

HealthFirst

Health Plans

Health First Health Plans 2025 Formulary.

List of Covered Drugs



What is the Health First Health Plans Formulary?

A formulary is a list of covered drugs selected by Health First Health Plans in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Health First Health Plans will generally cover the drugs listed in our formulary as long as the drug is filled at a Health First Health Plans network pharmacy, is a medical necessity, and other plan rules are followed. This Formulary was updated as of 07/01/2025.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYSTOLIC) and generic drugs are listed in lower-case italics (e.g., carvedilo/). There are two ways to find your drug within the formulary:

1. Medical Condition

The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Antiarrhythmics. If you know what your drug is used for, look for the category name in the list that begins page 6. Then look under the category name for your drug.

2. Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 100. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Health First Health Plans covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Health First Health Plans requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Health First Health Plans before you fill your prescriptions. If you don't get approval, Health First Health Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, Health First Health Plans limits the amount of the drug being filled. For example, Health First Health Plans may limit a drug to only 48 pills in a one-month timeframe. These amounts will be listed in the formulary below if they are applicable to your medication.
- **Step Therapy:** In some cases, Health First Health Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Health First Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health First Health Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should contact us and ask if your drug is covered.

If you learn that Health First Health Plans does not cover your drug, you can ask us for similar drugs that are covered by Health First Health Plans. Discuss these alternatives with your doctor and ask him or her to prescribe one of the alternatives that are covered by Health First Health Plans.

How do I request an exception to the Health First Health Plans Formulary?

Your doctor can ask Health First Health Plans to make an exception to our coverage rules. Generally, Health First Health Plans will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

Can the Formulary change?

Please note, the formulary is reviewed and updated on a monthly basis and may be subject to change. Most changes in drug coverage occur on January 1, but Health First Health Plans may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new utilization management restrictions. If you are impacted by a change to the formulary, Health First Health Plans will aim to notify you at least 60 days prior to the change becoming effective. If we make such a change, you or your prescriber may request an exception for continued coverage. You can find information in the section above entitled "How do I request an exception to the Health First Health Plans Formulary?" You can contact us to find out if your drug is still covered or visit hf.org/healthplans.

For more information.

For more detailed information about your Health First Health Plans prescription drug coverage, please visit hf.org/healthplans or call us at 855.443.4735.

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Formulary Terminology.

The formulary that begins on page 6 provides coverage information about the drugs covered by Health First Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 100.

The information in the Requirements/Limits column tells you if Health First Health Plans has any special requirements for coverage of your drug.

Abbreviation	Term	Description
PA	Prior Authorization	Your Physician must get approval from Health First Health Plans to cover this medication.
QL	Quantity Limits	Some drugs have a limit of how much you can fill at a time.
ST	Step Therapy	Some drugs require another medication be tried before approval.
OTC	Over-the-counter	Medications that can be purchased with ¹ or without a prescription from your Physician.
PA**	Prior Authorization if Step Therapy is not met	A Prior authorization will be needed if you do not meet the step therapy.

¹ to be covered at the pharmacy, a prescription from your doctor is required.

Drug	Tier	Notes
ANTIDOTE THERAPEUTICS		
ACETAMINOPHEN ANTIDOTE		
<i>Acetylcysteine Inhalation Solution 10 %, 20 %</i>	T3	
ALCOHOL DETERRENTS (91:02)		
<i>Acamprosate Calcium Oral Tablet Delayed Release 333 MG</i>	T2	PA
<i>Disulfiram Oral Tablet 250 MG, 500 MG</i>	T2	
<i>Naltrexone HCl Oral Tablet 50 MG</i>	\$0	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	T5	PA; QL (1 EA per 28 days)
ANTIDOTE THERAPEUTICS		
<i>Atropine Sulfate Ophthalmic Solution 1 %</i>	T2	
CHEMET ORAL CAPSULE 100 MG	T4	
<i>Glucagon Emergency Injection Kit 1 MG</i>	T3	
<i>Hyoscyamine Sulfate ER Oral Tablet Extended Release 12 Hour 0.375 MG</i>	T2	
<i>Hyoscyamine Sulfate Oral Tablet 0.125 MG</i>	T2	
<i>Hyoscyamine Sulfate Oral Tablet Dispersible 0.125 MG</i>	T2	
<i>Hyoscyamine Sulfate Sublingual Tablet Sublingual 0.125 MG</i>	T2	
<i>Magnesium Sulfate Injection Solution 50 %</i>	T2	
<i>Magnesium Sulfate Intravenous Solution 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML</i>	T2	
<i>Naloxone HCl Injection Solution 0.4 MG/ML, 4 MG/10ML</i>	T2	
<i>Naloxone HCl Injection Solution Cartridge 0.4 MG/ML</i>	T2	
<i>Naloxone HCl Injection Solution Prefilled Syringe 2 MG/2ML</i>	T2	
<i>Naloxone HCl Nasal Liquid 4 MG/0.1ML</i>	T2	
NARCAN NASAL LIQUID 4 MG/0.1ML	T3	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	T2	
<i>Oscimin Oral Tablet 0.125 MG</i>	T2	
<i>Oscimin Sublingual Tablet Sublingual 0.125 MG</i>	T2	
<i>penicillAMINE Oral Tablet 250 MG</i>	T4	
<i>Phytonadione Oral Tablet 5 MG</i>	T4	
ANTIDOTES (91:04)		
<i>Atropine Sulfate Injection Solution Prefilled Syringe 0.25 MG/5ML, 1 MG/10ML</i>	T2	
<i>Magnesium Sulfate in D5W Intravenous Solution 1-5 GM/100ML-%</i>	T2	
<i>Magnesium Sulfate Injection Solution 50 %</i>	T2	
<i>Magnesium Sulfate Intravenous Solution 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML</i>	T2	

Drug	Tier	Notes
<i>Naloxone HCl Injection Solution 0.4 MG/ML, 4 MG/10ML</i>	T2	
<i>Naloxone HCl Injection Solution Cartridge 0.4 MG/ML</i>	T2	
<i>Naloxone HCl Injection Solution Prefilled Syringe 2 MG/2ML</i>	T2	
<i>Naltrexone HCl Oral Tablet 50 MG</i>	\$0	
<i>Sevelamer Carbonate Oral Packet 0.8 GM, 2.4 GM</i>	T3	
<i>Sevelamer Carbonate Oral Tablet 800 MG</i>	T4	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	T5	PA; QL (1 EA per 28 days)
CHEMOTHERAPY ANTIDOTES/PROTECTANTS		
<i>Dexrazoxane HCl Intravenous Solution Reconstituted 250 MG, 500 MG</i>	T2	
<i>Leucovorin Calcium Injection Solution Reconstituted 100 MG, 200 MG, 350 MG, 50 MG, 500 MG</i>	T2	
<i>Leucovorin Calcium Oral Tablet 10 MG, 15 MG, 25 MG, 5 MG</i>	T2	
FLUOROPYRIMIDINE ANTIDOTE		
VISTOGARD ORAL PACKET 10 GM	T3	QL (20 EA per 5 days)
ANTIHISTAMINE DRUGS		
ANTIHISTAMINE DRUGS		
<i>Promethazine HCl Oral Tablet 25 MG</i>	T2	
ETHANOLAMINE DERIVATIVES		
<i>Carbinoxamine Maleate Oral Solution 4 MG/5ML</i>	T2	
<i>Carbinoxamine Maleate Oral Tablet 4 MG</i>	T2	
<i>Clemastine Fumarate Oral Tablet 2.68 MG</i>	T2	
<i>diphenhydrAMINE HCl Injection Solution 50 MG/ML</i>	T2	
<i>diphenhydrAMINE HCl Oral Elixir 12.5 MG/5ML</i>	T2	
<i>Sleep-Aid Oral Tablet 25 MG</i>	T2	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC.		
<i>Cyproheptadine HCl Oral Syrup 2 MG/5ML</i>	T2	
<i>Cyproheptadine HCl Oral Tablet 4 MG</i>	T2	
FIRST GENERATION ANTIHISTAMINES		
<i>Carbinoxamine Maleate Oral Solution 4 MG/5ML</i>	T2	
<i>Carbinoxamine Maleate Oral Tablet 4 MG</i>	T2	
<i>Clemastine Fumarate Oral Tablet 2.68 MG</i>	T2	
<i>Cyproheptadine HCl Oral Syrup 2 MG/5ML</i>	T2	
<i>Cyproheptadine HCl Oral Tablet 4 MG</i>	T2	
<i>diphenhydrAMINE HCl Injection Solution 50 MG/ML</i>	T2	
<i>diphenhydrAMINE HCl Oral Elixir 12.5 MG/5ML</i>	T2	
<i>HydrOXYzine HCl Intramuscular Solution 25 MG/ML, 50 MG/ML</i>	T2	
<i>hydrOXYzine HCl Oral Syrup 10 MG/5ML</i>	T2	
<i>hydrOXYzine HCl Oral Tablet 10 MG, 25 MG, 50 MG</i>	T1	
<i>hydrOXYzine Pamoate Oral Capsule 100 MG</i>	T2	

Drug	Tier	Notes
<i>hydrOXYzine Pamoate Oral Capsule 25 MG, 50 MG</i>	T1	
<i>Meclizine HCl Oral Tablet 12.5 MG, 25 MG</i>	T2	
<i>Promethazine HCl Injection Solution 25 MG/ML, 50 MG/ML</i>	T2	
<i>Promethazine HCl Oral Syrup 6.25 MG/5ML</i>	T2	
<i>Promethazine HCl Oral Tablet 12.5 MG, 25 MG, 50 MG</i>	T2	
<i>Promethazine-Codeine Oral Syrup 6.25-10 MG/5ML</i>	T2	
<i>Promethazine-DM Oral Syrup 6.25-15 MG/5ML</i>	T2	
<i>Pseudoeph-Bromphen-DM Oral Syrup 30-2-10 MG/5ML</i>	T2	
<i>Sleep-Aid Oral Tablet 25 MG</i>	T2	
OTHER ANTIHISTAMINES		
<i>Bepotastine Besilate Ophthalmic Solution 1.5 %</i>	T2	
<i>Cimetidine Oral Tablet 200 MG, 300 MG, 400 MG, 800 MG</i>	T2	
<i>Famotidine (PF) Intravenous Solution 20 MG/2ML</i>	T2	
<i>Famotidine Intravenous Solution 200 MG/20ML, 40 MG/4ML</i>	T2	
<i>Famotidine Oral Suspension Reconstituted 40 MG/5ML</i>	T2	
<i>Famotidine Oral Tablet 20 MG, 40 MG</i>	T2	
<i>Famotidine Premixed Intravenous Solution 20-0.9 MG/50ML-%</i>	T2	
<i>HydrOXYzine HCl Intramuscular Solution 25 MG/ML, 50 MG/ML</i>	T2	
<i>hydrOXYzine HCl Oral Syrup 10 MG/5ML</i>	T2	
<i>hydrOXYzine HCl Oral Tablet 10 MG, 25 MG, 50 MG</i>	T1	
<i>hydrOXYzine Pamoate Oral Capsule 100 MG</i>	T2	
<i>hydrOXYzine Pamoate Oral Capsule 25 MG, 50 MG</i>	T1	
LASTACFT OPHTHALMIC SOLUTION 0.25 %	T3	
<i>Nizatidine Oral Capsule 150 MG, 300 MG</i>	T2	
<i>Olopatadine HCl Nasal Solution 0.6 %</i>	T2	QL (31 GM per 25 days)
<i>Olopatadine HCl Ophthalmic Solution 0.1 %, 0.2 %</i>	T2	PA
PHENOTHIAZINE DERIVATIVES		
<i>Promethazine HCl Injection Solution 25 MG/ML, 50 MG/ML</i>	T2	
<i>Promethazine HCl Oral Syrup 6.25 MG/5ML</i>	T2	
<i>Promethazine HCl Oral Tablet 12.5 MG, 25 MG, 50 MG</i>	T2	
<i>Promethazine-Codeine Oral Syrup 6.25-10 MG/5ML</i>	T2	
<i>Promethazine-DM Oral Syrup 6.25-15 MG/5ML</i>	T2	
PROPYLAMINE DERIVATIVES		
<i>Pseudoeph-Bromphen-DM Oral Syrup 30-2-10 MG/5ML</i>	T2	

Drug	Tier	Notes
SECOND GENERATION ANTIHISTAMINES		
<i>Desloratadine Oral Tablet 5 MG</i>	T2	
<i>Desloratadine Oral Tablet Dispersible 2.5 MG, 5 MG</i>	T2	
<i>Epinastine HCl Ophthalmic Solution 0.05 %</i>	T2	
LASTACFT OPHTHALMIC SOLUTION 0.25 %	T3	
<i>Levocetirizine Dihydrochloride Oral Solution 2.5 MG/5ML</i>	T2	
<i>Levocetirizine Dihydrochloride Oral Tablet 5 MG</i>	T2	
ANTI-INFECTIVE AGENTS		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>Cefadroxil Oral Capsule 500 MG</i>	T2	
<i>Cefadroxil Oral Suspension Reconstituted 250 MG/5ML, 500 MG/5ML</i>	T2	
<i>Cefadroxil Oral Tablet 1 GM</i>	T2	
<i>CeFAZolin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 500 MG</i>	T2	
<i>CeFAZolin Sodium Intravenous Solution Reconstituted 1 GM</i>	T2	
<i>Cephalexin Oral Capsule 250 MG, 500 MG</i>	T1	
<i>Cephalexin Oral Capsule 750 MG</i>	T2	
<i>Cephalexin Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML</i>	T2	
<i>Cephalexin Oral Tablet 250 MG, 500 MG</i>	T2	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>Cefaclor Oral Capsule 250 MG, 500 MG</i>	T2	
<i>Cefaclor Oral Suspension Reconstituted 250 MG/5ML</i>	T2	
<i>cefoTEtan Disodium Injection Solution Reconstituted 1 GM, 2 GM</i>	T2	
<i>CefOXitin Sodium Intravenous Solution Reconstituted 1 GM, 10 GM, 2 GM</i>	T2	
<i>Cefprozil Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML</i>	T2	
<i>Cefprozil Oral Tablet 250 MG, 500 MG</i>	T2	
<i>Cefuroxime Axetil Oral Tablet 250 MG, 500 MG</i>	T2	
<i>Cefuroxime Sodium Injection Solution Reconstituted 750 MG</i>	T2	
<i>Cefuroxime Sodium Intravenous Solution Reconstituted 1.5 GM</i>	T2	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>Cefdinir Oral Capsule 300 MG</i>	T2	
<i>Cefdinir Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML</i>	T2	
<i>Cefixime Oral Capsule 400 MG</i>	T3	

Drug	Tier	Notes
<i>Cefixime Oral Suspension Reconstituted 100 MG/5ML, 200 MG/5ML</i>	T3	
<i>Cefotaxime Sodium Injection Solution Reconstituted 1 GM, 2 GM</i>	T2	
<i>Cefpodoxime Proxetil Oral Suspension Reconstituted 100 MG/5ML, 50 MG/5ML</i>	T2	
<i>Cefpodoxime Proxetil Oral Tablet 100 MG, 200 MG</i>	T2	
<i>cefTAZidime Intravenous Solution Reconstituted 2 GM</i>	T2	
<i>cefTRIAxone Sodium Injection Solution Reconstituted 1 GM, 2 GM, 250 MG, 500 MG</i>	T4	QL (28 EA per 14 days)
<i>CefTRIAxone Sodium Intravenous Solution Reconstituted 1 GM, 2 GM</i>	T4	QL (28 EA per 14 days)
<i>cefTRIAxone Sodium Intravenous Solution Reconstituted 10 GM</i>	T4	QL (7 EA per 14 days)
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	T2	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	T2	
4TH GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>Cefepime HCl Injection Solution Reconstituted 1 GM</i>	T4	
<i>Cefepime HCl Intravenous Solution Reconstituted 2 GM</i>	T4	
ADAMANTANE ANTIVIRALS		
<i>Amantadine HCl Oral Capsule 100 MG</i>	T2	
<i>Amantadine HCl Oral Solution 50 MG/5ML</i>	T2	
<i>Amantadine HCl Oral Tablet 100 MG</i>	T2	
<i>riMANTAdine HCl Oral Tablet 100 MG</i>	T2	
ALLYLAMINE ANTIFUNGALS		
<i>Terbinafine HCl Oral Tablet 250 MG</i>	T2	QL (180 EA per 365 days)
AMEBICIDES		
<i>Chlorhexidine Gluconate Mouth/Throat Solution 0.12 %</i>	T1	
<i>metroNIDAZOLE External Cream 0.75 %</i>	T2	QL (60 GM per 30 days)
<i>metroNIDAZOLE External Gel 0.75 %</i>	T2	QL (60 GM per 30 days)
<i>metroNIDAZOLE External Lotion 0.75 %</i>	T3	QL (60 ML per 30 days)
<i>metroNIDAZOLE Intravenous Solution 500 MG/100ML</i>	T2	
<i>metroNIDAZOLE Oral Tablet 250 MG, 500 MG</i>	T2	
<i>metroNIDAZOLE Vaginal Gel 0.75 %</i>	T3	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	T1	
VANAZOLE VAGINAL GEL 0.75 %	T3	
AMINOGLYCOSIDE ANTIBIOTICS		
<i>Amikacin Sulfate Injection Solution 1 GM/4ML, 500 MG/2ML</i>	T2	

Drug	Tier	Notes
<i>Gentamicin in Saline Intravenous Solution 0.8-0.9 MG/ML-%, 1-0.9 MG/ML-%, 1.2-0.9 MG/ML-%, 1.6-0.9 MG/ML-%, 2-0.9 MG/ML-%</i>	T2	
<i>Gentamicin Sulfate External Cream 0.1 %</i>	T2	QL (120 GM per 30 days)
<i>Gentamicin Sulfate External Ointment 0.1 %</i>	T2	QL (120 GM per 30 days)
<i>Gentamicin Sulfate Injection Solution 10 MG/ML, 40 MG/ML</i>	T2	
<i>Gentamicin Sulfate Ophthalmic Solution 0.3 %</i>	T1	QL (20 ML per 30 days)
<i>Neomycin Sulfate Oral Tablet 500 MG</i>	T2	
<i>Streptomycin Sulfate Intramuscular Solution Reconstituted 1 GM</i>	T2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	T3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	T3	
<i>Tobramycin Inhalation Nebulization Solution 300 MG/4ML</i>	T5	PA; QL (224 ML per 28 days)
<i>Tobramycin Inhalation Nebulization Solution 300 MG/5ML</i>	T5	PA; QL (280 ML per 28 days)
<i>Tobramycin Ophthalmic Solution 0.3 %</i>	T1	
<i>Tobramycin Sulfate Injection Solution 1.2 GM/30ML, 10 MG/ML</i>	T2	
<i>Tobramycin Sulfate Injection Solution 2 GM/50ML, 80 MG/2ML</i>	T2	QL (360 ML per 10 days)
<i>Tobramycin Sulfate Injection Solution Reconstituted 1.2 GM</i>	T2	QL (20 EA per 10 days)
<i>Tobramycin-Dexamethasone Ophthalmic Suspension 0.3-0.1 %</i>	T2	
AMINOPENICILLIN ANTIBIOTICS		
<i>Amoxicillin Oral Capsule 250 MG, 500 MG</i>	T1	
<i>Amoxicillin Oral Suspension Reconstituted 125 MG/5ML, 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	T1	
<i>Amoxicillin Oral Tablet 500 MG, 875 MG</i>	T1	
<i>Amoxicillin Oral Tablet Chewable 125 MG, 250 MG</i>	T2	
<i>Amoxicillin-Pot Clavulanate ER Oral Tablet Extended Release 12 Hour 1000-62.5 MG</i>	T2	
<i>Amoxicillin-Pot Clavulanate Oral Suspension Reconstituted 200-28.5 MG/5ML, 250-62.5 MG/5ML, 400-57 MG/5ML, 600-42.9 MG/5ML</i>	T2	
<i>Amoxicillin-Pot Clavulanate Oral Tablet 250-125 MG, 500-125 MG, 875-125 MG</i>	T1	
<i>Ampicillin Oral Capsule 500 MG</i>	T2	
<i>Ampicillin Sodium Injection Solution Reconstituted 1 GM, 2 GM, 250 MG, 500 MG</i>	T4	
<i>Ampicillin Sodium Intravenous Solution Reconstituted 1 GM, 10 GM, 2 GM</i>	T4	
<i>Ampicillin-Sulbactam Sodium Injection Solution Reconstituted 1.5 (1-0.5) GM, 3 (2-1) GM</i>	T4	

Drug	Tier	Notes
<i>Ampicillin-Sulbactam Sodium Intravenous Solution Reconstituted 15 (10-5) GM</i>	T4	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	T3	
ANTHELMINTICS		
EMVERM ORAL TABLET CHEWABLE 100 MG	T4	PA; QL (12 EA per 365 days)
<i>Ivermectin Oral Tablet 3 MG</i>	T2	
<i>Praziquantel Oral Tablet 600 MG</i>	T4	QL (24 EA per 365 days)
ANTIFUNGALS, MISCELLANEOUS		
<i>Griseofulvin Microsize Oral Suspension 125 MG/5ML</i>	T2	
<i>Griseofulvin Microsize Oral Tablet 500 MG</i>	T2	
<i>Griseofulvin Ultramicrosize Oral Tablet 125 MG, 250 MG</i>	T2	
ANTILEPROSY AGENTS		
<i>Dapsone Oral Tablet 100 MG, 25 MG</i>	T2	
ANTIMALARIALS		
<i>Atovaquone-Proguanil HCl Oral Tablet 250-100 MG, 62.5-25 MG</i>	T2	
<i>Avidoxy Oral Tablet 100 MG</i>	T2	
<i>Chloroquine Phosphate Oral Tablet 250 MG, 500 MG</i>	T2	
COARTEM ORAL TABLET 20-120 MG	T4	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	T2	
<i>Doxycycline Hyclate Intravenous Solution Reconstituted 100 MG</i>	T2	
<i>Doxycycline Hyclate Oral Capsule 100 MG, 50 MG</i>	T1	
<i>Doxycycline Hyclate Oral Tablet 100 MG, 20 MG</i>	T2	
<i>Doxycycline Hyclate Oral Tablet Delayed Release 100 MG, 150 MG, 75 MG</i>	T2	
<i>Doxycycline Monohydrate Oral Capsule 100 MG, 50 MG</i>	T1	
<i>Doxycycline Monohydrate Oral Capsule 150 MG, 75 MG</i>	T2	
<i>Doxycycline Monohydrate Oral Suspension Reconstituted 25 MG/5ML</i>	T2	
<i>Doxycycline Monohydrate Oral Tablet 150 MG, 50 MG, 75 MG</i>	T2	
<i>Hydroxychloroquine Sulfate Oral Tablet 200 MG</i>	T2	
<i>Mefloquine HCl Oral Tablet 250 MG</i>	T2	
<i>Minocycline HCl Oral Capsule 100 MG, 50 MG, 75 MG</i>	T1	
<i>Minocycline HCl Oral Tablet 100 MG, 50 MG, 75 MG</i>	T2	
<i>Primaquine Phosphate Oral Tablet 26.3 (15 Base) MG</i>	T2	
<i>Pyrimethamine Oral Tablet 25 MG</i>	T3	PA
<i>quinIDine Sulfate Oral Tablet 200 MG, 300 MG</i>	T2	
<i>QuiNINE Sulfate Oral Capsule 324 MG</i>	T2	

Drug	Tier	Notes
<i>Tetracycline HCl Oral Capsule 250 MG, 500 MG</i>	T4	QL (120 EA per 30 days)
ANTIMYCOBACTERIALS, MISCELLANEOUS		
<i>Dapsone Oral Tablet 100 MG, 25 MG</i>	T2	
ANTIPROTOZOALS, CRYPTOSPORIDIOSIS		
<i>Nitazoxanide Oral Tablet 500 MG</i>	T4	QL (20 EA per 25 days)
ANTIPROTOZOALS, MISCELLANEOUS		
<i>Atovaquone Oral Suspension 750 MG/5ML</i>	T4	
<i>Dapsone Oral Tablet 100 MG, 25 MG</i>	T2	
<i>metroNIDAZOLE Intravenous Solution 500 MG/100ML</i>	T2	
<i>metroNIDAZOLE Oral Tablet 250 MG, 500 MG</i>	T2	
<i>Nitazoxanide Oral Tablet 500 MG</i>	T4	QL (20 EA per 25 days)
<i>Pentamidine Isethionate Inhalation Solution Reconstituted 300 MG</i>	T2	
<i>Pentamidine Isethionate Injection Solution Reconstituted 300 MG</i>	T2	
<i>Sulfamethoxazole-Trimethoprim Intravenous Solution 400-80 MG/5ML</i>	T2	
<i>Sulfamethoxazole-Trimethoprim Oral Suspension 200-40 MG/5ML</i>	T2	
<i>Sulfamethoxazole-Trimethoprim Oral Tablet 400-80 MG, 800-160 MG</i>	T1	
<i>Tinidazole Oral Tablet 250 MG, 500 MG</i>	T2	
ANTIPROTOZOALS,NITROIMIDAZOLE-DERIVATIVE		
<i>Tinidazole Oral Tablet 250 MG, 500 MG</i>	T2	
ANTIRETROVIRALS, MISCELLANEOUS		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	T3	
ANTITUBERCULOSIS AGENTS		
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	T4	
<i>Ciprofloxacin HCl Oral Tablet 250 MG, 500 MG, 750 MG</i>	T1	
<i>Ciprofloxacin in D5W Intravenous Solution 200 MG/100ML, 400 MG/200ML</i>	T2	
<i>Clarithromycin ER Oral Tablet Extended Release 24 Hour 500 MG</i>	T2	
<i>Clarithromycin Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML</i>	T2	
<i>Clarithromycin Oral Tablet 250 MG, 500 MG</i>	T2	
<i>cycloSERINE Oral Capsule 250 MG</i>	T2	
<i>Ethambutol HCl Oral Tablet 100 MG, 400 MG</i>	T2	
<i>Isoniazid Injection Solution 100 MG/ML</i>	T2	
<i>Isoniazid Oral Syrup 50 MG/5ML</i>	T2	
<i>Isoniazid Oral Tablet 100 MG, 300 MG</i>	T2	

Drug	Tier	Notes
<i>levoFLOXacin in D5W Intravenous Solution 250 MG/50ML, 500 MG/100ML, 750 MG/150ML</i>	T2	
<i>levoFLOXacin Intravenous Solution 25 MG/ML</i>	T2	QL (560 ML per 14 days)
<i>levoFLOXacin Oral Solution 25 MG/ML</i>	T2	
<i>levoFLOXacin Oral Tablet 250 MG, 500 MG, 750 MG</i>	T2	
<i>Moxifloxacin HCl in NaCl Intravenous Solution 400 MG/250ML</i>	T2	
<i>Moxifloxacin HCl Oral Tablet 400 MG</i>	T2	
<i>Pretomanid Oral Tablet 200 MG</i>	T4	
PRIFTIN ORAL TABLET 150 MG	T3	
<i>Pyrazinamide Oral Tablet 500 MG</i>	T2	
<i>Rifabutin Oral Capsule 150 MG</i>	T3	
<i>Rifampin Intravenous Solution Reconstituted 600 MG</i>	T2	
<i>rifAMPin Oral Capsule 150 MG, 300 MG</i>	T2	
SIRTURO ORAL TABLET 100 MG	T5	PA
<i>Streptomycin Sulfate Intramuscular Solution Reconstituted 1 GM</i>	T2	
ANTIVIRALS, MISCELLANEOUS		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	T3	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	T3	QL (40 EA per 30 days)
AZOLE ANTIFUNGALS		
<i>Fluconazole in Sodium Chloride Intravenous Solution 100-0.9 MG/50ML-%, 200-0.9 MG/100ML-%, 400-0.9 MG/200ML-%</i>	\$0	
<i>Fluconazole Oral Suspension Reconstituted 10 MG/ML, 40 MG/ML</i>	T2	
<i>Fluconazole Oral Tablet 100 MG, 150 MG, 200 MG, 50 MG</i>	T1	
<i>Itraconazole Oral Capsule 100 MG</i>	T4	PA
<i>Itraconazole Oral Solution 10 MG/ML</i>	T4	PA
<i>Ketoconazole External Cream 2 %</i>	T2	QL (120 GM per 25 days)
<i>Ketoconazole External Shampoo 2 %</i>	T2	
<i>Ketoconazole Oral Tablet 200 MG</i>	T4	
<i>Posaconazole Oral Tablet Delayed Release 100 MG</i>	T4	
<i>Voriconazole Oral Suspension Reconstituted 40 MG/ML</i>	T4	PA
<i>Voriconazole Oral Tablet 200 MG, 50 MG</i>	T4	PA
BACITRACIN ANTIBIOTICS		
<i>Bacitracin Ophthalmic Ointment 500 UNIT/GM</i>	T2	
<i>Bacitracin-Polymyxin B Ophthalmic Ointment 500-10000 UNIT/GM</i>	T2	
<i>Bacitra-Neomycin-Polymyxin-HC Ophthalmic Ointment 1 %</i>	T2	

Drug	Tier	Notes
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	T2	
CARBAPENEM ANTIBIOTICS		
<i>Ertapenem Sodium Injection Solution Reconstituted 1 GM</i>	T4	QL (28 EA per 14 days)
<i>Imipenem-Cilastatin Intravenous Solution Reconstituted 250 MG, 500 MG</i>	T2	
<i>Meropenem Intravenous Solution Reconstituted 1 GM</i>	T4	QL (84 EA per 14 days)
<i>Meropenem Intravenous Solution Reconstituted 500 MG</i>	T4	QL (168 EA per 14 days)
CEPHAMYCIN ANTIBIOTICS		
<i>cefoTEtan Disodium Injection Solution Reconstituted 1 GM, 2 GM</i>	T2	
<i>CefOXitin Sodium Intravenous Solution Reconstituted 1 GM, 10 GM, 2 GM</i>	T2	
CHLORAMPHENICOL ANTIBIOTICS		
<i>Chloramphenicol Sod Succinate Intravenous Solution Reconstituted 1 GM</i>	T2	
CORONAVIRUS (COVID-19)		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	T3	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	T3	QL (40 EA per 30 days)
CYCLIC LIPOPEPTIDE ANTIBIOTICS		
<i>DAPTOmycin Intravenous Solution Reconstituted 500 MG</i>	T4	
ERYTHROMYCIN ANTIBIOTICS		
E.E.S. 400 ORAL TABLET 400 MG	T4	
<i>Ery External Pad 2 %</i>	NF	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	T3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	T4	
<i>Erythromycin Base Oral Capsule Delayed Release Particles 250 MG</i>	T3	
<i>Erythromycin Base Oral Tablet 250 MG</i>	T4	
<i>Erythromycin Base Oral Tablet 500 MG</i>	T3	
<i>Erythromycin Ethylsuccinate Oral Suspension Reconstituted 200 MG/5ML, 400 MG/5ML</i>	T4	
<i>Erythromycin Ethylsuccinate Oral Tablet 400 MG</i>	T4	
<i>Erythromycin External Gel 2 %</i>	T2	QL (60 GM per 25 days)
<i>Erythromycin External Solution 2 %</i>	T2	QL (60 ML per 25 days)
EXTENDED-SPECTRUM PENICILLINS		
<i>Piperacillin Sod-Tazobactam So Intravenous Solution Reconstituted 2.25 (2-0.25) GM, 3.375 (3-0.375) GM, 4.5 (4-0.5) GM, 40.5 (36-4.5) GM</i>	T4	

Drug	Tier	Notes
GLYCOPEPTIDE ANTIBIOTICS		
<i>Vancomycin HCl Intravenous Solution Reconstituted 1 GM</i>	T4	QL (28 EA per 14 days)
<i>Vancomycin HCl Intravenous Solution Reconstituted 10 GM, 5 GM</i>	T4	QL (42 EA per 14 days)
<i>Vancomycin HCl Intravenous Solution Reconstituted 500 MG, 750 MG</i>	T4	QL (56 EA per 14 days)
<i>Vancomycin HCl Oral Capsule 125 MG, 250 MG</i>	T4	QL (80 EA per 10 days)
HCV POLYMERASE INHIBITOR ANTIVIRALS		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	T5	PA; QL (28 EA per 28 days)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	T5	PA; QL (28 EA per 28 days)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	T5	PA; QL (28 EA per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	T5	PA; QL (28 EA per 28 days)
SOVALDI ORAL PACKET 150 MG, 200 MG	T3	PA; QL (28 EA per 28 days)
SOVALDI ORAL TABLET 200 MG, 400 MG	T5	PA; QL (28 EA per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	T5	PA; QL (28 EA per 28 days)
HCV PROTEASE INHIBITOR ANTIVIRALS		
VOSEVI ORAL TABLET 400-100-100 MG	T5	PA; QL (28 EA per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	T5	PA; QL (28 EA per 28 days)
HCV REPLICATION COMPLEX INHIBITORS		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	T5	PA; QL (28 EA per 28 days)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	T5	PA; QL (28 EA per 28 days)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	T5	PA; QL (28 EA per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	T5	PA; QL (28 EA per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	T5	PA; QL (28 EA per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	T5	PA; QL (28 EA per 28 days)
HIV CAPSID INHIBITORS		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	T3	
HIV ENTRY AND FUSION INHIBITORS		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	T5	QL (60 EA per 30 days)
<i>Maraviroc Oral Tablet 150 MG</i>	T1	QL (60 EA per 30 days)
<i>Maraviroc Oral Tablet 300 MG</i>	T1	QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	T3	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	T4	QL (1840 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	T4	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	T5	
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	\$0	QL (3 ML per 60 days)

Drug	Tier	Notes
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	T3	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	T3	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	T3	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	T3	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	T3	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	T3	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	T3	QL (180 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	T3	QL (30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	T3	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	T3	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	T3	QL (180 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	T3	QL (30 EA per 30 days)
<i>Triumeq PD Oral Tablet Soluble 60-5-30 MG</i>	T3	QL (180 EA per 30 days)
HIV NONNUCLEOSIDE REV.TRANScrip. INHIB.		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	T3	QL (30 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	T3	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	T3	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	T3	QL (60 EA per 30 days)
<i>Efavirenz Oral Tablet 600 MG</i>	T1	QL (30 EA per 30 days)
<i>Efavirenz-Emtricitab-Tenofo DF Oral Tablet 600-200-300 MG</i>	T1	QL (30 EA per 30 days)
<i>Efavirenz-lamiVUDine-Tenofovir Oral Tablet 400-300-300 MG, 600-300-300 MG</i>	T1	QL (30 EA per 30 days)
<i>Etravirine Oral Tablet 100 MG</i>	T1	QL (120 EA per 30 days)
<i>Etravirine Oral Tablet 200 MG</i>	T1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 100 MG, 25 MG	T4	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	T4	QL (60 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	T3	QL (30 EA per 30 days)
<i>Methocarbamol Oral Tablet 500 MG</i>	T2	
<i>Nevirapine ER Oral Tablet Extended Release 24 Hour 400 MG</i>	T1	QL (30 EA per 30 days)
<i>Nevirapine Oral Suspension 50 MG/5ML</i>	T1	QL (1200 ML per 30 days)
<i>Nevirapine Oral Tablet 200 MG</i>	T1	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	T3	QL (30 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	T3	QL (30 EA per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	T4	QL (30 EA per 30 days)
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS		
<i>Abacavir Sulfate Oral Solution 20 MG/ML</i>	T1	QL (960 ML per 30 days)
<i>Abacavir Sulfate Oral Tablet 300 MG</i>	T1	QL (60 EA per 30 days)
<i>Abacavir Sulfate-lamiVUDine Oral Tablet 600-300 MG</i>	T1	QL (30 EA per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	T3	QL (30 EA per 30 days)

Drug	Tier	Notes
CIMDUO ORAL TABLET 300-300 MG	T3	QL (30 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	T3	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	T3	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	T3	\$0 copay for PrEP (Exception process available when medically necessary for pre-exposure prophylaxis); QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	T3	QL (30 EA per 30 days)
<i>Efavirenz-Emtricitab-Tenofo DF Oral Tablet 600-200-300 MG</i>	T1	QL (30 EA per 30 days)
<i>Efavirenz-lamiVUDine-Tenofovir Oral Tablet 400-300-300 MG, 600-300-300 MG</i>	T1	QL (30 EA per 30 days)
<i>Emtricitabine Oral Capsule 200 MG</i>	T1	QL (30 EA per 30 days)
<i>Emtricitabine-Tenofovir DF Oral Tablet 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG</i>	T1	QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	T4	QL (30 EA per 30 days)
EPIVIR ORAL SOLUTION 10 MG/ML	T4	QL (960 ML per 30 days)
EPIVIR ORAL TABLET 150 MG	T4	QL (60 EA per 30 days)
EPIVIR ORAL TABLET 300 MG	T4	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	T3	QL (30 EA per 30 days)
<i>lamiVUDine Oral Solution 10 MG/ML</i>	T1	QL (960 ML per 30 days)
<i>lamiVUDine Oral Tablet 100 MG</i>	T2	
<i>lamiVUDine Oral Tablet 150 MG</i>	T1	QL (60 EA per 30 days)
<i>LamiVUDine Oral Tablet 300 MG</i>	T1	QL (30 EA per 30 days)
<i>lamiVUDine-Zidovudine Oral Tablet 150-300 MG</i>	T1	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	T3	QL (30 EA per 30 days)
RETROVIR ORAL CAPSULE 100 MG	T4	QL (180 EA per 30 days)
RETROVIR ORAL SYRUP 50 MG/5ML	T4	QL (1920 ML per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	T3	QL (30 EA per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	T4	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	T3	QL (30 EA per 30 days)
<i>Tenofovir Disoproxil Fumarate Oral Tablet 300 MG</i>	T1	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	T3	QL (30 EA per 30 days)
<i>Triumeq PD Oral Tablet Soluble 60-5-30 MG</i>	T3	QL (180 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	T4	QL (30 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	T3	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T3	QL (30 EA per 30 days)
VIREAD ORAL TABLET 300 MG	T4	QL (30 EA per 30 days)
ZIAGEN ORAL SOLUTION 20 MG/ML	T4	QL (960 ML per 30 days)
<i>Zidovudine Oral Capsule 100 MG</i>	T1	QL (180 EA per 30 days)
<i>Zidovudine Oral Syrup 50 MG/5ML</i>	T1	QL (1920 ML per 30 days)
<i>Zidovudine Oral Tablet 300 MG</i>	T1	QL (60 EA per 30 days)
HIV PROTEASE INHIBITOR ANTIRETROVIRALS		
APTIVUS ORAL CAPSULE 250 MG	T3	QL (120 EA per 30 days)

Drug	Tier	Notes
<i>Atazanavir Sulfate Oral Capsule 150 MG, 300 MG</i>	T1	QL (30 EA per 30 days)
<i>Atazanavir Sulfate Oral Capsule 200 MG</i>	T1	QL (60 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	T3	QL (30 EA per 30 days)
<i>Fosamprenavir Calcium Oral Tablet 700 MG</i>	T1	QL (120 EA per 30 days)
KALETRA ORAL SOLUTION 400-100 MG/5ML	T4	QL (480 ML per 30 days)
<i>Lopinavir-Ritonavir Oral Tablet 100-25 MG</i>	T1	QL (240 EA per 30 days)
<i>Lopinavir-Ritonavir Oral Tablet 200-50 MG</i>	T1	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	T3	QL (360 EA per 30 days)
NORVIR ORAL TABLET 100 MG	T4	QL (360 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	T3	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	T3	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	T3	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	T3	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	T3	QL (300 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	T3	QL (30 EA per 30 days)
REYATAZ ORAL CAPSULE 200 MG	T4	QL (60 EA per 30 days)
REYATAZ ORAL CAPSULE 300 MG	T4	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	T3	QL (180 EA per 30 days)
<i>Ritonavir Oral Tablet 100 MG</i>	T1	QL (360 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	T3	QL (30 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	T3	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	T3	QL (120 EA per 30 days)
INTERFERON ANTIVIRALS		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	T5	PA
LINCOMYCIN ANTIBIOTICS		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	T3	
<i>Clindamycin HCl Oral Capsule 150 MG, 300 MG, 75 MG</i>	T2	
<i>Clindamycin Palmitate HCl Oral Solution Reconstituted 75 MG/5ML</i>	T2	
<i>Clindamycin Phos (Once-Daily) External Gel 1 %</i>	T2	QL (75 ML per 25 days)
<i>Clindamycin Phos (Twice-Daily) External Gel 1 %</i>	T2	QL (75 GM per 25 days)
<i>Clindamycin Phosphate External Foam 1 %</i>	T2	
<i>Clindamycin Phosphate External Lotion 1 %</i>	T2	QL (60 ML per 25 days)
<i>Clindamycin Phosphate External Solution 1 %</i>	T2	QL (60 ML per 25 days)
<i>Clindamycin Phosphate External Swab 1 %</i>	T2	
<i>Clindamycin Phosphate Injection Solution 300 MG/2ML, 600 MG/4ML, 900 MG/6ML</i>	T2	
<i>Clindamycin Phosphate Vaginal Cream 2 %</i>	T2	

Drug	Tier	Notes
MONOBACTAM ANTIBIOTICS		
<i>Aztreonam Injection Solution Reconstituted 1 GM, 2 GM</i>	\$0	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	T5	PA; QL (84 ML per 28 days)
MONOCLONAL ANTIBODIES (08:18)		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Med	PA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	Med	PA
NATURAL PENICILLIN ANTIBIOTICS		
<i>Penicillin G Potassium Injection Solution Reconstituted 20000000 UNIT, 5000000 UNIT</i>	T2	
<i>Penicillin G Sodium Injection Solution Reconstituted 5000000 UNIT</i>	T2	
<i>Penicillin V Potassium Oral Solution Reconstituted 125 MG/5ML, 250 MG/5ML</i>	T2	
<i>Penicillin V Potassium Oral Tablet 250 MG, 500 MG</i>	T2	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT	T2	
NEURAMINIDASE INHIBITOR ANTIVIRALS		
<i>Oseltamivir Phosphate Oral Capsule 30 MG</i>	T3	QL (40 EA per 90 days)
<i>Oseltamivir Phosphate Oral Capsule 45 MG, 75 MG</i>	T3	QL (20 EA per 90 days)
<i>Oseltamivir Phosphate Oral Suspension Reconstituted 6 MG/ML</i>	T3	QL (360 ML per 90 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T3	QL (40 EA per 90 days)
NITROIMIDAZOLE DERIVATIVES, MISC		
<i>metroNIDAZOLE External Cream 0.75 %</i>	T2	QL (60 GM per 30 days)
<i>metroNIDAZOLE External Gel 0.75 %</i>	T2	QL (60 GM per 30 days)
<i>metroNIDAZOLE External Lotion 0.75 %</i>	T3	QL (60 ML per 30 days)
<i>metroNIDAZOLE Intravenous Solution 500 MG/100ML</i>	T2	
<i>metroNIDAZOLE Oral Tablet 250 MG, 500 MG</i>	T2	
<i>metroNIDAZOLE Vaginal Gel 0.75 %</i>	T3	
VANDAZOLE VAGINAL GEL 0.75 %	T3	
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS		
<i>Acyclovir External Ointment 5 %</i>	T3	PA
<i>Acyclovir Oral Capsule 200 MG</i>	T1	
<i>Acyclovir Oral Suspension 200 MG/5ML</i>	T2	
<i>Acyclovir Oral Tablet 400 MG, 800 MG</i>	T1	
<i>Acyclovir Sodium Intravenous Solution 50 MG/ML</i>	T2	
<i>Adefovir Dipivoxil Oral Tablet 10 MG</i>	T5	PA
BARACLUDE ORAL SOLUTION 0.05 MG/ML	T4	PA; QL (630 ML per 30 days)
<i>Cidofovir Intravenous Solution 75 MG/ML</i>	T2	
COMPLERA ORAL TABLET 200-25-300 MG	T3	QL (30 EA per 30 days)

Drug	Tier	Notes
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	T3	\$0 copay for PrEP (Exception process available when medically necessary for pre-exposure prophylaxis); QL (30 EA per 30 days)
<i>Emtricitabine-Tenofovir DF Oral Tablet 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG</i>	T1	QL (30 EA per 30 days)
<i>Entecavir Oral Tablet 0.5 MG</i>	T4	PA
<i>Entecavir Oral Tablet 1 MG</i>	T4	PA; QL (30 EA per 30 days)
<i>Famciclovir Oral Tablet 125 MG, 250 MG, 500 MG</i>	T2	
LAGEVRIO ORAL CAPSULE 200 MG	\$0	QL (30 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	T3	QL (30 EA per 30 days)
<i>Ribavirin Inhalation Solution Reconstituted 6 GM</i>	T2	
<i>Ribavirin Oral Capsule 200 MG</i>	T2	PA
<i>Ribavirin Oral Tablet 200 MG</i>	T4	PA
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	T4	QL (30 EA per 30 days)
<i>valACYclovir HCl Oral Tablet 1 GM, 500 MG</i>	T2	
<i>valGANciclovir HCl Oral Solution Reconstituted 50 MG/ML</i>	T5	QL (1000 ML per 30 days)
<i>valGANciclovir HCl Oral Tablet 450 MG</i>	T5	QL (102 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	T5	PA; QL (30 EA per 30 days)
ZIRGAN OPHTHALMIC GEL 0.15 %	T4	
OTHER MACROLIDE ANTIBIOTICS		
<i>Azithromycin Intravenous Solution Reconstituted 500 MG</i>	T2	
<i>Azithromycin Oral Suspension Reconstituted 100 MG/5ML, 200 MG/5ML</i>	T2	
<i>Azithromycin Oral Tablet 250 MG, 500 MG</i>	T1	
<i>Azithromycin Oral Tablet 600 MG</i>	T3	
<i>Clarithromycin ER Oral Tablet Extended Release 24 Hour 500 MG</i>	T2	
<i>Clarithromycin Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML</i>	T2	
<i>Clarithromycin Oral Tablet 250 MG, 500 MG</i>	T2	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	T3	PA
DIFICID ORAL TABLET 200 MG	T3	PA
OTHER MACROLIDES (8:12.12.92)		
<i>Azithromycin Intravenous Solution Reconstituted 500 MG</i>	T2	
<i>Azithromycin Oral Suspension Reconstituted 100 MG/5ML, 200 MG/5ML</i>	T2	
<i>Azithromycin Oral Tablet 250 MG, 500 MG</i>	T1	
<i>Azithromycin Oral Tablet 600 MG</i>	T3	
<i>Clarithromycin ER Oral Tablet Extended Release 24 Hour 500 MG</i>	T2	

Drug	Tier	Notes
<i>Clarithromycin Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML</i>	T2	
<i>Clarithromycin Oral Tablet 250 MG, 500 MG</i>	T2	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	T3	PA
DIFICID ORAL TABLET 200 MG	T3	PA
OXAZOLIDINONE ANTIBIOTICS		
<i>Linezolid in Sodium Chloride Intravenous Solution 600-0.9 MG/300ML-%</i>	T2	
<i>Linezolid Intravenous Solution 600 MG/300ML</i>	T2	
<i>Linezolid Oral Suspension Reconstituted 100 MG/5ML</i>	T2	
<i>Linezolid Oral Tablet 600 MG</i>	T4	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	T4	
SIVEXTRO ORAL TABLET 200 MG	T4	
PENICILLINASE-RESISTANT PENICILLINS		
<i>Dicloxacillin Sodium Oral Capsule 250 MG, 500 MG</i>	T2	
<i>Nafcillin Sodium Injection Solution Reconstituted 1 GM, 2 GM</i>	T4	
<i>Nafcillin Sodium Intravenous Solution Reconstituted 10 GM</i>	T4	
<i>Oxacillin Sodium Injection Solution Reconstituted 1 GM, 2 GM</i>	T2	
<i>Oxacillin Sodium Intravenous Solution Reconstituted 10 GM</i>	T2	
POLYENE ANTIFUNGALS		
<i>Amphotericin B Intravenous Solution Reconstituted 50 MG</i>	T2	QL (42 EA per 14 days)
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	T2	QL (120 GM per 25 days)
<i>Nystatin External Cream 100000 UNIT/GM</i>	T2	QL (120 GM per 25 days)
<i>Nystatin External Ointment 100000 UNIT/GM</i>	T2	QL (120 GM per 25 days)
<i>Nystatin External Powder 100000 UNIT/GM</i>	T2	QL (120 GM per 25 days)
<i>Nystatin Mouth/Throat Suspension 100000 UNIT/ML</i>	T2	
<i>Nystatin Oral Tablet 500000 UNIT</i>	T2	
<i>Nystatin-Triamcinolone External Cream 100000-0.1 UNIT/GM-%</i>	T2	QL (60 GM per 25 days)
<i>Nystatin-Triamcinolone External Ointment 100000-0.1 UNIT/GM-%</i>	T2	QL (60 GM per 25 days)
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	T2	QL (120 GM per 25 days)
POLYMYXIN ANTIBIOTICS		
<i>Polymyxin B Sulfate Injection Solution Reconstituted 500000 UNIT</i>	T2	
<i>Polymyxin B-Trimethoprim Ophthalmic Solution 10000-0.1 UNIT/ML-%</i>	T1	

Drug	Tier	Notes
QUINOLONE ANTIBIOTICS		
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	T4	
<i>Ciprofloxacin HCl Oral Tablet 250 MG, 500 MG, 750 MG</i>	T1	
<i>Ciprofloxacin in D5W Intravenous Solution 200 MG/100ML, 400 MG/200ML</i>	T2	
<i>levoFLOXacin in D5W Intravenous Solution 250 MG/50ML, 500 MG/100ML, 750 MG/150ML</i>	T2	
<i>levoFLOXacin Intravenous Solution 25 MG/ML</i>	T2	QL (560 ML per 14 days)
<i>levoFLOXacin Oral Solution 25 MG/ML</i>	T2	
<i>levoFLOXacin Oral Tablet 250 MG, 500 MG, 750 MG</i>	T2	
<i>Moxifloxacin HCl (2X Day) Ophthalmic Solution 0.5 %</i>	T2	
<i>Moxifloxacin HCl in NaCl Intravenous Solution 400 MG/250ML</i>	T2	
<i>Moxifloxacin HCl Ophthalmic Solution 0.5 %</i>	T2	
<i>Moxifloxacin HCl Oral Tablet 400 MG</i>	T2	
<i>Ofloxacin Ophthalmic Solution 0.3 %</i>	T2	
<i>Ofloxacin Oral Tablet 300 MG, 400 MG</i>	T2	
<i>Ofloxacin Otic Solution 0.3 %</i>	T2	
RIFAMYCIN ANTIBIOTICS		
PRIFTIN ORAL TABLET 150 MG	T3	
<i>Rifabutin Oral Capsule 150 MG</i>	T3	
<i>Rifampin Intravenous Solution Reconstituted 600 MG</i>	T2	
<i>rifAMPin Oral Capsule 150 MG, 300 MG</i>	T2	
XIFAXAN ORAL TABLET 200 MG	T4	PA; QL (9 EA per 25 days)
XIFAXAN ORAL TABLET 550 MG	T4	PA
SULFONAMIDE ANTIBIOTICS (SYSTEMIC)		
<i>sulfADIAZINE Oral Tablet 500 MG</i>	T4	
<i>Sulfamethoxazole-Trimethoprim Intravenous Solution 400-80 MG/5ML</i>	T2	
<i>Sulfamethoxazole-Trimethoprim Oral Suspension 200-40 MG/5ML</i>	T2	
<i>Sulfamethoxazole-Trimethoprim Oral Tablet 400-80 MG, 800-160 MG</i>	T1	
<i>sulfaSALazine Oral Tablet 500 MG</i>	T2	
<i>SulfaSALazine Oral Tablet Delayed Release 500 MG</i>	T2	
TETRACYCLINE ANTIBIOTICS		
<i>Avidoxy Oral Tablet 100 MG</i>	T2	
<i>Demeclocycline HCl Oral Tablet 150 MG, 300 MG</i>	T2	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	T2	
<i>Doxycycline Hyclate Intravenous Solution Reconstituted 100 MG</i>	T2	
<i>Doxycycline Hyclate Oral Capsule 100 MG, 50 MG</i>	T1	

Drug	Tier	Notes
<i>Doxycycline Hyclate Oral Tablet 100 MG, 20 MG</i>	T2	
<i>Doxycycline Hyclate Oral Tablet Delayed Release 100 MG, 150 MG, 75 MG</i>	T2	
<i>Doxycycline Monohydrate Oral Capsule 100 MG, 50 MG</i>	T1	
<i>Doxycycline Monohydrate Oral Capsule 150 MG, 75 MG</i>	T2	
<i>Doxycycline Monohydrate Oral Suspension Reconstituted 25 MG/5ML</i>	T2	
<i>Doxycycline Monohydrate Oral Tablet 150 MG, 50 MG, 75 MG</i>	T2	
<i>Minocycline HCl Oral Capsule 100 MG, 50 MG, 75 MG</i>	T1	
<i>Minocycline HCl Oral Tablet 100 MG, 50 MG, 75 MG</i>	T2	
<i>Tetracycline HCl Oral Capsule 250 MG, 500 MG</i>	T4	QL (120 EA per 30 days)
URINARY ANTI-INFECTIVES		
<i>Fosfomycin Tromethamine Oral Packet 3 GM</i>	T3	
<i>Methenamine Hippurate Oral Tablet 1 GM</i>	T2	
<i>Nitrofurantoin Macrocrystal Oral Capsule 100 MG, 50 MG</i>	T1	
<i>Nitrofurantoin Macrocrystal Oral Capsule 25 MG</i>	T2	
<i>Nitrofurantoin Monohyd Macro Oral Capsule 100 MG</i>	T1	
<i>Nitrofurantoin Oral Suspension 25 MG/5ML</i>	T4	
<i>Sulfamethoxazole-Trimethoprim Intravenous Solution 400-80 MG/5ML</i>	T2	
<i>Sulfamethoxazole-Trimethoprim Oral Suspension 200-40 MG/5ML</i>	T2	
<i>Sulfamethoxazole-Trimethoprim Oral Tablet 400-80 MG, 800-160 MG</i>	T1	
<i>Trimethoprim Oral Tablet 100 MG</i>	T2	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>Abiraterone Acetate Oral Tablet 250 MG</i>	T5	PA; QL (120 EA per 30 days)
<i>Abiraterone Acetate Oral Tablet 500 MG</i>	T5	PA; QL (60 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	T5	PA; QL (240 EA per 30 days)
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	T5	
<i>Anastrozole Oral Tablet 1 MG</i>	T2	
ARRANON INTRAVENOUS SOLUTION 5 MG/ML	T3	
<i>Arsenic Trioxide Intravenous Solution 10 MG/10ML, 12 MG/6ML</i>	T2	
AUGTYRO ORAL CAPSULE 40 MG	T5	PA
<i>azaCITIDine Injection Suspension Reconstituted 100 MG</i>	T5	PA
<i>Bexarotene External Gel 1 %</i>	T5	PA
<i>Bexarotene Oral Capsule 75 MG</i>	T5	PA

Drug	Tier	Notes
<i>Bicalutamide Oral Tablet 50 MG</i>	T2	
<i>Bleomycin Sulfate Injection Solution Reconstituted 15 UNIT, 30 UNIT</i>	T2	
BOSULIF ORAL TABLET 100 MG	T5	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	T5	PA; QL (30 EA per 30 days)
<i>Busulfan Intravenous Solution 6 MG/ML</i>	T2	
<i>Capecitabine Oral Tablet 150 MG</i>	T5	PA; QL (120 EA per 30 days)
<i>Capecitabine Oral Tablet 500 MG</i>	T5	PA; QL (300 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	T5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	T5	PA; QL (30 EA per 30 days)
<i>CARBOplatin Intravenous Solution 150 MG/15ML, 450 MG/45ML, 50 MG/5ML, 600 MG/60ML</i>	T2	
<i>Carmustine Intravenous Solution Reconstituted 100 MG</i>	T2	
<i>CISplatin Intravenous Solution 100 MG/100ML, 200 MG/200ML, 50 MG/50ML</i>	T2	
<i>Cladribine Intravenous Solution 10 MG/10ML</i>	T2	
<i>Clofarabine Intravenous Solution 1 MG/ML</i>	T2	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T5	PA; QL (1 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T5	PA; QL (1 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	T5	PA; QL (1 EA per 28 days)
COTELLIC ORAL TABLET 20 MG	T5	PA
<i>Cyclophosphamide Injection Solution Reconstituted 1 GM, 2 GM, 500 MG</i>	T5	
<i>Cyclophosphamide Oral Capsule 25 MG, 50 MG</i>	T2	
<i>Cytarabine (PF) Injection Solution 100 MG/ML, 20 MG/ML</i>	T2	
<i>Cytarabine Injection Solution 20 MG/ML</i>	T2	
<i>Dacarbazine Intravenous Solution Reconstituted 100 MG, 200 MG</i>	T2	
DANZITEN ORAL TABLET 71 MG, 95 MG	T5	PA
<i>DAUNOrubicin HCl Intravenous Solution 20 MG/4ML</i>	T2	
<i>Decitabine Intravenous Solution Reconstituted 50 MG</i>	T5	PA
<i>DOCEtaxel Intravenous Concentrate 160 MG/8ML</i>	T2	
<i>DOCEtaxel Intravenous Concentrate 20 MG/ML, 80 MG/4ML</i>	\$0	
<i>DOCEtaxel Intravenous Solution 160 MG/16ML, 20 MG/2ML, 80 MG/8ML</i>	T2	
<i>DOXOrubicin HCl Intravenous Solution 2 MG/ML</i>	T2	
<i>DOXOrubicin HCl Intravenous Solution Reconstituted 10 MG, 50 MG</i>	T2	
<i>DOXOrubicin HCl Liposomal Intravenous Suspension 2 MG/ML</i>	T2	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	T3	

Drug	Tier	Notes
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	T5	PA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	T5	PA
ERIVEDGE ORAL CAPSULE 150 MG	T5	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	T5	PA; QL (120 EA per 30 days)
<i>Erlotinib HCl Oral Tablet 100 MG, 150 MG</i>	T5	PA; QL (30 EA per 30 days)
<i>Erlotinib HCl Oral Tablet 25 MG</i>	T5	PA; QL (60 EA per 30 days)
<i>Etoposide Intravenous Solution 100 MG/5ML</i>	T2	
<i>Etoposide Oral Capsule 50 MG</i>	T2	
<i>Everolimus Oral Tablet 2.5 MG, 5 MG, 7.5 MG</i>	T5	PA; QL (30 EA per 30 days)
<i>Exemestane Oral Tablet 25 MG</i>	T2	PA
<i>Fludarabine Phosphate Intravenous Solution 50 MG/2ML</i>	T2	
<i>Fludarabine Phosphate Intravenous Solution Reconstituted 50 MG</i>	T2	
<i>Fluorouracil External Cream 0.5 %, 5 %</i>	T2	
<i>Fluorouracil External Solution 2 %, 5 %</i>	T2	
<i>Fluorouracil Intravenous Solution 1 GM/20ML, 2.5 GM/50ML, 5 GM/100ML</i>	T2	
<i>Fluorouracil Intravenous Solution 500 MG/10ML</i>	NF	
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	T5	PA
<i>Fulvestrant Intramuscular Solution Prefilled Syringe 250 MG/5ML</i>	T5	
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML	T5	PA
<i>Gemcitabine HCl Intravenous Solution 1 GM/26.3ML, 2 GM/52.6ML, 200 MG/5.26ML</i>	T5	
<i>Gemcitabine HCl Intravenous Solution Reconstituted 1 GM, 2 GM, 200 MG</i>	T5	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T5	
GLIADEL WAFER IMPLANT WAFER 7.7 MG	T3	
<i>Hydroxyurea Oral Capsule 500 MG</i>	T2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	T5	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	T5	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	T5	PA; QL (30 EA per 30 days)
<i>IDArubicin HCl Intravenous Solution 10 MG/10ML, 20 MG/20ML, 5 MG/5ML</i>	T2	
IDHIFA ORAL TABLET 100 MG, 50 MG	T5	PA; QL (30 EA per 30 days)
<i>Ifosfamide Intravenous Solution 1 GM/20ML, 3 GM/60ML</i>	T2	
<i>Ifosfamide Intravenous Solution Reconstituted 1 GM</i>	T2	
<i>Imatinib Mesylate Oral Tablet 100 MG</i>	T5	PA; QL (90 EA per 30 days)

Drug	Tier	Notes
<i>Imatinib Mesylate Oral Tablet 400 MG</i>	T5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; QL (90 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	T5	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	T5	PA; QL (30 EA per 30 days)
<i>Imkeldi Oral Solution 80 MG/ML</i>	T5	PA
INLYTA ORAL TABLET 1 MG	T5	PA; QL (240 EA per 30 days)
INLYTA ORAL TABLET 5 MG	T5	PA; QL (120 EA per 30 days)
<i>Irinotecan HCl Intravenous Solution 100 MG/5ML, 40 MG/2ML, 500 MG/25ML</i>	T5	
<i>Irinotecan HCl Intravenous Solution 300 MG/15ML</i>	T2	
ITOVEBI ORAL TABLET 3 MG, 9 MG	T5	PA
IWILFIN ORAL TABLET 192 MG	T5	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	T5	PA; QL (60 EA per 30 days)
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	T5	PA
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	T5	PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	T5	PA; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	T5	PA; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	T5	PA; QL (63 EA per 28 days)
<i>Lapatinib Ditosylate Oral Tablet 250 MG</i>	T5	PA; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	T5	PA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	T5	PA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	T5	PA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	T5	PA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	T5	PA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	T5	PA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	T5	PA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	T5	PA; QL (60 EA per 30 days)
<i>Letrozole Oral Tablet 2.5 MG</i>	T2	
LEUKERAN ORAL TABLET 2 MG	T3	
<i>Leuprolide Acetate Injection Kit 1 MG/0.2ML</i>	T5	PA
LORBRENA ORAL TABLET 100 MG	T5	PA; QL (30 EA per 30 days)

Drug	Tier	Notes
LORBRENA ORAL TABLET 25 MG	T5	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	T5	PA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	T3	
MATULANE ORAL CAPSULE 50 MG	T3	
<i>Megestrol Acetate Oral Suspension 40 MG/ML, 625 MG/5ML</i>	T2	
<i>Megestrol Acetate Oral Tablet 20 MG, 40 MG</i>	T2	
MEKINIST ORAL TABLET 0.5 MG	T5	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	T5	PA; QL (30 EA per 30 days)
<i>Melphalan HCl Intravenous Solution Reconstituted 50 MG</i>	T2	
<i>Mercaptopurine Oral Tablet 50 MG</i>	T2	
<i>Methotrexate Sodium (PF) Injection Solution 1 GM/40ML, 250 MG/10ML, 50 MG/2ML</i>	T2	
<i>Methotrexate Sodium Injection Solution 250 MG/10ML, 50 MG/2ML</i>	T2	
<i>Methotrexate Sodium Injection Solution Reconstituted 1 GM</i>	T2	
<i>Methotrexate Sodium Oral Tablet 2.5 MG</i>	T2	
<i>mitoMYcin Intravenous Solution Reconstituted 20 MG, 40 MG, 5 MG</i>	T2	
<i>Mitoxantrone HCl Intravenous Concentrate 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i>	T5	PA
NEXAVAR ORAL TABLET 200 MG	T5	PA; QL (120 EA per 30 days)
<i>Nilutamide Oral Tablet 150 MG</i>	T2	
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	T3	
ODOMZO ORAL CAPSULE 200 MG	T5	PA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	T5	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	T5	PA
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	T5	PA
<i>Oxaliplatin Intravenous Solution 100 MG/20ML, 50 MG/10ML</i>	T5	
<i>Oxaliplatin Intravenous Solution Reconstituted 100 MG, 50 MG</i>	T5	
<i>PACLitaxel Intravenous Concentrate 100 MG/16.7ML, 150 MG/25ML, 30 MG/5ML, 300 MG/50ML</i>	T2	
<i>PACLitaxel Protein-Bound Part Intravenous Suspension Reconstituted 100 MG</i>	T2	
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	T2	
<i>PAZOPanib HCl Oral Tablet 200 MG</i>	T5	PA; QL (120 EA per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	T5	PA

Drug	Tier	Notes
<i>PEMEtrexed Disodium Intravenous Solution Reconstituted 100 MG, 500 MG</i>	T5	
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED 75 MG	T3	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	T5	PA; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	T5	PA; QL (28 EA per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG	T5	PA; QL (21 EA per 28 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	T5	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	T5	PA
ROZLYTREK ORAL PACKET 50 MG	T5	PA
RYDAPT ORAL CAPSULE 25 MG	T5	PA; QL (224 EA per 28 days)
<i>SORAFenib Tosylate Oral Tablet 200 MG</i>	T5	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	T5	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	T5	PA; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	T5	PA; QL (84 EA per 28 days)
<i>SUNItinib Malate Oral Capsule 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	T5	PA; QL (30 EA per 30 days)
TABLOID ORAL TABLET 40 MG	T3	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	T5	PA; QL (120 EA per 30 days)
<i>Tamoxifen Citrate Oral Tablet 10 MG, 20 MG</i>	T2	
TARGRETIN EXTERNAL GEL 1 %	T5	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	T5	PA
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	T5	PA
<i>Temozolomide Oral Capsule 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG</i>	T5	PA
THALOMID ORAL CAPSULE 100 MG, 50 MG	T5	PA; QL (28 EA per 28 days)
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	T3	
<i>Topotecan HCl Intravenous Solution Reconstituted 4 MG</i>	T2	
<i>Toremifene Citrate Oral Tablet 60 MG</i>	T3	
<i>Tretinoin External Cream 0.025 %, 0.05 %, 0.1 %</i>	T3	PA
<i>Tretinoin External Gel 0.01 %, 0.025 %, 0.05 %</i>	T3	PA
<i>Tretinoin Microsphere External Gel 0.1 %</i>	T3	PA
<i>Tretinoin Microsphere Pump External Gel 0.04 %</i>	T3	PA
<i>Tretinoin Oral Capsule 10 MG</i>	T2	
TRUQAP ORAL TABLET 200 MG	T5	PA
VENCLEXTA ORAL TABLET 10 MG, 50 MG	T5	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	T5	PA; QL (180 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	T5	PA

Drug	Tier	Notes
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	T5	PA; QL (60 EA per 30 days)
<i>VinBLAStine Sulfate Intravenous Solution 1 MG/ML</i>	T2	
<i>vinCRISStine Sulfate Intravenous Solution 1 MG/ML, 2 MG/2ML</i>	T2	
<i>Vinorelbine Tartrate Intravenous Solution 10 MG/ML, 50 MG/5ML</i>	T2	
VITRAKVI ORAL CAPSULE 100 MG	T5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	T5	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	T5	PA; QL (300 ML per 30 days)
VOTRIENT ORAL TABLET 200 MG	T5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	T5	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	T5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	T5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	T5	PA; QL (60 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	T5	PA; QL (240 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	T5	PA; QL (120 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	T5	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	T5	PA; QL (90 EA per 30 days)
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
ANTITOXINS AND IMMUNE GLOBULINS		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	T5	PA
TOXOIDS		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	\$0	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	\$0	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	T1	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	T1	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	T1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T1	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	T1	
VAXELIS INTRAMUSCULAR SUSPENSION	\$0	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	
VACCINES		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	\$0	PA; Prior Authorization for members Less than 60 years

Drug	Tier	Notes
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	\$0	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	\$0	PA; Prior Authorization for members Less than 60 years
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	\$0	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	T1	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	\$0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	\$0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	\$0	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	\$0	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	\$0	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	\$0	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	T1	
IPOL INJECTION INJECTABLE	\$0	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	\$0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0	
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	\$0	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	T1	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	\$0	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T1	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0	

Drug	Tier	Notes
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	\$0	
ROTATEQ ORAL SOLUTION	\$0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	T3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	\$0	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	\$0	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	\$0	
VAXELIS INTRAMUSCULAR SUSPENSION	\$0	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	
AUTONOMIC DRUGS		
ALPHA- AND BETA-ADRENERGIC AGONISTS		
<i>EPINEPHrine Injection Solution Auto-Injector 0.15 MG/0.15ML, 0.15 MG/0.3ML, 0.3 MG/0.3ML</i>	T2	QL (4 EA per 25 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO- INJECTOR 0.3 MG/0.3ML	T3	QL (4 EA per 25 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO- INJECTOR 0.15 MG/0.3ML	T3	QL (4 EA per 25 days)
<i>Pseudoeph-Bromphen-DM Oral Syrup 30-2-10 MG/5ML</i>	T2	
ALPHA-ADRENERGIC AGONISTS		
<i>cloNIDine HCl Oral Tablet 0.1 MG, 0.2 MG</i>	T1	
<i>cloNIDine HCl Oral Tablet 0.3 MG</i>	T2	
<i>cloNIDine Transdermal Patch Weekly 0.1 MG/24HR, 0.2 MG/24HR, 0.3 MG/24HR</i>	T2	
<i>Methyldopa Oral Tablet 250 MG, 500 MG</i>	T2	
<i>Midodrine HCl Oral Tablet 10 MG, 2.5 MG, 5 MG</i>	T2	
ANTIMUSCARINICS/ANTISPASMODICS		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	T3	QL (1 EA per 25 days)
<i>Atropine Sulfate Injection Solution Prefilled Syringe 0.25 MG/5ML, 1 MG/10ML</i>	T2	
<i>Atropine Sulfate Ophthalmic Solution 1 %</i>	T2	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	T3	QL (1 GM per 25 days)
<i>Dicyclomine HCl Intramuscular Solution 10 MG/ML</i>	T2	
<i>Dicyclomine HCl Oral Capsule 10 MG</i>	T2	

Drug	Tier	Notes
<i>Dicyclomine HCl Oral Solution 10 MG/5ML</i>	T2	
<i>Dicyclomine HCl Oral Tablet 20 MG</i>	T2	
<i>Diphenoxylate-Atropine Oral Liquid 2.5-0.025 MG/5ML</i>	T2	
<i>Diphenoxylate-Atropine Oral Tablet 2.5-0.025 MG</i>	T2	
<i>Glycopyrrolate Injection Solution 0.2 MG/ML, 0.4 MG/2ML, 1 MG/5ML, 4 MG/20ML</i>	T2	
<i>Glycopyrrolate Oral Solution 1 MG/5ML</i>	T2	
<i>Glycopyrrolate Oral Tablet 1 MG, 2 MG</i>	T2	
<i>HYDROcodone Bit-Homatrop MBr Oral Solution 5-1.5 MG/5ML</i>	T2	
<i>HYDROcodone Bit-Homatrop MBr Oral Tablet 5-1.5 MG</i>	T2	
<i>Hydromet Oral Solution 5-1.5 MG/5ML</i>	T2	
<i>Hyoscyamine Sulfate ER Oral Tablet Extended Release 12 Hour 0.375 MG</i>	T2	
<i>Hyoscyamine Sulfate Oral Tablet 0.125 MG</i>	T2	
<i>Hyoscyamine Sulfate Oral Tablet Dispersible 0.125 MG</i>	T2	
<i>Hyoscyamine Sulfate Sublingual Tablet Sublingual 0.125 MG</i>	T2	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T3	QL (1 EA per 25 days)
<i>Ipratropium Bromide Inhalation Solution 0.02 %</i>	T2	QL (313 ML per 25 days)
<i>Ipratropium Bromide Nasal Solution 0.03 %, 0.06 %</i>	T2	
<i>Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML</i>	T2	QL (540 ML per 25 days)
<i>Methscopolamine Bromide Oral Tablet 2.5 MG, 5 MG</i>	T2	
MOTOFEN ORAL TABLET 1-0.025 MG	T4	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	T2	
<i>Oscimin Oral Tablet 0.125 MG</i>	T2	
<i>Oscimin Sublingual Tablet Sublingual 0.125 MG</i>	T2	
<i>Scopolamine Transdermal Patch 72 Hour 1 MG/3DAYS</i>	T2	
SPIRIVA HANDHALER INHALATION CAPSULE 18 MCG	T3	QL (1 EA per 25 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T3	QL (1 GM per 25 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	QL (1 EA per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	QL (1 EA per 25 days)
ANTIPARKINSONIAN AGENTS		
<i>Benzotropine Mesylate Injection Solution 1 MG/ML</i>	T2	
<i>Benzotropine Mesylate Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	T2	

Drug	Tier	Notes
<i>diphenhydrAMINE HCl Injection Solution 50 MG/ML</i>	T2	
<i>diphenhydrAMINE HCl Oral Elixir 12.5 MG/5ML</i>	T2	
<i>Trihexyphenidyl HCl Oral Solution 0.4 MG/ML</i>	T2	
<i>Trihexyphenidyl HCl Oral Tablet 2 MG, 5 MG</i>	T2	
AUTONOMIC DRUGS, MISCELLANEOUS		
<i>Nicotine Transdermal Patch 24 Hour 14 MG/24HR, 21 MG/24HR, 7 MG/24HR</i>	\$0	
<i>Varenicline Tartrate (Starter) Oral Tablet Therapy Pack 0.5 MG X 11 & 1 MG X 42</i>	\$0	
<i>Varenicline Tartrate Oral Tablet 0.5 MG, 1 MG</i>	\$0	
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT		
<i>Carisoprodol Oral Tablet 350 MG</i>	T1	
<i>Chlorzoxazone Oral Tablet 500 MG</i>	T2	
<i>Cyclobenzaprine HCl Oral Tablet 10 MG, 5 MG</i>	T1	
<i>Metaxalone Oral Tablet 400 MG, 800 MG</i>	T3	
<i>Methocarbamol Oral Tablet 500 MG, 750 MG</i>	T2	
<i>tiZANidine HCl Oral Tablet 2 MG, 4 MG</i>	T1	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS		
<i>Dantrolene Sodium Oral Capsule 100 MG, 25 MG, 50 MG</i>	T2	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT		
<i>Baclofen Oral Tablet 10 MG, 20 MG, 5 MG</i>	T2	
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT		
<i>Orphenadrine Citrate ER Oral Tablet Extended Release 12 Hour 100 MG</i>	T2	
<i>Orphenadrine Citrate Injection Solution 30 MG/ML</i>	T2	
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS		
BETIMOL OPHTHALMIC SOLUTION 0.5 %		
<i>Carvedilol Oral Tablet 12.5 MG, 25 MG, 3.125 MG, 6.25 MG</i>	T2	
<i>Carvedilol Phosphate ER Oral Capsule Extended Release 24 Hour 10 MG, 20 MG, 40 MG, 80 MG</i>	T2	
<i>Labetalol HCl Intravenous Solution 5 MG/ML</i>	T2	
<i>Labetalol HCl Oral Tablet 100 MG, 200 MG, 300 MG</i>	T1	
<i>Nadolol Oral Tablet 20 MG, 40 MG, 80 MG</i>	T2	
<i>Nebivolol HCl Oral Tablet 10 MG, 2.5 MG, 20 MG, 5 MG</i>	T2	
<i>Pindolol Oral Tablet 10 MG, 5 MG</i>	T2	
<i>Propranolol HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 160 MG, 60 MG, 80 MG</i>	T2	
<i>Propranolol HCl Intravenous Solution 1 MG/ML</i>	T2	

Drug	Tier	Notes
<i>Propranolol HCl Oral Solution 20 MG/5ML, 40 MG/5ML</i>	T2	
<i>Propranolol HCl Oral Tablet 10 MG, 20 MG, 40 MG</i>	T1	
<i>Propranolol HCl Oral Tablet 60 MG, 80 MG</i>	T2	
<i>Sotalol HCl (AF) Oral Tablet 120 MG, 160 MG, 80 MG</i>	T2	
<i>Sotalol HCl Intravenous Solution 150 MG/10ML</i>	T4	
<i>Sotalol HCl Oral Tablet 120 MG, 160 MG, 240 MG, 80 MG</i>	T2	
<i>Timolol Maleate (Once-Daily) Ophthalmic Solution 0.5 %</i>	T2	
<i>Timolol Maleate Ophthalmic Gel Forming Solution 0.25 %, 0.5 %</i>	T2	
<i>Timolol Maleate Ophthalmic Solution 0.25 %, 0.5 %</i>	T1	
<i>Timolol Maleate Oral Tablet 10 MG, 20 MG, 5 MG</i>	T2	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS		
<i>Doxazosin Mesylate Oral Tablet 1 MG, 2 MG, 4 MG, 8 MG</i>	T2	
<i>Prazosin HCl Oral Capsule 1 MG, 2 MG, 5 MG</i>	T2	
<i>Terazosin HCl Oral Capsule 1 MG, 10 MG, 2 MG, 5 MG</i>	T2	
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>Dihydroergotamine Mesylate Crystals</i>	T4	
<i>Dihydroergotamine Mesylate Injection Solution 1 MG/ML</i>	T4	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	T4	
<i>Ergotamine-Caffeine Oral Tablet 1-100 MG</i>	T4	
<i>Phenoxybenzamine HCl Oral Capsule 10 MG</i>	T4	PA
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
<i>Bethanechol Chloride Oral Tablet 10 MG, 25 MG, 5 MG, 50 MG</i>	T2	
<i>Cevimeline HCl Oral Capsule 30 MG</i>	T2	
<i>Donepezil HCl Oral Tablet 10 MG, 23 MG, 5 MG</i>	T2	
<i>Donepezil HCl Oral Tablet Dispersible 10 MG, 5 MG</i>	T2	
<i>Galantamine Hydrobromide ER Oral Capsule Extended Release 24 Hour 16 MG, 24 MG, 8 MG</i>	T2	
<i>Galantamine Hydrobromide Oral Solution 4 MG/ML</i>	T2	
<i>Galantamine Hydrobromide Oral Tablet 12 MG, 4 MG, 8 MG</i>	T2	
<i>Pilocarpine HCl Ophthalmic Solution 1 %</i>	T2	
<i>Pilocarpine HCl Oral Tablet 5 MG, 7.5 MG</i>	T2	
<i>Pyridostigmine Bromide ER Oral Tablet Extended Release 180 MG</i>	T3	
<i>pyRIDostigmine Bromide Oral Solution 60 MG/5ML</i>	T2	

Drug	Tier	Notes
<i>pyRIDostigmine Bromide Oral Tablet 60 MG</i>	T2	
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML	T4	
<i>Rivastigmine Tartrate Oral Capsule 1.5 MG, 3 MG, 4.5 MG, 6 MG</i>	T2	PA
<i>Rivastigmine Transdermal Patch 24 Hour 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR</i>	T2	PA
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT		
<i>Alfuzosin HCl ER Oral Tablet Extended Release 24 Hour 10 MG</i>	T2	
<i>Carvedilol Oral Tablet 12.5 MG, 25 MG, 3.125 MG, 6.25 MG</i>	T2	
<i>Carvedilol Phosphate ER Oral Capsule Extended Release 24 Hour 10 MG, 20 MG, 40 MG, 80 MG</i>	T2	
<i>Dutasteride-Tamsulosin HCl Oral Capsule 0.5-0.4 MG</i>	T2	
<i>Labetalol HCl Intravenous Solution 5 MG/ML</i>	T2	
<i>Labetalol HCl Oral Tablet 100 MG, 200 MG, 300 MG</i>	T1	
<i>Silodosin Oral Capsule 4 MG, 8 MG</i>	T2	
<i>Tamsulosin HCl Oral Capsule 0.4 MG</i>	T2	
SELECTIVE BETA-2-ADRENERGIC AGONISTS		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	T3	QL (1 GM per 25 days)
<i>Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT</i>	T2	QL (2 GM per 25 days)
<i>Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%, 0.63 MG/3ML, 1.25 MG/3ML</i>	T2	QL (375 ML per 25 days)
<i>Albuterol Sulfate Inhalation Nebulization Solution 2.5 MG/0.5ML</i>	T2	QL (60 EA per 30 days)
<i>Albuterol Sulfate Oral Syrup 2 MG/5ML</i>	T2	
<i>Albuterol Sulfate Oral Tablet 2 MG, 4 MG</i>	T2	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	T3	QL (1 EA per 25 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	T3	QL (1 GM per 25 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	T3	QL (30 EA per 25 days)
<i>Budesonide-Formoterol Fumarate Inhalation Aerosol 160-4.5 MCG/ACT, 80-4.5 MCG/ACT</i>	T2	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	T3	
<i>Fluticasone-Salmeterol Inhalation Aerosol Powder Breath Activated 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT, 55-14 MCG/ACT</i>	T2	
<i>Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML</i>	T2	QL (540 ML per 25 days)
<i>Levalbuterol HCl Inhalation Nebulization Solution 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML</i>	T2	QL (300 ML per 30 days)

Drug	Tier	Notes
<i>Levalbuterol HCl Inhalation Nebulization Solution 1.25 MG/0.5ML</i>	T2	QL (45 EA per 30 days)
<i>Levalbuterol Tartrate Inhalation Aerosol 45 MCG/ACT</i>	T2	QL (30 GM per 30 days)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	T3	QL (60 ML per 25 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T3	QL (1 GM per 25 days)
<i>Terbutaline Sulfate Injection Solution 1 MG/ML</i>	T2	
<i>Terbutaline Sulfate Oral Tablet 2.5 MG, 5 MG</i>	T2	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	QL (1 EA per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	QL (1 EA per 25 days)
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT		
<i>Acebutolol HCl Oral Capsule 200 MG, 400 MG</i>	T2	
<i>Atenolol Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>Betaxolol HCl Ophthalmic Solution 0.5 %</i>	T2	
<i>Betaxolol HCl Oral Tablet 10 MG, 20 MG</i>	T2	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	T3	
<i>Bisoprolol Fumarate Oral Tablet 10 MG, 5 MG</i>	T2	
<i>Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 200 MG, 25 MG, 50 MG</i>	T2	
<i>Metoprolol Tartrate Intravenous Solution 5 MG/5ML</i>	T2	
<i>Metoprolol Tartrate Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>Nadolol Oral Tablet 20 MG, 40 MG, 80 MG</i>	T2	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS		
<i>Orphenadrine Citrate ER Oral Tablet Extended Release 12 Hour 100 MG</i>	T2	
<i>Orphenadrine Citrate Injection Solution 30 MG/ML</i>	T2	
SMOKING CESSATION AGENTS		
<i>buPROPion HCl ER (Smoking Det) Oral Tablet Extended Release 12 Hour 150 MG</i>	\$0	
<i>Naltrexone HCl Oral Tablet 50 MG</i>	\$0	
<i>Nicotine Transdermal Patch 24 Hour 14 MG/24HR, 21 MG/24HR, 7 MG/24HR</i>	\$0	
<i>Varenicline Tartrate (Starter) Oral Tablet Therapy Pack 0.5 MG X 11 & 1 MG X 42</i>	\$0	
<i>Varenicline Tartrate Oral Tablet 0.5 MG, 1 MG</i>	\$0	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	T5	PA; QL (1 EA per 28 days)

Drug	Tier	Notes
BLOOD DERIVATIVES		
BLOOD DERIVATIVES		
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	T5	PA
BLOOD FORMATION, COAGULATION, THROMBOSIS		
ANTIANEMIA DRUGS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	T5	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	PA
ANTICOAGULANTS, MISCELLANEOUS		
<i>Fondaparinux Sodium Subcutaneous Solution 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML</i>	T4	
COUMARIN DERIVATIVES		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	T1	
<i>Warfarin Sodium Oral Tablet 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG</i>	T1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	T3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	T3	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	T3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	T3	
DIRECT THROMBIN INHIBITORS		
<i>Argatroban in Sodium Chloride Intravenous Solution 50-0.9 MG/50ML-%</i>	T4	
<i>Argatroban Intravenous Solution 250 MG/2.5ML</i>	T2	
<i>Dabigatran Etexilate Mesylate Oral Capsule 150 MG, 75 MG</i>	T1	
HEMATOPOIETIC AGENTS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T5	PA

Drug	Tier	Notes
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	T5	PA
<i>Eltrombopag Olamine Oral Tablet 12.5 MG, 25 MG</i>	T5	PA; QL (30 EA per 30 days)
<i>Eltrombopag Olamine Oral Tablet 50 MG, 75 MG</i>	T5	PA; QL (60 EA per 30 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	T5	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	T5	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	T5	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	T5	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG	T5	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	T5	PA; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	PA
HEMORRHOLOGIC AGENTS		
<i>Pentoxifylline ER Oral Tablet Extended Release 400 MG</i>	T2	
HEMOSTATICS		
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML	T5	PA
CRENESSITY ORAL CAPSULE 100 MG, 50 MG	T5	PA
CRENESSITY ORAL SOLUTION 50 MG/ML	T5	PA
<i>Desmopressin Ace Spray Refrig Nasal Solution 0.01 %</i>	T3	
<i>Desmopressin Acetate Injection Solution 4 MCG/ML</i>	T2	
<i>Desmopressin Acetate Oral Tablet 0.1 MG, 0.2 MG</i>	\$0	
<i>Desmopressin Acetate PF Injection Solution 4 MCG/ML</i>	T2	
<i>Desmopressin Acetate Spray Nasal Solution 0.01 %</i>	T3	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	T5	PA
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T5	PA
<i>Tranexamic Acid Intravenous Solution 1000 MG/10ML</i>	T2	
<i>Tranexamic Acid Oral Tablet 650 MG</i>	T2	
HEPARINS		
<i>Enoxaparin Sodium Injection Solution 300 MG/3ML</i>	T3	

Drug	Tier	Notes
<i>Enoxaparin Sodium Injection Solution Prefilled Syringe 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML</i>	T3	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	T4	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	T4	
<i>Heparin Sodium (Porcine) Injection Solution 1000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 5000 UNIT/ML</i>	T2	
<i>Heparin Sodium (Porcine) PF Injection Solution 5000 UNIT/0.5ML</i>	T2	
INDIRECT FACTOR XA INHIBITORS		
<i>Fondaparinux Sodium Subcutaneous Solution 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML</i>	T4	
IRON PREPARATIONS		
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG	T3	
ELITE-OB ORAL TABLET 50-1.25 MG	T2	
<i>Ferrous Fumarate Oral Tablet 29 MG, 324 (106 Fe) MG</i>	T2	
<i>Ferrous Gluconate Oral Tablet 240 (27 Fe) MG, 324 (38 Fe) MG</i>	T2	
<i>Ferrous Sulfate Oral Tablet Delayed Release 324 (65 Fe) MG, 325 (65 Fe) MG</i>	T2	
<i>Multi-Vit/Iron/Fluoride Oral Solution 0.25-10 MG/ML</i>	T2	
<i>Multi-Vitamin/Fluoride/Iron Oral Solution 0.25-10 MG/ML</i>	T2	
PRENATABS RX ORAL TABLET 29-1 MG	T2	
LIVER AND STOMACH PREPARATIONS		
<i>Cyanocobalamin Injection Solution 1000 MCG/ML</i>	T2	
PLATELET-AGGREGATION INHIBITORS		
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%	T4	
<i>Aspirin Adult Low Strength Oral Tablet Delayed Release 81 MG</i>	T2	QL (100 EA per 30 days)
<i>Aspirin EC Adult Low Dose Oral Tablet Delayed Release 81 MG</i>	T2	QL (100 EA per 30 days)
<i>Aspirin-Dipyridamole ER Oral Capsule Extended Release 12 Hour 25-200 MG</i>	T2	

Drug	Tier	Notes
BRILINTA ORAL TABLET 60 MG, 90 MG	T3	
<i>Cilostazol Oral Tablet 100 MG, 50 MG</i>	T2	
<i>Clopidogrel Bisulfate Oral Tablet 300 MG</i>	T2	
<i>Clopidogrel Bisulfate Oral Tablet 75 MG</i>	T1	
<i>Dipyridamole Oral Tablet 25 MG, 50 MG, 75 MG</i>	T2	
<i>Eptifibatide Intravenous Solution 20 MG/10ML, 200 MG/100ML</i>	T4	
<i>GoodSense Aspirin Oral Tablet Chewable 81 MG</i>	T2	QL (100 EA per 30 days)
<i>Prasugrel HCl Oral Tablet 10 MG, 5 MG</i>	T2	
<i>Ticagrelor Oral Tablet 60 MG, 90 MG</i>	T2	
PLATELET-REDUCING AGENTS		
<i>Anagrelide HCl Oral Capsule 0.5 MG, 1 MG</i>	T3	
THROMBOLYTIC AGENTS		
<i>Aspirin Adult Low Strength Oral Tablet Delayed Release 81 MG</i>	T2	QL (100 EA per 30 days)
<i>Aspirin EC Adult Low Dose Oral Tablet Delayed Release 81 MG</i>	T2	QL (100 EA per 30 days)
<i>GoodSense Aspirin Oral Tablet Chewable 81 MG</i>	T2	QL (100 EA per 30 days)
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>Doxazosin Mesylate Oral Tablet 1 MG, 2 MG, 4 MG, 8 MG</i>	T2	
<i>Nadolol Oral Tablet 20 MG, 40 MG, 80 MG</i>	T2	
<i>Prazosin HCl Oral Capsule 1 MG, 2 MG, 5 MG</i>	T2	
<i>Terazosin HCl Oral Capsule 1 MG, 10 MG, 2 MG, 5 MG</i>	T2	
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN)		
<i>Carvedilol Oral Tablet 12.5 MG, 25 MG, 3.125 MG, 6.25 MG</i>	T2	
<i>Carvedilol Phosphate ER Oral Capsule Extended Release 24 Hour 10 MG, 20 MG, 40 MG, 80 MG</i>	T2	
<i>Doxazosin Mesylate Oral Tablet 1 MG, 2 MG, 4 MG, 8 MG</i>	T2	
<i>Labetalol HCl Intravenous Solution 5 MG/ML</i>	T2	
<i>Labetalol HCl Oral Tablet 100 MG, 200 MG, 300 MG</i>	T1	
<i>Prazosin HCl Oral Capsule 1 MG, 2 MG, 5 MG</i>	T2	
<i>Terazosin HCl Oral Capsule 1 MG, 10 MG, 2 MG, 5 MG</i>	T2	
ANGIOTENSIN II RECEPTOR ANTAGONIST/NEPROLYS		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	T3	
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN)		
<i>Candesartan Cilexetil Oral Tablet 16 MG, 32 MG, 4 MG, 8 MG</i>	T2	
<i>Irbesartan Oral Tablet 150 MG, 300 MG, 75 MG</i>	T1	

Drug	Tier	Notes
<i>Losartan Potassium Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>Olmesartan Medoxomil Oral Tablet 20 MG, 40 MG, 5 MG</i>	T2	
<i>Telmisartan Oral Tablet 20 MG, 40 MG, 80 MG</i>	T2	
<i>Valsartan Oral Tablet 160 MG, 320 MG, 40 MG, 80 MG</i>	T2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>amLODIPine Besylate-Valsartan Oral Tablet 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG</i>	T2	
<i>amLODIPine-Olmesartan Oral Tablet 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG</i>	T2	
<i>amLODIPine-Valsartan-HCTZ 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>	T2	
<i>Candesartan Cilexetil Oral Tablet 16 MG, 32 MG, 4 MG, 8 MG</i>	T2	
<i>Candesartan Cilexetil-HCTZ Oral Tablet 16-12.5 MG, 32-12.5 MG, 32-25 MG</i>	T2	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	T3	
<i>Irbesartan Oral Tablet 150 MG, 300 MG, 75 MG</i>	T1	
<i>Irbesartan-Hydrochlorothiazide Oral Tablet 150-12.5 MG, 300-12.5 MG</i>	T1	
<i>Losartan Potassium Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>Losartan Potassium-HCTZ Oral Tablet 100-12.5 MG, 100-25 MG, 50-12.5 MG</i>	T1	
<i>Olmesartan Medoxomil Oral Tablet 20 MG, 40 MG, 5 MG</i>	T2	
<i>Olmesartan Medoxomil-HCTZ Oral Tablet 20-12.5 MG, 40-12.5 MG, 40-25 MG</i>	T2	
<i>Olmesartan-Amlodipine-HCTZ 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>	T2	
<i>Telmisartan Oral Tablet 20 MG, 40 MG, 80 MG</i>	T2	
<i>Telmisartan-amLODIPine Oral Tablet 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG</i>	T2	
<i>Telmisartan-HCTZ Oral Tablet 40-12.5 MG, 80-12.5 MG, 80-25 MG</i>	T2	
<i>Valsartan Oral Tablet 160 MG, 320 MG, 40 MG, 80 MG</i>	T2	
<i>Valsartan-hydroCHLOROthiazide Oral Tablet 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG</i>	T2	
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN)		
<i>Benazepril HCl Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG</i>	T1	

Drug	Tier	Notes
<i>Captopril Oral Tablet 100 MG, 12.5 MG, 25 MG, 50 MG</i>	T2	
<i>Enalapril Maleate Oral Tablet 10 MG, 2.5 MG, 20 MG, 5 MG</i>	T2	
<i>Fosinopril Sodium Oral Tablet 10 MG, 20 MG, 40 MG</i>	T1	
<i>Lisinopril Oral Tablet 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG</i>	T1	
<i>Moexipril HCl Oral Tablet 15 MG, 7.5 MG</i>	T2	
<i>Perindopril Erbumine Oral Tablet 2 MG, 4 MG, 8 MG</i>	T2	
<i>Quinapril HCl Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG</i>	T1	
<i>Ramipril Oral Capsule 1.25 MG, 10 MG, 2.5 MG, 5 MG</i>	T2	
<i>Trandolapril Oral Tablet 1 MG, 2 MG, 4 MG</i>	T1	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
<i>Amlodipine Besy-Benazepril HCl Oral Capsule 10-20 MG, 10-40 MG, 2.5-10 MG, 5-10 MG, 5-20 MG, 5-40 MG</i>	T1	
<i>Benazepril HCl Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG</i>	T1	
<i>Benazepril-hydroCHLOROthiazide Oral Tablet 10-12.5 MG, 20-12.5 MG, 20-25 MG, 5-6.25 MG</i>	T2	
<i>Captopril Oral Tablet 100 MG, 12.5 MG, 25 MG, 50 MG</i>	T2	
<i>Captopril-hydroCHLOROthiazide Oral Tablet 25-15 MG, 25-25 MG, 50-15 MG</i>	T2	
<i>Captopril-hydroCHLOROthiazide Oral Tablet 50-25 MG</i>	T2	ST
<i>Enalapril Maleate Oral Tablet 10 MG, 2.5 MG, 20 MG, 5 MG</i>	T2	
<i>Enalapril-Hydrochlorothiazide Oral Tablet 10-25 MG, 5-12.5 MG</i>	T1	
<i>Fosinopril Sodium Oral Tablet 10 MG, 20 MG, 40 MG</i>	T1	
<i>Fosinopril Sodium-HCTZ Oral Tablet 10-12.5 MG, 20-12.5 MG</i>	T2	
<i>Lisinopril Oral Tablet 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG</i>	T1	
<i>Lisinopril-hydroCHLOROthiazide Oral Tablet 10-12.5 MG, 20-12.5 MG, 20-25 MG</i>	T1	
<i>Moexipril HCl Oral Tablet 15 MG, 7.5 MG</i>	T2	
<i>Perindopril Erbumine Oral Tablet 2 MG, 4 MG, 8 MG</i>	T2	
<i>Quinapril HCl Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG</i>	T1	
<i>Quinapril-hydroCHLOROthiazide Oral Tablet 20-12.5 MG, 20-25 MG</i>	T1	
<i>Ramipril Oral Capsule 1.25 MG, 10 MG, 2.5 MG, 5 MG</i>	T2	

Drug	Tier	Notes
<i>Trandolapril Oral Tablet 1 MG, 2 MG, 4 MG</i>	T1	
<i>Trandolapril-Verapamil HCl ER Oral Tablet Extended Release 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG</i>	T2	
ANTIARRHYTHMICS, MISCELLANEOUS		
DIGOX ORAL TABLET 125 MCG, 250 MCG	T2	
<i>Digoxin Injection Solution 0.25 MG/ML</i>	T2	
<i>Digoxin Oral Solution 0.05 MG/ML</i>	T2	
<i>Digoxin Oral Tablet 125 MCG, 250 MCG, 62.5 MCG</i>	T2	
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML	T4	
<i>Magnesium Sulfate in D5W Intravenous Solution 1-5 GMI/100ML-%</i>	T2	
<i>Magnesium Sulfate Injection Solution 50 %</i>	T2	
<i>Magnesium Sulfate Intravenous Solution 2 GMI/50ML, 20 GMI/500ML, 4 GMI/100ML, 4 GMI/50ML, 40 GMI/1000ML</i>	T2	
ANTILIPEMIC AGENTS, MISCELLANEOUS		
<i>Icosapent Ethyl Oral Capsule 0.5 GM, 1 GM</i>	T2	
<i>Niacin ER (Antihyperlipidemic) Oral Tablet Extended Release 1000 MG, 500 MG, 750 MG</i>	T2	
<i>Omega-3-acid Ethyl Esters Oral Capsule 1 GM</i>	T2	PA
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	T5	PA
BETA-ADRENERGIC BLOCKING AGENTS		
<i>Acebutolol HCl Oral Capsule 200 MG, 400 MG</i>	T2	
<i>Atenolol Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>Atenolol-Chlorthalidone Oral Tablet 100-25 MG, 50-25 MG</i>	T2	
<i>Betaxolol HCl Oral Tablet 10 MG, 20 MG</i>	T2	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	T4	
<i>Bisoprolol Fumarate Oral Tablet 10 MG, 5 MG</i>	T2	
<i>Bisoprolol-hydroCHLOROthiazide Oral Tablet 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG</i>	T2	
<i>Carvedilol Oral Tablet 12.5 MG, 25 MG, 3.125 MG, 6.25 MG</i>	T2	
<i>Carvedilol Phosphate ER Oral Capsule Extended Release 24 Hour 10 MG, 20 MG, 40 MG, 80 MG</i>	T2	
<i>Doxazosin Mesylate Oral Tablet 1 MG, 2 MG, 4 MG, 8 MG</i>	T2	
<i>Labetalol HCl Intravenous Solution 5 MG/ML</i>	T2	
<i>Labetalol HCl Oral Tablet 100 MG, 200 MG, 300 MG</i>	T1	
<i>Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 200 MG, 25 MG, 50 MG</i>	T2	
<i>Metoprolol Tartrate Intravenous Solution 5 MG/5ML</i>	T2	
<i>Metoprolol Tartrate Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	

Drug	Tier	Notes
<i>Metoprolol-hydroCHLOROthiazide Oral Tablet 100-25 MG, 100-50 MG, 50-25 MG</i>	T2	
<i>Nadolol Oral Tablet 20 MG, 40 MG, 80 MG</i>	T2	
<i>Nebivolol HCl Oral Tablet 10 MG, 2.5 MG, 20 MG, 5 MG</i>	T2	
<i>Pindolol Oral Tablet 10 MG, 5 MG</i>	T2	
<i>Prazosin HCl Oral Capsule 1 MG, 2 MG, 5 MG</i>	T2	
<i>Propranolol HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 160 MG, 60 MG, 80 MG</i>	T2	
<i>Propranolol HCl Intravenous Solution 1 MG/ML</i>	T2	
<i>Propranolol HCl Oral Solution 20 MG/5ML, 40 MG/5ML</i>	T2	
<i>Propranolol HCl Oral Tablet 10 MG, 20 MG, 40 MG</i>	T1	
<i>Propranolol HCl Oral Tablet 60 MG, 80 MG</i>	T2	
<i>Sotalol HCl (AF) Oral Tablet 120 MG, 160 MG, 80 MG</i>	T2	
<i>Sotalol HCl Intravenous Solution 150 MG/10ML</i>	T4	
<i>Sotalol HCl Oral Tablet 120 MG, 160 MG, 240 MG, 80 MG</i>	T2	
<i>Terazosin HCl Oral Capsule 1 MG, 10 MG, 2 MG, 5 MG</i>	T2	
<i>Timolol Maleate (Once-Daily) Ophthalmic Solution 0.5 %</i>	T2	
<i>Timolol Maleate Ophthalmic Gel Forming Solution 0.25 %, 0.5 %</i>	T2	
<i>Timolol Maleate Ophthalmic Solution 0.25 %, 0.5 %</i>	T1	
<i>Timolol Maleate Oral Tablet 10 MG, 20 MG, 5 MG</i>	T2	
BILE ACID SEQUESTRANTS		
<i>Cholestyramine Light Oral Packet 4 GM</i>	T2	
<i>Cholestyramine Light Oral Powder 4 GM/DOSE</i>	T2	
<i>Cholestyramine Oral Packet 4 GM</i>	T2	
<i>Cholestyramine Oral Powder 4 GM/DOSE</i>	T2	
<i>Colestipol HCl Oral Granules 5 GM</i>	T2	
<i>Colestipol HCl Oral Packet 5 GM</i>	T2	
<i>Colestipol HCl Oral Tablet 1 GM</i>	T2	
PREVALITE ORAL POWDER 4 GM/DOSE	T2	
BRADYKININ RECEPTORS ANTAGONISTS		
<i>Icatibant Acetate Subcutaneous Solution Prefilled Syringe 30 MG/3ML</i>	T5	PA; QL (45 ML per 90 days)
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN)		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T2	
<i>Diltiazem HCl ER Beads Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	T2	

Drug	Tier	Notes
<i>diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	T2	
<i>diltiazem HCl ER Oral Capsule Extended Release 12 Hour 120 MG, 60 MG, 90 MG</i>	T2	
<i>diltiazem HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG</i>	T2	
<i>diltiazem HCl Intravenous Solution 125 MG/25ML, 25 MG/5ML, 50 MG/10ML</i>	T2	
<i>Diltiazem HCl Intravenous Solution Reconstituted 100 MG</i>	T4	
<i>diltiazem HCl Oral Tablet 120 MG, 30 MG, 60 MG, 90 MG</i>	T1	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T2	
<i>Verapamil HCl ER Oral Capsule Extended Release 24 Hour 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG, 360 MG</i>	T2	
<i>Verapamil HCl ER Oral Tablet Extended Release 120 MG, 180 MG, 240 MG</i>	T2	
<i>Verapamil HCl Intravenous Solution 2.5 MG/ML</i>	T2	
<i>Verapamil HCl Oral Tablet 120 MG, 40 MG, 80 MG</i>	T1	
CALCIUM-CHANNEL BLOCKING AGENTS		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T2	
<i>Diltiazem HCl ER Beads Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	T2	
<i>diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	T2	
<i>diltiazem HCl ER Oral Capsule Extended Release 12 Hour 120 MG, 60 MG, 90 MG</i>	T2	
<i>diltiazem HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG</i>	T2	
<i>diltiazem HCl Intravenous Solution 125 MG/25ML, 25 MG/5ML, 50 MG/10ML</i>	T2	
<i>Diltiazem HCl Intravenous Solution Reconstituted 100 MG</i>	T4	
<i>diltiazem HCl Oral Tablet 120 MG, 30 MG, 60 MG, 90 MG</i>	T1	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T2	
<i>Verapamil HCl ER Oral Capsule Extended Release 24 Hour 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG, 360 MG</i>	T2	

Drug	Tier	Notes
<i>Verapamil HCl ER Oral Tablet Extended Release 120 MG, 180 MG, 240 MG</i>	T2	
<i>Verapamil HCl Intravenous Solution 2.5 MG/ML</i>	T2	
<i>Verapamil HCl Oral Tablet 120 MG, 40 MG, 80 MG</i>	T1	
CALCIUM-CHANNEL BLOCKING AGENTS, MISC.		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T2	
<i>Diltiazem HCl ER Beads Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	T2	
<i>dilTIAZem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	T2	
<i>dilTIAZem HCl ER Oral Capsule Extended Release 12 Hour 120 MG, 60 MG, 90 MG</i>	T2	
<i>dilTIAZem HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG</i>	T2	
<i>dilTIAZem HCl Intravenous Solution 125 MG/25ML, 25 MG/5ML, 50 MG/10ML</i>	T2	
<i>Diltiazem HCl Intravenous Solution Reconstituted 100 MG</i>	T4	
<i>dilTIAZem HCl Oral Tablet 120 MG, 30 MG, 60 MG, 90 MG</i>	T1	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T2	
<i>Trandolapril-Verapamil HCl ER Oral Tablet Extended Release 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG</i>	T2	
<i>Verapamil HCl ER Oral Capsule Extended Release 24 Hour 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG, 360 MG</i>	T2	
<i>Verapamil HCl ER Oral Tablet Extended Release 120 MG, 180 MG, 240 MG</i>	T2	
<i>Verapamil HCl Intravenous Solution 2.5 MG/ML</i>	T2	
<i>Verapamil HCl Oral Tablet 120 MG, 40 MG, 80 MG</i>	T1	
CARBONIC ANHYDRASE INHIBITORS (24:36)		
<i>acetaZOLAMIDE ER Oral Capsule Extended Release 12 Hour 500 MG</i>	T2	
<i>acetaZOLAMIDE Oral Tablet 125 MG, 250 MG</i>	T2	
<i>acetaZOLAMIDE Sodium Injection Solution Reconstituted 500 MG</i>	T2	
<i>methazolAMIDE Oral Tablet 25 MG, 50 MG</i>	T2	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN)		
<i>acetaZOLAMIDE ER Oral Capsule Extended Release 12 Hour 500 MG</i>	T2	
<i>acetaZOLAMIDE Oral Tablet 125 MG, 250 MG</i>	T2	
<i>acetaZOLAMIDE Sodium Injection Solution Reconstituted 500 MG</i>	T2	

Drug	Tier	Notes
<i>methazolAMIDE Oral Tablet 25 MG, 50 MG</i>	T2	
CARDIAC DRUGS, MISCELLANEOUS		
ATTRUBY ORAL TABLET THERAPY PACK 356 MG	T5	PA
CORLANOR ORAL SOLUTION 5 MG/5ML	T3	
<i>Ivabradine HCl Oral Tablet 5 MG, 7.5 MG</i>	T3	
<i>Ranolazine ER Oral Tablet Extended Release 12 Hour 1000 MG, 500 MG</i>	T2	
CARDIOTONIC AGENTS		
CORLANOR ORAL SOLUTION 5 MG/5ML	T3	
DIGOX ORAL TABLET 125 MCG, 250 MCG	T2	
<i>Digoxin Injection Solution 0.25 MG/ML</i>	T2	
<i>Digoxin Oral Solution 0.05 MG/ML</i>	T2	
<i>Digoxin Oral Tablet 125 MCG, 250 MCG, 62.5 MCG</i>	T2	
<i>Ivabradine HCl Oral Tablet 5 MG, 7.5 MG</i>	T3	
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML	T4	
CENTRAL ALPHA-AGONISTS		
<i>Acebutolol HCl Oral Capsule 200 MG, 400 MG</i>	T2	
<i>Atenolol Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>Atenolol-Chlorthalidone Oral Tablet 100-25 MG, 50-25 MG</i>	T2	
<i>Betaxolol HCl Oral Tablet 10 MG, 20 MG</i>	T2	
<i>Bisoprolol Fumarate Oral Tablet 10 MG, 5 MG</i>	T2	
<i>Bisoprolol-hydroCHLOROthiazide Oral Tablet 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG</i>	T2	
<i>Carvedilol Oral Tablet 12.5 MG, 25 MG, 3.125 MG, 6.25 MG</i>	T2	
<i>Carvedilol Phosphate ER Oral Capsule Extended Release 24 Hour 10 MG, 20 MG, 40 MG, 80 MG</i>	T2	
<i>cloNIDine HCl Oral Tablet 0.1 MG, 0.2 MG</i>	T1	
<i>cloNIDine HCl Oral Tablet 0.3 MG</i>	T2	
<i>cloNIDine Transdermal Patch Weekly 0.1 MG/24HR, 0.2 MG/24HR, 0.3 MG/24HR</i>	T2	
<i>guanFACINE HCl Oral Tablet 1 MG, 2 MG</i>	T2	
<i>Labetalol HCl Intravenous Solution 5 MG/ML</i>	T2	
<i>Labetalol HCl Oral Tablet 100 MG, 200 MG, 300 MG</i>	T1	
<i>Methyldopa Oral Tablet 250 MG, 500 MG</i>	T2	
<i>Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 200 MG, 25 MG, 50 MG</i>	T2	
<i>Metoprolol Tartrate Intravenous Solution 5 MG/5ML</i>	T2	
<i>Metoprolol Tartrate Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>Metoprolol-hydroCHLOROthiazide Oral Tablet 100-25 MG, 100-50 MG, 50-25 MG</i>	T2	
<i>Nadolol Oral Tablet 20 MG, 40 MG, 80 MG</i>	T2	

Drug	Tier	Notes
<i>Nebivolol HCl Oral Tablet 10 MG, 2.5 MG, 20 MG, 5 MG</i>	T2	
<i>Pindolol Oral Tablet 10 MG, 5 MG</i>	T2	
<i>Propranolol HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 160 MG, 60 MG, 80 MG</i>	T2	
<i>Propranolol HCl Intravenous Solution 1 MG/ML</i>	T2	
<i>Propranolol HCl Oral Solution 20 MG/5ML, 40 MG/5ML</i>	T2	
<i>Propranolol HCl Oral Tablet 10 MG, 20 MG, 40 MG</i>	T1	
<i>Propranolol HCl Oral Tablet 60 MG, 80 MG</i>	T2	
<i>Sotalol HCl (AF) Oral Tablet 120 MG, 160 MG, 80 MG</i>	T2	
<i>Sotalol HCl Intravenous Solution 150 MG/10ML</i>	T4	
<i>Sotalol HCl Oral Tablet 120 MG, 160 MG, 240 MG, 80 MG</i>	T2	
<i>Timolol Maleate Oral Tablet 10 MG, 20 MG, 5 MG</i>	T2	
CHOLESTEROL ABSORPTION INHIBITORS		
<i>Ezetimibe Oral Tablet 10 MG</i>	T2	
<i>Ezetimibe-Simvastatin Oral Tablet 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG</i>	T3	
CLASS IA ANTIARRHYTHMICS		
<i>Disopyramide Phosphate Oral Capsule 100 MG, 150 MG</i>	T2	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	T3	
<i>Procainamide HCl Injection Solution 100 MG/ML</i>	T2	
<i>quinidine Sulfate Oral Tablet 200 MG, 300 MG</i>	T2	
CLASS IB ANTIARRHYTHMICS		
DILANTIN ORAL CAPSULE 30 MG	T4	
<i>Lidocaine HCl (Cardiac) Intravenous Solution Prefilled Syringe 100 MG/5ML, 50 MG/5ML</i>	T2	
<i>Lidocaine HCl (Cardiac) PF Intravenous Solution Prefilled Syringe 100 MG/5ML, 50 MG/5ML</i>	T2	
<i>Lidocaine HCl Injection Solution Prefilled Syringe 100 MG/5ML</i>	T2	
<i>Lidocaine in D5W Intravenous Solution 4-5 MG/ML-%, 8-5 MG/ML-%</i>	T2	
<i>Mexiletine HCl Oral Capsule 150 MG, 200 MG, 250 MG</i>	T2	
<i>Phenytoin Oral Suspension 125 MG/5ML</i>	T2	
<i>Phenytoin Oral Tablet Chewable 50 MG</i>	T2	
<i>Phenytoin Sodium Extended Oral Capsule 100 MG, 200 MG, 300 MG</i>	T2	
<i>Phenytoin Sodium Injection Solution 50 MG/ML</i>	T2	
CLASS IC ANTIARRHYTHMICS		
<i>Flecainide Acetate Oral Tablet 100 MG, 150 MG, 50 MG</i>	T2	

Drug	Tier	Notes
<i>Propafenone HCl ER Oral Capsule Extended Release 12 Hour 225 MG, 325 MG, 425 MG</i>	T2	
<i>Propafenone HCl Oral Tablet 150 MG, 225 MG, 300 MG</i>	T2	
CLASS II ANTIARRHYTHMICS		
<i>Acebutolol HCl Oral Capsule 200 MG, 400 MG</i>	T2	
<i>Atenolol Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>Betaxolol HCl Ophthalmic Solution 0.5 %</i>	T2	
<i>Betaxolol HCl Oral Tablet 10 MG, 20 MG</i>	T2	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	T4	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	T3	
<i>Bisoprolol Fumarate Oral Tablet 10 MG, 5 MG</i>	T2	
<i>Carvedilol Oral Tablet 12.5 MG, 25 MG, 3.125 MG, 6.25 MG</i>	T2	
<i>Carvedilol Phosphate ER Oral Capsule Extended Release 24 Hour 10 MG, 20 MG, 40 MG, 80 MG</i>	T2	
<i>Labetalol HCl Intravenous Solution 5 MG/ML</i>	T2	
<i>Labetalol HCl Oral Tablet 100 MG, 200 MG, 300 MG</i>	T1	
<i>Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 200 MG, 25 MG, 50 MG</i>	T2	
<i>Metoprolol Tartrate Intravenous Solution 5 MG/5ML</i>	T2	
<i>Metoprolol Tartrate Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>Nadolol Oral Tablet 20 MG, 40 MG, 80 MG</i>	T2	
<i>Nebivolol HCl Oral Tablet 10 MG, 2.5 MG, 20 MG, 5 MG</i>	T2	
<i>Pindolol Oral Tablet 10 MG, 5 MG</i>	T2	
<i>Propranolol HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 160 MG, 60 MG, 80 MG</i>	T2	
<i>Propranolol HCl Intravenous Solution 1 MG/ML</i>	T2	
<i>Propranolol HCl Oral Solution 20 MG/5ML, 40 MG/5ML</i>	T2	
<i>Propranolol HCl Oral Tablet 10 MG, 20 MG, 40 MG</i>	T1	
<i>Propranolol HCl Oral Tablet 60 MG, 80 MG</i>	T2	
<i>Sotalol HCl (AF) Oral Tablet 120 MG, 160 MG, 80 MG</i>	T2	
<i>Sotalol HCl Intravenous Solution 150 MG/10ML</i>	T4	
<i>Sotalol HCl Oral Tablet 120 MG, 160 MG, 240 MG, 80 MG</i>	T2	
<i>Timolol Maleate (Once-Daily) Ophthalmic Solution 0.5 %</i>	T2	
<i>Timolol Maleate Ophthalmic Gel Forming Solution 0.25 %, 0.5 %</i>	T2	
<i>Timolol Maleate Ophthalmic Solution 0.25 %, 0.5 %</i>	T1	
<i>Timolol Maleate Oral Tablet 10 MG, 20 MG, 5 MG</i>	T2	

Drug	Tier	Notes
CLASS III ANTIARRHYTHMICS		
<i>Amiodarone HCl Intravenous Solution 150 MG/3ML, 450 MG/9ML, 900 MG/18ML</i>	T2	
<i>Amiodarone HCl Oral Tablet 200 MG, 400 MG</i>	T2	
<i>Dofetilide Oral Capsule 125 MCG, 250 MCG, 500 MCG</i>	T2	
MULTAQ ORAL TABLET 400 MG	T4	PA
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-%	T4	
PACERONE ORAL TABLET 100 MG, 200 MG	T2	
<i>Sotalol HCl (AF) Oral Tablet 120 MG, 160 MG, 80 MG</i>	T2	
<i>Sotalol HCl Intravenous Solution 150 MG/10ML</i>	T4	
<i>Sotalol HCl Oral Tablet 120 MG, 160 MG, 240 MG, 80 MG</i>	T2	
CLASS IV ANTIARRHYTHMICS		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T2	
<i>Diltiazem HCl ER Beads Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	T2	
<i>dilTIAZem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	T2	
<i>dilTIAZem HCl ER Oral Capsule Extended Release 12 Hour 120 MG, 60 MG, 90 MG</i>	T2	
<i>dilTIAZem HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG</i>	T2	
<i>dilTIAZem HCl Intravenous Solution 125 MG/25ML, 25 MG/5ML, 50 MG/10ML</i>	T2	
<i>Diltiazem HCl Intravenous Solution Reconstituted 100 MG</i>	T4	
<i>dilTIAZem HCl Oral Tablet 120 MG, 30 MG, 60 MG, 90 MG</i>	T1	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T2	
<i>Verapamil HCl ER Oral Capsule Extended Release 24 Hour 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG, 360 MG</i>	T2	
<i>Verapamil HCl ER Oral Tablet Extended Release 120 MG, 180 MG, 240 MG</i>	T2	
<i>Verapamil HCl Intravenous Solution 2.5 MG/ML</i>	T2	
<i>Verapamil HCl Oral Tablet 120 MG, 40 MG, 80 MG</i>	T1	
DIHYDROPYRIDINES		
<i>Amlodipine Besy-Benazepril HCl Oral Capsule 10-20 MG, 10-40 MG, 2.5-10 MG, 5-10 MG, 5-20 MG, 5-40 MG</i>	T1	

Drug	Tier	Notes
<i>amLODIPine Besylate Oral Tablet 10 MG, 2.5 MG, 5 MG</i>	T1	
<i>amLODIPine Besylate-Valsartan Oral Tablet 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG</i>	T2	
<i>amLODIPine-Atorvastatin Oral Tablet 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 2.5-10 MG, 2.5-20 MG, 2.5-40 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG</i>	T2	
<i>amLODIPine-Olmesartan Oral Tablet 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG</i>	T2	
<i>amLODIPine-Valsartan-HCTZ 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>	T2	
<i>Felodipine ER Oral Tablet Extended Release 24 Hour 10 MG, 2.5 MG, 5 MG</i>	T2	
<i>Isradipine Oral Capsule 2.5 MG, 5 MG</i>	T2	
<i>niCARDipine HCl Intravenous Solution 2.5 MG/ML</i>	T2	
<i>niCARDipine HCl Oral Capsule 20 MG, 30 MG</i>	T2	
<i>NIFEdipine ER Oral Tablet Extended Release 24 Hour 30 MG, 60 MG, 90 MG</i>	T2	
<i>NIFEdipine ER Osmotic Release Oral Tablet Extended Release 24 Hour 30 MG, 60 MG, 90 MG</i>	T2	
<i>niMODipine Oral Capsule 30 MG</i>	T4	
<i>Nisoldipine ER Oral Tablet Extended Release 24 Hour 17 MG, 20 MG, 25.5 MG, 30 MG, 34 MG, 40 MG, 8.5 MG</i>	T2	
<i>Olmesartan-Amlodipine-HCTZ 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>	T2	
<i>Telmisartan-amLODIPine Oral Tablet 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG</i>	T2	
DIHYDROPYRIDINES (ANTIHYPERTENSIVE)		
<i>amLODIPine Besylate Oral Tablet 10 MG, 2.5 MG, 5 MG</i>	T1	
<i>Felodipine ER Oral Tablet Extended Release 24 Hour 10 MG, 2.5 MG, 5 MG</i>	T2	
<i>Isradipine Oral Capsule 2.5 MG, 5 MG</i>	T2	
<i>niCARDipine HCl Intravenous Solution 2.5 MG/ML</i>	T2	
<i>niCARDipine HCl Oral Capsule 20 MG, 30 MG</i>	T2	
<i>NIFEdipine ER Oral Tablet Extended Release 24 Hour 30 MG, 60 MG, 90 MG</i>	T2	
<i>NIFEdipine ER Osmotic Release Oral Tablet Extended Release 24 Hour 30 MG, 60 MG, 90 MG</i>	T2	
<i>niMODipine Oral Capsule 30 MG</i>	T4	
<i>Nisoldipine ER Oral Tablet Extended Release 24 Hour 17 MG, 20 MG, 25.5 MG, 30 MG, 34 MG, 40 MG, 8.5 MG</i>	T2	
DIRECT VASODILATORS		
<i>cloNIDine HCl Oral Tablet 0.1 MG, 0.2 MG</i>	T1	

Drug	Tier	Notes
<i>cloNIDine HCl Oral Tablet 0.3 MG</i>	T2	
<i>cloNIDine Transdermal Patch Weekly 0.1 MG/24HR, 0.2 MG/24HR, 0.3 MG/24HR</i>	T2	
<i>guanFACINE HCl Oral Tablet 1 MG, 2 MG</i>	T2	
<i>hydrALAZINE HCl Injection Solution 20 MG/ML</i>	T2	
<i>hydrALAZINE HCl Oral Tablet 10 MG, 100 MG, 25 MG, 50 MG</i>	T2	
<i>Methyldopa Oral Tablet 250 MG, 500 MG</i>	T2	
<i>Minoxidil Oral Tablet 10 MG, 2.5 MG</i>	T2	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE)		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	T4	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	T4	
<i>Theophylline ER Oral Tablet Extended Release 12 Hour 450 MG</i>	T2	
<i>Theophylline ER Oral Tablet Extended Release 24 Hour 400 MG, 600 MG</i>	T2	
<i>Theophylline Oral Elixir 80 MG/15ML</i>	T2	
<i>Theophylline Oral Solution 80 MG/15ML</i>	T2	
FIBRIC ACID DERIVATIVES		
<i>Fenofibrate Micronized Oral Capsule 130 MG, 134 MG, 200 MG, 43 MG, 67 MG</i>	T2	
<i>Fenofibrate Oral Capsule 150 MG, 50 MG</i>	T2	
<i>Fenofibrate Oral Tablet 145 MG</i>	T3	
<i>Fenofibrate Oral Tablet 160 MG</i>	T1	
<i>Fenofibrate Oral Tablet 48 MG, 54 MG</i>	T2	
<i>Fenofibric Acid Oral Capsule Delayed Release 135 MG, 45 MG</i>	T2	
<i>Gemfibrozil Oral Tablet 600 MG</i>	T1	
HMG-COA REDUCTASE INHIBITORS		
<i>amLODIPine-Atorvastatin Oral Tablet 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 2.5-10 MG, 2.5-20 MG, 2.5-40 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG</i>	T2	
<i>Atorvastatin Calcium Oral Tablet 10 MG, 20 MG, 40 MG, 80 MG</i>	T1	
<i>Ezetimibe-Simvastatin Oral Tablet 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG</i>	T3	
<i>Fluvastatin Sodium ER Oral Tablet Extended Release 24 Hour 80 MG</i>	T3	
<i>Fluvastatin Sodium Oral Capsule 20 MG, 40 MG</i>	T3	
<i>Lovastatin Oral Tablet 10 MG, 20 MG, 40 MG</i>	T1	
<i>Pravastatin Sodium Oral Tablet 10 MG, 20 MG, 40 MG, 80 MG</i>	T2	
<i>Rosuvastatin Calcium Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG</i>	T2	
<i>Simvastatin Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG, 80 MG</i>	T1	

Drug	Tier	Notes
LOOP DIURETICS (24:36)		
<i>Bumetanide Injection Solution 0.25 MG/ML</i>	T2	
<i>Bumetanide Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	T2	
<i>Ethacrynate Sodium Intravenous Solution Reconstituted 50 MG</i>	T2	
<i>Ethacrynic Acid Oral Tablet 25 MG</i>	T3	
<i>Furosemide Injection Solution 10 MG/ML</i>	T2	
<i>Furosemide Oral Solution 10 MG/ML, 8 MG/ML</i>	T2	
<i>Furosemide Oral Tablet 20 MG, 40 MG</i>	T1	
<i>Furosemide Oral Tablet 80 MG</i>	T2	
<i>Torsemide Oral Tablet 10 MG, 100 MG, 20 MG, 5 MG</i>	T2	
LOOP DIURETICS (HYPOTENSIVE AGENTS)		
<i>Bumetanide Injection Solution 0.25 MG/ML</i>	T2	
<i>Bumetanide Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	T2	
<i>Ethacrynate Sodium Intravenous Solution Reconstituted 50 MG</i>	T2	
<i>Ethacrynic Acid Oral Tablet 25 MG</i>	T3	
<i>Furosemide Injection Solution 10 MG/ML</i>	T2	
<i>Furosemide Oral Solution 10 MG/ML, 8 MG/ML</i>	T2	
<i>Furosemide Oral Tablet 20 MG, 40 MG</i>	T1	
<i>Furosemide Oral Tablet 80 MG</i>	T2	
<i>Torsemide Oral Tablet 10 MG, 100 MG, 20 MG, 5 MG</i>	T2	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS		
<i>Eplerenone Oral Tablet 25 MG, 50 MG</i>	T2	
KERENDIA ORAL TABLET 10 MG, 20 MG	T4	PA; QL (30 EA per 30 days)
<i>Spironolactone Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>Spironolactone-HCTZ Oral Tablet 25-25 MG</i>	T2	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT)		
<i>Eplerenone Oral Tablet 25 MG, 50 MG</i>	T2	
<i>Spironolactone Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
NITRATES AND NITRITES		
<i>Acebutolol HCl Oral Capsule 200 MG, 400 MG</i>	T2	
<i>Atenolol Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>Betaxolol HCl Oral Tablet 10 MG, 20 MG</i>	T2	
<i>Bisoprolol Fumarate Oral Tablet 10 MG, 5 MG</i>	T2	
<i>Carvedilol Oral Tablet 12.5 MG, 25 MG, 3.125 MG, 6.25 MG</i>	T2	
<i>Carvedilol Phosphate ER Oral Capsule Extended Release 24 Hour 10 MG, 20 MG, 40 MG, 80 MG</i>	T2	
<i>Isosorbide Dinitrate Oral Tablet 10 MG, 20 MG, 30 MG, 40 MG, 5 MG</i>	T2	
<i>Isosorbide Mononitrate ER Oral Tablet Extended Release 24 Hour 120 MG</i>	T2	

Drug	Tier	Notes
<i>Isosorbide Mononitrate ER Oral Tablet Extended Release 24 Hour 30 MG, 60 MG</i>	T1	
<i>Isosorbide Mononitrate Oral Tablet 10 MG, 20 MG</i>	T2	
<i>Labetalol HCl Intravenous Solution 5 MG/ML</i>	T2	
<i>Labetalol HCl Oral Tablet 100 MG, 200 MG, 300 MG</i>	T1	
<i>Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 200 MG, 25 MG, 50 MG</i>	T2	
<i>Metoprolol Tartrate Intravenous Solution 5 MG/5ML</i>	T2	
<i>Metoprolol Tartrate Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>Nadolol Oral Tablet 20 MG, 40 MG, 80 MG</i>	T2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	T4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T3	
<i>Nitroglycerin in D5W Intravenous Solution 100-5 MCG/ML-%, 200-5 MCG/ML-%, 400-5 MCG/ML-%</i>	T2	
<i>Nitroglycerin Intravenous Solution 5 MG/ML</i>	T4	
<i>Nitroglycerin Sublingual Tablet Sublingual 0.3 MG, 0.6 MG</i>	T2	
<i>Nitroglycerin Sublingual Tablet Sublingual 0.4 MG</i>	T1	
<i>Nitroglycerin Transdermal Patch 24 Hour 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR</i>	T2	
<i>Nitroglycerin Translingual Solution 0.4 MG/SPRAY</i>	T2	
<i>Pindolol Oral Tablet 10 MG, 5 MG</i>	T2	
<i>Propranolol HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 160 MG, 60 MG, 80 MG</i>	T2	
<i>Propranolol HCl Intravenous Solution 1 MG/ML</i>	T2	
<i>Propranolol HCl Oral Solution 20 MG/5ML, 40 MG/5ML</i>	T2	
<i>Propranolol HCl Oral Tablet 10 MG, 20 MG, 40 MG</i>	T1	
<i>Propranolol HCl Oral Tablet 60 MG, 80 MG</i>	T2	
RECTIV RECTAL OINTMENT 0.4 %	T4	
<i>Sotalol HCl (AF) Oral Tablet 120 MG, 160 MG, 80 MG</i>	T2	
<i>Sotalol HCl Intravenous Solution 150 MG/10ML</i>	T4	
<i>Sotalol HCl Oral Tablet 120 MG, 160 MG, 240 MG, 80 MG</i>	T2	
<i>Timolol Maleate Oral Tablet 10 MG, 20 MG, 5 MG</i>	T2	
OMEGA-3-MEDIATED ANTILIPEMICS		
<i>Icosapent Ethyl Oral Capsule 0.5 GM, 1 GM</i>	T2	
<i>Omega-3-acid Ethyl Esters Oral Capsule 1 GM</i>	T2	PA
OSMOTIC DIURETICS (24:36)		
<i>Mannitol Intravenous Solution 20 %, 25 %</i>	T2	
OSMITROL INTRAVENOUS SOLUTION 10 %	T2	
OSMOTIC DIURETICS (HYPOTENSIVE AGENTS)		
<i>Mannitol Intravenous Solution 20 %, 25 %</i>	T2	

Drug	Tier	Notes
OSMITROL INTRAVENOUS SOLUTION 10 %	T2	
PCSK9 INHIBITORS		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	T5	PA; QL (2 ML per 28 days)
PHOSPHODIESTERASE TYPE 5 INHIBITORS		
<i>Aspirin-Dipyridamole ER Oral Capsule Extended Release 12 Hour 25-200 MG</i>	T2	
<i>Cilostazol Oral Tablet 100 MG, 50 MG</i>	T2	
<i>Dipyridamole Oral Tablet 25 MG, 50 MG, 75 MG</i>	T2	
<i>Sildenafil Citrate Intravenous Solution 10 MG/12.5ML</i>	T5	PA
<i>Sildenafil Citrate Oral Tablet 20 MG</i>	T5	PA; QL (90 EA per 30 days)
<i>Tadalafil (PAH) Oral Tablet 20 MG</i>	T5	PA; QL (60 EA per 30 days)
<i>Tadalafil Oral Tablet 2.5 MG, 5 MG</i>	T2	PA; QL (30 EA per 30 days)
POTASSIUM-SPARING DIURETIC		
<i>aMILoride HCl Oral Tablet 5 MG</i>	T2	
<i>Eplerenone Oral Tablet 25 MG, 50 MG</i>	T2	
<i>Spironolactone Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>Spironolactone-HCTZ Oral Tablet 25-25 MG</i>	T2	
<i>Triamterene Oral Capsule 100 MG, 50 MG</i>	T2	
POTASSIUM-SPARING DIURETICS (HYPOTEN)		
<i>aMILoride HCl Oral Tablet 5 MG</i>	T2	
<i>Eplerenone Oral Tablet 25 MG, 50 MG</i>	T2	
<i>Spironolactone Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>Triamterene Oral Capsule 100 MG, 50 MG</i>	T2	
RENIN INHIBITORS		
<i>Aliskiren Fumarate Oral Tablet 150 MG, 300 MG</i>	T2	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	T3	
STEROIDAL MINERALOCORTICOID RECEPTOR ANT		
<i>Eplerenone Oral Tablet 25 MG, 50 MG</i>	T2	
<i>Spironolactone Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>Spironolactone-HCTZ Oral Tablet 25-25 MG</i>	T2	
THIAZIDE DIURETICS (24:36)		
<i>Chlorothiazide Sodium Intravenous Solution Reconstituted 500 MG</i>	T2	
DIURIL ORAL SUSPENSION 250 MG/5ML	T4	
<i>hydroCHLORothiazide Oral Capsule 12.5 MG</i>	T1	
<i>hydroCHLORothiazide Oral Tablet 12.5 MG, 25 MG, 50 MG</i>	T1	
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS)		
<i>Chlorothiazide Sodium Intravenous Solution Reconstituted 500 MG</i>	T2	
DIURIL ORAL SUSPENSION 250 MG/5ML	T4	

Drug	Tier	Notes
hydroCHLOROthiazide Oral Capsule 12.5 MG	T1	
hydroCHLOROthiazide Oral Tablet 12.5 MG, 25 MG, 50 MG	T1	
THIAZIDE-LIKE DIURETICS (24:36)		
Chlorthalidone Oral Tablet 25 MG, 50 MG	T1	
Indapamide Oral Tablet 1.25 MG, 2.5 MG	T2	
metOLazone Oral Tablet 10 MG, 2.5 MG, 5 MG	T2	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT)		
Chlorthalidone Oral Tablet 25 MG, 50 MG	T1	
Indapamide Oral Tablet 1.25 MG, 2.5 MG	T2	
metOLazone Oral Tablet 10 MG, 2.5 MG, 5 MG	T2	
VASODILATING AGENTS, MISCELLANEOUS		
Ambrisentan Oral Tablet 10 MG, 5 MG	T5	PA; QL (30 EA per 30 days)
amLODIPine Besylate Oral Tablet 10 MG, 2.5 MG, 5 MG	T1	
Bosentan Oral Tablet 125 MG, 62.5 MG	T5	PA; QL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T2	
CORLANOR ORAL SOLUTION 5 MG/5ML	T3	
Diltiazem HCl ER Beads Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T2	
dilTIAZem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	T2	
dilTIAZem HCl ER Oral Capsule Extended Release 12 Hour 120 MG, 60 MG, 90 MG	T2	
dilTIAZem HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG	T2	
dilTIAZem HCl Intravenous Solution 125 MG/25ML, 25 MG/5ML, 50 MG/10ML	T2	
Diltiazem HCl Intravenous Solution Reconstituted 100 MG	T4	
dilTIAZem HCl Oral Tablet 120 MG, 30 MG, 60 MG, 90 MG	T1	
Dipyridamole Oral Tablet 25 MG, 50 MG, 75 MG	T2	
Epoprostenol Sodium Intravenous Solution Reconstituted 0.5 MG, 1.5 MG	T5	PA
Ivabradine HCl Oral Tablet 5 MG, 7.5 MG	T3	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T2	
niCARdipine HCl Intravenous Solution 2.5 MG/ML	T2	
niCARdipine HCl Oral Capsule 20 MG, 30 MG	T2	
NIFEdipine ER Oral Tablet Extended Release 24 Hour 30 MG, 60 MG, 90 MG	T2	

Drug	Tier	Notes
<i>NIFEdipine ER Osmotic Release Oral Tablet Extended Release 24 Hour 30 MG, 60 MG, 90 MG</i>	T2	
<i>niMODipine Oral Capsule 30 MG</i>	T4	
OPSUMIT ORAL TABLET 10 MG	T5	PA; QL (30 EA per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	T5	PA
<i>Phenoxybenzamine HCl Oral Capsule 10 MG</i>	T4	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	T5	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML	T5	PA; QL (28 ML per 28 days)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML	T5	PA; QL (28 ML per 28 days)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML	T5	PA; QL (28 ML per 28 days)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	T5	PA; QL (270 ML per 30 days)
<i>Verapamil HCl ER Oral Capsule Extended Release 24 Hour 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG, 360 MG</i>	T2	
<i>Verapamil HCl ER Oral Tablet Extended Release 120 MG, 180 MG, 240 MG</i>	T2	
<i>Verapamil HCl Intravenous Solution 2.5 MG/ML</i>	T2	
<i>Verapamil HCl Oral Tablet 120 MG, 40 MG, 80 MG</i>	T1	
CENTRAL NERVOUS SYSTEM AGENTS		
ADAMANTANES (CNS)		
<i>Amantadine HCl Oral Capsule 100 MG</i>	T2	
<i>Amantadine HCl Oral Solution 50 MG/5ML</i>	T2	
<i>Amantadine HCl Oral Tablet 100 MG</i>	T2	
AMPHETAMINES		
<i>Amphetamine Sulfate Oral Tablet 10 MG</i>	T4	
<i>Amphetamine-Dextroamphetamine ER Oral Capsule Extended Release 24 Hour 10 MG, 5 MG</i>	T2	QL (90 EA per 30 days)
<i>Amphetamine-Dextroamphetamine ER Oral Capsule Extended Release 24 Hour 15 MG</i>	T2	QL (30 EA per 30 days)
<i>Amphetamine-Dextroamphetamine ER Oral Capsule Extended Release 24 Hour 20 MG, 25 MG, 30 MG</i>	T2	QL (60 EA per 30 days)
<i>Amphetamine-Dextroamphetamine Oral Tablet 10 MG, 12.5 MG, 5 MG, 7.5 MG</i>	T2	QL (90 EA per 30 days)
<i>Amphetamine-Dextroamphetamine Oral Tablet 15 MG, 20 MG, 30 MG</i>	T2	QL (60 EA per 30 days)
<i>Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 5 MG</i>	T2	QL (120 EA per 30 days)
<i>Dextroamphetamine Sulfate Oral Solution 5 MG/5ML</i>	T2	QL (2160 ML per 30 days)
<i>Dextroamphetamine Sulfate Oral Tablet 10 MG, 5 MG</i>	T2	QL (120 EA per 30 days)
<i>Lisdexamfetamine Dimesylate Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG</i>	T2	QL (30 EA per 30 days)

Drug	Tier	Notes
<i>Lisdexamfetamine Dimesylate Oral Tablet Chewable 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG</i>	T2	QL (30 EA per 30 days)
<i>Methamphetamine HCl Oral Tablet 5 MG</i>	T4	QL (150 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG	T2	QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	T2	QL (120 EA per 30 days)
ZENZEDI ORAL TABLET 20 MG, 30 MG	T2	QL (60 EA per 30 days)
AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT		
<i>Riluzole Oral Tablet 50 MG</i>	T4	
ANALGESICS AND ANTIPYRETICS, MISC.		
<i>Acetaminophen-Codeine Oral Solution 120-12 MG/5ML, 300-30 MG/12.5ML</i>	T2	QL (2700 ML per 25 days)
<i>Acetaminophen-Codeine Oral Tablet 300-15 MG</i>	T2	QL (400 EA per 25 days)
<i>Acetaminophen-Codeine Oral Tablet 300-30 MG</i>	T2	QL (360 EA per 25 days)
<i>Acetaminophen-Codeine Oral Tablet 300-60 MG</i>	T2	QL (180 EA per 25 days)
<i>Butalbital-APAP-Caff-Cod Oral Capsule 50-300-40-30 MG</i>	T2	QL (48 EA per 25 days)
<i>Butalbital-APAP-Caffeine Oral Capsule 50-300-40 MG, 50-325-40 MG</i>	T2	QL (48 EA per 25 days)
<i>Butalbital-APAP-Caffeine Oral Tablet 50-325-40 MG</i>	T2	QL (48 EA per 25 days)
<i>Gabapentin Oral Capsule 100 MG, 300 MG, 400 MG</i>	T1	
<i>Gabapentin Oral Solution 250 MG/5ML</i>	T1	
<i>Gabapentin Oral Tablet 600 MG, 800 MG</i>	T1	
<i>HYDROcodone-Acetaminophen Oral Solution 7.5-325 MG/15ML</i>	T2	QL (2700 ML per 25 days)
<i>HYDROcodone-Acetaminophen Oral Tablet 10-325 MG, 7.5-325 MG</i>	T2	QL (180 EA per 25 days)
<i>HYDROcodone-Acetaminophen Oral Tablet 5-325 MG</i>	T2	QL (240 EA per 25 days)
<i>oxyCODONE-Acetaminophen Oral Tablet 10-325 MG</i>	T2	QL (180 EA per 25 days)
<i>Oxycodone-Acetaminophen Oral Tablet 2.5-325 MG, 5-325 MG</i>	T2	QL (360 EA per 25 days)
<i>oxyCODONE-Acetaminophen Oral Tablet 7.5-325 MG</i>	T2	QL (240 EA per 25 days)
<i>Pregabalin ER Oral Tablet Extended Release 24 Hour 165 MG, 330 MG, 82.5 MG</i>	T2	
TENCON ORAL TABLET 50-325 MG	T2	QL (48 EA per 25 days)
<i>traMADol-Acetaminophen Oral Tablet 37.5-325 MG</i>	T2	QL (40 EA per 25 days)
ANOREXIGENIC AGENTS, MISCELLANEOUS		
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML	T4	PA
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	T4	PA
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	T4	PA

Drug	Tier	Notes
ANTICHOLINERGIC AGENTS (CNS)		
<i>Benztropine Mesylate Injection Solution 1 MG/ML</i>	T2	
<i>Benztropine Mesylate Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	T2	
<i>diphenhydrAMINE HCl Injection Solution 50 MG/ML</i>	T2	
<i>diphenhydrAMINE HCl Oral Elixir 12.5 MG/5ML</i>	T2	
<i>Orphenadrine Citrate ER Oral Tablet Extended Release 12 Hour 100 MG</i>	T2	
<i>Orphenadrine Citrate Injection Solution 30 MG/ML</i>	T2	
<i>Trihexyphenidyl HCl Oral Solution 0.4 MG/ML</i>	T2	
<i>Trihexyphenidyl HCl Oral Tablet 2 MG, 5 MG</i>	T2	
ANTICONVULSANTS, MISCELLANEOUS		
<i>acetaZOLAMIDE ER Oral Capsule Extended Release 12 Hour 500 MG</i>	T2	
<i>acetaZOLAMIDE Oral Tablet 125 MG, 250 MG</i>	T2	
<i>acetaZOLAMIDE Sodium Injection Solution Reconstituted 500 MG</i>	T2	
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	T4	PA
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	T4	PA
BRIVIACT ORAL SOLUTION 10 MG/ML	T4	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	T4	PA
<i>carBAMazepine ER Oral Capsule Extended Release 12 Hour 100 MG, 200 MG, 300 MG</i>	T2	
<i>carBAMazepine ER Oral Tablet Extended Release 12 Hour 100 MG, 200 MG, 400 MG</i>	T2	
<i>carBAMazepine Oral Suspension 100 MG/5ML</i>	T2	
<i>carBAMazepine Oral Tablet 200 MG</i>	T2	
<i>carBAMazepine Oral Tablet Chewable 100 MG</i>	T2	
<i>Divalproex Sodium ER Oral Tablet Extended Release 24 Hour 250 MG, 500 MG</i>	T2	
<i>Divalproex Sodium Oral Capsule Delayed Release Sprinkle 125 MG</i>	T2	
<i>Divalproex Sodium Oral Tablet Delayed Release 125 MG, 250 MG, 500 MG</i>	T1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	T5	PA; QL (800 ML per 30 days)
<i>Felbamate Oral Suspension 600 MG/5ML</i>	T3	
<i>Felbamate Oral Tablet 400 MG, 600 MG</i>	T3	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	T3	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	T3	
<i>Gabapentin Oral Capsule 100 MG, 300 MG, 400 MG</i>	T1	
<i>Gabapentin Oral Solution 250 MG/5ML</i>	T1	
<i>Gabapentin Oral Tablet 600 MG, 800 MG</i>	T1	
<i>Lacosamide Intravenous Solution 200 MG/20ML</i>	T4	PA

Drug	Tier	Notes
<i>Lacosamide Oral Tablet 100 MG, 150 MG, 200 MG, 50 MG</i>	T4	PA
<i>lamoTRlgine ER Oral Tablet Extended Release 24 Hour 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG</i>	T2	
<i>lamoTRlgine Oral Tablet 100 MG, 150 MG, 200 MG, 25 MG</i>	T1	
<i>LamoTRlgine Oral Tablet Chewable 25 MG, 5 MG</i>	T2	
<i>lamoTRlgine Oral Tablet Dispersible 100 MG, 200 MG, 25 MG, 50 MG</i>	T3	PA
<i>lamoTRlgine Starter Kit-Blue Oral Kit 35 x 25 MG</i>	T2	
<i>lamoTRlgine Starter Kit-Green Oral Kit 84 x 25 MG & 14x100 MG</i>	T2	
<i>lamoTRlgine Starter Kit-Orange Oral Kit 42 x 25 MG & 7 x 100 MG</i>	T3	
<i>levETIRAcetam ER Oral Tablet Extended Release 24 Hour 500 MG, 750 MG</i>	T2	
<i>levETIRAcetam in NaCl Intravenous Solution 1000 MG/100ML, 1500 MG/100ML, 500 MG/100ML</i>	T2	
<i>levETIRAcetam Intravenous Solution 500 MG/5ML</i>	T2	
<i>levETIRAcetam Oral Solution 100 MG/ML, 500 MG/5ML</i>	T2	
<i>levETIRAcetam Oral Tablet 1000 MG, 250 MG, 500 MG, 750 MG</i>	T2	
<i>Magnesium Sulfate in D5W Intravenous Solution 1-5 GM/100ML-%</i>	T2	
<i>Magnesium Sulfate Injection Solution 50 %</i>	T2	
<i>Magnesium Sulfate Intravenous Solution 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML</i>	T2	
<i>OXcarbazepine Oral Suspension 300 MG/5ML</i>	T2	
<i>OXcarbazepine Oral Tablet 150 MG, 300 MG, 600 MG</i>	T2	
<i>tiaGABine HCl Oral Tablet 12 MG, 16 MG, 2 MG, 4 MG</i>	T2	
<i>Topiramate Oral Capsule Sprinkle 15 MG, 25 MG</i>	T2	
<i>Topiramate Oral Tablet 100 MG, 200 MG, 25 MG, 50 MG</i>	T2	
<i>Valproate Sodium Intravenous Solution 100 MG/ML</i>	T2	
<i>Valproic Acid Oral Capsule 250 MG</i>	T2	
<i>Valproic Acid Oral Solution 250 MG/5ML</i>	T2	
<i>Vigabatrin Oral Packet 500 MG</i>	T5	PA; QL (180 EA per 30 days)
<i>Vigabatrin Oral Tablet 500 MG</i>	T5	PA; QL (180 EA per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	T4	PA
VIMPAT ORAL SOLUTION 10 MG/ML	T4	PA
<i>Zonisamide Oral Capsule 100 MG, 25 MG, 50 MG</i>	T1	

Drug	Tier	Notes
ANTIDEPRESSANTS, MISCELLANEOUS		
<i>buPROPion HCl ER (Smoking Det) Oral Tablet Extended Release 12 Hour 150 MG</i>	\$0	
<i>buPROPion HCl ER (SR) Oral Tablet Extended Release 12 Hour 100 MG, 150 MG, 200 MG</i>	T1	
<i>buPROPion HCl ER (XL) Oral Tablet Extended Release 24 Hour 150 MG, 300 MG</i>	T2	
<i>buPROPion HCl Oral Tablet 100 MG, 75 MG</i>	T1	
<i>Mirtazapine Oral Tablet 15 MG</i>	T1	
<i>Mirtazapine Oral Tablet 30 MG, 45 MG, 7.5 MG</i>	T2	
<i>Mirtazapine Oral Tablet Dispersible 15 MG, 30 MG, 45 MG</i>	T2	
ANTIMANIC AGENTS		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	T3	QL (1 EA per 25 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	T3	QL (1 EA per 25 days)
<i>ARIPiprazole Oral Solution 1 MG/ML</i>	T3	
<i>ARIPiprazole Oral Tablet 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG</i>	T3	
<i>ARIPiprazole Oral Tablet Dispersible 10 MG, 15 MG</i>	T2	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	T3	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	T3	
<i>Asenapine Maleate Sublingual Tablet Sublingual 10 MG, 2.5 MG, 5 MG</i>	T3	PA
<i>carBAMazepine ER Oral Capsule Extended Release 12 Hour 100 MG, 200 MG, 300 MG</i>	T2	
<i>carBAMazepine ER Oral Tablet Extended Release 12 Hour 100 MG, 200 MG, 400 MG</i>	T2	
<i>carBAMazepine Oral Suspension 100 MG/5ML</i>	T2	
<i>carBAMazepine Oral Tablet 200 MG</i>	T2	
<i>carBAMazepine Oral Tablet Chewable 100 MG</i>	T2	
<i>Divalproex Sodium ER Oral Tablet Extended Release 24 Hour 250 MG, 500 MG</i>	T2	
<i>Divalproex Sodium Oral Capsule Delayed Release Sprinkle 125 MG</i>	T2	
<i>Divalproex Sodium Oral Tablet Delayed Release 125 MG, 250 MG, 500 MG</i>	T1	
<i>lamoTRlgine ER Oral Tablet Extended Release 24 Hour 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG</i>	T2	
<i>lamoTRlgine Oral Tablet 100 MG, 150 MG, 200 MG, 25 MG</i>	T1	
<i>LamoTRlgine Oral Tablet Chewable 25 MG, 5 MG</i>	T2	

Drug	Tier	Notes
<i>lamoTRlgine Oral Tablet Dispersible 100 MG, 200 MG, 25 MG, 50 MG</i>	T3	PA
<i>lamoTRlgine Starter Kit-Blue Oral Kit 35 x 25 MG</i>	T2	
<i>lamoTRlgine Starter Kit-Green Oral Kit 84 x 25 MG & 14x100 MG</i>	T2	
<i>lamoTRlgine Starter Kit-Orange Oral Kit 42 x 25 MG & 7 x 100 MG</i>	T3	
<i>Lithium Carbonate ER Oral Tablet Extended Release 300 MG, 450 MG</i>	T2	
<i>Lithium Carbonate Oral Capsule 150 MG, 300 MG, 600 MG</i>	T1	
<i>Lithium Carbonate Oral Tablet 300 MG</i>	T2	
<i>OLANZapine Intramuscular Solution Reconstituted 10 MG</i>	T2	
<i>OLANZapine Oral Tablet 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG</i>	T2	
<i>OLANZapine Oral Tablet Dispersible 10 MG, 15 MG, 20 MG, 5 MG</i>	T2	
<i>OLANZapine-FLUoxetine HCl Oral Capsule 12-25 MG, 12-50 MG, 3-25 MG, 6-50 MG</i>	T3	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	T3	QL (1 EA per 25 days)
<i>QUEtIapine Fumarate ER Oral Tablet Extended Release 24 Hour 150 MG, 200 MG, 300 MG, 400 MG, 50 MG</i>	T2	
<i>QUEtIapine Fumarate Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>QUEtIapine Fumarate Oral Tablet 200 MG, 300 MG, 400 MG</i>	T2	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	T3	QL (2 EA per 25 days)
<i>risperiDONE Oral Solution 1 MG/ML</i>	T2	
<i>risperiDONE Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	T2	
<i>RisperiDONE Oral Tablet Dispersible 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	T2	
<i>Valproate Sodium Intravenous Solution 100 MG/ML</i>	T2	
<i>Valproic Acid Oral Capsule 250 MG</i>	T2	
<i>Valproic Acid Oral Solution 250 MG/5ML</i>	T2	
<i>Ziprasidone HCl Oral Capsule 20 MG, 40 MG, 60 MG, 80 MG</i>	T2	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	T3	QL (2 EA per 25 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	T3	QL (1 EA per 25 days)
ANTIMIGRAINE AGENTS, MISCELLANEOUS		
<i>Aspirin Adult Low Strength Oral Tablet Delayed Release 81 MG</i>	T2	QL (100 EA per 30 days)

Drug	Tier	Notes
<i>Aspirin EC Adult Low Dose Oral Tablet Delayed Release 81 MG</i>	T2	QL (100 EA per 30 days)
<i>Butorphanol Tartrate Injection Solution 1 MG/ML, 2 MG/ML</i>	T2	
<i>Butorphanol Tartrate Nasal Solution 10 MG/ML</i>	T2	QL (5 ML per 25 days)
<i>Dihydroergotamine Mesylate Crystals</i>	T4	
<i>Dihydroergotamine Mesylate Injection Solution 1 MG/ML</i>	T4	
<i>Divalproex Sodium ER Oral Tablet Extended Release 24 Hour 250 MG, 500 MG</i>	T2	
<i>Divalproex Sodium Oral Capsule Delayed Release Sprinkle 125 MG</i>	T2	
<i>Divalproex Sodium Oral Tablet Delayed Release 125 MG, 250 MG, 500 MG</i>	T1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	T4	
<i>Ergotamine-Caffeine Oral Tablet 1-100 MG</i>	T4	
<i>GoodSense Aspirin Oral Tablet Chewable 81 MG</i>	T2	QL (100 EA per 30 days)
<i>GoodSense Ibuprofen Childrens Oral Suspension 100 MG/5ML</i>	T2	
<i>Ibuprofen Oral Tablet 400 MG, 600 MG, 800 MG</i>	T1	
<i>Naproxen Oral Tablet 250 MG, 375 MG, 500 MG</i>	T1	
<i>Propranolol HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 160 MG, 60 MG, 80 MG</i>	T2	
<i>Propranolol HCl Intravenous Solution 1 MG/ML</i>	T2	
<i>Propranolol HCl Oral Solution 20 MG/5ML, 40 MG/5ML</i>	T2	
<i>Propranolol HCl Oral Tablet 10 MG, 20 MG, 40 MG</i>	T1	
<i>Propranolol HCl Oral Tablet 60 MG, 80 MG</i>	T2	
<i>Timolol Maleate Oral Tablet 10 MG, 20 MG, 5 MG</i>	T2	
<i>Topiramate Oral Capsule Sprinkle 15 MG, 25 MG</i>	T2	
<i>Topiramate Oral Tablet 100 MG, 200 MG, 25 MG, 50 MG</i>	T2	
<i>Valproate Sodium Intravenous Solution 100 MG/ML</i>	T2	
<i>Valproic Acid Oral Capsule 250 MG</i>	T2	
<i>Valproic Acid Oral Solution 250 MG/5ML</i>	T2	
ANTIPSYCHOTICS, MISCELLANEOUS		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	T4	PA
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	T4	PA
<i>Loxapine Succinate Oral Capsule 10 MG, 25 MG, 5 MG, 50 MG</i>	T2	
<i>Pimozide Oral Tablet 1 MG, 2 MG</i>	T2	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	T3	PA

Drug	Tier	Notes
<i>busPIRone HCl Oral Tablet 10 MG, 15 MG, 5 MG, 7.5 MG</i>	T2	
<i>busPIRone HCl Oral Tablet 30 MG</i>	T3	
<i>diphenhydrAMINE HCl Injection Solution 50 MG/ML</i>	T2	
<i>diphenhydrAMINE HCl Oral Elixir 12.5 MG/5ML</i>	T2	
<i>Eszopiclone Oral Tablet 1 MG, 2 MG, 3 MG</i>	T2	QL (30 EA per 25 days)
HETLIOZ ORAL CAPSULE 20 MG	T5	PA; QL (30 EA per 30 days)
<i>HydrOXYzine HCl Intramuscular Solution 25 MG/ML, 50 MG/ML</i>	T2	
<i>hydrOXYzine HCl Oral Syrup 10 MG/5ML</i>	T2	
<i>hydrOXYzine HCl Oral Tablet 10 MG, 25 MG, 50 MG</i>	T1	
<i>hydrOXYzine Pamoate Oral Capsule 100 MG</i>	T2	
<i>hydrOXYzine Pamoate Oral Capsule 25 MG, 50 MG</i>	T1	
<i>Meprobamate Oral Tablet 200 MG, 400 MG</i>	T2	
<i>Promethazine HCl Injection Solution 25 MG/ML, 50 MG/ML</i>	T2	
<i>Promethazine HCl Oral Syrup 6.25 MG/5ML</i>	T2	
<i>Promethazine HCl Oral Tablet 12.5 MG, 25 MG, 50 MG</i>	T2	
<i>Ramelteon Oral Tablet 8 MG</i>	T2	QL (30 EA per 25 days)
<i>Sleep-Aid Oral Tablet 25 MG</i>	T2	
<i>Zaleplon Oral Capsule 10 MG</i>	T2	QL (60 EA per 25 days)
<i>Zaleplon Oral Capsule 5 MG</i>	T2	QL (30 EA per 25 days)
<i>Zolpidem Tartrate Oral Tablet 10 MG, 5 MG</i>	T2	QL (30 EA per 25 days)
ATYPICAL ANTIPSYCHOTICS		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	T3	QL (1 EA per 25 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	T3	QL (1 EA per 25 days)
<i>ARIPiprazole Oral Solution 1 MG/ML</i>	T3	
<i>ARIPiprazole Oral Tablet 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG</i>	T3	
<i>ARIPiprazole Oral Tablet Dispersible 10 MG, 15 MG</i>	T2	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	T3	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	T3	
<i>Asenapine Maleate Sublingual Tablet Sublingual 10 MG, 2.5 MG, 5 MG</i>	T3	PA
<i>cloZAPine Oral Tablet 100 MG, 200 MG, 25 MG, 50 MG</i>	T2	
<i>CloZAPine Oral Tablet Dispersible 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG</i>	T2	

Drug	Tier	Notes
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	T3	QL (1 ML per 25 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	T3	QL (1 ML per 84 days)
<i>Lurasidone HCl Oral Tablet 120 MG, 20 MG, 40 MG, 60 MG, 80 MG</i>	T2	
<i>OLANzapine Intramuscular Solution Reconstituted 10 MG</i>	T2	
<i>OLANzapine Oral Tablet 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG</i>	T2	
<i>OLANzapine Oral Tablet Dispersible 10 MG, 15 MG, 20 MG, 5 MG</i>	T2	
<i>OLANzapine-FLUoxetine HCl Oral Capsule 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG</i>	T3	
<i>Paliperidone ER Oral Tablet Extended Release 24 Hour 1.5 MG, 3 MG, 6 MG, 9 MG</i>	T3	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	T3	QL (1 EA per 25 days)
<i>QUetiapine Fumarate ER Oral Tablet Extended Release 24 Hour 150 MG, 200 MG, 300 MG, 400 MG, 50 MG</i>	T2	
<i>QUetiapine Fumarate Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>QUetiapine Fumarate Oral Tablet 200 MG, 300 MG, 400 MG</i>	T2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T4	PA
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	T3	QL (2 EA per 25 days)
<i>risperiDONE Oral Solution 1 MG/ML</i>	T2	
<i>risperiDONE Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	T2	
<i>RisperiDONE Oral Tablet Dispersible 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	T2	
<i>Ziprasidone HCl Oral Capsule 20 MG, 40 MG, 60 MG, 80 MG</i>	T2	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	T3	QL (2 EA per 25 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	T3	QL (1 EA per 25 days)
BARBITURATES (ANTICONVULSANTS)		
<i>PHENobarbital Oral Elixir 20 MG/5ML, 30 MG/7.5ML, 60 MG/15ML</i>	T2	
<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>	T2	
<i>Primidone Oral Tablet 250 MG, 50 MG</i>	T2	

Drug	Tier	Notes
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)		
<i>Butalbital-APAP-Caff-Cod Oral Capsule 50-300-40-30 MG</i>	T2	QL (48 EA per 25 days)
<i>Butalbital-APAP-Caffeine Oral Capsule 50-300-40 MG, 50-325-40 MG</i>	T2	QL (48 EA per 25 days)
<i>Butalbital-APAP-Caffeine Oral Tablet 50-325-40 MG</i>	T2	QL (48 EA per 25 days)
<i>Butalbital-Aspirin-Caffeine Oral Capsule 50-325-40 MG</i>	T2	QL (48 EA per 25 days)
<i>PHENobarbital Oral Elixir 20 MG/5ML, 30 MG/7.5ML, 60 MG/15ML</i>	T2	
<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>	T2	
TENCON ORAL TABLET 50-325 MG	T2	QL (48 EA per 25 days)
BENZODIAZEPINES (ANTICONVULSANTS)		
<i>cloBAZam Oral Suspension 2.5 MG/ML</i>	T3	PA
<i>cloBAZam Oral Tablet 10 MG, 20 MG</i>	T3	PA
<i>clonazepam Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	T2	
<i>Clorazepate Dipotassium Oral Tablet 15 MG, 3.75 MG, 7.5 MG</i>	T3	QL (180 EA per 25 days)
<i>diazepam Injection Solution 5 MG/ML</i>	T2	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	T2	QL (240 ML per 25 days)
<i>diazepam Oral Solution 5 MG/5ML</i>	T2	QL (1200 ML per 25 days)
<i>diazepam Oral Tablet 10 MG, 2 MG, 5 MG</i>	T2	QL (120 EA per 25 days)
<i>LORazepam Oral Concentrate 2 MG/ML</i>	T2	QL (150 ML per 25 days)
<i>LORazepam Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	T2	QL (150 EA per 25 days)
BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP)		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	T1	QL (300 ML per 25 days)
<i>ALPRAZolam Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG</i>	T2	QL (150 EA per 25 days)
<i>ALPRAZolam Oral Tablet Dispersible 0.25 MG, 0.5 MG, 1 MG, 2 MG</i>	T2	QL (150 EA per 25 days)
<i>chlordiazepoxide HCl Oral Capsule 10 MG, 25 MG, 5 MG</i>	T2	
<i>Chlordiazepoxide-Amitriptyline Oral Tablet 10-25 MG, 5-12.5 MG</i>	T3	
<i>cloBAZam Oral Suspension 2.5 MG/ML</i>	T3	PA
<i>cloBAZam Oral Tablet 10 MG, 20 MG</i>	T3	PA
<i>clonazepam Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	T2	
<i>Clorazepate Dipotassium Oral Tablet 15 MG, 3.75 MG, 7.5 MG</i>	T3	QL (180 EA per 25 days)
<i>diazepam Injection Solution 5 MG/ML</i>	T2	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	T2	QL (240 ML per 25 days)
<i>diazepam Oral Solution 5 MG/5ML</i>	T2	QL (1200 ML per 25 days)

Drug	Tier	Notes
<i>diazePAM Oral Tablet 10 MG, 2 MG, 5 MG</i>	T2	QL (120 EA per 25 days)
<i>LORazepam Oral Concentrate 2 MG/ML</i>	T2	QL (150 ML per 25 days)
<i>LORazepam Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	T2	QL (150 EA per 25 days)
<i>Oxazepam Oral Capsule 10 MG, 15 MG, 30 MG</i>	T2	QL (120 EA per 25 days)
<i>Quazepam Oral Tablet 15 MG</i>	T3	
<i>Temazepam Oral Capsule 15 MG, 22.5 MG, 30 MG, 7.5 MG</i>	T2	QL (15 EA per 25 days)
BUTYROPHENONES		
<i>Haloperidol Decanoate Intramuscular Solution 100 MG/ML, 50 MG/ML</i>	T2	
<i>Haloperidol Lactate Injection Solution 5 MG/ML</i>	T2	
<i>Haloperidol Lactate Oral Concentrate 2 MG/ML</i>	T2	
<i>Haloperidol Oral Tablet 0.5 MG, 1 MG, 10 MG, 2 MG, 20 MG, 5 MG</i>	T2	
CALCITONIN GENE-RELATED PEPTIDE ANTAG.		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	T3	PA; QL (1 ML per 25 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	T3	PA; QL (2 ML per 25 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	T3	PA; QL (3 ML per 75 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	T3	PA; QL (3 ML per 75 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T3	PA; QL (3 ML per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	T3	PA; QL (2 ML per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	T3	PA; QL (2 ML per 25 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	T4	PA; QL (16 EA per 30 days)
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.		
<i>Carbidopa-Levodopa-Entacapone Oral Tablet 12.5-50-200 MG, 18.75-75-200 MG, 25-100-200 MG, 31.25-125-200 MG, 37.5-150-200 MG, 50-200-200 MG</i>	T2	
<i>Entacapone Oral Tablet 200 MG</i>	T2	
<i>Tolcapone Oral Tablet 100 MG</i>	T2	
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
<i>Acamprosate Calcium Oral Tablet Delayed Release 333 MG</i>	T2	PA
<i>Atomoxetine HCl Oral Capsule 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG</i>	T2	
<i>guanFACINE HCl ER Oral Tablet Extended Release 24 Hour 1 MG, 2 MG, 3 MG, 4 MG</i>	T2	
<i>guanFACINE HCl Oral Tablet 1 MG, 2 MG</i>	T2	
<i>Memantine HCl ER Oral Capsule Extended Release 24 Hour 14 MG, 21 MG, 28 MG, 7 MG</i>	T2	

Drug	Tier	Notes
<i>Memantine HCl Oral Solution 2 MG/ML</i>	T2	
<i>Memantine HCl Oral Tablet 10 MG, 28 x 5 MG & 21 x 10 MG, 5 MG</i>	T2	
NUEDEXTA ORAL CAPSULE 20-10 MG	T3	PA
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG	T4	
<i>Riluzole Oral Tablet 50 MG</i>	T4	
CYCLOOXYGENASE-2 (COX-2) INHIBITORS		
<i>Celecoxib Oral Capsule 100 MG, 200 MG, 50 MG</i>	T3	
DIBENZOXAPINES		
<i>Loxapine Succinate Oral Capsule 10 MG, 25 MG, 5 MG, 50 MG</i>	T2	
DIPHENYLBUTYLPERIDINES		
<i>Pimozide Oral Tablet 1 MG, 2 MG</i>	T2	
DOPAMINE PRECURSORS		
<i>Carbidopa Oral Tablet 25 MG</i>	T4	
<i>Carbidopa-Levodopa ER Oral Tablet Extended Release 25-100 MG, 50-200 MG</i>	T2	
<i>Carbidopa-Levodopa Oral Tablet 10-100 MG, 25-100 MG, 25-250 MG</i>	T2	
<i>Carbidopa-Levodopa Oral Tablet Dispersible 10-100 MG, 25-100 MG, 25-250 MG</i>	T2	
<i>Carbidopa-Levodopa-Entacapone Oral Tablet 12.5-50-200 MG, 18.75-75-200 MG, 25-100-200 MG, 31.25-125-200 MG, 37.5-150-200 MG, 50-200-200 MG</i>	T2	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS		
<i>Bromocriptine Mesylate Oral Capsule 5 MG</i>	T2	
<i>Bromocriptine Mesylate Oral Tablet 2.5 MG</i>	T2	
<i>Cabergoline Oral Tablet 0.5 MG</i>	T2	
FIBROMYALGIA AGENTS		
<i>DULoxetine HCl Oral Capsule Delayed Release Particles 20 MG, 30 MG, 60 MG</i>	T2	
<i>Pregabalin ER Oral Tablet Extended Release 24 Hour 165 MG, 330 MG, 82.5 MG</i>	T2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	T4	PA
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	T4	PA
GABA-MEDIATED ANTICONVULSANTS		
<i>Divalproex Sodium ER Oral Tablet Extended Release 24 Hour 250 MG, 500 MG</i>	T2	
<i>Divalproex Sodium Oral Tablet Delayed Release 125 MG, 250 MG, 500 MG</i>	T1	
<i>Gabapentin Oral Capsule 100 MG, 300 MG, 400 MG</i>	T1	
<i>Gabapentin Oral Solution 250 MG/5ML</i>	T1	

Drug	Tier	Notes
<i>Gabapentin Oral Tablet 600 MG, 800 MG</i>	T1	
<i>Pregabalin ER Oral Tablet Extended Release 24 Hour 165 MG, 330 MG, 82.5 MG</i>	T2	
<i>Pregabalin Oral Capsule 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG</i>	T2	
<i>Pregabalin Oral Solution 20 MG/ML</i>	T2	
<i>tiaGABine HCl Oral Tablet 12 MG, 16 MG, 2 MG, 4 MG</i>	T2	
<i>Valproate Sodium Intravenous Solution 100 MG/ML</i>	T2	
<i>Valproic Acid Oral Solution 250 MG/5ML</i>	T2	
<i>Vigabatrin Oral Packet 500 MG</i>	T5	PA; QL (180 EA per 30 days)
<i>Vigabatrin Oral Tablet 500 MG</i>	T5	PA; QL (180 EA per 30 days)
HYDANTOINS		
DILANTIN ORAL CAPSULE 30 MG	T4	
<i>Fosphenytoin Sodium Injection Solution 100 MG PE/2ML, 500 MG PE/10ML</i>	T2	
<i>Phenytoin Oral Suspension 125 MG/5ML</i>	T2	
<i>Phenytoin Oral Tablet Chewable 50 MG</i>	T2	
<i>Phenytoin Sodium Extended Oral Capsule 100 MG, 200 MG, 300 MG</i>	T2	
<i>Phenytoin Sodium Injection Solution 50 MG/ML</i>	T2	
ION CHANNEL INHIBITION AGENTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	T4	PA
<i>Lacosamide Intravenous Solution 200 MG/20ML</i>	T4	PA
<i>Lacosamide Oral Tablet 100 MG, 150 MG, 200 MG, 50 MG</i>	T4	PA
<i>OXcarbazepine Oral Suspension 300 MG/5ML</i>	T2	
<i>OXcarbazepine Oral Tablet 150 MG, 300 MG, 600 MG</i>	T2	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	T4	PA
VIMPAT ORAL SOLUTION 10 MG/ML	T4	PA
<i>Zonisamide Oral Capsule 100 MG, 25 MG, 50 MG</i>	T1	
MELATONIN RECEPTOR AGONISTS		
HETLIOZ ORAL CAPSULE 20 MG	T5	PA; QL (30 EA per 30 days)
<i>Ramelteon Oral Tablet 8 MG</i>	T2	QL (30 EA per 25 days)
MONOAMINE OXIDASE B INHIBITORS		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	T4	PA
<i>Rasagiline Mesylate Oral Tablet 0.5 MG, 1 MG</i>	T3	
<i>Selegiline HCl Oral Capsule 5 MG</i>	T2	
<i>Selegiline HCl Oral Tablet 5 MG</i>	T2	
MONOAMINE OXIDASE INHIBITORS		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	T4	PA
MARPLAN ORAL TABLET 10 MG	T4	

Drug	Tier	Notes
<i>Phenelzine Sulfate Oral Tablet 15 MG</i>	T2	
<i>Rasagiline Mesylate Oral Tablet 0.5 MG, 1 MG</i>	T3	
<i>Selegiline HCl Oral Capsule 5 MG</i>	T2	
<i>Selegiline HCl Oral Tablet 5 MG</i>	T2	
<i>Tranylcypromine Sulfate Oral Tablet 10 MG</i>	T2	
NON-BENZODIAZEPINE ANXIOLYTICS		
<i>busPIRone HCl Oral Tablet 10 MG, 15 MG, 5 MG, 7.5 MG</i>	T2	
<i>busPIRone HCl Oral Tablet 30 MG</i>	T3	
<i>Meprobamate Oral Tablet 200 MG, 400 MG</i>	T2	
NON-BENZODIAZEPINE HYPNOTICS		
<i>Eszopiclone Oral Tablet 1 MG, 2 MG, 3 MG</i>	T2	QL (30 EA per 25 days)
<i>Zaleplon Oral Capsule 10 MG</i>	T2	QL (60 EA per 25 days)
<i>Zaleplon Oral Capsule 5 MG</i>	T2	QL (30 EA per 25 days)
<i>Zolpidem Tartrate Oral Tablet 10 MG, 5 MG</i>	T2	QL (30 EA per 25 days)
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	T5	PA; QL (20 ML per 25 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	T3	
<i>Pramipexole Dihydrochloride ER Oral Tablet Extended Release 24 Hour 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG</i>	T2	
<i>Pramipexole Dihydrochloride Oral Tablet 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	T2	
<i>rOPINIRole HCl Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG</i>	T2	
NON-OPIOID ANALGESICS		
<i>Acetaminophen-Codeine Oral Solution 120-12 MG/5ML, 300-30 MG/12.5ML</i>	T2	QL (2700 ML per 25 days)
<i>Acetaminophen-Codeine Oral Tablet 300-15 MG</i>	T2	QL (400 EA per 25 days)
<i>Acetaminophen-Codeine Oral Tablet 300-30 MG</i>	T2	QL (360 EA per 25 days)
<i>Acetaminophen-Codeine Oral Tablet 300-60 MG</i>	T2	QL (180 EA per 25 days)
<i>Butalbital-APAP-Caff-Cod Oral Capsule 50-300-40-30 MG</i>	T2	QL (48 EA per 25 days)
<i>Butalbital-APAP-Caffeine Oral Capsule 50-300-40 MG, 50-325-40 MG</i>	T2	QL (48 EA per 25 days)
<i>Butalbital-APAP-Caffeine Oral Tablet 50-325-40 MG</i>	T2	QL (48 EA per 25 days)
<i>HYDROcodone-Acetaminophen Oral Solution 7.5-325 MG/15ML</i>	T2	QL (2700 ML per 25 days)
<i>HYDROcodone-Acetaminophen Oral Tablet 10-325 MG, 7.5-325 MG</i>	T2	QL (180 EA per 25 days)
<i>HYDROcodone-Acetaminophen Oral Tablet 5-325 MG</i>	T2	QL (240 EA per 25 days)
<i>oxyCODONE-Acetaminophen Oral Tablet 10-325 MG</i>	T2	QL (180 EA per 25 days)

Drug	Tier	Notes
<i>Oxycodone-Acetaminophen Oral Tablet 2.5-325 MG, 5-325 MG</i>	T2	QL (360 EA per 25 days)
<i>oxyCODONE-Acetaminophen Oral Tablet 7.5-325 MG</i>	T2	QL (240 EA per 25 days)
TENCON ORAL TABLET 50-325 MG	T2	QL (48 EA per 25 days)
<i>traMADol-Acetaminophen Oral Tablet 37.5-325 MG</i>	T2	QL (40 EA per 25 days)
NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC		
<i>Diclofenac Potassium Oral Tablet 50 MG</i>	T2	
<i>Diclofenac Sodium ER Oral Tablet Extended Release 24 Hour 100 MG</i>	T2	
<i>Diclofenac Sodium Oral Tablet Delayed Release 25 MG, 50 MG, 75 MG</i>	T2	
<i>Diclofenac-miSOPROStol Oral Tablet Delayed Release 50-0.2 MG, 75-0.2 MG</i>	T2	
<i>Diffunisal Oral Tablet 500 MG</i>	T2	
<i>Etodolac ER Oral Tablet Extended Release 24 Hour 400 MG, 500 MG, 600 MG</i>	T2	
<i>Etodolac Oral Capsule 200 MG, 300 MG</i>	T2	
<i>Etodolac Oral Tablet 400 MG, 500 MG</i>	T2	
<i>Flurbiprofen Oral Tablet 100 MG, 50 MG</i>	T2	
<i>GoodSense Ibuprofen Childrens Oral Suspension 100 MG/5ML</i>	T2	
<i>HYDRocodone-Ibuprofen Oral Tablet 10-200 MG</i>	T2	QL (50 EA per 25 days)
<i>Ibuprofen Oral Tablet 400 MG, 600 MG, 800 MG</i>	T1	
<i>Indomethacin Oral Capsule 25 MG, 50 MG</i>	T2	
<i>Ketorolac Tromethamine Injection Solution 15 MG/ML, 30 MG/ML</i>	T2	
<i>Ketorolac Tromethamine Intramuscular Solution 60 MG/2ML</i>	T2	
<i>Ketorolac Tromethamine Oral Tablet 10 MG</i>	T2	QL (20 EA per 25 days)
<i>Meclofenamate Sodium Oral Capsule 100 MG, 50 MG</i>	T3	
<i>Mefenamic Acid Oral Capsule 250 MG</i>	T2	
<i>Meloxicam Oral Tablet 15 MG, 7.5 MG</i>	T1	
<i>Nabumetone Oral Tablet 500 MG, 750 MG</i>	T2	
<i>Naproxen Oral Tablet 250 MG, 375 MG, 500 MG</i>	T1	
<i>Oxaprozin Oral Tablet 600 MG</i>	T2	
<i>Piroxicam Oral Capsule 10 MG, 20 MG</i>	T2	
<i>Sulindac Oral Tablet 150 MG, 200 MG</i>	T2	
<i>Sumatriptan-Naproxen Sodium Oral Tablet 85-500 MG</i>	T4	QL (9 EA per 25 days)
<i>Tolmetin Sodium Oral Tablet 600 MG</i>	T2	
OPIOID AGONISTS (28:08)		
<i>Acetaminophen-Codeine Oral Solution 120-12 MG/5ML, 300-30 MG/12.5ML</i>	T2	QL (2700 ML per 25 days)
<i>Acetaminophen-Codeine Oral Tablet 300-15 MG</i>	T2	QL (400 EA per 25 days)
<i>Acetaminophen-Codeine Oral Tablet 300-30 MG</i>	T2	QL (360 EA per 25 days)

Drug	Tier	Notes
<i>Acetaminophen-Codeine Oral Tablet 300-60 MG</i>	T2	QL (180 EA per 25 days)
<i>Butalbital-APAP-Caff-Cod Oral Capsule 50-300-40-30 MG</i>	T2	QL (48 EA per 25 days)
<i>Codeine Sulfate Oral Tablet 30 MG, 60 MG</i>	T3	QL (42 EA per 25 days)
<i>fentaNYL Transdermal Patch 72 Hour 100 MCG/HR, 50 MCG/HR, 75 MCG/HR</i>	T2	PA
<i>fentaNYL Transdermal Patch 72 Hour 12 MCG/HR, 25 MCG/HR</i>	T2	QL (10 EA per 25 days)
<i>HYDROcodone Bitartrate ER Oral Tablet ER 24 Hour Abuse-Deterrent 100 MG, 120 MG</i>	T2	PA
<i>HYDROcodone Bitartrate ER Oral Tablet ER 24 Hour Abuse-Deterrent 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</i>	T2	QL (30 EA per 25 days)
<i>HYDROcodone-Acetaminophen Oral Solution 7.5-325 MG/15ML</i>	T2	QL (2700 ML per 25 days)
<i>HYDROcodone-Acetaminophen Oral Tablet 10-325 MG, 7.5-325 MG</i>	T2	QL (180 EA per 25 days)
<i>HYDROcodone-Acetaminophen Oral Tablet 5-325 MG</i>	T2	QL (240 EA per 25 days)
<i>HYDROcodone-Ibuprofen Oral Tablet 10-200 MG</i>	T2	QL (50 EA per 25 days)
<i>HYDROmorphine HCl ER Oral Tablet Extended Release 24 Hour 12 MG, 16 MG, 8 MG</i>	T2	QL (30 EA per 25 days)
<i>HYDROmorphine HCl ER Oral Tablet Extended Release 24 Hour 32 MG</i>	T2	PA
<i>HYDROmorphine HCl Injection Solution 1 MG/ML, 2 MG/ML, 4 MG/ML</i>	T2	
<i>HYDROmorphine HCl Oral Tablet 2 MG</i>	T2	QL (180 EA per 25 days)
<i>HYDROmorphine HCl Oral Tablet 4 MG</i>	T2	QL (150 EA per 25 days)
<i>HYDROmorphine HCl Oral Tablet 8 MG</i>	T2	QL (60 EA per 25 days)
<i>HYDROmorphine HCl PF Injection Solution 10 MG/ML</i>	T2	
<i>Levorphanol Tartrate Oral Tablet 2 MG, 3 MG</i>	T4	PA
<i>Meperidine HCl Oral Solution 50 MG/5ML</i>	T2	
<i>Meperidine HCl Oral Tablet 50 MG</i>	T2	
<i>Methadone HCl Injection Solution 10 MG/ML</i>	T2	QL (20 ML per 25 days)
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	T2	QL (60 ML per 25 days)
<i>Methadone HCl Oral Concentrate 10 MG/ML</i>	T2	QL (30 EA per 25 days)
<i>Methadone HCl Oral Solution 10 MG/5ML</i>	T2	QL (300 ML per 25 days)
<i>Methadone HCl Oral Solution 5 MG/5ML</i>	T2	QL (450 ML per 25 days)
<i>Methadone HCl Oral Tablet 10 MG</i>	T2	QL (60 EA per 25 days)
<i>Methadone HCl Oral Tablet 5 MG</i>	T2	QL (90 EA per 25 days)
<i>Methadone HCl Oral Tablet Soluble 40 MG</i>	T2	QL (9 EA per 25 days)
METHADOSE ORAL TABLET SOLUBLE 40 MG	T2	QL (9 EA per 25 days)
<i>Morphine Sulfate (Concentrate) Oral Solution 100 MG/5ML</i>	T2	QL (135 ML per 25 days)
<i>Morphine Sulfate (PF) Injection Solution 0.5 MG/ML, 1 MG/ML</i>	T2	

Drug	Tier	Notes
<i>Morphine Sulfate (PF) Intravenous Solution 10 MG/ML</i>	T2	
<i>Morphine Sulfate (PF) Intravenous Solution 2 MG/ML</i>	T4	
<i>Morphine Sulfate ER Beads Oral Capsule Extended Release 24 Hour 120 MG</i>	T2	PA
<i>Morphine Sulfate ER Beads Oral Capsule Extended Release 24 Hour 30 MG, 45 MG, 60 MG, 75 MG, 90 MG</i>	T2	QL (30 EA per 25 days)
<i>Morphine Sulfate ER Oral Capsule Extended Release 24 Hour 10 MG, 20 MG, 30 MG</i>	T2	QL (60 EA per 25 days)
<i>Morphine Sulfate ER Oral Capsule Extended Release 24 Hour 100 MG</i>	T2	PA
<i>Morphine Sulfate ER Oral Capsule Extended Release 24 Hour 50 MG, 60 MG, 80 MG</i>	T2	QL (30 EA per 25 days)
<i>Morphine Sulfate ER Oral Tablet Extended Release 100 MG, 200 MG, 60 MG</i>	T2	PA
<i>Morphine Sulfate ER Oral Tablet Extended Release 15 MG, 30 MG</i>	T2	QL (90 EA per 25 days)
<i>Morphine Sulfate Injection Solution 4 MG/ML</i>	T2	
<i>Morphine Sulfate Intravenous Solution 1 MG/ML, 4 MG/ML, 8 MG/ML</i>	T2	
<i>Morphine Sulfate Oral Solution 10 MG/5ML</i>	T2	QL (900 ML per 25 days)
<i>Morphine Sulfate Oral Solution 20 MG/5ML</i>	T2	QL (675 ML per 25 days)
<i>Morphine Sulfate Oral Tablet 15 MG</i>	T2	QL (180 EA per 25 days)
<i>Morphine Sulfate Oral Tablet 30 MG</i>	T2	QL (90 EA per 25 days)
<i>OxyCODONE HCl Oral Capsule 5 MG</i>	T2	QL (180 EA per 25 days)
<i>oxyCODONE HCl Oral Concentrate 100 MG/5ML</i>	T2	QL (90 ML per 25 days)
<i>oxyCODONE HCl Oral Solution 5 MG/5ML</i>	T2	QL (900 ML per 25 days)
<i>oxyCODONE HCl Oral Tablet 10 MG, 5 MG</i>	T2	QL (180 EA per 25 days)
<i>oxyCODONE HCl Oral Tablet 15 MG</i>	T2	QL (120 EA per 25 days)
<i>oxyCODONE HCl Oral Tablet 20 MG</i>	T2	QL (90 EA per 25 days)
<i>oxyCODONE HCl Oral Tablet 30 MG</i>	T2	QL (60 EA per 25 days)
<i>oxyCODONE-Acetaminophen Oral Tablet 10-325 MG</i>	T2	QL (180 EA per 25 days)
<i>Oxycodone-Acetaminophen Oral Tablet 2.5-325 MG, 5-325 MG</i>	T2	QL (360 EA per 25 days)
<i>oxyCODONE-Acetaminophen Oral Tablet 7.5-325 MG</i>	T2	QL (240 EA per 25 days)
<i>oxyMORphone HCl ER Oral Tablet Extended Release 12 Hour 10 MG, 15 MG, 5 MG, 7.5 MG</i>	T3	QL (60 EA per 25 days)
<i>OxyMORphone HCl ER Oral Tablet Extended Release 12 Hour 20 MG, 30 MG, 40 MG</i>	T3	PA
<i>Oxymorphone HCl Oral Tablet 10 MG</i>	T2	QL (90 EA per 25 days)
<i>Oxymorphone HCl Oral Tablet 5 MG</i>	T2	QL (180 EA per 25 days)
<i>traMADol HCl ER Oral Tablet Extended Release 24 Hour 100 MG</i>	T2	QL (30 EA per 25 days)
<i>traMADol HCl ER Oral Tablet Extended Release 24 Hour 200 MG, 300 MG</i>	T2	PA
<i>traMADol HCl Oral Tablet 100 MG</i>	T2	QL (90 EA per 25 days)

Drug	Tier	Notes
<i>traMADol HCl Oral Tablet 50 MG</i>	T2	QL (180 EA per 25 days)
<i>traMADol-Acetaminophen Oral Tablet 37.5-325 MG</i>	T2	QL (40 EA per 25 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	T3	QL (60 EA per 30 days)
OPIOID ANTAGONISTS (28:10)		
<i>Buprenorphine HCl-Naloxone HCl Sublingual Film 12-3 MG</i>	T2	QL (2 EA per 1 day)
<i>Buprenorphine HCl-Naloxone HCl Sublingual Film 2-0.5 MG, 4-1 MG, 8-2 MG</i>	T2	QL (3 EA per 1 day)
<i>Buprenorphine HCl-Naloxone HCl Sublingual Tablet Sublingual 2-0.5 MG, 8-2 MG</i>	\$0	QL (3 EA per 1 day)
<i>Naloxone HCl Injection Solution 0.4 MG/ML, 4 MG/10ML</i>	T2	
<i>Naloxone HCl Injection Solution Cartridge 0.4 MG/ML</i>	T2	
<i>Naloxone HCl Injection Solution Prefilled Syringe 2 MG/2ML</i>	T2	
<i>Naloxone HCl Nasal Liquid 4 MG/0.1ML</i>	T2	
<i>Naltrexone HCl Oral Tablet 50 MG</i>	\$0	
NARCAN NASAL LIQUID 4 MG/0.1ML	T3	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	T5	PA; QL (1 EA per 28 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG	T3	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG	T3	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T3	QL (2 EA per 1 day)
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG	T3	QL (60 EA per 25 days)
BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG	T3	PA
<i>Buprenorphine HCl Injection Solution 0.3 MG/ML</i>	T2	
<i>Buprenorphine HCl Sublingual Tablet Sublingual 2 MG, 8 MG</i>	\$0	QL (90 EA per 30 days)
<i>Buprenorphine HCl-Naloxone HCl Sublingual Film 12-3 MG</i>	T2	QL (2 EA per 1 day)
<i>Buprenorphine HCl-Naloxone HCl Sublingual Film 2-0.5 MG, 4-1 MG, 8-2 MG</i>	T2	QL (3 EA per 1 day)
<i>Buprenorphine HCl-Naloxone HCl Sublingual Tablet Sublingual 2-0.5 MG, 8-2 MG</i>	\$0	QL (3 EA per 1 day)
<i>Butorphanol Tartrate Injection Solution 1 MG/ML, 2 MG/ML</i>	T2	
<i>Butorphanol Tartrate Nasal Solution 10 MG/ML</i>	T2	QL (5 ML per 25 days)
<i>Nalbuphine HCl Injection Solution 10 MG/ML, 20 MG/ML</i>	T2	

Drug	Tier	Notes
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML	T5	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG	T3	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG	T3	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T3	QL (2 EA per 1 day)
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	T3	PA
PHENOTHIAZINES		
<i>chlorproMAZINE HCl Injection Solution 25 MG/ML, 50 MG/2ML</i>	T2	
<i>chlorproMAZINE HCl Oral Tablet 10 MG, 100 MG, 200 MG, 25 MG, 50 MG</i>	T2	
COMPRO RECTAL SUPPOSITORY 25 MG	T3	
<i>fluPHENAZine Decanoate Injection Solution 25 MG/ML</i>	T2	
<i>FluPHENAZine HCl Injection Solution 2.5 MG/ML</i>	T2	
<i>FluPHENAZine HCl Oral Concentrate 5 MG/ML</i>	T2	
<i>FluPHENAZine HCl Oral Elixir 2.5 MG/5ML</i>	T2	
<i>fluPHENAZine HCl Oral Tablet 1 MG, 10 MG, 2.5 MG, 5 MG</i>	T2	
<i>Perphenazine Oral Tablet 16 MG, 2 MG, 4 MG, 8 MG</i>	T2	
<i>Prochlorperazine Edisylate Injection Solution 10 MG/2ML</i>	T2	
<i>Prochlorperazine Maleate Oral Tablet 10 MG, 5 MG</i>	T2	
<i>Prochlorperazine Rectal Suppository 25 MG</i>	T3	
<i>Thioridazine HCl Oral Tablet 10 MG, 100 MG, 25 MG, 50 MG</i>	T2	
<i>Trifluoperazine HCl Oral Tablet 1 MG, 10 MG, 2 MG, 5 MG</i>	T2	
RESPIRATORY AND CNS STIMULANTS		
<i>Atomoxetine HCl Oral Capsule 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG</i>	T2	
<i>Butalbital-APAP-Caff-Cod Oral Capsule 50-300-40-30 MG</i>	T2	QL (48 EA per 25 days)
<i>Butalbital-APAP-Caffeine Oral Capsule 50-300-40 MG, 50-325-40 MG</i>	T2	QL (48 EA per 25 days)
<i>Butalbital-APAP-Caffeine Oral Tablet 50-325-40 MG</i>	T2	QL (48 EA per 25 days)
<i>Butalbital-Aspirin-Caffeine Oral Capsule 50-325-40 MG</i>	T2	QL (48 EA per 25 days)
<i>Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG, 5 MG</i>	T3	QL (60 EA per 30 days)
<i>Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 25 MG, 30 MG, 35 MG, 40 MG</i>	T3	QL (30 EA per 30 days)

Drug	Tier	Notes
<i>Dexmethylphenidate HCl Oral Tablet 10 MG</i>	T2	QL (60 EA per 30 days)
<i>Dexmethylphenidate HCl Oral Tablet 2.5 MG, 5 MG</i>	T2	QL (120 EA per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	T4	
<i>Ergotamine-Caffeine Oral Tablet 1-100 MG</i>	T4	
<i>Methylphenidate HCl ER (CD) Oral Capsule Extended Release 10 MG, 20 MG, 30 MG</i>	T3	QL (60 EA per 30 days)
<i>Methylphenidate HCl ER (CD) Oral Capsule Extended Release 40 MG, 50 MG, 60 MG</i>	T3	QL (30 EA per 30 days)
<i>Methylphenidate HCl ER (LA) Oral Capsule Extended Release 24 Hour 20 MG, 30 MG</i>	T3	QL (60 EA per 30 days)
<i>Methylphenidate HCl ER (LA) Oral Capsule Extended Release 24 Hour 40 MG, 60 MG</i>	T3	QL (30 EA per 30 days)
<i>Methylphenidate HCl ER (OSM) Oral Tablet Extended Release 18 MG, 27 MG, 36 MG</i>	T4	QL (60 EA per 30 days)
<i>Methylphenidate HCl ER (OSM) Oral Tablet Extended Release 54 MG</i>	T4	QL (30 EA per 30 days)
<i>Methylphenidate HCl ER Oral Tablet Extended Release 10 MG, 20 MG</i>	T3	QL (90 EA per 30 days)
<i>Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour 18 MG, 27 MG, 36 MG</i>	T4	QL (60 EA per 30 days)
<i>Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour 54 MG</i>	T4	QL (30 EA per 30 days)
<i>Methylphenidate HCl Oral Solution 10 MG/5ML</i>	T4	QL (1080 ML per 30 days)
<i>Methylphenidate HCl Oral Solution 5 MG/5ML</i>	T4	QL (2160 ML per 30 days)
<i>Methylphenidate HCl Oral Tablet 10 MG, 5 MG</i>	T2	QL (180 EA per 30 days)
<i>Methylphenidate HCl Oral Tablet 20 MG</i>	T2	QL (90 EA per 30 days)
<i>Methylphenidate HCl Oral Tablet Chewable 10 MG, 2.5 MG, 5 MG</i>	T4	QL (180 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG	T4	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	T4	
<i>Theophylline ER Oral Tablet Extended Release 12 Hour 450 MG</i>	T2	
<i>Theophylline ER Oral Tablet Extended Release 24 Hour 400 MG, 600 MG</i>	T2	
<i>Theophylline Oral Elixir 80 MG/15ML</i>	T2	
<i>Theophylline Oral Solution 80 MG/15ML</i>	T2	
REVERSIBLE COX-1/COX-2 INHIBITORS		
ACUVAIL OPHTHALMIC SOLUTION 0.45 %	T3	
<i>Diflunisal Oral Tablet 500 MG</i>	T2	
<i>Etodolac ER Oral Tablet Extended Release 24 Hour 400 MG, 500 MG, 600 MG</i>	T2	
<i>Etodolac Oral Capsule 200 MG, 300 MG</i>	T2	
<i>Etodolac Oral Tablet 400 MG, 500 MG</i>	T2	
<i>Flurbiprofen Oral Tablet 100 MG, 50 MG</i>	T2	
<i>Flurbiprofen Sodium Ophthalmic Solution 0.03 %</i>	T2	

Drug	Tier	Notes
<i>GoodSense Ibuprofen Childrens Oral Suspension 100 MG/5ML</i>	T2	
<i>HYDROcodone-Ibuprofen Oral Tablet 10-200 MG</i>	T2	QL (50 EA per 25 days)
<i>Ibuprofen Oral Tablet 400 MG, 600 MG, 800 MG</i>	T1	
<i>Indomethacin Oral Capsule 25 MG, 50 MG</i>	T2	
<i>Ketorolac Tromethamine Injection Solution 15 MG/ML, 30 MG/ML</i>	T2	
<i>Ketorolac Tromethamine Intramuscular Solution 60 MG/2ML</i>	T2	
<i>Ketorolac Tromethamine Ophthalmic Solution 0.4 %, 0.5 %</i>	T2	
<i>Ketorolac Tromethamine Oral Tablet 10 MG</i>	T2	QL (20 EA per 25 days)
<i>Meclofenamate Sodium Oral Capsule 100 MG, 50 MG</i>	T3	
<i>Mefenamic Acid Oral Capsule 250 MG</i>	T2	
<i>Meloxicam Oral Tablet 15 MG, 7.5 MG</i>	T1	
<i>Nabumetone Oral Tablet 500 MG, 750 MG</i>	T2	
<i>Naproxen Oral Tablet 250 MG, 375 MG, 500 MG</i>	T1	
<i>Oxaprozin Oral Tablet 600 MG</i>	T2	
<i>Piroxicam Oral Capsule 10 MG, 20 MG</i>	T2	
<i>Sulindac Oral Tablet 150 MG, 200 MG</i>	T2	
<i>Sumatriptan-Naproxen Sodium Oral Tablet 85-500 MG</i>	T4	QL (9 EA per 25 days)
SALICYLATES		
<i>Aspirin Adult Low Strength Oral Tablet Delayed Release 81 MG</i>	T2	QL (100 EA per 30 days)
<i>Aspirin EC Adult Low Dose Oral Tablet Delayed Release 81 MG</i>	T2	QL (100 EA per 30 days)
<i>Aspirin-Dipyridamole ER Oral Capsule Extended Release 12 Hour 25-200 MG</i>	T2	
<i>Butalbital-Aspirin-Caffeine Oral Capsule 50-325-40 MG</i>	T2	QL (48 EA per 25 days)
<i>GoodSense Aspirin Oral Tablet Chewable 81 MG</i>	T2	QL (100 EA per 30 days)
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
<i>Desvenlafaxine ER Oral Tablet Extended Release 24 Hour 100 MG, 50 MG</i>	T2	
<i>Desvenlafaxine Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 25 MG, 50 MG</i>	T2	QL (30 EA per 25 days)
<i>DULoxetine HCl Oral Capsule Delayed Release Particles 20 MG, 30 MG, 60 MG</i>	T2	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	T4	PA; QL (30 EA per 25 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	T4	PA; QL (30 EA per 25 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	T4	PA
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	T4	PA

Drug	Tier	Notes
<i>Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour 150 MG, 37.5 MG, 75 MG</i>	T1	
<i>Venlafaxine HCl ER Oral Tablet Extended Release 24 Hour 150 MG, 37.5 MG, 75 MG</i>	T2	
<i>Venlafaxine HCl Oral Tablet 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG</i>	T1	
SELECTIVE SEROTONIN AGONISTS		
<i>Almotriptan Malate Oral Tablet 12.5 MG</i>	T3	QL (12 EA per 25 days)
<i>Almotriptan Malate Oral Tablet 6.25 MG</i>	T3	QL (18 EA per 25 days)
<i>Eletriptan Hydrobromide Oral Tablet 20 MG</i>	T3	QL (18 EA per 25 days)
<i>Eletriptan Hydrobromide Oral Tablet 40 MG</i>	T3	QL (12 EA per 25 days)
<i>Frovatriptan Succinate Oral Tablet 2.5 MG</i>	T3	QL (12 EA per 30 days)
<i>Naratriptan HCl Oral Tablet 1 MG</i>	T1	QL (18 EA per 25 days)
<i>Naratriptan HCl Oral Tablet 2.5 MG</i>	T1	QL (12 EA per 25 days)
<i>Rizatriptan Benzoate Oral Tablet 10 MG</i>	T1	QL (18 EA per 25 days)
<i>Rizatriptan Benzoate Oral Tablet 5 MG</i>	T1	QL (27 EA per 25 days)
<i>Rizatriptan Benzoate Oral Tablet Dispersible 10 MG</i>	T1	QL (18 EA per 25 days)
<i>Rizatriptan Benzoate Oral Tablet Dispersible 5 MG</i>	T1	QL (27 EA per 25 days)
<i>SUMatriptan Nasal Solution 20 MG/ACT</i>	T3	QL (12 EA per 25 days)
<i>SUMatriptan Nasal Solution 5 MG/ACT</i>	T3	QL (36 EA per 25 days)
<i>SUMatriptan Succinate Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	QL (18 EA per 25 days)
<i>SUMatriptan Succinate Refill Subcutaneous Solution Cartridge 4 MG/0.5ML</i>	T3	QL (18 ML per 25 days)
<i>SUMatriptan Succinate Refill Subcutaneous Solution Cartridge 6 MG/0.5ML</i>	T3	QL (12 ML per 25 days)
<i>SUMatriptan Succinate Subcutaneous Solution 6 MG/0.5ML</i>	T3	QL (12 ML per 25 days)
<i>SUMatriptan Succinate Subcutaneous Solution Auto-Injector 4 MG/0.5ML</i>	T3	QL (18 ML per 25 days)
<i>SUMatriptan Succinate Subcutaneous Solution Auto-Injector 6 MG/0.5ML</i>	T3	QL (12 ML per 25 days)
<i>Sumatriptan-Naproxen Sodium Oral Tablet 85-500 MG</i>	T4	QL (9 EA per 25 days)
<i>ZOLmitriptan Nasal Solution 5 MG</i>	T2	QL (12 EA per 25 days)
<i>ZOLmitriptan Oral Tablet 2.5 MG</i>	T3	QL (18 EA per 25 days)
<i>ZOLmitriptan Oral Tablet 5 MG</i>	T2	QL (12 EA per 25 days)
<i>ZOLmitriptan Oral Tablet Dispersible 2.5 MG</i>	T3	QL (18 EA per 25 days)
<i>ZOLmitriptan Oral Tablet Dispersible 5 MG</i>	T3	QL (12 EA per 25 days)
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
<i>Citalopram Hydrobromide Oral Solution 10 MG/5ML, 20 MG/10ML</i>	T2	
<i>Citalopram Hydrobromide Oral Tablet 10 MG, 20 MG, 40 MG</i>	T1	
<i>Escitalopram Oxalate Oral Solution 5 MG/5ML</i>	T2	

Drug	Tier	Notes
<i>Escitalopram Oxalate Oral Tablet 10 MG, 20 MG, 5 MG</i>	T1	
<i>FLUoxetine HCl Oral Capsule 10 MG, 20 MG, 40 MG</i>	T1	
<i>FLUoxetine HCl Oral Capsule Delayed Release 90 MG</i>	T2	
<i>FLUoxetine HCl Oral Solution 20 MG/5ML</i>	T2	
<i>FLUoxetine HCl Oral Tablet 10 MG, 20 MG</i>	T2	
<i>fluvoxamine Maleate ER Oral Capsule Extended Release 24 Hour 100 MG, 150 MG</i>	T2	
<i>fluvoxamine Maleate Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>OLANzapine-FLUoxetine HCl Oral Capsule 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG</i>	T3	
<i>PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 12.5 MG, 25 MG, 37.5 MG</i>	T2	
<i>PARoxetine HCl Oral Tablet 10 MG, 20 MG, 30 MG, 40 MG</i>	T1	
<i>Sertraline HCl Oral Concentrate 20 MG/ML</i>	T2	
<i>Sertraline HCl Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
SEROTONIN MODULATORS		
<i>Mirtazapine Oral Tablet 15 MG</i>	T1	
<i>Mirtazapine Oral Tablet 30 MG, 45 MG, 7.5 MG</i>	T2	
<i>Mirtazapine Oral Tablet Dispersible 15 MG, 30 MG, 45 MG</i>	T2	
<i>Nefazodone HCl Oral Tablet 100 MG, 150 MG, 200 MG, 250 MG, 50 MG</i>	T2	
<i>traZODone HCl Oral Tablet 100 MG, 150 MG, 50 MG</i>	T1	
<i>traZODone HCl Oral Tablet 300 MG</i>	T2	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	T4	PA
<i>Vilazodone HCl Oral Tablet 10 MG, 20 MG, 40 MG</i>	T4	PA
SUCCINIMIDES		
CELONTIN ORAL CAPSULE 300 MG	T4	
<i>Ethosuximide Oral Capsule 250 MG</i>	T2	
<i>Ethosuximide Oral Solution 250 MG/5ML</i>	T2	
THIOXANTHENES		
<i>Thiothixene Oral Capsule 1 MG, 10 MG, 2 MG, 5 MG</i>	T2	
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
<i>Amitriptyline HCl Oral Tablet 10 MG</i>	T1	QL (150 EA per 30 days)
<i>Amitriptyline HCl Oral Tablet 100 MG, 150 MG, 75 MG</i>	T2	
<i>Amitriptyline HCl Oral Tablet 25 MG</i>	T1	QL (60 EA per 30 days)
<i>Amitriptyline HCl Oral Tablet 50 MG</i>	T1	QL (30 EA per 30 days)
<i>Amoxapine Oral Tablet 100 MG, 25 MG, 50 MG</i>	T2	QL (90 EA per 30 days)
<i>Amoxapine Oral Tablet 150 MG</i>	T2	QL (60 EA per 30 days)
<i>Chlordiazepoxide-Amitriptyline Oral Tablet 10-25 MG, 5-12.5 MG</i>	T3	

Drug	Tier	Notes
<i>clomiPRAMINE HCl Oral Capsule 25 MG, 50 MG</i>	T4	QL (150 EA per 30 days)
<i>clomiPRAMINE HCl Oral Capsule 75 MG</i>	T4	QL (90 EA per 30 days)
<i>Desipramine HCl Oral Tablet 10 MG, 25 MG, 50 MG</i>	T2	QL (90 EA per 30 days)
<i>Desipramine HCl Oral Tablet 100 MG, 150 MG</i>	T2	QL (30 EA per 30 days)
<i>Desipramine HCl Oral Tablet 75 MG</i>	T2	QL (60 EA per 30 days)
<i>Doxepin HCl External Cream 5 %</i>	T4	QL (90 GM per 25 days)
<i>Doxepin HCl Oral Capsule 10 MG, 25 MG, 50 MG</i>	T2	QL (90 EA per 30 days)
<i>Doxepin HCl Oral Capsule 100 MG, 150 MG</i>	T2	QL (30 EA per 30 days)
<i>Doxepin HCl Oral Capsule 75 MG</i>	T2	QL (60 EA per 30 days)
<i>Doxepin HCl Oral Concentrate 10 MG/ML</i>	T2	QL (450 ML per 30 days)
<i>Doxepin HCl Oral Tablet 3 MG, 6 MG</i>	T2	QL (30 EA per 30 days)
<i>Imipramine HCl Oral Tablet 10 MG, 25 MG</i>	T2	QL (120 EA per 30 days)
<i>Imipramine HCl Oral Tablet 50 MG</i>	T2	QL (60 EA per 30 days)
<i>Imipramine Pamoate Oral Capsule 100 MG, 75 MG</i>	T2	QL (30 EA per 30 days)
<i>Imipramine Pamoate Oral Capsule 125 MG, 150 MG</i>	T2	
<i>Nortriptyline HCl Oral Capsule 10 MG</i>	T2	QL (150 EA per 30 days)
<i>Nortriptyline HCl Oral Capsule 25 MG</i>	T2	QL (60 EA per 30 days)
<i>Nortriptyline HCl Oral Capsule 50 MG</i>	T2	QL (30 EA per 30 days)
<i>Nortriptyline HCl Oral Capsule 75 MG</i>	T2	
<i>Nortriptyline HCl Oral Solution 10 MG/5ML</i>	T2	QL (750 ML per 30 days)
<i>Protriptyline HCl Oral Tablet 10 MG</i>	T2	QL (60 EA per 30 days)
<i>Protriptyline HCl Oral Tablet 5 MG</i>	T2	QL (90 EA per 30 days)
<i>Trimipramine Maleate Oral Capsule 100 MG</i>	T2	QL (30 EA per 30 days)
<i>Trimipramine Maleate Oral Capsule 25 MG, 50 MG</i>	T2	QL (60 EA per 30 days)
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR		
<i>Tetrabenazine Oral Tablet 12.5 MG</i>	T5	PA; QL (120 EA per 30 days)
<i>Tetrabenazine Oral Tablet 25 MG</i>	T5	PA; QL (60 EA per 30 days)
WAKEFULNESS-PROMOTING AGENTS		
<i>Armodafinil Oral Tablet 150 MG, 200 MG, 250 MG, 50 MG</i>	T2	PA; QL (30 EA per 30 days)
<i>Diclofenac Sodium Oral Tablet Delayed Release 75 MG</i>	T2	
<i>Modafinil Oral Tablet 100 MG, 200 MG</i>	T4	PA; QL (30 EA per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	T4	PA; QL (30 EA per 30 days)
DENTAL AGENTS		
DENTAL AGENTS		
<i>Multi-Vitamin/Fluoride Oral Solution 0.5 MG/ML</i>	T2	
<i>Multivitamin/Fluoride Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG</i>	T2	
<i>Sodium Fluoride Oral Solution 1.1 (0.5 F) MG/ML</i>	\$0	
<i>Sodium Fluoride Oral Tablet 1.1 (0.5 F) MG</i>	\$0	
<i>Sodium Fluoride Oral Tablet 2.2 (1 F) MG</i>	T2	

Drug	Tier	Notes
<i>Sodium Fluoride Oral Tablet Chewable 0.55 (0.25 F) MG, 1.1 (0.5 F) MG</i>	\$0	
<i>Sodium Fluoride Oral Tablet Chewable 2.2 (1 F) MG</i>	T2	
<i>Vitamins ACD-Fluoride Oral Solution 0.25 MG/ML</i>	T2	
NUTRITIONAL SUPPLEMENTS		
<i>Multi-Vitamin/Fluoride Oral Solution 0.5 MG/ML</i>	T2	
<i>Multivitamin/Fluoride Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG</i>	T2	
<i>Sodium Fluoride Oral Solution 1.1 (0.5 F) MG/ML</i>	\$0	
<i>Sodium Fluoride Oral Tablet 1.1 (0.5 F) MG</i>	\$0	
<i>Sodium Fluoride Oral Tablet 2.2 (1 F) MG</i>	T2	
<i>Sodium Fluoride Oral Tablet Chewable 0.55 (0.25 F) MG, 1.1 (0.5 F) MG</i>	\$0	
<i>Sodium Fluoride Oral Tablet Chewable 2.2 (1 F) MG</i>	T2	
<i>Vitamins ACD-Fluoride Oral Solution 0.25 MG/ML</i>	T2	
DEVICES		
DEVICES		
ACCU-CHEK AVIVA IN VITRO SOLUTION	T3	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	T3	
ACCU-CHEK FASTCLIX LANCET KIT	T3	
ACCU-CHEK FASTCLIX LANCETS	T3	
ACCU-CHEK GUIDE KIT W/DEVICE	T3	
ACCU-CHEK GUIDE ME KIT W/DEVICE	T3	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID	T3	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T3	
ACCU-CHEK SOFTCLIX LANCETS	T3	
AEROCHAMBER PLUS FLO-VU	T3	
<i>Alcoh-Wipe Sheet</i>	T3	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	T1	
BD SWAB SINGLE USE REGULAR PAD	T3	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	T3	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	T3	
DIASCREEN 10	T3	
FLEXICHAMBER CHILD MASK/SMALL	T3	
FREESTYLE LIBRE 14 DAY READER DEVICE	T3	
FREESTYLE LIBRE 14 DAY SENSOR	T3	
FREESTYLE LIBRE 2 READER DEVICE	T3	
FREESTYLE LIBRE 2 SENSOR	T3	
FREESTYLE LIBRE 3 PLUS SENSOR	T3	
FREESTYLE LIBRE 3 READER DEVICE	T3	
FREESTYLE LIBRE 3 SENSOR	T3	
FREESTYLE LIBRE READER DEVICE	T3	

Drug	Tier	Notes
HUMATROPEN FOR 12MG DEVICE	T3	
HUMATROPEN FOR 24MG DEVICE	T3	
HUMATROPEN FOR 6MG DEVICE	T3	
NOVOFINE PEN NEEDLE 32G X 6 MM	T3	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	T3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	T5	PA
OMNIPOD 5 DEXG7G6 PODS GEN 5	T5	PA
OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT	T5	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T5	PA
OMNIPOD DASH INTRO (GEN 4) KIT	T5	PA
OMNIPOD DASH PDM (GEN 4) KIT	T5	PA
OMNIPOD DASH PODS (GEN 4)	T5	PA
OMNIPOD POD PALS	T5	PA
PEDIATRIC PANDA MASK	T3	
<i>Pro Comfort Pen Needles 32G X 5 MM</i>	T3	
ULTILET SHARPS CONTAINER 2QT	T3	
DIAGNOSTIC AGENTS		
CARDIAC FUNCTION		
<i>Aspirin-Dipyridamole ER Oral Capsule Extended Release 12 Hour 25-200 MG</i>	T2	
<i>Dipyridamole Oral Tablet 25 MG, 50 MG, 75 MG</i>	T2	
DIABETES MELLITUS		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	T1	QL (204 EA per 25 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP	T1	QL (204 EA per 25 days)
KIDNEY FUNCTION		
<i>Mannitol Intravenous Solution 20 %, 25 %</i>	T2	
OSMITROL INTRAVENOUS SOLUTION 10 %	T2	
SUGAR		
DIASTIX IN VITRO STRIP	T3	
URINE AND FECES CONTENTS		
CHEMSTRIP 9 IN VITRO STRIP	T3	
KETO-DIASTIX IN VITRO STRIP	T3	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
<i>Potassium Citrate ER Oral Tablet Extended Release 10 MEQ (1080 MG), 15 MEQ (1620 MG), 5 MEQ (540 MG)</i>	T2	
AMMONIA DETOXICANTS		
<i>Carglumic Acid Oral Tablet Soluble 200 MG</i>	T5	PA
<i>Enulose Oral Solution 10 GM/15ML</i>	T2	
<i>Generlac Oral Solution 10 GM/15ML</i>	T2	
<i>Lactulose Oral Solution 10 GM/15ML</i>	T2	
<i>Sodium Phenylbutyrate Oral Powder 3 GM/TSP</i>	T5	PA; QL (600 GM per 30 days)

Drug	Tier	Notes
<i>Sodium Phenylbutyrate Oral Tablet 500 MG</i>	T5	PA; QL (1200 EA per 30 days)
CALORIC AGENTS		
<i>Lidocaine in D5W Intravenous Solution 4-5 MG/ML-%, 8-5 MG/ML-%</i>	T2	
<i>Magnesium Sulfate in D5W Intravenous Solution 1-5 GM/100ML-%</i>	T2	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-%	T4	
<i>Nitroglycerin in D5W Intravenous Solution 100-5 MCG/ML-%, 200-5 MCG/ML-%, 400-5 MCG/ML-%</i>	T2	
CARBONIC ANHYDRASE INHIBITORS		
<i>acetaZOLAMIDE ER Oral Capsule Extended Release 12 Hour 500 MG</i>	T2	
<i>acetaZOLAMIDE Oral Tablet 125 MG, 250 MG</i>	T2	
<i>acetaZOLAMIDE Sodium Injection Solution Reconstituted 500 MG</i>	T2	
DIURETICS, MISCELLANEOUS		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	T4	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	T4	
<i>Theophylline ER Oral Tablet Extended Release 12 Hour 450 MG</i>	T2	
<i>Theophylline ER Oral Tablet Extended Release 24 Hour 400 MG, 600 MG</i>	T2	
<i>Theophylline Oral Elixir 80 MG/15ML</i>	T2	
<i>Theophylline Oral Solution 80 MG/15ML</i>	T2	
IRRIGATING SOLUTIONS		
PHYSIOLYTE IRRIGATION SOLUTION	T2	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	T2	
<i>Sodium Chloride Irrigation Solution 0.9 %</i>	T2	
LOOP DIURETICS (40:28)		
<i>Bumetanide Injection Solution 0.25 MG/ML</i>	T2	
<i>Bumetanide Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	T2	
<i>Ethacrynate Sodium Intravenous Solution Reconstituted 50 MG</i>	T2	
<i>Ethacrynic Acid Oral Tablet 25 MG</i>	T3	
<i>Furosemide Injection Solution 10 MG/ML</i>	T2	
<i>Furosemide Oral Solution 10 MG/ML, 8 MG/ML</i>	T2	
<i>Furosemide Oral Tablet 20 MG, 40 MG</i>	T1	
<i>Furosemide Oral Tablet 80 MG</i>	T2	
<i>Torsemide Oral Tablet 10 MG, 100 MG, 20 MG, 5 MG</i>	T2	
OSMOTIC DIURETICS		
<i>Mannitol Intravenous Solution 20 %, 25 %</i>	T2	
OSMITROL INTRAVENOUS SOLUTION 10 %	T2	

Drug	Tier	Notes
PHOSPHATE-REMOVING AGENTS		
<i>Calcium Acetate (Phos Binder) Oral Capsule 667 MG</i>	T2	
<i>Calcium Acetate (Phos Binder) Oral Tablet 667 MG</i>	T2	
FOSRENOL ORAL PACKET 1000 MG, 750 MG	T4	
<i>Sevelamer Carbonate Oral Packet 0.8 GM, 2.4 GM</i>	T3	
<i>Sevelamer Carbonate Oral Tablet 800 MG</i>	T4	
VELPHORO ORAL TABLET CHEWABLE 500 MG	T4	
POTASSIUM-SPARING DIURETICS		
<i>aMILoride HCl Oral Tablet 5 MG</i>	T2	
<i>aMILoride-hydroCHLORothiazide Oral Tablet 5-50 MG</i>	T2	
<i>Eplerenone Oral Tablet 25 MG, 50 MG</i>	T2	
<i>Spironolactone Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>Spironolactone-HCTZ Oral Tablet 25-25 MG</i>	T2	
<i>Triamterene Oral Capsule 100 MG, 50 MG</i>	T2	
<i>Triamterene-HCTZ Oral Capsule 37.5-25 MG</i>	T2	
<i>Triamterene-HCTZ Oral Tablet 37.5-25 MG, 75-50 MG</i>	T2	
REPLACEMENT PREPARATIONS		
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%	T4	
BD POSIFLUSH INTRAVENOUS SOLUTION 0.9 %	T2	
<i>Calcium Acetate (Phos Binder) Oral Capsule 667 MG</i>	T2	
<i>Calcium Acetate (Phos Binder) Oral Tablet 667 MG</i>	T2	
<i>Fluconazole in Sodium Chloride Intravenous Solution 100-0.9 MG/50ML-%, 200-0.9 MG/100ML-%, 400-0.9 MG/200ML-%</i>	\$0	
<i>Gentamicin in Saline Intravenous Solution 0.8-0.9 MG/ML-%, 1-0.9 MG/ML-%, 1.2-0.9 MG/ML-%, 1.6-0.9 MG/ML-%, 2-0.9 MG/ML-%</i>	T2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	T2	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	T2	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	T2	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	T2	
<i>levETIRAcetam in NaCl Intravenous Solution 1000 MG/100ML, 1500 MG/100ML, 500 MG/100ML</i>	T2	
<i>Linezolid in Sodium Chloride Intravenous Solution 600-0.9 MG/300ML-%</i>	T2	
<i>Magnesium Sulfate in D5W Intravenous Solution 1-5 GM/100ML-%</i>	T2	
<i>Normal Saline Flush Intravenous Solution 0.9 %</i>	T2	
<i>Potassium Chloride Crys ER Oral Tablet Extended Release 10 MEQ, 20 MEQ</i>	T2	

Drug	Tier	Notes
<i>Potassium Chloride ER Oral Capsule Extended Release 10 MEQ, 8 MEQ</i>	T2	
<i>Potassium Chloride ER Oral Tablet Extended Release 10 MEQ, 20 MEQ, 8 MEQ</i>	T2	
<i>Potassium Chloride in NaCl Intravenous Solution 20-0.45 MEQ/L-%, 20-0.9 MEQ/L-%, 40-0.9 MEQ/L-%</i>	T2	
<i>Potassium Chloride Intravenous Solution 2 MEQ/ML</i>	T2	
<i>Potassium Chloride Oral Solution 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)</i>	T2	PA
<i>Sodium Chloride (PF) Injection Solution 0.9 %</i>	T2	
<i>Sodium Chloride Injection Solution 2.5 MEQ/ML</i>	T2	
<i>Sodium Chloride Intravenous Solution 0.45 %, 0.9 %, 3 %, 5 %</i>	T2	
THIAZIDE DIURETICS		
<i>aMILoride-hydroCHLORothiazide Oral Tablet 5-50 MG</i>	T2	
<i>amLODIPine-Valsartan-HCTZ 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>	T2	
<i>Benazepril-hydroCHLORothiazide Oral Tablet 10-12.5 MG, 20-12.5 MG, 20-25 MG, 5-6.25 MG</i>	T2	
<i>Bisoprolol-hydroCHLORothiazide Oral Tablet 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG</i>	T2	
<i>Candesartan Cilexetil-HCTZ Oral Tablet 16-12.5 MG, 32-12.5 MG, 32-25 MG</i>	T2	
<i>Captopril-hydroCHLORothiazide Oral Tablet 25-15 MG, 25-25 MG, 50-15 MG</i>	T2	
<i>Captopril-hydroCHLORothiazide Oral Tablet 50-25 MG</i>	T2	ST
<i>Chlorothiazide Sodium Intravenous Solution Reconstituted 500 MG</i>	T2	
DIURIL ORAL SUSPENSION 250 MG/5ML	T4	
<i>Enalapril-Hydrochlorothiazide Oral Tablet 10-25 MG, 5-12.5 MG</i>	T1	
<i>Fosinopril Sodium-HCTZ Oral Tablet 10-12.5 MG, 20-12.5 MG</i>	T2	
<i>hydroCHLORothiazide Oral Capsule 12.5 MG</i>	T1	
<i>hydroCHLORothiazide Oral Tablet 12.5 MG, 25 MG, 50 MG</i>	T1	
<i>Irbesartan-Hydrochlorothiazide Oral Tablet 150-12.5 MG, 300-12.5 MG</i>	T1	
<i>Lisinopril-hydroCHLORothiazide Oral Tablet 10-12.5 MG, 20-12.5 MG, 20-25 MG</i>	T1	
<i>Losartan Potassium-HCTZ Oral Tablet 100-12.5 MG, 100-25 MG, 50-12.5 MG</i>	T1	
<i>Metoprolol-hydroCHLORothiazide Oral Tablet 100-25 MG, 100-50 MG, 50-25 MG</i>	T2	
<i>Olmesartan Medoxomil-HCTZ Oral Tablet 20-12.5 MG, 40-12.5 MG, 40-25 MG</i>	T2	

Drug	Tier	Notes
<i>Olmesartan-Amlodipine-HCTZ 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>	T2	
<i>Quinapril-hydroCHLOROthiazide Oral Tablet 20-12.5 MG, 20-25 MG</i>	T1	
<i>Spirolactone-HCTZ Oral Tablet 25-25 MG</i>	T2	
<i>Telmisartan-HCTZ Oral Tablet 40-12.5 MG, 80-12.5 MG, 80-25 MG</i>	T2	
<i>Triamterene-HCTZ Oral Capsule 37.5-25 MG</i>	T2	
<i>Triamterene-HCTZ Oral Tablet 37.5-25 MG, 75-50 MG</i>	T2	
<i>Valsartan-hydroCHLOROthiazide Oral Tablet 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG</i>	T2	
THIAZIDE-LIKE DIURETICS		
<i>Atenolol-Chlorthalidone Oral Tablet 100-25 MG, 50-25 MG</i>	T2	
<i>Chlorthalidone Oral Tablet 25 MG, 50 MG</i>	T1	
<i>Indapamide Oral Tablet 1.25 MG, 2.5 MG</i>	T2	
<i>metOLazone Oral Tablet 10 MG, 2.5 MG, 5 MG</i>	T2	
URICOSURIC AGENTS		
<i>Colchicine-Probenecid Oral Tablet 0.5-500 MG</i>	T2	
<i>Probenecid Oral Tablet 500 MG</i>	T2	
VASOPRESSIN ANTAGONISTS		
<i>Tolvaptan Oral Tablet 15 MG, 30 MG</i>	T5	PA
ENZYMES		
ENZYME COFACTORS/CHAPERONES		
<i>Sapropterin Dihydrochloride Oral Packet 100 MG, 500 MG</i>	T5	PA
<i>Sapropterin Dihydrochloride Oral Tablet 100 MG</i>	T5	PA
ENZYME INHIBITORS		
CERDELGA ORAL CAPSULE 84 MG	T5	PA; QL (56 EA per 28 days)
<i>Nitisinone Oral Capsule 10 MG, 2 MG, 5 MG</i>	T5	PA
ORFADIN ORAL CAPSULE 20 MG	T5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	T5	PA
ENZYMES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	T5	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	T3	PA
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	T5	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML	T4	PA; QL (354 ML per 25 days)
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	T3	PA

Drug	Tier	Notes
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T3	PA
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT)		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	T4	
<i>Apraclonidine HCl Ophthalmic Solution 0.5 %</i>	T2	
<i>Brimonidine Tartrate Ophthalmic Solution 0.15 %</i>	T3	
<i>Brimonidine Tartrate Ophthalmic Solution 0.2 %</i>	T1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	T4	
MIRVASO EXTERNAL GEL 0.33 %	T4	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	T3	
ANTIALLERGIC AGENTS		
ALOCRIAL OPHTHALMIC SOLUTION 2 %	T4	
<i>Azelastine HCl Nasal Solution 0.1 %</i>	T2	QL (60 ML per 25 days)
<i>Azelastine HCl Ophthalmic Solution 0.05 %</i>	T2	
<i>Bepotastine Besilate Ophthalmic Solution 1.5 %</i>	T2	
<i>Cromolyn Sodium Inhalation Nebulization Solution 20 MG/2ML</i>	T2	QL (240 ML per 25 days)
<i>Cromolyn Sodium Ophthalmic Solution 4 %</i>	T2	
<i>Cromolyn Sodium Oral Concentrate 100 MG/5ML</i>	T2	PA
<i>Epinastine HCl Ophthalmic Solution 0.05 %</i>	T2	
LASTACFT OPHTHALMIC SOLUTION 0.25 %	T3	
<i>Olopatadine HCl Nasal Solution 0.6 %</i>	T2	QL (31 GM per 25 days)
<i>Olopatadine HCl Ophthalmic Solution 0.1 %, 0.2 %</i>	T2	PA
ANTIBACTERIALS (52:04)		
AZASITE OPHTHALMIC SOLUTION 1 %	T3	
<i>Bacitracin Ophthalmic Ointment 500 UNIT/GM</i>	T2	
<i>Bacitracin-Polymyxin B Ophthalmic Ointment 500-10000 UNIT/GM</i>	T2	
<i>Bacitra-Neomycin-Polymyxin-HC Ophthalmic Ointment 1 %</i>	T2	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	T4	
CIPRO HC OTIC SUSPENSION 0.2-1 %	T4	
<i>Ciprofloxacin HCl Ophthalmic Solution 0.3 %</i>	T1	
<i>Ciprofloxacin HCl Otic Solution 0.2 %</i>	T2	
<i>Ciprofloxacin-Dexamethasone Otic Suspension 0.3-0.1 %</i>	T3	
<i>Ciprofloxacin-Fluocinolone PF Otic Solution 0.3-0.025 %</i>	T3	
<i>Ery External Pad 2 %</i>	NF	
<i>Erythromycin External Gel 2 %</i>	T2	QL (60 GM per 25 days)
<i>Erythromycin External Solution 2 %</i>	T2	QL (60 ML per 25 days)
<i>Erythromycin Ophthalmic Ointment 5 MG/GM</i>	T2	

Drug	Tier	Notes
<i>Gatifloxacin Ophthalmic Solution 0.5 %</i>	T2	
<i>Gentamicin Sulfate External Cream 0.1 %</i>	T2	QL (120 GM per 30 days)
<i>Gentamicin Sulfate External Ointment 0.1 %</i>	T2	QL (120 GM per 30 days)
<i>Gentamicin Sulfate Injection Solution 10 MG/ML, 40 MG/ML</i>	T2	
<i>Gentamicin Sulfate Ophthalmic Solution 0.3 %</i>	T1	QL (20 ML per 30 days)
<i>Minocycline HCl Oral Capsule 100 MG, 50 MG, 75 MG</i>	T1	
<i>Minocycline HCl Oral Tablet 100 MG, 50 MG, 75 MG</i>	T2	
<i>Moxifloxacin HCl (2X Day) Ophthalmic Solution 0.5 %</i>	T2	
<i>Moxifloxacin HCl Ophthalmic Solution 0.5 %</i>	T2	
<i>Neomycin Sulfate Oral Tablet 500 MG</i>	T2	
<i>Neomycin-Polymyxin-Dexameth Ophthalmic Ointment 3.5-10000-0.1</i>	T2	
<i>Neomycin-Polymyxin-Dexameth Ophthalmic Suspension 3.5-10000-0.1</i>	T2	
<i>Neomycin-Polymyxin-Gramicidin Ophthalmic Solution 1.75-10000-.025</i>	T2	
<i>Neomycin-Polymyxin-HC Ophthalmic Suspension 3.5-10000-1</i>	T2	
<i>Neomycin-Polymyxin-HC Otic Solution 1 %</i>	T2	
<i>Neomycin-Polymyxin-HC Otic Suspension 3.5-10000-1</i>	T2	
<i>Ofloxacin Ophthalmic Solution 0.3 %</i>	T2	
<i>Ofloxacin Otic Solution 0.3 %</i>	T2	
POLYGIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	T2	
<i>Polymyxin B Sulfate Injection Solution Reconstituted 500000 UNIT</i>	T2	
<i>Polymyxin B-Trimethoprim Ophthalmic Solution 10000-0.1 UNIT/ML-%</i>	T1	
<i>Sulfacetamide Sodium Ophthalmic Ointment 10 %</i>	T2	
<i>Sulfacetamide Sodium Ophthalmic Solution 10 %</i>	T2	
<i>Sulfacetamide-prednisoLONE Ophthalmic Solution 10-0.23 %</i>	T2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	T3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	T3	
<i>Tobramycin Inhalation Nebulization Solution 300 MG/4ML</i>	T5	PA; QL (224 ML per 28 days)
<i>Tobramycin Inhalation Nebulization Solution 300 MG/5ML</i>	T5	PA; QL (280 ML per 28 days)
<i>Tobramycin Ophthalmic Solution 0.3 %</i>	T1	
<i>Tobramycin Sulfate Injection Solution 1.2 GMI/30ML, 10 MG/ML</i>	T2	
<i>Tobramycin Sulfate Injection Solution 2 GMI/50ML, 80 MG/2ML</i>	T2	QL (360 ML per 10 days)

Drug	Tier	Notes
<i>Tobramycin Sulfate Injection Solution Reconstituted 1.2 GM</i>	T2	QL (20 EA per 10 days)
<i>Tobramycin-Dexamethasone Ophthalmic Suspension 0.3-0.1 %</i>	T2	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	T4	
ANTIFUNGALS (EENT)		
NATACYN OPHTHALMIC SUSPENSION 5 %	T3	
ANTI-INFECTIVES, MISCELLANEOUS (52:04)		
<i>Chlorhexidine Gluconate Mouth/Throat Solution 0.12 %</i>	T1	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	T1	
ANTI-INFLAMMATORY AGENTS (EENT)		
<i>cycloSPORINE Modified Oral Capsule 100 MG, 25 MG, 50 MG</i>	T2	
<i>CycloSPORINE Modified Oral Solution 100 MG/ML</i>	T2	
<i>cycloSPORINE Ophthalmic Emulsion 0.05 %</i>	T3	
<i>CycloSPORINE Oral Capsule 100 MG, 25 MG</i>	T4	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	
GENGRAF ORAL SOLUTION 100 MG/ML	T2	
RESTASIS OPHTHALMIC EMULSION 0.05 %	T2	PA
ANTIVIRALS (EENT)		
<i>Trifluridine Ophthalmic Solution 1 %</i>	T2	
ZIRGAN OPHTHALMIC GEL 0.15 %	T4	
ASTRINGENTS (52:04)		
<i>Chlorhexidine Gluconate Mouth/Throat Solution 0.12 %</i>	T1	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	T1	
BETA-ADRENERGIC BLOCKING AGENTS (EENT)		
<i>Betaxolol HCl Ophthalmic Solution 0.5 %</i>	T2	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	T4	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	T3	
<i>Carteolol HCl Ophthalmic Solution 1 %</i>	T2	
<i>Dorzolamide HCl-Timolol Mal Ophthalmic Solution 2-0.5 %</i>	T2	
<i>Levobunolol HCl Ophthalmic Solution 0.5 %</i>	T2	
<i>Timolol Maleate (Once-Daily) Ophthalmic Solution 0.5 %</i>	T2	
<i>Timolol Maleate Ophthalmic Gel Forming Solution 0.25 %, 0.5 %</i>	T2	
<i>Timolol Maleate Ophthalmic Solution 0.25 %, 0.5 %</i>	T1	
CARBONIC ANHYDRASE INHIBITORS (EENT)		
<i>acetaZOLAMIDE ER Oral Capsule Extended Release 12 Hour 500 MG</i>	T2	
<i>acetaZOLAMIDE Oral Tablet 125 MG, 250 MG</i>	T2	

Drug	Tier	Notes
<i>acetaZOLAMIDE Sodium Injection Solution Reconstituted 500 MG</i>	T2	
<i>Brinzolamide Ophthalmic Suspension 1 %</i>	T2	
<i>Dorzolamide HCl Ophthalmic Solution 2 %</i>	T2	
<i>Dorzolamide HCl-Timolol Mal Ophthalmic Solution 2-0.5 %</i>	T2	
<i>methazolAMIDE Oral Tablet 25 MG, 50 MG</i>	T2	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	T3	
CORTICOSTEROIDS (EENT)		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	T3	QL (1 GM per 25 days)
<i>Ala-Cort External Cream 1 %</i>	T1	QL (300 GM per 25 days)
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	T4	PA; QL (2 GM per 25 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	T4	PA; QL (1 GM per 25 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	T3	QL (1 EA per 25 days)
<i>Bacitra-Neomycin-Polymyxin-HC Ophthalmic Ointment 1 %</i>	T2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	T3	QL (30 EA per 25 days)
CIPRO HC OTIC SUSPENSION 0.2-1 %	T4	
<i>Ciprofloxacin-Dexamethasone Otic Suspension 0.3-0.1 %</i>	T3	
<i>Ciprofloxacin-Fluocinolone PF Otic Solution 0.3-0.025 %</i>	T3	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	T3	
<i>Dexamethasone Oral Elixir 0.5 MG/5ML</i>	T2	
<i>Dexamethasone Oral Solution 0.5 MG/5ML</i>	T2	
<i>Dexamethasone Oral Tablet 0.5 MG, 0.75 MG, 1.5 MG, 4 MG, 6 MG</i>	T1	
<i>Dexamethasone Oral Tablet 1 MG, 2 MG</i>	T2	
<i>Dexamethasone Sod Phosphate PF Injection Solution 10 MG/ML</i>	T2	
<i>Dexamethasone Sodium Phosphate Injection Solution 10 MG/ML, 100 MG/10ML, 120 MG/30ML, 20 MG/5ML, 4 MG/ML</i>	T2	
<i>Dexamethasone Sodium Phosphate Ophthalmic Solution 0.1 %</i>	T2	
<i>Diffuprednate Ophthalmic Emulsion 0.05 %</i>	T2	QL (30 ML per 30 days)
<i>Flunisolide Nasal Solution 25 MCG/ACT (0.025%)</i>	T2	QL (75 ML per 25 days)
<i>Fluocinolone Acetonide Body External Oil 0.01 %</i>	T2	QL (300 ML per 25 days)
<i>Fluocinolone Acetonide External Cream 0.01 %, 0.025 %</i>	T2	QL (300 GM per 25 days)

Drug	Tier	Notes
<i>Fluocinolone Acetonide External Ointment 0.025 %</i>	T2	QL (300 GM per 25 days)
<i>Fluocinolone Acetonide External Solution 0.01 %</i>	T2	QL (300 ML per 25 days)
<i>Fluocinolone Acetonide Otic Oil 0.01 %</i>	T2	
<i>Fluocinolone Acetonide Scalp External Oil 0.01 %</i>	T2	QL (300 ML per 25 days)
<i>Fluticasone Propionate HFA Inhalation Aerosol 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT</i>	T2	
<i>Fluticasone Propionate Nasal Suspension 50 MCG/ACT</i>	T1	QL (16 GM per 25 days)
<i>Fluticasone-Salmeterol Inhalation Aerosol Powder Breath Activated 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT, 55-14 MCG/ACT</i>	T2	
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	T3	
<i>Hydrocortisone Butyrate External Cream 0.1 %</i>	T2	QL (240 GM per 25 days)
<i>Hydrocortisone Butyrate External Ointment 0.1 %</i>	T2	QL (240 GM per 25 days)
<i>Hydrocortisone Butyrate External Solution 0.1 %</i>	T2	QL (240 ML per 25 days)
<i>Hydrocortisone External Cream 1 %</i>	T1	
<i>Hydrocortisone External Cream 2.5 %</i>	T1	QL (300 GM per 25 days)
<i>Hydrocortisone External Lotion 2.5 %</i>	T1	QL (300 ML per 25 days)
<i>Hydrocortisone External Ointment 2.5 %</i>	T1	QL (300 GM per 25 days)
<i>Hydrocortisone Oral Tablet 10 MG, 20 MG, 5 MG</i>	T1	
<i>Hydrocortisone Valerate External Cream 0.2 %</i>	T2	QL (240 GM per 25 days)
<i>Hydrocortisone Valerate External Ointment 0.2 %</i>	T2	QL (240 GM per 25 days)
<i>Hydrocortisone-Acetic Acid Otic Solution 1-2 %</i>	T2	
<i>Loteprednol Etabonate Ophthalmic Suspension 0.5 %</i>	T2	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	T3	
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 %	T1	
<i>Mometasone Furoate External Cream 0.1 %</i>	T2	QL (240 GM per 25 days)
<i>Mometasone Furoate External Ointment 0.1 %</i>	T2	QL (240 GM per 25 days)
<i>Mometasone Furoate External Solution 0.1 %</i>	T2	QL (240 ML per 25 days)
<i>Neomycin-Polymyxin-Dexameth Ophthalmic Ointment 3.5-10000-0.1</i>	T2	
<i>Neomycin-Polymyxin-Dexameth Ophthalmic Suspension 3.5-10000-0.1</i>	T2	
<i>Neomycin-Polymyxin-HC Ophthalmic Suspension 3.5-10000-1</i>	T2	
<i>Neomycin-Polymyxin-HC Otic Solution 1 %</i>	T2	
<i>Neomycin-Polymyxin-HC Otic Suspension 3.5-10000-1</i>	T2	
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	T3	
<i>prednisoLONE Acetate Ophthalmic Suspension 1 %</i>	T2	
<i>prednisoLONE Oral Solution 15 MG/5ML</i>	T2	
<i>PrednisoLONE Sodium Phosphate Ophthalmic Solution 1 %</i>	T3	

Drug	Tier	Notes
<i>PrednisoLONE Sodium Phosphate Oral Solution 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML, 5 MG/5ML</i>	T2	
<i>prednisoLONE Sodium Phosphate Oral Tablet Dispersible 10 MG, 15 MG, 30 MG</i>	T2	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	T2	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	T2	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	T4	
<i>Sulfacetamide-prednisoLONE Ophthalmic Solution 10-0.23 %</i>	T2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	T3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	T3	
<i>Tobramycin-Dexamethasone Ophthalmic Suspension 0.3-0.1 %</i>	T2	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	QL (1 EA per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	QL (1 EA per 25 days)
<i>Triamcinolone Acetonide Nasal Aerosol 55 MCG/ACT</i>	T1	QL (1 ML per 25 days)
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	T4	
EENT ANTI-INFLAMMATORY AGENTS, MISC.		
<i>cycloSPORINE Ophthalmic Emulsion 0.05 %</i>	T3	
RESTASIS OPHTHALMIC EMULSION 0.05 %	T2	PA
EENT DRUGS, MISCELLANEOUS		
<i>Acetic Acid Otic Solution 2 %</i>	T2	
<i>Apraclonidine HCl Ophthalmic Solution 0.5 %</i>	T2	
<i>Cromolyn Sodium Inhalation Nebulization Solution 20 MG/2ML</i>	T2	QL (240 ML per 25 days)
<i>Cromolyn Sodium Ophthalmic Solution 4 %</i>	T2	
<i>Cromolyn Sodium Oral Concentrate 100 MG/5ML</i>	T2	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	T5	PA; QL (4 ML per 28 days)
<i>Hydrocortisone-Acetic Acid Otic Solution 1-2 %</i>	T2	
IOPIDINE OPHTHALMIC SOLUTION 1 %	T4	
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS		
ACUVAIL OPHTHALMIC SOLUTION 0.45 %	T3	
<i>Bromfenac Sodium (Once-Daily) Ophthalmic Solution 0.09 %</i>	T2	
<i>Diclofenac Sodium Ophthalmic Solution 0.1 %</i>	T2	
<i>Flurbiprofen Oral Tablet 100 MG, 50 MG</i>	T2	
<i>Flurbiprofen Sodium Ophthalmic Solution 0.03 %</i>	T2	
<i>Ketorolac Tromethamine Injection Solution 15 MG/ML, 30 MG/ML</i>	T2	

Drug	Tier	Notes
<i>Ketorolac Tromethamine Intramuscular Solution 60 MG/2ML</i>	T2	
<i>Ketorolac Tromethamine Ophthalmic Solution 0.4 %, 0.5 %</i>	T2	
<i>Ketorolac Tromethamine Oral Tablet 10 MG</i>	T2	QL (20 EA per 25 days)
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	T3	
LOCAL ANESTHETICS (EENT)		
<i>Lidocaine HCl Mouth/Throat Solution 4 %</i>	T2	
<i>Lidocaine Viscous HCl Mouth/Throat Solution 2 %</i>	T2	
<i>Proparacaine HCl Ophthalmic Solution 0.5 %</i>	T2	
MACULAR DEGENERATION AGENTS		
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	T5	PA; QL (4 ML per 28 days)
MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	T4	
<i>Pilocarpine HCl Ophthalmic Solution 1 %</i>	T2	
<i>Pilocarpine HCl Oral Tablet 5 MG, 7.5 MG</i>	T2	
MYDRIATICS		
<i>Atropine Sulfate Injection Solution Prefilled Syringe 0.25 MG/5ML, 1 MG/10ML</i>	T2	
<i>Atropine Sulfate Ophthalmic Solution 1 %</i>	T2	
<i>Phenylephrine HCl Ophthalmic Solution 10 %, 2.5 %</i>	T2	
<i>Tropicamide Ophthalmic Solution 0.5 %, 1 %</i>	T2	
OSMOTIC AGENTS		
<i>Mannitol Intravenous Solution 20 %, 25 %</i>	T2	
OSMITROL INTRAVENOUS SOLUTION 10 %	T2	
PROSTAGLANDIN ANALOGS		
<i>Bimatoprost Ophthalmic Solution 0.03 %</i>	T2	
<i>Latanoprost Ophthalmic Solution 0.005 %</i>	T1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T3	
<i>Travoprost (BAK Free) Ophthalmic Solution 0.004 %</i>	T2	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	T4	
VASOCONSTRICTORS		
<i>Phenylephrine HCl Ophthalmic Solution 10 %, 2.5 %</i>	T2	
GASTROINTESTINAL DRUGS		
5-HT3 RECEPTOR ANTAGONISTS		
AKYNZEO ORAL CAPSULE 300-0.5 MG	T4	QL (2 EA per 21 days)
<i>Granisetron HCl Intravenous Solution 1 MG/ML, 4 MG/4ML</i>	T2	QL (2 ML per 21 days)
<i>Granisetron HCl Oral Tablet 1 MG</i>	T2	QL (12 EA per 21 days)
<i>Ondansetron HCl Injection Solution 4 MG/2ML, 40 MG/20ML</i>	T2	QL (20 ML per 21 days)
<i>Ondansetron HCl Oral Solution 4 MG/5ML</i>	T2	QL (200 ML per 21 days)
<i>Ondansetron HCl Oral Tablet 24 MG</i>	T2	QL (2 EA per 21 days)

Drug	Tier	Notes
<i>Ondansetron HCl Oral Tablet 4 MG, 8 MG</i>	T1	QL (18 EA per 21 days)
<i>Ondansetron Oral Tablet Dispersible 4 MG, 8 MG</i>	T1	QL (60 EA per 30 days)
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	T3	PA
ANTIDIARRHEA AGENTS		
<i>Diphenoxylate-Atropine Oral Liquid 2.5-0.025 MG/5ML</i>	T2	
<i>Diphenoxylate-Atropine Oral Tablet 2.5-0.025 MG</i>	T2	
<i>Loperamide HCl Oral Capsule 2 MG</i>	T2	
MOTOFEN ORAL TABLET 1-0.025 MG	T4	
ANTIEMETICS, MISCELLANEOUS		
<i>Dronabinol Oral Capsule 10 MG, 2.5 MG, 5 MG</i>	T3	QL (60 EA per 25 days)
<i>OLANZapine Intramuscular Solution Reconstituted 10 MG</i>	T2	
<i>OLANZapine Oral Tablet 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG</i>	T2	
<i>OLANZapine Oral Tablet Dispersible 10 MG, 15 MG, 20 MG, 5 MG</i>	T2	
<i>OLANZapine-FLUoxetine HCl Oral Capsule 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG</i>	T3	
<i>Promethazine HCl Injection Solution 25 MG/ML, 50 MG/ML</i>	T2	
<i>Promethazine HCl Oral Syrup 6.25 MG/5ML</i>	T2	
<i>Promethazine HCl Oral Tablet 12.5 MG, 25 MG, 50 MG</i>	T2	
<i>Scopolamine Transdermal Patch 72 Hour 1 MG/3DAYS</i>	T2	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	T3	QL (2 EA per 25 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	T3	QL (1 EA per 25 days)
ANTIHISTAMINES (GI DRUGS)		
COMPRO RECTAL SUPPOSITORY 25 MG	T3	
<i>Meclizine HCl Oral Tablet 12.5 MG, 25 MG</i>	T2	
<i>Prochlorperazine Edisylate Injection Solution 10 MG/2ML</i>	T2	
<i>Prochlorperazine Maleate Oral Tablet 10 MG, 5 MG</i>	T2	
<i>Prochlorperazine Rectal Suppository 25 MG</i>	T3	
<i>Trimethobenzamide HCl Oral Capsule 300 MG</i>	T2	
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
<i>Alosetron HCl Oral Tablet 0.5 MG, 1 MG</i>	T4	PA
<i>Balsalazide Disodium Oral Capsule 750 MG</i>	T2	
DIPENTUM ORAL CAPSULE 250 MG	T4	PA
<i>Mesalamine Oral Capsule Delayed Release 400 MG</i>	T3	
<i>Mesalamine Oral Tablet Delayed Release 1.2 GM</i>	T3	
<i>Mesalamine Oral Tablet Delayed Release 800 MG</i>	T3	PA
<i>Mesalamine Rectal Enema 4 GM</i>	T3	

Drug	Tier	Notes
<i>Mesalamine Rectal Suppository 1000 MG</i>	T3	
<i>sulfaSALazine Oral Tablet 500 MG</i>	T2	
<i>SulfaSALazine Oral Tablet Delayed Release 500 MG</i>	T2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>Amoxicillin Oral Capsule 250 MG, 500 MG</i>	T1	
<i>Amoxicillin Oral Suspension Reconstituted 125 MG/5ML, 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	T1	
<i>Amoxicillin Oral Tablet 500 MG, 875 MG</i>	T1	
<i>Amoxicillin Oral Tablet Chewable 125 MG, 250 MG</i>	T2	
<i>Clarithromycin ER Oral Tablet Extended Release 24 Hour 500 MG</i>	T2	
<i>Clarithromycin Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML</i>	T2	
<i>Clarithromycin Oral Tablet 250 MG, 500 MG</i>	T2	
<i>metroNIDAZOLE Intravenous Solution 500 MG/100ML</i>	T2	
<i>metroNIDAZOLE Oral Tablet 250 MG, 500 MG</i>	T2	
<i>Tetracycline HCl Oral Capsule 250 MG, 500 MG</i>	T4	QL (120 EA per 30 days)
CATHARTICS AND LAXATIVES		
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	T2	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	T2	
<i>PEG 3350-KCl-Na Bicarb-NaCl Oral Solution Reconstituted 420 GM</i>	T2	
<i>PEG-3350/Electrolytes Oral Solution Reconstituted 236 GM</i>	T2	
<i>PEG-KCl-NaCl-NaSulf-Na Asc-C Oral Solution Reconstituted 100 GM</i>	T2	
PEG-PREP ORAL KIT 5-210 MG-GM	T2	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	T3	
<i>Polyethylene Glycol 3350 Oral Powder 17 GM/SCOOP</i>	T2	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	T3	
CHLORIDE CHANNEL ACTIVATORS		
<i>Lubiprostone Oral Capsule 24 MCG, 8 MCG</i>	T2	
CHOLELITHOLYTIC AGENTS		
LIVDELZI ORAL CAPSULE 10 MG	T5	PA
<i>Ursodiol Oral Capsule 300 MG</i>	T2	
<i>Ursodiol Oral Tablet 250 MG, 500 MG</i>	T2	

Drug	Tier	Notes
DIGESTANTS		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	T3	PA
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	T3	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T3	PA
GI DRUGS, MISCELLANEOUS		
<i>Dronabinol Oral Capsule 10 MG, 2.5 MG, 5 MG</i>	T3	QL (60 EA per 25 days)
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T5	PA; QL (1 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T5	PA; QL (4 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	T5	PA; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T5	PA; QL (4 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T5	PA; QL (1 EA per 28 days)
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	T5	PA; QL (1 EA per 28 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Med	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	T3	
<i>Lubiprostone Oral Capsule 24 MCG, 8 MCG</i>	T2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	T3	
<i>Octreotide Acetate Injection Solution 100 MCG/ML, 50 MCG/ML, 500 MCG/ML</i>	T5	PA; QL (90 ML per 30 days)
<i>Octreotide Acetate Injection Solution 1000 MCG/ML</i>	T5	PA; QL (45 ML per 30 days)
<i>Octreotide Acetate Injection Solution 200 MCG/ML</i>	T5	PA; QL (225 ML per 30 days)
<i>Octreotide Acetate Subcutaneous Solution Prefilled Syringe 100 MCG/ML, 50 MCG/ML, 500 MCG/ML</i>	T5	
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML	T5	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Med	PA
RENFLXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	T3	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	T5	PA; QL (200 ML per 56 days)

Drug	Tier	Notes
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	T5	PA; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	T5	PA; QL (1 ML per 28 days)
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	T5	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	T5	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	T5	PA; QL (4 ML per 365 days)
TRULANCE ORAL TABLET 3 MG	T3	
GUANYLATE CYCLASE C (GCC) RECEPT AGONIST		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	T3	
TRULANCE ORAL TABLET 3 MG	T3	
HISTAMINE H2-ANTAGONISTS		
<i>Cimetidine Oral Tablet 200 MG, 300 MG, 400 MG, 800 MG</i>	T2	
<i>Famotidine (PF) Intravenous Solution 20 MG/2ML</i>	T2	
<i>Famotidine Intravenous Solution 200 MG/20ML, 40 MG/4ML</i>	T2	
<i>Famotidine Oral Suspension Reconstituted 40 MG/5ML</i>	T2	
<i>Famotidine Oral Tablet 20 MG, 40 MG</i>	T2	
<i>Famotidine Premixed Intravenous Solution 20-0.9 MG/50ML-%</i>	T2	
<i>Nizatidine Oral Capsule 150 MG, 300 MG</i>	T2	
IMMUNOMODULATORY AGENTS (56:44)		
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML	T5	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA
VELSIPITY ORAL TABLET 2 MG	T5	PA
LIPOTROPIC AGENTS		
<i>Scopolamine Transdermal Patch 72 Hour 1 MG/3DAYS</i>	T2	
NEUROKININ-1 RECEPTOR ANTAGONISTS		
AKYNZEO ORAL CAPSULE 300-0.5 MG	T4	QL (2 EA per 21 days)
<i>Aprepitant Oral Capsule 125 MG</i>	T4	QL (2 EA per 21 days)
<i>Aprepitant Oral Capsule 40 MG</i>	T4	QL (3 EA per 180 days)
<i>Aprepitant Oral Capsule 80 & 125 MG</i>	T4	QL (6 EA per 21 days)
<i>Aprepitant Oral Capsule 80 MG</i>	T4	QL (4 EA per 21 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	T3	
OPIOID ANTAGONISTS (56:18)		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	T3	

Drug	Tier	Notes
PROKINETIC AGENTS		
<i>Metoclopramide HCl Injection Solution 5 MG/ML</i>	T2	
<i>Metoclopramide HCl Oral Solution 10 MG/10ML</i>	T2	
<i>Metoclopramide HCl Oral Tablet 10 MG, 5 MG</i>	T2	
<i>Metoclopramide HCl Oral Tablet Dispersible 5 MG</i>	T2	
PROSTAGLANDINS		
<i>Diclofenac-miSOPROStol Oral Tablet Delayed Release 50-0.2 MG, 75-0.2 MG</i>	T2	
<i>miSOPROStol Oral Tablet 100 MCG, 200 MCG</i>	T2	
PROTECTANTS		
<i>Sucralfate Oral Tablet 1 GM</i>	T2	
PROTON-PUMP INHIBITORS		
<i>Dexlansoprazole Oral Capsule Delayed Release 30 MG, 60 MG</i>	T2	QL (30 EA per 30 days)
<i>Esomeprazole Magnesium Oral Capsule Delayed Release 20 MG, 40 MG</i>	T4	QL (30 EA per 30 days)
<i>Esomeprazole Sodium Intravenous Solution Reconstituted 40 MG</i>	T2	
<i>Lansoprazole Oral Capsule Delayed Release 15 MG, 30 MG</i>	T1	QL (30 EA per 30 days)
<i>Omeprazole Magnesium Oral Capsule Delayed Release 20.6 (20 Base) MG</i>	T1	QL (30 EA per 30 days)
<i>Omeprazole Oral Capsule Delayed Release 10 MG, 20 MG, 40 MG</i>	T1	QL (30 EA per 30 days)
<i>Pantoprazole Sodium Oral Tablet Delayed Release 20 MG, 40 MG</i>	T2	QL (30 EA per 30 days)
<i>RABEprazole Sodium Oral Tablet Delayed Release 20 MG</i>	T3	QL (30 EA per 30 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	T5	PA
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET ORAL CAPSULE 100 MG	T4	
<i>Deferiprone Oral Tablet 1000 MG, 500 MG</i>	T5	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	T5	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	T5	PA
<i>penicillAMINE Oral Tablet 250 MG</i>	T4	
<i>Trientine HCl Oral Capsule 250 MG</i>	T4	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	T3	QL (1 GM per 25 days)
AGAMREE ORAL SUSPENSION 40 MG/ML	T5	PA
<i>Ala-Cort External Cream 1 %</i>	T1	QL (300 GM per 25 days)
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	T4	PA; QL (2 GM per 25 days)

Drug	Tier	Notes
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	T4	PA; QL (1 GM per 25 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	T3	QL (1 EA per 25 days)
<i>Betamethasone Dipropionate Aug External Cream 0.05 %</i>	T1	QL (240 GM per 25 days)
<i>Betamethasone Dipropionate Aug External Gel 0.05 %</i>	T2	QL (240 GM per 25 days)
<i>Betamethasone Dipropionate Aug External Lotion 0.05 %</i>	T1	QL (240 ML per 25 days)
<i>Betamethasone Dipropionate Aug External Ointment 0.05 %</i>	T1	QL (240 GM per 25 days)
<i>Betamethasone Dipropionate External Cream 0.05 %</i>	T1	QL (240 GM per 25 days)
<i>Betamethasone Dipropionate External Lotion 0.05 %</i>	T1	QL (240 ML per 25 days)
<i>Betamethasone Dipropionate External Ointment 0.05 %</i>	T1	QL (240 GM per 25 days)
<i>Betamethasone Valerate External Cream 0.1 %</i>	T1	QL (240 GM per 25 days)
<i>Betamethasone Valerate External Lotion 0.1 %</i>	T1	QL (240 ML per 25 days)
<i>Betamethasone Valerate External Ointment 0.1 %</i>	T1	QL (240 GM per 25 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	T3	QL (30 EA per 25 days)
<i>Budesonide Inhalation Suspension 0.25 MG/2ML</i>	T2	QL (180 ML per 25 days)
<i>Budesonide Inhalation Suspension 0.5 MG/2ML</i>	T2	QL (120 ML per 25 days)
<i>Budesonide Inhalation Suspension 1 MG/2ML</i>	T2	QL (60 ML per 25 days)
<i>Budesonide Oral Capsule Delayed Release Particles 3 MG</i>	T3	PA
<i>Budesonide-Formoterol Fumarate Inhalation Aerosol 160-4.5 MCG/ACT, 80-4.5 MCG/ACT</i>	T2	
<i>Cortisone Acetate Oral Tablet 25 MG</i>	T2	
<i>Deflazacort Oral Tablet 18 MG, 30 MG, 36 MG, 6 MG</i>	T4	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	T4	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	T3	
<i>Dexamethasone Oral Elixir 0.5 MG/5ML</i>	T2	
<i>Dexamethasone Oral Solution 0.5 MG/5ML</i>	T2	
<i>Dexamethasone Oral Tablet 0.5 MG, 0.75 MG, 1.5 MG, 4 MG, 6 MG</i>	T1	
<i>Dexamethasone Oral Tablet 1 MG, 2 MG</i>	T2	
<i>Dexamethasone Sod Phosphate PF Injection Solution 10 MG/ML</i>	T2	
<i>Dexamethasone Sodium Phosphate Injection Solution 10 MG/ML, 100 MG/10ML, 120 MG/30ML, 20 MG/5ML, 4 MG/ML</i>	T2	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	T3	

Drug	Tier	Notes
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	T4	
<i>Fludrocortisone Acetate Oral Tablet 0.1 MG</i>	T2	
<i>Flunisolide Nasal Solution 25 MCG/ACT (0.025%)</i>	T2	QL (75 ML per 25 days)
<i>Fluticasone Propionate External Cream 0.05 %</i>	T2	QL (240 GM per 25 days)
<i>Fluticasone Propionate External Lotion 0.05 %</i>	T2	QL (300 ML per 25 days)
<i>Fluticasone Propionate External Ointment 0.005 %</i>	T2	QL (240 GM per 25 days)
<i>Fluticasone Propionate Nasal Suspension 50 MCG/ACT</i>	T1	QL (16 GM per 25 days)
<i>Hydrocortisone Butyrate External Cream 0.1 %</i>	T2	QL (240 GM per 25 days)
<i>Hydrocortisone Butyrate External Ointment 0.1 %</i>	T2	QL (240 GM per 25 days)
<i>Hydrocortisone Butyrate External Solution 0.1 %</i>	T2	QL (240 ML per 25 days)
<i>Hydrocortisone External Cream 1 %</i>	T1	
<i>Hydrocortisone External Cream 2.5 %</i>	T1	QL (300 GM per 25 days)
<i>Hydrocortisone External Lotion 2.5 %</i>	T1	QL (300 ML per 25 days)
<i>Hydrocortisone External Ointment 2.5 %</i>	T1	QL (300 GM per 25 days)
<i>Hydrocortisone Oral Tablet 10 MG, 20 MG, 5 MG</i>	T1	
<i>Hydrocortisone Valerate External Cream 0.2 %</i>	T2	QL (240 GM per 25 days)
<i>Hydrocortisone Valerate External Ointment 0.2 %</i>	T2	QL (240 GM per 25 days)
<i>Hydrocortisone-Acetic Acid Otic Solution 1-2 %</i>	T2	
INTRAROSA VAGINAL INSERT 6.5 MG	T4	
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 %	T1	
MEDROL ORAL TABLET 2 MG	T3	
<i>MethylPREDNISolone Acetate Injection Suspension 40 MG/ML, 80 MG/ML</i>	T2	
<i>methylPREDNISolone Oral Tablet 16 MG, 32 MG, 4 MG, 8 MG</i>	T2	
<i>methylPREDNISolone Oral Tablet Therapy Pack 4 MG</i>	T2	
<i>methylPREDNISolone Sodium Succ Injection Solution Reconstituted 1000 MG, 125 MG, 40 MG</i>	T2	
<i>Mometasone Furoate External Cream 0.1 %</i>	T2	QL (240 GM per 25 days)
<i>Mometasone Furoate External Ointment 0.1 %</i>	T2	QL (240 GM per 25 days)
<i>Mometasone Furoate External Solution 0.1 %</i>	T2	QL (240 ML per 25 days)
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	T3	
<i>prednisoLONE Acetate Ophthalmic Suspension 1 %</i>	T2	
<i>prednisoLONE Oral Solution 15 MG/5ML</i>	T2	
<i>PrednisoLONE Sodium Phosphate Ophthalmic Solution 1 %</i>	T3	
<i>PrednisoLONE Sodium Phosphate Oral Solution 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML, 5 MG/5ML</i>	T2	
<i>prednisoLONE Sodium Phosphate Oral Tablet Dispersible 10 MG, 15 MG, 30 MG</i>	T2	

Drug	Tier	Notes
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	T3	
<i>PredniSONE Oral Solution 5 MG/5ML</i>	T2	
<i>predniSONE Oral Tablet 1 MG, 10 MG, 2.5 MG, 20 MG, 5 MG</i>	T1	
<i>predniSONE Oral Tablet 50 MG</i>	T2	
<i>predniSONE Oral Tablet Therapy Pack 10 MG (21), 10 MG (48), 5 MG (21), 5 MG (48)</i>	T2	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	T2	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	T2	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	T3	QL (2 GM per 25 days)
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	T4	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM	T4	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	QL (1 EA per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	QL (1 EA per 25 days)
<i>Triamcinolone Acetonide External Cream 0.025 %, 0.1 %, 0.5 %</i>	T2	QL (240 GM per 25 days)
<i>Triamcinolone Acetonide External Lotion 0.025 %, 0.1 %</i>	T2	QL (240 ML per 25 days)
<i>Triamcinolone Acetonide External Ointment 0.025 %, 0.1 %, 0.5 %</i>	T2	QL (240 GM per 25 days)
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	T5	PA
ALPHA-GLUCOSIDASE INHIBITORS		
<i>Acarbose Oral Tablet 100 MG, 25 MG, 50 MG</i>	T2	
<i>Miglitol Oral Tablet 100 MG, 25 MG, 50 MG</i>	T2	
ANDROGENS		
<i>Danazol Oral Capsule 100 MG, 200 MG, 50 MG</i>	T2	
<i>methylTESTOSTERone Oral Capsule 10 MG</i>	T4	PA
<i>Testosterone Cypionate Intramuscular Solution 100 MG/ML, 200 MG/ML</i>	T2	
<i>Testosterone Enanthate Intramuscular Solution 200 MG/ML</i>	T2	PA
<i>Testosterone Transdermal Gel 10 MG/ACT (2%), 25 MG/2.5GM (1%)</i>	T4	PA
ANTIDIABETIC AGENTS, MISCELLANEOUS		
CYCLOSET ORAL TABLET 0.8 MG	T4	
ANTIESTROGENS		
<i>Anastrozole Oral Tablet 1 MG</i>	T2	
<i>Exemestane Oral Tablet 25 MG</i>	T2	PA

Drug	Tier	Notes
<i>Letrozole Oral Tablet 2.5 MG</i>	T2	
ANTIGONADTROPINS		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	\$0	QL (1 EA per 300 days)
<i>Levonorgestrel Oral Tablet 1.5 MG</i>	\$0	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	\$0	QL (1 EA per 300 days)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	\$0	QL (1 EA per 300 days)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	\$0	QL (1 EA per 300 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	\$0	QL (1 EA per 300 days)
<i>Testosterone Cypionate Intramuscular Solution 100 MG/ML, 200 MG/ML</i>	T2	
<i>Testosterone Enanthate Intramuscular Solution 200 MG/ML</i>	T2	PA
<i>Testosterone Transdermal Gel 10 MG/ACT (2%), 25 MG/2.5GM (1%)</i>	T4	PA
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS		
INSTA-GLUCOSE ORAL GEL 77.4 %	T3	
ANTIPARATHYROID AGENTS		
<i>Calcitonin (Salmon) Nasal Solution 200 UNIT/ACT</i>	T3	
<i>Cinacalcet HCl Oral Tablet 30 MG, 60 MG</i>	T5	PA; QL (60 EA per 30 days)
<i>Cinacalcet HCl Oral Tablet 90 MG</i>	T5	PA; QL (120 EA per 30 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	T4	
ANTITHYROID AGENTS		
<i>methIMazole Oral Tablet 10 MG, 5 MG</i>	T2	
<i>Propylthiouracil Oral Tablet 50 MG</i>	T2	
BIGUANIDES		
<i>glipiZIDE-metFORMIN HCl Oral Tablet 2.5-250 MG, 2.5-500 MG, 5-500 MG</i>	T1	
<i>GlyBURIDE-MetFORMIN Oral Tablet 1.25-250 MG, 2.5-500 MG, 5-500 MG</i>	T1	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	T3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T3	QL (60 EA per 30 days)
<i>metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 500 MG, 750 MG</i>	T1	
<i>metFORMIN HCl Oral Tablet 1000 MG, 500 MG, 850 MG</i>	T1	
<i>Pioglitazone HCl-metFORMIN HCl Oral Tablet 15-500 MG, 15-850 MG</i>	T2	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	T3	QL (60 EA per 30 days)

Drug	Tier	Notes
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T3	QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	T3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	T3	QL (60 EA per 30 days)
CONTRACEPTIVES		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	\$0	
<i>Alyacen 1/35 Oral Tablet 1-35 MG-MCG</i>	\$0	
<i>Alyacen 7/7/7 Oral Tablet 0.5/0.75/1-35 MG-MCG</i>	\$0	
AMETHYST ORAL TABLET 90-20 MCG	\$0	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	\$0	QL (1 EA per 300 days)
APRI ORAL TABLET 0.15-30 MG-MCG	\$0	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	\$0	
AVIANE ORAL TABLET 0.1-20 MG-MCG	\$0	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	
CAMILA ORAL TABLET 0.35 MG	\$0	
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	\$0	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0	
DELYLA ORAL TABLET 0.1-20 MG-MCG	\$0	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	\$0	QL (4 ML per 300 days)
<i>Drospiren-Eth Estrad-Levomefol Oral Tablet 3-0.03-0.451 MG</i>	\$0	
<i>Drospirenone-Ethinyl Estradiol Oral Tablet 3-0.03 MG</i>	\$0	
ELINEST ORAL TABLET 0.3-30 MG-MCG	\$0	
ELLA ORAL TABLET 30 MG	\$0	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	\$0	
ERRIN ORAL TABLET 0.35 MG	\$0	
<i>Ethinodiol Diac-Eth Estradiol Oral Tablet 1-50 MG-MCG</i>	\$0	
<i>Etonogestrel-Ethinyl Estradiol Vaginal Ring 0.12-0.015 MG/24HR</i>	\$0	QL (13 EA per 300 days)
FALMINA ORAL TABLET 0.1-20 MG-MCG	\$0	
HEATHER ORAL TABLET 0.35 MG	\$0	
INTROVALE ORAL TABLET 0.15-0.03 MG	\$0	
JOLESSA ORAL TABLET 0.15-0.03 MG	\$0	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	

Drug	Tier	Notes
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	\$0	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	\$0	
KURVELO ORAL TABLET 0.15-30 MG-MCG	\$0	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	\$0	QL (1 EA per 300 days)
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	
LESSINA ORAL TABLET 0.1-20 MG-MCG	\$0	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0	
<i>Levonorgest-Eth Estrad 91-Day Oral Tablet 0.1-0.02 & 0.01 MG, 0.15-0.03 MG</i>	\$0	
<i>Levonorgestrel Oral Tablet 1.5 MG</i>	\$0	
<i>Levonorgestrel-Ethinyl Estrad Oral Tablet 0.15-30 MG-MCG</i>	\$0	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	\$0	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	\$0	QL (1 EA per 300 days)
LORYNA ORAL TABLET 3-0.02 MG	\$0	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	\$0	
LUTERA ORAL TABLET 0.1-20 MG-MCG	\$0	
<i>Marlissa Oral Tablet 0.15-30 MG-MCG</i>	\$0	
<i>medroxyPROGESTERone Acetate Intramuscular Suspension 150 MG/ML</i>	\$0	QL (4 ML per 300 days)
<i>medroxyPROGESTERone Acetate Intramuscular Suspension Prefilled Syringe 150 MG/ML</i>	\$0	QL (4 ML per 300 days)
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	\$0	QL (1 EA per 300 days)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	\$0	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	\$0	QL (1 EA per 300 days)
NIKKI ORAL TABLET 3-0.02 MG	\$0	
NORA-BE ORAL TABLET 0.35 MG	\$0	
<i>Norethindrone Acet-Ethinyl Est Oral Tablet 1-20 MG-MCG</i>	\$0	
<i>Norethindrone Oral Tablet 0.35 MG</i>	\$0	
<i>Norethin-Eth Estradiol-Fe Oral Tablet Chewable 0.4-35 MG-MCG, 0.8-25 MG-MCG</i>	\$0	
<i>Norgestimate-Eth Estradiol Oral Tablet 0.25-35 MG-MCG</i>	\$0	

Drug	Tier	Notes
<i>Norgestim-Eth Estrad Triphasic Oral Tablet 0.18/0.215/0.25 MG-25 MCG, 0.18/0.215/0.25 MG-35 MCG</i>	\$0	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	\$0	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	\$0	
OCELLA ORAL TABLET 3-0.03 MG	\$0	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	\$0	
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	\$0	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	\$0	
RIVELSA ORAL TABLET 42-21-21-7 DAYS	\$0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	\$0	QL (1 EA per 300 days)
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	\$0	
SRONYX ORAL TABLET 0.1-20 MG-MCG	\$0	
SYEDA ORAL TABLET 3-0.03 MG	\$0	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	\$0	
<i>Viorele Oral Tablet 0.15-0.02/0.01 MG (21/5)</i>	\$0	
WERA ORAL TABLET 0.5-35 MG-MCG	\$0	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	\$0	
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS		
<i>Alogliptin Benzoate Oral Tablet 12.5 MG, 25 MG, 6.25 MG</i>	T2	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	T3	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	T3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	T3	QL (30 EA per 30 days)
ESTROGEN AGONIST-ANTAGONISTS		
DUAVEE ORAL TABLET 0.45-20 MG	T3	

Drug	Tier	Notes
OSPHENA ORAL TABLET 60 MG	T3	
<i>Raloxifene HCl Oral Tablet 60 MG</i>	T2	
<i>Tamoxifen Citrate Oral Tablet 10 MG, 20 MG</i>	T2	
<i>Toremifene Citrate Oral Tablet 60 MG</i>	T3	
ESTROGENS		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	\$0	
<i>Alyacen 1/35 Oral Tablet 1-35 MG-MCG</i>	\$0	
<i>Alyacen 7/7/7 Oral Tablet 0.5/0.75/1-35 MG-MCG</i>	\$0	
AMETHYST ORAL TABLET 90-20 MCG	\$0	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	\$0	QL (1 EA per 300 days)
APRI ORAL TABLET 0.15-30 MG-MCG	\$0	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	\$0	
AVIANE ORAL TABLET 0.1-20 MG-MCG	\$0	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	T3	
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	\$0	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0	
DELYLA ORAL TABLET 0.1-20 MG-MCG	\$0	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	T4	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	T4	
<i>Drospiren-Eth Estrad-Levomefol Oral Tablet 3-0.03-0.451 MG</i>	\$0	
<i>Drospirenone-Ethinyl Estradiol Oral Tablet 3-0.03 MG</i>	\$0	
DUAVEE ORAL TABLET 0.45-20 MG	T3	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	T4	
ELINEST ORAL TABLET 0.3-30 MG-MCG	\$0	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	\$0	
<i>Estradiol Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	T1	
<i>Estradiol Transdermal Patch Twice Weekly 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</i>	T2	
<i>Estradiol Transdermal Patch Weekly 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</i>	T2	
<i>Estradiol Vaginal Cream 0.1 MG/GM</i>	T2	

Drug	Tier	Notes
<i>Estradiol Valerate Intramuscular Oil 20 MG/ML, 40 MG/ML</i>	T2	
<i>Estradiol-Norethindrone Acet Oral Tablet 0.5-0.1 MG, 1-0.5 MG</i>	T2	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	T4	
<i>Ethinodiol Diac-Eth Estradiol Oral Tablet 1-50 MG-MCG</i>	\$0	
<i>Etonogestrel-Ethinyl Estradiol Vaginal Ring 0.12-0.015 MG/24HR</i>	\$0	QL (13 EA per 300 days)
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	T4	
FALMINA ORAL TABLET 0.1-20 MG-MCG	\$0	
INTROVALE ORAL TABLET 0.15-0.03 MG	\$0	
JINTELI ORAL TABLET 1-5 MG-MCG	T2	
JOLESSA ORAL TABLET 0.15-0.03 MG	\$0	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	\$0	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	\$0	
KURVELO ORAL TABLET 0.15-30 MG-MCG	\$0	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	
LESSINA ORAL TABLET 0.1-20 MG-MCG	\$0	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0	
<i>Levonorgest-Eth Estrad 91-Day Oral Tablet 0.1-0.02 & 0.01 MG, 0.15-0.03 MG</i>	\$0	
<i>Levonorgestrel-Ethinyl Estrad Oral Tablet 0.15-30 MG-MCG</i>	\$0	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	\$0	
LORYNA ORAL TABLET 3-0.02 MG	\$0	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	\$0	
LUTERA ORAL TABLET 0.1-20 MG-MCG	\$0	
<i>Marlissa Oral Tablet 0.15-30 MG-MCG</i>	\$0	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	T4	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	
MIMVEY ORAL TABLET 1-0.5 MG	T2	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	\$0	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	
NIKKI ORAL TABLET 3-0.02 MG	\$0	

Drug	Tier	Notes
<i>Norethindrone Acet-Ethinyl Est Oral Tablet 1-20 MG-MCG</i>	\$0	
<i>Norethindrone-Eth Estradiol Oral Tablet 0.5-2.5 MG-MCG</i>	T2	
<i>Norethin-Eth Estradiol-Fe Oral Tablet Chewable 0.4-35 MG-MCG, 0.8-25 MG-MCG</i>	\$0	
<i>Norgestimate-Eth Estradiol Oral Tablet 0.25-35 MG-MCG</i>	\$0	
<i>Norgestim-Eth Estrad Triphasic Oral Tablet 0.18/0.215/0.25 MG-25 MCG, 0.18/0.215/0.25 MG-35 MCG</i>	\$0	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	\$0	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	\$0	
OCELLA ORAL TABLET 3-0.03 MG	\$0	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	\$0	
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	\$0	
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG	T4	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	T4	
PREMARIN VAGINAL CREAM 0.625 MG/GM	T3	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	\$0	
RIVELSA ORAL TABLET 42-21-21-7 DAYS	\$0	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	\$0	
SRONYX ORAL TABLET 0.1-20 MG-MCG	\$0	
SYEDA ORAL TABLET 3-0.03 MG	\$0	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	\$0	
<i>Viorele Oral Tablet 0.15-0.02/0.01 MG (21/5)</i>	\$0	
WERA ORAL TABLET 0.5-35 MG-MCG	\$0	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	\$0	
YUVAFEM VAGINAL TABLET 10 MCG	T2	

Drug	Tier	Notes
GLYCOGENOLYTIC AGENTS		
<i>Glucagon Emergency Injection Kit 1 MG</i>	T3	
GONADOTROPINS		
<i>Chorionic Gonadotropin Intramuscular Solution Reconstituted 10000 UNIT</i>	T5	PA
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	T5	PA
<i>Leuprolide Acetate Injection Kit 1 MG/0.2ML</i>	T5	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	T5	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	T5	PA
SYNAREL NASAL SOLUTION 2 MG/ML	T5	PA
INCRETIN MIMETICS		
<i>Liraglutide Subcutaneous Solution Pen-Injector 18 MG/3ML</i>	T3	PA
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	T3	PA; QL (2 ML per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	T3	PA; QL (1 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T3	PA; QL (1 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	T3	PA; QL (1 ML per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	T3	PA
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	T3	QL (6 ML per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	T3	PA; QL (4 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML	T4	PA
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	T3	QL (5 ML per 30 days)
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	T4	PA
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	T4	PA
INTERMEDIATE-ACTING INSULINS		
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	T3	

Drug	Tier	Notes
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	T1	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	T3	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	T1	
LEPTINS		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	T5	PA; QL (30 EA per 30 days)
LONG-ACTING INSULINS		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	T3	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	T3	QL (6 ML per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T3	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	T3	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	T3	QL (5 ML per 30 days)
MEGLITINIDES		
<i>Nateglinide Oral Tablet 120 MG, 60 MG</i>	T2	
<i>Repaglinide Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	T2	
PARATHYROID AGENTS		
<i>Teriparatide Subcutaneous Solution Pen-Injector 560 MCG/2.24ML</i>	T5	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	T5	PA; QL (1 ML per 30 days)
PITUITARY		
CRENESSITY ORAL CAPSULE 100 MG, 50 MG	T5	PA
CRENESSITY ORAL SOLUTION 50 MG/ML	T5	PA
<i>Desmopressin Ace Spray Refrig Nasal Solution 0.01 %</i>	T3	
<i>Desmopressin Acetate Injection Solution 4 MCG/ML</i>	T2	
<i>Desmopressin Acetate Oral Tablet 0.1 MG, 0.2 MG</i>	\$0	
<i>Desmopressin Acetate PF Injection Solution 4 MCG/ML</i>	T2	
<i>Desmopressin Acetate Spray Nasal Solution 0.01 %</i>	T3	
NORDITROPIN FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	T5	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	T5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	T5	PA
PROGESTINS		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	\$0	

Drug	Tier	Notes
<i>Alyacen 1/35 Oral Tablet 1-35 MG-MCG</i>	\$0	
<i>Alyacen 7/7/7 Oral Tablet 0.5/0.75/1-35 MG-MCG</i>	\$0	
AMETHYST ORAL TABLET 90-20 MCG	\$0	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	\$0	QL (1 EA per 300 days)
APRI ORAL TABLET 0.15-30 MG-MCG	\$0	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	\$0	
AVIANE ORAL TABLET 0.1-20 MG-MCG	\$0	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	
CAMILA ORAL TABLET 0.35 MG	\$0	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	T3	
CRINONE VAGINAL GEL 4 %, 8 %	T3	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	\$0	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0	
DELYLA ORAL TABLET 0.1-20 MG-MCG	\$0	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	\$0	QL (4 ML per 300 days)
<i>Drospiren-Eth Estrad-Levomefol Oral Tablet 3-0.03-0.451 MG</i>	\$0	
<i>Drospirenone-Ethinyl Estradiol Oral Tablet 3-0.03 MG</i>	\$0	
ELINEST ORAL TABLET 0.3-30 MG-MCG	\$0	
ELLA ORAL TABLET 30 MG	\$0	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	\$0	
ERRIN ORAL TABLET 0.35 MG	\$0	
<i>Estradiol-Norethindrone Acet Oral Tablet 0.5-0.1 MG, 1-0.5 MG</i>	T2	
<i>Ethinodiol Diac-Eth Estradiol Oral Tablet 1-50 MG-MCG</i>	\$0	
<i>Etonogestrel-Ethinyl Estradiol Vaginal Ring 0.12-0.015 MG/24HR</i>	\$0	QL (13 EA per 300 days)
FALMINA ORAL TABLET 0.1-20 MG-MCG	\$0	
HEATHER ORAL TABLET 0.35 MG	\$0	
INTROVALE ORAL TABLET 0.15-0.03 MG	\$0	
JINTELI ORAL TABLET 1-5 MG-MCG	T2	
JOLESSA ORAL TABLET 0.15-0.03 MG	\$0	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	\$0	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	

Drug	Tier	Notes
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	\$0	
KURVELO ORAL TABLET 0.15-30 MG-MCG	\$0	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	\$0	QL (1 EA per 300 days)
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	
LESSINA ORAL TABLET 0.1-20 MG-MCG	\$0	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0	
<i>Levonorgest-Eth Estrad 91-Day Oral Tablet 0.1-0.02 & 0.01 MG, 0.15-0.03 MG</i>	\$0	
<i>Levonorgestrel Oral Tablet 1.5 MG</i>	\$0	
<i>Levonorgestrel-Ethinyl Estrad Oral Tablet 0.15-30 MG-MCG</i>	\$0	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	\$0	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	\$0	QL (1 EA per 300 days)
LORYNA ORAL TABLET 3-0.02 MG	\$0	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	\$0	
LUTERA ORAL TABLET 0.1-20 MG-MCG	\$0	
<i>Marlissa Oral Tablet 0.15-30 MG-MCG</i>	\$0	
<i>medroxyPROGESTERone Acetate Intramuscular Suspension 150 MG/ML</i>	\$0	QL (4 ML per 300 days)
<i>medroxyPROGESTERone Acetate Intramuscular Suspension Prefilled Syringe 150 MG/ML</i>	\$0	QL (4 ML per 300 days)
<i>medroxyPROGESTERone Acetate Oral Tablet 10 MG, 2.5 MG</i>	T1	
<i>MedroxyPROGESTERone Acetate Oral Tablet 5 MG</i>	T2	
<i>Megestrol Acetate Oral Suspension 40 MG/ML, 625 MG/5ML</i>	T2	
<i>Megestrol Acetate Oral Tablet 20 MG, 40 MG</i>	T2	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	
MIMVEY ORAL TABLET 1-0.5 MG	T2	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	\$0	QL (1 EA per 300 days)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	\$0	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	\$0	QL (1 EA per 300 days)
NIKKI ORAL TABLET 3-0.02 MG	\$0	
NORA-BE ORAL TABLET 0.35 MG	\$0	
<i>Norethindrone Acetate Oral Tablet 5 MG</i>	T2	
<i>Norethindrone Acet-Ethinyl Est Oral Tablet 1-20 MG-MCG</i>	\$0	

Drug	Tier	Notes
<i>Norethindrone Oral Tablet 0.35 MG</i>	\$0	
<i>Norethindrone-Eth Estradiol Oral Tablet 0.5-2.5 MG-MCG</i>	T2	
<i>Norethin-Eth Estradiol-Fe Oral Tablet Chewable 0.4-35 MG-MCG, 0.8-25 MG-MCG</i>	\$0	
<i>Norgestimate-Eth Estradiol Oral Tablet 0.25-35 MG-MCG</i>	\$0	
<i>Norgestim-Eth Estrad Triphasic Oral Tablet 0.18/0.215/0.25 MG-25 MCG, 0.18/0.215/0.25 MG-35 MCG</i>	\$0	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	\$0	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	\$0	
OCELLA ORAL TABLET 3-0.03 MG	\$0	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	\$0	
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	\$0	
<i>Progesterone Oral Capsule 100 MG, 200 MG</i>	T2	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	\$0	
RIVELSA ORAL TABLET 42-21-21-7 DAYS	\$0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	\$0	QL (1 EA per 300 days)
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	\$0	
SRONYX ORAL TABLET 0.1-20 MG-MCG	\$0	
SYEDA ORAL TABLET 3-0.03 MG	\$0	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	\$0	
<i>Viorele Oral Tablet 0.15-0.02/0.01 MG (21/5)</i>	\$0	
WERA ORAL TABLET 0.5-35 MG-MCG	\$0	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	\$0	
RAPID-ACTING INSULINS		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	T3	
FIASP INJECTION SOLUTION 100 UNIT/ML	T3	

Drug	Tier	Notes
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	T3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	T3	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	T3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	T3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	T3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	T3	
SHORT-ACTING INSULINS		
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	T3	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	T3	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	T3	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	T1	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	T3	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	T1	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB		
FARXIGA ORAL TABLET 10 MG, 5 MG	T3	QL (30 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	T3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	T3	QL (30 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	T3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T3	QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	T3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	T3	QL (60 EA per 30 days)
SOMATOSTATIN AGONISTS		
<i>Octreotide Acetate Injection Solution 100 MCG/ML, 50 MCG/ML, 500 MCG/ML</i>	T5	PA; QL (90 ML per 30 days)
<i>Octreotide Acetate Injection Solution 1000 MCG/ML</i>	T5	PA; QL (45 ML per 30 days)
<i>Octreotide Acetate Injection Solution 200 MCG/ML</i>	T5	PA; QL (225 ML per 30 days)
<i>Octreotide Acetate Subcutaneous Solution Prefilled Syringe 100 MCG/ML, 50 MCG/ML, 500 MCG/ML</i>	T5	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	T5	PA; QL (60 ML per 30 days)

Drug	Tier	Notes
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	T5	PA; QL (1 ML per 28 days)
SOMATOTROPIN AGONISTS		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	T5	PA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	T5	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	T5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	T5	PA
SOMATOTROPIN ANTAGONISTS		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	T5	PA; QL (30 EA per 30 days)
SULFONYLUREAS		
<i>Glimepiride Oral Tablet 1 MG, 2 MG, 4 MG</i>	T2	
<i>glipiZIDE ER Oral Tablet Extended Release 24 Hour 10 MG, 2.5 MG, 5 MG</i>	T1	
<i>glipiZIDE Oral Tablet 10 MG, 2.5 MG, 5 MG</i>	T1	
<i>glipiZIDE-metFORMIN HCl Oral Tablet 2.5-250 MG, 2.5-500 MG, 5-500 MG</i>	T1	
<i>glyBURIDE Micronized Oral Tablet 1.5 MG, 3 MG, 6 MG</i>	T1	
<i>glyBURIDE Oral Tablet 1.25 MG, 2.5 MG, 5 MG</i>	T1	
<i>GlyBURIDE-MetFORMIN Oral Tablet 1.25-250 MG, 2.5-500 MG, 5-500 MG</i>	T1	
<i>Pioglitazone HCl-Glimepiride Oral Tablet 30-2 MG, 30-4 MG</i>	T2	
THIAZOLIDINEDIONES		
<i>Pioglitazone HCl Oral Tablet 15 MG, 30 MG, 45 MG</i>	T1	
<i>Pioglitazone HCl-Glimepiride Oral Tablet 30-2 MG, 30-4 MG</i>	T2	
<i>Pioglitazone HCl-metFORMIN HCl Oral Tablet 15-500 MG, 15-850 MG</i>	T2	
THYROID AGENTS		
<i>Levothyroxine Sodium 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>	T2	
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	T2	
<i>Liothyronine Sodium Intravenous Solution 10 MCG/ML</i>	T2	
<i>Liothyronine Sodium Oral Tablet 25 MCG, 5 MCG, 50 MCG</i>	T2	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	T5	PA

Drug	Tier	Notes
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	T3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T2	
IMMUNOMODULATORY AGENTS (90:00)		
AMINO ACID POLYMERS		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T5	PA; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T5	PA; QL (12 ML per 28 days)
ANTIMETABOLITES		
<i>Cladribine Intravenous Solution 10 MG/10ML</i>	T2	
ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC		
AZASAN ORAL TABLET 100 MG, 75 MG	T4	
<i>azaTHIOprine Oral Tablet 100 MG, 50 MG, 75 MG</i>	T2	
<i>Mycophenolate Mofetil Oral Capsule 250 MG</i>	T3	
BONE-MODIFYING AGENTS		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	T5	PA; QL (60 ML per 168 days)
CALCINEURIN INHIBITORS, MISC (90:28)		
<i>cycloSPORINE Modified Oral Capsule 100 MG, 25 MG, 50 MG</i>	T2	
<i>CycloSPORINE Modified Oral Solution 100 MG/ML</i>	T2	
<i>cycloSPORINE Ophthalmic Emulsion 0.05 %</i>	T3	
<i>CycloSPORINE Oral Capsule 100 MG, 25 MG</i>	T4	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	
GENGRAF ORAL SOLUTION 100 MG/ML	T2	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	T4	
RESTASIS OPHTHALMIC EMULSION 0.05 %	T2	PA
<i>Tacrolimus External Ointment 0.03 %, 0.1 %</i>	T4	
<i>Tacrolimus Oral Capsule 0.5 MG</i>	T2	
<i>Tacrolimus Oral Capsule 1 MG, 5 MG</i>	T4	
COMPLEMENT INHIBITOR AGENTS (90:20)		
FABHALTA ORAL CAPSULE 200 MG	T5	PA
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
<i>Hydroxychloroquine Sulfate Oral Tablet 200 MG</i>	T2	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Med	
<i>Methotrexate Sodium (PF) Injection Solution 1 GM/40ML, 250 MG/10ML, 50 MG/2ML</i>	T2	
<i>Methotrexate Sodium Injection Solution 250 MG/10ML, 50 MG/2ML</i>	T2	

Drug	Tier	Notes
<i>Methotrexate Sodium Injection Solution Reconstituted 1 GM</i>	T2	
<i>Methotrexate Sodium Oral Tablet 2.5 MG</i>	T2	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Med	PA
RENFLXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	T3	
<i>sulfaSALazine Oral Tablet 500 MG</i>	T2	
<i>SulfaSALazine Oral Tablet Delayed Release 500 MG</i>	T2	
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	T5	PA; QL (2 ML per 28 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	T5	PA; QL (20 ML per 28 days)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA; QL (1 ML per 56 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA; QL (1 ML per 56 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	T5	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; QL (1 ML per 56 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	T5	PA; QL (2 ML per 28 days)
FUMARATES		
<i>Dimethyl Fumarate Oral Capsule Delayed Release 120 MG</i>	T5	PA; QL (14 EA per 28 days)
<i>Dimethyl Fumarate Oral Capsule Delayed Release 240 MG</i>	T5	PA; QL (60 EA per 30 days)
<i>Dimethyl Fumarate Starter Pack Oral Capsule Delayed Release Therapy Pack 120 & 240 MG</i>	T5	PA
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	T5	PA; QL (120 EA per 30 days)
IMMUNOMODULATORY AGENTS (90:00)		
<i>Cyclophosphamide Injection Solution Reconstituted 1 GM, 2 GM, 500 MG</i>	T5	
<i>Cyclophosphamide Oral Capsule 25 MG, 50 MG</i>	T2	
<i>Everolimus Oral Tablet 2.5 MG, 5 MG, 7.5 MG</i>	T5	PA; QL (30 EA per 30 days)
<i>Mercaptopurine Oral Tablet 50 MG</i>	T2	
INTERFERONS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	T5	PA; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	T5	PA; QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	T5	PA; QL (14 EA per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	T5	PA

Drug	Tier	Notes
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	T5	PA; QL (12 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	T5	PA; QL (1 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	T5	PA; QL (12 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	T5	PA; QL (1 ML per 28 days)
INTERLEUKIN INHIBITOR AGENTS, MISC		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T5	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	T5	PA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	T5	PA; QL (8 EA per 28 days)
INTERLEUKIN-MEDIATED AGENTS, MISC		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	T5	PA; QL (4 ML per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	T5	PA; QL (4 ML per 28 days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T5	PA; QL (1 ML per 28 days)
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	T5	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T5	PA; QL (1 ML per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T5	PA; QL (1 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	T5	PA; QL (1 ML per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T5	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	T5	PA; QL (2 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	T5	PA; QL (2 ML per 28 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	T5	PA; QL (4 ML per 365 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	T5	PA; QL (1 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T5	PA; QL (1 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T5	PA; QL (1 ML per 56 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	T5	PA; QL (2 ML per 28 days)

Drug	Tier	Notes
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	T5	PA; QL (0.25 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	T5	PA; QL (0.5 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	T5	PA; QL (2 ML per 28 days)
JANUS KINASE INHIBITORS, MISCELLANEOUS		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	T5	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	T5	PA; QL (30 EA per 30 days)
XELJANZ ORAL SOLUTION 1 MG/ML	T5	PA; QL (240 ML per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	T5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	T5	PA; QL (30 EA per 30 days)
MONOCARBOXYLIC ACID AMIDE AGENTS		
<i>Leflunomide Oral Tablet 10 MG, 20 MG</i>	T2	
MTOR INHIBITORS, MISCELLANEOUS		
<i>Sirolimus Oral Solution 1 MG/ML</i>	T4	
<i>Sirolimus Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	T4	
PHOSPHODIESTERASE-4 INHIBITORS, MISC		
OTEZLA ORAL TABLET 30 MG	T5	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	T5	PA; QL (55 EA per 28 days)
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
<i>Fingolimod HCl Oral Capsule 0.5 MG</i>	T5	PA; QL (30 EA per 30 days)
MAYZENT ORAL TABLET 0.25 MG	T5	PA; QL (112 EA per 28 days)
MAYZENT ORAL TABLET 1 MG	T5	PA
MAYZENT ORAL TABLET 2 MG	T5	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	T5	PA; QL (1 EA per 365 days)
TUMOR NECROSIS FACTOR INHIBITORS, MISC		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	T5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	T5	PA; QL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	T5	PA; QL (4 ML per 28 days)
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T5	PA; QL (1 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T5	PA; QL (4 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	T5	PA; QL (2 EA per 28 days)

Drug	Tier	Notes
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T5	PA; QL (4 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T5	PA; QL (1 EA per 28 days)
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	T5	PA; QL (1 EA per 28 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Med	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Med	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	T3	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	T5	PA; QL (200 ML per 56 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	T5	PA; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	T5	PA; QL (1 ML per 28 days)
LOCAL ANESTHETICS		
LOCAL ANESTHETICS		
<i>Lidocaine HCl (PF) Injection Solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %</i>	T2	
<i>Lidocaine HCl Injection Solution 0.5 %, 1 %, 2 %</i>	T2	
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>Dutasteride Oral Capsule 0.5 MG</i>	T2	
<i>Dutasteride-Tamsulosin HCl Oral Capsule 0.5-0.4 MG</i>	T2	
<i>Finasteride Oral Tablet 1 MG, 5 MG</i>	T2	
5-ALPHA-REDUCTASE INHIBITORS (92:04)		
<i>Disulfiram Oral Tablet 250 MG, 500 MG</i>	T2	
<i>Dutasteride Oral Capsule 0.5 MG</i>	T2	
<i>Dutasteride-Tamsulosin HCl Oral Capsule 0.5-0.4 MG</i>	T2	
<i>Finasteride Oral Tablet 1 MG, 5 MG</i>	T2	
<i>Naltrexone HCl Oral Tablet 50 MG</i>	\$0	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	T5	PA; QL (1 EA per 28 days)
ANTIDOTES (92:12)		
<i>Acetylcysteine Inhalation Solution 10 %, 20 %</i>	T3	
<i>Atropine Sulfate Injection Solution Prefilled Syringe 0.25 MG/5ML, 1 MG/10ML</i>	T2	
CHEMET ORAL CAPSULE 100 MG	T4	
FOSRENOL ORAL PACKET 1000 MG, 750 MG	T4	
<i>Glucagon Emergency Injection Kit 1 MG</i>	T3	
<i>Leucovorin Calcium Injection Solution Reconstituted 100 MG, 200 MG, 350 MG, 50 MG, 500 MG</i>	T2	

Drug	Tier	Notes
<i>Leucovorin Calcium Oral Tablet 10 MG, 15 MG, 25 MG, 5 MG</i>	T2	
<i>Magnesium Sulfate in D5W Intravenous Solution 1-5 GM/100ML-%</i>	T2	
<i>Magnesium Sulfate Injection Solution 50 %</i>	T2	
<i>Magnesium Sulfate Intravenous Solution 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML</i>	T2	
<i>Naloxone HCl Injection Solution 0.4 MG/ML, 4 MG/10ML</i>	T2	
<i>Naloxone HCl Injection Solution Cartridge 0.4 MG/ML</i>	T2	
<i>Naloxone HCl Injection Solution Prefilled Syringe 2 MG/2ML</i>	T2	
<i>Naltrexone HCl Oral Tablet 50 MG</i>	\$0	
<i>Phytonadione Oral Tablet 5 MG</i>	T4	
<i>Sevelamer Carbonate Oral Packet 0.8 GM, 2.4 GM</i>	T3	
<i>Sevelamer Carbonate Oral Tablet 800 MG</i>	T4	
VISTOGARD ORAL PACKET 10 GM	T3	QL (20 EA per 5 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	T5	PA; QL (1 EA per 28 days)
ANTIGOUT AGENTS		
<i>Allopurinol Oral Tablet 100 MG, 300 MG</i>	T1	
<i>Allopurinol Sodium Intravenous Solution Reconstituted 500 MG</i>	T2	
<i>Colchicine Oral Tablet 0.6 MG</i>	T3	QL (120 EA per 25 days)
<i>Colchicine-Probenecid Oral Tablet 0.5-500 MG</i>	T2	
<i>Febuxostat Oral Tablet 40 MG, 80 MG</i>	T4	PA
<i>Indomethacin Oral Capsule 25 MG, 50 MG</i>	T2	
<i>Naproxen Oral Tablet 250 MG, 375 MG, 500 MG</i>	T1	
<i>Probenecid Oral Tablet 500 MG</i>	T2	
ANTISENSE OLIGONUCLEOTIDES		
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	T5	PA
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML	T5	PA
BONE ANABOLIC AGENTS		
<i>Teriparatide Subcutaneous Solution Pen-Injector 560 MCG/2.24ML</i>	T5	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	T5	PA; QL (1 ML per 30 days)
BONE RESORPTION INHIBITORS		
<i>Alendronate Sodium Oral Solution 70 MG/75ML</i>	T2	
<i>Alendronate Sodium Oral Tablet 10 MG, 35 MG, 70 MG</i>	T1	
<i>Calcitonin (Salmon) Nasal Solution 200 UNIT/ACT</i>	T3	

Drug	Tier	Notes
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	T4	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	T4	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	T4	
<i>Estradiol Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	T1	
<i>Estradiol Transdermal Patch Twice Weekly 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</i>	T2	
<i>Estradiol Transdermal Patch Weekly 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</i>	T2	
<i>Estradiol Vaginal Cream 0.1 MG/GM</i>	T2	
<i>Estradiol Valerate Intramuscular Oil 20 MG/ML, 40 MG/ML</i>	T2	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	T4	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	T4	
<i>Ibandronate Sodium Intravenous Solution 3 MG/3ML</i>	T2	
<i>Ibandronate Sodium Oral Tablet 150 MG</i>	T2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	T4	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	T4	
<i>Pamidronate Disodium Intravenous Solution 30 MG/10ML, 90 MG/10ML</i>	T2	
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG	T4	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	T4	
PREMARIN VAGINAL CREAM 0.625 MG/GM	T3	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	T5	PA; QL (60 ML per 168 days)
<i>Raloxifene HCl Oral Tablet 60 MG</i>	T2	
<i>Risedronate Sodium Oral Tablet 150 MG, 30 MG, 35 MG, 5 MG</i>	T3	
<i>Risedronate Sodium Oral Tablet Delayed Release 35 MG</i>	T3	
YUVAFEM VAGINAL TABLET 10 MCG	T2	
<i>Zoledronic Acid Intravenous Concentrate 4 MG/5ML</i>	T5	PA
<i>Zoledronic Acid Intravenous Solution 5 MG/100ML</i>	T5	PA
BRADYKININ RECEPTOR ANTAGONISTS		
<i>Icatibant Acetate Subcutaneous Solution Prefilled Syringe 30 MG/3ML</i>	T5	PA; QL (45 ML per 90 days)
CARIOSTATIC AGENTS		
<i>Multi-Vit/Iron/Fluoride Oral Solution 0.25-10 MG/ML</i>	T2	

Drug	Tier	Notes
<i>Multi-Vitamin/Fluoride Oral Solution 0.5 MG/ML</i>	T2	
<i>Multivitamin/Fluoride Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG</i>	T2	
<i>Multi-Vitamin/Fluoride/Iron Oral Solution 0.25-10 MG/ML</i>	T2	
<i>Sodium Fluoride Oral Solution 1.1 (0.5 F) MG/ML</i>	\$0	
<i>Sodium Fluoride Oral Tablet 1.1 (0.5 F) MG</i>	\$0	
<i>Sodium Fluoride Oral Tablet 2.2 (1 F) MG</i>	T2	
<i>Sodium Fluoride Oral Tablet Chewable 0.55 (0.25 F) MG, 1.1 (0.5 F) MG</i>	\$0	
<i>Sodium Fluoride Oral Tablet Chewable 2.2 (1 F) MG</i>	T2	
<i>Vitamins ACD-Fluoride Oral Solution 0.25 MG/ML</i>	T2	
COMPLEMENT INHIBITORS		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	T5	PA
FABHALTA ORAL CAPSULE 200 MG	T5	PA
COMPLEMENT INHIBITORS (92:32)		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	T5	PA
<i>Icatibant Acetate Subcutaneous Solution Prefilled Syringe 30 MG/3ML</i>	T5	PA; QL (45 ML per 90 days)
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	T5	PA; QL (4 ML per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	T5	PA; QL (4 ML per 28 days)
AZASAN ORAL TABLET 100 MG, 75 MG	T4	
<i>azaTHIOprine Oral Tablet 100 MG, 50 MG, 75 MG</i>	T2	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T5	PA; QL (1 ML per 28 days)
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	T5	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T5	PA; QL (1 ML per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T5	PA; QL (1 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	T5	PA; QL (1 ML per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T5	PA
<i>cycloSPORINE Modified Oral Capsule 100 MG, 25 MG, 50 MG</i>	T2	
<i>CycloSPORINE Modified Oral Solution 100 MG/ML</i>	T2	
<i>CycloSPORINE Oral Capsule 100 MG, 25 MG</i>	T4	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	T5	PA; QL (4 ML per 28 days)

Drug	Tier	Notes
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	T5	PA; QL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	T5	PA; QL (4 ML per 28 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	
GENGRAF ORAL SOLUTION 100 MG/ML	T2	
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T5	PA; QL (1 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T5	PA; QL (4 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	T5	PA; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T5	PA; QL (4 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T5	PA; QL (1 EA per 28 days)
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	T5	PA; QL (1 EA per 28 days)
<i>Hydroxychloroquine Sulfate Oral Tablet 200 MG</i>	T2	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Med	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	T5	PA; QL (2 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	T5	PA; QL (2 ML per 28 days)
<i>Leflunomide Oral Tablet 10 MG, 20 MG</i>	T2	
<i>Methotrexate Sodium (PF) Injection Solution 1 GM/40ML, 250 MG/10ML, 50 MG/2ML</i>	T2	
<i>Methotrexate Sodium Injection Solution 250 MG/10ML, 50 MG/2ML</i>	T2	
<i>Methotrexate Sodium Injection Solution Reconstituted 1 GM</i>	T2	
<i>Methotrexate Sodium Oral Tablet 2.5 MG</i>	T2	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	T5	PA
OTEZLA ORAL TABLET 30 MG	T5	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	T5	PA; QL (55 EA per 28 days)
<i>penicillAMINE Oral Tablet 250 MG</i>	T4	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Med	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	T3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	T5	PA; QL (30 EA per 30 days)

Drug	Tier	Notes
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	T5	PA; QL (200 ML per 56 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	T5	PA; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	T5	PA; QL (1 ML per 28 days)
<i>sulfaSALazine Oral Tablet 500 MG</i>	T2	
<i>SulfaSALazine Oral Tablet Delayed Release 500 MG</i>	T2	
XELJANZ ORAL SOLUTION 1 MG/ML	T5	PA; QL (240 ML per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	T5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	T5	PA; QL (30 EA per 30 days)
IMMUNOMODULATORY AGENTS		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	T5	PA; QL (4 ML per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	T5	PA; QL (4 ML per 28 days)
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	T5	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	T5	PA; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	T5	PA; QL (4 EA per 28 days)
AZASAN ORAL TABLET 100 MG, 75 MG	T4	
<i>azaTHIOprine Oral Tablet 100 MG, 50 MG, 75 MG</i>	T2	
BETASERON SUBCUTANEOUS KIT 0.3 MG	T5	PA; QL (14 EA per 28 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T5	PA; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T5	PA; QL (12 ML per 28 days)
<i>cycloSPORINE Modified Oral Capsule 100 MG, 25 MG, 50 MG</i>	T2	
<i>CycloSPORINE Modified Oral Solution 100 MG/ML</i>	T2	
<i>CycloSPORINE Oral Capsule 100 MG, 25 MG</i>	T4	
<i>Dimethyl Fumarate Oral Capsule Delayed Release 120 MG</i>	T5	PA; QL (14 EA per 28 days)
<i>Dimethyl Fumarate Oral Capsule Delayed Release 240 MG</i>	T5	PA; QL (60 EA per 30 days)
<i>Dimethyl Fumarate Starter Pack Oral Capsule Delayed Release Therapy Pack 120 & 240 MG</i>	T5	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	T5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	T5	PA; QL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	T5	PA; QL (4 ML per 28 days)

Drug	Tier	Notes
<i>Fingolimod HCl Oral Capsule 0.5 MG</i>	T5	PA; QL (30 EA per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	
GENGRAF ORAL SOLUTION 100 MG/ML	T2	
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T5	PA; QL (1 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T5	PA; QL (4 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	T5	PA; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T5	PA; QL (4 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T5	PA; QL (1 EA per 28 days)
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	T5	PA; QL (1 EA per 28 days)
<i>Hydroxychloroquine Sulfate Oral Tablet 200 MG</i>	T2	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Med	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	T5	PA
<i>Leflunomide Oral Tablet 10 MG, 20 MG</i>	T2	
MAYZENT ORAL TABLET 0.25 MG	T5	PA; QL (112 EA per 28 days)
MAYZENT ORAL TABLET 1 MG	T5	PA
MAYZENT ORAL TABLET 2 MG	T5	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	T5	PA; QL (1 EA per 365 days)
<i>Methotrexate Sodium (PF) Injection Solution 1 GM/40ML, 250 MG/10ML, 50 MG/2ML</i>	T2	
<i>Methotrexate Sodium Injection Solution 250 MG/10ML, 50 MG/2ML</i>	T2	
<i>Methotrexate Sodium Injection Solution Reconstituted 1 GM</i>	T2	
<i>Methotrexate Sodium Oral Tablet 2.5 MG</i>	T2	
OTEZLA ORAL TABLET 30 MG	T5	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	T5	PA; QL (55 EA per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	T5	PA
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	T5	PA; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	T5	PA; QL (1 ML per 28 days)

Drug	Tier	Notes
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	T5	PA; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	T5	PA; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	T5	PA; QL (1 ML per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	T5	PA; QL (21 EA per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	T5	PA; QL (12 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	T5	PA; QL (1 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	T5	PA; QL (12 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	T5	PA; QL (1 ML per 28 days)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Med	PA
RENFLIXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	T3	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	T5	PA; QL (28 EA per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG	T5	PA; QL (21 EA per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	T5	PA; QL (200 ML per 56 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	T5	PA; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	T5	PA; QL (1 ML per 28 days)
<i>sulfaSALazine Oral Tablet 500 MG</i>	T2	
<i>SulfaSALazine Oral Tablet Delayed Release 500 MG</i>	T2	
THALOMID ORAL CAPSULE 100 MG, 50 MG	T5	PA; QL (28 EA per 28 days)
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	T5	PA; QL (1 ML per 28 days)
VELSIPITY ORAL TABLET 2 MG	T5	PA
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	T5	PA; QL (120 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	T5	PA; QL (1 EA per 365 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	T5	PA; QL (30 EA per 30 days)
IMMUNOSUPPRESSIVE AGENTS		
AZASAN ORAL TABLET 100 MG, 75 MG	T4	
<i>azaTHIOprine Oral Tablet 100 MG, 50 MG, 75 MG</i>	T2	
<i>Cyclophosphamide Injection Solution Reconstituted 1 GM, 2 GM, 500 MG</i>	T5	

Drug	Tier	Notes
<i>Cyclophosphamide Oral Capsule 25 MG, 50 MG</i>	T2	
<i>cycloSPORINE Modified Oral Capsule 100 MG, 25 MG, 50 MG</i>	T2	
<i>CycloSPORINE Modified Oral Solution 100 MG/ML</i>	T2	
<i>CycloSPORINE Oral Capsule 100 MG, 25 MG</i>	T4	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	
GENGRAF ORAL SOLUTION 100 MG/ML	T2	
<i>Leflunomide Oral Tablet 10 MG, 20 MG</i>	T2	
<i>Mercaptopurine Oral Tablet 50 MG</i>	T2	
<i>Methotrexate Sodium (PF) Injection Solution 1 GM/40ML, 250 MG/10ML, 50 MG/2ML</i>	T2	
<i>Methotrexate Sodium Injection Solution 250 MG/10ML, 50 MG/2ML</i>	T2	
<i>Methotrexate Sodium Injection Solution Reconstituted 1 GM</i>	T2	
<i>Methotrexate Sodium Oral Tablet 2.5 MG</i>	T2	
<i>Mycophenolate Mofetil HCl Intravenous Solution Reconstituted 500 MG</i>	T2	
<i>Mycophenolate Mofetil Oral Capsule 250 MG</i>	T3	
<i>Mycophenolate Mofetil Oral Suspension Reconstituted 200 MG/ML</i>	T4	
<i>Mycophenolate Mofetil Oral Tablet 500 MG</i>	T3	
<i>Mycophenolate Sodium Oral Tablet Delayed Release 180 MG, 360 MG</i>	T4	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	T4	
<i>Sirolimus Oral Solution 1 MG/ML</i>	T4	
<i>Sirolimus Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	T4	
<i>Tacrolimus External Ointment 0.03 %, 0.1 %</i>	T4	
<i>Tacrolimus Oral Capsule 0.5 MG</i>	T2	
<i>Tacrolimus Oral Capsule 1 MG, 5 MG</i>	T4	
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
AQNEURSA ORAL PACKET 1 GM	T5	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	T5	PA; QL (8 EA per 28 days)
<i>Betaine Oral Powder</i>	T5	PA
CERDELGA ORAL CAPSULE 84 MG	T5	PA; QL (56 EA per 28 days)
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG	T3	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	T5	PA
<i>Dalfampridine ER Oral Tablet Extended Release 12 Hour 10 MG</i>	T5	PA; QL (60 EA per 30 days)

Drug	Tier	Notes
ELMIRON ORAL CAPSULE 100 MG	T4	
EVOTAZ ORAL TABLET 300-150 MG	T3	QL (30 EA per 30 days)
<i>Nitisinone Oral Capsule 10 MG, 2 MG, 5 MG</i>	T5	PA
ORFADIN ORAL CAPSULE 20 MG	T5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	T5	PA
PREZCOBIX ORAL TABLET 800-150 MG	T3	QL (30 EA per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	T5	PA
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML	T5	PA
<i>Sapropterin Dihydrochloride Oral Packet 100 MG, 500 MG</i>	T5	PA
<i>Sapropterin Dihydrochloride Oral Tablet 100 MG</i>	T5	PA
STRIBILD ORAL TABLET 150-150-200-300 MG	T3	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	T3	QL (30 EA per 30 days)
TYBOST ORAL TABLET 150 MG	T3	QL (30 EA per 30 days)
PROTECTIVE AGENTS		
<i>Adapalene External Cream 0.1 %</i>	T3	PA
<i>Adapalene External Gel 0.1 %, 0.3 %</i>	T3	PA
<i>Adapalene-Benzoyl Peroxide External Gel 0.1-2.5 %</i>	T2	
<i>Dalfampridine ER Oral Tablet Extended Release 12 Hour 10 MG</i>	T5	PA; QL (60 EA per 30 days)
<i>Dexrazoxane HCl Intravenous Solution Reconstituted 250 MG, 500 MG</i>	T2	
<i>Mesna Intravenous Solution 100 MG/ML</i>	T2	
MESNEX ORAL TABLET 400 MG	T5	
NONHORMONAL CONTRACEPTIVES		
NONHORMONAL CONTRACEPTIVES		
CAYA VAGINAL DIAPHRAGM	\$0	QL (1 EA per 300 days)
ENCARE VAGINAL SUPPOSITORY 100 MG	\$0	
FC2 FEMALE CONDOM	\$0	QL (12 EA per 30 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	\$0	QL (1 EA per 300 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	\$0	QL (1 EA per 300 days)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	\$0	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	T1	QL (1 EA per 300 days)
TODAY SPONGE VAGINAL 1000 MG	\$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	\$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	\$0	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	\$0	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	\$0	QL (1 EA per 300 days)

Drug	Tier	Notes
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	\$0	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	\$0	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	\$0	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	\$0	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	\$0	QL (1 EA per 300 days)
RESPIRATORY TRACT AGENTS		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR)		
<i>EPINEPHrine Injection Solution Auto-Injector 0.15 MG/0.15ML, 0.15 MG/0.3ML, 0.3 MG/0.3ML</i>	T2	QL (4 EA per 25 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	T3	QL (4 EA per 25 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	T3	QL (4 EA per 25 days)
ANTICHOLINERGIC AGENTS (RESPIR.TRACT)		
<i>Atropine Sulfate Injection Solution Prefilled Syringe 0.25 MG/5ML, 1 MG/10ML</i>	T2	
<i>Atropine Sulfate Ophthalmic Solution 1 %</i>	T2	
<i>Hyoscyamine Sulfate ER Oral Tablet Extended Release 12 Hour 0.375 MG</i>	T2	
<i>Hyoscyamine Sulfate Oral Tablet 0.125 MG</i>	T2	
<i>Hyoscyamine Sulfate Oral Tablet Dispersible 0.125 MG</i>	T2	
<i>Hyoscyamine Sulfate Sublingual Tablet Sublingual 0.125 MG</i>	T2	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T3	QL (1 EA per 25 days)
<i>Ipratropium Bromide Inhalation Solution 0.02 %</i>	T2	QL (313 ML per 25 days)
<i>Ipratropium Bromide Nasal Solution 0.03 %, 0.06 %</i>	T2	
<i>Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML</i>	T2	QL (540 ML per 25 days)
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	T2	
<i>Oscimin Oral Tablet 0.125 MG</i>	T2	
<i>Oscimin Sublingual Tablet Sublingual 0.125 MG</i>	T2	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	T3	QL (1 EA per 25 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T3	QL (1 GM per 25 days)
ANTIFIBROTIC AGENTS		
ESBRIET ORAL CAPSULE 267 MG	T5	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	T5	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	T5	PA; QL (90 EA per 30 days)

Drug	Tier	Notes
<i>Pirfenidone Oral Tablet 267 MG</i>	T5	PA; QL (270 EA per 30 days)
<i>Pirfenidone Oral Tablet 801 MG</i>	T5	PA; QL (90 EA per 30 days)
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	T5	PA; QL (3 EA per 28 days)
ANTITUSSIVES		
<i>Benzonatate Oral Capsule 100 MG, 200 MG</i>	T2	
<i>Codeine Sulfate Oral Tablet 30 MG, 60 MG</i>	T3	QL (42 EA per 25 days)
<i>diphenhydrAMINE HCl Injection Solution 50 MG/ML</i>	T2	
<i>diphenhydrAMINE HCl Oral Elixir 12.5 MG/5ML</i>	T2	
<i>HYDROcodone Bit-Homatrop MBr Oral Solution 5-1.5 MG/5ML</i>	T2	
<i>HYDROcodone Bit-Homatrop MBr Oral Tablet 5-1.5 MG</i>	T2	
<i>Hydromet Oral Solution 5-1.5 MG/5ML</i>	T2	
<i>Promethazine-Codeine Oral Syrup 6.25-10 MG/5ML</i>	T2	
<i>Promethazine-DM Oral Syrup 6.25-15 MG/5ML</i>	T2	
<i>Pseudoeph-Bromphen-DM Oral Syrup 30-2-10 MG/5ML</i>	T2	
CORTICOSTEROIDS (RESPIRATORY TRACT)		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	T3	QL (1 GM per 25 days)
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	T4	PA; QL (2 GM per 25 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	T4	PA; QL (1 GM per 25 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	T3	QL (1 EA per 25 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	T3	QL (30 EA per 25 days)
<i>Budesonide Inhalation Suspension 0.25 MG/2ML</i>	T2	QL (180 ML per 25 days)
<i>Budesonide Inhalation Suspension 0.5 MG/2ML</i>	T2	QL (120 ML per 25 days)
<i>Budesonide Inhalation Suspension 1 MG/2ML</i>	T2	QL (60 ML per 25 days)
<i>Flunisolide Nasal Solution 25 MCG/ACT (0.025%)</i>	T2	QL (75 ML per 25 days)
<i>Fluticasone Propionate Nasal Suspension 50 MCG/ACT</i>	T1	QL (16 GM per 25 days)
<i>Fluticasone-Salmeterol Inhalation Aerosol Powder Breath Activated 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT, 55-14 MCG/ACT</i>	T2	
<i>Mometasone Furoate External Cream 0.1 %</i>	T2	QL (240 GM per 25 days)
<i>Mometasone Furoate External Ointment 0.1 %</i>	T2	QL (240 GM per 25 days)

Drug	Tier	Notes
<i>Mometasone Furoate External Solution 0.1 %</i>	T2	QL (240 ML per 25 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	T3	QL (2 GM per 25 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	QL (1 EA per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	QL (1 EA per 25 days)
<i>Triamcinolone Acetonide Nasal Aerosol 55 MCG/ACT</i>	T1	QL (1 ML per 25 days)
CYSTIC FIBROSIS (CFTR) CORRECTORS		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	T5	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	T5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	T5	PA; QL (112 EA per 28 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	T5	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	T5	PA; QL (84 EA per 28 days)
CYSTIC FIBROSIS (CFTR) POTENTIATORS		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	T5	PA
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	T5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	T5	PA; QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	T5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	T5	PA; QL (112 EA per 28 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	T5	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	T5	PA; QL (84 EA per 28 days)
ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>Ambrisentan Oral Tablet 10 MG, 5 MG</i>	T5	PA; QL (30 EA per 30 days)
<i>Bosentan Oral Tablet 125 MG, 62.5 MG</i>	T5	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	T5	PA; QL (30 EA per 30 days)
FIRST GENERATION ANTIHIST.(RESPIR TRACT)		
<i>Carbinoxamine Maleate Oral Solution 4 MG/5ML</i>	T2	
<i>Carbinoxamine Maleate Oral Tablet 4 MG</i>	T2	
<i>Clemastine Fumarate Oral Tablet 2.68 MG</i>	T2	
<i>Cyproheptadine HCl Oral Syrup 2 MG/5ML</i>	T2	
<i>Cyproheptadine HCl Oral Tablet 4 MG</i>	T2	
<i>diphenhydrAMINE HCl Injection Solution 50 MG/ML</i>	T2	
<i>diphenhydrAMINE HCl Oral Elixir 12.5 MG/5ML</i>	T2	
<i>Promethazine HCl Injection Solution 25 MG/ML, 50 MG/ML</i>	T2	

Drug	Tier	Notes
<i>Promethazine HCl Oral Syrup 6.25 MG/5ML</i>	T2	
<i>Promethazine HCl Oral Tablet 12.5 MG, 25 MG, 50 MG</i>	T2	
<i>Sleep-Aid Oral Tablet 25 MG</i>	T2	
INTERLEUKIN ANTAGONISTS		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	T5	PA; QL (8 EA per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T5	PA; QL (3.42 ML per 30 days)
LEUKOTRIENE MODIFIERS		
<i>Montelukast Sodium Oral Packet 4 MG</i>	T2	
<i>Montelukast Sodium Oral Tablet 10 MG</i>	T2	
<i>Montelukast Sodium Oral Tablet Chewable 4 MG, 5 MG</i>	T2	
<i>Zafirlukast Oral Tablet 10 MG, 20 MG</i>	T2	
<i>Zileuton ER Oral Tablet Extended Release 12 Hour 600 MG</i>	T4	
MAST-CELL STABILIZERS		
ALOCRILOPHthalmic SOLUTION 2 %	T4	
<i>Cromolyn Sodium Inhalation Nebulization Solution 20 MG/2ML</i>	T2	QL (240 ML per 25 days)
<i>Cromolyn Sodium Ophthalmic Solution 4 %</i>	T2	
<i>Cromolyn Sodium Oral Concentrate 100 MG/5ML</i>	T2	PA
MUCOLYTIC AGENTS		
<i>Acetylcysteine Inhalation Solution 10 %, 20 %</i>	T3	
<i>Sodium Chloride Inhalation Nebulization Solution 0.9 %, 10 %, 3 %, 7 %</i>	T2	
NASAL PREPARATIONS (STERIODS)		
<i>Flunisolide Nasal Solution 25 MCG/ACT (0.025%)</i>	T2	QL (75 ML per 25 days)
<i>Fluticasone Propionate Nasal Suspension 50 MCG/ACT</i>	T1	QL (16 GM per 25 days)
<i>Triamcinolone Acetonide Nasal Aerosol 55 MCG/ACT</i>	T1	QL (1 ML per 25 days)
ORALLY INHALED PREPARATIONS (STERIODS)		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	T3	QL (1 EA per 25 days)
<i>Budesonide Inhalation Suspension 0.25 MG/2ML</i>	T2	QL (180 ML per 25 days)
<i>Budesonide Inhalation Suspension 0.5 MG/2ML</i>	T2	QL (120 ML per 25 days)
<i>Budesonide Inhalation Suspension 1 MG/2ML</i>	T2	QL (60 ML per 25 days)
<i>Fluticasone Propionate HFA Inhalation Aerosol 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT</i>	T2	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	T3	QL (2 GM per 25 days)
PHOSPHODIESTERASE TYPE 4 INHIBITORS		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	T4	PA

Drug	Tier	Notes
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR)		
<i>Sildenafil Citrate Intravenous Solution 10 MG/12.5ML</i>	T5	PA
<i>Sildenafil Citrate Oral Tablet 20 MG</i>	T5	PA; QL (90 EA per 30 days)
<i>Tadalafil (PAH) Oral Tablet 20 MG</i>	T5	PA; QL (60 EA per 30 days)
<i>Tadalafil Oral Tablet 2.5 MG, 5 MG</i>	T2	PA; QL (30 EA per 30 days)
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES		
<i>Epoprostenol Sodium Intravenous Solution Reconstituted 0.5 MG, 1.5 MG</i>	T5	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	T5	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	T5	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML	T5	PA; QL (28 ML per 28 days)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML	T5	PA; QL (28 ML per 28 days)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML	T5	PA; QL (28 ML per 28 days)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	T5	PA; QL (270 ML per 30 days)
RESPIRATORY TRACT AGENTS, MISCELLANEOUS		
ESBRIET ORAL CAPSULE 267 MG	T5	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	T5	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	T5	PA; QL (90 EA per 30 days)
<i>Pirfenidone Oral Tablet 267 MG</i>	T5	PA; QL (270 EA per 30 days)
<i>Pirfenidone Oral Tablet 801 MG</i>	T5	PA; QL (90 EA per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	T5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T5	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	T5	PA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	T5	PA; QL (8 EA per 28 days)
SECOND GENERATION ANTIHIST(RESPIR TRACT)		
<i>Azelastine HCl Nasal Solution 0.1 %</i>	T2	QL (60 ML per 25 days)
<i>Azelastine HCl Ophthalmic Solution 0.05 %</i>	T2	
<i>Desloratadine Oral Tablet 5 MG</i>	T2	
<i>Desloratadine Oral Tablet Dispersible 2.5 MG, 5 MG</i>	T2	
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR)		
<i>Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT</i>	T2	QL (2 GM per 25 days)
<i>Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%, 0.63 MG/3ML, 1.25 MG/3ML</i>	T2	QL (375 ML per 25 days)
<i>Albuterol Sulfate Inhalation Nebulization Solution 2.5 MG/0.5ML</i>	T2	QL (60 EA per 30 days)

Drug	Tier	Notes
<i>Albuterol Sulfate Oral Syrup 2 MG/5ML</i>	T2	
<i>Albuterol Sulfate Oral Tablet 2 MG, 4 MG</i>	T2	
<i>Levalbuterol HCl Inhalation Nebulization Solution 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML</i>	T2	QL (300 ML per 30 days)
<i>Levalbuterol HCl Inhalation Nebulization Solution 1.25 MG/0.5ML</i>	T2	QL (45 EA per 30 days)
<i>Levalbuterol Tartrate Inhalation Aerosol 45 MCG/ACT</i>	T2	QL (30 GM per 30 days)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	T3	QL (60 ML per 25 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T3	QL (1 GM per 25 days)
<i>Terbutaline Sulfate Injection Solution 1 MG/ML</i>	T2	
<i>Terbutaline Sulfate Oral Tablet 2.5 MG, 5 MG</i>	T2	
VASODILATING AGENTS (RESPIRATORY TRACT)		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	T5	PA; QL (90 EA per 30 days)
<i>Ambrisentan Oral Tablet 10 MG, 5 MG</i>	T5	PA; QL (30 EA per 30 days)
<i>Bosentan Oral Tablet 125 MG, 62.5 MG</i>	T5	PA; QL (60 EA per 30 days)
<i>Epoprostenol Sodium Intravenous Solution Reconstituted 0.5 MG, 1.5 MG</i>	T5	PA
OPSUMIT ORAL TABLET 10 MG	T5	PA; QL (30 EA per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	T5	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	T5	PA
<i>Sildenafil Citrate Intravenous Solution 10 MG/12.5ML</i>	T5	PA
<i>Sildenafil Citrate Oral Tablet 20 MG</i>	T5	PA; QL (90 EA per 30 days)
<i>Tadalafil (PAH) Oral Tablet 20 MG</i>	T5	PA; QL (60 EA per 30 days)
TYVASO INHALATION SOLUTION 0.6 MG/ML	T5	PA; QL (28 ML per 28 days)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML	T5	PA; QL (28 ML per 28 days)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML	T5	PA; QL (28 ML per 28 days)
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG	T5	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	T5	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 200 MCG	T5	PA; QL (140 EA per 28 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	T5	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	T5	PA; QL (270 ML per 30 days)
VASODILATING AGENTS, MISC		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	T5	PA; QL (90 EA per 30 days)

Drug	Tier	Notes
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG	T5	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	T5	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 200 MCG	T5	PA; QL (140 EA per 28 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	T5	PA
XANTHINE DERIVATIVES		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	T4	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	T4	
<i>Theophylline ER Oral Tablet Extended Release 12 Hour 450 MG</i>	T2	
<i>Theophylline ER Oral Tablet Extended Release 24 Hour 400 MG, 600 MG</i>	T2	
<i>Theophylline Oral Elixir 80 MG/15ML</i>	T2	
<i>Theophylline Oral Solution 80 MG/15ML</i>	T2	
SKIN AND MUCOUS MEMBRANE AGENTS		
ADRENERGIC AGONISTS		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	T4	
<i>Brimonidine Tartrate Ophthalmic Solution 0.15 %</i>	T3	
<i>Brimonidine Tartrate Ophthalmic Solution 0.2 %</i>	T1	
MIRVASO EXTERNAL GEL 0.33 %	T4	
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)		
<i>Naftifine HCl External Cream 1 %, 2 %</i>	T2	QL (60 GM per 25 days)
ANTIBACTERIALS (84:04)		
<i>Avidoxy Oral Tablet 100 MG</i>	T2	
<i>Azelaic Acid External Gel 15 %</i>	T2	PA
<i>Bacitracin Ophthalmic Ointment 500 UNIT/GM</i>	T2	
<i>Bacitracin-Polymyxin B Ophthalmic Ointment 500-10000 UNIT/GM</i>	T2	
<i>Bacitra-Neomycin-Polymyxin-HC Ophthalmic Ointment 1 %</i>	T2	
<i>Benzoyl Peroxide-Erythromycin External Gel 5-3 %</i>	T2	QL (47 GM per 30 days)
CLEOCIN VAGINAL SUPPOSITORY 100 MG	T3	
<i>Clindamycin HCl Oral Capsule 150 MG, 300 MG, 75 MG</i>	T2	
<i>Clindamycin Palmitate HCl Oral Solution Reconstituted 75 MG/5ML</i>	T2	
<i>Clindamycin Phos (Once-Daily) External Gel 1 %</i>	T2	QL (75 ML per 25 days)
<i>Clindamycin Phos (Twice-Daily) External Gel 1 %</i>	T2	QL (75 GM per 25 days)
<i>Clindamycin Phosphate External Foam 1 %</i>	T2	
<i>Clindamycin Phosphate External Lotion 1 %</i>	T2	QL (60 ML per 25 days)
<i>Clindamycin Phosphate External Solution 1 %</i>	T2	QL (60 ML per 25 days)
<i>Clindamycin Phosphate External Swab 1 %</i>	T2	

Drug	Tier	Notes
<i>Clindamycin Phosphate Injection Solution 300 MG/2ML, 600 MG/4ML, 900 MG/6ML</i>	T2	
<i>Clindamycin Phosphate Vaginal Cream 2 %</i>	T2	
<i>Dapsone Oral Tablet 100 MG, 25 MG</i>	T2	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	T2	
<i>Doxycycline Hyclate Intravenous Solution Reconstituted 100 MG</i>	T2	
<i>Doxycycline Hyclate Oral Capsule 100 MG, 50 MG</i>	T1	
<i>Doxycycline Hyclate Oral Tablet 100 MG, 20 MG</i>	T2	
<i>Doxycycline Hyclate Oral Tablet Delayed Release 100 MG, 150 MG, 75 MG</i>	T2	
<i>Doxycycline Monohydrate Oral Capsule 100 MG, 50 MG</i>	T1	
<i>Doxycycline Monohydrate Oral Capsule 150 MG, 75 MG</i>	T2	
<i>Doxycycline Monohydrate Oral Suspension Reconstituted 25 MG/5ML</i>	T2	
<i>Doxycycline Monohydrate Oral Tablet 150 MG, 50 MG, 75 MG</i>	T2	
<i>Ery External Pad 2 %</i>	NF	
<i>Erythromycin External Gel 2 %</i>	T2	QL (60 GM per 25 days)
<i>Erythromycin External Solution 2 %</i>	T2	QL (60 ML per 25 days)
FINACEA EXTERNAL FOAM 15 %	T3	
<i>Gentamicin Sulfate External Cream 0.1 %</i>	T2	QL (120 GM per 30 days)
<i>Gentamicin Sulfate External Ointment 0.1 %</i>	T2	QL (120 GM per 30 days)
<i>Gentamicin Sulfate Injection Solution 10 MG/ML, 40 MG/ML</i>	T2	
<i>Gentamicin Sulfate Ophthalmic Solution 0.3 %</i>	T1	QL (20 ML per 30 days)
<i>levoFLOXacin in D5W Intravenous Solution 250 MG/50ML, 500 MG/100ML, 750 MG/150ML</i>	T2	
<i>levoFLOXacin Intravenous Solution 25 MG/ML</i>	T2	QL (560 ML per 14 days)
<i>levoFLOXacin Oral Solution 25 MG/ML</i>	T2	
<i>levoFLOXacin Oral Tablet 250 MG, 500 MG, 750 MG</i>	T2	
<i>metroNIDAZOLE External Cream 0.75 %</i>	T2	QL (60 GM per 30 days)
<i>metroNIDAZOLE External Gel 0.75 %</i>	T2	QL (60 GM per 30 days)
<i>metroNIDAZOLE External Lotion 0.75 %</i>	T3	QL (60 ML per 30 days)
<i>metroNIDAZOLE Intravenous Solution 500 MG/100ML</i>	T2	
<i>metroNIDAZOLE Oral Tablet 250 MG, 500 MG</i>	T2	
<i>metroNIDAZOLE Vaginal Gel 0.75 %</i>	T3	
<i>Minocycline HCl Oral Capsule 100 MG, 50 MG, 75 MG</i>	T1	
<i>Minocycline HCl Oral Tablet 100 MG, 50 MG, 75 MG</i>	T2	
<i>Moxifloxacin HCl in NaCl Intravenous Solution 400 MG/250ML</i>	T2	
<i>Moxifloxacin HCl Oral Tablet 400 MG</i>	T2	

Drug	Tier	Notes
Mupirocin External Ointment 2 %	T2	QL (30 GM per 25 days)
Neomycin Sulfate Oral Tablet 500 MG	T2	
POLYGIN OPTHALMIC OINTMENT 500-10000 UNIT/GM	T2	
Polymyxin B Sulfate Injection Solution Reconstituted 500000 UNIT	T2	
Polymyxin B-Trimethoprim Ophthalmic Solution 10000-0.1 UNIT/ML-%	T1	
Sulfacetamide Sodium (Acne) External Lotion 10 %	T2	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	T4	
Tetracycline HCl Oral Capsule 250 MG, 500 MG	T4	QL (120 EA per 30 days)
VANZOLE VAGINAL GEL 0.75 %	T3	
ANTI-INFLAMMATORY AGENTS, MISC (SKIN)		
EUCRISA EXTERNAL OINTMENT 2 %	T3	PA; QL (60 GM per 25 days)
ANTIPROLIFERANTS		
AMELUZ EXTERNAL GEL 10 %	T4	
Bexarotene External Gel 1 %	T5	PA
Bexarotene Oral Capsule 75 MG	T5	PA
Fluorouracil External Cream 0.5 %, 5 %	T2	
Fluorouracil External Solution 2 %, 5 %	T2	
Fluorouracil Intravenous Solution 1 GM/20ML, 2.5 GM/50ML, 5 GM/100ML	T2	
Fluorouracil Intravenous Solution 500 MG/10ML	NF	
Imiquimod External Cream 5 %	T2	
TARGRETIN EXTERNAL GEL 1 %	T5	PA
ANTIPRURITICS AND LOCAL ANESTHETICS		
Doxepin HCl External Cream 5 %	T4	QL (90 GM per 25 days)
Doxepin HCl Oral Capsule 10 MG, 25 MG, 50 MG	T2	QL (90 EA per 30 days)
Doxepin HCl Oral Capsule 100 MG, 150 MG	T2	QL (30 EA per 30 days)
Doxepin HCl Oral Capsule 75 MG	T2	QL (60 EA per 30 days)
Doxepin HCl Oral Concentrate 10 MG/ML	T2	QL (450 ML per 30 days)
Doxepin HCl Oral Tablet 3 MG, 6 MG	T2	QL (30 EA per 30 days)
Lidocaine External Patch 5 %	T3	PA; QL (90 EA per 25 days)
Lidocaine HCl External Solution 4 %	T2	QL (50 ML per 25 days)
Lidocaine HCl Urethral/Mucosal External Prefilled Syringe 2 %	T2	QL (60 ML per 25 days)
Lidocaine-Prilocaine External Cream 2.5-2.5 %	T2	QL (30 GM per 25 days)
Lidocaine-Prilocaine External Kit 2.5-2.5 %	T2	
Urinary Pain Relief Oral Tablet 95 MG	T2	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)		
Acyclovir External Ointment 5 %	T3	PA
Acyclovir Oral Capsule 200 MG	T1	
Acyclovir Oral Suspension 200 MG/5ML	T2	
Acyclovir Oral Tablet 400 MG, 800 MG	T1	

Drug	Tier	Notes
<i>Acyclovir Sodium Intravenous Solution 50 MG/ML</i>	T2	
ASTRINGENTS (84:12)		
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	T3	QL (1 GM per 25 days)
DRYSOL EXTERNAL SOLUTION 20 %	T3	
<i>Glycopyrrolate Injection Solution 0.2 MG/ML, 0.4 MG/2ML, 1 MG/5ML, 4 MG/20ML</i>	T2	
<i>Glycopyrrolate Oral Solution 1 MG/5ML</i>	T2	
<i>Glycopyrrolate Oral Tablet 1 MG, 2 MG</i>	T2	
XERAC AC EXTERNAL SOLUTION 6.25 %	T3	
ASTRINGENTS, ANTI-INFECTIVE		
<i>Chlorhexidine Gluconate Mouth/Throat Solution 0.12 %</i>	T1	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	T1	
<i>Selenium Sulfide External Lotion 2.5 %</i>	T2	
<i>Silver sulfADIAZINE External Cream 1 %</i>	T2	
SSD EXTERNAL CREAM 1 %	T2	
AZOLES (SKIN AND MUCOUS MEMBRANE)		
<i>Clotrimazole External Cream 1 %</i>	T1	QL (120 GM per 25 days)
<i>Clotrimazole External Solution 1 %</i>	T2	QL (120 ML per 25 days)
<i>Clotrimazole Mouth/Throat Troche 10 MG</i>	T2	QL (90 EA per 30 days)
<i>Clotrimazole-Betamethasone External Cream 1-0.05 %</i>	T2	QL (60 GM per 25 days)
<i>Clotrimazole-Betamethasone External Lotion 1-0.05 %</i>	T3	QL (60 ML per 25 days)
<i>Econazole Nitrate External Cream 1 %</i>	T2	QL (60 GM per 25 days)
ERTACZO EXTERNAL CREAM 2 %	T4	QL (60 GM per 25 days)
GYNAZOLE-1 VAGINAL CREAM 2 %	T4	
<i>Ketoconazole External Cream 2 %</i>	T2	QL (120 GM per 25 days)
<i>Ketoconazole External Shampoo 2 %</i>	T2	
<i>Luliconazole External Cream 1 %</i>	T3	
<i>Miconazole 3 Vaginal Suppository 200 MG</i>	T2	
ORAVIG BUCCAL TABLET 50 MG	T4	QL (14 EA per 25 days)
<i>Oxiconazole Nitrate External Cream 1 %</i>	T3	PA
<i>Sulconazole Nitrate External Cream 1 %</i>	T2	QL (60 GM per 21 days)
<i>Sulconazole Nitrate External Solution 1 %</i>	T2	QL (60 ML per 21 days)
<i>Terconazole Vaginal Cream 0.4 %, 0.8 %</i>	T2	
<i>Terconazole Vaginal Suppository 80 MG</i>	T2	
BASIC LOTIONS AND LINIMENTS		
<i>Ammonium Lactate External Cream 12 %</i>	T2	
<i>Ammonium Lactate External Lotion 12 %</i>	T2	
BASIC OINTMENTS AND PROTECTANTS		
<i>Calcipotriene External Solution 0.005 %</i>	T2	
<i>Calcipotriene-Betameth Diprop External Ointment 0.005-0.064 %</i>	T4	

Drug	Tier	Notes
<i>Hydrocortisone External Cream 1 %</i>	T1	
RECTIV RECTAL OINTMENT 0.4 %	T4	
CELL STIMULANTS AND PROLIFERANTS		
<i>Finasteride Oral Tablet 1 MG, 5 MG</i>	T2	
<i>Minoxidil Oral Tablet 10 MG, 2.5 MG</i>	T2	
<i>Tretinoin External Cream 0.025 %, 0.05 %, 0.1 %</i>	T3	PA
<i>Tretinoin External Gel 0.01 %, 0.025 %, 0.05 %</i>	T3	PA
<i>Tretinoin Microsphere External Gel 0.1 %</i>	T3	PA
<i>Tretinoin Microsphere Pump External Gel 0.04 %</i>	T3	PA
<i>Tretinoin Oral Capsule 10 MG</i>	T2	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)		
<i>Ala-Cort External Cream 1 %</i>	T1	QL (300 GM per 25 days)
<i>Alclometasone Dipropionate External Cream 0.05 %</i>	T2	QL (300 GM per 25 days)
<i>Alclometasone Dipropionate External Ointment 0.05 %</i>	T2	QL (300 GM per 25 days)
<i>Amcinonide External Ointment 0.1 %</i>	T3	QL (240 GM per 25 days)
<i>Betamethasone Dipropionate Aug External Cream 0.05 %</i>	T1	QL (240 GM per 25 days)
<i>Betamethasone Dipropionate Aug External Gel 0.05 %</i>	T2	QL (240 GM per 25 days)
<i>Betamethasone Dipropionate Aug External Lotion 0.05 %</i>	T1	QL (240 ML per 25 days)
<i>Betamethasone Dipropionate Aug External Ointment 0.05 %</i>	T1	QL (240 GM per 25 days)
<i>Betamethasone Dipropionate External Cream 0.05 %</i>	T1	QL (240 GM per 25 days)
<i>Betamethasone Dipropionate External Lotion 0.05 %</i>	T1	QL (240 ML per 25 days)
<i>Betamethasone Dipropionate External Ointment 0.05 %</i>	T1	QL (240 GM per 25 days)
<i>Betamethasone Valerate External Cream 0.1 %</i>	T1	QL (240 GM per 25 days)
<i>Betamethasone Valerate External Lotion 0.1 %</i>	T1	QL (240 ML per 25 days)
<i>Betamethasone Valerate External Ointment 0.1 %</i>	T1	QL (240 GM per 25 days)
<i>Calcipotriene-Betameth Diprop External Ointment 0.005-0.064 %</i>	T4	
<i>Clobetasol Propionate External Cream 0.05 %</i>	T3	QL (240 GM per 25 days)
<i>Clobetasol Propionate External Foam 0.05 %</i>	T4	QL (240 GM per 25 days)
<i>Clobetasol Propionate External Gel 0.05 %</i>	T3	QL (240 GM per 25 days)
<i>Clobetasol Propionate External Liquid 0.05 %</i>	T3	QL (300 ML per 25 days)
<i>Clobetasol Propionate External Lotion 0.05 %</i>	T4	QL (240 ML per 25 days)
<i>Clobetasol Propionate External Ointment 0.05 %</i>	T3	QL (240 GM per 25 days)
<i>Clobetasol Propionate External Shampoo 0.05 %</i>	T3	QL (300 ML per 25 days)
<i>Clobetasol Propionate External Solution 0.05 %</i>	T3	QL (240 ML per 25 days)
<i>Clocortolone Pivalate External Cream 0.1 %</i>	T4	
<i>Clotrimazole-Betamethasone External Cream 1-0.05 %</i>	T2	QL (60 GM per 25 days)
<i>Clotrimazole-Betamethasone External Lotion 1-0.05 %</i>	T3	QL (60 ML per 25 days)
<i>Desonide External Cream 0.05 %</i>	T3	QL (300 GM per 25 days)

Drug	Tier	Notes
<i>Desonide External Lotion 0.05 %</i>	T3	QL (300 ML per 25 days)
<i>Desonide External Ointment 0.05 %</i>	T3	QL (300 GM per 25 days)
<i>Desoximetasone External Cream 0.25 %</i>	T2	QL (240 GM per 25 days)
<i>Desoximetasone External Ointment 0.25 %</i>	T2	QL (240 GM per 25 days)
<i>Difflorasone Diacetate External Ointment 0.05 %</i>	T3	
<i>Fluocinolone Acetonide Body External Oil 0.01 %</i>	T2	QL (300 ML per 25 days)
<i>Fluocinolone Acetonide External Cream 0.01 %, 0.025 %</i>	T2	QL (300 GM per 25 days)
<i>Fluocinolone Acetonide External Ointment 0.025 %</i>	T2	QL (300 GM per 25 days)
<i>Fluocinolone Acetonide External Solution 0.01 %</i>	T2	QL (300 ML per 25 days)
<i>Fluocinolone Acetonide Otic Oil 0.01 %</i>	T2	
<i>Fluocinolone Acetonide Scalp External Oil 0.01 %</i>	T2	QL (300 ML per 25 days)
<i>Fluocinonide External Cream 0.05 %</i>	T2	QL (240 GM per 25 days)
<i>Fluocinonide External Gel 0.05 %</i>	T2	QL (240 GM per 25 days)
<i>Fluocinonide External Ointment 0.05 %</i>	T2	QL (240 GM per 25 days)
<i>Fluocinonide External Solution 0.05 %</i>	T2	QL (240 ML per 25 days)
<i>Fluticasone Propionate External Cream 0.05 %</i>	T2	QL (240 GM per 25 days)
<i>Fluticasone Propionate External Lotion 0.05 %</i>	T2	QL (300 ML per 25 days)
<i>Fluticasone Propionate External Ointment 0.005 %</i>	T2	QL (240 GM per 25 days)
<i>Halcinonide External Cream 0.1 %</i>	T4	QL (60 GM per 30 days)
<i>Halobetasol Propionate External Cream 0.05 %</i>	T2	QL (240 GM per 25 days)
<i>Halobetasol Propionate External Ointment 0.05 %</i>	T2	QL (240 GM per 25 days)
<i>Hydrocortisone Butyrate External Cream 0.1 %</i>	T2	QL (240 GM per 25 days)
<i>Hydrocortisone Butyrate External Ointment 0.1 %</i>	T2	QL (240 GM per 25 days)
<i>Hydrocortisone Butyrate External Solution 0.1 %</i>	T2	QL (240 ML per 25 days)
<i>Hydrocortisone External Cream 1 %</i>	T1	
<i>Hydrocortisone External Cream 2.5 %</i>	T1	QL (300 GM per 25 days)
<i>Hydrocortisone External Lotion 2.5 %</i>	T1	QL (300 ML per 25 days)
<i>Hydrocortisone External Ointment 2.5 %</i>	T1	QL (300 GM per 25 days)
<i>Hydrocortisone Oral Tablet 10 MG, 20 MG, 5 MG</i>	T1	
<i>Hydrocortisone Valerate External Cream 0.2 %</i>	T2	QL (240 GM per 25 days)
<i>Hydrocortisone Valerate External Ointment 0.2 %</i>	T2	QL (240 GM per 25 days)
<i>Hydrocortisone-Acetic Acid Otic Solution 1-2 %</i>	T2	
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 %	T1	
<i>Mometasone Furoate External Cream 0.1 %</i>	T2	QL (240 GM per 25 days)
<i>Mometasone Furoate External Ointment 0.1 %</i>	T2	QL (240 GM per 25 days)
<i>Mometasone Furoate External Solution 0.1 %</i>	T2	QL (240 ML per 25 days)
<i>Nystatin-Triamcinolone External Cream 100000-0.1 UNIT/GM-%</i>	T2	QL (60 GM per 25 days)
<i>Nystatin-Triamcinolone External Ointment 100000-0.1 UNIT/GM-%</i>	T2	QL (60 GM per 25 days)
ORALONE MOUTH/THROAT PASTE 0.1 %	T2	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	T2	

Drug	Tier	Notes
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	T2	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	T4	
<i>Triamcinolone Acetonide External Cream 0.025 %, 0.1 %, 0.5 %</i>	T2	QL (240 GM per 25 days)
<i>Triamcinolone Acetonide External Lotion 0.025 %, 0.1 %</i>	T2	QL (240 ML per 25 days)
<i>Triamcinolone Acetonide External Ointment 0.025 %, 0.1 %, 0.5 %</i>	T2	QL (240 GM per 25 days)
<i>Triamcinolone Acetonide Mouth/Throat Paste 0.1 %</i>	T2	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)		
<i>Ciclopirox External Gel 0.77 %</i>	T2	QL (120 GM per 25 days)
<i>Ciclopirox External Shampoo 1 %</i>	T2	QL (120 ML per 25 days)
<i>Ciclopirox External Solution 8 %</i>	T2	
<i>Ciclopirox Olamine External Cream 0.77 %</i>	T2	QL (120 GM per 25 days)
<i>Ciclopirox Olamine External Suspension 0.77 %</i>	T2	QL (120 ML per 25 days)
IMMUNOMODULATORY AGENTS (84:06)		
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	T5	PA; QL (3.42 ML per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T5	PA; QL (6 ML per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T5	PA; QL (3.42 ML per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T5	PA; QL (6 ML per 30 days)
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	T4	
<i>Sirolimus Oral Solution 1 MG/ML</i>	T4	
<i>Sirolimus Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	T4	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T5	PA; QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T5	PA; QL (1 ML per 84 days)
<i>Tacrolimus External Ointment 0.03 %, 0.1 %</i>	T4	
<i>Tacrolimus Oral Capsule 0.5 MG</i>	T2	
<i>Tacrolimus Oral Capsule 1 MG, 5 MG</i>	T4	
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	T5	QL (2 ML per 28 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	T5	PA; QL (20 ML per 28 days)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA; QL (1 ML per 56 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA; QL (1 ML per 56 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	T5	PA; QL (2 ML per 28 days)

Drug	Tier	Notes
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; QL (1 ML per 56 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	T5	PA; QL (2 ML per 28 days)
JANUS KINASE INHIBITORS (84:06)		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	T4	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	T5	PA; QL (60 EA per 30 days)
KERATOLYTIC AGENTS		
<i>Acitretin Oral Capsule 10 MG, 17.5 MG, 25 MG</i>	T3	
<i>Adapalene External Cream 0.1 %</i>	T3	PA
<i>Adapalene External Gel 0.1 %, 0.3 %</i>	T3	PA
<i>Adapalene-Benzoyl Peroxide External Gel 0.1-2.5 %</i>	T2	
CONDYLOX EXTERNAL GEL 0.5 %	T4	
<i>ISOTretinoin Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG</i>	T3	PA
<i>Podofilox External Gel 0.5 %</i>	T4	
<i>Podofilox External Solution 0.5 %</i>	T2	
<i>Tazarotene External Cream 0.1 %</i>	T2	PA
TAZORAC EXTERNAL CREAM 0.05 %	T3	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	T3	PA
LOCAL ANTI-INFECTIVES, MISCELLANEOUS		
<i>Adapalene-Benzoyl Peroxide External Gel 0.1-2.5 %</i>	T2	
<i>Benzoyl Peroxide-Erythromycin External Gel 5-3 %</i>	T2	QL (47 GM per 30 days)
<i>BP Wash External Liquid 2.5 %</i>	T2	
<i>Chlorhexidine Gluconate Mouth/Throat Solution 0.12 %</i>	T1	
<i>IV Prep Wipes External Pad 70 %</i>	T3	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	T1	
<i>Selenium Sulfide External Lotion 2.5 %</i>	T2	
<i>Silver sulfADIAZINE External Cream 1 %</i>	T2	
SSD EXTERNAL CREAM 1 %	T2	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	T4	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN)		
<i>Diclofenac Sodium External Gel 1 %</i>	T2	QL (300 GM per 25 days)
VOLTAREN ARTHRITIS PAIN EXTERNAL GEL 1 %	T2	QL (300 GM per 25 days)
VOLTAREN EXTERNAL GEL 1 %	T2	QL (300 GM per 25 days)
PHOSPHODIESTERASE-4 INHIBITORS (84:06)		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	T4	PA
EUCRISA EXTERNAL OINTMENT 2 %	T3	PA; QL (60 GM per 25 days)
PIGMENTING AGENTS		
<i>Methoxsalen Rapid Oral Capsule 10 MG</i>	T2	
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML	T3	

Drug	Tier	Notes
POLYENES (SKIN AND MUCOUS MEMBRANE)		
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	T2	QL (120 GM per 25 days)
<i>Nystatin External Cream 100000 UNIT/GM</i>	T2	QL (120 GM per 25 days)
<i>Nystatin External Ointment 100000 UNIT/GM</i>	T2	QL (120 GM per 25 days)
<i>Nystatin External Powder 100000 UNIT/GM</i>	T2	QL (120 GM per 25 days)
<i>Nystatin Mouth/Throat Suspension 100000 UNIT/ML</i>	T2	
<i>Nystatin-Triamcinolone External Cream 100000-0.1 UNIT/GM-%</i>	T2	QL (60 GM per 25 days)
<i>Nystatin-Triamcinolone External Ointment 100000-0.1 UNIT/GM-%</i>	T2	QL (60 GM per 25 days)
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	T2	QL (120 GM per 25 days)
SCABICIDES AND PEDICULICIDES		
CROTAN EXTERNAL LOTION 10 %	T2	
<i>Ivermectin External Lotion 0.5 %</i>	T2	PA
<i>Malathion External Lotion 0.5 %</i>	T2	
<i>Permethrin External Cream 5 %</i>	T2	
<i>Spinosad External Suspension 0.9 %</i>	T3	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
<i>Acitretin Oral Capsule 10 MG, 17.5 MG, 25 MG</i>	T3	
<i>Adapalene External Cream 0.1 %</i>	T3	PA
<i>Adapalene External Gel 0.1 %, 0.3 %</i>	T3	PA
<i>Adapalene-Benzoyl Peroxide External Gel 0.1-2.5 %</i>	T2	
AMELUZ EXTERNAL GEL 10 %	T4	
<i>Azelaic Acid External Gel 15 %</i>	T2	PA
<i>Bexarotene External Gel 1 %</i>	T5	PA
<i>Calcipotriene External Solution 0.005 %</i>	T2	
<i>Calcipotriene-Betameth Diprop External Ointment 0.005-0.064 %</i>	T4	
<i>Calcitriol External Ointment 3 MCG/GM</i>	T4	
CONDYLOX EXTERNAL GEL 0.5 %	T4	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T5	PA; QL (1 ML per 28 days)
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	T5	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T5	PA; QL (1 ML per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T5	PA; QL (1 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	T5	PA; QL (1 ML per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T5	PA
<i>Dapsone Oral Tablet 100 MG, 25 MG</i>	T2	
<i>Diclofenac Sodium External Gel 1 %</i>	T2	QL (300 GM per 25 days)

Drug	Tier	Notes
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	T5	PA; QL (3.42 ML per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T5	PA; QL (6 ML per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T5	PA; QL (6 ML per 30 days)
FILSUEVZ EXTERNAL GEL 10 %	T5	PA
FINACEA EXTERNAL FOAM 15 %	T3	
<i>Finasteride Oral Tablet 1 MG</i>	T2	
<i>Fluorouracil External Cream 0.5 %, 5 %</i>	T2	
<i>Fluorouracil External Solution 2 %, 5 %</i>	T2	
<i>Imiquimod External Cream 5 %</i>	T2	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Med	
<i>ISOTretinoin Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG</i>	T3	PA
MIRVASO EXTERNAL GEL 0.33 %	T4	
OTEZLA ORAL TABLET 30 MG	T5	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	T5	PA; QL (55 EA per 28 days)
<i>Podofilox External Gel 0.5 %</i>	T4	
<i>Podofilox External Solution 0.5 %</i>	T2	
RECTIV RECTAL OINTMENT 0.4 %	T4	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Med	PA
RENFLXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	T3	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T5	PA; QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T5	PA; QL (1 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	T5	PA; QL (1 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T5	PA; QL (1 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T5	PA; QL (1 ML per 56 days)
<i>Tacrolimus External Ointment 0.03 %, 0.1 %</i>	T4	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	T5	PA; QL (2 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	T5	PA; QL (2 ML per 28 days)
TARGRETIN EXTERNAL GEL 1 %	T5	PA
<i>Tazarotene External Cream 0.1 %</i>	T2	PA
TAZORAC EXTERNAL CREAM 0.05 %	T3	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	T3	PA

Drug	Tier	Notes
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA; QL (1 ML per 56 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; QL (1 ML per 56 days)
VOLTAREN ARTHRITIS PAIN EXTERNAL GEL 1 %	T2	QL (300 GM per 25 days)
VOLTAREN EXTERNAL GEL 1 %	T2	QL (300 GM per 25 days)
SMOOTH MUSCLE RELAXANTS		
ANTIMUSCARINICS		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	T4	PA
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	T4	PA
<i>Darifenacin Hydrobromide ER Oral Tablet Extended Release 24 Hour 15 MG, 7.5 MG</i>	T2	
<i>FlavoxATE HCl Oral Tablet 100 MG</i>	T2	
<i>Oxybutynin Chloride ER Oral Tablet Extended Release 24 Hour 10 MG, 15 MG, 5 MG</i>	T2	
<i>Oxybutynin Chloride Oral Tablet 5 MG</i>	T2	
<i>Solifenacin Succinate Oral Tablet 10 MG, 5 MG</i>	T2	
<i>Tolterodine Tartrate ER Oral Capsule Extended Release 24 Hour 2 MG, 4 MG</i>	T2	
<i>Tolterodine Tartrate Oral Tablet 1 MG, 2 MG</i>	T2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	T4	PA; QL (30 EA per 30 days)
<i>Trospium Chloride ER Oral Capsule Extended Release 24 Hour 60 MG</i>	T2	
<i>Trospium Chloride Oral Tablet 20 MG</i>	T2	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>Aminophylline Intravenous Solution 25 MG/ML</i>	T2	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	T4	
<i>Sildenafil Citrate Intravenous Solution 10 MG/12.5ML</i>	T5	PA
<i>Sildenafil Citrate Oral Tablet 20 MG</i>	T5	PA; QL (90 EA per 30 days)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	T4	
<i>Theophylline ER Oral Tablet Extended Release 12 Hour 450 MG</i>	T2	
<i>Theophylline ER Oral Tablet Extended Release 24 Hour 400 MG, 600 MG</i>	T2	
<i>Theophylline Oral Elixir 80 MG/15ML</i>	T2	
<i>Theophylline Oral Solution 80 MG/15ML</i>	T2	
SELECTIVE BETA-3-ADRENERGIC AGONISTS		
GEMTESA ORAL TABLET 75 MG	T4	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	T4	

Drug	Tier	Notes
VITAMINS		
MULTIVITAMIN PREPARATIONS		
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG	T3	
ELITE-OB ORAL TABLET 50-1.25 MG	T2	
<i>Multi-Vit/Iron/Fluoride Oral Solution 0.25-10 MG/ML</i>	T2	
<i>Multi-Vitamin/Fluoride Oral Solution 0.5 MG/ML</i>	T2	
<i>Multivitamin/Fluoride Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG</i>	T2	
<i>Multi-Vitamin/Fluoride/Iron Oral Solution 0.25-10 MG/ML</i>	T2	
PRENATABS RX ORAL TABLET 29-1 MG	T2	
<i>Vitamins ACD-Fluoride Oral Solution 0.25 MG/ML</i>	T2	
VITAMIN A		
<i>Vitamins ACD-Fluoride Oral Solution 0.25 MG/ML</i>	T2	
VITAMIN B COMPLEX		
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG	T3	
<i>Cyanocobalamin Injection Solution 1000 MCG/ML</i>	T2	
<i>Drospiren-Eth Estrad-Levomefol Oral Tablet 3-0.03-0.451 MG</i>	\$0	
ELITE-OB ORAL TABLET 50-1.25 MG	T2	
<i>Folic Acid Oral Capsule 0.8 MG</i>	\$0	QL (100 EA per 30 days)
<i>Folic Acid Oral Tablet 1 MG</i>	T2	
<i>Folic Acid Oral Tablet 400 MCG, 800 MCG</i>	\$0	QL (100 EA per 30 days)
<i>Leucovorin Calcium Injection Solution Reconstituted 100 MG, 200 MG, 350 MG, 50 MG, 500 MG</i>	T2	
<i>Leucovorin Calcium Oral Tablet 10 MG, 15 MG, 25 MG, 5 MG</i>	T2	
<i>Multivitamin/Fluoride Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG</i>	T2	
<i>Niacin ER (Antihyperlipidemic) Oral Tablet Extended Release 1000 MG, 500 MG, 750 MG</i>	T2	
NIVA-FOL ORAL TABLET 2.5-25-2 MG	T2	
PRENATABS RX ORAL TABLET 29-1 MG	T2	
<i>Pyridoxine HCl Oral Tablet 25 MG, 50 MG</i>	T2	

Drug	Tier	Notes
VITAMIN C		
<i>PEG-KCl-NaCl-NaSulf-Na Asc-C Oral Solution Reconstituted 100 GM</i>	T2	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	T3	
<i>Vitamins ACD-Fluoride Oral Solution 0.25 MG/ML</i>	T2	
VITAMIN D		
<i>Calcitriol Oral Capsule 0.25 MCG, 0.5 MCG</i>	T2	
<i>Calcitriol Oral Solution 1 MCG/ML</i>	T2	
<i>Doxercalciferol Intravenous Solution 4 MCG/2ML</i>	T2	
<i>Doxercalciferol Oral Capsule 0.5 MCG, 1 MCG, 2.5 MCG</i>	T3	
<i>Paricalcitol Intravenous Solution 2 MCG/ML, 5 MCG/ML</i>	T2	
<i>Paricalcitol Oral Capsule 1 MCG, 2 MCG, 4 MCG</i>	T2	
<i>Vitamin D (Ergocalciferol) Oral Capsule 1.25 MG (50000 UT)</i>	T2	
<i>Vitamin D2 Oral Tablet 10 MCG (400 UNIT), 50 MCG (2000 UT)</i>	T2	
<i>Vitamin D3 Oral Capsule 1.25 MG (50000 UT)</i>	T2	
<i>Vitamins ACD-Fluoride Oral Solution 0.25 MG/ML</i>	T2	
VITAMIN K ACTIVITY		
<i>Phytonadione Oral Tablet 5 MG</i>	T4	

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