



Providence Medicare Dual Plus + Rx (HMO D-SNP) Formulario para 2025 (Lista de medicamentos cubiertos o “Lista de medicamentos”)

LEA ESTA INFORMACIÓN: ESTE DOCUMENTO CONTIENE
INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN
NUESTRO PLAN.

Id. del formulario: 00025306

Este formulario se actualizó el 08/26/2024.

Para obtener información más reciente, o si tiene otras preguntas, comuníquese con el Servicio al cliente de Providence Health Assurance llamando al 503-574-8000 o al 1-800-603-2340 (los usuarios de TTY deben llamar al 711), los siete días de la semana, entre las 8:00 a. m. y las 8:00 p. m. (hora del Pacífico) o visite [ProvidenceHealthAssurance.com](https://www.ProvidenceHealthAssurance.com).

PROVIDENCE MEDICARE ADVANTAGE PLANS

DUAL PLUS + RX (HMO D-SNP)

Formulario para 2025

(Lista de medicamentos cubiertos o

“Lista de medicamentos”)

Nota para los miembros actuales: Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún incluye los medicamentos que usted toma.

Cuando esta Lista de medicamentos (formulario) dice “nosotros”, “nos” o “nuestro”, hace referencia a Providence Health Assurance. Cuando dice “plan” o “nuestro plan”, hace referencia a Providence Medicare Dual Plus + Rx (HMO D-SNP).

Este documento incluye una Lista de medicamentos (formulario) de nuestro plan que estará vigente a partir de 08/2024. Para obtener una Lista de medicamentos (formulario) actualizada, comuníquese con nosotros. Nuestra información de contacto, además de la fecha en que actualizamos la Lista de medicamentos (formulario) por última vez, aparece en la portada y en la contraportada.

Por lo general, debe utilizar las farmacias de la red para utilizar su beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias, los copagos o el coseguro pueden cambiar el 1 de enero de 2026 y de vez en cuando durante el año.

¿Qué es el formulario de Providence Medicare Advantage Plans Dual Plus + Rx (HMO D-SNP)?

En este documento, usamos los términos “Lista de medicamentos” y “formulario” para referirnos a lo mismo. Un formulario es una lista de medicamentos cubiertos seleccionados por Providence Medicare Dual Plus + Rx (HMO D-SNP) con el asesoramiento de un equipo de proveedores de atención médica, que representa los tratamientos con medicamentos con receta que se consideran una parte necesaria de un programa de tratamiento de calidad. Por lo general, Providence Medicare Dual Plus + Rx (HMO D-SNP) cubrirá los medicamentos que figuran en nuestro formulario siempre que sean médicamente necesarios, se surtan en una farmacia de la red de Providence Medicare Dual Plus + Rx (HMO D-SNP) y se cumplan otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, revise la Evidencia de cobertura.

¿Puede cambiar el formulario?

La mayoría de los cambios en la cobertura de los medicamentos se producen el 1 de enero, pero Providence Medicare Dual Plus + Rx (HMO D-SNP) puede agregar o eliminar medicamentos del formulario durante el año, trasladarlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las normas de Medicare al realizar estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web: www.ProvidenceHealthAssurance.com/formulary.

Cambios que pueden afectarlo este año: En los siguientes casos, usted se verá afectado por cambios en la cobertura durante el año:

- **Sustituciones inmediatas de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales. Podemos eliminar inmediatamente un medicamento de nuestro formulario si lo reemplazaremos por una determinada versión nueva de ese medicamento que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Cuando agregamos una versión nueva de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones.**

Podemos hacer estos cambios inmediatos solo si agregaremos una versión genérica nueva de un medicamento de marca o si agregaremos determinadas versiones biosimilares nuevas de un producto biológico original que ya estaba en el formulario (por ejemplo, agregar un biosimilar intercambiable que una farmacia puede sustituir por un producto biológico original sin una nueva receta).

Si actualmente está tomando el medicamento de marca o el producto biológico original, quizás no le avisemos antes de que realicemos un cambio inmediato, pero más adelante le proporcionaremos información sobre los cambios específicos que hayamos hecho.

Si hacemos dicho cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo para usted el medicamento que se cambiará. Para obtener más información, consulte la sección titulada “¿Cómo solicito una excepción al formulario de Providence Medicare Dual Plus + Rx (HMO D-SNP)?”.

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección siguiente titulada “¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?”.

- **Medicamentos retirados del mercado.** Si el fabricante de un medicamento lo retira del mercado o si la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina que debe retirarse por motivos de seguridad o eficacia, es posible que retiremos inmediatamente el medicamento de nuestro formulario y más adelante demos aviso a los miembros que toman el medicamento.
- **Otros cambios.** Podemos realizar otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos eliminar un medicamento de marca del formulario cuando agregamos un genérico equivalente o eliminar un producto biológico original al agregar un biosimilar. También podemos aplicar restricciones nuevas al medicamento de marca o producto biológico original o moverlo a un nivel de costo compartido diferente, o ambas. Podemos hacer cambios sobre la base de nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario; agregamos una autorización previa, límites de cantidad o restricciones en el tratamiento escalonado a un medicamento; o movemos un medicamento a un nivel de costo compartido más alto, debemos notificar el cambio a los miembros afectados al menos 30 días antes de que el cambio entre en vigor. O bien, cuando un miembro solicite un resurtido del medicamento, podrá recibir un suministro para 30 días del medicamento en una farmacia minorista o de pedido por correo o un suministro para 31 días del medicamento en una farmacia de atención a largo plazo (long-term care, LTC) y un aviso del cambio.

Si hacemos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción para usted y sigamos cubriendo el medicamento que ha estado tomando. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción. También puede encontrar información en la sección siguiente titulada “¿Cómo solicito una excepción al formulario de Providence Medicare Dual Plus + Rx (HMO D-SNP)?”.

Cambios que no lo afectarán si actualmente toma el medicamento. Por lo general, si está tomando un medicamento de nuestro formulario para 2025 que estaba cubierto a principios de año, no interrumpiremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2025, excepto en los casos descritos anteriormente. Esto significa que estos medicamentos seguirán estando disponibles con el mismo costo compartido y sin nuevas restricciones para los miembros que los tomen durante el resto del año de cobertura. Este año, no recibirá un aviso directo sobre los cambios que no lo afectan. Sin embargo, dichos cambios lo afectarían a partir del 1 de enero del año siguiente, y es importante que verifique la Lista de medicamentos del nuevo año de beneficios por cualquier cambio en los medicamentos.

El formulario adjunto tiene vigencia a partir de 08/2024. Para obtener información actualizada sobre los medicamentos cubiertos por Providence Medicare Dual Plus + Rx (HMO D-SNP), comuníquese con nosotros. Nuestra información de contacto aparece en la portada y en la contraportada. En el caso de que a mitad de año se produzcan cambios en el formulario que no sean de mantenimiento, se lo notificaremos mediante la Explicación de beneficios (Explanation of Benefits, EOB) o la fe de erratas para los cambios.

¿Cómo se utiliza el formulario?

Hay dos maneras de encontrar su medicamento dentro del formulario:

Afección médica

El formulario comienza en la página 3. Los medicamentos de este formulario están agrupados por categorías según el tipo de afecciones médicas para las que se utilizan. Por ejemplo, los medicamentos que se utilizan para tratar una afección cardíaca figuran en la categoría “Agentes cardiovasculares”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Luego, busque su medicamento bajo el nombre de la categoría.

Listado alfabético

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 114. En el Índice, se proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos figuran en el Índice. Busque en el Índice para encontrar su medicamento. Junto a este, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página que figura en el Índice, y encontrará el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Providence Medicare Dual Plus + Rx (HMO D-SNP) cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la FDA dado que se considera que tiene los mismos ingredientes activos que el medicamento de marca. Generalmente, los genéricos funcionan tan bien como los medicamentos de marca y suelen costar menos. Hay medicamentos genéricos sustitutos disponibles para muchos medicamentos de marca. Por lo general, los medicamentos genéricos pueden sustituirse por el medicamento de marca en la farmacia sin la necesidad de una receta nueva, según las leyes estatales.

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el formulario, cuando nos referimos a medicamentos, puede tratarse de un medicamento o de un producto biológico. Los productos biológicos son medicamentos que son más complejos que los medicamentos típicos. Como los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, poseen alternativas que se denominan biosimilares. Generalmente, los biosimilares funcionan tan bien como el producto

biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son intercambiables y, según las leyes estatales, pueden sustituirse por el producto biológico original en la farmacia sin la necesidad de una receta nueva, al igual que los medicamentos genéricos pueden sustituirse por medicamentos de marca.

- Para ver el análisis de los tipos de medicamentos, consulte la Sección 3.1 del Capítulo 5 de la Evidencia de cobertura: La "Lista de medicamentos" indica qué medicamentos de la Parte D están cubiertos.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales de cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Providence Medicare Dual Plus + Rx (HMO D-SNP) exige que usted o la persona autorizada a dar recetas obtengan una autorización previa para determinados medicamentos. Esto significa que deberá obtener la aprobación de Providence Medicare Dual Plus + Rx (HMO D-SNP) antes de obtener sus medicamentos con receta. Si no obtiene la aprobación, es posible que Providence Medicare Dual Plus + Rx (HMO D-SNP) no cubra el medicamento.
- **Límites de cantidad:** En el caso de determinados medicamentos, Providence Medicare Dual Plus + Rx (HMO D-SNP) limita la cantidad del medicamento que cubre. Por ejemplo, Providence Medicare Dual Plus + Rx (HMO D-SNP) proporciona 2 comprimidos al día por receta de Xtampza ER®. Esto puede ser adicional al suministro estándar de un mes o tres meses.
- **Tratamiento escalonado:** En algunos casos, Providence Medicare Dual Plus + Rx (HMO D-SNP) exige que usted pruebe determinados medicamentos para tratar su afección médica antes de que cubramos otro medicamento para dicha afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, Providence Medicare Dual Plus + Rx (HMO D-SNP) puede no cubrir el medicamento B a menos que pruebe el medicamento A primero. Si el medicamento A no le da ningún resultado, Providence Medicare Dual Plus + Rx (HMO D-SNP) cubrirá el medicamento B.

Puede averiguar si su medicamento tiene requisitos o límites adicionales consultando el formulario que comienza en la página 3. También puede obtener más información sobre las restricciones que se aplican a determinados medicamentos cubiertos visitando nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y tratamiento escalonado. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, además de la fecha en que actualizamos el formulario por última vez, aparece en la portada y en la contraportada.

Puede solicitar a Providence Medicare Dual Plus + Rx (HMO D-SNP) que haga una excepción a estas restricciones o límites, o que le facilite una lista de otros medicamentos similares que puedan tratar su afección. Consulte la sección "¿Cómo solicito una excepción al formulario de Providence

Medicare Advantage Plans Dual Plus + Rx (HMO D-SNP)?” en la página vii para obtener información sobre cómo solicitar una excepción.

¿Qué sucede si mi medicamento no está en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con el Servicio al cliente y preguntar si su medicamento está cubierto.

Si se entera de que Providence Medicare Dual Plus + Rx (HMO D-SNP) no cubre su medicamento, tiene dos opciones:

- **Puede solicitar al Servicio al cliente una lista de medicamentos similares que estén cubiertos por Providence Medicare Dual Plus + Rx (HMO D-SNP). Cuando reciba la lista, muéstrasela a su doctor y pídale que le recete un medicamento similar que esté cubierto por Providence Medicare Dual Plus + Rx (HMO D-SNP).**
- **Puede pedir a Providence Medicare Dual Plus + Rx (HMO D-SNP) que haga una excepción y cubra su medicamento. Más abajo encontrará información sobre cómo solicitar una excepción.**

¿Cómo solicito una excepción al formulario de Providence Medicare Advantage Plans Dual Plus + Rx (HMO D-SNP)?

Puede pedir a Providence Medicare Dual Plus + Rx (HMO D-SNP) que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

- **Puede pedirnos que cubramos un medicamento incluso si no está en nuestro formulario. Si se aprueba, este medicamento estará cubierto en un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le proporcionemos el medicamento a un nivel de costo compartido más bajo.**
- **Puede pedirnos que no apliquemos una restricción de cobertura, incluidos la autorización previa, el tratamiento escalonado o el límite de cantidad de su medicamento. Por ejemplo, en el caso de determinados medicamentos, Providence Medicare Dual Plus + Rx (HMO D-SNP) limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que no lo apliquemos y que cubramos una cantidad mayor.**

Por lo general, Providence Medicare Dual Plus + Rx (HMO D-SNP) solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan o la aplicación de la restricción no serían tan eficaces para usted o le causarían efectos médicos adversos.

Usted o la persona autorizada a dar recetas deben comunicarse con nosotros para pedirnos una excepción al formulario, incluida una excepción a una restricción de cobertura. Cuando solicite una excepción, la persona autorizada a dar recetas deberá explicar los motivos médicos por los que necesita la excepción. Por lo general, debemos tomar nuestra decisión en un plazo de 72 horas

desde que recibimos la declaración de respaldo de la persona autorizada a dar recetas. Puede solicitar una decisión acelerada (rápida) si cree, y estamos de acuerdo con ello, que su salud podría verse gravemente perjudicada si espera una decisión hasta 72 horas. Si estamos de acuerdo, o si la persona autorizada a dar recetas nos pide una decisión rápida, debemos comunicarle la decisión a más tardar 24 horas después de que recibamos la declaración de respaldo de la persona autorizada a dar recetas.

¿Qué puedo hacer si mi medicamento no está en el formulario o tiene una restricción?

Usted puede ser un miembro nuevo o ya afiliado y estar tomando medicamentos que no están incluidos en nuestro formulario. O bien, puede estar tomando un medicamento que está en nuestro formulario, pero tiene una restricción de cobertura, como una autorización previa. Debe hablar con la persona autorizada a dar recetas sobre cómo solicitar una decisión de cobertura para demostrar que cumple los criterios para la aprobación, cómo cambiar a un medicamento alternativo que cubrimos o cómo solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras usted y su doctor determinan el curso de acción correcto para usted, podemos cubrir su medicamento en algunos casos durante los primeros 90 días que esté afiliado a nuestro plan.

Para cada uno de los medicamentos que no está incluido en nuestro formulario o que tiene una restricción de cobertura, cubriremos un suministro temporal para 30 días. Si su receta está indicada para menos días, permitiremos que realice resurtidos que alcancen para un suministro máximo de 30 días del medicamento. Si la cobertura no se aprueba, después de su primer suministro para 30 días, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan menos de 90 días.

Si usted reside en un centro de atención a largo plazo y necesita un medicamento que no está incluido en nuestro formulario, o si su capacidad para obtenerlo es limitada, pero han transcurrido los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia para 31 días de dicho medicamento mientras solicita una excepción al formulario.

Cambio en el nivel de atención:	Días de suministro
Para miembros que pasan de un SNF a un LTC:	31 días de suministro
De un SNF al hogar (minorista):	30 días de suministro
LTC-LTC:	31 días de suministro
De un hospital al hogar (minorista):	30 días de suministro

Para obtener más información

Para obtener información más detallada sobre la cobertura de sus medicamentos con receta de Providence Medicare Dual Plus + Rx (HMO D-SNP), revise la Evidencia de cobertura y otros materiales del plan.

Si tiene preguntas sobre Providence Medicare Dual Plus + Rx (HMO D-SNP), comuníquese con nosotros. Nuestra información de contacto, además de la fecha en que actualizamos el formulario por última vez, aparece en la portada y en la contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día, los 7 días de la semana. Los

usuarios de TTY deben llamar al 1-877-486-2048. También puede visitar <http://www.medicare.gov>.

Formulario de Providence Medicare Dual Plus + Rx (HMO D-SNP)

En el formulario que comienza en la página 3, se proporciona información sobre los medicamentos cubiertos por Providence Medicare Dual Plus + Rx (HMO D-SNP). Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice que comienza en la página 114.

En la primera columna de la tabla, figura el nombre del medicamento. Los medicamentos de marca están en mayúsculas (p. ej., JANUVIA®) y los medicamentos genéricos aparecen en letra minúscula cursiva (p. ej., *lisinopril*).

La información de la columna Requisitos/Límites le indica si Providence Medicare Dual Plus + Rx (HMO D-SNP) tiene requisitos especiales para la cobertura de su medicamento.

Se pueden encontrar las siguientes abreviaturas en el cuerpo de este documento.

ABREVIATURAS EN LAS NOTAS SOBRE LA COBERTURA

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
Restricciones en la administración de la utilización		
PA	Restricción de autorización previa	Usted (o su doctor) debe obtener una autorización previa de Providence Medicare Dual Plus + Rx (HMO D-SNP) antes de obtener este medicamento con receta. Sin aprobación previa, es posible que Providence Medicare Dual Plus + Rx (HMO D-SNP) no cubra este medicamento.
QL	Restricción de límite de cantidad	Providence Medicare Dual Plus + Rx (HMO D-SNP) limita la cantidad de este medicamento que está cubierto por receta o dentro de un plazo determinado.
ST	Restricción de tratamiento escalonado	Antes de que Providence Medicare Dual Plus + Rx (HMO D-SNP) le proporcione cobertura para este medicamento, debe probar primero otro medicamento para tratar su afección médica. Este medicamento solo puede estar cubierto si el otro medicamento no le da ningún resultado.
Otros requisitos especiales de cobertura		
LA	Medicamento de acceso limitado	Este medicamento con receta puede estar disponible solo en algunas farmacias. Para obtener más información, consulte el Directorio de proveedores y farmacias o llame al Servicio al cliente al 503-574-8000 o al 1-800-603-2340 (los usuarios de TTY deben llamar al 711), los siete días de la semana, de 8:00 a. m. a 8:00 p. m. (hora del Pacífico), o visite www.providencehealthassurance.com .

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-603-2340 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-603-2340 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-603-2340 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-603-2340 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-603-2340 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-603-2340 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-603-2340 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-603-2340 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-603-2340 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-603-2340 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 1-800-603-2340. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुद्रुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हम 1-800-603-2340 (TTY: 711) पर फोन करें। कोई भी जो हिंदी बोलता है आपकी मदद कर सकता है। यह एक मुद्रुभाषिया सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-603-2340 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-603-2340 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-603-2340 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-603-2340 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-603-2340 (TTY: 711)にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

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List of Abbreviations

1: Generic: \$0

2: BRAND: \$0

Insulins: Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Vaccines: Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase italics: Generic drugs

UPPERCASE: Brand name drugs

Drug Name	Tier	Requirements/Limits
ANALGESICS		
Analgesics		
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	1	
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	
<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 (drlec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	1	
<i>diclofenac sodium topical gel 1 %</i>	1	
<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>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
IBU ORAL TABLET 600 MG, 800 MG	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	
LODOCO ORAL TABLET 0.5 MG	2	PA
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (drlec) 375 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	

Drug Name	Tier	Requirements/Limits
Opioid Analgesics, Long-Acting		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	QL (4 EA per 1 day)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	PA; QL (4 EA per 28 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL (4 EA per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (15 EA per 30 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	1	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	PA
<i>methadone oral tablet 10 mg, 5 mg</i>	1	PA
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	
<i>morphine oral solution 10 mg/5 ml</i>	1	
<i>morphine oral tablet 15 mg</i>	1	
<i>morphine oral tablet extended release 100 mg</i>	1	QL (2 EA per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	QL (3 EA per 1 day)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	1	QL (3 EA per 1 day)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	1	QL (1 EA per 1 day)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	1	QL (3 EA per 1 day)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	1	QL (1 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	2	PA; QL (2 EA per 1 day)
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	1	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL (4 EA per 1 day)

Drug Name	Tier	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (15 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	1	
<i>hydromorphone oral liquid 1 mg/ml</i>	1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	
<i>morphine oral tablet 15 mg, 30 mg</i>	1	
<i>oxycodone oral capsule 5 mg</i>	1	
<i>oxycodone oral concentrate 20 mg/ml</i>	1	
<i>oxycodone oral solution 5 mg/5 ml</i>	1	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	QL (8 EA per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (10 EA per 1 day)
ANESTHETICS		
Local Anesthetics		
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; QL (3 EA per 1 day)
<i>lidocaine topical ointment 5 %</i>	1	PA
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	PA
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	1	PA; QL (3 EA per 1 day)
TRIDACAINE II TOPICAL ADHESIVE PATCH,MEDICATED 5 %	1	PA; QL (3 EA per 1 day)
TRIDACAINE TOPICAL ADHESIVE PATCH,MEDICATED 5 %	1	PA; QL (3 EA per 1 day)

Drug Name	Tier	Requirements/Limits
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	QL (4 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg</i>	1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	1	QL (4 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (4 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (3 EA per 1 day)
<i>naltrexone oral tablet 50 mg</i>	1	
Opioid Reversal Agents		
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	2	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	1	
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	2	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	2	
Smoking Cessation Agents		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	2	
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	1	
<i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	1	
ANTIBACTERIALS		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	2	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	2	QL (8.4 ML per 1 day)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml</i>	1	

Drug Name	Tier	Requirements/Limits
<i>gentamicin injection solution 40 mg/ml</i>	1	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>streptomycin intramuscular recon soln 1 gram</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
Antibacterials, Other		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	1	
CLINDACIN ETZ TOPICAL SWAB 1 %	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	1	
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	1	
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	QL (60 ML per 1 day)
<i>linezolid oral tablet 600 mg</i>	1	QL (2 EA per 1 day)
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i>	1	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	
<i>tigecycline intravenous recon soln 50 mg</i>	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	

Drug Name	Tier	Requirements/Limits
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	1	
<i>vancomycin oral capsule 125 mg</i>	1	QL (4 EA per 1 day)
<i>vancomycin oral capsule 250 mg</i>	1	QL (8 EA per 1 day)
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	PA; QL (3 EA per 1 day)
Beta-Lactam, Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</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 injection recon soln 1 gram, 10 gram, 500 mg</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>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	
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	

Drug Name	Tier	Requirements/Limits
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	2	
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>penicillin g potassium injection recon soln 20 million unit</i>	1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	
<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>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	

Drug Name	Tier	Requirements/Limits
Carbapenems		
<i>ertapenem injection recon soln 1 gram</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	2	QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	2	QL (20 EA per 10 days)
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/lec) 250 mg, 333 mg, 500 mg</i>	1	
Quinolones		
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
Sulfonamides		
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	

Drug Name	Tier	Requirements/Limits
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 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>tetracycline oral capsule 250 mg, 500 mg</i>	1	
ANTICONVULSANTS		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	2	ST; QL (20 ML per 1 day)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	2	ST; QL (2 EA per 1 day)
DIACOMIT ORAL CAPSULE 250 MG	2	PA; QL (12 EA per 1 day); LA
DIACOMIT ORAL CAPSULE 500 MG	2	PA; QL (6 EA per 1 day); LA
DIACOMIT ORAL POWDER IN PACKET 250 MG	2	PA; QL (12 EA per 1 day); LA
DIACOMIT ORAL POWDER IN PACKET 500 MG	2	PA; QL (6 EA per 1 day); LA
<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 (drlec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	2	PA; LA
EPRONTIA ORAL SOLUTION 25 MG/ML	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	2	PA; QL (12 ML per 1 day); LA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	ST; QL (24 ML per 1 day)

Drug Name	Tier	Requirements/Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	2	ST; QL (1 EA per 1 day)
FYCOMPA ORAL TABLET 2 MG	2	ST; QL (2 EA per 1 day)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>levetiracetam oral solution 100 mg/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	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	2	ST
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	2	ST; QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	2	ST; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 150 MG, 200 MG	2	ST; QL (2 EA per 1 day)
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)	2	ST; QL (56 EA per 365 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	2	PA; QL (36 ML per 1 day); LA
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>methsuximide oral capsule 300 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	2	

Drug Name	Tier	Requirements/Limits
Gamma-Aminobutyric Acid (Gaba) Modulating Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	1	QL (16 ML per 1 day)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (12 EA per 1 day)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	QL (4 EA per 1 day)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	QL (6 EA per 1 day)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	2	PA
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	QL (10 EA per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>pregabalin oral capsule 200 mg, 300 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	2	ST; QL (2 EA per 1 day)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	QL (10 EA per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	1	ST; QL (6 EA per 1 day); LA
<i>vigabatrin oral tablet 500 mg</i>	1	ST; QL (6 EA per 1 day); LA

Drug Name	Tier	Requirements/Limits
VIGADRONE ORAL POWDER IN PACKET 500 MG	1	ST; QL (6 EA per 1 day); LA
VIGADRONE ORAL TABLET 500 MG	1	ST; QL (6 EA per 1 day); LA
VIGAFYDE ORAL SOLUTION 100 MG/ML	2	ST; QL (30 ML per 1 day)
VIGPODER ORAL POWDER IN PACKET 500 MG	1	ST; QL (6 EA per 1 day)
ZTALMY ORAL SUSPENSION 50 MG/ML	2	PA; QL (36 ML per 1 day); LA
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG	2	ST; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	2	ST; QL (2 EA per 1 day)
<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	
DILANTIN ORAL CAPSULE 30 MG	2	
EPITOL ORAL TABLET 200 MG	1	
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<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	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	ST; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i>	1	ST; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	1	ST; QL (8 EA per 1 day)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	2	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ANTIDEMENTIA AGENTS		
Antidementia Agents, Other		
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
<i>ergoloid oral tablet 1 mg</i>	1	QL (3 EA per 1 day)

Drug Name	Tier	Requirements/Limits
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	2	QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	QL (1 EA per 1 day)
Cholinesterase Inhibitors		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	1	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine oral capsule,sprinkle,er 24hr 14 mg</i>	1	QL (2 EA per 1 day)
<i>memantine oral capsule,sprinkle,er 24hr 21 mg, 28 mg</i>	1	QL (1 EA per 1 day)
<i>memantine oral capsule,sprinkle,er 24hr 7 mg</i>	1	QL (4 EA per 1 day)
<i>memantine oral solution 2 mg/ml</i>	1	QL (10 ML per 1 day)
<i>memantine oral tablet 10 mg, 5 mg</i>	1	
<i>memantine oral tablets,dose pack 5-10 mg</i>	1	QL (98 EA per 365 days)
ANTIDEPRESSANTS		
Antidepressants, Other		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	
<i>aripiprazole oral solution 1 mg/ml</i>	1	QL (25 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	QL (2 EA per 1 day)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	2	ST; QL (2 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	

Drug Name	Tier	Requirements/Limits
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</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	
<i>quetiapine oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	2	PA; QL (28 EA per 180 days)
ZURZUVAE ORAL CAPSULE 30 MG	2	PA; QL (14 EA per 180 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	2	QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG	2	
<i>phenelzine oral tablet 15 mg</i>	1	
<i>tranylcypromine oral tablet 10 mg</i>	1	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	2	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	ST; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	ST; QL (1 EA per 1 day)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<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>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	

Drug Name	Tier	Requirements/Limits
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	2	ST; QL (1 EA per 1 day)
<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>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	ST; QL (1 EA per 1 day)
Tricyclics		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<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>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	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ANTIEMETICS		
Antiemetics, Other		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
COMPRO RECTAL SUPPOSITORY 25 MG	1	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	

Drug Name	Tier	Requirements/Limits
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg</i>	1	QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	1	QL (8 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	1	QL (4 EA per 30 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	QL (6 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	2	QL (2 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	1	QL (2 EA per 1 day)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	
ANTIFUNGALS		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	2	PA
<i>amphotericin b injection recon soln 50 mg</i>	1	PA
<i>casprofungin intravenous recon soln 50 mg, 70 mg</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i>	1	
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole topical cream 1 %</i>	1	
<i>clotrimazole topical solution 1 %</i>	1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	2	PA
<i>econazole topical cream 1 %</i>	1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	2	

Drug Name	Tier	Requirements/Limits
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	
<i>itraconazole oral solution 10 mg/ml</i>	1	PA
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	1	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	1	
<i>naftifine topical cream 1 %</i>	1	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i>	1	
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	1	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	1	PA; QL (20 EA per 1 day)
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i>	1	PA; QL (6 EA per 1 day)
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i>	1	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	PA; QL (20 ML per 1 day)
<i>voriconazole oral tablet 200 mg</i>	1	PA; QL (4 EA per 1 day)
<i>voriconazole oral tablet 50 mg</i>	1	PA; QL (16 EA per 1 day)

Drug Name	Tier	Requirements/Limits
ANTIGOUT AGENTS		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ANTIMIGRAINE AGENTS		
Antimigraine Agents		
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	2	PA; QL (18 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Receptor Antagonists		
AIMOVI AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL (1 ML per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL (3 ML per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	2	PA; QL (18 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	PA; QL (1 EA per 1 day)
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL (16 EA per 30 days)
Ergot Alkaloids		
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	QL (40 EA per 28 days)
Prophylactic		
<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 (drlec) 125 mg, 250 mg, 500 mg</i>	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

Drug Name	Tier	Requirements/Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
Serotonin (5-Ht) Receptor Agonist		
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL (12 EA per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (9 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (12 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (4 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (9 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL (9 EA per 30 days)
ANTIMYASTHENIC AGENTS		
Parasympathomimetics		
<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	
ANTIMYCOBACTERIALS		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	2	
<i>rifabutin oral capsule 150 mg</i>	1	
Antituberculars		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	

Drug Name	Tier	Requirements/Limits
SIRTURO ORAL TABLET 100 MG, 20 MG	2	LA
TRECTOR ORAL TABLET 250 MG	2	
ANTINEOPLASTICS		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	PA
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	1	PA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	PA
MATULANE ORAL CAPSULE 50 MG	2	LA
VALCHLOR TOPICAL GEL 0.016 %	2	QL (60 GM per 30 days); LA
Antiandrogens		
<i>abiraterone oral tablet 250 mg</i>	1	PA; QL (4 EA per 1 day)
<i>bicalutamide oral tablet 50 mg</i>	1	
ERLEADA ORAL TABLET 240 MG	2	PA; QL (1 EA per 1 day); LA
ERLEADA ORAL TABLET 60 MG	2	PA; QL (4 EA per 1 day); LA
<i>nilutamide oral tablet 150 mg</i>	1	PA; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	2	PA; QL (4 EA per 1 day); LA
<i>toremifene oral tablet 60 mg</i>	1	PA; QL (1 EA per 1 day)
XTANDI ORAL CAPSULE 40 MG	2	PA; QL (4 EA per 1 day); LA
XTANDI ORAL TABLET 40 MG	2	PA; QL (4 EA per 1 day); LA
XTANDI ORAL TABLET 80 MG	2	PA; QL (2 EA per 1 day); LA
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA; QL (1 EA per 1 day); LA
<i>lenalidomide oral capsule 15 mg, 20 mg, 25 mg</i>	1	PA; QL (21 EA per 28 days); LA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	PA; QL (21 EA per 28 days); LA
REVLIMID ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	2	PA; QL (1 EA per 1 day); LA
REVLIMID ORAL CAPSULE 15 MG, 20 MG, 25 MG	2	PA; QL (21 EA per 28 days); LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	2	QL (1 EA per 1 day); LA
Antiestrogens/Modifiers		
ORSERDU ORAL TABLET 345 MG	2	PA; QL (1 EA per 1 day); LA
ORSERDU ORAL TABLET 86 MG	2	PA; QL (3 EA per 1 day); LA
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	2	QL (20 ML per 1 day)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
<i>toremifene oral tablet 60 mg</i>	1	PA; QL (1 EA per 1 day)
Antimetabolites		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	2	PA; QL (2 ML per 28 days); LA

Drug Name	Tier	Requirements/Limits
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>hydroxyurea oral capsule 500 mg</i>	1	
<i>mercaptopurine oral tablet 50 mg</i>	1	
ONUREG ORAL TABLET 200 MG, 300 MG	2	PA; QL (14 EA per 28 days)
PURIXAN ORAL SUSPENSION 20 MG/ML	2	LA
Antineoplastics, Other		
<i>hydroxyurea oral capsule 500 mg</i>	1	
IDHIFA ORAL TABLET 100 MG, 50 MG	2	PA; QL (1 EA per 1 day); LA
INQOVI ORAL TABLET 35-100 MG	2	PA; QL (5 EA per 28 days); LA
IWILFIN ORAL TABLET 192 MG	2	PA; QL (8 EA per 1 day); LA
JYLAMVO ORAL SOLUTION 2 MG/ML	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
LONSURF ORAL TABLET 15-6.14 MG	2	PA; QL (10 EA per 1 day); LA
LONSURF ORAL TABLET 20-8.19 MG	2	PA; QL (8 EA per 1 day); LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA; QL (4 EA per 1 day); LA
LYSODREN ORAL TABLET 500 MG	2	QL (24 EA per 1 day)
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	2	PA; QL (3 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	2	PA; QL (1 EA per 1 day); LA
ORGOVYX ORAL TABLET 120 MG	2	PA; QL (32 EA per 30 days); LA
RETEVMO ORAL TABLET 120 MG, 160 MG	2	PA; QL (2 EA per 1 day); LA
RETEVMO ORAL TABLET 40 MG	2	PA; QL (6 EA per 1 day); LA
RETEVMO ORAL TABLET 80 MG	2	PA; QL (4 EA per 1 day); LA
XATMEP ORAL SOLUTION 2.5 MG/ML	2	
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	2	PA; QL (8 EA per 28 days); LA
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	2	PA; QL (4 EA per 28 days); LA
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	2	PA; QL (24 EA per 28 days); LA
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	2	PA; QL (32 EA per 28 days); LA

Drug Name	Tier	Requirements/Limits
ZOLINZA ORAL CAPSULE 100 MG	2	PA; QL (4 EA per 1 day)
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet 1 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	1	
<i>letrozole oral tablet 2.5 mg</i>	1	
Enzyme Inhibitors		
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	PA; QL (21 EA per 28 days); LA
OGSIVEO ORAL TABLET 100 MG, 150 MG	2	PA; QL (2 EA per 1 day); LA
OGSIVEO ORAL TABLET 50 MG	2	PA; QL (6 EA per 1 day); LA
TIBSOVO ORAL TABLET 250 MG	2	PA; QL (2 EA per 1 day); LA
Molecular Target Inhibitors		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	2	PA; QL (2 EA per 1 day)
ALECENSA ORAL CAPSULE 150 MG	2	PA; QL (8 EA per 1 day); LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	2	PA; QL (1 EA per 1 day); LA
ALUNBRIG ORAL TABLET 30 MG	2	PA; QL (4 EA per 1 day); LA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	2	PA; QL (1 EA per 1 day); LA
AUGTYRO ORAL CAPSULE 40 MG	2	PA; QL (8 EA per 1 day); LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	2	PA; QL (1 EA per 1 day); LA
BALVERSA ORAL TABLET 3 MG	2	PA; QL (3 EA per 1 day); LA
BALVERSA ORAL TABLET 4 MG	2	PA; QL (2 EA per 1 day); LA
BALVERSA ORAL TABLET 5 MG	2	PA; QL (1 EA per 1 day); LA
BOSULIF ORAL CAPSULE 100 MG	2	PA; QL (6 EA per 1 day); LA
BOSULIF ORAL CAPSULE 50 MG	2	PA; QL (1 EA per 1 day); LA
BOSULIF ORAL TABLET 100 MG	2	PA; QL (4 EA per 1 day); LA
BOSULIF ORAL TABLET 400 MG, 500 MG	2	PA; QL (1 EA per 1 day); LA
BRAFTOVI ORAL CAPSULE 75 MG	2	PA; QL (6 EA per 1 day); LA
BRUKINSA ORAL CAPSULE 80 MG	2	PA; QL (4 EA per 1 day); LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	2	PA; QL (1 EA per 1 day); LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	2	PA; QL (2 EA per 1 day); LA
CAPRELSA ORAL TABLET 100 MG	2	PA; QL (2 EA per 1 day); LA
CAPRELSA ORAL TABLET 300 MG	2	PA; QL (1 EA per 1 day); LA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	2	PA; QL (2 EA per 1 day); LA
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	2	PA; QL (4 EA per 1 day); LA

Drug Name	Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	2	PA; QL (3 EA per 1 day); LA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	2	PA; QL (2 EA per 1 day); LA
COTELLIC ORAL TABLET 20 MG	2	PA; QL (63 EA per 28 days); LA
DAURISMO ORAL TABLET 100 MG	2	PA; QL (1 EA per 1 day)
DAURISMO ORAL TABLET 25 MG	2	PA; QL (2 EA per 1 day)
ERIVEDGE ORAL CAPSULE 150 MG	2	PA; QL (1 EA per 1 day); LA
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; QL (1 EA per 1 day)
<i>erlotinib oral tablet 25 mg</i>	1	PA; QL (3 EA per 1 day)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; QL (1 EA per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 5 mg</i>	1	PA; QL (2 EA per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA; QL (3 EA per 1 day)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	PA; QL (2 EA per 1 day)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	2	PA; QL (21 EA per 28 days); LA
FRUZAQLA ORAL CAPSULE 1 MG	2	PA; QL (105 EA per 28 days); LA
FRUZAQLA ORAL CAPSULE 5 MG	2	PA; QL (21 EA per 28 days); LA
GAVRETO ORAL CAPSULE 100 MG	2	PA; QL (4 EA per 1 day); LA
<i>gefitinib oral tablet 250 mg</i>	1	PA; QL (1 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	PA; QL (1 EA per 1 day); LA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA; QL (21 EA per 28 days); LA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	PA; QL (21 EA per 28 days); LA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	2	PA; QL (1 EA per 1 day); LA
IDHIFA ORAL TABLET 100 MG, 50 MG	2	PA; QL (1 EA per 1 day); LA
<i>imatinib oral tablet 100 mg</i>	1	PA; QL (3 EA per 1 day)
<i>imatinib oral tablet 400 mg</i>	1	PA; QL (2 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	2	PA; QL (3 EA per 1 day); LA
IMBRUVICA ORAL CAPSULE 70 MG	2	PA; QL (1 EA per 1 day); LA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	2	PA; QL (216 ML per 30 days); LA
IMBRUVICA ORAL TABLET 420 MG	2	PA; QL (1 EA per 1 day); LA
INLYTA ORAL TABLET 1 MG	2	PA; QL (6 EA per 1 day); LA
INLYTA ORAL TABLET 5 MG	2	PA; QL (4 EA per 1 day); LA
INREBIC ORAL CAPSULE 100 MG	2	PA; QL (4 EA per 1 day); LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	PA; QL (2 EA per 1 day); LA

Drug Name	Tier	Requirements/Limits
JAYPIRCA ORAL TABLET 100 MG	2	PA; QL (3 EA per 1 day); LA
JAYPIRCA ORAL TABLET 50 MG	2	PA; QL (1 EA per 1 day); LA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	2	PA; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	2	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	2	PA; QL (8 EA per 1 day); LA
KOSELUGO ORAL CAPSULE 25 MG	2	PA; QL (4 EA per 1 day); LA
KRAZATI ORAL TABLET 200 MG	2	PA; QL (6 EA per 1 day); LA
<i>lapatinib oral tablet 250 mg</i>	1	PA; QL (6 EA per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	2	PA; QL (1 EA per 1 day); LA
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1)	2	PA; QL (3 EA per 1 day); LA
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)	2	PA; QL (2 EA per 1 day); LA
LORBRENA ORAL TABLET 100 MG	2	PA; QL (1 EA per 1 day); LA
LORBRENA ORAL TABLET 25 MG	2	PA; QL (3 EA per 1 day); LA
LUMAKRAS ORAL TABLET 120 MG	2	PA; QL (8 EA per 1 day); LA
LUMAKRAS ORAL TABLET 320 MG	2	PA; QL (3 EA per 1 day); LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA; QL (4 EA per 1 day); LA
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	2	PA; QL (5 EA per 1 day); LA
MEKINIST ORAL RECON SOLN 0.05 MG/ML	2	PA; QL (40 ML per 1 day)
MEKINIST ORAL TABLET 0.5 MG	2	PA; QL (3 EA per 1 day); LA
MEKINIST ORAL TABLET 2 MG	2	PA; QL (1 EA per 1 day); LA
MEKTOVI ORAL TABLET 15 MG	2	PA; QL (6 EA per 1 day); LA
NERLYNX ORAL TABLET 40 MG	2	PA; QL (6 EA per 1 day); LA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	2	PA; QL (3 EA per 28 days)
ODOMZO ORAL CAPSULE 200 MG	2	PA; QL (1 EA per 1 day)
OGSIVEO ORAL TABLET 100 MG, 150 MG	2	PA; QL (2 EA per 1 day); LA
OGSIVEO ORAL TABLET 50 MG	2	PA; QL (6 EA per 1 day); LA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	2	PA
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	2	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	2	PA; QL (1 EA per 1 day); LA

Drug Name	Tier	Requirements/Limits
<i>pazopanib oral tablet 200 mg</i>	1	PA; QL (4 EA per 1 day)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	2	PA; QL (14 EA per 21 days); LA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA; QL (1 EA per 1 day)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	2	PA; QL (2 EA per 1 day)
QINLOCK ORAL TABLET 50 MG	2	PA; QL (3 EA per 1 day); LA
RETEVMO ORAL CAPSULE 40 MG	2	PA; QL (6 EA per 1 day); LA
RETEVMO ORAL CAPSULE 80 MG	2	PA; QL (4 EA per 1 day); LA
REZLIDHIA ORAL CAPSULE 150 MG	2	PA; QL (2 EA per 1 day); LA
ROZLYTREK ORAL CAPSULE 100 MG	2	PA; QL (5 EA per 1 day); LA
ROZLYTREK ORAL CAPSULE 200 MG	2	PA; QL (3 EA per 1 day); LA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	2	PA; QL (12 EA per 1 day); LA
RUBRACA ORAL TABLET 250 MG, 300 MG	2	PA; QL (4 EA per 1 day); LA
RYDAPT ORAL CAPSULE 25 MG	2	PA; QL (8 EA per 1 day)
SCSEMBLIX ORAL TABLET 100 MG	2	PA; QL (4 EA per 1 day)
SCSEMBLIX ORAL TABLET 20 MG	2	PA; QL (2 EA per 1 day)
SCSEMBLIX ORAL TABLET 40 MG	2	PA; QL (10 EA per 1 day)
<i>sorafenib oral tablet 200 mg</i>	1	PA; QL (4 EA per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	2	PA; QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 20 MG	2	PA; QL (3 EA per 1 day)
STIVARGA ORAL TABLET 40 MG	2	PA; QL (84 EA per 28 days); LA
<i>sunitinib malate oral capsule 12.5 mg</i>	1	PA; QL (3 EA per 1 day)
<i>sunitinib malate oral capsule 25 mg</i>	1	PA; QL (2 EA per 1 day)
<i>sunitinib malate oral capsule 37.5 mg, 50 mg</i>	1	PA; QL (1 EA per 1 day)
TABRECTA ORAL TABLET 150 MG, 200 MG	2	PA; QL (4 EA per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	PA; QL (4 EA per 1 day); LA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	2	PA; QL (30 EA per 1 day); LA
TAGRISSE ORAL TABLET 40 MG, 80 MG	2	PA; QL (1 EA per 1 day); LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	2	PA; QL (1 EA per 1 day); LA
TALZENNA ORAL CAPSULE 0.25 MG	2	PA; QL (3 EA per 1 day); LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	2	PA; QL (4 EA per 1 day)
TAZVERIK ORAL TABLET 200 MG	2	PA; QL (8 EA per 1 day); LA
TEPMETKO ORAL TABLET 225 MG	2	PA; QL (2 EA per 1 day); LA
TIBSOVO ORAL TABLET 250 MG	2	PA; QL (2 EA per 1 day); LA
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	1	PA; QL (1 EA per 1 day)

Drug Name	Tier	Requirements/Limits
TRUQAP ORAL TABLET 160 MG, 200 MG	2	PA; QL (64 EA per 28 days); LA
TUKYSA ORAL TABLET 150 MG	2	PA; QL (4 EA per 1 day); LA
TUKYSA ORAL TABLET 50 MG	2	PA; QL (10 EA per 1 day); LA
TURALIO ORAL CAPSULE 125 MG	2	PA; QL (4 EA per 1 day); LA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	2	PA; QL (2 EA per 1 day)
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (2 EA per 1 day); LA
VENCLEXTA ORAL TABLET 100 MG	2	PA; QL (6 EA per 1 day); LA
VENCLEXTA ORAL TABLET 50 MG	2	PA; QL (1 EA per 1 day); LA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	2	PA; QL (42 EA per 28 days); LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA; QL (2 EA per 1 day); LA
VIJOICE ORAL GRANULES IN PACKET 50 MG	2	PA; QL (1 EA per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	2	PA; QL (1 EA per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	2	PA; QL (2 EA per 1 day)
VITRAKVI ORAL CAPSULE 100 MG	2	PA; QL (2 EA per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	2	PA; QL (6 EA per 1 day)
VITRAKVI ORAL SOLUTION 20 MG/ML	2	PA; QL (10 ML per 1 day)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	PA; QL (1 EA per 1 day); LA
VONJO ORAL CAPSULE 100 MG	2	PA; QL (4 EA per 1 day); LA
WELIREG ORAL TABLET 40 MG	2	PA; QL (3 EA per 1 day); LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA; QL (4 EA per 1 day); LA
XALKORI ORAL PELLETT 150 MG	2	PA; QL (6 EA per 1 day); LA
XALKORI ORAL PELLETT 20 MG, 50 MG	2	PA; QL (4 EA per 1 day); LA
XOSPATA ORAL TABLET 40 MG	2	PA; QL (3 EA per 1 day); LA
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	2	PA; QL (8 EA per 28 days); LA
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	2	PA; QL (4 EA per 28 days); LA
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	2	PA; QL (24 EA per 28 days); LA
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	2	PA; QL (32 EA per 28 days); LA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	2	PA; QL (1 EA per 1 day); LA
ZELBORAF ORAL TABLET 240 MG	2	PA; QL (8 EA per 1 day); LA
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	PA; QL (2 EA per 1 day); LA
ZYKADIA ORAL TABLET 150 MG	2	PA; QL (3 EA per 1 day); LA

Drug Name	Tier	Requirements/Limits
Retinoids		
<i>bexarotene oral capsule 75 mg</i>	1	PA; QL (10 EA per 1 day)
<i>bexarotene topical gel 1 %</i>	1	PA; QL (60 GM per 30 days)
PANRETIN TOPICAL GEL 0.1 %	2	PA; QL (60 GM per 30 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	PA
Treatment Adjuncts		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
MESNEX ORAL TABLET 400 MG	2	
ANTIPARASITICS		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	
<i>praziquantel oral tablet 600 mg</i>	1	
Antiprotozoals		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	2	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>mefloquine oral tablet 250 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	QL (6 EA per 30 days)
<i>pentamidine inhalation recon soln 300 mg</i>	1	PA
<i>pentamidine injection recon soln 300 mg</i>	1	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	
ANTIPARKINSON AGENTS		
Anticholinergics		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	

Drug Name	Tier	Requirements/Limits
Dopamine Agonists		
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 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	
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
<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	
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
ANTIPSYCHOTICS		
1St Generation/Typical		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<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>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate 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	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	

Drug Name	Tier	Requirements/Limits
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 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>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
2Nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	
<i>aripiprazole oral solution 1 mg/ml</i>	1	QL (25 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	2	QL (2.4 ML per 42 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	PA; QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	2	PA; QL (1 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	PA; QL (2 EA per 1 day)

Drug Name	Tier	Requirements/Limits
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	2	PA; QL (2 EA per 1 day)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	QL (2.63 ML per 84 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (1 EA per 1 day)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	2	PA; QL (1 EA per 1 day)
NUPLAZID ORAL CAPSULE 34 MG	2	PA; QL (1 EA per 1 day); LA
NUPLAZID ORAL TABLET 10 MG	2	PA; QL (1 EA per 1 day); LA
<i>olanzapine intramuscular recon soln 10 mg</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	2	QL (1 EA per 28 days)

Drug Name	Tier	Requirements/Limits
<i>quetiapine oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	PA; QL (1 EA per 1 day)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	1	QL (2 EA per 28 days)
<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, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	2	PA; QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	PA; QL (1 EA per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	
Treatment-Resistant		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	2	QL (18 ML per 1 day)
ANTISPASTICITY AGENTS		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
ANTIVIRALS		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET 200 MG	2	PA; QL (4 EA per 1 day); LA
PREVYMIS ORAL TABLET 240 MG, 480 MG	2	PA; QL (1 EA per 1 day)
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	

Drug Name	Tier	Requirements/Limits
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir oral tablet 10 mg</i>	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	QL (21 ML per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
VEMLIDY ORAL TABLET 25 MG	2	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	QL (8 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL (1 EA per 1 day)
Anti-Hepatitis C (Hcv) Agents		
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	1	PA; QL (1 EA per 1 day)
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	2	PA; QL (5 EA per 1 day)
MAVYRET ORAL TABLET 100-40 MG	2	PA; QL (3 EA per 1 day)
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	1	PA; QL (1 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG	2	PA; QL (1 EA per 1 day)
Antitherpetic Agents		
<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	PA
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	QL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG	2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	2	QL (1 EA per 1 day)
ISENTRESS HD ORAL TABLET 600 MG	2	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	QL (6 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG	2	QL (1 EA per 1 day)

Drug Name	Tier	Requirements/Limits
STRIBILD ORAL TABLET 150-150-200-300 MG	2	QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	QL (1 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	QL (6 EA per 1 day)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET 200-25-300 MG	2	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	2	QL (1 EA per 1 day)
EDURANT ORAL TABLET 25 MG	2	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	1	QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	QL (1 EA per 1 day)
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	2	QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	
PIFELTRO ORAL TABLET 100 MG	2	QL (1 EA per 1 day)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir oral solution 20 mg/ml</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	
CIMDUO ORAL TABLET 300-300 MG	2	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	2	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	1	QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	QL (1 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	1	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	QL (850 ML per 30 days)

Drug Name	Tier	Requirements/Limits
JULUCA ORAL TABLET 50-25 MG	2	QL (1 EA per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
ODEFSEY ORAL TABLET 200-25-25 MG	2	QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	2	QL (6 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	QL (8 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	QL (2 EA per 1 day)
<i>maraviroc oral tablet 150 mg</i>	1	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	1	QL (4 EA per 1 day)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	2	QL (2 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	2	QL (60 ML per 1 day)
SUNLENCA ORAL TABLET 300 MG	2	QL (10 EA per 365 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	2	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	2	QL (6 EA per 1 day)
TYBOST ORAL TABLET 150 MG	2	QL (1 EA per 1 day)
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS ORAL CAPSULE 250 MG	2	QL (4 EA per 1 day)
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	
<i>darunavir oral tablet 600 mg</i>	1	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	1	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	2	QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	1	QL (4 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
NORVIR ORAL POWDER IN PACKET 100 MG	2	QL (12 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	QL (1 EA per 1 day)

Drug Name	Tier	Requirements/Limits
PREZISTA ORAL SUSPENSION 100 MG/ML	2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	2	QL (6 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	2	QL (10 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	2	QL (6 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	1	
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	QL (1 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG	2	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG	2	QL (4 EA per 1 day)
Anti-Influenza Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	QL (120 EA per 365 days)
<i>rimantadine oral tablet 100 mg</i>	1	
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	
Antiviral, Coronavirus Agents		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	2	
ANXIOLYTICS		
Anxiolytics, Other		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<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>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	
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (12 EA per 1 day)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	QL (4 EA per 1 day)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	QL (6 EA per 1 day)

Drug Name	Tier	Requirements/Limits
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	2	PA
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	QL (10 EA per 30 days)
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	2	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<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	
BIPOLAR AGENTS		
Bipolar Agents, Other		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	PA; QL (2 EA per 1 day)
<i>lamotrigine oral tablet 25 mg</i>	1	

Drug Name	Tier	Requirements/Limits
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (1 EA per 1 day)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	2	PA; QL (1 EA per 1 day)
<i>olanzapine intramuscular recon soln 10 mg</i>	1	
<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	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	2	QL (1 EA per 28 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	1	QL (2 EA per 28 days)
<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, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	2	PA; QL (1 EA per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	
Mood Stabilizers		
<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</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	

Drug Name	Tier	Requirements/Limits
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>	1	
EPITOL ORAL TABLET 200 MG	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet extended release 24hr 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
BLOOD GLUCOSE REGULATORS		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA; QL (3.4 ML per 28 days)
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
FARXIGA ORAL TABLET 10 MG, 5 MG	2	QL (1 EA per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	QL (1 EA per 1 day)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL (1 EA per 1 day)

Drug Name	Tier	Requirements/Limits
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	QL (1 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	2	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	QL (1 EA per 1 day)
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (3 ML per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL (1 EA per 1 day)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	1	QL (1 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	1	QL (2 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	1	QL (1 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	2	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	QL (2 EA per 1 day)

Drug Name	Tier	Requirements/Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	QL (2 EA per 1 day)
Blood Glucose Regulators		
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	
<i>mifepristone oral tablet 300 mg</i>	1	PA; QL (4 EA per 1 day)
Glycemic Agents		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	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 1 MG/0.2 ML	2	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	
<i>mifepristone oral tablet 300 mg</i>	1	PA; QL (4 EA per 1 day)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	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	

Drug Name	Tier	Requirements/Limits
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	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	
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 INSULN 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 syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	1	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	

Drug Name	Tier	Requirements/Limits
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	1	
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	
BLOOD PRODUCTS AND MODIFIERS		
Anticoagulants		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	1	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	2	QL (74 EA per 30 days)
<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	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	
<i>heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (1 EA per 1 day)

Drug Name	Tier	Requirements/Limits
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (2 EA per 1 day)
Blood Products And Modifiers, Other		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	
LEUKINE INJECTION RECON SOLN 250 MCG	2	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	2	PA; QL (6 EA per 1 day); LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG	2	PA; QL (1 EA per 1 day); LA
PROMACTA ORAL TABLET 50 MG, 75 MG	2	PA; QL (2 EA per 1 day); LA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	2	
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	
Blood Products And Modifiers		
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	2	PA; QL (6 EA per 1 day); LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG	2	PA; QL (1 EA per 1 day); LA
PROMACTA ORAL TABLET 50 MG, 75 MG	2	PA; QL (2 EA per 1 day); LA
Hemostasis Agents		
<i>tranexamic acid oral tablet 650 mg</i>	1	
Platelet Modifying Agents		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
CABLIVI INJECTION KIT 11 MG	2	PA; QL (1 EA per 1 day); LA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	

Drug Name	Tier	Requirements/Limits
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
<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, 0.3 mg/24 hr</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	PA
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
Alpha-Adrenergic Blocking Agents		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
Antiarrhythmics		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	

Drug Name	Tier	Requirements/Limits
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	1	
<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	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	2	
PACERONE ORAL TABLET 200 MG	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>propranolol oral capsule,extended release 24 hr 120 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	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	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	

Drug Name	Tier	Requirements/Limits
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 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>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</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	

Drug Name	Tier	Requirements/Limits
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	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 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	1	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	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	
Cardiovascular Agents, Other		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	QL (1 EA per 1 day)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 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	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<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	

Drug Name	Tier	Requirements/Limits
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 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>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	PA; QL (20 ML per 1 day); LA
<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	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENTRESTO ORAL TABLET 24-26 MG	2	QL (3 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	2	QL (2 EA per 1 day)
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	1	PA; QL (2 EA per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LODOCO ORAL TABLET 0.5 MG	2	PA
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	PA; QL (16 EA per 1 day)
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	

Drug Name	Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	PA; QL (1 EA per 1 day)
Diuretics, Loop		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
<i>furosemide injection solution 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>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
Diuretics, Potassium-Sparing		
<i>amiloride oral tablet 5 mg</i>	1	
<i>epplerenone oral tablet 25 mg, 50 mg</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL (1 EA per 1 day)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg</i>	1	QL (3 EA per 1 day)
<i>triamterene oral capsule 50 mg</i>	1	QL (6 EA per 1 day)
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 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>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(drlec) 135 mg, 45 mg</i>	1	

Drug Name	Tier	Requirements/Limits
<i>gemfibrozil oral tablet 600 mg</i>	1	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
Dyslipidemics, Other		
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</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	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1	
NEXLETOL ORAL TABLET 180 MG	2	PA
NEXLIZET ORAL TABLET 180-10 MG	2	PA
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL (7 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL (3 ML per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL (3 ML per 28 days)
Mineralocorticoid Receptor Antagonists		
<i>epplerenone oral tablet 25 mg, 50 mg</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL (1 EA per 1 day)

Drug Name	Tier	Requirements/Limits
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SglT2i)		
FARXIGA ORAL TABLET 10 MG, 5 MG	2	QL (1 EA per 1 day)
Vasodilators, Direct-Acting Arterial/ Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 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>nitroglycerin rectal ointment 0.4 % (w/w)</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	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	PA; QL (1 EA per 1 day)
Vasodilators, Direct-Acting Arterial		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
CENTRAL NERVOUS SYSTEM AGENTS		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	1	QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 25 mg, 30 mg, 5 mg</i>	1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg</i>	1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1	QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 10 MG, 5 MG	1	

Drug Name	Tier	Requirements/Limits
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (2 EA per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (1 EA per 1 day)
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<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 (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg</i>	1	QL (6 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	1	QL (2 EA per 1 day)
Central Nervous System, Other		
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	1	
<i>gabapentin oral capsule 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml</i>	1	
<i>gabapentin oral tablet 800 mg</i>	1	
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA; QL (2 EA per 1 day)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	2	PA; QL (18 EA per 30 days)
<i>riluzole oral tablet 50 mg</i>	1	
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; QL (8 EA per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; QL (4 EA per 1 day)
VEOZAH ORAL TABLET 45 MG	2	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	2	PA; QL (2 EA per 1 day)
Fibromyalgia Agents		
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	

Drug Name	Tier	Requirements/Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	QL (55 EA per 28 days)
Multiple Sclerosis Agents		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	QL (1 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	QL (1 EA per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	QL (14 EA per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	QL (2 EA per 1 day)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	1	QL (2 EA per 1 day)
<i>fingolimod oral capsule 0.5 mg</i>	1	QL (1 EA per 1 day)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	2	QL (1 ML per 1 day)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	1	QL (1 ML per 1 day)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	2	QL (12 ML per 28 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	2	QL (1.6 ML per 28 days); LA
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	1	QL (1 EA per 1 day)
DENTAL AND ORAL AGENTS		
Dental And Oral Agents		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
KOURZEQ DENTAL PASTE 0.1 %	1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
DERMATOLOGICAL AGENTS		
Acne And Rosacea Agents		
ACUTANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>adapalene topical cream 0.1 %</i>	1	PA

Drug Name	Tier	Requirements/Limits
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	
<i>azelaic acid topical gel 15 %</i>	1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>tazarotene topical cream 0.1 %</i>	1	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	
Dermatitis And Pruritus Agents		
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
<i>clobetasol scalp solution 0.05 %</i>	1	
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical foam 0.05 %</i>	1	
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical lotion 0.05 %</i>	1	
<i>clobetasol topical ointment 0.05 %</i>	1	
<i>clobetasol topical shampoo 0.05 %</i>	1	

Drug Name	Tier	Requirements/Limits
<i>clobetasol-emollient topical cream 0.05 %</i>	1	
CLODAN TOPICAL SHAMPOO 0.05 %	1	
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.25 %</i>	1	
<i>desoximetasone topical ointment 0.25 %</i>	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	2	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; QL (8 ML per 28 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical cream 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 topical cream 1 %</i>	1	
<i>hydrocortisone topical cream with perineal applicator 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	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	

Drug Name	Tier	Requirements/Limits
<i>mometasone topical solution 0.1 %</i>	1	
OPZELURA TOPICAL CREAM 1.5 %	2	PA; QL (240 GM per 28 days)
<i>pimecrolimus topical cream 1 %</i>	1	ST
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</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 %, 0.1 %, 0.5 %</i>	1	
TRIDERM TOPICAL CREAM 0.1 %, 0.5 %	1	
Dermatological Agents, Other		
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i>	1	
<i>calcipotriene topical ointment 0.005 %</i>	1	
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	1	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>imiquimod topical cream in packet 5 %</i>	1	
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
OTEZLA ORAL TABLET 20 MG, 30 MG	2	PA; QL (2 EA per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; QL (2 EA per 1 day)
PANRETIN TOPICAL GEL 0.1 %	2	PA; QL (60 GM per 30 days)

Drug Name	Tier	Requirements/Limits
<i>podofilox topical solution 0.5 %</i>	1	
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL (30 GM per 30 days)
SILVADENE TOPICAL CREAM 1 %	2	
<i>silver sulfadiazine topical cream 1 %</i>	1	
SSD TOPICAL CREAM 1 %	2	
Dermatological Agents		
ACUTANE ORAL CAPSULE 20 MG, 40 MG	1	
Pediculicides/Scabicides		
<i>malathion topical lotion 0.5 %</i>	1	
<i>permethrin topical cream 5 %</i>	1	
Topical Anti-Infectives		
<i>acyclovir topical ointment 5 %</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i>	1	
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	
CLINDACIN ETZ TOPICAL SWAB 1 %	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	
<i>clindamycin phosphate topical lotion 1 %</i>	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	1	
ERY PADS TOPICAL SWAB 2 %	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>mupirocin topical ointment 2 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
Electrolyte/ Mineral Replacement		
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	

Drug Name	Tier	Requirements/Limits
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	2	PA
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	2	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	1	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	1	
<i>levocarnitine oral tablet 330 mg</i>	1	PA
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l</i>	1	
<i>potassium chloride in Ir-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution 2 meq/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 tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE 100 MG	2	

Drug Name	Tier	Requirements/Limits
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	1	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	1	
<i>penicillamine oral tablet 250 mg</i>	1	
<i>potassium chloride oral tablet, er particles/crystals 15 meq</i>	1	
<i>trientine oral capsule 250 mg</i>	1	QL (8 EA per 1 day)
Electrolytes/Minerals/Metals/Vitamins		
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	2	PA
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	PA
<i>levocarnitine oral tablet 330 mg</i>	1	PA
NUTRILIPID INTRAVENOUS EMULSION 20 %	2	PA
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	2	
Phosphate Binders		
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	
Potassium Binders		
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	
Vitamins		
<i>potassium chloride oral tablet, er particles/crystals 15 meq</i>	1	

Drug Name	Tier	Requirements/Limits
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	1	
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 - 5.84 GRAM	1	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 - 5.86 GRAM	1	
GAVILYTE-N ORAL RECON SOLN 420 GRAM	1	
<i>lactulose oral solution 10 gram/15 ml</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL (1 EA per 1 day)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	QL (2 EA per 1 day)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL (1 EA per 1 day)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	
Anti-Diarrheal Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	QL (2 EA per 1 day)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>loperamide oral capsule 2 mg</i>	1	QL (8 EA per 1 day)
XERMELO ORAL TABLET 250 MG	2	PA; QL (3 EA per 1 day); LA
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	PA; QL (3 EA per 1 day)
Antispasmodics, Gastrointestinal		
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
Gastrointestinal Agents, Other		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 - 5.84 GRAM	1	

Drug Name	Tier	Requirements/Limits
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 - 5.86 GRAM	1	
GAVILYTE-N ORAL RECON SOLN 420 GRAM	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VOWST ORAL CAPSULE	2	PA; LA
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	PA; QL (3 EA per 1 day)
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(drlec) 15 mg, 30 mg</i>	1	
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i>	1	
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i>	1	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine oral powder 1 gram/scoop</i>	1	

Drug Name	Tier	Requirements/Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 - 30,000 UNIT	2	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	PA
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	1	ST; QL (6 EA per 1 day)
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG	1	LA
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG	1	LA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
ORFADIN ORAL SUSPENSION 4 MG/ML	2	LA
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	2	PA
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	1	
<i>sapropterin oral tablet,soluble 100 mg</i>	1	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	2	LA
VIJOICE ORAL GRANULES IN PACKET 50 MG	2	PA; QL (1 EA per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	2	PA; QL (1 EA per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	2	PA; QL (2 EA per 1 day)
WELIREG ORAL TABLET 40 MG	2	PA; QL (3 EA per 1 day); LA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
GENITOURINARY AGENTS		
Antispasmodics, Urinary		
<i>flavoxate oral tablet 100 mg</i>	1	
GEMTESA ORAL TABLET 75 MG	2	QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	2	QL (10 ML per 1 day)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	QL (1 EA per 1 day)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	

Drug Name	Tier	Requirements/Limits
<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	
<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	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
ELMIRON ORAL CAPSULE 100 MG	2	QL (3 EA per 1 day)
<i>penicillamine oral tablet 250 mg</i>	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	1	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	1	PA; QL (1 EA per 1 day)
<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>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</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>prednisolone oral solution 15 mg/5 ml</i>	1	

Drug Name	Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
TRIDERM TOPICAL CREAM 0.5 %	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<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	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA; LA
ISTURISA ORAL TABLET 1 MG, 5 MG	2	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	2	PA
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>misoprostol oral tablet 200 mcg</i>	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1	
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	

Drug Name	Tier	Requirements/Limits
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	
Estrogens		
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	2	
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	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	1	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	1	
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	2	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	2	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	1	
JASMIEL (28) ORAL TABLET 3-0.02 MG	1	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	1	
LORYNA (28) ORAL TABLET 3-0.02 MG	1	

Drug Name	Tier	Requirements/Limits
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	
NIKKI (28) ORAL TABLET 3-0.02 MG	1	
OCELLA ORAL TABLET 3-0.03 MG	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
SYEDA ORAL TABLET 3-0.03 MG	1	
VESTURA (28) ORAL TABLET 3-0.02 MG	1	
YUVAFEM VAGINAL TABLET 10 MCG	1	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	1	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
APRI ORAL TABLET 0.15-0.03 MG	1	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG- MCG	1	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1	
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	1	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	2	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	

Drug Name	Tier	Requirements/Limits
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	1	
CYRED EQ ORAL TABLET 0.15-0.03 MG	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
DOLISHALE ORAL TABLET 90-20 MCG (28)	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	1	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	1	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	1	
ENSKYCE ORAL TABLET 0.15-0.03 MG	1	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	1	
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	1	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	1	
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	1	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	1	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	1	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	1	
JASMIEL (28) ORAL TABLET 3-0.02 MG	1	
JINTELI ORAL TABLET 1-5 MG-MCG	1	
JULEBER ORAL TABLET 0.15-0.03 MG	1	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	1	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	

Drug Name	Tier	Requirements/Limits
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	1	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	1	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	1	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	1	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	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	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	2	
LORYNA (28) ORAL TABLET 3-0.02 MG	1	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	1	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	1	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	1	
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	1	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	1	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1	

Drug Name	Tier	Requirements/Limits
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	1	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
MILI ORAL TABLET 0.25-35 MG-MCG	1	
MIMVEY ORAL TABLET 1-0.5 MG	1	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG	2	
NIKKI (28) ORAL TABLET 3-0.02 MG	1	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-20 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9)</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	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	1	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	1	
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	1	
OCELLA ORAL TABLET 3-0.03 MG	1	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	1	

Drug Name	Tier	Requirements/Limits
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	1	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	1	
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	1	
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	
SYEDA ORAL TABLET 3-0.03 MG	1	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG- 35MCG (9)	1	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG- 35 MCG (28)	1	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	1	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	1	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG- 25 MCG	1	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	1	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	1	
VESTURA (28) ORAL TABLET 3-0.02 MG	1	
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	1	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	

Drug Name	Tier	Requirements/Limits
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	1	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	1	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	1	
Progestins		
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	1	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
APRI ORAL TABLET 0.15-0.03 MG	1	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1	
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	1	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	1	
CAMILA ORAL TABLET 0.35 MG	1	
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	1	
CYRED EQ ORAL TABLET 0.15-0.03 MG	1	
DEBLITANE ORAL TABLET 0.35 MG	1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 10.01 mg x 5</i>	1	
DOLISHALE ORAL TABLET 90-20 MCG (28)	1	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	1	
ENSKYCE ORAL TABLET 0.15-0.03 MG	1	
ERRIN ORAL TABLET 0.35 MG	1	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	1	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	1	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1	
HEATHER ORAL TABLET 0.35 MG	1	

Drug Name	Tier	Requirements/Limits
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	1	
INCASSIA ORAL TABLET 0.35 MG	1	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	1	
JINTELI ORAL TABLET 1-5 MG-MCG	1	
JULEBER ORAL TABLET 0.15-0.03 MG	1	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	1	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	1	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	1	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	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	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	1	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	1	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	1	
LYLEQ ORAL TABLET 0.35 MG	1	
LYZA ORAL TABLET 0.35 MG	1	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	1	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	

Drug Name	Tier	Requirements/Limits
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	1	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
MILI ORAL TABLET 0.25-35 MG-MCG	1	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NORA-BE ORAL TABLET 0.35 MG	1	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</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, 1-20 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</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	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	1	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	1	
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	1	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	1	

Drug Name	Tier	Requirements/Limits
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	1	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	1	
SHAROBEL ORAL TABLET 0.35 MG	1	
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	1	
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	1	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	1	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	1	
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	1	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	1	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	1	
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET 0.45-20 MG	2	
<i>raloxifene oral tablet 60 mg</i>	1	

Drug Name	Tier	Requirements/Limits
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<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	2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</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	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
Hormonal Agents, Suppressant (Adrenal Or Pituitary)		
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	2	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	2	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	2	PA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	2	
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	1	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	2	PA

Drug Name	Tier	Requirements/Limits
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	2	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	2	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	2	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	2	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	2	PA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	2	PA
LYSODREN ORAL TABLET 500 MG	2	
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	2	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; LA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	2	PA; QL (1 EA per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	2	PA; QL (1 EA per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	2	PA; QL (1 EA per 28 days)
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
IMMUNOLOGICAL AGENTS		
Angioedema Agents		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	1	PA; QL (18 ML per 30 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	2	PA; QL (1 EA per 1 day); LA
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	1	PA; QL (18 ML per 30 days); LA
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 10 %	2	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	2	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	2	PA

Drug Name	Tier	Requirements/Limits
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	2	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	PA
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	2	PA
PANZYGA INTRAVENOUS SOLUTION 10 %	2	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 %	2	PA
Immunological Agents, Other		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	2	PA; QL (4 ML per 28 days); LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	2	PA; QL (4 ML per 28 days); LA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; QL (8 ML per 28 days); LA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; QL (8 ML per 28 days); LA
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	PA; QL (2 ML per 28 days); LA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	2	PA; QL (8 ML per 28 days); LA
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	2	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; QL (8 ML per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	2	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	2	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	2	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	2	PA; QL (2.8 ML per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	2	

Drug Name	Tier	Requirements/Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	2	PA; QL (1 EA per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	2	PA; QL (1 EA per 1 day); LA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	2	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	2	PA; QL (2.4 ML per 56 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; QL (3 ML per 84 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; QL (3 ML per 84 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; QL (1 ML per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; QL (1 ML per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	2	PA; LA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	PA; LA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	2	PA; LA
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	PA; LA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	2	PA; QL (2 ML per 28 days); LA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	2	
Immunosuppressants		
<i>azathioprine oral tablet 50 mg</i>	1	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	2	PA; QL (4 ML per 28 days); LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	2	PA; QL (4 ML per 28 days); LA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	PA
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	PA

Drug Name	Tier	Requirements/Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; QL (8 ML per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	2	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	2	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	2	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	2	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	PA; QL (8 ML per 28 days)
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	2	PA
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; QL (1 EA per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 5 mg</i>	1	PA; QL (2 EA per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA; QL (3 EA per 1 day)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	PA; QL (2 EA per 1 day)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	PA
GENGRAF ORAL SOLUTION 100 MG/ML	1	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	2	PA; QL (4.8 ML per 28 days)
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	2	PA; QL (4.8 ML per 28 days)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	2	PA; QL (2.4 ML per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA; QL (2.4 ML per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; QL (6 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; QL (6 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; QL (6 EA per 365 days)

Drug Name	Tier	Requirements/Limits
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; QL (8 EA per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; QL (6 EA per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; QL (6 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; QL (4 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	2	PA; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; QL (6 EA per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	PA
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	PA
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	PA
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i>	1	PA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; QL (2 EA per 1 day)
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	2	PA
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	QL (5.5 ML per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	QL (2 EA per 1 day)
<i>sirolimus oral solution 1 mg/ml</i>	1	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	PA
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	1	PA; QL (1 EA per 1 day)
XATMEP ORAL SOLUTION 2.5 MG/ML	2	
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	2	

Drug Name	Tier	Requirements/Limits
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
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	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	2	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	PA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	PA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	PA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	2	

Drug Name	Tier	Requirements/Limits
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 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	
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	
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	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	2	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	2	PA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	2	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 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	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	PA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	

Drug Name	Tier	Requirements/Limits
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	QL (2 EA per 999 days)
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	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/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	
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	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	
INFLAMMATORY BOWEL DISEASE AGENTS		
Aminosalicylates		
<i>balsalazide oral capsule 750 mg</i>	1	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1	
Glucocorticoids		
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	1	

Drug Name	Tier	Requirements/Limits
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	1	PA; QL (1 EA per 1 day)
<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>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 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>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
METABOLIC BONE DISEASE AGENTS		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	1	
<i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i>	1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	PA
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	PA
<i>calcitriol oral solution 1 mcg/ml</i>	1	PA
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	1	PA; QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	1	PA; QL (4 EA per 1 day)
<i>ibandronate oral tablet 150 mg</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	PA
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	2	
<i>risedronate oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	1	

Drug Name	Tier	Requirements/Limits
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i>	1	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	1	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	PA; QL (1.56 ML per 28 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	2	
NON-FRF		
Non-Frf		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	
ADRENALIN INJECTION SOLUTION 1 MG/ML (1 ML)	2	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	1	
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	1	
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	1	
<i>alcohol swabs topical pads, medicated</i>	1	
ALCOHOL WIPES TOPICAL PADS, MEDICATED	1	
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	1	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	1	
AUBRA ORAL TABLET 0.1-20 MG-MCG	1	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	1	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	

Drug Name	Tier	Requirements/Limits
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
AURYXIA ORAL TABLET 210 MG IRON	2	
AVIDOXY ORAL TABLET 100 MG	1	
AYUNA ORAL TABLET 0.15-0.03 MG	1	
BAND-AID GAUZE PADS TOPICAL BANDAGE 2 X 2 "	1	
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED	1	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	1	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	1	
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	1	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	1	
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	1	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	1	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	1	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	1	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	1	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	1	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	1	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	1	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1	

Drug Name	Tier	Requirements/Limits
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	1	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	1	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	1	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	1	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
BORDERED GAUZE TOPICAL BANDAGE 2 X 2 "	1	
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	1	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED	1	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	1	
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	1	
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	1	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	1	
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	1	
<i>cholestyramine-aspartame oral powder in packet 4 gram</i>	1	
CICLODAN TOPICAL SOLUTION 8 %	1	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	
CLINDACIN P TOPICAL SWAB 1 %	1	

Drug Name	Tier	Requirements/Limits
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1	
CLINOLIPID INTRAVENOUS EMULSION 20 %	2	PA
<i>colestipol oral granules 5 gram</i>	1	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	1	
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32"	1	
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/32"	1	
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	1	
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; QL (8 ML per 28 days); LA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; QL (8 ML per 28 days); LA
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	1	
CURITY GAUZE TOPICAL BANDAGE 2 X 2 "	1	
CYRED ORAL TABLET 0.15-0.03 MG	1	
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	1	PA; QL (1 EA per 1 day)
<i>dasatinib oral tablet 20 mg</i>	1	PA; QL (3 EA per 1 day)
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	1	
DERMACEA TOPICAL BANDAGE 2 X 2 "	1	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 %	1	PA; QL (3 EA per 1 day)

Drug Name	Tier	Requirements/Limits
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>diazepam oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	1	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	1	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	1	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	1	
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	1	
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	2	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	1	
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED	1	

Drug Name	Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2"	2	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	1	
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	1	
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	1	
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	1	
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	1	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	1	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	1	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	1	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML	1	
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	1	
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	1	

Drug Name	Tier	Requirements/Limits
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16"	1	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	1	
EASY TOUCH UNI-SLIP SYRINGE 1 ML	1	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG	2	
ELINEST ORAL TABLET 0.3-30 MG-MCG	1	
EMBRACE PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	
EMZAHH ORAL TABLET 0.35 MG	2	
EPIFOAM TOPICAL FOAM 1-1 %	2	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	1	
EXTENDED RESERVOIR 3 ML	2	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	2	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	2	PA
<i>fluocinolone topical oil 0.01 %</i>	1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	1	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	
GAMMAKED INJECTION SOLUTION 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	2	PA
GAMUNEX-C INJECTION SOLUTION 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 %)	2	PA; LA
<i>gauze bandage topical bandage 2 x 2 "</i>	1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	1	

Drug Name	Tier	Requirements/Limits
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
HAILEY ORAL TABLET 1.5-30 MG-MCG	1	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	1	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	1	
IBU ORAL TABLET 400 MG	1	
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED	1	
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	
<i>insulin syrlndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	1	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	1	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	1	

Drug Name	Tier	Requirements/Limits
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge x 1/2", 1/2 ml 29, 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"</i>	1	
INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	
IV PREP WIPES TOPICAL PADS, MEDICATED	1	
JENCYCLA ORAL TABLET 0.35 MG	1	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	1	
KALLIGA ORAL TABLET 0.15-0.03 MG	1	
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
<i>lanthanum oral tablet,chewable 1,000 mg</i>	1	QL (4 EA per 1 day)
<i>lanthanum oral tablet,chewable 500 mg</i>	1	QL (3 EA per 1 day)
<i>lanthanum oral tablet,chewable 750 mg</i>	1	QL (6 EA per 1 day)
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1	
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	1	PA; QL (3 EA per 1 day)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	1	PA; QL (3 EA per 1 day)
LIQUID MULTIVITAMIN ORAL LIQUID 9 MG IRON/ 15 ML (15 ML)	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	1	

Drug Name	Tier	Requirements/Limits
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	1	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	1	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	1	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	1	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	1	
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	1	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	2	
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	1	QL (1 EA per 1 day)
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</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, 500 mg</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	1	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	1	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG	1	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2"	1	
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	1	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	1	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE	1	

Drug Name	Tier	Requirements/Limits
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	1	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	1	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	1	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	1	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	1	
OMEGAVEN INTRAVENOUS EMULSION 10 %	2	PA
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	PA; QL (15 EA per 30 days)
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
PARADIGM RESERVOIR 1.8 ML, 3 ML	1	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	
<i>pen needle, diabetic needle 29 gauge x 15/32", 30 gauge x 3/16", 30 gauge x 5/16", 31 gauge x 1/3", 31 gauge x 1/4", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64", 31 gauge x 3/16", 31 gauge x 5/16", 31 gauge x 5/32", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/16", 32 gauge x 5/32", 33 gauge x 1/4", 33 gauge x 3/16", 33 gauge x 5/32"</i>	1	
<i>pen needle, diabetic, safety needle 31 gauge x 3/16", 31 gauge x 5/32"</i>	1	
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	1	
PHILITH ORAL TABLET 0.4-35 MG-MCG	1	
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	1	

Drug Name	Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	1	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	2	
PREVALITE ORAL POWDER 4 GRAM	1	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	1	
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	1	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	1	
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	1	
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	1	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	1	
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	1	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	1	
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	1	

Drug Name	Tier	Requirements/Limits
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1	
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	1	
SMOFLIPID INTRAVENOUS EMULSION 20 %	2	PA
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	2	
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	2	PA
STERILE PADS TOPICAL BANDAGE 2 X 2 "	1	
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	1	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	1	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	1	
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	1	
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	1	
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	1	
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	1	
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	1	

Drug Name	Tier	Requirements/Limits
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
<i>tazarotene topical cream 0.05 %</i>	1	PA
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	1	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	1	
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	1	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	1	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	1	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	
TRIDACAINE III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	1	PA; QL (3 EA per 1 day)
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	1	

Drug Name	Tier	Requirements/Limits
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	1	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	1	
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	1	
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED	1	
TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	1	
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	1	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	1	
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	
TULANA ORAL TABLET 0.35 MG	1	
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	1	
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4"	1	
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	1	
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	1	
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	1	

Drug Name	Tier	Requirements/Limits
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"	1	
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	1	
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED	1	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	1	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	1	
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"	1	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	1	
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	1	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"	1	
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	1	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1	
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	

Drug Name	Tier	Requirements/Limits
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	1	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	1	
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	1	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	1	
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	1	
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	1	
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	1	
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	1	
UNIFINE SAFECONTROL NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32"	1	
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	1	
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	1	
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2"	2	
VERIFINE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	1	

Drug Name	Tier	Requirements/Limits
VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	1	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1	
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1	
WEBCOL TOPICAL PADS, MEDICATED	1	
WERA (28) ORAL TABLET 0.5-35 MG-MCG	1	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG	1	
XIAFLEX INJECTION RECON SOLN 0.9 MG	2	PA; LA
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	PA
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	1	
OPHTHALMIC AGENTS		
Ophthalmic Agents, Other		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</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-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	1	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	

Drug Name	Tier	Requirements/Limits
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	QL (5.5 ML per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	QL (2 EA per 1 day)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	2	ST
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	2	
XDEMYVY OPHTHALMIC (EYE) DROPS 0.25 %	2	PA; QL (10 ML per 42 days)
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
Ophthalmic Anti-Allergy Agents		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	2	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	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	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<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	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	

Drug Name	Tier	Requirements/Limits
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
TOBEX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
XDEMY OPHTHALMIC (EYE) DROPS 0.25 %	2	PA; QL (10 ML per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	2	
Ophthalmic Anti-Inflammatories		
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.09 %</i>	1	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	2	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	2	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
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	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	QL (2 EA per 1 day)

Drug Name	Tier	Requirements/Limits
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	2	
<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) gel forming solution 0.25 %, 0.5 %</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	2	ST
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	2	ST
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	2	
Ophthalmic Prostaglandin And Prostanoid Analogs		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	2	
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	2	

Drug Name	Tier	Requirements/Limits
OTIC AGENTS		
Otic Agents		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
<i>fluocinolone acetone oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<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	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
RESPIRATORY TRACT/ PULMONARY AGENTS		
Antihistamines		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>desloratadine oral tablet 5 mg</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	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	PA
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	

Drug Name	Tier	Requirements/Limits
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 250 mcg/actuation, 50 mcg/actuation</i>	1	
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	1	QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (10.6 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	QL (21.2 GM per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (26 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 GM per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	PA
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	PA
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL (4 GM per 30 days)
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	1	QL (30 EA per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL (17 GM per 30 days)

Drug Name	Tier	Requirements/Limits
<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</i>	1	PA
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	QL (60 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	QL (13 GM per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	1	QL (10.6 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	1	QL (1 EA per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	PA
<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	PA
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	1	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL (60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	QL (4 ML per 1 day); LA
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	2	PA; QL (2 EA per 1 day); LA
KALYDECO ORAL TABLET 150 MG	2	PA; QL (2 EA per 1 day); LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	2	PA; QL (2 EA per 1 day); LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	2	PA; QL (4 EA per 1 day); LA
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	PA; QL (5 ML per 1 day)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	2	PA; QL (2 EA per 1 day); LA

Drug Name	Tier	Requirements/Limits
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	2	QL (8 EA per 1 day); LA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	PA; QL (10 ML per 1 day)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	2	PA; QL (2 EA per 1 day); LA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	2	PA; QL (3 EA per 1 day); LA
Mast Cell Stabilizers		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	PA
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	QL (1 EA per 1 day)
<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	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	PA; QL (3 EA per 1 day); LA
ALYQ ORAL TABLET 20 MG	1	PA; QL (2 EA per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; QL (1 EA per 1 day); LA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; QL (2 EA per 1 day); LA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	1	PA; QL (2 EA per 1 day)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	2	PA; QL (1 EA per 21 days)
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG	2	PA; QL (2 EA per 1 day); LA
<i>pirfenidone oral capsule 267 mg</i>	1	PA; QL (9 EA per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	1	PA; QL (3 EA per 1 day)
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	PA
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 EA per 30 days)

Drug Name	Tier	Requirements/Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	1	QL (10.3 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	QL (13 GM per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; QL (8 ML per 28 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	2	PA; QL (1 ML per 28 days); LA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	PA; QL (1 ML per 28 days); LA
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	PA
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; QL (3 ML per 28 days); LA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	2	PA; QL (3 EA per 28 days); LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; QL (3 ML per 28 days); LA
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA; QL (0.4 ML per 28 days); LA
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL (4 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL (60 EA per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	QL (60 EA per 30 days)
Respiratory Tract/ Pulmonary Agents		
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 GM per 30 days)

Drug Name	Tier	Requirements/Limits
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	2	PA; QL (1 ML per 28 days); LA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	PA; QL (1 ML per 28 days); LA
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	PA
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; QL (3 ML per 28 days); LA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	2	PA; QL (3 EA per 28 days); LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; QL (3 ML per 28 days); LA
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA; QL (0.4 ML per 28 days); LA
SKELETAL MUSCLE RELAXANTS		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
SLEEP DISORDER AGENTS		
Sleep Promoting Agents		
<i>eszopiclone oral tablet 1 mg</i>	1	QL (3 EA per 1 day)
<i>eszopiclone oral tablet 2 mg, 3 mg</i>	1	QL (1 EA per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	
<i>zaleplon oral capsule 10 mg</i>	1	QL (2 EA per 1 day)
<i>zaleplon oral capsule 5 mg</i>	1	QL (4 EA per 1 day)
<i>zolpidem oral tablet 10 mg</i>	1	QL (1 EA per 1 day)
<i>zolpidem oral tablet 5 mg</i>	1	QL (2 EA per 1 day)
Wakefulness Promoting Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	QL (1 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	QL (1 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	2	PA; QL (1 EA per 1 day)

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Salud para todos

Creemos que todos deben tener acceso a atención médica de calidad. La atención médica es un derecho humano. Y nos dedicamos a la salud y la atención de cada miembro de la comunidad porque el bienestar de todos es importante.

Estamos aquí para ayudar.

Este formulario se actualizó el **08/26/2024**. Para obtener información más reciente, o si tiene otras preguntas, comuníquese con el Servicio al cliente de Providence Health Assurance llamando al 503-574-8000 o al 1-800-603-2340 (los usuarios de TTY deben llamar al 711), los siete días de la semana, entre las 8:00 a. m. y las 8:00 p. m. (hora del Pacífico) o visite [ProvidenceHealthAssurance.com](https://www.ProvidenceHealthAssurance.com).