

## Vermont State Colleges Faculty Plan

# Cigna Medicare Rx (PDP) 2021 Drug List (Formulary)

Standard Drug List

S5617 – 801

**Please read: This document contains information about the drugs we cover in this plan.**



This drug list was updated September 2020. For more recent information or other questions, please contact Cigna Customer Service, at 1-800-558-9562 or, for TTY users, 711, 8 a.m. – 8 p.m., local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – Sept 30, or visit [CignaMedicare.com/group/PDPResources](https://www.CignaMedicare.com/group/PDPResources). The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Cigna is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna depends on contract renewal.

**Note to existing customers:** This drug list has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us” or “our,” it means Cigna. When it refers to “plan” or “our plan,” it means Cigna Rx Medicare (PDP).

This document includes a list of the drugs (formulary) for our plans, which is current as of September 2020. If you have any questions, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

### **What is the Cigna Rx Medicare (PDP) Comprehensive Drug List?**

A drug list is a list of covered drugs selected by Cigna Rx Medicare (PDP) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Cigna Rx Medicare (PDP) will generally cover the drugs listed in our drug list as long as the drug is medically necessary, the prescription is filled at a Cigna Rx Medicare (PDP) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

### **Can the Drug List (formulary) change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the drug list during the year, move them to different cost-sharing tiers, or add new restrictions.

**Changes that can affect you this year.** In the below cases, you will be affected by the coverage changes during the year:

- **New Generic Drugs.** We may immediately remove a brand name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the following section entitled “How do I request an exception to the Cigna Rx Medicare (PDP) Drug List?”
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our drug list to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our drug list and provide notice to customers who take the drug.
- **Other changes.** We may make other changes that affect customers currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the drug list or add new restrictions to the brand name drug or move it to a different cost-sharing tier. We may also make changes based on new clinical guidelines and/or studies. If we remove drugs from our drug list, add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected customers of the change at least 30 days before the change becomes effective, or at the time the customer requests a refill of the drug, at which time the customer will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and

you can also find information in the section below entitled “How do I request an exception to the Cigna Rx Medicare (PDP) Drug List?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2021 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those customers taking them for the remainder of the coverage year.

The enclosed drug list is current as of September 2020. To get updated information about the drugs covered by Cigna Rx Medicare (PDP), please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes.

### **How do I use the Drug List?**

There are two ways to find your drug within the drug list:

#### **Medical Condition**

The drug list begins on page 2. The drugs in this drug list are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “CARDIOVASCULAR, HYPERTENSION / LIPIDS”. If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

#### **Covered Drug Index**

If you are not sure what category to look under, you should look for your drug in the Covered Drugs Index that begins on page 143. The Covered Drugs Index provides a list of all of the drugs included in this document. Both brand name drugs and generic drugs are in the Drug List. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.

### **What are generic drugs?**

Cigna Rx Medicare (PDP) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

### **Are there any restrictions on my coverage?**

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** The plan requires you or your doctor to get prior authorization for some drugs. This means that you will need to get approval from the plan before you fill these prescriptions. If you do not get approval, Cigna Rx Medicare (PDP) may not cover the drug.
- **Quantity Limits:** For certain drugs, the plan limits the amount of the drug that Cigna Rx Medicare (PDP) will cover. For example, the plan allows for 1 tablet per day for BYSTOLIC 10MG. This applies to a standard one-month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).
- **Step Therapy:** In some cases, the plan requires 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, Cigna Rx Medicare (PDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.
- **Non-Extended Days Supply:** For certain drugs, Cigna Rx Medicare (PDP) limits the amount of the drug that we will cover to only a 30-day supply or less, at one time. For example, customers who have not had any recent fill of opioid pain medications within the past 108 days (referred to as “opioid naïve”) are limited to a maximum of 7 days’ supply of opioid pain medication. Customers who have received a recent fill of an opioid pain medication (not opioid naïve) are limited to up to a month’s supply of that medication at one time. Other high cost drugs may be subject to a non-extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting [CignaMedicare.com/group/PDPresources](https://www.cigna.com/medicare/group/pdpresources) and choose the formulary noted on the cover of this document. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

You can ask Cigna Rx Medicare (PDP) to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the plan drug list?” on the next page for information about how to request an exception.

### **Options for Maintenance Medications**

Taking the medications prescribed by your doctor is important to your health.

We are committed to helping you achieve control of chronic conditions by making it easy for you to receive your maintenance medications. There are several ways we can work together to accomplish this goal:

- Talk with your doctor about whether a 90-day supply of your ongoing, stable medications may be appropriate. Taking these medications every day as prescribed is important for your overall health, and getting 90-day prescriptions of these medications can ensure that you don't miss a dose.
- You can receive a 90-day supply at most retail pharmacies or through one of our mail-order pharmacies.
- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

### **How can I use my prescription drug coverage to save money on my medications?**

There may be opportunities for you to save money on your medications using your plan coverage.

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Check the Drug Tier and Cost-Share Tables to see if your plan offers copay savings with mail order.
- Explore whether the ‘CMS Extra Help’ program may offer additional financial support for your medications.
- If your medication is not covered on the plan drug list, talk with your doctor about alternative medications which are covered in the drug list.

### **What if my drug is not in the Drug List?**

If your drug is not included in this drug list, you should first contact Customer Service to ask if your drug is covered. If you learn that the plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by the plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by the plan.
- You can ask the plan to make an exception to cover your drug. See below for information about how to request an exception.

### **How do I request an exception to the plan Drug List?**

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not in our drug list. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, there are certain drugs that the plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to provide a tiering exception for a drug to be covered at a lower cost-sharing tier under the following circumstances:

- If the drug you're taking is a brand name drug you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains brand name alternatives for treating your condition.
- If the drug you're taking is a generic drug you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
- If the drug you're taking is a biological product you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains biological product alternatives for treating your condition.

These exceptions would lower the amount you must pay for your drug.

In order to request an exception, you can visit [CignaMedicare.com/group/PDPresources](https://www.cigna.com/medicare/group/pdpresources) to print the exception request form. Once you have completed the form, you can mail it the address listed on the form.

Please note, if we grant your request to cover a drug that is not in our drug list, you may not ask us to provide a higher level of coverage of the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

Generally, we will only approve your request for an exception if the alternative drug is included on the plan's drug list, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a drug list, tiering or utilization restriction exception. **When you request a drug list, tiering or utilization restriction exception, you should submit a statement from your prescriber or doctor supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

#### **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

As a new or existing customer in our plan, you may either be taking drugs that are not in our drug list or taking a drug that is in our drug list but your ability to get it is limited. If this is the case, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide whether you should switch to an alternative drug that we cover or request a drug list exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug up to a 30-day supply, in certain cases during the first 90 days you are a customer of our plan.

For each of your drugs that are not on our drug list or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs without a drug list exception, even if you have been a customer of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not in our drug list or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a drug list exception.

In order to accommodate unexpected transitions of our customers that do not leave time for advanced planning, such as level-of-care changes due to discharge from a hospital to a nursing facility or to a home, we will allow a one-time 31-day supply (unless the prescription is written for fewer days).

#### **Cigna Rx Medicare (PDP) Drug List**

The drug list that begins on page 2 provides coverage information about of the drugs covered by Cigna Rx Medicare (PDP). If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 143.

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

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

Some plans offer additional prescription drug coverage in the coverage gap. Please refer to your Evidence of Coverage Snapshot to see if your plan has this coverage and for more information.

We specify quantity limits on certain drugs which are indicated with a QL in the drug list that begins on page 2, along with the amount dispensed per the days supplied. (For example: *atorvastatin* 40MG QL 30/30; this means the drug *atorvastatin* 40MG is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).

#### **For more information**

For more detailed information about your Cigna Rx Medicare (PDP) coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Cigna Rx Medicare (PDP), please contact us. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

# 2021 Drug Tier and Cost-Share Table

The following table represents the plan name, the drug tier number as it appears in the drug list and the cost-share amount for that tier number. You may also refer to Evidence of Coverage (EOC) and snapshot for additional details.

Cigna Rx Medicare (PDP) is not always able to keep all generic medications in the Generic drug tiers. Some generic medications may be in the Preferred Brand (Tier 2) and Specialty Drug (Tier 4) tiers. Keep in mind that the name of the tier is just a description of the majority of the drugs in the tier; it does not mean that there are only generic or only brand drugs in either tier. **For customers receiving Extra Help:** Your Low Income Subsidy (LIS) copay level will be based on how the Food and Drug Administration (FDA) classifies certain drugs. Due to this, a generic drug may receive a preferred brand drug copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for additional information on these copay levels. Or call Customer Service for further clarification regarding a specific drug.

## Vermont State Colleges System Standard Drug List

<b>Cigna Rx Medicare (PDP)</b>	<b>Retail Cost Share 30 / 60 / 90 Days</b>	<b>Mail Order Cost Share 30 / 60 / 90 Days</b>
<b>Tier 1:</b> Preferred Generic Drugs	\$10 / \$10 / \$10	\$10 / \$10 / \$10
<b>Tier 2:</b> Preferred Brand Drugs	\$25 / \$25 / \$25	\$25 / \$25 / \$25
<b>Tier 3:</b> Non-Preferred Generic and Brand Drugs	\$50 / \$50 / \$50	\$50 / \$50 / \$50
<b>Tier 4:</b> Specialty Generic and Brand Drugs	\$50 / \$50 / \$50	\$50 / \$50 / \$50

If you get your drug at an out-of-network pharmacy, you will pay the same cost share you would pay for a 30-day supply at an in-network retail pharmacy.

Your plan covers additional drugs not normally covered in a Medicare Prescription Drug Plan as indicated in the Formulary Drug List by the + symbol. Please see your 2021 Formulary document for details. The cost share you pay on these drugs do not count toward your annual TrOOP.

- **Cough and Cold Drugs**
- **Erectile Dysfunction Drugs<sup>^</sup>**
- **Prescription Vitamins**

<sup>^</sup>Sexual dysfunction medications are subject to prior authorization and quantity limitations even though these limitations may be waived in other treatment categories. Please review your 2021 formulary for more information.

To see a list of the drugs are covered, please go to the pages following the Index.

Your plan includes the following clinical management edits (see definitions, Chapter 3, Section 4.2 of the EOC).

- **Prior Authorization**
- **Quantity Limits**
- **Step Therapy**

However the following edits are always included:

- **B/D PA**
- **D/E PA**



## List of Abbreviations

**\***: Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a month supply.

**+**: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

**B/D PA**: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on conditions.

**D/E PA**: This prescription drug requires prior authorization. This drug may be covered under Medicare Part D depending on conditions

**HRM PA**: This high risk medication (HRM) requires prior authorization

**LA**: Limited Availability drug. This drug may be available only at certain pharmacies. For more information, please call Customer Service.

**PA**: This drug requires prior authorization.

**QL**: This drug has quantity limits.

**ST**: This drug has step therapy requirements.

Drug Name	Drug Tier	Requirements /Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	3	B/D PA
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTIO N 50 MG	4	B/D PA
<i>amphotericin b</i> <i>injection recon soln</i> 50 mg	1	B/D PA
<i>caspofungin</i> <i>intravenous recon</i> <i>soln 50 mg, 70 mg</i>	4	PA
<i>clotrimazole mucous</i> <i>membrane troche 10</i> <i>mg</i>	1	
CRESEMBA ORAL CAPSULE 186 MG	4	
<i>fluconazole in nacl</i> <i>(iso-osm)</i> <i>intravenous</i> <i>piggyback 200</i> <i>mg/100 ml, 400</i> <i>mg/200 ml</i>	1	PA
<i>fluconazole oral</i> <i>suspension for</i> <i>reconstitution 10</i> <i>mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral</i> <i>tablet 100 mg, 150</i> <i>mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral</i> <i>capsule 250 mg, 500</i> <i>mg</i>	4	
<i>griseofulvin</i> <i>microsize oral</i> <i>suspension 125 mg/5</i> <i>ml</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>griseofulvin</i> <i>microsize oral tablet</i> 500 mg	1	
<i>griseofulvin</i> <i>ultramicrosize oral</i> <i>tablet 125 mg, 250</i> <i>mg</i>	1	
<i>itraconazole oral</i> <i>capsule 100 mg</i>	1	QL (120/30)
<i>itraconazole oral</i> <i>solution 10 mg/ml</i>	4	
<i>ketoconazole oral</i> <i>tablet 200 mg</i>	1	
<i>micafungin</i> <i>intravenous recon</i> <i>soln 100 mg, 50 mg</i>	4	
<i>nystatin oral</i> <i>suspension 100,000</i> <i>unit/ml</i>	1	
<i>nystatin oral tablet</i> 500,000 unit	1	
<i>posaconazole oral</i> <i>tablet, delayed</i> <i>release (dr/ec) 100</i> <i>mg</i>	4	QL (96/30)
<i>terbinafine hcl oral</i> <i>tablet 250 mg</i>	1	
<i>voriconazole</i> <i>intravenous recon</i> <i>soln 200 mg</i>	4	PA
<i>voriconazole oral</i> <i>suspension for</i> <i>reconstitution 200</i> <i>mg/5 ml (40 mg/ml)</i>	4	
<i>voriconazole oral</i> <i>tablet 200 mg</i>	4	
<i>voriconazole oral</i> <i>tablet 50 mg</i>	3	
<b>ANTIVIRALS</b>		

Drug Name	Drug Tier	Requirements /Limits
<i>abacavir oral solution 20 mg/ml</i>	1	QL (960/30)
<i>abacavir oral tablet 300 mg</i>	1	QL (60/30)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	QL (30/30)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	4	QL (60/30)
<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>acyclovir sodium intravenous solution 50 mg/ml</i>	1	B/D PA
<i>adefovir oral tablet 10 mg</i>	4	
<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	
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	4	QL (285/28)
APTIVUS ORAL CAPSULE 250 MG	4	QL (120/30)
<i>atazanavir oral capsule 150 mg</i>	1	QL (30/30)
<i>atazanavir oral capsule 200 mg</i>	3	QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
<i>atazanavir oral capsule 300 mg</i>	3	QL (30/30)
ATRIPLA ORAL TABLET 600-200-300 MG	4	QL (30/30)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	3	QL (630/30)
BIKTARVY ORAL TABLET 50-200-25 MG	4	
CIMDUO ORAL TABLET 300-300 MG	4	
COMPLERA ORAL TABLET 200-25-300 MG	4	QL (30/30)
CRIXIVAN ORAL CAPSULE 200 MG	3	QL (270/30)
CRIXIVAN ORAL CAPSULE 400 MG	3	QL (180/30)
DELSTRIGO ORAL TABLET 100-300-300 MG	4	
DESCOVY ORAL TABLET 200-25 MG	4	QL (30/30)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	QL (30/30)
DOVATO ORAL TABLET 50-300 MG	4	
EDURANT ORAL TABLET 25 MG	4	QL (30/30)
EFAVIRENZ ORAL CAPSULE 200 MG	4	QL (120/30)
<i>efavirenz oral capsule 50 mg</i>	1	QL (180/30)

Drug Name	Drug Tier	Requirements /Limits
EFAVIRENZ ORAL TABLET 600 MG	4	QL (30/30)
EMTRIVA ORAL CAPSULE 200 MG	2	QL (30/30)
EMTRIVA ORAL SOLUTION 10 MG/ML	2	QL (680/28)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	QL (30/30)
EPCLUSA ORAL TABLET 400-100 MG	4	PA; QL (28/28)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	
EVOTAZ ORAL TABLET 300-150 MG	4	QL (30/30)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	QL (60/30)
<i>fosamprenavir oral tablet 700 mg</i>	4	QL (120/30)
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4	QL (60/30)
GENVOYA ORAL TABLET 150-150-200-10 MG	4	QL (30/30)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	4	PA; QL (28/28)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	4	PA; QL (56/28)

Drug Name	Drug Tier	Requirements /Limits
HARVONI ORAL TABLET 45-200 MG	4	PA; QL (60/30)
HARVONI ORAL TABLET 90-400 MG	4	PA; QL (28/28)
INTELENCE ORAL TABLET 100 MG, 200 MG	4	QL (60/30)
INTELENCE ORAL TABLET 25 MG	3	QL (120/30)
INVIRASE ORAL TABLET 500 MG	4	QL (120/30)
ISENTRESS HD ORAL TABLET 600 MG	4	
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	QL (60/30)
ISENTRESS ORAL TABLET 400 MG	4	QL (120/30)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	QL (180/30)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	QL (180/30)
JULUCA ORAL TABLET 50-25 MG	4	
KALETRA ORAL TABLET 100-25 MG	2	QL (300/30)
KALETRA ORAL TABLET 200-50 MG	4	QL (120/30)
<i>lamivudine oral solution 10 mg/ml</i>	1	QL (900/30)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	1	QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
<i>lamivudine oral tablet 150 mg</i>	1	QL (60/30)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	QL (60/30)
LEXIVA ORAL SUSPENSION 50 MG/ML	3	QL (1575/28)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	
MAVYRET ORAL TABLET 100-40 MG	4	PA; QL (84/28)
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	QL (1200/30)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60/30)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	QL (90/30)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	QL (30/30)
NORVIR ORAL POWDER IN PACKET 100 MG	3	
NORVIR ORAL SOLUTION 80 MG/ML	2	QL (480/30)
ODEFSEY ORAL TABLET 200-25-25 MG	4	QL (30/30)
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements /Limits
PIFELTRO ORAL TABLET 100 MG	4	
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	QL (30/30)
PREZISTA ORAL SUSPENSION 100 MG/ML	4	QL (400/30)
PREZISTA ORAL TABLET 150 MG	3	QL (240/30)
PREZISTA ORAL TABLET 600 MG	4	QL (60/30)
PREZISTA ORAL TABLET 75 MG	2	QL (480/30)
PREZISTA ORAL TABLET 800 MG	4	QL (30/30)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL (120/365)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	4	QL (240/30)
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	QL (360/30)
SELZENTRY ORAL SOLUTION 20 MG/ML	4	

Drug Name	Drug Tier	Requirements /Limits
SELZENTRY ORAL TABLET 150 MG, 75 MG	4	QL (60/30)
SELZENTRY ORAL TABLET 25 MG	2	QL (240/30)
SELZENTRY ORAL TABLET 300 MG	4	QL (120/30)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	QL (60/30)
STRIBILD ORAL TABLET 150-150-200-300 MG	4	QL (30/30)
SYMFI LO ORAL TABLET 400-300-300 MG	4	QL (30/30)
SYMFI ORAL TABLET 600-300-300 MG	4	
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	4	PA
TEMIXYS ORAL TABLET 300-300 MG	4	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	QL (30/30)
TIVICAY ORAL TABLET 10 MG	3	QL (60/30)
TIVICAY ORAL TABLET 25 MG, 50 MG	4	QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
TRIUMEQ ORAL TABLET 600-50-300 MG	4	QL (30/30)
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	4	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	4	QL (30/30)
TYBOST ORAL TABLET 150 MG	2	
<i>valacyclovir oral tablet 1 gram</i>	1	QL (120/30)
<i>valacyclovir oral tablet 500 mg</i>	1	QL (60/30)
<i>valganciclovir oral recon soln 50 mg/ml</i>	4	
<i>valganciclovir oral tablet 450 mg</i>	4	
VEMLIDY ORAL TABLET 25 MG	4	
VIRACEPT ORAL TABLET 250 MG	4	QL (270/30)
VIRACEPT ORAL TABLET 625 MG	4	QL (120/30)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	QL (240/30)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (30/30)
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; QL (28/28)

Drug Name	Drug Tier	Requirements /Limits
XOFLUZA ORAL TABLET 20 MG, 40 MG	3	
<i>zidovudine oral capsule 100 mg</i>	1	QL (180/30)
<i>zidovudine oral syrup 10 mg/ml</i>	1	QL (1680/28)
<i>zidovudine oral tablet 300 mg</i>	1	QL (60/30)
<b>CEPHALOSPORINS</b>		
<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	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	1	PA
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	1	PA

Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	1	PA
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	1	PA
<i>cefazolin injection recon soln 100 gram, 300 g</i>	1	PA
<i>cefazolin intravenous recon soln 1 gram</i>	1	PA
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	PA
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	PA
<i>cefepime injection recon soln 1 gram, 2 gram</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	

Drug Name	Drug Tier	Requirements /Limits
<i>cefotaxime injection recon soln 1 gram</i>	1	PA
CEFOTETAN IN DEXTROSE, ISO-OSM INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	PA
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	1	PA
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	PA
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	PA
<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	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	PA
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	PA

Drug Name	Drug Tier	Requirements /Limits
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	PA
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	PA
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	1	PA
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	1	PA
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	PA
<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	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	



Drug Name	Drug Tier	Requirements /Limits
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	1	PA
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	1	PA
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	4	PA
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous recon soln 500 mg</i>	1	PA
<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, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 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 TABLET 200 MG	4	PA; QL (20/10)

Drug Name	Drug Tier	Requirements /Limits
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	4	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	PA
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	4	
<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	

**MISCELLANEOUS ANTIINFECTIVES**

Drug Name	Drug Tier	Requirements /Limits
<i>albendazole oral tablet 200 mg</i>	4	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	QL (360/30)
ALINIA ORAL TABLET 500 MG	4	QL (20/10)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	PA; LA
ATOVAQUONE ORAL SUSPENSION 750 MG/5 ML	4	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>aztreonam injection recon soln 1 gram</i>	1	PA
<i>aztreonam injection recon soln 2 gram</i>	4	PA
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	
CAPASTAT INJECTION RECON SOLN 1 GRAM	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; LA; QL (84/28)

Drug Name	Drug Tier	Requirements /Limits
<i>chloramphenicol sodium succinate intravenous recon soln 1 gram</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	1	PA
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	PA
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	1	PA
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	PA
COARTEM ORAL TABLET 20-120 MG	3	QL (24/30)

Drug Name	Drug Tier	Requirements /Limits
COLISTIN (COLISTIMETHATE NA) INJECTION RECON SOLN 150 MG	4	PA
CYCLOSERINE ORAL CAPSULE 250 MG	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	4	
<i>daptomycin intravenous recon soln 500 mg</i>	4	
EMVERM ORAL TABLET,CHEWABLE 100 MG	4	
<i>ertapenem injection recon soln 1 gram</i>	1	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	PA
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	1	PA

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin injection solution 40 mg/ml</i>	1	PA
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	
<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	
<i>lincomycin injection solution 300 mg/ml</i>	1	PA
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	PA
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	4	QL (1800/30)
<i>linezolid oral tablet 600 mg</i>	1	QL (60/30)
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	1	PA
<i>mefloquine oral tablet 250 mg</i>	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	1	PA
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	1	PA
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	PA
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION RECON SOLN 300 MG	2	B/D PA; QL (1/28)
<i>neomycin oral tablet 500 mg</i>	1	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	4	PA; QL (3/30)
<i>paromomycin oral capsule 250 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
PENTAM INJECTION RECON SOLN 300 MG	2	

Drug Name	Drug Tier	Requirements /Limits
<i>pentamidine inhalation recon soln 300 mg</i>	1	B/D PA; QL (1/28)
<i>pentamidine injection recon soln 300 mg</i>	1	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	PA
<i>praziquantel oral tablet 600 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	3	
PRIMAQUINE ORAL TABLET 26.3 MG	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA
<i>quinine sulfate oral capsule 324 mg</i>	1	QL (42/7)
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
RIFATER ORAL TABLET 50-120-300 MG	3	
SIRTURO ORAL TABLET 100 MG	3	PA; LA
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	4	PA; QL (6/28)
SIVEXTRO ORAL TABLET 200 MG	4	QL (6/28)

Drug Name	Drug Tier	Requirements /Limits
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	4	PA
SYNERCID INTRAVENOUS RECON SOLN 500 MG	4	PA
<i>tigecycline intravenous recon soln 50 mg</i>	4	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	QL (224/28)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	B/D PA; QL (280/28)
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	3	PA
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	3	PA
TRECTOR ORAL TABLET 250 MG	2	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	1	PA

Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	1	PA
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	1	PA
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 500 mg, 750 mg</i>	1	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM	1	PA
<i>vancomycin intravenous recon soln 5 gram</i>	1	PA
<i>vancomycin oral capsule 125 mg</i>	2	PA; QL (40/10)
<i>vancomycin oral capsule 250 mg</i>	2	PA; QL (80/10)
<i>vancomycin oral recon soln 50 mg/ml</i>	1	
VANCOMYCIN-WATER INJECT (PEG) INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.5 GRAM/300 ML, 2 GRAM/400 ML, 500 MG/100 ML	1	PA
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9/30)
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (90/30)

Drug Name	Drug Tier	Requirements /Limits
<b>PENICILLINS</b>		
<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 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	PA
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	1	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	PA
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	PA
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	PA
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	PA
<i>nafcillin intravenous recon soln 1 gram, 2 gram</i>	1	PA

Drug Name	Drug Tier	Requirements /Limits
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	PA
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	1	PA
<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	
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	1	PA
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	PA
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 4.5 GRAM/100 ML	3	

Drug Name	Drug Tier	Requirements /Limits
<b>QUINOLONES</b>		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	PA
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	PA
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	PA
<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	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	1	PA
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	PA
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>SULFA'S / RELATED AGENTS</b>		

Drug Name	Drug Tier	Requirements /Limits
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	PA
<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	
<b>TETRACYCLINES</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxy-100 intravenous recon soln 100 mg</i>	1	PA
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	1	PA
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	1	
<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	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	
MORGIDOX 1X 50 KIT 50 MG	2	+
MORGIDOX 1X100 KIT 100 MG	2	+
MORGIDOX 2X100 KIT 100 MG	2	+
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA INTRAVENOUS RECON SOLN 100 MG	4	PA
NUZYRA ORAL TABLET 150 MG	4	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	



Drug Name	Drug Tier	Requirements /Limits
<b>URINARY TRACT AGENTS</b>		
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1	
MONUROL ORAL PACKET 3 GRAM	3	
<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	
<i>trimethoprim oral tablet 100 mg</i>	1	
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium injection solution 10 mg/ml</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>mesna intravenous solution 100 mg/ml</i>	1	B/D PA
MESNEX ORAL TABLET 400 MG	4	

Drug Name	Drug Tier	Requirements /Limits
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; QL (1.7/28)
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg</i>	4	PA; QL (120/30)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	4	B/D PA
<i>adriamycin intravenous recon soln 10 mg</i>	3	B/D PA
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	3	B/D PA
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	3	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	3	B/D PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	4	PA; QL (150/30)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG, 5 MG	4	PA; QL (56/28)
AFINITOR ORAL TABLET 10 MG	4	PA; QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	4	PA; QL (28/28)
ALECENSA ORAL CAPSULE 150 MG	4	PA; QL (240/30)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	4	B/D PA
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	4	B/D PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (30/30)
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (180/30)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	4	PA; QL (30/30)
<i>anastrozole oral tablet 1 mg</i>	1	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	3	B/D PA
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	4	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	4	B/D PA
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	3	PA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG	4	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	4	PA; LA; QL (30/30)
<i>azacitidine injection recon soln 100 mg</i>	4	B/D PA
AZASAN ORAL TABLET 100 MG, 75 MG	2	B/D PA
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA
<i>azathioprine sodium injection recon soln 100 mg</i>	3	B/D PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; LA
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	4	B/D PA
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	4	B/D PA
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	4	B/D PA
<i>bexarotene oral capsule 75 mg</i>	4	PA
<i>bicalutamide oral tablet 50 mg</i>	1	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	3	B/D PA
BLINCYTO INTRAVENOUS KIT 35 MCG	4	B/D PA
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	4	B/D PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; LA; QL (180/30)
BRUKINSA ORAL CAPSULE 80 MG	4	PA; LA
<i>busulfan intravenous solution 60 mg/10 ml</i>	4	B/D PA
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	4	B/D PA
CABOMETYX ORAL TABLET 20 MG, 60 MG	4	PA; LA; QL (30/30)
CABOMETYX ORAL TABLET 40 MG	4	PA; LA; QL (60/30)
CALQUENCE ORAL CAPSULE 100 MG	4	PA; LA; QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; QL (60/30)
CAPRELSA ORAL TABLET 300 MG	4	PA; LA; QL (30/30)
<i>carboplatin intravenous solution 10 mg/ml</i>	3	B/D PA
<i>carmustine intravenous recon soln 100 mg</i>	3	B/D PA
CELLCEPT ORAL CAPSULE 250 MG	4	B/D PA
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	4	B/D PA
CELLCEPT ORAL TABLET 500 MG	4	B/D PA
<i>cisplatin intravenous solution 1 mg/ml</i>	3	B/D PA
<i>cladribine intravenous solution 10 mg/10 ml</i>	3	B/D PA
<i>clofarabine intravenous solution 20 mg/20 ml</i>	3	B/D PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; QL (56/28)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; QL (112/28)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; QL (84/28)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA; LA; QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	4	B/D PA
COTELLIC ORAL TABLET 20 MG	4	PA; LA; QL (63/28)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	4	B/D PA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B/D PA
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	1	B/D PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B/D PA
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B/D PA
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B/D PA
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	4	B/D PA
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	3	B/D PA
<i>cytarabine injection solution 20 mg/ml</i>	3	B/D PA
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>dactinomycin intravenous recon soln 0.5 mg</i>	3	B/D PA
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	4	B/D PA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	4	B/D PA
<i>daunorubicin intravenous solution 5 mg/ml</i>	3	B/D PA
DAURISMO ORAL TABLET 100 MG	4	PA; QL (30/30)
DAURISMO ORAL TABLET 25 MG	4	PA; QL (60/30)
<i>decitabine intravenous recon soln 50 mg</i>	4	B/D PA
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	3	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	3	B/D PA
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	4	B/D PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	3	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	3	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	3	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	3	PA
ELLENCEN INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	3	B/D PA
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	4	B/D PA
EMCYT ORAL CAPSULE 140 MG	4	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	3	B/D PA
ENHERTU INTRAVENOUS RECON SOLN 100 MG	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	B/D PA
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i>	3	B/D PA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	4	B/D PA
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; QL (30/30)
ERLEADA ORAL TABLET 60 MG	4	PA
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; QL (30/30)
<i>erlotinib oral tablet 25 mg</i>	4	PA; QL (60/30)
ERWINAZE INJECTION RECON SOLN 10,000 UNIT	4	B/D PA
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	3	B/D PA
<i>etoposide intravenous solution 20 mg/ml</i>	3	B/D PA
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; QL (28/28)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg</i>	4	B/D PA; QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i>	4	B/D PA; QL (120/30)
EVOMELA INTRAVENOUS RECON SOLN 50 MG	4	B/D PA
<i>exemestane oral tablet 25 mg</i>	1	
FARYDAK ORAL CAPSULE 10 MG, 20 MG	4	PA; QL (6/21)
FARYDAK ORAL CAPSULE 15 MG	4	PA; QL (6/21)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	B/D PA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	B/D PA
<i>floxuridine injection recon soln 0.5 gram</i>	3	B/D PA
<i>fludarabine intravenous recon soln 50 mg</i>	1	B/D PA
<i>fludarabine intravenous solution 50 mg/2 ml</i>	1	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	3	B/D PA
<i>flutamide oral capsule 125 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	4	B/D PA
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	4	B/D PA
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	4	B/D PA
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	1	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	4	B/D PA
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D PA
<i>gengraf oral solution 100 mg/ml</i>	1	B/D PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; QL (30/30)
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	2	
GLEOSTINE ORAL CAPSULE 100 MG	4	

Drug Name	Drug Tier	Requirements /Limits
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	4	B/D PA
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; QL (21/28)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; QL (21/28)
ICLUSIG ORAL TABLET 15 MG	4	PA; QL (60/30)
ICLUSIG ORAL TABLET 45 MG	4	PA; QL (30/30)
<i>idarubicin intravenous solution 1 mg/ml</i>	3	B/D PA
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; LA
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	3	B/D PA
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	3	B/D PA
<i>imatinib oral tablet 100 mg</i>	4	PA; QL (180/30)
<i>imatinib oral tablet 400 mg</i>	4	PA; QL (60/30)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (120/30)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
IMBRUVICA ORAL TABLET 140 MG	4	PA; QL (30/30)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	4	PA; QL (30/30)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	4	B/D PA
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	4	B/D PA
INLYTA ORAL TABLET 1 MG	4	PA; QL (180/30)
INLYTA ORAL TABLET 5 MG	4	PA; QL (120/30)
INREBIC ORAL CAPSULE 100 MG	4	PA; LA; QL (120/30)
IRESSA ORAL TABLET 250 MG	4	PA; QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	1	B/D PA
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	4	B/D PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; QL (60/30)
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	3	B/D PA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	4	B/D PA
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	B/D PA
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	4	B/D PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	4	PA; QL (49/28)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA; QL (70/28)

Drug Name	Drug Tier	Requirements /Limits
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; QL (91/28)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; QL (21/28)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; QL (42/28)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; QL (63/28)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	4	B/D PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; QL (30/30)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; QL (90/30)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; QL (60/30)
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	2	



Drug Name	Drug Tier	Requirements /Limits
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	4	B/D PA
LONSURF ORAL TABLET 15-6.14 MG	4	PA; QL (100/28)
LONSURF ORAL TABLET 20-8.19 MG	4	PA; QL (80/28)
LORBRENA ORAL TABLET 100 MG	4	PA; QL (30/30)
LORBRENA ORAL TABLET 25 MG	4	PA; QL (90/30)
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	4	B/D PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA

Drug Name	Drug Tier	Requirements /Limits
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	4	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	4	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; QL (120/30)
LYSODREN ORAL TABLET 500 MG	4	
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	4	B/D PA
MATULANE ORAL CAPSULE 50 MG	4	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	D/E PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	D/E PA
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (90/30)

Drug Name	Drug Tier	Requirements /Limits
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30/30)
MEKTOVI ORAL TABLET 15 MG	4	PA; LA; QL (180/30)
<i>melphalan hcl intravenous recon soln 50 mg</i>	4	B/D PA
<i>melphalan oral tablet 2 mg</i>	3	B/D PA
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	B/D PA
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	B/D PA
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	B/D PA
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	3	B/D PA
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	3	B/D PA
MVASI INTRAVENOUS SOLUTION 25 MG/ML	4	B/D PA
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	1	B/D PA
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	4	B/D PA
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B/D PA
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	B/D PA
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	4	B/D PA
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	4	B/D PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	B/D PA
NEORAL ORAL SOLUTION 100 MG/ML	3	B/D PA
NERLYNX ORAL TABLET 40 MG	4	PA; LA
NEXAVAR ORAL TABLET 200 MG	4	PA; LA; QL (120/30)
<i>nilutamide oral tablet 150 mg</i>	4	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; QL (3/28)
NIPENT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
NUBEQA ORAL TABLET 300 MG	4	PA; LA; QL (120/30)
NULOJIX INTRAVENOUS RECON SOLN 250 MG	4	B/D PA; QL (26/28)
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	PA
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	3	PA
ODOMZO ORAL CAPSULE 200 MG	4	PA; LA; QL (30/30)
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	B/D PA
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	4	B/D PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	4	B/D PA; QL (80/28)
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	3	B/D PA
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	B/D PA
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	4	B/D PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; LA; QL (14/21)
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	4	B/D PA
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
POLIVY INTRAVENOUS RECON SOLN 140 MG	4	B/D PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; LA; QL (21/28)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	3	B/D PA
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	3	B/D PA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	3	B/D PA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	B/D PA
PURIXAN ORAL SUSPENSION 20 MG/ML	4	
QINLOCK ORAL TABLET 50 MG	4	PA; LA
RAPAMUNE ORAL SOLUTION 1 MG/ML	4	B/D PA
RAPAMUNE ORAL TABLET 0.5 MG, 2 MG	3	B/D PA
RAPAMUNE ORAL TABLET 1 MG	4	B/D PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	4	PA; LA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL (28/28)
ROMIDEPSIN INTRAVENOUS SOLUTION 5 MG/ML	4	B/D PA
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; QL (150/30)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; QL (90/30)

Drug Name	Drug Tier	Requirements /Limits
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; LA; QL (120/30)
RUXIENCE INTRAVENOUS CONCENTRATE 10 MG/ML	4	B/D PA
RYDAPT ORAL CAPSULE 25 MG	4	PA; QL (240/30)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	B/D PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	4	PA
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	4	B/D PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	4	B/D PA
<i>sirolimus oral solution 1 mg/ml</i>	4	B/D PA
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B/D PA
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	

Drug Name	Drug Tier	Requirements /Limits
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; QL (30/30)
SPRYCEL ORAL TABLET 20 MG, 70 MG	4	PA; QL (60/30)
STIVARGA ORAL TABLET 40 MG	4	PA; QL (84/28)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; QL (30/30)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	4	PA
TABLOID ORAL TABLET 40 MG	3	
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B/D PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; QL (120/30)
TAGRISSE ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL (30/30)
TALZENNA ORAL CAPSULE 0.25 MG	4	PA; QL (90/30)
TALZENNA ORAL CAPSULE 1 MG	4	PA; QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TARGRETIN TOPICAL GEL 1 %	4	D/E PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (112/28)
TASIGNA ORAL CAPSULE 50 MG	4	PA; QL (120/30)
TAZVERIK ORAL TABLET 200 MG	4	PA; LA
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	4	B/D PA
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14 ML (60 MG/ML)	4	B/D PA
TEMODAR INTRAVENOUS RECON SOLN 100 MG	4	B/D PA
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	4	B/D PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 50 MG	4	PA; QL (28/28)
THALOMID ORAL CAPSULE 200 MG	4	PA; QL (56/28)
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	1	B/D PA
TIBSOVO ORAL TABLET 250 MG	4	PA
<i>toposar intravenous solution 20 mg/ml</i>	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>topotecan intravenous recon soln 4 mg</i>	4	B/D PA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	3	B/D PA
<i>toremifene oral tablet 60 mg</i>	4	
TRAZIMERA INTRAVENOUS RECON SOLN 420 MG	4	B/D PA
TREANDA INTRAVENOUS RECON SOLN 100 MG	4	B/D PA
TREANDA INTRAVENOUS RECON SOLN 25 MG	4	B/D PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	4	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	QL (1/168)
TRODELVY INTRAVENOUS RECON SOLN 180 MG	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
TRUXIMA INTRAVENOUS CONCENTRATE 10 MG/ML	4	B/D PA
TUKYSA ORAL TABLET 150 MG	4	PA; LA; QL (120/30)
TUKYSA ORAL TABLET 50 MG	4	PA; LA; QL (300/30)
TURALIO ORAL CAPSULE 200 MG	4	PA; LA
TYKERB ORAL TABLET 250 MG	4	PA; LA; QL (180/30)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	4	B/D PA
<i>valrubicin intravesical solution 40 mg/ml</i>	3	B/D PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	4	B/D PA
VELCADE INJECTION RECON SOLN 3.5 MG	4	B/D PA
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60/30)
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (120/30)
VENCLEXTA ORAL TABLET 50 MG	2	PA; LA; QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; LA; QL (42/30)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL (60/30)
<i>vinblastine intravenous solution 1 mg/ml</i>	3	B/D PA
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	B/D PA
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	B/D PA
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	4	PA; LA; QL (60/30)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; LA; QL (180/30)
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; LA; QL (300/30)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA; QL (30/30)
VOTRIENT ORAL TABLET 200 MG	4	PA; QL (120/30)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	4	B/D PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
XATMEP ORAL SOLUTION 2.5 MG/ML	3	PA
XOSPATA ORAL TABLET 40 MG	4	PA; LA
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 60 MG/WEEK (20 MG X 3), 80 MG/WEEK (20 MG X 4), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA
XTANDI ORAL CAPSULE 40 MG	4	PA
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML)	4	B/D PA
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	4	B/D PA
YONDELIS INTRAVENOUS RECON SOLN 1 MG	4	B/D PA
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	3	B/D PA
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	3	B/D PA
ZEJULA ORAL CAPSULE 100 MG	4	PA; LA; QL (90/30)

Drug Name	Drug Tier	Requirements /Limits
ZELBORAF ORAL TABLET 240 MG	4	PA; QL (240/30)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	4	B/D PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	3	B/D PA
ZOLINZA ORAL CAPSULE 100 MG	4	PA; QL (120/30)
ZORTRESS ORAL TABLET 1 MG	4	B/D PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; QL (60/30)
ZYKADIA ORAL TABLET 150 MG	4	PA; QL (90/30)
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
<b>ANTICONVULSANTS</b>		
APTIOM ORAL TABLET 200 MG	4	QL (180/30)
APTIOM ORAL TABLET 400 MG	4	QL (90/30)
APTIOM ORAL TABLET 600 MG, 800 MG	4	QL (60/30)
BANZEL ORAL SUSPENSION 40 MG/ML	4	
BANZEL ORAL TABLET 200 MG, 400 MG	4	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	

Drug Name	Drug Tier	Requirements /Limits
BRIVIACT ORAL SOLUTION 10 MG/ML	4	QL (600/30)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	QL (60/30)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 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	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	3	PA; QL (480/30)
<i>clobazam oral tablet 10 mg</i>	1	PA; QL (60/30)
<i>clobazam oral tablet 20 mg</i>	3	PA; QL (60/30)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (150/30)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300/30)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (150/30)



Drug Name	Drug Tier	Requirements /Limits
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	QL (300/30)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG	3	QL (40/30)
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG	3	QL (20/30)
DIASTAT RECTAL KIT 2.5 MG	3	QL (5/30)
<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	1	QL (40/30)
<i>diazepam rectal kit 2.5 mg</i>	1	QL (5/30)
<i>diazepam rectal kit 5-7.5-10 mg</i>	1	QL (20/30)
DILANTIN 30 MG ORAL CAPSULE 30 MG	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	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; LA
<i>epitol oral tablet 200 mg</i>	1	
<i>ethosuximide oral capsule 250 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	4	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	QL (720/30)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	3	QL (30/30)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	3	QL (60/30)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (270/30)
<i>gabapentin oral capsule 300 mg</i>	1	QL (360/30)
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160/30)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180/30)
<i>gabapentin oral tablet 800 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<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 in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
<i>levetiracetam intravenous solution 500 mg/5 ml</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	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	2	QL (90/30)

Drug Name	Drug Tier	Requirements /Limits
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	2	QL (60/30)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	PA; QL (10/30)
<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, 600 MG	3	
PEGANONE ORAL TABLET 250 MG	2	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	PA HRM; QL (1500/30)
<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	PA HRM; QL (120/30)
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	1	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90/30)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60/30)
<i>pregabalin oral capsule 75 mg</i>	1	QL (120/30)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (900/30)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	
<i>roweepra xr oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	3	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	
<i>subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)</i>	2	
<i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)</i>	2	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	4	PA; QL (60/30)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	D/E PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	D/E PA
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	D/E PA
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	D/E PA
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<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)	4	PA; QL (10/30)
<i>vigabatrin oral powder in packet 500 mg</i>	4	LA; QL (180/30)
<i>vigabatrin oral tablet 500 mg</i>	4	LA; QL (180/30)
<i>vigadrone oral powder in packet 500 mg</i>	4	LA; QL (180/30)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	4	QL (1200/30)
VIMPAT ORAL SOLUTION 10 MG/ML	4	QL (1200/30)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	QL (60/30)
VIMPAT ORAL TABLET 50 MG	2	QL (120/30)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA

Drug Name	Drug Tier	Requirements /Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA
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
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	D/E PA
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	4	PA; LA; QL (60/30)
<i>benztropine injection solution 1 mg/ml</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA HRM
<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	

Drug Name	Drug Tier	Requirements /Limits
<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	
<i>entacapone oral tablet 200 mg</i>	1	
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	
<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	

Drug Name	Drug Tier	Requirements /Limits
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	ST
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i>	4	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	PA
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	PA
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL (1/30)
<i>almotriptan malate oral tablet 12.5 mg</i>	1	ST; QL (12/30)
<i>almotriptan malate oral tablet 6.25 mg</i>	1	ST; QL (18/30)
DIHYDROERGOTAMINE NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	4	QL (8/28)
<i>eletriptan oral tablet 20 mg</i>	1	ST; QL (12/30)
<i>eletriptan oral tablet 40 mg</i>	1	ST; QL (6/30)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>frovatriptan oral tablet 2.5 mg</i>	1	ST; QL (18/30)
<i>isometh-dichloral-acetaminophn oral capsule 65-100-325 mg</i>	1	+
<i>migergot rectal suppository 2-100 mg</i>	4	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18/28)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (36/28)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	QL (36/28)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	QL (18/28)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	QL (36/28)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18/28)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8/28)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8/28)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (8/28)

Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (8/28)
<i>zolmitriptan oral tablet 2.5 mg</i>	1	QL (12/30)
<i>zolmitriptan oral tablet 5 mg</i>	1	QL (6/30)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg</i>	1	QL (12/30)
<i>zolmitriptan oral tablet,disintegrating 5 mg</i>	1	QL (6/30)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; QL (28/28)
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; LA; QL (120/30)
AUSTEDO ORAL TABLET 6 MG	4	PA; LA; QL (60/30)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; QL (30/30)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; QL (12/28)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; QL (60/30)
<i>donepezil oral tablet 10 mg</i>	1	QL (60/30)
<i>donepezil oral tablet 23 mg</i>	1	
<i>donepezil oral tablet 5 mg</i>	1	QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
<i>donepezil oral tablet,disintegrating 10 mg</i>	1	QL (60/30)
<i>donepezil oral tablet,disintegrating 5 mg</i>	1	QL (30/30)
FIRDAPSE ORAL TABLET 10 MG	4	PA; LA
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	QL (30/30)
<i>galantamine oral solution 4 mg/ml</i>	1	QL (200/30)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL (60/30)
GILENYA ORAL CAPSULE 0.5 MG	4	PA; QL (30/30)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	PA
<i>memantine oral solution 2 mg/ml</i>	1	PA; QL (300/30)
<i>memantine oral tablet 10 mg</i>	1	PA; QL (60/30)
<i>memantine oral tablet 5 mg</i>	1	PA; QL (90/30)
<i>memantine oral tablets,dose pack 5-10 mg</i>	1	PA; QL (98/28)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	2	PA

Drug Name	Drug Tier	Requirements /Limits
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	PA
NUEDEXTA ORAL CAPSULE 20-10 MG	4	D/E PA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	4	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL (60/30)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	1	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	4	PA; LA; QL (14/30)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	4	PA; LA; QL (120/180)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	4	PA; LA; QL (60/30)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (240/30)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; QL (120/30)

Drug Name	Drug Tier	Requirements /Limits
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	4	PA
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	PA HRM
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	PA HRM
<i>carisoprodol- aspirin-codeine oral tablet 200-325-16 mg</i>	1	PA HRM;
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA HRM
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>	4	QL (30/30)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA HRM
<i>cyclobenzaprine oral tablet 7.5 mg</i>	1	PA HRM; QL (90/30)
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	PA HRM
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA HRM

Drug Name	Drug Tier	Requirements /Limits
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	PA HRM; QL (60/30)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>regonol injection solution 5 mg/ml</i>	3	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-caff- dihydrocod oral capsule 320.5-30-16 mg</i>	1	*
<i>acetaminophen- codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	QL (4500/30); *
<i>acetaminophen- codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (360/30); *
<i>acetaminophen- codeine oral tablet 300-60 mg</i>	1	QL (180/30); *
<i>ascomp with codeine oral capsule 30-50- 325-40 mg</i>	1	PA HRM; QL (180/30); *



Drug Name	Drug Tier	Requirements /Limits
<i>bupap oral tablet 50-300 mg</i>	1	PA HRM; QL (180/30)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	*
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	*
<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	QL (4/28); *
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1	PA HRM; QL (180/30); *
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	PA HRM; QL (180/30); *
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	PA HRM; QL (180/30)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	PA HRM; QL (180/30)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	PA HRM; QL (180/30)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	PA HRM; QL (180/30)

Drug Name	Drug Tier	Requirements /Limits
<i>codeine sulfate oral tablet 30 mg</i>	1	QL (360/30); *
<i>codeine sulfate oral tablet 60 mg</i>	1	QL (180/30); *
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	PA HRM; QL (180/30); *
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360/30); *
<i>fentanyl citrate (pf) injection solution 50 mcg/ml</i>	1	*
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	4	D/E PA; QL (120/30); *
<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	QL (20/30); *
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	1	*
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (5550/30); *
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	1	QL (390/30); *

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-300 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360/30); *
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (180/30); *
<i>hydromorphone oral liquid 1 mg/ml</i>	1	QL (2400/30); *
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	1	QL (180/30); *
<i>hydromorphone oral tablet 8 mg</i>	1	QL (240/30); *
<i>hydromorphone rectal suppository 3 mg</i>	1	+
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	QL (30/30); *
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	1	QL (28/30); *
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	4	B/D PA *
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	1	QL (360/30); *
<i>lorcet hd oral tablet 10-325 mg</i>	1	QL (360/30); *
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	QL (360/30); *
<i>meperidine oral solution 50 mg/5 ml</i>	1	QL (900/30); *

Drug Name	Drug Tier	Requirements /Limits
<i>meperidine oral tablet 100 mg, 50 mg</i>	1	QL (180/30); *
<i>methadone injection solution 10 mg/ml</i>	1	*
<i>methadone intensol oral concentrate 10 mg/ml</i>	1	QL (90/30); *
<i>methadone oral concentrate 10 mg/ml</i>	1	QL (90/30); *
<i>methadone oral solution 10 mg/5 ml</i>	1	QL (900/30); *
<i>methadone oral solution 5 mg/5 ml</i>	1	QL (1800/30); *
<i>methadone oral tablet 10 mg</i>	1	QL (180/30); *
<i>methadone oral tablet 5 mg</i>	1	QL (240/30); *
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML	1	QL (200/20); *
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	QL (180/30); *
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (900/30); *
MORPHINE INJECTION SOLUTION 10 MG/ML	1	QL (240/30); *
MORPHINE INJECTION SOLUTION 2 MG/ML	1	*

Drug Name	Drug Tier	Requirements /Limits
MORPHINE INJECTION SOLUTION 4 MG/ML	1	QL (480/30); *
MORPHINE INJECTION SOLUTION 5 MG/ML	1	QL (700/30); *
<i>morphine injection solution 8 mg/ml</i>	1	QL (250/30); *
<i>morphine injection syringe 2 mg/ml</i>	1	QL (1200/30); *
<i>morphine injection syringe 4 mg/ml</i>	1	QL (480/30); *
<i>morphine injection syringe 5 mg/ml</i>	1	*
<i>morphine intravenous solution 10 mg/ml</i>	1	QL (240/30); *
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML	1	QL (480/30); *
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	1	QL (250/30); *
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	QL (60/30); *
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	QL (60/30); *
<i>morphine oral solution 10 mg/5 ml</i>	1	QL (2700/30); *

Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (1350/30); *
<i>morphine oral tablet 15 mg, 30 mg</i>	1	QL (180/30); *
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	1	QL (120/30); *
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	1	QL (180/30); *
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	+
<i>oxycodone oral capsule 5 mg</i>	1	QL (300/30); *
<i>oxycodone oral concentrate 20 mg/ml</i>	1	QL (270/30); *
<i>oxycodone oral solution 5 mg/5 ml</i>	1	QL (1200/30); *
<i>oxycodone oral tablet 10 mg, 15 mg</i>	1	QL (300/30); *
<i>oxycodone oral tablet 20 mg</i>	1	QL (270/30); *
<i>oxycodone oral tablet 30 mg</i>	1	QL (180/30); *
<i>oxycodone oral tablet 5 mg</i>	1	QL (360/30); *
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL (90/30); *
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 80 mg</i>	1	QL (120/30); *

Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360/30); *
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	1	*
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	QL (360/30); *
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	QL (180/30); *
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL (90/30); *
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	1	QL (120/30); *
<i>tencon oral tablet 50-325 mg</i>	1	PA HRM; QL (180/30)
XTAMPZA ER ORAL CAP,SPRINKLER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	2	QL (90/30); *
<b>NON-NARCOTIC ANALGESICS</b>		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60/30)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	QL (360/30)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	QL (90/30)

Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (360/30)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (90/30)
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	1	QL (10/28); *
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	QL (60/30)
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<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>	3	QL (450/28)
<i>diclofenac sodium topical gel 1 %</i>	1	QL (1000/28)
<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	
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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	
<i>fenoprofen oral capsule 400 mg</i>	1	
<i>fenoprofen oral tablet 600 mg</i>	1	
<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>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketorolac injection cartridge 30 mg/ml</i>	1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>ketorolac oral tablet 10 mg</i>	1	QL (20/30)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
<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	
<b>NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION</b>	2	
<i>oxaprozin oral tablet 600 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	QL (360/30); *
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	QL (60/30)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	2	QL (360/30)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	2	QL (90/30)
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	1	
<i>tolmetin oral tablet 600 mg</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	QL (240/30); *
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	QL (30/30); *
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	QL (30/30); *
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (240/30); *

Drug Name	Drug Tier	Requirements /Limits
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	4	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 11.4-2.9 MG	2	QL (30/30)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	QL (90/30)
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	4	QL (1/28)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	4	QL (1/28)
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	3	
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	QL (300/30)

Drug Name	Drug Tier	Requirements /Limits
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120/30)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150/30)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (90/30)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120/30)
<i>alprazolam oral tablet, disintegrating 2 mg</i>	1	QL (150/30)
<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>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	QL (30/30)
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	4	QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	4	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	4	QL (3.9/56)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	4	QL (1.6/28)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	4	QL (2.4/28)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	4	QL (3.2/28)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; QL (30/30)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60/30)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (120/30)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (180/30)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (90/30)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (30/30)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 200 mg</i>	1	QL (60/30)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i>	1	QL (90/30)
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
CAPLYTA ORAL CAPSULE 42 MG	4	PA; QL (30/30)
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>	1	QL (120/30)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	1	QL (360/30)
<i>chlorpromazine injection solution 25 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<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</i>	1	QL (180/30)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	QL (360/30)
<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, 25 mg</i>	1	
<i>clozapine oral tablet, disintegrating 200 mg</i>	3	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	1	QL (30/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	1	QL (120/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg</i>	1	QL (30/30)



Drug Name	Drug Tier	Requirements /Limits
<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	QL (30/30)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
<i>dextroamphetamine oral solution 5 mg/5 ml</i>	1	QL (1800/30)
<i>dextroamphetamine oral tablet 10 mg, 5 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	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 10 mg</i>	1	QL (180/30)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i>	1	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	1	QL (120/30)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	1	QL (90/30)
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	1	QL (360/30)

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam injection solution 5 mg/ml</i>	1	
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	QL (240/30)
<i>diazepam oral concentrate 5 mg/ml</i>	1	QL (240/30)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	QL (1200/30)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	QL (120/30)
<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	QL (30/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG	3	QL (180/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG, 40 MG	3	QL (90/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 60 MG	3	QL (60/30)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg</i>	1	QL (180/30)

Drug Name	Drug Tier	Requirements /Limits
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg, 40 mg</i>	1	QL (90/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	1	QL (60/30)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	QL (30/30)
<i>ergoloid oral tablet 1 mg</i>	1	PA HRM
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	QL (600/30)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	QL (30/30)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	
FANAPT ORAL TABLET 1 MG	3	PA; QL (60/30)
FANAPT ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA; QL (60/30)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	3	PA; QL (8/28)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	3	ST; QL (28/28)

Drug Name	Drug Tier	Requirements /Limits
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST; QL (30/30)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	1	QL (4/28)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<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</i>	1	QL (90/30)
<i>fluvoxamine oral capsule, extended release 24hr 150 mg</i>	1	QL (60/30)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (30/30)
GUANIDINE ORAL TABLET 125 MG	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml</i>	1	
HALOPERIDOL DECANOATE INTRAMUSCULAR SOLUTION 50 MG/ML(1ML)	3	
<i>haloperidol lactate injection solution 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 ORAL CAPSULE 20 MG	4	PA; QL (30/30)
<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	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	QL (0.75/28)

Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	QL (1/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	QL (1.5/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	QL (0.5/28)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	4	QL (0.88/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	4	QL (1.32/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	QL (1.75/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	4	QL (2.63/90)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	QL (30/30)
LATUDA ORAL TABLET 80 MG	4	QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
<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	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	QL (150/30)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (150/30)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (120/30)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150/30)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<b>MARPLAN ORAL TABLET 10 MG</b>	3	QL (180/30)
<i>metadate er oral tablet extended release 20 mg</i>	1	
<i>methamphetamine oral tablet 5 mg</i>	1	D/E PA

Drug Name	Drug Tier	Requirements /Limits
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30/30)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL (30/30)
<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	QL (90/30)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	1	
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</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	QL (30/30)
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60/30)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<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; QL (30/30)
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30/30)
<i>olanzapine intramuscular recon soln 10 mg</i>	1	QL (30/30)
<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	QL (30/30)
<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	QL (120/30)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	PA; QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	PA; QL (60/30)
<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, 37.5 mg</i>	1	QL (60/30)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	1	QL (90/30)
PAXIL ORAL SUSPENSION 10 MG/5 ML	3	ST; QL (900/30)
<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 ABDOMINAL SUBCUTANEOUS SUSPENSION, EXT END REL SYR KIT 120 MG, 90 MG	4	QL (1/30)
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90/30)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL (30/30)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	QL (60/30)
<i>ramelteon oral tablet 8 mg</i>	1	QL (30/30)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	QL (30/30)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML	3	QL (2/28)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	4	QL (2/28)
<i>risperidone oral solution 1 mg/ml</i>	1	
<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, 1 mg, 2 mg, 3 mg</i>	1	QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet, disintegrating 0.5 mg, 4 mg</i>	1	QL (120/30)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	4	QL (60/30)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	QL (30/30)
<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	2	QL (30/30)
<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>tranlycypromine oral tablet 10 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements /Limits
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL (30/30)
<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</i>	1	QL (60/30)
<i>venlafaxine oral tablet extended release 24hr 225 mg, 37.5 mg, 75 mg</i>	1	QL (30/30)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	ST; QL (30/30)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	ST; QL (30/30)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	PA; QL (30/30)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)-3 MG (6)	3	PA; QL (7/30)

Drug Name	Drug Tier	Requirements /Limits
XYREM ORAL SOLUTION 500 MG/ML	4	D/E PA; LA; QL (540/30)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (60/30)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	QL (6/30)
<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	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	4	PA
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	4	PA
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
<i>amiodarone intravenous solution 50 mg/ml</i>	1	B/D PA
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	

Drug Name	Drug 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>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	3	QL (60/30)
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 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	

Drug Name	Drug Tier	Requirements /Limits
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 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	
<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
<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	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	QL (30/30)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	



Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-valsartan-hcthiazyd 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	
<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	
<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	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
BIDIL ORAL TABLET 20-37.5 MG	2	
<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 injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	2	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60/30)
<i>candesartan oral tablet 32 mg</i>	1	QL (30/30)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 50 mg</i>	1	
<i>captopril oral tablet 12.5 mg, 25 mg</i>	1	QL (90/30)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<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	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr</i>	1	QL (4/28)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i>	1	QL (8/28)
DEMSER ORAL CAPSULE 250 MG	4	PA
<i>diltiazem hcl intravenous recon soln 100 mg</i>	1	
<i>diltiazem hcl intravenous solution 5 mg/ml</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 120 mg, 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 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
EDARBI ORAL TABLET 40 MG, 80 MG	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	
<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	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>ethacrynate sodium intravenous recon soln 50 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements /Limits
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</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	
<i>hydralazine injection solution 20 mg/ml</i>	1	
<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	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 75 mg</i>	1	QL (60/30)
<i>irbesartan oral tablet 300 mg</i>	1	QL (30/30)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	QL (30/30)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<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	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (60/30)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30/30)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	1	QL (60/30)
<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	

Drug Name	Drug Tier	Requirements /Limits
<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>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	
<i>nicardipine intravenous solution 25 mg/10 ml</i>	1	
<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	

Drug Name	Drug Tier	Requirements /Limits
<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	QL (30/30)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	4	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements /Limits
<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	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	
<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	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	

Drug Name	Drug 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	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<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</i>	1	QL (30/30)
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 4-240 mg</i>	1	QL (60/30)
<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	

Drug Name	Drug Tier	Requirements /Limits
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; LA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; LA
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60/30)
<i>valsartan oral tablet 320 mg</i>	1	QL (30/30)
<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	QL (30/30)
<i>verapamil intravenous solution 2.5 mg/ml</i>	1	
<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	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	

**COAGULATION THERAPY**

Drug Name	Drug Tier	Requirements /Limits
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	3	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	QL (60/30)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
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>	1	
<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>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	
<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) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	

Drug Name	Drug Tier	Requirements /Limits
<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	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
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; LA; QL (360/30)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; LA; QL (180/30)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	4	PA; LA; QL (30/30)
PROMACTA ORAL TABLET 75 MG	4	PA; LA; QL (60/30)
<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 TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	

**LIPID/CHOLESTEROL LOWERING AGENTS**

Drug Name	Drug Tier	Requirements /Limits
<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	QL (30/30)
<i>atorvastatin oral tablet 10 mg, 20 mg, 80 mg</i>	1	QL (30/30)
<i>atorvastatin oral tablet 40 mg</i>	1	QL (60/30)
<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	
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30/30)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	1	
<i>fenofibrate oral tablet 120 mg</i>	1	QL (30/30)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibrate oral tablet 40 mg</i>	1	QL (60/30)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg</i>	1	QL (30/30)
<i>fenofibric acid oral tablet 35 mg</i>	1	QL (2/1)
<i>fluvastatin oral capsule 20 mg</i>	1	QL (30/30)
<i>fluvastatin oral capsule 40 mg</i>	1	QL (60/30)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	QL (30/30)
<i>gemfibrozil oral tablet 600 mg</i>	1	



Drug Name	Drug Tier	Requirements /Limits
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	2	QL (30/30)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (60/30)
<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	
<i>niacor oral tablet 500 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	
<i>pravastatin oral tablet 10 mg, 20 mg, 80 mg</i>	1	QL (30/30)
<i>pravastatin oral tablet 40 mg</i>	1	QL (60/30)
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL (3.5/28)
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL (3/28)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL (3/28)

Drug Name	Drug Tier	Requirements /Limits
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30/30)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL (30/30)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i>	1	
<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)</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	QL (60/30)
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	

Drug Name	Drug Tier	Requirements /Limits
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (0.1 MG/ML)	3	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	QL (60/30)
<b>NITRATES</b>		
<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>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	+
<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	
<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>	3	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	2	+
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i>	1	QL (120/30)
<i>calcipotriene topical ointment 0.005 %</i>	1	QL (120/30)
<i>calcitriol topical ointment 3 mcg/gram</i>	1	

Drug Name	Drug Tier	Requirements /Limits
EPIFOAM TOPICAL FOAM 1-1 %	2	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	+
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	2	+
OVACE PLUS TOPICAL CLEANSER 10 %	2	+
OVACE PLUS TOPICAL CREAM 10 %	2	+
OVACE PLUS TOPICAL FOAM 9.8 %	2	+
OVACE PLUS TOPICAL LOTION 9.8 %	2	+
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	2	+
OVACE TOPICAL CLEANSER 10 %	2	+
PRAMOSONE TOPICAL CREAM 1-1 %, 2.5-1 %	2	+
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	2	+
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	2	+
<i>selenium sulfide topical lotion 2.5 %</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	+
SELRX TOPICAL SHAMPOO 2.3 %	2	+
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	4	PA; QL (1/28)
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	4	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; QL (0.5/28)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5/28)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (1/28)
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	+
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	+
<i>sulfacetamide sodium topical shampoo 10 %</i>	1	+
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; QL (4/28)
TERSI TOPICAL FOAM 2.25 %	2	+

Drug Name	Drug Tier	Requirements /Limits
ZITHRANOL TOPICAL SHAMPOO 1 %	2	+
<b>KERATOLYTICS</b>		
BENSAL HP TOPICAL OINTMENT 3 %	2	+
KERALYT RX TOPICAL GEL 6 %	2	+
KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL 6-6 %	2	+
PODOCON TOPICAL LIQUID 25 %	2	+
SALEX TOPICAL SHAMPOO 6 %	2	+
<i>salicylic acid er- ceramides topical kit,cleanser and cream er 6 %</i>	1	+
<i>salicylic acid topical cream 6 %</i>	1	+
<i>salicylic acid topical cream,extended release 6 %</i>	1	+
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	1	+
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	1	+
<i>salicylic acid topical foam 6 %</i>	1	+
<i>salicylic acid topical gel 6 %</i>	1	+
<i>salicylic acid topical liquid 26 %</i>	1	+

Drug Name	Drug Tier	Requirements /Limits
<i>salicylic acid topical lotion 6 %</i>	1	+
<i>salicylic acid topical lotion,extended release 6 %</i>	1	+
<i>salicylic acid topical shampoo 6 %</i>	1	+
SALIMEZ FORTE TOPICAL CREAM 10 %	2	+
<i>salimez topical cream 6 %</i>	1	+
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	2	+
<i>salvax topical foam 6 %</i>	1	+
ULTRASAL-ER TOPICAL FILM- FORMING SOLN ER W/ APPL 28.5 %	2	+
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 %	2	+
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	2	+
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
ASTERO TOPICAL GEL WITH PUMP 4 %	2	+
ATOPADERM TOPICAL CREAM	2	+

Drug Name	Drug Tier	Requirements /Limits
ATOPICLAIR TOPICAL CREAM	2	+
ATRAPRO HYDROGEL TOPICAL GEL	2	+
BIONECT TOPICAL CREAM 0.2 %	2	+
BIONECT TOPICAL FOAM 0.2 %	2	+
BIONECT TOPICAL GEL 0.2 %	2	+
<i>celacyn topical gel with pump</i>	1	+
<i>cem-urea topical gel 45 %</i>	1	+
CERAMAX TOPICAL CREAM	2	+
CERAMAX TOPICAL LOTION	2	+
CONDYLOX TOPICAL GEL 0.5 %	3	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	2	+
DEXERYL TOPICAL CREAM	2	+
<i>doxepin topical cream 5 %</i>	1	
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	4	PA
<i>eletone topical cream</i>	1	+

Drug Name	Drug Tier	Requirements /Limits
<i>ethyl chloride topical aerosol,spray 100 %</i>	1	+
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	QL (60/30)
<i>hpr plus topical cream</i>	1	+
<i>hpr plus topical foam</i>	1	+
<i>hpr topical foam</i>	1	+
HYDRO 35 TOPICAL FOAM 35 %	2	+
HYDRO 40 TOPICAL FOAM 40 %	2	+
HYLATOPICPLUS TOPICAL CREAM	2	+
HYLATOPICPLUS TOPICAL FOAM	2	+
HYLATOPICPLUS TOPICAL LOTION	2	+
<i>imiquimod topical cream in metered- dose pump 3.75 %</i>	4	
<i>imiquimod topical cream in packet 5 %</i>	1	
KERAFOAM TOPICAL FOAM 30 %, 42 %	2	+
KERALAC TOPICAL CREAM 47 %	2	+

Drug Name	Drug Tier	Requirements /Limits
LDO PLUS TOPICAL GEL WITH PUMP 4 %	2	+
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	2	+
LEVICYN ANTIPRURITIC TOPICAL GEL	2	+
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	+
<i>lidocaine hcl injection syringe 10 mg/ml (1 %), 100 mg/10 ml (1 %)</i>	1	+
LIDOCAINE HCL INJECTION SYRINGE 100 MG/5 ML (2 %), 30 MG/3 ML (1%), 50 MG/5 ML (1 %)	2	+
LIDOCAINE HCL INTRADERMAL PEN INJECTOR 0.5 MG	2	+
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	+
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	+; QL (60/30)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl topical cream 3 %</i>	1	+
LIDOCAINE HCL TOPICAL CREAM 3.88 %	2	+
<i>lidocaine hcl topical lotion 3 %</i>	1	+
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	+
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	QL (90/30)
<i>lidocaine topical ointment 5 %</i>	1	QL (50/30)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL (30/30)
<i>lido-k topical lotion 3 %</i>	1	+
LIDOPAC TOPICAL KIT 5 %	2	+
<i>lidopin topical cream 3 %</i>	1	+
LIDOPIN TOPICAL CREAM 3.25 %	2	+
LIDORX TOPICAL GEL WITH PUMP 3 %	2	+

Drug Name	Drug Tier	Requirements /Limits
LIDOTRAL TOPICAL CREAM 3.88 %	2	+
LIDOVEX TOPICAL CREAM 3.75 %	2	+
<i>lidozion topical lotion 3 %</i>	1	+
<i>methoxsalen oral capsule,liqd- filled,rapid rel 10 mg</i>	3	
MIMYX TOPICAL CREAM	2	+
NEOCERA TOPICAL CREAM	2	+
NEOSALUS TOPICAL CREAM	2	+
NEOSALUS TOPICAL FOAM	2	+
NEOSALUS TOPICAL LOTION	2	+
<i>nivatopic plus topical cream</i>	1	+
NUTRASEB TOPICAL CREAM	2	+
PANRETIN TOPICAL GEL 0.1 %	4	
PICATO TOPICAL GEL 0.015 %, 0.05 %	4	
<i>pimecrolimus topical cream 1 %</i>	1	QL (100/30)
<i>podofilox topical solution 0.5 %</i>	1	
PRESERA TOPICAL FOAM	2	+
PROMISEB TOPICAL CREAM	2	+

Drug Name	Drug Tier	Requirements /Limits
<i>pruclair topical cream</i>	1	+
<i>prumyx topical cream</i>	1	+
RADIAGEL TOPICAL GEL	2	+
REGRANEX TOPICAL GEL 0.01 %	4	PA
RYNODERM TOPICAL CREAM 37.5 %	2	+
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	
SEBUDERM TOPICAL GEL	2	+
<i>silver nitrate applicators topical stick 75-25 %</i>	1	+
<i>silver sulfadiazine topical cream 1 %</i>	1	
SSD TOPICAL CREAM 1 %	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	PA; QL (100/30)
TETRIX TOPICAL CREAM	2	+
TOLAK TOPICAL CREAM 4 %	3	
TRANZAREL TOPICAL GEL 4 %	2	+
<i>umecta topical foam 40 %</i>	1	+
URAMAXIN GT TOPICAL GEL 45 %	2	+

Drug Name	Drug Tier	Requirements /Limits
URAMAXIN TOPICAL CREAM 45 %	2	+
URAMAXIN TOPICAL FOAM 20 %	2	+
URAMAXIN TOPICAL GEL 45 %	2	+
URAMAXIN TOPICAL LOTION 45 %	2	+
<i>urea nail stick topical solution 50 %</i>	1	+
<i>urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	1	+
<i>urea topical foam 35 %</i>	1	+
<i>urea topical gel 45 %</i>	1	+
UREA TOPICAL LOTION 40 %	2	+
<i>ure-k topical cream 50 %</i>	1	+
UREVAZ TOPICAL CREAM 44 %	2	+
UTOPIC TOPICAL CREAM 41 %	2	+
VALCHLOR TOPICAL GEL 0.016 %	4	
VEREGEN TOPICAL OINTMENT 15 %	4	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICAT ED 1.8 %	2	

Drug Name	Drug Tier	Requirements /Limits
<b>THErapy FOR ACNE</b>		
<i>adapalene topical cream 0.1 %</i>	1	
<i>adapalene topical gel 0.1 %, 0.3 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</i>	1	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AVAR LS TOPICAL CLEANSER 10-2 %	2	+
AVAR LS TOPICAL FOAM 10-2 %	2	+
AVAR LS TOPICAL PADS, MEDICATED 10-2 %	2	+
<i>avar topical cleanser 10-5 % (w/w)</i>	1	+
AVAR TOPICAL PADS, MEDICATED 9.5-5 %	2	+
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	2	+
AVAR-E LS TOPICAL CREAM 10-2 %	2	+
AVAR-E TOPICAL CREAM 10-5 % (W/W)	2	+
AVITA TOPICAL CREAM 0.025 %	2	D/E PA
AVITA TOPICAL GEL 0.025 %	2	D/E PA



Drug Name	Drug Tier	Requirements /Limits
<i>azelaic acid topical gel 15 %</i>	1	
BENZEFOAM TOPICAL FOAM 5.3 %	2	+
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	2	+
<i>benzebro topical towelette 6 %</i>	1	+
<i>benzoyl peroxide topical cleanser 7 %</i>	2	+
<i>benzoyl peroxide topical foam 5.3 %, 9.8 %</i>	1	+
<i>bp 10-1 topical cleanser 10-1 %</i>	1	+
<i>bpo topical gel 4 %, 8 %</i>	1	+
<i>bpo topical towelette 6 %</i>	1	+
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>clindacin etz topical swab 1 %</i>	1	
<i>clindacin p topical swab 1 %</i>	1	
<i>clindamycin phosphate topical foam 1 %</i>	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY 1 %	1	

Drug Name	Drug Tier	Requirements /Limits
<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 %</i>	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	
<i>ery pads topical swab 2 %</i>	1	
<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	
FINACEA TOPICAL FOAM 15 %	3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>metronidazole topical cream 0.75 %</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<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	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>neuac topical gel 1.2 % (1 % base) -5 %</i>	1	
PACNEX HP TOPICAL PADS, MEDICATED 7 %	2	+
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	2	+
PACNEX TOPICAL CLEANSER 7 %	2	+
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	2	+
PLEXION TOPICAL CLEANSER 9.8-4.8 %	2	+
PLEXION TOPICAL CREAM 9.8-4.8 %	2	+
PLEXION TOPICAL LOTION 9.8-4.8 %	2	+
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	2	+

Drug Name	Drug 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 %	2	+
ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	2	+
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	2	+
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	1	+
ROSULA TOPICAL CLEANSER 10-4.5 %	2	+
<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	+
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1	+

Drug Name	Drug Tier	Requirements /Limits
<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 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	+
<i>sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %</i>	1	+
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	1	+
SUMADAN TOPICAL CLEANSER 9-4.5 %	2	+
SUMADAN TOPICAL KIT 9-4.5 %	2	+
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	2	+
SUMAXIN CP TOPICAL KIT 10-4 %	2	+
SUMAXIN TOPICAL CLEANSER 9-4 %	2	+
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	2	+

Drug Name	Drug Tier	Requirements /Limits
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	2	+
<i>tazarotene topical cream 0.1 %</i>	1	
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	3	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1	D/E PA
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	1	D/E PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	D/E PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	D/E PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<b>TOPICAL ANTIBACTERIALS</b>		
ALCORTIN A TOPICAL GEL 2-1-1 %	2	+
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	2	+
ALTABAX TOPICAL OINTMENT 1 %	3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	2	+

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>hydrocortisone-iodoquinl-aloe2 topical gel 2-1-1 %</i>	1	+
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	1	+
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</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 %	2	+
QUINJA TOPICAL GEL 1.25-1 %	2	+
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	2	+
<b>TOPICAL ANTIFUNGALS</b>		
ALA-QUIN TOPICAL CREAM 3-0.5 %	2	+

Drug Name	Drug Tier	Requirements /Limits
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	2	+
<i>ciclodan topical solution 8 %</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	QL (90/28)
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i>	1	QL (120/28)
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	
<i>clotrimazole topical cream 1 %</i>	1	
<i>clotrimazole topical solution 1 %</i>	1	QL (30/28)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL (45/28)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	QL (60/28)
<i>econazole topical cream 1 %</i>	1	QL (85/28)
<i>ketoconazole topical cream 2 %</i>	1	QL (60/28)
<i>ketoconazole topical shampoo 2 %</i>	1	QL (120/28)
LOPROX KIT TOPICAL COMBO PACK 0.77 %	2	+
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	2	+

Drug Name	Drug Tier	Requirements /Limits
<i>naftifine topical cream 1 %, 2 %</i>	1	QL (60/28)
NAFTIN TOPICAL GEL 1 %, 2 %	2	
<i>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL (30/28)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL (30/28)
<i>nystatin topical powder 100,000 unit/gram</i>	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	QL (60/28)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	QL (60/28)
<i>nystop topical powder 100,000 unit/gram</i>	1	
<i>oxiconazole topical cream 1 %</i>	1	
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical cream 5 %</i>	1	
<i>acyclovir topical ointment 5 %</i>	1	QL (30/30)
DENAVIR TOPICAL CREAM 1 %	4	
<b>TOPICAL CORTICOSTEROIDS</b>		

Drug Name	Drug Tier	Requirements /Limits
<i>ala-cort topical cream 1 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>apexicon e topical cream 0.05 %</i>	4	
<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	

Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
<i>clobetasol scalp solution 0.05 %</i>	1	QL (100/28)
<i>clobetasol topical cream 0.05 %</i>	1	QL (120/28)
<i>clobetasol topical foam 0.05 %</i>	1	QL (100/28)
<i>clobetasol topical gel 0.05 %</i>	1	QL (120/28)
<i>clobetasol topical lotion 0.05 %</i>	1	
<i>clobetasol topical ointment 0.05 %</i>	1	QL (120/28)
<i>clobetasol topical shampoo 0.05 %</i>	1	QL (236/28)
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL (120/28)
<i>clobetasol-emollient topical foam 0.05 %</i>	1	
<i>clocortolone pivalate topical cream 0.1 %</i>	1	
<i>clodan topical shampoo 0.05 %</i>	1	QL (236/28)
<b>CLODERM TOPICAL CREAM 0.1 %</b>	3	
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<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>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	QL (120/30)
<i>fluocinonide topical ointment 0.05 %</i>	1	QL (120/30)
<i>fluocinonide topical solution 0.05 %</i>	1	QL (120/30)
<i>fluocinonide-e topical cream 0.05 %</i>	1	
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	
<i>flurandrenolide topical cream 0.05 %</i>	1	
<i>flurandrenolide topical lotion 0.05 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<b>PANDEL TOPICAL CREAM 0.1 %</b>	3	
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
<b>SCALACORT DK TOPICAL COMBO PACK 2-2-2 %</b>	2	+
<i>texacort topical solution 2.5 %</i>	1	
<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>trianex topical ointment 0.05 %</i>	4	
<i>triderm topical cream 0.1 %</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan topical lotion 10 %</i>	1	
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	1	
<i>permethrin topical cream 5 %</i>	1	
SKLICE TOPICAL LOTION 0.5 %	3	
<i>spinosad topical suspension 0.9 %</i>	1	+

## DIAGNOSTICS / MISCELLANEOUS AGENTS

### ANOREXIANTS

XENICAL ORAL CAPSULE 120 MG	2	D/E PA
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### IRRIGATING SOLUTIONS

<i>lactated ringers irrigation solution</i>	3	
<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	
<i>ringer's irrigation solution</i>	3	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	3	

### MISCELLANEOUS AGENTS

Drug Name	Drug Tier	Requirements /Limits
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	1	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
AQUORAL MUCOUS MEMBRANE AEROSOL,SPRAY	2	+
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	4	LA
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	4	
AURYXIA ORAL TABLET 210 MG IRON	4	D/E PA; QL (360/30)
CAPHOSOL MUCOUS MEMBRANE SOLUTION	2	+
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	PA; LA
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	4	B/D PA
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	3	PA



Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D PA
D10 %-0.45 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	3	
D2.5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	3	
D5 % AND 0.9 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	3	
D5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	3	
DEFERASIROX ORAL TABLET 180 MG	4	
<i>deferasirox oral tablet 360 mg, 90 mg</i>	4	
DEXTROSE 10 % AND 0.2 % NACL INTRAVENOUS PARENTERAL SOLUTION	3	

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	
<i>dextrose 20 % in water (d20w) intravenous parenteral solution 20 %</i>	1	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	1	
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	1	
<i>dextrose 40 % in water (d40w) intravenous parenteral solution 40 %</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	
<i>dextrose 5 %- lactated ringers intravenous parenteral solution</i>	3	
DEXTROSE 5%-0.2 % SOD CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	3	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	1	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	1	
DEXTROSE WITH SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION 5-0.2 %	3	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
E-Z DISK ORAL TABLET 700 MG	2	+
E-Z-HD BARIUM ORAL SUSPENSION FOR RECONSTITUTION 98 %	2	+
E-Z-PAQUE ORAL SUSPENSION FOR RECONSTITUTION 96 % (W/W)	2	+
E-Z-PASTE ORAL CREAM 60 %	2	+
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	4	PA

Drug Name	Drug Tier	Requirements /Limits
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	4	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	3	PA; LA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	4	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	1	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	4	
<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	
LIQUID E-Z PAQUE ORAL SUSPENSION 60 % (W/V)	2	+
LIQUID POLIBAR PLUS ORAL SUSPENSION 105 % (W/V), 58 % (W/W)	2	+
LITHOSTAT ORAL TABLET 250 MG	4	

Drug Name	Drug Tier	Requirements /Limits
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	4	
NORTHERA ORAL CAPSULE 100 MG	4	PA; QL (90/30)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	4	PA; QL (180/30)
NUMOISYN MUCOUS MEMBRANE LIQUID	2	+
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	4	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	4	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML	4	
READI-CAT 2 ORAL SUSPENSION 2 % (W/V), 2.1 % (W/V), 2.0 % (W/W)	2	+
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
SEVELAMER CARBONATE ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	4	
SEVELAMER CARBONATE ORAL TABLET 800 MG	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	4	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	PA
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</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	

Drug Name	Drug Tier	Requirements /Limits
TAGITOL V ORAL SUSPENSION 40 % (W/V)	2	+
<i>trientine oral capsule 250 mg</i>	4	PA
VARIBAR HONEY ORAL SUSPENSION 40 % (W/V) 29% (W/W)	2	+
VARIBAR NECTAR ORAL SUSPENSION 40 % (W/V)	2	+
VARIBAR PUDDING ORAL PASTE 40 % (W/V), 30% (W/W)	2	+
VARIBAR THIN HONEY ORAL SUSPENSION 40 % (W/V), 29% (W/W)(1500 CPS)	2	+
VARIBAR THIN LIQUID ORAL POWDER 40 % (W/V)	2	+
VELPHORO ORAL TABLET,CHEWABLE 500 MG	4	QL (180/30)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	
<i>water for irrigation, sterile irrigation solution</i>	1	
XEROSTOMIA RELIEF MUCOUS MEMBRANE AEROSOL,SPRAY	2	+

Drug Name	Drug Tier	Requirements /Limits
XIAFLEX INJECTION RECON SOLN 0.9 MG	4	D/E PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	4	LA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	B/D PA
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	QL (60/30)
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	2	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	2	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)-1 MG (42)	2	
NICOTROL INHALATION CARTRIDGE 10 MG	3	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	3	

Drug Name	Drug Tier	Requirements /Limits
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
ARESTIN DENTAL CARTRIDGE 1 MG	3	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	QL (60/30)
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	1	QL (60/30)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	1	
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	2	+
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	2	+
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	1	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	1	QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	1	QL (45/30)
<i>oralone dental paste 0.1 %</i>	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	2	+
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	2	+
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	2	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	2	+
PREVIDENT DENTAL GEL 1.1 %	2	+
PREVIDENT DENTAL SOLUTION 0.2 %	2	+
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	

**MISCELLANEOUS OTIC PREPARATIONS**

Drug Name	Drug Tier	Requirements /Limits
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>flac otic 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	
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	2	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	2	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	2	
<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	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		

Drug Name	Drug Tier	Requirements /Limits
ACTHAR INJECTION GEL 80 UNIT/ML	4	D/E PA
<i>cortisone oral tablet 25 mg</i>	1	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML	3	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
<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 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>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	3	

Drug Name	Drug Tier	Requirements /Limits
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	3	
MEDROL ORAL TABLET 2 MG	2	
<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>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	1	
<i>methylprednisolone sodium succ intravenous recon soln 500 mg</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 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	

Drug Name	Drug Tier	Requirements /Limits
<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, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	3	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet 100 mg</i>	1	QL (90/30)
<i>acarbose oral tablet 25 mg</i>	1	QL (360/30)
<i>acarbose oral tablet 50 mg</i>	1	QL (180/30)
<i>alcohol pads topical pads, medicated</i>	1	
AVANDIA ORAL TABLET 2 MG, 4 MG	3	QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	3	QL (4/28)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	3	QL (4/28)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	QL (2.4/30)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	QL (1.2/30)
CYCLOSET ORAL TABLET 0.8 MG	3	
<i>diazoxide oral suspension 50 mg/ml</i>	3	
FARXIGA ORAL TABLET 10 MG	2	QL (30/30)
FARXIGA ORAL TABLET 5 MG	2	QL (60/30)
<i>gauze pads 2 x 2</i>	1	
<i>glimepiride oral tablet 1 mg</i>	1	QL (240/30)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120/30)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60/30)
<i>glipizide oral tablet 10 mg</i>	1	QL (120/30)

Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet 5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60/30)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (120/30)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240/30)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120/30)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	PA HRM
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	PA HRM



Drug Name	Drug Tier	Requirements /Limits
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	PA HRM
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	QL (30/30)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	

Drug Name	Drug Tier	Requirements /Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	

Drug Name	Drug Tier	Requirements /Limits
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	
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	
<i>insulin pen needle</i>	1	
<i>insulin syringe (disp) u-100 0.3 ml, 1 ml, 1/2 ml</i>	1	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	QL (60/30)
INVOKANA ORAL TABLET 100 MG, 300 MG	3	QL (30/30)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL (60/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (30/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (60/30)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL (30/30)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	QL (30/30)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	ST; QL (60/30)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	ST; QL (30/30)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	

Drug Name	Drug Tier	Requirements /Limits
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
<i>metformin oral solution 500 mg/5 ml</i>	1	QL (750/30)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75/30)
<i>metformin oral tablet 500 mg</i>	1	QL (150/30)
<i>metformin oral tablet 850 mg</i>	1	QL (90/30)
<i>metformin oral tablet extended release 24 hr 500 mg (generic for glucophage xr)</i>	1	QL (120/30)
<i>metformin oral tablet extended release 24 hr 750 mg (generic for glucophage xr)</i>	1	QL (60/30)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	QL (60/30)
<i>metformin oral tablet extended release 24hr 500 mg</i>	1	QL (150/30)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	1	ST; QL (60/30)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	1	ST; QL (120/30)
<i>migliitol oral tablet 100 mg</i>	1	QL (90/30)
<i>migliitol oral tablet 25 mg</i>	1	QL (360/30)

Drug Name	Drug Tier	Requirements /Limits
<i>migliitol oral tablet 50 mg</i>	1	QL (180/30)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90/30)
<i>nateglinide oral tablet 60 mg</i>	1	QL (180/30)
<i>needles, insulin disp.,safety</i>	1	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	ST
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	ST
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	ST
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	ST
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	ST
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	ST

Drug Name	Drug Tier	Requirements /Limits
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	ST
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	ST
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	ST
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	3	ST; QL (30/30)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	2	QL (3/28)
<i>pioglitazone oral tablet 15 mg</i>	1	QL (90/30)
<i>pioglitazone oral tablet 30 mg, 45 mg</i>	1	QL (30/30)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	QL (90/30)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960/30)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480/30)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240/30)
RIOMET ORAL SOLUTION 500 MG/5 ML	2	QL (765/30)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	QL (30/30)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	ST; QL (18/30)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	4	PA; QL (10.8/30)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	4	PA; QL (6/30)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	QL (30/30)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRADJENTA ORAL TABLET 5 MG	2	QL (30/30)
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	

Drug Name	Drug Tier	Requirements /Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	QL (30/30)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5- 1,000 MG, 5-2.5- 1,000 MG	2	QL (60/30)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	2	QL (2/28)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	QL (9/30)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	QL (9/30)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	QL (30/30)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5- 500 MG	2	QL (60/30)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	ST; QL (15/30)

### MISCELLANEOUS HORMONES

Drug Name	Drug Tier	Requirements /Limits
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	4	PA
ANADROL-50 ORAL TABLET 50 MG	4	D/E PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR	3	QL (90/30)
ANDRODERM TRANSDERMAL PATCH 24 HOUR 4 MG/24 HR	3	QL (30/30)
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal spray, non- aerosol 200 unit/actuation</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULA R RECON SOLN 10,000 UNIT	1	D/E PA
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	3	QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
<i>cinacalcet oral tablet 90 mg</i>	3	QL (120/30)
<i>clomiphene citrate oral tablet 50 mg</i>	2	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>desmopressin injection solution 4 mcg/ml</i>	4	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg</i>	1	
<i>doxercalciferol oral capsule 2.5 mcg</i>	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	4	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	4	
KORLYM ORAL TABLET 300 MG	4	PA; QL (120/30)
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	4	PA

Drug Name	Drug Tier	Requirements /Limits
KUVAN ORAL TABLET, SOLUBLE 100 MG	4	PA
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	4	PA
<i>methitest oral tablet 10 mg</i>	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	4	
<i>miglustat oral capsule 100 mg</i>	4	LA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	4	PA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	4	PA; LA; QL (2/28)
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	2	D/E PA
<i>oxandrolone oral tablet 10 mg</i>	3	D/E PA; QL (60/30)
<i>oxandrolone oral tablet 2.5 mg</i>	1	D/E PA; QL (120/30)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	2	D/E PA
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	2	
SAMSCA ORAL TABLET 15 MG	4	PA; QL (30/30)
SAMSCA ORAL TABLET 30 MG	4	PA; QL (60/30)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; QL (30/30)
STIMATE NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	4	
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	4	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	QL (300/30)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	QL (300/30)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	QL (150/30)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	QL (300/30)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	QL (112.5/30)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	QL (150/30)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	1	B/D PA



Drug Name	Drug Tier	Requirements /Limits
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	3	B/D PA
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML	3	B/D PA
<b>THYROID HORMONES</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
LEVOTHYROXINE INTRAVENOUS SOLUTION 100 MCG/ML, 20 MCG/ML, 40 MCG/ML	1	
<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	
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	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<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	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>unithroid oral tablet 137 mcg</i>	2	
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<i>anaspaz oral tablet, disintegrating 0.125 mg</i>	1	+
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1	+
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	+
<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 MG-0.1037 MG/5 ML (5 ML), 16.2-0.1037 -0.0194 MG/5 ML	2	+
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	2	+
<i>ed-spaz oral tablet,disintegrating 0.125 mg</i>	1	+
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML	1	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</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 elixir 0.125 mg/5 ml</i>	1	+
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	2	+
LEVSIN ORAL TABLET 0.125 MG	2	+
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	2	+
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	2	
<i>loperamide oral capsule 2 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	2	+
<i>opium tincture 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 mg-0.1037 mg/5 ml (5 ml), 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	+
<i>propantheline oral tablet 15 mg</i>	1	
<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	+

Drug Name	Drug Tier	Requirements /Limits
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	4	PA
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	2	QL (60/30)
ANA-LEX KIT RECTAL KIT 2-2 %	2	+
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	2	+
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	2	+
<i>anucort-hc rectal suppository 25 mg</i>	1	+
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	2	+
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	B/D PA
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	1	B/D PA
<i>balsalazide oral capsule 750 mg</i>	1	
<i>budesonide oral capsule,delayed,extended.release 3 mg</i>	1	
<i>budesonide oral tablet,delayed and extended.release 9 mg</i>	4	
CHENODAL ORAL TABLET 250 MG	4	LA
<i>compro rectal suppository 25 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>constulose oral solution 10 gram/15 ml</i>	1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	3	
CREON ORAL CAPSULE,DELAY ED 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	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	4	
DIPENTUM ORAL CAPSULE 250 MG	4	ST
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	B/D PA; QL (60/30)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	3	B/D PA
<i>enulose oral solution 10 gram/15 ml</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4	PA

Drug Name	Drug Tier	Requirements /Limits
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	4	PA
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>gavilyte-n oral recon soln 420 gram</i>	1	
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	B/D PA; QL (60/30)
<i>hemmorex-hc rectal suppository 25 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	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	+
<i>lactulose oral packet 10 gram</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	+
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	2	+
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	1	+
<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	+
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL (30/30)
MAGNEBIND 400 ORAL TABLET 400-200-1 MG	2	+
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	1	QL (120/30)
<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>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %	2	+
OCALIVA ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL (30/30)
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	B/D PA; QL (450/30)
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	B/D PA
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	B/D PA
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	4	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>peg-electrolyte oral recon soln 420 gram</i>	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	4	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	3	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	1	
<i>prochlorperazine maleate oral oral tablet 10 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>prochlorperazine rectal suppository 25 mg</i>	1	
PROCORT RECTAL CREAM 1.85-1.15 %	2	+
PROCTOCORT RECTAL SUPPOSITORY 30 MG	2	+
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</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	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	4	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	4	PA

Drug Name	Drug Tier	Requirements /Limits
RENFLXIS INTRAVENOUS RECON SOLN 100 MG	4	PA
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	QL (10/30)
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	2	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	3	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	1	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	3	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
VIBERZI ORAL TABLET 100 MG, 75 MG	4	PA; QL (60/30)
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT	3	
VIOKACE ORAL TABLET 20,880-78,300- 78,300 UNIT	4	
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	2	
<b>ULCER THERAPY</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	
CARAFATE ORAL SUSPENSION 100 MG/ML	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	

Drug Name	Drug Tier	Requirements /Limits
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG, 60 MG	3	QL (60/30)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	QL (60/30)
<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	QL (60/30)
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine intravenous solution 10 mg/ml</i>	1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	QL (60/30)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i>	1	QL (60/30)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	QL (60/30)
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	3	QL (60/30)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	3	QL (60/30)
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	QL (60/30)
<i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	QL (60/30)
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	



Drug Name	Drug Tier	Requirements /Limits
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>		
<b>BIOTECHNOLOGY DRUGS</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	3	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA

Drug Name	Drug Tier	Requirements /Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; QL (1/28)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; QL (1/28)
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; QL (14/28)
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PA; QL (60/30)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML	3	B/D PA; QL (12/28)
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	4	PA
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	4	PA

Drug Name	Drug Tier	Requirements /Limits
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
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	4	
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	3	
LEUKINE INJECTION RECON SOLN 250 MCG	4	

Drug Name	Drug Tier	Requirements /Limits
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12/28)
PROCRIT INJECTION SOLUTION 20,000 UNIT/2 ML	3	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	4	PA; QL (12/28)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	4	PA; QL (6/28)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	3	B/D PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL (6/28)

Drug Name	Drug Tier	Requirements /Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL (6/28)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (4.2/180)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (4.2/180)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	3	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	

Drug Name	Drug Tier	Requirements /Limits
ADACEL(TDAP ADOLESN/ADULT )(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	
ADACEL(TDAP ADOLESN/ADULT )(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	3	B/D PA
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	
BIVIGAM INTRAVENOUS SOLUTION 10 %	4	B/D PA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	3	D/E PA

Drug Name	Drug Tier	Requirements /Limits
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	B/D PA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	B/D PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	4	B/D PA
<i>fomepizole intravenous solution 1 gram/ml</i>	4	
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	4	B/D PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	4	B/D PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	4	B/D PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	4	B/D PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	

Drug Name	Drug Tier	Requirements /Limits
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	B/D PA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	B/D PA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	2	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	2	

Drug Name	Drug Tier	Requirements /Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	4	B/D PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	4	B/D PA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	2	

Drug Name	Drug Tier	Requirements /Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	B/D PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	B/D PA
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	QL (2/999)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	2	

Drug Name	Drug Tier	Requirements /Limits
TDVAX INTRAMUSCULAR SUSPENSION 2- 2 LF UNIT/0.5 ML	2	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	
TETANUS,DIPHTE RIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5- 25 LF UNIT/0.5 ML	2	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	

Drug Name	Drug Tier	Requirements /Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	2	
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	1	QL (60/30)
<i>colchicine oral tablet 0.6 mg</i>	1	QL (120/30)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
MITIGARE ORAL CAPSULE 0.6 MG	2	

Drug Name	Drug Tier	Requirements /Limits
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
<b>OSTEOPOROSIS THERAPY</b>		
<i>alendronate oral solution 70 mg/75 ml</i>	1	
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30/30)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4/28)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	3	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	4	PA; QL (2.4/28)
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	ST; QL (4/28)
<i>ibandronate oral tablet 150 mg</i>	1	QL (1/30)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1/180)
<i>raloxifene oral tablet 60 mg</i>	1	QL (30/30)
<i>risedronate oral tablet 150 mg</i>	1	QL (1/30)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4/28)

Drug Name	Drug Tier	Requirements /Limits
<i>risedronate oral tablet 5 mg</i>	1	QL (30/30)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 620 MCG/2.48 ML	4	PA; QL (2.4/28)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; QL (1.56/30)
<b>OTHER RHEUMATOLOGICALS</b>		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	4	B/D PA
BENLYSTA INTRAVENOUS RECON SOLN 400 MG	4	B/D PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA
DEPEN TITRATABS ORAL TABLET 250 MG	4	
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; QL (8/28)

Drug Name	Drug Tier	Requirements /Limits
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; QL (16/28)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; QL (8/28)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; QL (8/28)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (6/180)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (4/180)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (4/28)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; QL (2/28)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (4/28)



Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; QL (3/180)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (2/180)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL (3/180)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (3/180)
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	4	PA; QL (4/28)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; QL (2/28)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (4/28)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; QL (20.1/30)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; QL (4/28)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; QL (4/28)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; QL (1.6/28)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; QL (2.8/28)
<i>penicillamine oral capsule 250 mg</i>	4	
<i>penicillamine oral tablet 250 mg</i>	4	
RIDAURA ORAL CAPSULE 3 MG	4	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	4	PA; QL (30/30)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	QL (60/30)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	QL (55/30)
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; QL (30/30)

## OBSTETRICS / GYNECOLOGY

### ESTROGENS / PROGESTINS

ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	2	QL (8/28)
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
<i>camila oral tablet 0.35 mg</i>	1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	3	QL (4/28)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	
<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 8 %	2	D/E PA

Drug Name	Drug Tier	Requirements /Limits
<i>deblitane oral tablet 0.35 mg</i>	1	
DELESTROGEN INTRAMUSCULA R OIL 10 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULA R OIL 5 MG/ML	3	
DEPO-PROVERA INTRAMUSCULA R SUSPENSION 400 MG/ML	3	
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	QL (8/28)
DUAVEE ORAL TABLET 0.45-20 MG	3	PA
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	+
<i>eemt oral tablet 1.25-2.5 mg</i>	1	+
<i>errin oral tablet 0.35 mg</i>	1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<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	QL (8/28)
<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	QL (4/28)
<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 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	+

Drug Name	Drug Tier	Requirements /Limits
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	2	QL (1/90)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	4	
<i>incassia oral tablet 0.35 mg</i>	1	
<i>jencycla oral tablet 0.35 mg</i>	1	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lopreeza oral tablet 1-0.5 mg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	
<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	
MENEST ORAL TABLET 2.5 MG	2	PA

Drug Name	Drug Tier	Requirements /Limits
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	2	QL (4/28)
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	
<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	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	3	
PREMARIN INJECTION RECON SOLN 25 MG	3	
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)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	

Drug Name	Drug Tier	Requirements /Limits
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	
<i>yuvafem vaginal tablet 10 mcg</i>	1	
<b>MISCELLANEOUS OB/GYN</b>		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM,EXTENDE D RELEASE 2 %	3	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	3	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	3	
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	+
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
INTRAROSA VAGINAL INSERT 6.5 MG	3	D/E PA; QL (30/30)
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	1	+
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
OSPHENA ORAL TABLET 60 MG	3	D/E PA; QL (30/30)
<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	
<i>vandazole vaginal gel 0.75 %</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	1	
<i>apri oral tablet 0.15-0.03 mg</i>	1	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	1	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	
<i>cyred oral tablet 0.15-0.03 mg</i>	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<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	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	
<b>ELLA ORAL TABLET 30 MG</b>	2	
<i>emoquette oral tablet 0.15-0.03 mg</i>	1	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>fayosim oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	
<i>gianvi (28) oral tablet 3-0.02 mg</i>	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>kelnor 1-50 oral tablet 1-50 mg-mcg</i>	1	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 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	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	1	
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	1	
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	
<i>lutura (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	
<i>melodetta 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	



Drug Name	Drug Tier	Requirements /Limits
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	
<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	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<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	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>ocella oral tablet 3-0.03 mg</i>	1	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	1	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	1	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	
<i>rivelsa oral tablets, dose pack, 3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	
<i>setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>simpesse oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>syeda oral tablet 3-0.03 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	
<i>zarah oral tablet 3-0.03 mg</i>	1	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	1	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	
<b>OXYTOCICS</b>		
<i>methylergonovine oral tablet 0.2 mg</i>	1	
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<b>AZASITE OPHTHALMIC (EYE) DROPS 1 %</b>	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<b>BESIVANCE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.6 %</b>	3	
<b>CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %</b>	2	
<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>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<b>MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %</b>	3	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements /Limits
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	
<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	
<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>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	
<b>ANTIVIRALS</b>		

Drug Name	Drug Tier	Requirements /Limits
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	2	
<b>BETA-BLOCKERS</b>		
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 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	
<b>MISCELLANEOUS OPTHALMOLOGICS</b>		
ALOCRIAL OPHTHALMIC (EYE) DROPS 2 %	3	
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	

Drug Name	Drug Tier	Requirements /Limits
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	+
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
BLEPHAMIDE OPTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	2	
BLEPHAMIDE S.O.P. OPTHALMIC (EYE) OINTMENT 10-0.2 %	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYCLOGYL OPTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	2	+
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	1	+
CYSTARAN OPTHALMIC (EYE) DROPS 0.44 %	4	PA
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	4	PA

Drug Name	Drug Tier	Requirements /Limits
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	4	PA
LACRISERT OPTHALMIC (EYE) INSERT 5 MG	2	
MYDRIACYL OPTHALMIC (EYE) DROPS 1 %	2	+
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
PAZEO OPTHALMIC (EYE) DROPS 0.7 %	2	
PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS 0.125 %	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	+
RESTASIS MULTIDOSE OPTHALMIC (EYE) DROPS 0.05 %	2	QL (60/30)
RESTASIS OPTHALMIC (EYE) DROPPERETTE 0.05 %	2	QL (60/30)
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	2	+
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	+
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	+
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	QL (60/30)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<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 %	2	

Drug Name	Drug Tier	Requirements /Limits
<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 %	2	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<b>OTHER GLAUCOMA DRUGS</b>		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	QL (60/30)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	2	
RHOPRESSA OPTHALMIC (EYE) DROPS 0.02 %	3	ST
ROCKLATAN OPTHALMIC (EYE) DROPS 0.02-0.005 %	3	ST
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
TRAVATAN Z OPTHALMIC (EYE) DROPS 0.004 %	2	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
ZIOPTAN (PF) OPTHALMIC (EYE) DROPPERETTE 0.0015 %	3	QL (30/30)

**STEROID-ANTIBIOTIC COMBINATIONS**

Drug Name	Drug Tier	Requirements /Limits
<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	
PRED-G OPTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	2	
PRED-G S.O.P. OPTHALMIC (EYE) OINTMENT 0.3-0.6 %	2	
TOBRADEX OPTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	

Drug Name	Drug Tier	Requirements /Limits
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	3	
<i>tobramycin- dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
<b>STERIODS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	2	
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 %	3	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	3	

Drug Name	Drug Tier	Requirements /Limits
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	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
<b>SYMPATHOMIMETICS</b>		



Drug Name	Drug Tier	Requirements /Limits
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
IOPIDINE OPTHALMIC (EYE) DROPPERETTE 1 %	3	
<b>VASOCONSTRICTOR DECONGESTANTS</b>		
CYCLOMYDRIL OPTHALMIC (EYE) DROPS 0.2-1 %	2	+
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	+
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTI-HISTAMINE / ANTIALLERGENIC AGENTS</b>		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	QL (60/30)
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
EPINEPHRINE HCL (PF) INJECTION SOLUTION 1 MG/ML (1 ML)	2	+
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (2/30)
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>epinephrine injection solution 1 mg/ml (1 ml)</i>	2	+
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	+
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	1	
<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	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	QL (120/30)

Drug Name	Drug Tier	Requirements /Limits
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	PA HRM
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA HRM
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
SEMPREX-D ORAL CAPSULE 8-60 MG	3	
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	B/D PA
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA; QL (90/30)
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL (60/30)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12/30)

Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (generic for proair)</i>	1	QL (17/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (generic for proventil)</i>	1	QL (13.4/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (generic for ventolin)</i>	1	QL (36/30)
<i>albuterol sulfate 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	B/D PA
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
<i>alyq oral tablet 20 mg</i>	4	D/E PA; QL (60/30)
<i>ambriasantan oral tablet 10 mg, 5 mg</i>	4	PA; LA; QL (30/30)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL (30/30)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	3	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	ST
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (25.8/30)
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	1	QL (23/30)

Drug Name	Drug Tier	Requirements /Limits
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL (60/30)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	B/D PA
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	B/D PA
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8/30)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	B/D PA
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	QL (30/30)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION , 200-5 MCG/ACTUATION	3	
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	3	QL (13/30)

Drug Name	Drug Tier	Requirements /Limits
ESBRIET ORAL CAPSULE 267 MG	4	PA; QL (270/30)
ESBRIET ORAL TABLET 267 MG	4	PA; QL (270/30)
ESBRIET ORAL TABLET 801 MG	4	PA; QL (90/30)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL (60/30)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	QL (240/30)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	2	QL (12/30)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	2	QL (24/30)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	2	QL (10.6/30)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (50/30)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	QL (16/30)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA

Drug Name	Drug Tier	Requirements /Limits
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	2	+
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA; QL (18/30)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL (30/30)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B/D PA
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	B/D PA
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	4	PA; QL (56/28)
KALYDECO ORAL TABLET 150 MG	4	PA; QL (60/30)
<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	B/D PA
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	1	QL (30/30)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	QL (34/30)
<i>montelukast oral granules in packet 4 mg</i>	1	QL (30/30)
<i>montelukast oral tablet 10 mg</i>	1	QL (30/30)
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	QL (30/30)
<i>nebusal inhalation solution for nebulization 3 %</i>	1	+
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	2	+
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; QL (60/30)
OPSUMIT ORAL TABLET 10 MG	4	PA; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	4	PA; QL (56/28)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; QL (112/28)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	2	B/D PA; QL (120/30)
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (17/30)

Drug Name	Drug Tier	Requirements /Limits
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	QL (2/30)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	3	B/D PA
<i>pulmosal inhalation solution for nebulization 7 %</i>	1	+
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	B/D PA; QL (150/30)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION , 80 MCG/ACTUATION	3	ST
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL (60/30)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	D/E PA; QL (90/30)
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1	+

Drug Name	Drug Tier	Requirements /Limits
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION , 2.5 MCG/ACTUATION	3	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 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
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	4	D/E PA; QL (60/30)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements /Limits
THEO-24 ORAL CAPSULE,EXTEN DED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	2	
<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 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5- 25 MCG	2	QL (60/30)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION , 400 MCG/ACTUATION (30 ACTUAT)	3	QL (1/30)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	B/D PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	B/D PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	B/D PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	B/D PA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (36/30)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60/30)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32/30)

Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; LA; QL (6/28)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL (4/28)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; LA; QL (1/28)
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML	3	B/D PA
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	3	B/D PA
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	3	B/D PA
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	QL (60/30)
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	4	
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>flavoxate oral tablet 100 mg</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<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	QL (60/30)
<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	2	QL (30/30)
<i>tropium oral capsule, extended release 24hr 60 mg</i>	1	QL (30/30)
<i>tropium oral tablet 20 mg</i>	1	QL (60/30)
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	QL (30/30)
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	QL (30/30)
<i>tamsulosin oral capsule 0.4 mg</i>	1	QL (60/30)
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
CIALIS ORAL TABLET 2.5 MG	2	D/E PA; QL (60/30)
CIALIS ORAL TABLET 5 MG	2	D/E PA; QL (30/30)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	LA
<i>cytra-2 oral solution 500-334 mg/5 ml</i>	1	+
<i>cytra-3 oral solution 550-500-334 mg/5 ml</i>	1	+
<i>cytra-k oral solution 1,100-334 mg/5 ml</i>	1	+
ELMIRON ORAL CAPSULE 100 MG	4	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	1	+
K-PHOS NO 2 ORAL TABLET 305-700 MG	2	
K-PHOS ORIGINAL ORAL TABLET, SOLUBL E 500 MG	2	



Drug Name	Drug Tier	Requirements /Limits
<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	2	+
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	1	+
<i>pot,sodium citrate-citric acid oral solution 550-500-334 mg/5 ml</i>	1	+
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>	1	+
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	1	+
<i>tadalafil oral tablet 2.5 mg</i>	1	D/E PA; QL (60/30)
<i>tadalafil oral tablet 5 mg</i>	1	D/E PA; QL (30/30)
<i>tricitrates oral solution 550-500-334 mg/5 ml</i>	1	+
URELLE ORAL TABLET 81-10.8-40.8 MG	2	+

Drug Name	Drug Tier	Requirements /Limits
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	+
URIBEL ORAL CAPSULE 118-10-40.8-36 MG	2	+
<i>urin ds oral tablet 81.6-10.8-40.8 mg</i>	1	+
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1	+
<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	+
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	+
<i>ustell oral capsule 120-0.12 mg</i>	1	+
<i>utira-c oral tablet 81.6-10.8-40.8 mg</i>	1	+
<i>vilamit mb oral capsule 118-10-40.8-36 mg</i>	1	+
<i>vilevev mb oral tablet 81-10.8-40.8 mg</i>	1	+
<i>virtrate-2 oral solution 500-334 mg/5 ml</i>	1	+
<i>virtrate-3 oral solution 550-500-334 mg/5 ml</i>	1	+
<i>virtrate-k oral solution 1,100-334 mg/5 ml</i>	1	+
<b>URINARY ANESTHETICS</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	+

Drug Name	Drug Tier	Requirements /Limits
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG	2	+
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<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>effer-k oral tablet, effervescent 25 meq</i>	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	2	
<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	

Drug Name	Drug Tier	Requirements /Limits
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	
<i>k-phos-neutral oral tablet 250 mg</i>	1	+
<i>lactated ringers intravenous parenteral solution</i>	3	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
<i>magnesium sulfat in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	1	
<i>magnesium sulfat in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfat injection solution 4 meq/ml (50 %)</i>	1	
<i>magnesium sulfat injection syringe 4 meq/ml</i>	1	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	

Drug Name	Drug Tier	Requirements /Limits
<i>phospha 250 neutral oral tablet 250 mg</i>	1	+
<i>phosphorous oral tablet 250 mg</i>	1	+
<i>phospho-trin 250 neutral oral tablet 250 mg</i>	1	+
POTABA ORAL CAPSULE 500 MG	2	+
POTASSIUM CHLORID-D5-0.45%NACL INTRAVENOUS PARENTERAL SOLUTION 10 MEQ/L, 20 MEQ/L, 30 MEQ/L, 40 MEQ/L	3	
POTASSIUM CHLORIDE IN 0.9%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L, 40 MEQ/L	3	
POTASSIUM CHLORIDE IN 5 % DEX INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	3	
<i>potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l, 40 meq/l</i>	3	
POTASSIUM CHLORIDE IN LR-D5 INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	3	

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<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	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	
POTASSIUM CHLORIDE-0.45 % NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	3	

Drug Name	Drug Tier	Requirements /Limits
POTASSIUM CHLORIDE-D5-0.2%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	3	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	3	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	3	B/D PA
POTASSIUM CHLORIDE-D5-0.9%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L, 40 MEQ/L	3	
<i>ringer's intravenous parenteral solution</i>	3	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	1	
<i>sodium bicarbonate intravenous solution 4.2 %</i>	1	+
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	1	
<i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml)</i>	1	+

Drug Name	Drug Tier	Requirements /Limits
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	1	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml</i>	1	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	3	
<i>virt-phos 250 neutral oral tablet 250 mg</i>	1	+
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D PA
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	3	B/D PA
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	3	B/D PA
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B/D PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B/D PA
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D PA
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	3	B/D PA
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	3	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>freamine iii 10 % intravenous parenteral solution 10 %</i>	3	B/D PA
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	3	B/D PA
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	3	B/D PA
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	3	B/D PA
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	3	B/D PA
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
NUTRILIPID INTRAVENOUS EMULSION 20 %	3	B/D PA
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	3	B/D PA
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D PA
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	3	B/D PA
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D PA
<b>VITAMINS / HEMATINICS</b>		
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
PRENATAL VITAMIN ORAL TABLET ORAL TABLET 27 MG IRON- 1 MG	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>Cough &amp; Cold Supplemental</b>		
<i>benzonatate capsules</i>	1	+
<i>bromfed dm cough syrup</i>	1	+
<i>bromphenir-pseudoephed-dm syr</i>	1	+
CAPCOF LIQUID	2	+
<i>codeine-guaifen 10-100 mg/5 ml</i>	1	+
CODITUSSIN AC LIQUID	2	+
CODITUSSIN DAC LIQUID	2	+
<i>g tussin ac liquid</i>	1	+
<i>guaiatussin ac liquid</i>	1	+
GUAIFEN-CODEINE 100-10 MG/5 ML	2	+
GUAIFEN-CODEINE 200-20 MG/10ML	2	+
<i>guaifenesin ac cough syrup</i>	1	+
<i>guaifenesin dac oral solution</i>	1	+
<i>guaifenesin-codeine syrup</i>	1	+
HISTEX-AC SYRUP	2	+
<i>hydrocodone-chlorphen er susp</i>	1	+
<i>hydrocodone-homatropine 5-1.5</i>	1	+

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hydrocodone-homatropine soln</i>	1	+
HYDROCODONE-HOMATROPINE SYRUP	2	+
<i>hydrocodone-homatropine syrup</i>	1	+
<i>hydromet syrup</i>	1	+
<i>lortuss ex liquid</i>	1	+
MAR-COF BP LIQUID	2	+
MAR-COF CG LIQUID	2	+
MAXI-TUSS AC LIQUID	2	+
MAXI-TUSS CD LIQUID	2	+
<i>m-clear wc liquid</i>	1	+
M-END PE LIQUID	2	+
NINJACOF-XG LIQUID	2	+
OBREDON 2.5-200 MG/5 ML SOLN	2	+
<i>pcm la tablet</i>	1	+
<i>pe-guai drops</i>	1	+
<i>POLY-TUSSIN AC LIQUID</i>	2	+
<i>promethazine-codeine syrup</i>	1	+
<i>promethazine-dm solution</i>	1	+
<i>promethazine-dm syrup</i>	1	+

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>promethazine-pe-codeine syrup</i>	1	+
<i>pseudoephedrine tablet</i>	2	+
RESPA A.R. TABLET SA	2	+
<i>rydex liquid</i>	1	+
TESSALON PERLE 100 MG CAP	2	+
TUSSICAPS 10 MG-8 MG CAPSULE	2	+
TUXARIN ER 8-54.3 MG TABLET	2	+
TUZISTRA XR 14.7-2.8 MG/5 ML	2	+
<i>virtussin ac liquid</i>	1	+
<i>virtussin dac liquid</i>	1	+
Z-TUSS AC 2 MG-9 MG/5 ML LIQ	2	+

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>Vitamins</b>		
AQUASOL A 50,000 UNITS/ML VIAL	2	+
<i>ascorbic acid 500 mg/ml vial</i>	1	+
AZESCO TABLET	2	+
B-12 COMPLIANCE INJ KIT	2	+
BAL-CARE DHA COMBO PACK	2	+
BAL-CARE DHA ESSENTIAL PACK	2	+
<i>b-complex 100 injection</i>	1	+
<i>calcitriol 0.25 mcg capsule</i>	1	+
<i>calcitriol 0.5 mcg capsule</i>	1	+
<i>calcitriol 1 mcg/ml ampul</i>	1	+
<i>calcitriol 1 mcg/ml solution</i>	1	+
CITRANATAL	2	+
C-NATE DHA	2	+
COMPLETE NATAL	2	+
CONCEPT DHA	2	+
CONCEPT OB	2	+
<i>cyanocobalamin 1,000 mcg/ml</i>	1	+
DRISDOL 1.25 MG (50,000 UNIT)	2	+

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DUET DHA 400 COMBO PACK	2	+
DUET DHA BALANCED (25 MG IRON)	2	+
ELITE-OB	2	+
ENBRACE HR SOFTGEL	2	+
FERAHEME 510 MG/17 ML VIAL	2	+
FERRLECIT 62.5 MG/5 ML VIAL	2	+
FOLET ONE SOFTGEL	2	+
<i>folic acid 1 mg tablet</i>	1	+
<i>folic acid 5 mg/ml vial</i>	1	+
FOLIVANE	2	+
<i>hydroxocobalamin 1,000 mcg/ml</i>	1	+
INFED	2	+
INFUVITE ADULT VIAL	2	+
INFUVITE PEDIATRIC VIAL	2	+
INJECTAFER 750 MG/15 ML VIAL	2	+
KOSHER PRENATAL PLUS IRON	2	+
M.V.I. ADULT VIAL	2	+
MARNATAL-F	2	+
MEPHYTON 5 MG TABLET	2	+

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
METHYLCOBALAMIN	2	+
MYNATAL	2	+
NASCOBAL 500 MCG NASAL SPRAY	2	+
NATACHEW TABLET	2	+
NEEVODHA CAPSULE	2	+
NESTABS DHA COMBO PACK	2	+
NESTABS ONE SOFTGEL	2	+
NESTABS TABLET	2	+
<i>newgen tablet</i>	1	+
NEXA PLUS SOFTGEL	2	+
OB COMPLETE	2	+
PHYTONADIONE 1 MG/0.5 ML SYR	2	+
PHYTONADIONE 10 MG/ML AMPUL	2	+
PHYTONADIONE 5 MG TABLET	2	+
POTABA 500 MG CAPSULE	2	+
<i>prenaissance capsule</i>	1	+
<i>prenaissance plus softgel</i>	1	+
PRIMACARE SOFTGEL	2	+
PROVIDA DHA CAPSULE	2	+

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>pyridoxine 100 mg/ml vial</i>	1	+
ROCALTROL 0.25 MCG CAPSULE	2	+
ROCALTROL 0.5 MCG CAPSULE	2	+
ROCALTROL 1 MCG/ML ORAL SOLN	2	+
<i>sod fer gluc cplx 62.5 mg/5 ml</i>	1	+
<i>taron-c dha capsule</i>	1	+
<i>thiamine 200 mg/2 ml vial</i>	1	+
THRIVITE RX TABLET	2	+
TRIFERIC 27.2 MG/5 ML AMPULE	2	+
TRIFERIC 272 MG POWDER PACKET	2	+
<i>triveen-duo dha combo pack</i>	1	+
VENOFER 100 MG/5 ML VIAL	2	+
VENOFER 200 MG/10 ML VIAL	2	+
VENOFER 50 MG/2.5 ML VIAL	2	+
<i>virt-c dha softgel</i>	1	+
<i>virt-nate capsule</i>	1	+
<i>virt-PN capsule</i>	1	+
VITAFOL FE+ DOCUSATE COMBO PCK	2	+

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VITAFOL GUMMIES	2	+
VITAFOL NANO TABLET	2	+
VITAMEDMD ONE RX SOFTGEL	2	+
VITAMEDMD REDICHEW RX TAB CHEW	2	+
<i>vitamin d2 1.25mg(50,000 unit)</i>	1	+
<i>vitamin k-1 1 mg/0.5 ml ampul</i>	1	+
<i>vitamin k-1 10 mg/ml ampul</i>	1	+
VITAPEARL SOFTGEL	2	+
VITATRUE COMBO PACK	2	+
<i>vp-ch plus softgel</i>	1	+
<i>zingiber tablet</i>	1	+



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>Sexual Dysfunction</b>		
ADDYI	2	QL 30/30,+
CAVERJECT	2	QL 6/30,+
CIALIS 10 MG	2	QL 8/30,+
CIALIS 2.5 MG	2	PA,DvEQL 8/30,+
CIALIS 20 MG	2	QL 8/30,+
CIALIS 5 MG	2	PA,DvEQL 8/30,+
EDEX	2	QL 6/30,+
LEVITRA	2	QL 8/30,+
MUSE	2	QL 6/30,+
PAPEVERINE-ALPROSTADIL	2	+
PAPEVERINE-PHENTOLAMINE	2	+
PAPEVERINE-PHENTOLAMINE-ALPROSTADIL	2	+
PHENTOLAMINE-ALOPROSTADIL	2	+
<i>sildenafil 100 mg</i>	1	QL 8/30,+
<i>sildenafil 25 mg</i>	1	QL 8/30,+
<i>sildenafil 50 mg (generic viagra)</i>	1	QL 8/30,+
STAXYN	2	QL 8/30,+
STENDRA	2	QL 8/30,+
<i>tadalafil 10 mg</i>	1	QL 8/30,+
<i>tadalafil 2.5 mg</i>	1	PA,DvEQL 8/30,+

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tadalafil 20 mg (generic cialis)</i>	1	QL 8/30,+
<i>tadalafil 5 mg</i>	1	PA,DvEQL 8/30,+
<i>ildenafil tab 10 mg</i>	1	QL 8/30,+
<i>ildenafil tab 2.5 mg</i>	1	QL 8/30,+
<i>ildenafil tab 20 mg</i>	1	QL 8/30,+
<i>ildenafil tab 5 mg</i>	1	QL 8/30,+
VIAGRA	2	QL 8/30,+
VYLESSI	2	QL 30/30,+



1-800-558-9562 (TTY 711)

October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays. Customer service also has free language interpreter services available for non-English speakers.



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