOUCH BLULINK TEST STRIP.....	103
DICLOFENAC SUBMICRONIZED	45	DORZOLAMIDE (PF).....	164	EASY TOUCH TEST STRIP	103
<i>diclofenac-misoprostol</i>	45	<i>dorzolamide-timolol</i>	164	EASY TRAK GLUCOSE TEST.....	103
<i>dicloxacillin</i>	12	<i>dorzolamide-timolol (pf)</i>	164	EASY TRAK II TEST STRIP	103
<i>dicyclomine</i>	119	<i>dotti</i>	147	EASYGLUCO TEST	103
DIFFERIN	83	DOVATO	3	EASYMAX	103
DIFICID	7	<i>doxazosin</i>	65	EBGLYSS PEN.....	81
<i>diflorasone</i>	91	<i>doxepin</i>	52, 81	EC-NAPROSYN	45
DIFLUCAN.....	1	<i>doxercalciferol</i>	111	<i>econazole</i>	88
<i>diflunisal</i>	45	<i>doxycycline hyclate</i>	13	<i>econtra ez</i>	153
<i>difluprednate</i>	166	DOXYCYCLINE HYCLATE	13	<i>econtra one-step</i>	153
<i>digoxin</i>	71	<i>doxycycline monohydrate</i>	13	<i>ecotrin low strength</i>	45
<i>dihydroergotamine</i>	35	<i>doxylamine-pyridoxine (vit b6)</i>	123	ECOZA.....	88
DILANTIN.....	26	DRIZALMA SPRINKLE.....	52	EDARBI	65
DILANTIN EXTENDED	26	<i>dronabinol</i>	123	EDARBYCLOR.....	65
DILANTIN INFATABS	26	<i>drospirenone-e.estradiol-lm.fa</i>	153	EDECRIIN.....	65
DILANTIN-125	26	<i>drospirenone-ethinyl estradiol</i>	153	EDLUAR.....	52
DILAUDID	41	DROXIA	16	<i>ed-spaz</i>	119
<i>diltiazem</i>	65	<i>droxidopa</i>	95	EDURANT	3
<i>dilt-xr</i>	65	DRYSOL DAB-O-MATIC ..	81	<i>eemt</i>	147
<i>dimethyl fumarate</i>	133	DSUVIA.....	41	<i>eemt hs</i>	147
DIOVAN	65	DUAKLIR PRESSAIR	171	<i>efavirenz</i>	3
DIOVAN HCT	65	DUAVEE.....	147	<i>efavirenz-emtricitabin-tenofov3</i>	3
DIPENTUM	123	DUET DHA WITH OMEGA-3	182	<i>efavirenz-lamivu-tenofov disop</i>	3
DIPHEN	168	DUETACT	114	<i>effer-k</i>	180
<i>diphenoxylate-atropine</i>	119	DUEXIS	45	EFFER-K.....	180
DIPROLENE (AUGMENTED).....	91	DULERA.....	172	EFFEXOR XR.....	52
<i>dipyridamole</i>	71	<i>duloxetine</i>	52	EFFIENT	71
DISALCID	45	DUOBRII	91	EFUDEX	81
<i>diskets</i>	41	DUOPA	33	ELEMENT COMPACT TEST STRIPS	103
<i>disopyramide phosphate</i>	62	DUPIXENT PEN	81	ELEMENT TEST STRIPS.....	103
<i>disulfiram</i>	95	DUPIXENT SYRINGE.....	81	ELEPSIA XR.....	26
DIURIL	65	DUREZOL	166	ELESTRIN	147
<i>divalproex</i>	26	<i>dutasteride</i>	178		
DIVIGEL.....	147	<i>dutasteride-tamsulosin</i>	178		
dodex	181	DUVYZAT.....	95		

<i>eletriptan</i>	35	<i>enskyce</i>	153	ESBRIET	172
ELIDEL	81	ENSPRYNG	17	<i>escitalopram oxalate</i>	53
ELIGARD	16	ENSTILAR.....	78	ESGIC.....	41
ELIGARD (3 MONTH)	16	<i>entacapone</i>	33	<i>esomeprazole magnesium</i> ...	128
ELIGARD (4 MONTH)	16	ENTADFI.....	178	<i>estarylla</i>	153
ELIGARD (6 MONTH)	16	<i>entecavir</i>	3	<i>estazolam</i>	53
ELIMITE	93	ENTRESTO.....	77	ESTRACE	147
<i>elimest</i>	153	ENTRESTO SPRINKLE	77	<i>estradiol</i>	148
ELIQUIS	72	<i>enulose</i>	123	<i>estradiol valerate</i>	148
ELIQUIS DVT-PE TREAT		ENVARUS XR	17	<i>estradiol-norethindrone acet</i>	
30D START	72	EPANED	65	.....	148
<i>elite-ob</i>	182	EPCLUSA	3	ESTRING	148
ELIXOPHYLLIN.....	172	EPIDIOLEX	26	ESTROGEL.....	148
ELLA.....	153	EPIDUO FORTE.....	83	<i>estrogens-methyltestosterone</i>	
ELMIRON.....	179	EPIFOAM	78	.....	148
<i>eluryng</i>	150	<i>epinastine</i>	161	<i>eszopiclone</i>	53
ELYXYB.....	35	<i>epinephrine</i>	168	<i>ethacrynic acid</i>	65
EMBRACE BLOOD		EPINEPHRINE	168	<i>ethambutol</i>	9
GLUCOSE SYSTEM.....	103	<i>epinephrine hcl</i>	172	<i>ethosuximide</i>	26
EMBRACE EVO TEST		EPIPEN	168	<i>ethynodiol diac-eth estradiol</i>	
STRIPS.....	103	EPIPEN JR	168	.....	153
EMBRACE PRO TEST		<i>epitol</i>	26	<i>etodolac</i>	45
STRIPS.....	103	EPIVIR	3	<i>etonogestrel-ethinyl estradiol</i>	
EMBRACE TALK TEST		<i>eplerenone</i>	65	.....	150
STRIPS.....	103	EPOGEN	130	<i>etoposide</i>	17
EMEND.....	123	EPRONTIA	26	<i>etravirine</i>	3
EMFLAZA	101	<i>eprosartan</i>	65	EUCRISA	81
EMGALITY PEN	35	EPSOLAY	83	EULEXIN.....	17
EMGALITY SYRINGE.....	35	EQUETRO	26	EURAX	93
EMPAVELI.....	95	<i>ergocalciferol (vitamin d2)</i> ..	182	<i>euthyrox</i>	117
EMSAM	53	<i>ergoloid</i>	53	EVAMIST	148
<i>emtricitabine</i>	3	ERGOMAR.....	35	EVEKEO	53
<i>emtricitabine-tenofovir (tdf)</i> ...	3	<i>ergotamine-caffeine</i>	35	EVENCARE G2.....	103
EMTRIVA.....	3	ERIVEDGE	17	EVENCARE G3 TEST	103
EMVERM	9	ERLEADA	17	EVENCARE MINI	
<i>emzahh</i>	147	<i>erlotinib</i>	17	GLUCOSE TEST STR...103	
<i>enalapril maleate</i>	65	ERMEZA.....	117	EVENCARE PROVIEW	
<i>enalapril-hydrochlorothiazide</i>		<i>errin</i>	147	TEST STRIP.....	103
.....	65	ERTACZO.....	88	EVENITY	140
ENBRACE HR.....	182	<i>ery pads</i>	83	<i>everolimus (antineoplastic)</i> ..	17
ENBREL	143	<i>erygel</i>	83	<i>everolimus</i>	
ENBREL MINI	143	ERYPED 200	7	(immunosuppressive).....	17
ENBREL SURECLICK	143	ERYPED 400	8	EVERSENSE 365	
ENDARI.....	95	<i>ery-tab</i>	8	TRANSMITTER	106
<i>endocet</i>	41	ERY-TAB.....	8	EVISTA.....	140
ENERGIX-B (PF)	135	<i>erythrocin (as stearate)</i>	8	EVOCLIN.....	84
ENERGIX-B PEDIATRIC		<i>erythromycin</i>	8, 159	EVOLUTION TEST STRIPS	
(PF).....	135	<i>erythromycin ethylsuccinate</i> ...	8	.....	104
<i>enilloring</i>	150	<i>erythromycin with ethanol</i>	84	EVOTAZ	3
<i>enoxaparin</i>	72	<i>erythromycin-benzoyl peroxide</i>		EVOXAC	95
<i>enpresse</i>	153	.....	84	EVRYSDI.....	37

EXELDERM.....	88	<i>fentanyl citrate</i>	41	FLULAVAL TRIV 2024-2025	
EXELON PATCH.....	37	FER-IN-SOL	182	(PF).....	136
<i>exemestane</i>	17	FERRIPROX	95	FLUMADINE.....	3
EXFORGE	66	FERRIPROX (2 TIMES A		FLUMIST TRIVALENT	
EXFORGE HCT	66	DAY).....	95	2024-2025.....	136
EXJADE.....	95	<i>fesoterodine</i>	177	<i>flunisolide</i>	172
EXTENCILLINE	12	FETZIMA.....	53	<i>fluocinolone</i>	91
EXTINA	88	FEXMID.....	39	<i>fluocinolone acetonide oil</i> ..	100
EYSUVIS.....	166	FIASP FLEXTOUCH U-100		<i>fluocinolone and shower cap</i>	91
EZ SMART PLUS TEST ...	104	INSULIN	107	<i>fluocinonide</i>	91
EZ SMART TEST.....	104	FIASP PENFILL U-100		<i>fluocinonide-e</i>	91
EZALLOR SPRINKLE	74	INSULIN	107	FLUORESC EIN-	
<i>ezetimibe</i>	74	FIASP PUMPCART.....	107	BENOXINATE	162
EZETIMIBE-		FIASP U-100 INSULIN	107	<i>fluorescein-proparacaine</i> ...	162
ROSUVASTATIN	74	FIBRICOR.....	75	<i>fluoride (sodium)</i>	98, 182
<i>ezetimibe-simvastatin</i>	74	FILSPARI.....	77	FLUORIDEX DAILY	
F		FINACEA.....	84	DEFENSE.....	98
FA-8	182	<i>finasteride</i>	178	FLUORIDEX SENSITIVITY	
FABHALTA.....	95	<i> fingolimod</i>	133	RELIEF.....	98
FABIOR	84	FINTEPLA	27	FLUORIMAX 5000	98
FACTIVE	12	<i>finzala</i>	153	FLUORIMAX 5000	
<i>falmina (28)</i>	153	FIORICET	41	SENSITIVE	98
<i>famciclovir</i>	3	FIORICET WITH CODEINE		<i>fluorometholone</i>	166
<i>famotidine</i>	128	.....	41	FLUOROPLEX	81
FANAPT	53	FIRAZYR.....	172	<i>fluorouracil</i>	81
FARESTON	17	FIRDAPSE	37	FLUOROURACIL	81
FARXIGA	114	FIRVANQ	14	<i>fluoxetine</i>	53
FASENRA.....	172	<i>flac otic oil</i>	100	<i>fluphenazine hcl</i>	53
FASENRA PEN	172	FLAGYL	9	<i>flurandrenolide</i>	91
<i>febuxostat</i>	140	FLAREX	166	<i>flurazepam</i>	53
<i>felbamate</i>	26	<i>flavoxate</i>	178	<i>flurbiprofen</i>	45
FELBATOL	27	<i>flecainide</i>	62	<i>flurbiprofen sodium</i>	163
<i>felodipine</i>	66	FLECTOR	45	FLUTICASONE FUROATE-	
<i>fem ph</i>	150	FLEQSUVY	39	VILANTEROL.....	172
FEMARA	17	FLOLIPID	75	<i>fluticasone propionate</i> ..	91, 172
FEMCAP	146	FLOMAX	178	FLUTICASONE	
FEMLYV	153	FLORIVA (FLUORIDE-		PROPIONATE	172
FEMRING.....	148	VITAMIN D3)	182	<i>fluticasone propion-salmeterol</i>	
<i>fenofibrate</i>	74	FLUAD TRIV 2024-25(65Y		.....	172
FENOFIBRATE.....	74	UP)(PF)	135	FLUTICASONE PROPION-	
<i>fenofibrate micronized</i>	74	FLUARIX TRIV 2024-2025		SALMETEROL.....	172
FENOFIBRATE		(PF).....	135	<i>fluvastatin</i>	75
MICRONIZED.....	74	FLUBLOK TRIV 2024-2025		<i>fluvoxamine</i>	53
<i>fenofibrate nanocrystallized</i> ..	74	(PF).....	136	FLUZONE HIGH-DOSE	
<i>fenofibric acid</i>	75	FLUCELVAX TRIV 2024-		TRIV 24-25	136
<i>fenofibric acid (choline)</i>	74	2025.....	136	FLUZONE TRIV 2024-2025	
FENOGLIDE	75	FLUCELVAX TRIV 2024-		.....	136
<i>fenoprofen</i>	45	2025 (PF).....	136	FLUZONE TRIV 2024-2025	
FENOPROFEN	45	<i>fluconazole</i>	1	(PF).....	136
FENSOLVI	17	<i>flucytosine</i>	1	FML FORTE	166
<i>fentanyl</i>	41	<i>fludrocortisone</i>	101	FML LIQUIFILM	166

FOCALIN	53	FREESTYLE INSULINX		GEODON	54
FOCALIN XR.....	53	TEST STRIPS	104	GILENYA	133
<i>folic acid</i>	182	FREESTYLE LITE STRIPS		GILOTRIF	17
<i>folivane-ob</i>	182	.....	104	GIMOTI.....	123
<i>fondaparinux</i>	72	FREESTYLE PRECISION		GIVLAARI.....	95
FORA 6 CONNECT		NEO STRIPS.....	104	<i>glatiramer</i>	133
GLUCOSE STRIP	104	FREESTYLE TEST	104	<i>glatopa</i>	133
FORA 6CONN-GTEL-TN'G		FROVA	35	GLEEVEC	17
ADV STRIP	104	<i>frovatriptan</i>	35	GLEOSTINE	18
FORA D15G STRIPS	104	FRUZAQLA.....	17	<i>glimepiride</i>	114
FORA D20	104	FULPHILA.....	130	<i>glipizide</i>	114
FORA D40-G31 TEST		FURADANTIN	14	GLIPIZIDE.....	114
STRIPS.....	104	<i>furosemide</i>	66	<i>glipizide-metformin</i>	115
FORA G20	104	FUZEON	3	GLOPERBA	140
FORA G30-PREMIUM V10		<i>fyavolv</i>	148	GLUCAGON (HCL)	
TEST STRP.....	104	FYCOMPA.....	27	EMERGENCY KIT.....	106
FORA GD50 TEST STRIPS		FYLNETRA	130	<i>glucagon emergency kit</i>	
.....	104	G		(human).....	106
FORA GTEL GLUCOSE		<i>g tussin ac</i>	169	GLUCO NAVII TEST STRIP	
TEST STRIP	104	<i>gabapentin</i>	27	.....	104
FORA TEST STRIP.....	104	GALAFOLD	112	GLUCOCARD 01 SENSOR	
FORA TN'G ADVAN PRO		<i>galantamine</i>	37	PLUS	104
TEST STRIP	104	<i>gallifrey</i>	148	GLUCOCARD EXPRESSION	
FORA TN'G VOICE TEST		GALZIN	180	.....	104
STRIPS.....	104	GARDASIL 9 (PF).....	136	GLUCOCARD SHINE TEST	
FORA V10	104	GASTROCROM	123	STRIPS	104
FORA V10-V12-D10-D20		<i>gatifloxacin</i>	159	GLUCOCARD VITAL	
STRIPS.....	104	GATTEX 30-VIAL	123	SENSOR.....	104
FORA V12 GLUCOSE.....	104	<i>gavilyte-c</i>	123	GLUCOCARD VITAL TEST	
FORA V20	104	<i>gavilyte-g</i>	123	STRIPS	104
FORACARE GD20.....	104	<i>gavilyte-n</i>	123	GLUCOCOM GLUCOSE..	105
FORACARE GD40 TEST		GAVRETO.....	17	GLUCOTROL XL.....	115
STRIPS.....	104	GE100 BLOOD GLUCOSE		GLUMETZA	115
FORFIVO XL	53	TEST STRIP.....	104	<i>glutamine (sickle cell)</i>	95
<i>formoterol fumarate</i>	173	GE333 BLOOD GLUCOSE		<i>glyburide</i>	115
FORMOTEROL		TEST STRIP.....	104	<i>glyburide micronized</i>	115
FUMARATE-NEBULIZER		<i>gefatinib</i>	17	<i>glyburide-metformin</i>	115
.....	173	GELCLAIR	98	GLYCATE	119
FORTEO	141	<i>gemfibrozil</i>	75	<i>glycopyrrolate</i>	119
FOSAMAX	141	<i>gemmily</i>	153	GLYXAMBI.....	115
FOSAMAX PLUS D.....	141	GEMTESA	178	GM100.....	105
<i>fosamprenavir</i>	3	<i>generlac</i>	123	GOCOVRI.....	34
<i>fosfomycin tromethamine</i>	14	<i>gengraf</i>	17	GOJJI BLOOD GLUCOSE	
<i>fosinopril</i>	66	GENOTROPIN	131	TEST STRIP.....	105
<i>fosinopril-hydrochlorothiazide</i>		GENOTROPIN MINIQUECK		GOLYTELY	123
.....	66	.....	131	GONITRO	77
FOSRENOL	120	GENSTRIP TEST STRIP ..	104	GOPRELTO	86
FOTIVDA	17	<i>gentamicin</i>	9, 87, 159	GRALISE	27
FRAGMIN	72	<i>gentle laxative (mag hydrox)</i>		<i>granisetron hcl</i>	123
FREESTYLE INSULINX..	104	.....	123	GRANIX.....	130
		GENVOYA	3	GRASTEK.....	136

<i>griseofulvin microsize</i>	1	HULIO(CF)	143	HUMULIN R REGULAR U-	
<i>griseofulvin ultramicrosize</i>	1	HULIO(CF) PEN	143	100 INSULN	108
<i>guanfacine</i>	54, 66	HUMALOG JUNIOR		HUMULIN R U-500 (CONC)	
GVOKE	106	KWIKPEN U-100	107	INSULIN	108
GVOKE HYPOPEN 2-PACK		HUMALOG KWIKPEN		HUMULIN R U-500 (CONC)	
.....	106	INSULIN	107	KWIKPEN.....	108
GVOKE PFS 2-PACK		HUMALOG MIX 50-50		HYCAMPIN.....	18
SYRINGE	106	KWIKPEN.....	108	HYCODAN (WITH	
GYNAZOLE-1.....	150	HUMALOG MIX 75-25		HOMATROPINE).....	169
H		KWIKPEN.....	108	<i>hydralazine</i>	66
HADLIMA	143	HUMALOG MIX 75-25(U-		HYDREA	18
HADLIMA PUSHTOUCH	143	100)INSULN	108	<i>hydrochlorothiazide</i>	66
HADLIMA(CF)	143	HUMALOG TEMPO PEN(U-		<i>hydrocodone bitartrate</i>	41
HADLIMA(CF)		100)INSULN	108	<i>hydrocodone-acetaminophen</i>	
PUSHTOUCH.....	143	HUMALOG U-100 INSULIN		.....	41, 42
HAEGARDA	173	.....	108	<i>hydrocodone-</i>	
<i>hailey</i>	153	HUMATIN	9	<i>chlorpheniramine</i>	169
<i>hailey 24 fe</i>	153	HUMATROPE	132	<i>hydrocodone-homatropine</i> .	169
<i>hailey fe 1.5/30 (28)</i>	153	HUMIRA (ONLY NDCS		<i>hydrocodone-ibuprofen</i>	42
<i>hailey fe 1/20 (28)</i>	153	STARTING WITH 00074)		<i>hydrocortisone</i>	92, 101, 123
<i>halcinonide</i>	91	.....	143	<i>hydrocortisone acetate</i>	123
HALCION.....	54	HUMIRA PEN (ONLY NDCS		<i>hydrocortisone butyrate</i>	92
HALDOL DECANOATE ...	54	STARTING WITH 00074)		<i>hydrocortisone valerate</i>	92
<i>halobetasol propionate</i> ...91, 92		.....	143	<i>hydrocortisone-acetic acid</i> .	100
<i>haloette</i>	150	HUMIRA(CF) (ONLY NDCS		<i>hydrocortisone-pramoxine</i> ..78,	
HALOG	92	STARTING WITH 00074)		124	
<i>haloperidol</i>	54	.....	143	HYDROCORTISONE-	
<i>haloperidol decanoate</i>	54	HUMIRA(CF) PEN (ONLY		PRAMOXINE	124
<i>haloperidol lactate</i>	54	NDCS STARTING WITH		<i>hydromet</i>	169
HARMONY GLUCOSE TEST		00074).....	143	<i>hydromorphone</i>	42
STRIP	105	HUMIRA(CF) PEN		<i>hydroxocobalamin</i>	182
HARVONI	3	CROHNS-UC-HS (ONLY		<i>hydroxychloroquine</i>	9
HAVRIX (PF)	136	NDCS STARTING WITH		<i>hydroxyurea</i>	18
HEALTHPRO TEST STRIPS		00074).....	144	<i>hydroxyzine hcl</i>	168
.....	105	HUMIRA(CF) PEN		<i>hydroxyzine pamoate</i>	168
<i>heather</i>	148	PEDIATRIC UC (ONLY		<i>hyoscyamine sulfate</i>	119
HEMADY	101	NDCS STARTING WITH		<i>hyosyne</i>	119
HEMANGEOL	66	00074).....	144	HYPER-SAL	173
HEMLIBRA	72	HUMIRA(CF) PEN PSOR-		HYRIMOZ	144
<i>hemmorex-hc</i>	123	UV-ADOL HS (ONLY		HYRIMOZ PEN	144
<i>heparin (porcine)</i>	72	NDCS STARTING WITH		HYRIMOZ PEN CROHN'S-	
<i>heparin, porcine (pf)</i>	72	00074).....	144	UC STARTER.....	144
HEPARIN, PORCINE (PF) .	72	HUMULIN 70/30 U-100		HYRIMOZ PEN PSORIASIS	
HEPLISAV-B (PF)	136	INSULIN	108	STARTER	144
<i>her style</i>	153	HUMULIN 70/30 U-100		HYRIMOZ(CF).....	144
HETLIOZ	54	KWIKPEN.....	108	HYRIMOZ(CF) PEDI	
HETLIOZ LQ.....	54	HUMULIN N NPH INSULIN		CROHN STARTER	144
HIBERIX (PF)	136	KWIKPEN.....	108	HYRIMOZ(CF) PEN	144
HISTEX-AC.....	169	HUMULIN N NPH U-100		HYSINGLA ER.....	42
<i>homatropaire</i>	161	INSULIN	108	HYZAAR	66
HORIZANT	37				

I		
<i>ibandronate</i>	141	
IBRANCE	18	
IBSRELA	124	
<i>ibu</i>	45	
<i>ibuprofen</i>	45	
<i>ibuprofen-famotidine</i>	45	
<i>icatibant</i>	173	
<i>iclevia</i>	154	
ICLUSIG	18	
<i>icosapent ethyl</i>	75	
IDACIO(CF)	144	
IDACIO(CF) PEN.....	144	
IDACIO(CF) PEN CROHN- UC STARTR.....	144	
IDACIO(CF) PEN PSORIASIS START	144	
IDHIFA	18	
IGALMI	54	
IHEALTH GLUCOSE TEST STRIP	105	
ILARIS (PF).....	130	
ILEVRO	163	
ILUMYA.....	78	
<i>imatinib</i>	18	
IMBRUVICA.....	18	
<i>imipramine hcl</i>	54	
<i>imipramine pamoate</i>	54	
<i>imiquimod</i>	140	
IMITREX	35	
IMITREX STATDOSE PEN35		
IMITREX STATDOSE REFILL	35	
IMOVAX RABIES VACCINE (PF).....	136	
IMPAVIDO	9	
IMPOYZ	92	
IMURAN.....	18	
IMVEXXY MAINTENANCE PACK	148	
IMVEXXY STARTER PACK	148	
INBRIJA	34	
<i>incassia</i>	148	
INCRELEX	95	
INCRUSE ELLIPTA	173	
<i>indapamide</i>	66	
INDERAL LA	66	
INDERAL XL	66	
INDOCIN	45	
<i>indomethacin</i>	45	
INFANRIX (DTAP) (PF)...	136	
INFINITY TEST STRIPS ..	105	
INGREZZA	37	
INGREZZA INITIATION PK(TARDIV)	37	
INGREZZA SPRINKLE	37	
INLYTA	18	
INNOPRAN XL	66	
INPEFA	115	
INQOVI.....	18	
INREBIC	18	
INSPIRA.....	66	
INSULIN ASP PRT-INSULIN ASPART.....	108	
INSULIN ASPART U-100108, 109		
INSULIN DEGLUDEC	109	
INSULIN GLARGINE U-300 CONC.....	109	
INSULIN GLARGINE-YFGN	109	
INSULIN LISPRO	109	
INSULIN LISPRO PROTAMIN-LISPRO	109	
INTELENCE	3	
INTRAROSA	150	
INTUNIV ER	54	
INVEGA.....	54	
INVEGA HAFYERA.....	54	
INVEGA SUSTENNA.....	54	
INVEGA TRINZA	54	
INVELTYS	166	
INVOKAMET.....	115	
INVOKAMET XR	115	
INVOKANA	115	
IODOSORB.....	81	
IOPIDINE.....	167	
IPOL	136	
<i>ipratropium bromide</i>	98, 173	
<i>ipratropium-albuterol</i>	173	
IQIRVO	124	
<i>irbesartan</i>	66	
<i>irbesartan-hydrochlorothiazide</i>	66	
IRESSA	18	
ISENTRESS	3, 4	
ISENTRESS HD	3	
<i>isibloom</i>	154	
<i>isoniazid</i>	9	
ISORDIL	77	
ISORDIL TITRADOSE	77	
<i>isosorbide dinitrate</i>	77	
<i>isosorbide mononitrate</i>	77	
<i>isosorbide-hydralazine</i>	66	
<i>isotretinoin</i>	84	
<i>isradipine</i>	66	
ISTALOL	160	
ISTURISA	112	
<i>itraconazole</i>	1	
<i>ivabradine</i>	77	
<i>ivermectin</i>	9, 84	
IWILFIN.....	18	
IXCHIQ (PF)	137	
IXIARO (PF)	137	
IYUZEH (PF)	164	
J		
JADENU.....	95	
JADENU SPRINKLE	95	
<i>jaimiess</i>	154	
JAKAFI	18	
<i>jantoven</i>	72	
JANUMET	115	
JANUMET XR.....	115	
JANUVIA.....	115	
JARDIANCE	115	
<i>jasmiel (28)</i>	154	
JATENZO.....	112	
<i>javygtor</i>	112	
<i>jencycla</i>	148	
JENTADUETO	115	
JENTADUETO XR.....	115	
JESDUVROQ.....	95	
<i>jinteli</i>	148	
JOENJA	95	
<i>jolessa</i>	154	
JORNAY PM.....	54	
<i>joyeaux</i>	154	
JUBLIA	88	
<i>juleber</i>	154	
JULUCA.....	4	
<i>junel 1.5/30 (21)</i>	154	
<i>junel 1/20 (21)</i>	154	
<i>junel fe 1.5/30 (28)</i>	154	
<i>junel fe 1/20 (28)</i>	154	
<i>junel fe 24</i>	154	
JUST RIGHT 5000.....	98	
JUXTAPID	75	
JYNARQUE	112	
JYNNEOS (PF)	137	
K		
<i>kaitlib fe</i>	154	
KALBITOR.....	173	

KALETRA	4	KRISTALOSE.....	124	LASIX	67
<i>kalliga</i>	154	K-TAB.....	180	<i>latanoprost</i>	164
KALYDECO	173	<i>kurvelo (28)</i>	154	LATUDA.....	54
KAPSPARGO SPRINKLE ..	66	KUVAN.....	112	<i>layolis fe</i>	154
KARBINAL ER	168	KYLEENA	146	LEDIPASVIR-SOFOSBUVIR	
<i>kariva (28)</i>	154	KYZATREX	112	.....	4
KATERZIA	66	L		<i>leena 28</i>	154
KAZANO	115	<i>l norgest/e.estradiol-e.estrad</i>		<i>leflunomide</i>	145
<i>kelnor 1/35 (28)</i>	154	.....	154	<i>lenalidomide</i>	19
<i>kelnor 1/50 (28)</i>	154	<i>labetalol</i>	67	LENVIMA.....	19
KENALOG.....	92, 101	<i>lacosamide</i>	27	LESCOL XL.....	75
KEPPRA	27	<i>lactated ringers</i>	94	<i>lessina</i>	155
KEPPRA XR	27	<i>lactulose</i>	124	LETAIRIS	173
KERENDIA	67	LAMICTAL	28	<i>letrozole</i>	19
KESIMPTA PEN	133	LAMICTAL ODT	27	<i>leucovorin calcium</i>	14
<i>ketoconazole</i>	1, 88	LAMICTAL ODT STARTER		LEUKERAN.....	19
<i>ketodan</i>	88	(BLUE).....	27	LEUKINE.....	130
<i>ketodan kit</i>	88	LAMICTAL ODT STARTER		<i>leuprolide</i>	19
<i>ketoprofen</i>	46	(GREEN).....	28	LEUPROLIDE (3 MONTH) 19	
<i>ketorolac</i>	46, 163	LAMICTAL ODT STARTER		<i>levalbuterol hcl</i>	173
KEYEYIS.....	37	(ORANGE).....	28	LEVALBUTEROL	
KEVZARA.....	144	LAMICTAL STARTER		TARTRATE	173
KINERET	145	(BLUE) KIT	28	LEVAMLODIPINE	67
KINRIX (PF).....	137	LAMICTAL STARTER		LEVBID	119
<i>kiprofen</i>	46	(GREEN) KIT	28	LEVEMIR U-100 INSULIN	
KISQALI.....	18	LAMICTAL STARTER		.....	109
KITABIS PAK	9	(ORANGE) KIT	28	<i>levetiracetam</i>	29
KLARITY (CHONDROITIN)		LAMICTAL XR.....	28	<i>levobunolol</i>	160
(PF).....	162	LAMICTAL XR STARTER		<i>levocarnitine</i>	95
KLARON	87	(BLUE).....	28	<i>levocarnitine (with sugar)</i>	95
<i>klayesta</i>	88	LAMICTAL XR STARTER		<i>levocetirizine</i>	168
KLISYRI	18	(GREEN).....	28	<i>levofloxacin</i>	12, 159
KLONOPIN	27	LAMICTAL XR STARTER		<i>levonest (28)</i>	155
<i>klor-con</i>	180	(ORANGE).....	29	<i>levonorgest-eth.estradiol-iron</i>	
<i>klor-con 10</i>	180	<i>lamivudine</i>	4	.....	155
<i>klor-con 8</i>	180	<i>lamivudine-zidovudine</i>	4	<i>levonorgestrel</i>	155
<i>klor-con m10</i>	180	<i>lamotrigine</i>	29	<i>levonorgestrel-ethinyl estrad</i>	
<i>klor-con m15</i>	180	LAMPIT	10	.....	155
<i>klor-con m20</i>	180	LANOXIN.....	71	<i>levonorg-eth estrad triphasic</i>	
<i>klor-con/ef</i>	180	<i>lanreotide</i>	18	.....	155
KLOXXADO	46	<i>lansoprazole</i>	128	<i>levora-28</i>	155
KONVOMEPI	128	<i>lanthanum</i>	120	<i>levorphanol tartrate</i>	42
KORLYM	112	LANTUS SOLOSTAR U-100		<i>levo-t</i>	118
KOSELUGO	18	INSULIN	109	<i>levothyroxine</i>	118
KOSHER PRENATAL PLUS		LANTUS U-100 INSULIN 109		LEVOTHYROXINE	118
IRON	182	<i>lapatinib</i>	18	<i>levoxyl</i>	118
<i>kourzeq</i>	98	<i>larin 1.5/30 (21)</i>	154	LEVSIN	119
K-PHOS NO 2.....	179	<i>larin 1/20 (21)</i>	154	LEVSIN/SL	119
K-PHOS ORIGINAL	179	<i>larin 24 fe</i>	154	LEVULAN	81
KRAZATI	18	<i>larin fe 1.5/30 (28)</i>	154	LEXAPRO.....	55
KRINTAFEL.....	9	<i>larin fe 1/20 (28)</i>	154	LIALDA	124

LIBERVANT	29	LOESTRIN FE 1/20 (28-DAY)	155	LUPRON DEPOT (4 MONTH)	19
LIBRAX (WITH CLIDINIUM)	119	<i>lofena</i>	46	LUPRON DEPOT (6 MONTH)	19
LICART	46	<i>lofexidine</i>	46	LUPRON DEPOT-PED .19, 20	
<i>lidocaine</i>	86	<i>lojaimiess</i>	155	LUPRON DEPOT-PED (3 MONTH)	19
<i>lidocaine hcl</i>	86	LOKELMA	120	<i>lurasidone</i>	55
<i>lidocaine hcl-hydrocortison ac</i>	86, 124	LOMOTIL	119	<i>lutera (28)</i>	155
LIDOCAINE HCL-HYDROCORTISON AC124		LONSURF	19	LUZU	88
<i>lidocaine viscous</i>	86	<i>loperamide</i>	119	LYBALVI	55
<i>lidocaine-hydrocortisone-aloe</i>	124	LOPID	75	<i>lyleq</i>	149
<i>lidocaine-prilocaine</i>	86	<i>lopinavir-ritonavir</i>	4	<i>lyllana</i>	149
LIDOCAINE-TETRACAINE	86	LOPRESSOR	67	LYNPARZA	20
<i>lidocan iv</i>	86	LOPROX (AS OLAMINE) ..	88	LYRICA	29
<i>lidocan v</i>	86	LOPROX KIT	88	LYRICA CR	29
<i>lidocort</i>	86	<i>lorazepam</i>	55	LYSODREN	20
LIDODERM	87	<i>lorazepam intensol</i>	55	LYTGOBI	20
LIKMEZ	10	LORBRENA	19	LYUMJEV KWIKPEN U-100 INSULIN	109
LILETTA	146	LOREEV XR	55	LYUMJEV KWIKPEN U-200 INSULIN	109
<i>linezolid</i>	10	<i>loryna (28)</i>	155	LYUMJEV TEMPO PEN(U-100)INSULN	109
LINZESS	124	LORZONE	39	LYUMJEV U-100 INSULIN	110
<i>liothyronine</i>	118	<i>losartan</i>	67	LYVISPAH	39
LIPITOR	75	<i>losartan-hydrochlorothiazide</i>	67	<i>lyza</i>	149
LIPOFEN	75	LOTEMAX	166	M	
<i>lisdexamphetamine</i>	55	LOTEMAX SM	166	MACROBID	14
<i>lisinopril</i>	67	LOTENSIN	67	<i>mafenide acetate</i>	87
<i>lisinopril-hydrochlorothiazide</i>	67	<i>loteprednol etabonate</i>	166	MALARONE	10
LITFULO	96	LOTREL	67	MALARONE PEDIATRIC ..	10
<i>lithium carbonate</i>	55	LOTREXONE	46	<i>malathion</i>	93
<i>lithium citrate</i>	55	LOTRONEX	124	<i>maraviroc</i>	4
LITHOBID	55	<i>lovastatin</i>	75	MAR-COF CG	169
LITHOSTAT	96	LOVAZA	75	MARINOL	124
LIVALO	75	LOVENOX	72	<i>marlissa (28)</i>	155
LIVDELZI	124	<i>low-ogestrel (28)</i>	155	MARNATAL-F	182
LIVMARLI	124	<i>loxapine succinate</i>	55	MARPLAN	55
LIVTENCITY	4	<i>lo-zumandimine (28)</i>	155	MATULANE	20
LO LOESTRIN FE	155	<i>lubiprostone</i>	124	<i>matzim la</i>	67
LOCOID	92	LUCEMYRA	46	MAVENCLAD (10 TABLET PACK)	133
LOCOID LIPOCREAM	92	<i>ludent fluoride</i>	182	MAVENCLAD (4 TABLET PACK)	133
LODINE	46	<i>lugols</i>	87, 180	MAVENCLAD (5 TABLET PACK)	133
LODOCO	77	LULICONAZOLE	88	MAVENCLAD (6 TABLET PACK)	133
LODOSYN	34	LUMAKRAS	19		
LOESTRIN 1.5/30 (21)	155	LUMIGAN	164		
LOESTRIN 1/20 (21)	155	LUMRYZ STARTER PACK	55		
LOESTRIN FE 1.5/30 (28-DAY)	155	LUNESTA	55		
		LUPKYNIS	19		
		LUPRON DEPOT	19		
		LUPRON DEPOT (3 MONTH)	19		

MAVENCLAD (7 TABLET PACK).....	133	<i>metaxalone</i>	39	MICRO BLOOD GLUCOSE	105
MAVENCLAD (8 TABLET PACK).....	133	<i>metformin</i>	115, 116	MICRODOT BLOOD GLUCOSE SYSTEM.....	105
MAVENCLAD (9 TABLET PACK).....	133	METFORMIN	115	MICRODOT XTRA BLOOD GLUCOSE.....	105
MAVYRET	4	<i>methadone</i>	42	<i>microgestin 1.5/30 (21)</i>	155
MAXALT.....	35	<i>methadose</i>	42	<i>microgestin 1/20 (21)</i>	155
MAXALT-MLT	35	<i>methamphetamine</i>	55	<i>microgestin fe 1.5/30 (28)</i> ...155	
MAXIDEX	166	<i>methazolamide</i>	163	<i>microgestin fe 1/20 (28)</i>.....155	
MAXITROL.....	165	<i>methenamine hippurate</i>	14	<i>midazolam</i>	56
<i>maxi-tuss ac</i>	169	<i>methenamine mandelate</i>	14	<i>midodrine</i>	96
MAXI-TUSS CD	169	<i>methen-sod phos-meth blue-</i> <i>hyos</i>	179	MIEBO (PF)	162
MAYZENT	133	<i>methimazole</i>	102	<i>mifepristone</i>	112
MAYZENT STARTER(FOR 1MG MAINT)	133	METHITEST.....	112	<i>migergot</i>	35
MAYZENT STARTER(FOR 2MG MAINT)	133	<i>methocarbamol</i>	39	<i>miglitol</i>	116
<i>meclizine</i>	124	<i>methotrexate sodium</i>	20	<i>miglustat</i>	112
MECLIZINE	124	<i>methotrexate sodium (pf)</i>.....20		MIGRANAL.....	35
<i>meclofenamate</i>	46	<i>methoxsalen</i>	81	<i>mili</i>	156
MECOBALAMIN (VITAMIN B12).....	182	<i>methscopolamine</i>	119	<i>millipred</i>	101
MEDROL	101	<i>methsuximide</i>	29	<i>millipred dp</i>	101
MEDROL (PAK)	101	<i>methyl salicylate</i>	81	<i>mimvey</i>	149
<i>medroxyprogesterone</i>	149	<i>methyl dopa</i>	67	MINIVELLE	149
<i>mefenamic acid</i>	46	<i>methyl dopa-</i> <i>hydrochlorothiazide</i>	67	<i>minocycline</i>	13
<i>mefloquine</i>	10	<i>methylergonovine</i>	158	MINOCYCLINE	13
<i>megestrol</i>	20	METHYLIN	55	<i>minoxidil</i>	67
MEKINIST.....	20	<i>methylphenidate</i>	56	<i>mirabegron</i>	178
MEKTOVI	20	<i>methylphenidate hcl</i>	55, 56	MIRAPEX ER.....	34
<i>meloxicam</i>	46	METHYLPHENIDATE HCL	56	MIRCERA.....	130
MELOXICAM	46	<i>methylprednisolone</i>	101	MIRENA	146
<i>meloxicam submicronized</i>	46	<i>methylprednisolone acetate</i> 101		<i>mirtazapine</i>	56
<i>memantine</i>	38	<i>methyltestosterone</i>	112	MIRVASO.....	84
MEMANTINE	38	<i>metoclopramide hcl</i>	125	<i>misoprostol</i>	128
MENEST	149	<i>metolazone</i>	67	MITIGARE.....	140
MENOSTAR.....	149	METOPIRONE	96	MKO (MIDAZOLAM- KETAMINE-ONDAN)	56
MENQUADFI (PF).....	137	<i>metoprolol succinate</i>	67	M-M-R II (PF).....	137
MENVEO A-C-Y-W-135-DIP (PF).....	137	<i>metoprolol ta-hydrochlorothiaz</i>	67	<i>m-natal plus</i>	182
<i>meperidine</i>	42	<i>metoprolol tartrate</i>	67	<i>modafinil</i>	56
<i>meprobamate</i>	39	METROCREAM.....	84	<i>moexipril</i>	67
MEPRON	10	METROGEL	84	<i>molindone</i>	56
<i>mercaptapurine</i>	20	<i>metronidazole</i>	10, 84, 150	<i>mometasone</i>	92, 173
<i>merzee</i>	155	<i>metryrosine</i>	67	<i>mondoxyne nl</i>	13
<i>mesalamine</i>	124, 125	<i>mexiletine</i>	62	MONODOX	13
MESNEX	14	MIACALCIN	112	<i>mono-lynyah</i>	156
MESTINON	39	<i>mibelas 24 fe</i>	155	<i>montelukast</i>	173
MESTINON TIMESPAN	39	MICARDIS	67	MORGIDOX 1X 50	13
METADATE CD	55	MICARDIS HCT	67	MORGIDOX 1X100	13
		MICONAZOLE NITRATE- ZINC OX-PET	88	<i>morphine</i>	42
		<i>miconazole-3</i>	150	<i>morphine concentrate</i>	42
				MOTEGRITY.....	125

MOTOFEN	119	NAMENDA XR	38	NESTABS	183
MOTPOLY XR	29	NAMZARIC	38	NESTABS ABC	183
MOUNJARO	116	NAPRELAN CR	46	NESTABS DHA	183
MOVANTIK	125	NAPROSYN	47	NESTABS ONE	183
MOVIPREP	125	<i>naproxen</i>	47	<i>neuac</i>	84
MOXATAG	12	<i>naproxen sodium</i>	47	NEUAC KIT	84
<i>moxifloxacin</i>	12, 159	<i>naproxen-esomeprazole</i>	47	NEULASTA	130
MOZOBIL	130	<i>naratriptan</i>	35	NEULASTA ONPRO	130
MRESVIA (PF)	137	NARCAN	47	NEUPOGEN	130
MS CONTIN	42	NARDIL	56	NEUPRO	34
MUGARD	98	NASCOBAL	183	NEURONTIN	29, 30
MULPLETA	72	NATACHEW (FE BIS- GLYCINATE)	183	NEUTEK 2TEK TEST STRIPS	105
MULTAQ	62	NATACYN	159	NEVANAC	163
<i>multi-vitamin with fluoride</i>	182	NATAL PNV	183	<i>nevirapine</i>	4
<i>mupirocin</i>	87	NATAZIA	156	<i>new day</i>	156
<i>mupirocin calcium</i>	87	<i>nateglinide</i>	116	<i>newgen</i>	183
<i>mvc-fluoride</i>	182	NATESTO	112	NEXAVAR	21
<i>my choice</i>	156	NATROBA	93	NEXICLON XR	68
<i>my way</i>	156	NAYZILAM	29	NEXIUM	128
MYALEPT	112	<i>nebivolol</i>	68	NEXIUM PACKET	128
MYCAPSSA	20	NEBUPENT	10	NEXLETOL	75
MYCOBUTIN	10	<i>nebusal</i>	173	NEXLIZET	75
<i>mycophenolate mofetil</i>	20	NEBUSAL	173	NEXOBRID	93
<i>mycophenolate sodium</i>	20	<i>necon 0.5/35 (28)</i>	156	NEXPLANON	150
MYDAYIS	56	NEEVODHA (WITH ALGAL OIL)	183	NEXTSTELLIS	156
MYDRIACYL	161	<i>nefazodone</i>	56	<i>niacin</i>	75
MYDRIATIC4(TROP-PROP- PE-KTRLC)	162	NEFFY	168	NIACOR	75
MYFEMBREE	150	<i>neomycin</i>	10	<i>nicardipine</i>	68
MYFORTIC	20	<i>neomycin-bacitracin-poly-hc</i>	165	NICODERM CQ	97
MYGLUCOHEALTH	105	<i>neomycin-bacitracin- polymyxin</i>	159	<i>nicorette</i>	97
MYHIBBIN	20	<i>neomycin-polymyxin b gu</i>	94	NICORETTE	97
MYLERAN	20	<i>neomycin-polymyxin b- dexameth</i>	165	<i>nicotine</i>	97
<i>mynatal</i>	182	<i>neomycin-polymyxin- gramicidin</i>	159	<i>nicotine (polacrilex)</i>	97
<i>mynatal plus</i>	183	<i>neomycin-polymyxin-hc</i>	100, 165	NICOTROL NS	98
<i>mynatal-z</i>	183	NEONATAL FE	183	<i>nifedipine</i>	68
MYRBETRIQ	178	NEONATAL PLUS VITAMIN	183	<i>nikki (28)</i>	156
MYSOLINE	29	<i>neo-polycin</i>	159	NILANDRON	21
MYTESI	120	<i>neo-polycin hc</i>	165	<i>nilutamide</i>	21
N		NEORAL	20	<i>nimodipine</i>	68
<i>nabumetone</i>	46	NEO-SYNALAR	87	NINJACOF-XG	169
<i>nadolol</i>	68	NEO-SYNALAR KIT	87	NINLARO	21
<i>naftifine</i>	88, 89	NERLYNX	21	<i>nisoldipine</i>	68
NAFTIN	89	NESINA	116	<i>nitazoxanide</i>	10
NALFON	46			<i>nitisinone</i>	96
NALOCET	42			<i>nitro-bid</i>	77
<i>naloxone</i>	46			NITRO-DUR	77
NALTREX	46			<i>nitrofurantoin</i>	14
<i>naltrexone</i>	46			NITROFURANTOIN	14
NAMENDA TITRATION PAK	38			<i>nitrofurantoin macrocrystal</i>	14

<i>nitrofurantoin monohyd/m-</i>	NOVOLOG FLEXPEN U-100	<i>ofloxacin</i>
<i>cryst</i>	INSULIN	12, 100, 159
<i>nitroglycerin</i>	NOVOLOG MIX 70-30 U-100	OGSIVEO.....
77, 125	INSULN	21
NITROLINGUAL	110	OHTUVAYRE
77	NOVOLOG MIX 70-	174
NITROMIST	30FLEXPEN U-100	OJEMDA.....
77	110	21
NITROSTAT	NOVOLOG PENFILL U-100	OJJAARA.....
78	INSULIN	21
<i>nitro-time</i>	110	<i>olanzapine</i>
78	NOVOLOG U-100 INSULIN	56, 57
NITYR.....	ASPART	<i>olanzapine-fluoxetine</i>
96	110	57
<i>niva thyroid</i>	NOXAFIL	<i>olmesartan</i>
118	1	68
NIVESTYM	<i>np thyroid</i>	<i>olmesartan-amlodipin-</i>
131	118	<i>hcthiazid</i>
<i>nizatidine</i>	NUBEQA	68
128	21	<i>olmesartan-</i>
NOC DURNA (MEN).....	NUCALA	<i>hydrochlorothiazide</i>
112	173, 174	68
NOC DURNA (WOMEN) ..	NUCORT.....	<i>olopatadine</i>
112	92	99, 162
<i>nora-be</i>	NUCYNTA	OLPRUVA
149	47	96
NORDITROPIN FLEXPRO	NUCYNTA ER	OLUMIANT.....
.....	38	145
132	NUEDEXTA	OLUX.....
<i>norelgestromin-ethin.estradiol</i>	NULEV	92
.....	120	OMECLAMOX-PAK.....
150	NUPLAZID	128
<i>noreth-ethinyl estradiol-iron</i>	NURTEC ODT.....	<i>omega-3 acid ethyl esters</i>
.....	35	75
156	NUTROPIN AQ NUSPIN..	<i>omeprazole</i>
<i>norethindrone (contraceptive)</i>	132	128
.....	NUVARING.....	<i>omeprazole-sodium</i>
149	150	<i>bicarbonate</i>
<i>norethindrone acetate</i>	NUVESSA.....	128, 129
149	151	OMNARIS.....
<i>norethindrone ac-eth estradiol</i>	NUVIGIL	174
.....	56	OMNIPOD 5 (G6/LIBRE 2
149, 156	NUZYRA	PLUS).....
<i>norethindrone-e.estradiol-iron</i>	<i>nyamyc</i>	107
.....	89	OMNIPOD 5
156	<i>nylia 1/35 (28)</i>	INTRO(G6/LIBRE2PLUS)
NORGESIC	156	.....
39	<i>nylia 7/7/7 (28)</i>	107
NORGESIC FORTE	156	OMNITROPE.....
39	NYMALIZE	132
<i>norgestimate-ethinyl estradiol</i>	68	OMVOH
.....	87	125
156	<i>nystatin</i>	OMVOH PEN
NORITATE.....	1, 89	125
84	<i>nystatin-triamcinolone</i>	ON CALL EXPRESS TEST
NORLIQVA	89	STRIP
68	89	105
NORPACE	NYVEPRIA.....	<i>ondansetron</i>
62	131	125
NORPACE CR.....	O	<i>ondansetron hcl</i>
62	OB COMPLETE	125
NORTHERA	183	<i>ondansetron hcl (pf)</i>
96	OB COMPLETE ONE	125
<i>nortrel 0.5/35 (28)</i>	183	ONETOUCH ULTRA TEST
156	OB COMPLETE PETITE ..	.....
<i>nortrel 1/35 (21)</i>	183	105
156	OB COMPLETE PREMIER	ONETOUCH VERIO TEST
<i>nortrel 1/35 (28)</i> .....	.....	STRIPS
156	183	105
<i>nortrel 7/7/7 (28)</i>	OB COMPLETE WITH DHA	ONEXTON.....
156	.....	84
<i>nortriptyline</i>	183	ONFI.....
56	OALIVA	30
NORVASC.....	125	ONGENTYS.....
68	<i>ocella</i>	34
NORVIR	156	ONUREG
4	<i>octreotide acetate</i>	21
NOURIANZ	21	ONZETRA XSAIL.....
34	OCUFLOX	36
NOVA MAX GLUCOSE	159	<i>opcicon one-step</i>
TEST	ODACTRA.....	156
105	4	OPFOLDA.....
NOVAFERRUM.....	137	112
183	ODEFSEY	OPILL
NOVOLIN 70-30 FLEXPEN	21	149
U-100.....	174	<i>opium tincture</i>
110	OFEV.....	120
NOVOLIN N FLEXPEN ...	174	OPSUMIT.....
110		174
NOVOLIN R FLEXPEN ...		OPSYNVI.....
110		174
		<i>option-2</i>
		156

OPTIUM EZ.....	105	OXISTAT	89	PEDIARIX (PF)	138
OPTIUM TEST	105	OXTELLAR XR	30	PEDVAX HIB (PF).....	138
OPVEE	47	<i>oxybutynin chloride</i>	178	<i>peg 3350-electrolytes</i>	125
OPZELURA	81	OXYBUTYNIN CHLORIDE	178	<i>peg3350-sod sul-nacl-kcl-asb-c</i>	125
ORACEA	13	<i>oxycodone</i>	43	PEGASYS	132
ORACIT	179	OXYCODONE.....	43	<i>peg-electrolyte soln</i>	125
ORALAIR	137	<i>oxycodone-acetaminophen</i> ..	43	PEMAZYRE.....	21
<i>oralone</i>	99	OXYCONTIN	43	PENBRAYA (PF)	138
ORAMAGICRX	99	<i>oxymorphone</i>	43	<i>penciclovir</i>	89
ORAPRED ODT	101	OXYTROL	178	<i>penicillamine</i>	145
ORAVIG	1	OZEMPIC	116	<i>penicillin v potassium</i>	12
ORENCIA	145	OZOBAX	40	PENNSAID	47
ORENCIA CLICKJECT ...	145	OZOBAX DS	40	PENTACEL (PF).....	138
ORENITRAM	68	P		<i>pentamidine</i>	10
ORENITRAM MONTH 1	68	<i>pacerone</i>	62	PENTASA	125
ORENITRAM MONTH 2	68	PACNEX	84	<i>pentazocine-naloxone</i>	47
TITRATION KT	68	PALFORZIA (LEVEL 1)..	137	<i>pentoxifylline</i>	72
ORENITRAM MONTH 3	68	PALFORZIA (LEVEL 2)..	137	PEPCID	129
TITRATION KT	68	PALFORZIA (LEVEL 3)..	137	PERCOCET	43
ORFADIN	96	PALFORZIA (LEVEL 4)..	137	PERFOROMIST.....	174
ORGOVYX.....	21	PALFORZIA (LEVEL 5)..	137	PERIDEX	99
ORIAHNN	151	PALFORZIA (LEVEL 6)..	137	<i>perindopril erbumine</i>	68
ORILISSA.....	112	PALFORZIA (LEVEL 7)..	137	<i>perio gard</i>	99
ORKAMBI.....	174	PALFORZIA (LEVEL 8)..	137	<i>permethrin</i>	93
ORLADEYO	174	PALFORZIA (LEVEL 9)..	137	<i>perphenazine</i>	57
<i>ormalvi</i>	38	PALFORZIA (LEVEL 10)..	138	<i>perphenazine-amitriptyline</i> ..	57
<i>orphenadrine citrate</i>	39	PALFORZIA INITIAL DOSE	138	PERSERIS	57
<i>orphenadrine-asa-caffeine</i> ...	39	PALFORZIA LEVEL 11	138	PERTZYE.....	125
<i>orphengesic forte</i>	39	MAINTENANCE.....	138	PHARMACIST CHOICE ..	105
ORSERDU	21	<i>paliperidone</i>	57	PHEBURANE	96
<i>oscimin</i>	120	PALYNZIQ.....	112	<i>phenazopyridine</i>	180
<i>oscimin sl</i>	120	PAMELOR.....	57	<i>phenelzine</i>	57
<i>oseltamivir</i>	4	PANCREAZE	125	<i>phenobarb-hyoscy-atropine-</i> <i>scop</i>	120
OSENI	116	PANDEL	92	<i>phenobarbital</i>	30
OSMOLEX ER	34	PANRETIN	81	<i>phenohydro</i>	120
OSPHENA	151	<i>pantoprazole</i>	129	<i>phenoxybenzamine</i>	68
OTEZLA	145	PARAGARD T 380A.....	146	<i>phenylephrine hcl</i>	167
OTEZLA STARTER	145	<i>paricalcitol</i>	112	<i>phenyleph-tropicamide in</i> <i>water</i>	161
OTOVEL	100	PARNATE.....	57	PHENYTEK	30
OTREXUP (PF)	145	<i>paroex oral rinse</i>	99	<i>phenytoin</i>	30
OVACE	79	<i>paromomycin</i>	10	<i>phenytoin sodium extended</i> ..	30
OVACE PLUS	79	<i>paroxetine hcl</i>	57	PHEXXI	151
OVACE PLUS SHAMPOO..	78	<i>paroxetine</i>	57	<i>philith</i>	156
OVACE PLUS WASH.....	79	<i>mesylate(menop.sym)</i>	57	PHOSPHOLINE IODIDE ..	160
OVIDE	93	PASER.....	10	PHOTREXA CROSS- LINKING KIT	162
<i>oxaprozin</i>	47	PAXIL	57	PHYSIOLYTE	94
<i>oxazepam</i>	57	PAXIL CR.....	57	PHYSIOSOL IRRIGATION	94
<i>oxcarbazepine</i>	30	PAXLOVID.....	4		
OXERVATE	162	<i>pazopanib</i>	21		
<i>oxiconazole</i>	89				

<i>phytonadione (vitamin k1)</i> 73	<i>povidone-iodine</i> 159	PREMARIN 149
PHYTONADIONE	PR BENZOYL PEROXIDE. 84	PREMIER TEST STRIP 105
(VITAMIN K1) 72, 73	<i>pr natal 400</i> 183	PREMIUM V10..... 105
PIFELTRO 4	<i>pr natal 400 ec</i> 183	PREMPHASE..... 149
<i>pilocarpine hcl</i> 96, 99, 161	<i>pr natal 430</i> 184	PREMPRO 149
<i>pimecrolimus</i> 81	<i>pr natal 430 ec</i> 184	PRENATA..... 184
<i>pimozide</i> 57	PRADAXA..... 73	<i>prenatabs fa</i> 184
<i>pimtree (28)</i> 156	PRALUENT PEN..... 75	<i>prenatabs rx</i> 184
<i>pindolol</i> 68	<i>pramipexole</i> 34	<i>prenatal plus</i> 184
<i>pioglitazone</i> 116	PRAMOSONE 79	<i>prenatal plus (calcium carb)</i>
<i>pioglitazone-glimepiride</i> 116	<i>prasugrel</i> 73	 184
<i>pioglitazone-metformin</i> 116	<i>pravastatin</i> 75	PRENATAL PLUS DHA... 184
PIP BLOOD GLUCOSE TEST	<i>praziquantel</i> 10	PRENATAL PLUS
STRIP 105	<i>prazosin</i> 69	VITAMIN-MINERAL ... 184
PIQRAY 21	PRECISION PCX PLUS TEST	<i>prenatal vitamin</i> 184
<i>pirfenidone</i> 174	 105	<i>prenatal-u</i> 184
PIRFENIDONE..... 174	PRECISION PCX TEST ... 105	PRENATE AM..... 184
<i>piroxicam</i> 47	PRECISION POINT OF	PRENATE CHEWABLE ... 184
<i>pitavastatin calcium</i> 75	CARE TEST..... 105	PRENATE DHA (FERR ASP
PLAN B ONE-STEP 157	PRECISION Q-I-D TEST .. 105	GLYCIN)..... 184
PLAQUENIL 10	PRECISION XTRA TEST. 105	PRENATE ELITE (IRON ASP
PLATINUM TEST STRIP. 105	PRECOSE 116	GLYC)..... 184
PLAVIX 73	PRED FORTE 166	PRENATE ENHANCE 184
PLEGRIDY 134	PRED MILD..... 166	PRENATE
PLENVU 125	<i>prednicarbate</i> 92	ESSENTIAL(IRON-ASP-
<i>plerixafor</i> 131	PREDNISOLN SP-	GL) 184
PLEXION..... 84	MOXIFLOX-BROMFEN	PRENATE MINI (FERR ASP
PLEXION CLEANSING	 162	GLYCIN)..... 184
CLOTHS 84	<i>prednisolone</i> 101	PRENATE PIXIE..... 184
PLEXION NS..... 79	<i>prednisolone acetate</i> 167	PRENATE RESTORE 184
PLIAGLIS 87	PREDNISOLONE ACETATE	PRENATE STAR..... 184
PNEUMOVAX-23..... 138	(PF)..... 166	PREPIDIL..... 151
<i>pnv-dha</i> 183	PREDNISOLONE ACETATE-	PRESTALIA..... 69
<i>pnv-omega</i> 183	BROMFENAC 162	PRETOMANID..... 10
<i>pnv-select</i> 183	PREDNISOLONE ACETATE-	PREVACID 129
<i>podofilox</i> 81	NEPAFENAC 162	PREVACID SOLUTAB..... 129
POKONZA..... 180	PREDNISOLONE SOD PH-	<i>prevalite</i> 75
<i>polycin</i> 159	MOXIFLOX..... 165	PREVIDENT 99
<i>polymyxin b sulf-trimethoprim</i>	<i>prednisolone sodium</i>	PREVIDENT 5000 BOOSTER
..... 159	<i>phosphate</i> 102, 167	PLUS 99
POLY-TUSSIN AC 169	PREDNISOLONE-	PREVIDENT 5000 ENAMEL
POMALYST 21	MOXIFLO-NEPAFENAC	PROTECT 99
PONVORY 134	 162	PREVIDENT 5000 ORTHO
PONVORY 14-DAY	PREDNISOLONE-	DEFENSE..... 99
STARTER PACK 134	MOXIFLOXACIN HCL 165	PREVIDENT 5000 PLUS 99
<i>portia 28</i> 157	PREDNISOLONE-	PREVIDENT 5000
<i>posaconazole</i> 1	MOXIFLOX-BROMFEN	SENSITIVE 99
<i>potassium chloride</i> 180, 181	 162	PREVIDENT KIDS..... 99
POTASSIUM CHLORIDE 181	<i>prednisone</i> 102	PREVNAR 20 (PF) 138
<i>potassium citrate</i> 179	<i>prednisone intensol</i> 102	PREVYMIS 4
<i>potassium iodide</i> 102	<i>pregabalin</i> 30	PREZCOBIX..... 4

PREZISTA	4, 5	<i>propylthiouracil</i>	102	<i>quit 2</i>	98
PRIFTIN.....	10	PROQUAD (PF).....	138	<i>quit 4</i>	98
PRILOSEC	129	PROSCAR.....	178	QULIPTA	36
PRIMACARE	184	PROTHELIAL	99	QUVIVIQ.....	58
<i>primaquine</i>	10	PROTONIX.....	129	QVAR REDIHALER	175
<i>primidone</i>	30	<i>protriptyline</i>	57	R	
PRIMIDONE.....	30	PROVERA	150	RABAVERT (PF)	138
PRIMLEV	43	PROVIDA OB.....	184	<i>rabeprazole</i>	129
PRIMSOL	14	PROVIGIL	57	RABEPRAZOLE	129
PRIORIX (PF).....	138	PROZAC	57	RADICAVA ORS STARTER	
PRISTIQ.....	57	<i>prudoxin</i>	81	KIT SUSP.....	38
PRO VOICE V8-V9 TEST		PULMICORT.....	174	RADIOGARDASE.....	96
STRIP	105	PULMICORT FLEXHALER		RAGWITEK.....	138
PROAIR DIGIHALER	174	.....	174	<i>raloxifene</i>	141
PROAIR RESPICLICK	174	<i>pulmosal</i>	174	<i>ramelteon</i>	58
<i>probenecid</i>	140	PULMOZYME.....	174	<i>ramipril</i>	69
<i>probenecid-colchicine</i>	140	PURIXAN	22	<i>ranolazine</i>	77
PROCARDIA XL	69	PYLERA	129	RAPAFLO.....	178
<i>procentra</i>	57	<i>pyrazinamide</i>	10	<i>rasagiline</i>	34
<i>prochlorperazine</i>	126	PYRIDIUM	180	RASUVO (PF).....	145
<i>prochlorperazine maleate</i> ..	126	<i>pyridostigmine bromide</i>	40	RAVICTI.....	96
PROCORT	126	PYRIDOSTIGMINE		RAYALDEE.....	112
PROCRIPT	131	BROMIDE.....	40	RAYOS.....	102
PROCTOCORT	92, 126	<i>pyrimethamine</i>	10	REBIF (WITH ALBUMIN)	
PROCTOFOAM HC	126	PYRUKYND.....	96	.....	134
<i>procto-med hc</i>	126	Q		REBIF REBIDOSE	134
<i>proctosol hc</i>	126	QBRELIS	69	REBIF TITRATION PACK	
<i>proctozone-hc</i>	126	QBREXZA	81	.....	134
PROCYSBI	179	QDOLO.....	47	<i>reclipsen (28)</i>	157
PRODIGY NO CODING...	105	QELBREE	58	RECOMBIVAX HB (PF)...	138
<i>progesterone</i>	149	QINLOCK.....	22	RECORLEV	113
<i>progesterone micronized</i> ...	149	QNASL.....	174	RECTIV.....	126
PROGLYCEM	106	QTERN.....	116	REFUAH PLUS	105
PROGRAF	21	QUADRACEL (PF)	138	REGLAN.....	126
<i>prolate</i>	43	QUALAQUIN	10	REGRANEX	81
PROLATE.....	43	QUARTETTE	157	RELAFEN DS	47
PROLENSA	163	QUAZEPAM.....	58	RELAGARD	151
PROLIA	141	QUDEXY XR.....	30, 31	RELENZA DISKHALER	5
PROMACTA.....	73	QUESTRAN.....	76	RELEUKO	131
<i>promethazine</i>	168	QUESTRAN LIGHT.....	75	RELEXXII.....	58
<i>promethazine-codeine</i>	169	<i>quetiapine</i>	58	RELION CONFIRM-MICRO	
<i>promethazine-dm</i>	169	QUETIAPINE	58	.....	105
<i>promethazine-phenylephrine</i>		QUILLICHEW ER.....	58	RELION NOVOLIN 70/30	110
.....	169	QUILLIVANT XR.....	58	RELION NOVOLIN N	110
<i>promethegan</i>	168	<i>quinapril</i>	69	RELION NOVOLIN R.....	110
PROMETRIUM	149	<i>quinapril-hydrochlorothiazide</i>		RELION PRIME TEST	
<i>propafenone</i>	62	.....	69	STRIPS	105
<i>proparacaine</i>	162	<i>quinidine gluconate</i>	62	RELION ULTIMA	106
<i>propranolol</i>	69	<i>quinidine sulfate</i>	62	RELISTOR.....	126
<i>propranolol-</i>		<i>quinine sulfate</i>	10	RELPAK.....	36
<i>hydrochlorothiazid</i>	69	QUINTET AC	105	RELSTONE.....	126

REMERON	58	RITALIN LA.....	59	SAVAYSA	73
REMERON SOLTAB.....	58	<i>ritonavir</i>	5	SAVELLA.....	145
RENACIDIN	179	<i>rivastigmine</i>	38	<i>saxagliptin</i>	116
RENVELA	120	<i>rivastigmine tartrate</i>	38	<i>saxagliptin-metformin</i>	116
<i>repaglinide</i>	116	<i>rivelsa</i>	157	<i>scalacort</i>	92
REPATHA PUSHTRONEX	76	RIVFLOZA	179	SCSEMBLIX.....	22
REPATHA SURECLICK	76	<i>rizatriptan</i>	36	SCENESSE.....	81
REPATHA SYRINGE	76	R-NATAL OB.....	185	<i>scopolamine base</i>	126
RESPA-AR	169	ROBINUL	120	SECUADO	59
RESTASIS	162	ROBINUL FORTE.....	120	SEGLENTIS.....	43
RESTASIS MULTIDOSE .	162	ROCALTROL	113	SEGLUROMET	116
RESTORIL.....	58	ROCKLATAN	164	SELECT-OB.....	185
RETACRIT	131	<i>roflumilast</i>	175	SELECT-OB (FOLIC ACID)	
RETEVMO	22	<i>ropinirole</i>	34	.....	185
RETIN-A.....	84	<i>rosadan</i>	85	SELECT-OB + DHA.....	185
RETIN-A MICRO.....	84	ROSADAN.....	85	<i>selegiline hcl</i>	34
RETIN-A MICRO PUMP	84	ROSULA	85	<i>selenium sulfide</i>	79
RETROVIR.....	5	<i>rosula cleansing cloths</i>	85	SELZENTRY	5
REVATIO	175	<i>rosuvastatin</i>	76	SEMGLEE(INSULIN	
REVEAL TEST STRIP.....	106	ROSZET	76	GLARGINE-YFGN)	110
REVLIMID	22	ROTARIX	138	SEMGLEE(INSULIN	
REXTOVY.....	47	ROTATEQ VACCINE.....	138	GLARG-YFGN)PEN	110
REXULTI.....	58	ROWASA.....	126	<i>se-natal 19 chewable</i>	185
REYATAZ	5	<i>roweepira</i>	31	<i>se-natal-19</i>	185
REYVOW	36	ROXICODONE.....	43	SENSIPAR	113
REZLIDHIA.....	22	ROXYBOND	43	SEREVENT DISKUS	175
REZUROCK	22	ROZEREM.....	59	SERNIVO.....	92
REZVOGLAR KWIKPEN	110	ROZLYTREK	22	SEROQUEL	59
RHOFADE.....	84	RUBRACA.....	22	SEROQUEL XR.....	59
RHOPRESSA.....	164	<i>rufinamide</i>	31	SEROSTIM	132
<i>ribavirin</i>	5, 129	RUKOBIA.....	5	<i>sertraline</i>	59
RIDAURA.....	145	RYALTRIS	175	SERTRALINE.....	59
<i>rifabutin</i>	10	RYBELSUS.....	116	<i>setlakin</i>	157
<i>rifampin</i>	10	RYCLORA.....	168	<i>sevelamer carbonate</i>	120
RIGHTEST GS550 TEST		RYDAPT	22	<i>sevelamer hcl</i>	121
STRIPS.....	106	RYTARY.....	34	SEYSARA.....	13
RIGHTEST GT333 TEST		RYVENT.....	168	<i>sf 99</i>	
STRIP	106	S		<i>sf 5000 plus</i>	99
RILUTEK.....	96	SABRIL.....	31	SFROWASA	126
<i>riluzole</i>	96	SAFYRAL	157	<i>sharobel</i>	150
<i>rimantadine</i>	5	<i>sajazir</i>	175	SHINGRIX (PF).....	139
<i>ringer's</i>	94	SALAGEN (PILOCARPINE)		SIGNIFOR.....	22
RINVOQ	145	.....	96, 99	SIKLOS	22
RINVOQ LQ.....	145	<i>salsalate</i>	47	<i>sildenafil (pulm.hypertension)</i>	
RIOMET	116	SAMSCA.....	113	.....	175
<i>risedronate</i>	96, 141	SANCUSO	126	SILENOR	59
RISPERDAL	58	SANDIMMUNE	22	SILIQ.....	79
RISPERDAL CONSTA	58	SANDOSTATIN	22	<i>silodosin</i>	179
<i>risperidone</i>	58, 59	SANTYL	93	SILVADENE.....	80
<i>risperidone microspheres</i>	58	SAPHRIS.....	59	<i>silver sulfadiazine</i>	80
RITALIN.....	59	<i>sapropterin</i>	113	SIMBRINZA	164

SIMLANDI(CF)		SORBITOL-MANNITOL ....94	SULCONAZOLE .....89
AUTOINJECTOR.....145		SORILUX.....79	<i>sulfacetamide sodium</i> ...79, 167
<i>simliya (28)</i>.....157		<i>sotalol</i> .....62	<i>sulfacetamide sodium (acne)</i> 87
<i>simpesse</i>.....157		<i>sotalol af</i>.....62	<i>sulfacetamide sodium-sulfur</i> .85
SIMPONI .....145		SOTYKTU .....79	SULFACETAMIDE
<i>simvastatin</i>.....76		SOTYLIZE .....62	SODIUM-SULFUR.....85
SINEMET .....34		SOVALDI .....5	<i>sulfacetamide-prednisolone</i> 167
SINGULAIR .....175		SOVUNA .....10	<i>sulfacleanse 8-4</i> .....85
SINUVA.....175		<i>spinosad</i>.....93	<i>sulfadiazine</i>.....12
<i>sirolimus</i> .....22		SPIRIVA RESPIMAT .....175	<i>sulfamethoxazole-trimethoprim</i>
SIRTURO.....10		SPIRIVA WITH	12
SIVEXTRO .....10		HANDIHALER.....175	SULFAMYLON.....87
SKYCLARYS .....38		<i>spironolactone</i> .....69	<i>sulfasalazine</i> .....126
SKYLA .....146		<i>spironolacton-</i>	<i>sulfatrim</i>.....12
SKYRIZI .....79, 126		<i>hydrochlorothiaz</i> .....69	<i>sulindac</i>.....48
SKYTROFA.....132		SPORANOX .....1	SUMADAN .....85
SLYND .....157		SPRAVATO .....59	SUMADAN XLT .....85
SMART SENSE TEST		<i>sprintec (28)</i> .....157	<i>sumatriptan</i>.....36
STRIPS.....106		SPRITAM.....31	<i>sumatriptan succinate</i>.....36
SMARTEST TEST .....106		SPRIX.....47	<i>sumatriptan-naproxen</i> .....36
SOAANZ.....69		SPRYCEL .....22	SUMAXIN .....85
<i>sodium chlor 0.9% bacteriostat</i>		<i>sps (with sorbitol)</i>.....121	SUMAXIN CP.....85
.....96		<i>sronyx</i> .....157	SUMAXIN TS.....85
<i>sodium chloride</i> .....96, 175		<i>ssd</i>.....80	<i>sunitinib malate</i> .....22
<i>sodium chloride 0.9 %</i>96		SSKI .....102	SUNLENCA.....5
<i>sodium citrate-citric acid</i> ...179		<i>sss 10-5</i>.....85	SUNOSI.....59
<i>sodium fluoride 5000 plus</i> ....99		<i>st joseph aspirin</i>.....47	SUPREP BOWEL PREP KIT
<i>sodium fluoride-pot nitrate</i> ...99		<i>st. joseph aspirin</i>.....47	127
SODIUM OXYBATE .....59		STAMARIL (PF) .....139	SURE-TEST EASYPLUS
<i>sodium phenylbutyrate</i> .....96		STEGLATRO.....116	MINI .....106
<i>sodium polystyrene sulfonate</i>		STEGLUJAN .....116	SUTAB.....127
.....121		STELARA .....79	SUTENT.....22
<i>sodium,potassium,mag sulfates</i>		STIMUFEND .....131	<i>syeda</i> .....157
.....126		STIOLTO RESPIMAT .....175	SYMAY DUOTAB .....120
SOFDRA .....81		STIVARGA.....22	<i>symax fastabs</i>.....120
SOFOSBUVIR-		<i>stop smoking aid</i>.....98	<i>symax-sl</i> .....120
VELPATASVIR.....5		STRATTERA.....59	<i>symax-sr</i>.....120
SOGROYA .....132		STRENSIQ.....113	SYMBICORT.....175
SOHONOS .....96		STRIBILD.....5	SYMBYAX .....59
<i>solifenacin</i> .....178		STRIVERDI RESPIMAT ..175	SYMDEKO .....175
SOLQUA 100/33 .....110		STROMECTOL .....10	SYMFI.....5
SOLTAMOX.....22		<i>strong iodine</i>.....87, 181	SYMFI LO.....5
SOLUS V2 TEST STRIPS.106		SUBOXONE .....48	SYMLINPEN 120 .....116
<i>soluvita</i> .....185		<i>subvenite</i> .....31	SYMLINPEN 60 .....117
<i>soluvita a,c,d with fluoride</i> .185		<i>subvenite starter (blue) kit</i> ...31	SYMPAZAN .....31
SOMA .....40		<i>subvenite starter (green) kit</i> .31	SYMPROIC.....127
SOMATULINE DEPOT .....22		<i>subvenite starter (orange) kit</i> 31	SYMTUZA.....5
SOMAVERT .....113		SUCRAID .....126	SYNALAR .....92, 93
SOOLANTRA.....85		<i>sucrafate</i> .....129	SYNALAR CREAM KIT ....92
<i>sorafenib</i>.....22		SUFLAVE .....126	SYNALAR OINTMENT KIT
SORBITOL .....94		SULAR.....69	92

SYNALAR TS	93	TAZVERIK	23	tiagabine	31
SYNAREL	113	TDVAX	139	TIAZAC	70
SYNDROS	127	TECFIDERA	134	TIBSOVO	23
SYNJARDY	117	TEGLUTIK	97	TICOVAC	139
SYNJARDY XR	117	TEGRETOL	31	TIGLUTIK	97
SYNTHROID	118	TEGRETOL XR	31	TIKOSYN	62
SYPRINE	96	TEKTURNA	69	<i>tilia fe</i>	157
T		TELCARE TEST STRIPS	106	<i>timolol maleate</i>	70, 160
TABLOID	22	<i>telmisartan</i>	69	<i>timolol maleate (pf)</i>	160
TABRECTA	23	<i>telmisartan-amlodipine</i>	69	TIMOLOL-BRIMONIDI-	
TACLONEX	79	<i>telmisartan-hydrochlorothiazid</i>	69	DORZOLAM(PF)	164
<i>tacrolimus</i>	23, 81	.....	69	TIMOLOL-DORZOLAM-	
<i>tadalafil (pulm. hypertension)</i>	175	<i>temazepam</i>	59	BIMATOPRO(PF)	164
TAFINLAR	23	TEMBEXA	5	TIMOPTIC OCUDOSE (PF)	160
<i>tafluprost (pf)</i>	164	<i>temozolomide</i>	23	.....	160
TAGRISSE	23	<i>tencon</i>	43	<i>tinidazole</i>	11
TAKE ACTION	157	TENIVAC (PF)	139	<i>tiopronin</i>	97
TAKHZYRO	175	<i>tenofovir disoproxil fumarate</i>	5	<i>tiotropium bromide</i>	176
TALICIA	129	TENORETIC 50	69	TIROSINT	118
TALTZ AUTOINJECTOR	80	TENORMIN	69	TIROSINT-SOL	118
TALTZ AUTOINJECTOR (2		TEPMETKO	23	<i>tis-u-sol pentalyte</i>	94
PACK)	79	<i>terazosin</i>	69	TIVICAY	5
TALTZ AUTOINJECTOR (3		<i>terbinafine hcl</i>	1	TIVICAY PD	5
PACK)	79	<i>terbutaline</i>	176	<i>tizanidine</i>	40
TALTZ SYRINGE	80	<i>terconazole</i>	151	TLANDO	113
TALVEY	23	<i>teriflunomide</i>	134	TOBI	11
TALZENNA	23	<i>teriparatide</i>	141	TOBI PODHALER	11
TAMIFLU	5	TERIPARATIDE	141	TOBRADEX	165
<i>tamoxifen</i>	23	TERSI FOAM	80	TOBRADEX ST	165
<i>tamsulosin</i>	179	TEST N'GO TEST	106	<i>tobramycin</i>	11, 159
<i>tanlor</i>	40	TESTIM	113	<i>tobramycin in 0.225 % nacl</i>	11
TAPERDEX	102	<i>testosterone</i>	113	<i>tobramycin sulfate</i>	11
TARCEVA	23	<i>testosterone cypionate</i>	113	TOBRAMYCIN WITH	
TARGADOX	14	<i>testosterone enanthate</i>	113	NEBULIZER	11
TARGRETIN	23	<i>tetrabenazine</i>	38	<i>tobramycin-dexamethasone</i>	165
<i>tarina 24 fe</i>	157	<i>tetracaine hcl</i>	162	TOBREX	159
<i>tarina fe 1/20 (28)</i>	157	TETRACAINE HCL (PF)	162	TOLAK	81
<i>taron-c dha</i>	185	<i>tetracycline</i>	14	<i>tolcapone</i>	34
TARPEYO	102	TEXACORT	93	TOLECTIN 600	48
TASCENSO ODT	134	TEZSPIRE	176	<i>tolmetin</i>	48
TASIGNA	23	THALITONE	69	TOLSURA	1
<i>tasimelteon</i>	59	THALOMID	23	<i>tolterodine</i>	178
TASMAR	34	THEO-24	176	<i>tolvaptan</i>	113
<i>tavaborole</i>	89	<i>theophylline</i>	176	TOPAMAX	31, 32
TAVALISSE	73	THIOLA	97	TOPICORT	93
TAVNEOS	97	THIOLA EC	97	<i>topiramate</i>	32
TAYTULLA	157	<i>thioridazine</i>	59	TOPROL XL	70
<i>tazarotene</i>	85, 86	<i>thiothixene</i>	59	<i>toremifene</i>	23
TAZAROTENE	85	THRIVITE RX	185	<i>torpenz</i>	23
TAZORAC	86	THYQUIDITY	118	<i>torsemide</i>	70
		<i>tiadylt er</i>	70	TOSYMRA	36

TOUJEO MAX U-300	TRIKAFTA	176	TYBOST.....	6
SOLOSTAR	<i>tri-legest fe</i>	157	<i>tydemy</i>	158
TOUJEO SOLOSTAR U-300	TRILEPTAL.....	32	TYKERB	23
INSULIN	<i>tri-lynyah</i>	157	TYMLOS.....	141
<i>tovet emollient</i>	TRILIPIX	76	TYPHIM VI.....	139
TOVIAZ	<i>tri-lo-estarylla</i>	157	TYRVAYA.....	162
TRACLEER	<i>tri-lo-marzia</i>	157	TYVASO	176
TRADJENTA.....	<i>tri-lo-mili</i>	157	TYVASO DPI	176
<i>tramadol</i>	<i>tri-lo-sprintec</i>	158	TYVASO REFILL KIT.....	176
TRAMADOL	<i>trimethobenzamide</i>	127	TYVASO STARTER KIT ..	176
<i>tramadol-acetaminophen</i>	<i>trimethoprim</i>	14	U	
<i>trandolapril</i>	<i>tri-mili</i>	158	UBRELVY	36
<i>trandolapril-verapamil</i>	<i>trimipramine</i>	60	UCERIS	127
<i>tranexamic acid</i>	TRIMO-SAN JELLY	151	UDENYCA.....	131
TRANSDERM-SCOP.....	<i>trinatal rx 1</i>	185	UDENYCA AUTOINJECTOR	
<i>tranylcypromine</i>	<i>trinate</i>	185	.....	131
TRAVATAN Z	TRINAZ	185	UDENYCA ONBODY	131
<i>travoprost</i>	TRINTELLIX.....	60	ULESFIA.....	94
<i>trazodone</i>	<i>tri-sprintec (28)</i>	158	ULORIC	140
TRECATOR.....	TRISTART DHA	185	ULTRATRAK	106
TRELEGY ELLIPTA	TRIUMEQ.....	6	ULTRATRAK ULTIMATE	
TREMFYA.....	TRIUMEQ PD.....	6	.....	106
TREMFYA PEN	<i>tri-vitamin with fluoride</i>	185	ULTRAVATE	93
TRESIBA FLEXTOUCH U-	<i>trivora (28)</i>	158	UNDECATREX	113
100	<i>tri-vylibra</i>	158	UNISTRIPI1 TEST STRIP..	106
TRESIBA FLEXTOUCH U-	<i>tri-vylibra lo</i>	158	<i>unithroid</i>	118
200	TROKENDI XR	32	UPNEEQ (PF)	167
TRESIBA U-100 INSULIN	<i>tropicamide</i>	161	UPTRAVI.....	70
.....	<i>tropium</i>	178	URELLE.....	179
<i>tretinoin</i>	TRUDHESA.....	36	<i>uretron d-s</i>	179
<i>tretinoin (antineoplastic)</i>	TRUE METRIX GLUCOSE		URIBEL TABS	179
<i>tretinoin microspheres</i>	TEST STRIP.....	106	<i>urimar-t</i>	179
TREXALL.....	TRUETEST TEST STRIPS	106	URIMAR-T	179
TREXIMET.....	TRUETRACK TEST	106	URNEVA	179
TREZIX.....	TRULANCE.....	127	UROCIT-K 10	179
<i>triamcinolone acetonide</i> 93, 99,	TRULICITY	117	UROCIT-K 15	180
102	TRUMENBA.....	139	<i>urogesic-blue</i>	180
<i>triamterene</i>	TRUQAP	23	<i>uro-mp</i>	180
<i>triamterene-hydrochlorothiazid</i>	TRUVADA	6	UROQID-ACID NO.2.....	180
.....	TRYVIO	77	<i>uro-sp</i>	180
<i>triazolam</i>	TUDORZA PRESSAIR	176	UROXATRAL	179
TRIBENZOR	TUKYSA.....	23	URSO FORTE.....	127
TRICARE.....	<i>tulana</i>	150	<i>ursodiol</i>	127
TRICOR	TURALIO	23	<i>uryl</i>	180
<i>triderm</i>	<i>turqoz (28)</i>	158	V	
<i>trientine</i>	TUXARIN ER.....	169	VAFSEO.....	97
<i>tri-estarylla</i>	TWIIST STARTER KIT	107	VAGIFEM	150
<i>trifluoperazine</i>	TWINRIX (PF).....	139	<i>valacyclovir</i>	6
<i>trifluridine</i>	TWIRLA	151	VALCHLOR	81
<i>trihexyphenidyl</i>	TWYNEO.....	86	VALCYTE	6
TRIJARDY XR.....	TYBLUME.....	158	<i>valganciclovir</i>	6

VALIUM.....	60	VERELAN PM.....	71	VOGELXO.....	113
<i>valproic acid</i>	32	VERKAZIA.....	163	<i>volnea (28)</i>	158
<i>valproic acid (as sodium salt)</i>	32	VERQUVO	77	VONJO	24
<i>valsartan</i>	70	VERSACLOZ	60	VOQUEZNA.....	129
VALSARTAN.....	70	VERZENIO	24	VOQUEZNA DUAL PAK.....	129
<i>valsartan-hydrochlorothiazide</i>	70	VESICARE	178	VOQUEZNA TRIPLE PAK	129
VALTOCO.....	32	VESICARE LS.....	178	<i>voriconazole</i>	2
VALTREX	6	<i>vestura (28)</i>	158	VOSEVI	6
<i>vanadom</i>	40	VEVYE	163	VOTRIENT	24
VANOCOCIN.....	14	VFEND.....	2	VOWST.....	127
<i>vancomycin</i>	14	VIBERZI	127	VOXZOGO	114
<i>vandazole</i>	151	VIBRAMYCIN	14	VOYDEYA	97
VANFLYTA	23	VICTOZA 2-PAK	117	VRAYLAR.....	60
VANOS	93	VICTOZA 3-PAK	117	VTAMA	80
VANOXIDE-HC.....	86	<i>vienna</i>	158	VUITY.....	161
VAQTA (PF).....	139	<i>vigabatrin</i>	32	VUMERITY	134
<i>varenicline</i>	98	<i>vigadrone</i>	32	VUSION	89
VARIVAX (PF)	139	VIGAFYDE.....	32	<i>vyfemla (28)</i>	158
VARUBI	127	VIGAMOX.....	160	VYLEESI	60
VASCEPA.....	76	<i>vigpoder</i>	32	<i>vylibra</i>	158
VASERETIC.....	70	VIIBRYD	60	VYNDAMAX	77
VASOTEC	70	VIJOICE.....	24	VYNDAQEL	77
VAXCHORA VACCINE ..	139	<i>vilazodone</i>	60	VYTORIN 10-10.....	76
VAXELIS (PF).....	139	VIMOVO.....	48	VYTORIN 10-20.....	76
VAXNEUVANCE (PF)	139	VIMPAT.....	32, 33	VYTORIN 10-40.....	76
VCF CONTRACEPTIVE FILM	151	VIOKACE.....	127	VYTORIN 10-80.....	76
VCF CONTRACEPTIVE GEL	151	<i>viorele (28)</i>	158	VYVANSE	60
VECTICAL	80	VIRACEPT	6	VYZULTA	165
<i>velivet triphasic regimen (28)</i>	158	VIRAZOLE	6	W	
VELPHORO.....	121	VIREAD.....	6	WAINUA	38
VELSIPITY.....	127	VISTARIL.....	168	WAKIX	60
VELTASSA	121	VISTOGARD.....	14	<i>warfarin</i>	73
VELTIN	86	VITAFOL FE PLUS	185	<i>water for irrigation, sterile</i> ...	97
VEMLIDY	6	VITAFOL GUMMIES	185	WAVESENSE JAZZ.....	106
VENCLEXTA.....	24	VITAFOL ULTRA.....	185	WAVESENSE PRESTO	106
VENCLEXTA STARTING PACK	24	VITAFOL-OB	185	WELCHOL.....	76
<i>venlafaxine</i>	60	VITAFOL-OB+DHA	185	WELIREG	24
VENLAFAXINE BESYLATE	60	VITAFOL-ONE	185	WELLBUTRIN SR	60
VENTAVIS.....	177	VITAMEDMD ONE RX ...	185	WELLBUTRIN XL	60
VENTOLIN HFA.....	177	<i>vitamin k</i>	73	<i>wera (28)</i>	158
VEOZAH	151	<i>vitamin k1</i>	73	<i>wescap-c dha</i>	186
<i>verapamil</i>	70, 71	<i>vitamins a,c,d and fluoride</i> ..	185	<i>wescap-pn dha</i>	186
VERDESO	93	VITATRUE	186	<i>wesnatal dha complete</i>	186
VEREGEN	82	VITRAKVI.....	24	<i>wesnate dha</i>	186
		VIVAGUARD INO TEST STRIP	106	<i>westab plus</i>	186
		VIVELLE-DOT.....	150	<i>westgel dha</i>	186
		VIVITROL	48	WIDE-SEAL DIAPHRAGM	146
		VIVJOA.....	2	WINLEVI.....	86
		VIVLODEX	48	<i>wixela inhub</i>	177
		VIZIMPRO.....	24		

<i>wymzya fe</i>	158	Y		ZILBRYSQ.....	40
WYNZORA	80	YASMIN (28).....	158	<i>zileuton</i>	177
X		YAZ (28)	158	ZILXI.....	86
XACIATO.....	151	YF-VAX (PF).....	139	ZIMHI.....	48
XADAGO	34	YONSA	24	<i>zingiber</i>	186
XALATAN.....	165	YORVIPATH.....	114	ZIOPTAN (PF).....	165
XALKORI.....	24	YOSPRALA	73	<i>ziprasidone hcl</i>	61
XANAX	60	YUFLYMA(CF).....	146	<i>ziprasidone mesylate</i>	61
XANAX XR.....	60	YUFLYMA(CF) AI		ZIPSOR	48
XARELTO	73	CROHN'S-UC-HS.....	146	ZIRGAN	160
XARELTO DVT-PE TREAT		YUFLYMA(CF)		ZITHROMAX	8
30D START	73	AUTOINJECTOR	146	ZITHROMAX TRI-PAK	8
XATMEP	24	YUPELRI	177	ZITHROMAX Z-PAK	8
XCOPRI	33	YUSIMRY(CF) PEN	146	ZITUVIMET	117
XCOPRI MAINTENANCE		<i>yuvafem</i>	150	ZITUVIMET XR.....	117
PACK	33	Z		ZMA CLEAR	86
XCOPRI TITRATION PACK		<i>zafemy</i>	151	ZOCOR.....	76
.....	33	<i>zafirlukast</i>	177	ZOKINVY	97
XDEMVEY	163	<i>zaleplon</i>	61	ZOLINZA.....	25
XELJANZ	146	ZANAFLEX.....	40	<i>zolmitriptan</i>	36
XELJANZ XR.....	146	<i>zarah</i>	158	ZOLMITRIPTAN.....	36
XELODA	24	ZARONTIN.....	33	ZOLOFT.....	61
XELPROS	165	ZARXIO	131	<i>zolpidem</i>	61
XELSTRYM	61	<i>zatean-pn dha</i>	186	ZOMACTON	132
XENAZINE.....	38	<i>zatean-pn plus</i>	186	ZOMIG	36
XENLETA	11	ZCORT	102	ZONALON.....	82
XEPI.....	87	ZEGERID	129	ZONEGRAN	33
XERESE.....	89	ZEJULA	25	ZONISADE	33
XERMELO	24	ZELAPAR	34	<i>zonisamide</i>	33
XHANCE	177	ZELBORAF	25	ZONTIVITY.....	73
XIFAXAN.....	11	ZEMBRACE SYMTOUCH.....	36	ZORTRESS	25
XIGDUO XR.....	117	ZEMPLAR	114	ZORVOLEX.....	48
XIIDRA.....	163	<i>zenatane</i>	86	ZORYVE.....	80
XIMINO.....	14	ZENPEP	127	<i>zovia 1-35 (28)</i>	158
XOFLUZA	6	<i>zenzedi</i>	61	ZOVIRAX	89
XOLAIR.....	177	ZENZEDI	61	ZTALMY	33
XOLEGEL	89	ZEPATIER	6	ZTLIDO.....	87
XOLREMDI.....	131	ZEPOSIA.....	38	ZUBSOLV.....	48
XOPENEX HFA	177	ZEPOSIA STARTER KIT (28-		<i>zumandimine (28)</i>	158
XOSPATA	24	DAY).....	38	ZURZUVAE.....	61
XPHOZAH.....	121	ZEPOSIA STARTER PACK		ZYCLARA	140
XPOVIO.....	24	(7-DAY)	38	ZYDELIG.....	25
XTAMPZA ER	43	ZERViate	163	ZYFLO	177
XTANDI.....	24	ZESTORETIC	71	ZYKADIA.....	25
<i>xulane</i>	151	ZESTRIL	71	ZYLET	165
XULTOPHY 100/3.6	111	ZETIA	76	ZYLOPRIM.....	140
XURIDEN	97	ZETONNA	177	ZYMFENTRA.....	127
XYOSTED	114	ZIAGEN	6	ZYPITAMAG.....	76
XYREM	61	ZIANA.....	86	ZYPREXA.....	61
XYWAV.....	61	<i>zidovudine</i>	6	ZYPREXA RELPREVV	61
		ZIEXTENZO.....	131	ZYPREXA ZYDIS.....	61

ZYTIGA.....25

ZYVOX.....11