



CDS Group Health
NEVADA FORMULARY
Commercial Membership



Customized • Dedicated • Service

Prominence[®]
Health Plan

Get to Know Your Pharmacy Formulary

Prominence Health Plan develops a medically sound formulary that supports patient health and is reviewed by a Pharmacy and Therapeutics Committee (P & T Committee), made up of practicing physicians, pharmacists, and nurses. The committee reviews and evaluates medications on the formulary based on safety and efficacy to help maintain clinical integrity in all therapeutic categories.

OUR PHARMACY PARTNERSHIPS

MedImpact

Prominence Health Plan partners with MedImpact to provide your pharmacy benefits. Once your group membership has been loaded into the MedImpact system, you can call the MedImpact Pharmacy Help Desk at **(844) 282-5339** with questions regarding your prescription drug plan. Representatives are available 24 hours a day, seven days a week to assist you. Or visit **www.medimpact.com** and enter the member information located on the back of your Prominence Health Plan member ID card.



MedImpact Direct

If you take prescribed medications regularly, you can have them delivered right to your door. MedImpact Direct offers custom delivery service for your maintenance medications – the ones you take regularly for chronic or long-term conditions. This delivery option offers flexibility in payment options, how prescriptions are ordered and where they are delivered. Learn more at **www.medimpactdirect.com** or call **(855) 873-8739**.



FORMULARY DESIGN

The Prominence Health Plan formulary design features different copayment amounts for medications in tiers:

- Tier 1 Essential Health Benefits (includes certain vaccines, contraceptives, smoking cessation medications and more)
- Tier 2 Generic
- Tier 3 Preferred Brand
- Tier 4 Non-Preferred Brand
- Tier 5 Specialty

If you have general questions regarding your prescription drug plan, please call the MedImpact Pharmacy Help Desk at (844) 282-5339.

MedImpact Member Services representatives are available to assist you 24/7.



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The health plan formulary also uses utilization management functions to promote use of specific cost-effective agents. These utilization management functions include step therapy, prior authorization, quantity and age limits and partial fills.

Partial fill consists of a limit on the initial three months of selected medications to a 14 or 15-day supply. These specific medications are targeted for partial fill due to high discontinuation rates, poor response, adverse effects and/or noncompliance.

USING THE FORMULARY REFERENCE GUIDE TO HELP CONTAIN COSTS

Prominence Health Plan uses this formulary to help manage the overall cost of providing prescription drug benefits. This formulary offers a wide range of medications from which to choose. This formulary reference guide may not include every drug from every manufacturer. However, choosing a preferred drug when it is appropriate can provide access to the necessary medications to stay healthy, at a cost that is more affordable.

If a brand-name product is listed in the "preferred brand-name" section and its corresponding generic product is not listed in the "generics" section, then a generic version of the medication is not available.

SAVING ON OUT-OF-POCKET COSTS

Your prescription drug plan determines the cost for generic, preferred brand-name, non-preferred brand name and specialty medications. Choosing non-preferred drugs may mean paying higher out-of-pocket expenses (such as coinsurance, copayments, and deductible amounts) or not receiving coverage at all. Members may also pay less for generic drugs, or you may be asked to pay the cost difference between brand-name drugs and their generic alternatives, which are preferred by the plan.

PRIOR AUTHORIZATION

Certain medications require prior authorization. A prior authorization form should be completed by your provider that will request coverage for a specific drug within the formulary, a non-formulary drug for which there is no suitable alternative available, or any medication with restrictions.

CONSULTING THE PRESCRIBER'S OFFICE WHEN APPROPRIATE

Your pharmacy benefit may provide coverage only for certain medications or for particular uses, time periods, doses, or quantities (e.g. they may exclude coverage for medications for unapproved, unproven, or cosmetic indications, as well as over-the-counter medications). When coverage for medications is provided based on use or quantity, MedImpact may contact your prescribing doctor's office for additional information to determine whether coverage is available under your plan. If you are unsure about whether these coverage rules apply for a particular medication, you can consult a MedImpact Member Services representative to determine specific coverage requirements.

Formulary Disclaimer: Coverage for some drugs may be limited to specific dosage forms and/or strengths. The benefit design determines what is covered and the applicable copayment. The medications listed on this formulary are subject to change pursuant to the formulary management activities of Prominence Health Plan. The presence of a medication on this formulary list does not guarantee coverage. You may also call Customer Services at the number listed on your ID card to request a copy be mailed to you.

Frequently used Abbreviations/Terminology

QL

Quantity Limit. For certain drugs, Prominence Health Plan limits the amount of the drug that we will cover. For example, Prominence Health Plan provides twelve tablets per prescription for Sumatriptan Succinate. This may be in addition to a standard one-month or three-month supply.

ST

Step Therapy. In some cases, Prominence Health Plan 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B, subject to prior authorization and other requirements.

PA

Prior Authorization. Prominence Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you do not get approval, we may not cover the drug.

LA

Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Provider and Pharmacy Directory or call Customer Services Monday through Friday, 8 a.m. to 5 p.m., PST/CST, at the phone number on the back of your member ID card. TTY/TDD users should call 800-326-6868.

LDD

Limited Distribution Drugs. Used to treat conditions affecting only a small population of patients. Manufactures may limit the distribution of the medication to a few pharmacies or as recommended by the Food and Drug Administration (FDA) for the medication to be approved and distributed.

NDS

Non-Extended Days' Supply. Drugs not available for an extended days' supply (i.e. more than a one-month supply) are noted with "NDS" in the Requirements/Limits column of your formulary.

AGE

Age. There are age restrictions on certain medications. To have these age restrictions reconsidered, a prior authorization will need to be submitted by the prescribing provider.

NSO

New Starts Only. If there is no evidence that you have taken this drug before, you (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution</i> 120-12 mg/5 ml	2	QL (90 per 1 day); AGE (Min 18 Years)
<i>acetaminophen-codeine oral tablet</i> 300-15 mg	2	QL (12 per 1 day)
<i>acetaminophen-codeine oral tablet</i> (Tylenol-Codeine #3) 300-30 mg	2	QL (12 per 1 day)
<i>acetaminophen-codeine oral tablet</i> (Tylenol-Codeine #4) 300-60 mg	2	QL (6 per 1 day)
<i>alfentanil injection solution</i> 500 mcg/ml	2	
<i>ascomp with codeine oral capsule</i> 30-50-325-40 mg	2	QL (6 per 1 day)
<i>buprenorphine hcl injection solution</i> (Buprenex) 0.3 mg/ml	2	
<i>buprenorphine hcl injection syringe</i> 0.3 mg/ml	2	
<i>buprenorphine transdermal patch</i> (Butrans) weekly 10 mcg/hour, 20 mcg/hour, 5 mcg/hour	2	PA; QL (1 per 7 days)
<i>buprenorphine transdermal patch</i> (Butrans) weekly 15 mcg/hour, 7.5 mcg/hour	2	PA NSO
<i>butalbital compound w/codeine oral</i> <i>capsule</i> 30-50-325-40 mg	2	QL (6 per 1 day)
<i>butalbital compound-codeine oral</i> <i>capsule</i> 30-50-325-40 mg	2	QL (6 per 1 day)
<i>butalbital-acetaminop-caf-cod oral</i> (Fioricet with Codeine) <i>capsule</i> 50-300-40-30 mg	2	QL (6 per 1 day)
<i>butalbital-acetaminop-caf-cod oral</i> <i>capsule</i> 50-325-40-30 mg	2	QL (6 per 1 day)
<i>butalbital-acetaminophen oral tablet</i> (Tencon) 50-325 mg	2	
<i>butalbital-acetaminophen-caff oral</i> (Fioricet) <i>capsule</i> 50-300-40 mg	2	
<i>butalbital-acetaminophen-caff oral</i> (Zebutal) <i>capsule</i> 50-325-40 mg	2	
<i>butalbital-acetaminophen-caff oral</i> (Esgic) <i>tablet</i> 50-325-40 mg	2	
<i>butalbital-aspirin-caffeine oral</i> (Fiorinal) <i>capsule</i> 50-325-40 mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	2	
<i>butorphanol tartrate nasal spray, non-aerosol 10 mg/ml</i>	2	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	4	PA; QL (1 per 7 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 15 MCG/HOUR, 7.5 MCG/HOUR	4	PA NSO; QL (1 per 7 days)
<i>capacet oral capsule 50-325-40 mg</i>	2	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	2	QL (12 per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	2	QL (6 per 1 day)
DEMEROL (PF) INJECTION SOLUTION 100 MG/2 ML, 25 MG/0.5 ML, 50 MG/ML, 75 MG/1.5 ML	4	
DEMEROL (PF) INJECTION SYRINGE 75 MG/ML	4	
DEMEROL INJECTION SOLUTION 50 MG/ML	4	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	2	PA; QL (4 per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/12hr, 12 mcg/12hr, 25 mcg/12hr, 50 mcg/12hr, 75 mcg/12hr</i> (Duragesic)	2	PA; QL (1 per 3 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml (15 ml)</i>	2	QL (90 per 1 day); AGE (Min 18 Years)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (184 per 1 day); AGE (Min 18 Years)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i> (Vicodin HP)	2	QL (6 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i> (Lorcet HD)	2	QL (6 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	2	QL (12 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	2	QL (13 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Lorcet (hydrocodone))	2	QL (12 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg</i>	2	QL (6 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Lorcet Plus)	2	QL (6 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i> (Ibudone)	2	QL (5 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	2	QL (5 per 1 day)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	2	
<i>hydromorphone (pf)-0.9% nacl intravenous solution 1 mg/ml</i>	2	
<i>hydromorphone in 0.9% nacl injection prefilled pump reservoir 100 mg/100 ml (1 mg/ml)</i>	2	
<i>hydromorphone in 0.9% nacl injection pt controlled analgesia syring 25 mg/25 ml, 55 mg/55 ml (1 mg/ml)</i>	2	
<i>hydromorphone in 0.9% nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	2	
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	2	
<i>hydromorphone injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	2	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	2	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	2	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	2	PA; QL (1 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	4	PA; QL (2 per 1 day)
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	2	QL (4 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	4	
LAZANDA NASAL SPRAY, NON-AEROSOL 300 MCG/SPRAY	5	PA; QL (1 per 2 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	2	
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	2	QL (8 per 1 day)
<i>lorcet hd oral tablet 10-325 mg</i>	2	QL (6 per 1 day)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	QL (6 per 1 day)
<i>margesic oral capsule 50-325-40 mg</i>	2	
<i>marten-tab oral tablet 50-325 mg</i>	2	
<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i> (Demerol (PF))	2	
<i>meperidine (pf) injection solution 25 mg/ml</i>	2	
<i>meperidine injection cartridge 10 mg/ml</i>	2	
<i>meperidine oral solution 50 mg/5 ml</i>	2	QL (30 per 1 day)
<i>meperidine oral tablet 100 mg</i> (Demerol)	2	QL (6 per 1 day)
<i>meperidine oral tablet 50 mg</i>	2	QL (6 per 1 day)
<i>methadone injection solution 10 mg/ml</i>	2	
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	2	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	
<i>methadone oral tablet 10 mg, 5 mg</i> (Dolophine)	2	
<i>methadose oral tablet, soluble 40 mg</i>	2	
<i>morphine (pf) in 0.9% sod chl intravenous solution 5 mg/ml</i>	2	
<i>morphine (pf) in 0.9% sod chl intravenous syringe 2 mg/2 ml (1 mg/ml)</i>	2	
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i> (Duramorph (PF))	2	
<i>morphine (pf) intravenous patient control. analgesia soln 150 mg/30 ml, 30 mg/30 ml</i>	2	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>morphine in 0.9 % sodium chlor injection prefilled pump reservoir 1 mg/ml</i>	2	
<i>morphine in 0.9 % sodium chlor injection pt controlled analgesia syring 125 mg/25 ml, 25 mg/25 ml, 55 mg/55 ml (1 mg/ml)</i>	2	
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 50 mg/50 ml (1 mg/ml)</i>	2	
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 275 mg/55 ml (5 mg/ml)</i>	2	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml</i>	2	
<i>morphine in dextrose 5 % injection prefilled pump reservoir 1 mg/ml</i>	2	
<i>morphine in dextrose 5 % intravenous solution 1 mg/ml</i>	2	
<i>morphine injection solution 10 mg/ml, 15 mg/ml, 5 mg/ml</i>	2	
<i>morphine injection syringe 5 mg/ml</i>	2	
<i>morphine intravenous solution 10 mg/ml, 8 mg/ml</i>	2	
<i>morphine intravenous syringe 10 mg/ml, 8 mg/ml</i>	2	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	2	ST; QL (2 per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	2	ST; QL (1 per 1 day)
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> (Kadian)	2	ST; QL (2 per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	2	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> (MS Contin)	2	ST; QL (3 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	4	PA
OPANA INJECTION SOLUTION 1 MG/ML	4	
<i>oxycodone oral capsule 5 mg</i>	2	
<i>oxycodone oral concentrate 20 mg/ml</i>	2	
<i>oxycodone oral solution 5 mg/5 ml</i>	2	
<i>oxycodone oral tablet 10 mg, 20 mg</i>	2	
<i>oxycodone oral tablet 15 mg, 30 mg, 5 mg</i> (Roxicodone)	2	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i> (OxyContin)	2	ST; QL (2 per 1 day)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i> (OxyContin)	2	ST; QL (4 per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	2	PA; QL (60 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	2	QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	2	QL (12 per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QL (12 per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG, 60 MG	4	ST; QL (2 per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i> (Opana)	2	ST
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	ST; QL (2 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	2	ST; QL (4 per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	2	QL (12 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>reprexain oral tablet 10-200 mg</i>	2	QL (5 per 1 day)
<i>tencon oral tablet 50-325 mg</i>	2	
<i>tramadol oral capsule,er biphase 24 hr 17-83 300 mg</i> (ConZip)	2	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol oral capsule,er biphase 24 hr 25-75 100 mg, 200 mg</i> (ConZip)	2	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol oral capsule,er biphase 24 hr 25-75 150 mg</i>	2	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol oral tablet 50 mg</i> (Ultram)	2	QL (8 per 1 day); AGE (Min 18 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	2	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	2	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	2	QL (8 per 1 day); AGE (Min 18 Years)
<i>xylon 10 oral tablet 10-200 mg</i>	2	QL (5 per 1 day)
ZAMICET ORAL SOLUTION 10-325 MG/15 ML	4	QL (184 per 1 day); AGE (Min 18 Years)
<i>zebutal oral capsule 50-325-40 mg</i>	2	
Nonsteroidal Anti-Inflammatory Agents		
<i>aspirin low dose oral tablet, delayed release (drlec) 81 mg</i>	1	
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	1	
<i>aspirin oral tablet, chewable 81 mg</i> (Children's Aspirin)	1	
<i>aspirin oral tablet, delayed release (drlec) 325 mg</i> (Aspir-Trin)	1	
<i>aspirin oral tablet, delayed release (drlec) 81 mg</i> (Aspir-Low)	1	
<i>aspir-low oral tablet, delayed release (drlec) 81 mg</i>	1	
<i>aspir-trin oral tablet, delayed release (drlec) 325 mg</i>	1	
CAMBIA ORAL POWDER IN PACKET 50 MG	4	QL (3 per 10 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	
<i>child aspirin oral tablet, chewable 81 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>children's aspirin oral tablet, chewable 81 mg</i>	1	
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	2	
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	4	PA
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	2	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical gel 1 %</i> (Voltaren)	2	
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	2	PA; QL (100 per 1 day)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	2	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	2	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>e. c. prin oral tablet, delayed release (drlec) 325 mg</i>	1	
<i>ecotrin oral tablet, delayed release (drlec) 325 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	
<i>fenoprofen oral capsule 400 mg</i> (Nalfon)	4	
<i>fenoprofen oral tablet 600 mg</i> (Nalfon)	2	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	4	PA
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	2	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	2	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	3	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>indomethacin oral capsule, extended release 75 mg</i>	2	
<i>indomethacin sodium intravenous recon soln 1 mg</i>	2	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	
<i>ketorolac injection cartridge 15 mg/ml, 30 mg/ml</i>	2	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	2	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	2	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	2	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	2	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	2	
<i>ketorolac nasal spray, non-aerosol 15.75 mg/spray</i> (Sprix)	4	PA; QL (1 per 6 days)
<i>ketorolac oral tablet 10 mg</i>	2	
<i>lo-dose aspirin oral tablet, delayed release (drlec) 81 mg</i>	1	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	2	
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	2	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	2	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naprosyn)	2	
<i>naproxen sodium oral tablet 275 mg</i>	2	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	2	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	2	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	2	
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	4	PA; QL (1 per 6 days)
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	1	
<i>st. joseph aspirin oral tablet, delayed release (drlec) 81 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tolmetin oral capsule 400 mg</i>	2	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	2	
<i>tri-buffered aspirin oral tablet 325 mg</i>	1	
Anesthetics		
Local Anesthetics		
ACCUCAINE KIT KIT 10 MG/ML (1 %)	2	
<i>ana-lex kit rectal kit 2-2 %</i>	4	
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml)</i> (Sensorcaine-MPF)	2	
<i>bupivacaine (pf) injection solution 0.5 % (5 mg/ml)</i> (Marcaine (PF))	2	
<i>bupivacaine (pf) injection solution 0.75 % (7.5 mg/ml)</i> (Sensorcaine-MPF)	4	
<i>bupivacaine injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)</i> (Marcaine)	2	
<i>bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000</i> (Sensorcaine-MPF/Epinephrine)	2	
<i>bupivacaine-epinephrine (pf) injection solution 0.5 %-1:200,000</i> (Marcaine-Epinephrine (PF))	2	
<i>bupivacaine-epinephrine bitart injection cartridge 0.5 %-1:200,000</i> (Marcaine-Epinephrine)	2	
<i>bupivacaine-epinephrine injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i> (Marcaine-Epinephrine)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>chloroprocaine (pf) injection solution 20 mg/ml (2%)</i> (Nesacaine-MPF)	2	
CIDALEAZE TOPICAL CREAM 3%	2	
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION 1.3% (13.3 MG/ML)	4	
<i>glydo mucous membrane jelly in applicator 2%</i>	2	
LIDO BDK KIT 21 GAUGE X 1"- 2.5%-2.5%	2	
<i>lidocaine (pf) injection solution 10 mg/ml (1%), 15 mg/ml (1.5%), 20 mg/ml (2%), 5 mg/ml (0.5%)</i> (Xylocaine-MPF)	2	
<i>lidocaine (pf) injection solution 40 mg/ml (4%)</i>	2	
<i>lidocaine hcl injection solution 10 mg/ml (1%), 20 mg/ml (2%), 5 mg/ml (0.5%)</i> (Xylocaine)	2	
<i>lidocaine hcl mucous membrane jelly 2%</i>	2	
<i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i>	2	
<i>lidocaine hcl topical cream 3%</i> (Lidopin)	2	
<i>lidocaine hcl(pf) in 0.9% nacl injection syringe 100 mg/10 ml (1%)</i>	2	
<i>lidocaine hcl-hydrocortison ac rectal kit 2%-2% (7 gram), 3-1% (7 gram)</i>	2	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5%</i>	2	
<i>lidocaine topical adhesive patch,medicated 5%</i> (Lidoderm)	2	ST
<i>lidocaine topical ointment 5%</i>	2	ST
<i>lidocaine viscous mucous membrane solution 2%</i>	2	
<i>lidocaine-epinephrine bit injection cartridge 2%-1:100,000, 2%-1:50,000</i> (Xylocaine Dental-Epinephrine)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000</i> (Xylocaine with Epinephrine)	2	
<i>lidocaine-epinephrine injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	
LIDOTREX TOPICAL GEL 2 %-1 % -1.2 %	2	
<i>polocaine-mpf injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	2	
<i>ropivacaine (pf) injection solution 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %)</i> (Naropin (PF))	2	
SENSORCAINE-MPF INJECTION SOLUTION 0.25 % (2.5 MG/ML)	2	
<i>sensorcaine-mpf injection solution 0.75 % (7.5 mg/ml)</i>	4	
<i>sensorcaine-mpflepinephrine injection solution 0.25 %-1:200,000</i>	2	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG	4	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000	4	
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	2	PA
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	PA; QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	2	QL (2 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine-naloxone sublingual</i> (Suboxone) <i>film 2-0.5 mg, 4-1 mg</i>	2	QL (1 per 1 day)
<i>buprenorphine-naloxone sublingual</i> (Suboxone) <i>film 8-2 mg</i>	2	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual</i> <i>tablet 2-0.5 mg, 8-2 mg</i>	2	QL (3 per 1 day)
<i>buproban oral tablet extended</i> <i>release 12 hr 150 mg</i>	1	max QL: 180 days/life
<i>bupropion hcl (smoking deter) oral</i> <i>tablet extended release 12 hr 150 mg</i>	1	max QL: 180 days/life
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	1	max QL: 180 days/life; QL (2 per 1 day); AGE (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	max QL: 180 days/life; QL (2 per 1 day); AGE (Min 18 Years)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	1	max QL: 180 days/life; QL (2 per 1 day); AGE (Min 18 Years)
<i>disulfiram oral tablet 250 mg, 500</i> (Antabuse) <i>mg</i>	2	
LUCEMYRA ORAL TABLET 0.18 MG	5	PA
<i>naloxone injection solution 0.4</i> <i>mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml</i>	2	
<i>naltrexone oral tablet 50 mg</i>	2	
NARCAN NASAL SPRAY, NON-AEROSOL 2 MG/ACTUATION, 4 MG/ACTUATION	3	QL (2 per 30 days)
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	1	max QL: 180 days/life; QL (1 per 1 day); AGE (Min 18 Years)
<i>nicorelief buccal gum 2 mg, 4 mg</i>	1	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)
NICORETTE BUCCAL GUM 2 MG, 4 MG	1	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)

Drug Name	Drug Tier	Requirements/Limits
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	1	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)
<i>nicotine (polacrilex) buccal gum 2 mg</i> (Nicorelief)	1	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)
<i>nicotine (polacrilex) buccal gum 4 mg</i> (Nicorette)	1	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Stop Smoking Aid)	1	QL (9 per 1 day); AGE (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Stop Smoking Aid)	1	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ)	1	max QL: 180 days/life; QL (1 per 1 day); AGE (Min 18 Years)
<i>nicotine transdermal patch 24 hour 22 mg/24 hr</i>	1	max QL: 180 days/life; QL (1 per 1 day); AGE (Min 18 Years)
NICOTINE TRANSDERMAL PATCH, TD DAILY, SEQUENTIAL 21-14-7 MG/24 HR	1	max QL: 180 days/life; QL (1 per 1 day); AGE (Min 18 Years)
NICOTROL INHALATION CARTRIDGE 10 MG	1	max QL: 180 days/life; QL (1008 per 90 days); AGE (Min 18 Years)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	1	max QL: 180 days/life; QL (160 per 90 days); AGE (Min 18 Years)
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	1	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	QL (2 per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	4	QL (3 per 1 day)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
Antianxiety Agents		
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	2	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	2	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	2	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	2	
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	2	
<i>diazepam injection solution 5 mg/ml</i>	2	
<i>diazepam injection syringe 5 mg/ml</i>	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	2	
<i>estazolam oral tablet 1 mg, 2 mg</i>	2	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	2	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	2	
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	2	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	2	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	2	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	
<i>quazepam oral tablet 15 mg</i> (Doral)	2	PA
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	2	
<i>triazolam oral tablet 0.125 mg</i>	2	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	2	
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	PA
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	2	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	2	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	5	PA; LA; QL (10 per 1 day)
<i>neomycin oral tablet 500 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	2	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA; LA; QL (5 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection solution</i> <i>10 mg/ml, 40 mg/ml</i>	2	
Antibacterials, Miscellaneous		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG	4	QL (12 per 30 days)
<i>baciim intramuscular recon soln</i> <i>50,000 unit</i>	2	
<i>bacitracin intramuscular recon soln</i> <i>50,000 unit</i>	2	
<i>chloramphenicol sod succinate</i> <i>intravenous recon soln 1 gram</i>	2	
<i>clindamycin hcl oral capsule 150 mg,</i> (Cleocin HCl) <i>300 mg, 75 mg</i>	2	
<i>clindamycin in 5 % dextrose</i> <i>intravenous piggyback 300 mg/50</i> <i>ml, 600 mg/50 ml, 900 mg/50 ml</i>	2	
<i>clindamycin palmitate hcl oral recon</i> (Cleocin Pediatric) <i>soln 75 mg/5 ml</i>	2	
<i>clindamycin phosphate injection</i> (Cleocin) <i>solution 150 mg/ml</i>	2	
<i>colistin (colistimethate na) injection</i> (Coly-Mycin M <i>recon soln 150 mg</i> Parenteral)	2	
<i>daptomycin intravenous recon soln</i> <i>350 mg</i>	5	
<i>daptomycin intravenous recon soln</i> (Cubicin) <i>500 mg</i>	5	
FIRVANQ ORAL RECON SOLN 25 MG/ML	2	QL (300 per 30 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML	2	QL (600 per 30 days)
<i>linezolid oral suspension for</i> (Zyvox) <i>reconstitution 100 mg/5 ml</i>	5	PA
<i>linezolid oral tablet 600 mg</i> (Zyvox)	2	PA; QL (2 per 1 day)
<i>linezolid-0.9% sodium chloride</i> <i>intravenous parenteral solution 600</i> <i>mg/300 ml</i>	5	
<i>methenamine hippurate oral tablet 1</i> (Hiprex) <i>gram</i>	2	
<i>metronidazole in nacl (iso-os)</i> (Metro I.V.) <i>intravenous piggyback 500 mg/100</i> <i>ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)	2	
MONUROL ORAL PACKET 3 GRAM	4	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	2	
<i>nitrofurantoin monohydrate-crystal oral capsule 100 mg</i> (Macrobid)	2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	2	
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG	4	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	2	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	4	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	4	PA
SIVEXTRO ORAL TABLET 200 MG	4	PA
<i>trimethoprim oral tablet 100 mg</i>	2	
<i>ur n-c oral tablet 81.6-10.8-40.8 mg</i>	2	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	4	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	2	
<i>uro-blue oral tablet 81.6-40.8-0.12 mg</i>	2	
<i>vancomycin in 0.9% sodium chloride intravenous solution 1.5 gram/500 ml, 750 mg/150 ml</i>	2	
<i>vancomycin in dextrose 5% intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg</i>	2	
<i>vancomycin oral capsule 125 mg, 250 mg</i> (Vancocin)	2	PA; QL (40 per 30 days)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	2	QL (600 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN ORAL TABLET 200 MG	4	PA
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (2 per 1 day)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>	4	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefditoren pivoxil oral tablet 200 mg</i>	4	
<i>cefditoren pivoxil oral tablet 400 mg (Spectracef)</i>	2	
<i>cefixime oral capsule 400 mg (Suprax)</i>	2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Suprax)</i>	2	
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	2	
<i>cefotaxime injection recon soln 10 gram, 2 gram (Claforan)</i>	2	
<i>cefotetan in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	
<i>cefotetan intravenous recon soln 10 gram</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 2 gram/50 ml</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram (Tazicef)</i>	4	
<i>ceftazidime injection recon soln 2 gram, 6 gram (Tazicef)</i>	2	
<i>ceftibuten oral capsule 400 mg</i>	4	
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION 250 MG/5 ML	4	
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg (Keflex)</i>	2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	

Drug Name	Drug Tier	Requirements/Limits
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	4	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	4	
Macrolides		
<i>azithromycin intravenous recon soln (Zithromax) 500 mg</i>	2	
<i>azithromycin oral packet 1 gram (Zithromax)</i>	2	
<i>azithromycin oral suspension for (Zithromax) reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>azithromycin oral tablet 250 mg, (Zithromax) 500 mg</i>	2	
<i>azithromycin oral tablet 600 mg</i>	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
DIFICID ORAL TABLET 200 MG	4	QL (20 per 30 days)
<i>e.e.s. 400 oral tablet 400 mg</i>	2	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	4	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	4	
<i>ery-tab oral tablet, delayed release (drlec) 250 mg, 500 mg</i>	3	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG	4	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	2	
<i>erythromycin oral capsule, delayed release (drlec) 250 mg</i>	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
<i>erythromycin oral tablet, delayed release (drlec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	2	
KETEK ORAL TABLET 300 MG, 400 MG	4	PA
PCE ORAL TABLET, PARTICLES/CRYSTALS 333 MG, 500 MG	4	
ZMAX ORAL SUSPENSION, EXTENDED REL RECON 2 GRAM/60 ML	4	
Miscellaneous B-Lactam Antibiotics		
AZACTAM INJECTION RECON SOLN 2 GRAM	4	
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; QL (84 per 56 days)
DORIBAX INTRAVENOUS RECON SOLN 500 MG	4	
<i>doripenem intravenous recon soln 500 mg</i>	2	
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	2	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i> (Merrem)	2	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	2	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	2	
<i>amoxicillin oral tablet, er multiphase 24 hr 775 mg</i> (Moxatag)	4	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	2	
<i>ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	2	
<i>ampicillin-sulbactam injection recon (Unasyn) soln 1.5 gram, 15 gram, 3 gram</i>	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	2	
<i>nafcillin injection recon soln 10 gram</i>	2	
<i>nafcillin injection recon soln 2 gram</i>	3	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	
<i>oxacillin injection recon soln 10 gram, 2 gram</i>	2	
<i>oxacillin intravenous recon soln 1 gram</i>	2	
<i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i>	2	
<i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g sodium injection recon soln 5 million unit</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i> (Zosyn)	2	
Quinolones		
BAXDELA ORAL TABLET 450 MG	4	PA
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	2	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>ciprofloxacin lactate intravenous solution 200 mg/20 ml, 400 mg/40 ml</i>	2	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	2	
FACTIVE ORAL TABLET 320 MG	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg</i>	2	
<i>levofloxacin oral tablet 500 mg, 750 mg</i> (Levaquin)	2	
<i>moxifloxacin oral tablet 400 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	2	PA
<i>sulfamethoxazole-trimethoprim oral (Sulfatrim) suspension 200-40 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral (Bactrim) tablet 400-80 mg</i>	2	
<i>sulfamethoxazole-trimethoprim oral (Bactrim DS) tablet 800-160 mg</i>	2	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	2	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
<i>doxy-100 intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate intravenous (Doxy-100) recon soln 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg (Morgidox)</i>	2	
<i>doxycycline hyclate oral capsule 50 mg (Morgidox)</i>	2	ST
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg (Acticlate)</i>	2	
<i>doxycycline hyclate oral tablet 50 mg (Targadox)</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 75 mg</i>	2	ST; QL (2 per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg (Mondoxyne NL)</i>	2	
<i>doxycycline monohydrate oral capsule 50 mg (Monodox)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral capsule 75 mg</i> (Okebo)	2	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic 40 mg</i> (Oracea)	4	ST; QL (1 per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	2	
<i>minocycline oral capsule 100 mg, 75 mg</i>	2	
<i>minocycline oral capsule 50 mg</i> (Minocin)	2	
NUZYRA (7 DAY) ORAL TABLET 150 MG	4	PA
NUZYRA INTRAVENOUS RECON SOLN 100 MG	4	QL (15 per 30 days)
NUZYRA ORAL TABLET 150 MG	4	PA
<i>okebo oral capsule 100 mg, 75 mg</i>	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	2	
TYGACIL INTRAVENOUS RECON SOLN 50 MG	4	
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	4	
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg</i> (Zytiga)	5	PA
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA; LA
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	5	PA
<i>adriamycin intravenous recon soln 10 mg, 50 mg</i>	2	PA
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i>	2	PA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG	5	PA; LA; QL (1 per 1 day)
AFINITOR ORAL TABLET 7.5 MG	5	PA; LA
ALECENSA ORAL CAPSULE 150 MG	5	PA; LA
ALIMTA INTRAVENOUS RECON SOLN 100 MG	5	PA; LA
ALIMTA INTRAVENOUS RECON SOLN 500 MG	5	PA
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	5	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	5	PA; LA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA; LA
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	2	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	5	PA; LA
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	5	PA; LA
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	5	PA
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	PA; LA
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	5	PA
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA; LA
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	5	PA
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA; LA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
BICNU INTRAVENOUS RECON SOLN 100 MG	5	PA; LA
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	PA; LA

Drug Name	Drug Tier	Requirements/Limits
BLINCYTO INTRAVENOUS KIT 35 MCG	5	PA; LA
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	5	PA; LA
BOSULIF ORAL TABLET 100 MG	5	PA; LA; QL (4 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; LA; QL (1 per 1 day)
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	5	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; LA
CALQUENCE ORAL CAPSULE 100 MG	5	PA; LA
<i>capecitabine oral tablet 150 mg</i> (Xeloda)	5	PA; LA; QL (28 per 21 days)
<i>capecitabine oral tablet 500 mg</i> (Xeloda)	5	PA; LA; QL (112 per 21 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (2 per 1 day)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (1 per 1 day)
<i>carboplatin intravenous solution 10</i> (Paraplatin) <i>mg/ml</i>	2	PA; LA
<i>carmustine intravenous recon soln</i> (BiCNU) <i>100 mg</i>	5	PA; LA
<i>cisplatin intravenous recon soln 50</i> <i>mg</i>	2	PA; LA
<i>cisplatin intravenous solution 1</i> <i>mg/ml</i>	2	PA; LA
<i>cladribine intravenous solution 10</i> <i>mg/10 ml</i>	5	PA; LA
<i>clofarabine intravenous solution 20</i> (Clolar) <i>mg/20 ml</i>	5	PA; LA
CLOLAR INTRAVENOUS SOLUTION 20 MG/20 ML	5	PA; LA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA; LA; QL (4 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	5	PA; LA
COTELLIC ORAL TABLET 20 MG	5	PA; LA
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	2	PA NSO; LA
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG	5	
CYCLOPHOSPHAMIDE ORAL CAPSULE 50 MG	5	LA
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA; LA
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	PA; LA
<i>cytarabine injection solution 20 mg/ml</i>	2	PA; LA
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	2	PA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA
<i>daunorubicin intravenous recon soln 20 mg</i>	5	PA; LA
<i>daunorubicin intravenous solution 5 mg/ml</i>	5	PA; LA
DAUNOXOME INTRAVENOUS SOLUTION 2 MG/ML	5	PA; LA
<i>decitabine intravenous recon soln 50 mg (Dacogen)</i>	5	PA; LA
<i>docetaxel intravenous solution 140 mg/7 ml (20 mg/ml), 160 mg/8 ml (20 mg/ml)</i>	5	PA; LA
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml) (Taxotere)</i>	5	PA; LA
<i>doxorubicin intravenous recon soln 10 mg, 50 mg (Adriamycin)</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (Adriamycin)	4	PA
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Lipodox)	5	PA; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	5	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	5	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	5	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	5	PA; LA
EMCYT ORAL CAPSULE 140 MG	4	LA
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA
<i>epirubicin intravenous recon soln 200 mg, 50 mg</i>	5	PA; LA
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i> (Ellence)	5	PA; LA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA; LA
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; LA; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	5	PA
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva)	5	PA
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	2	PA
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	5	PA
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
FARESTON ORAL TABLET 60 MG	4	LA

Drug Name	Drug Tier	Requirements/Limits
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA; LA
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	5	PA; LA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; LA; QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	5	PA; LA; QL (1 per 30 days)
<i>floxuridine injection recon soln 0.5 gram</i>	4	PA; LA
<i>fludarabine intravenous recon soln 50 mg</i>	4	PA; LA
<i>fludarabine intravenous solution 50 mg/2 ml</i>	4	PA; LA
<i>fluorouracil intravenous solution 1 gram/20 ml</i>	2	PA
<i>fluorouracil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i> (Acrucil)	2	PA
<i>flutamide oral capsule 125 mg</i>	2	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	5	PA; LA
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	5	PA
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	PA; LA
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	5	PA; LA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	PA; LA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	5	PA; LA
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG	5	PA
HEXALEN ORAL CAPSULE 50 MG	5	PA; LA
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	5	PA; LA
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; LA
ICLUSIG ORAL TABLET 15 MG	5	PA; LA; QL (2 per 1 day)
ICLUSIG ORAL TABLET 45 MG	5	PA; LA; QL (1 per 1 day)
<i>idarubicin intravenous solution 1 mg/ml</i> (Idamycin PFS)	5	PA; LA
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; LA
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i> (Ifex)	5	PA; LA
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	5	PA; LA
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	5	PA; LA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA; LA
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	5	PA; LA
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	5	PA
INFUGEM INTRAVENOUS PIGGYBACK 1,900 MG/190 ML (10 MG/ML)	5	PA
INLYTA ORAL TABLET 1 MG	5	PA; LA; QL (6 per 1 day)
INLYTA ORAL TABLET 5 MG	5	PA; LA; QL (2 per 1 day)
INREBIC ORAL CAPSULE 100 MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
IRESSA ORAL TABLET 250 MG	5	PA; LA
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i> (Camptosar)	5	PA; LA
<i>irinotecan intravenous solution 500 mg/25 ml</i>	5	PA; LA
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	PA; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; LA; QL (2 per 1 day)
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	5	PA; LA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	5	PA; LA
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA; LA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	5	PA
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	5	PA
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML	5	PA; LA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA; LA
<i>letrozole oral tablet 2.5 mg</i> (Femara)	2	
LEUKERAN ORAL TABLET 2 MG	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	PA; LA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	5	PA
<i>lipodox 50 intravenous suspension 2 mg/ml</i>	5	PA; LA
<i>lipodox intravenous suspension 2 mg/ml</i>	5	PA; LA
LONSURF ORAL TABLET 15-6.14 MG	4	PA; LA
LONSURF ORAL TABLET 20-8.19 MG	5	PA; LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA; LA
LYNPARZA ORAL CAPSULE 50 MG	5	PA; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; LA; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	4	LA
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	5	PA; LA
MATULANE ORAL CAPSULE 50 MG	5	PA; LA
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA; LA
MEKTOVI ORAL TABLET 15 MG	5	PA
<i>melphalan hcl intravenous recon soln (Alkeran (as HCl)) 50 mg</i>	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
<i>mercaptapurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i> (Mutamycin)	2	PA; LA
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	PA; LA
MUSTARGEN INJECTION RECON SOLN 10 MG	5	PA; LA
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	PA; LA
NERLYNX ORAL TABLET 40 MG	5	PA; LA
NEXAVAR ORAL TABLET 200 MG	5	PA; LA; QL (4 per 1 day)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; LA
NIPENT INTRAVENOUS RECON SOLN 10 MG	5	PA; LA
ODOMZO ORAL CAPSULE 200 MG	5	PA; LA
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	PA; LA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA; LA
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	2	PA; LA
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	PA; LA
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	5	LA

Drug Name	Drug Tier	Requirements/Limits
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	5	PA; LA
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	5	PA; LA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; LA
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA; LA
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	5	PA
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	PA; LA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; LA; QL (1 per 1 day)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA; LA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA; LA
<i>romidepsin intravenous recon soln</i> (Istodax) 10 mg/2 ml	5	PA; LA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; LA
RYDAPT ORAL CAPSULE 25 MG	5	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA; LA; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	5	PA; LA; QL (2 per 1 day)
STIVARGA ORAL TABLET 40 MG	5	PA; LA; QL (3 per 1 day)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG	5	PA; LA; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
SUTENT ORAL CAPSULE 37.5 MG	5	PA
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA; LA
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA; LA
TABLOID ORAL TABLET 40 MG	4	LA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; LA
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; LA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	5	PA; LA; QL (1 per 1 day)
TARGRETIN TOPICAL GEL 1 %	5	PA; LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; LA; QL (4 per 1 day)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	PA; LA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> (Temodar)	5	PA; LA
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i> (Torisel)	5	PA; LA
<i>teniposide intravenous solution 50 mg/5 ml</i>	5	PA
<i>thiotepa injection recon soln 15 mg</i> (Tepadina)	5	PA
TIBSOVO ORAL TABLET 250 MG	5	PA
<i>toposar intravenous solution 20 mg/ml</i>	2	PA
<i>topotecan intravenous recon soln 4 mg</i> (Hycamtin)	5	PA; LA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	PA; LA
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	PA

Drug Name	Drug Tier	Requirements/Limits
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	5	PA; LA
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	5	PA; LA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	5	PA; LA
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	2	LA
TYKERB ORAL TABLET 250 MG	5	PA; LA
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA
<i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)	5	PA
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	5	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	5	PA; LA
VELCADE INJECTION RECON SOLN 3.5 MG	5	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	5	PA; LA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; LA
<i>vinblastine intravenous solution 1 mg/ml</i>	5	PA; LA
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	2	PA
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	2	PA NSO
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	2	PA; LA

Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA
VOTRIENT ORAL TABLET 200 MG	5	PA; LA; QL (4 per 1 day)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; LA; QL (2 per 1 day)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	QL (120 per 60 days); AGE (Max 12 Years)
XTANDI ORAL CAPSULE 40 MG	5	PA; LA; QL (4 per 1 day)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA; LA
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA
YONSA ORAL TABLET 125 MG	5	PA
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	5	PA
ZALTRAP INTRAVENOUS SOLUTION 200 MG/8 ML (25 MG/ML)	5	PA; LA
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	5	PA; LA
ZEJULA ORAL CAPSULE 100 MG	5	PA; LA
ZELBORAF ORAL TABLET 240 MG	5	PA; LA; QL (8 per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	5	PA; LA
ZOLINZA ORAL CAPSULE 100 MG	5	PA; LA
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; LA
ZYKADIA ORAL CAPSULE 150 MG	5	PA; LA
ZYKADIA ORAL TABLET 150 MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
ZYTIGA ORAL TABLET 250 MG, 500 MG	5	PA; LA; QL (4 per 1 day)
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>atropine injection solution 0.4 mg/ml</i>	2	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	2	
Anticonvulsants		
Anticonvulsants		
BANZEL ORAL SUSPENSION 40 MG/ML	3	PA; QL (80 per 1 day)
BANZEL ORAL TABLET 200 MG	3	PA; QL (16 per 1 day)
BANZEL ORAL TABLET 400 MG	3	PA; QL (8 per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	4	PA; QL (2 per 1 day)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	2	QL (1 per 1 day)
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	2	QL (1 per 1 day)
DILANTIN EXTENDED ORAL CAPSULE 100 MG	4	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	4	
DILANTIN ORAL CAPSULE 30 MG	3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	4	

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA
<i>epitol oral tablet 200 mg</i>	2	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	4	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	2	ST; QL (30 per 1 day)
<i>felbamate oral tablet 400 mg</i> (Felbatol)	2	ST; QL (9 per 1 day)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	2	ST; QL (6 per 1 day)
<i>fosphenytoin injection solution 100 mg pel2 ml, 500 mg pel10 ml</i> (Cerebyx)	2	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	2	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	2	
GABITRIL ORAL TABLET 12 MG	4	QL (4 per 1 day)
GABITRIL ORAL TABLET 16 MG	4	QL (3 per 1 day)
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) -100 MG (14)	4	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) -100 MG (7)	4	

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	4	ST
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	4	ST
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	4	ST
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	2	
<i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)	2	ST; QL (3 per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR)	2	ST; QL (2 per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i> (Lamictal XR)	2	ST; QL (6 per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	
<i>lamotrigine oral tablet, disintegrating 100 mg</i> (Lamictal ODT)	2	QL (3 per 1 day)
<i>lamotrigine oral tablet, disintegrating 200 mg</i> (Lamictal ODT)	2	QL (2 per 1 day)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	2	QL (6 per 1 day)
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (Lamictal Starter (Orange) Kit)	2	
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (Lamictal Starter (Green) Kit)	2	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	2	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	QL (5 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	4	PA; QL (2 per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	
PEGANONE ORAL TABLET 250 MG	4	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	
<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>	2	
<i>phenobarbital sodium injection solution 130 mg/ml</i>	4	
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG	4	QL (3 per 1 day)
POTIGA ORAL TABLET 50 MG	4	QL (9 per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	3	PA
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
SABRIL ORAL TABLET 500 MG	5	PA; QL (6 per 1 day)
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i> (Gabitril)	2	QL (4 per 1 day)
<i>tiagabine oral tablet 16 mg</i> (Gabitril)	2	QL (3 per 1 day)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	2	ST
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	2	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	5	PA
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	5	PA
VIMPAT ORAL SOLUTION 10 MG/ML	4	QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	ST; QL (2 per 1 day)
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	
<i>zonisamide oral capsule 50 mg</i>	2	
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	2	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	2	QL (30 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> (Razadyne)	2	QL (60 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	2	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda Titration Pak)	2	QL (49 per 28 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i> (Exelon)	2	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
BRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (1 per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	2	
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	2	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	2	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	2	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 50 mg</i> (Pristiq)	2	PA; QL (1 per 1 day)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	2	
<i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	2	QL (2 per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	PA; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	2	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST; QL (1 per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (1 per 1 day)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	2	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	2	QL (2 per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	2	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	2	
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	2	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	2	
PAXIL ORAL SUSPENSION 10 MG/5 ML	3	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	2	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (1 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	2	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	ST; QL (1 per 1 day)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	4	ST; QL (1 per 1 day)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG, 30-1,000 MG	4	
AVANDIA ORAL TABLET 2 MG, 4 MG	4	
CYCLOSET ORAL TABLET 0.8 MG	4	ST
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	ST
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	ST; QL (2 per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	ST; QL (1 per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	ST; QL (2 per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST; QL (1 per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	ST; QL (1 per 1 day)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	4	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> (Glucophage)	2	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i> (Glucophage XR)	2	
<i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset)	2	
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	2	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	3	ST
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	2	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	2	
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus MET)	2	ST
QTERN ORAL TABLET 10-5 MG, 5-5 MG	3	ST
<i>repaglinide oral tablet 0.5 mg</i>	2	
<i>repaglinide oral tablet 1 mg, 2 mg</i> (Prandin)	2	
RIOMET ER ORAL SUSPENSION, EXTENDED REL RECON 500 MG/5 ML	4	
RIOMET ORAL SOLUTION 500 MG/5 ML	4	

Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	4	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	4	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5- 1,000 MG, 5-500 MG	3	ST
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	3	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	3	ST
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	ST; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10- 1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	ST
Insulins		
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70- 30)	3	

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
NOVOLOG MIX 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	

Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
Sulfonylureas		
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	2	
DIABETA ORAL TABLET 1.25 MG, 2.5 MG, 5 MG	4	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> (Amaryl)	2	
<i>glipizide oral tablet 10 mg, 5 mg</i> (Glucotrol)	2	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	2	
<i>glipizide-metformin oral tablet 2.5- 250 mg, 2.5-500 mg, 5-500 mg</i>	2	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	2	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	2	
<i>tolazamide oral tablet 250 mg, 500 mg</i>	2	
<i>tolbutamide oral tablet 500 mg</i>	2	
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	4	
<i>amphotericin b injection recon soln 50 mg</i>	2	
CANCIDAS INTRAVENOUS RECON SOLN 50 MG	4	
<i>ciclopirox topical cream 0.77% (Ciclodan)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical gel 0.77 %</i>	2	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	2	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	2	
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	2	
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	2	
<i>clotrimazole topical solution 1 %</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i> (Lotrisone)	2	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	
CNL 8 NAIL TOPICAL KIT 8 %	4	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	4	
ERTACZO TOPICAL CREAM 2 %	4	PA
EXELDERM TOPICAL CREAM 1 %	4	
EXELDERM TOPICAL SOLUTION 1 %	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	2	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	5	PA
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	4	PA
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole topical foam 2 %</i> (Ketodan)	2	
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	2	
<i>ketodan topical foam 2 %</i>	2	
<i>luliconazole topical cream 1 %</i> (Luzu)	2	PA
LUZU TOPICAL CREAM 1 %	4	PA
MENTAX TOPICAL CREAM 1 %	4	PA
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	4	
<i>naftifine topical cream 1 %</i>	2	
<i>naftifine topical gel 1 %</i> (Naftin)	4	
NAFTIN TOPICAL GEL 1 %	4	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5	PA
<i>nyamyc topical powder 100,000 unit/gram</i>	2	
<i>nystatin oral powder 50 million unit, 500 million unit</i>	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	
<i>nystatin topical ointment 100,000 unit/gram</i>	2	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i>	2	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	4	
<i>oxiconazole topical cream 1 %</i> (Oxistat)	2	
OXISTAT TOPICAL LOTION 1 %	4	

Drug Name	Drug Tier	Requirements/Limits
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	5	PA
SPORANOX ORAL SOLUTION 10 MG/ML	5	PA
<i>sulconazole topical cream 1%</i> (Exelderm)	4	
<i>sulconazole topical solution 1%</i> (Exelderm)	4	
<i>terbinafine hcl oral tablet 250 mg</i>	2	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	2	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	5	PA
XOLEGEL TOPICAL GEL 2%	4	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 mg</i> (Zyloprim)	2	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	4	
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	4	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	2	ST
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
ULORIC ORAL TABLET 40 MG, 80 MG	4	ST; QL (30 per 30 days)
Antihistamines		
Antihistamines		
<i>arbinoxa oral liquid 4 mg/5 ml</i>	2	
<i>arbinoxa oral tablet 4 mg</i>	2	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	2	
CLARINEX ORAL SYRUP 2.5 MG/5 ML (0.5 MG/ML)	4	ST; QL (10 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	4	ST; QL (2 per 1 day)
<i>clemastine oral tablet 2.68 mg</i>	2	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	
<i>cyproheptadine oral tablet 4 mg</i>	2	
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	2	QL (1 per 1 day)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	2	ST; QL (1 per 1 day)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	2	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen)	2	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	2	QL (10 per 1 day)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	2	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i> (Promethazine VC)	2	
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	
GYNAZOLE-1 VAGINAL CREAM 2 %	4	
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole)	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
VANDAZOLE VAGINAL GEL 0.75 %	4	
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	5	PA
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 140 MG/ML, 70 MG/ML	5	PA
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	5	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	2	ST; QL (2 per 5 days)
<i>dihydroergotamine injection solution (D.H.E.45) 1 mg/ml</i>	2	QL (15 per 14 days)
<i>dihydroergotamine nasal spray, non- (Migranal) aerosol 0.5 mg/pump act. (4 mg/ml)</i>	2	QL (8 per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg (Relpax)</i>	2	ST; QL (2 per 5 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	5	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	5	PA
ERGOMAR SUBLINGUAL TABLET 2 MG	4	QL (10 per 7 days)
<i>frovatriptan oral tablet 2.5 mg (Frova)</i>	4	ST
<i>naratriptan oral tablet 1 mg, 2.5 mg (Amerge)</i>	2	QL (3 per 5 days)
<i>rizatriptan oral tablet 10 mg (Maxalt)</i>	2	QL (3 per 5 days)
<i>rizatriptan oral tablet 5 mg</i>	2	QL (3 per 5 days)
<i>rizatriptan oral tablet, disintegrating (Maxalt-MLT) 10 mg</i>	2	QL (3 per 5 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	2	QL (3 per 5 days)
<i>sumatriptan nasal spray, non-aerosol (Imitrex) 20 mg/lactuation, 5 mg/lactuation</i>	2	QL (6 per 15 days)
<i>sumatriptan succinate oral tablet (Imitrex) 100 mg, 25 mg, 50 mg</i>	2	QL (3 per 5 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	2	QL (1 per 14 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	2	QL (1 per 14 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	QL (1 per 14 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL (1 per 14 days)
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 6 MG/0.5 ML	4	ST; QL (1 per 14 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	2	ST; QL (2 per 5 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> (Zomig ZMT)	2	ST; QL (2 per 5 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG, 5 MG	4	ST; QL (6 per 15 days)
Antimycobacterials		
Antimycobacterials		
CAPASTAT INJECTION RECON SOLN 1 GRAM	4	
<i>cycloserine oral capsule 250 mg</i>	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg</i>	2	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	2	
<i>isoniazid injection solution 100 mg/ml</i>	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	2	
RIFAMATE ORAL CAPSULE 300-150 MG	4	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	2	
RIFATER ORAL TABLET 50-120-300 MG	4	
TRECTOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	5	PA
ANZEMET INTRAVENOUS SOLUTION 100 MG/5 ML, 12.5 MG/0.625 ML, 20 MG/ML	5	
ANZEMET ORAL TABLET 100 MG	5	PA; QL (4 per 1 day)
ANZEMET ORAL TABLET 50 MG	5	PA; QL (8 per 1 day)
<i>aprepitant oral capsule 125 mg</i>	5	PA; QL (1 per 1 day)
<i>aprepitant oral capsule 40 mg</i> (Emend)	5	PA; QL (4 per 1 day)
<i>aprepitant oral capsule 80 mg</i> (Emend)	5	PA; QL (2 per 1 day)
<i>aprepitant oral capsule, dose pack 125 mg (1) - 80 mg (2)</i> (Emend)	5	PA; QL (3 per 1 day)
CESAMET ORAL CAPSULE 1 MG	4	PA; QL (6 per 1 day)
<i>compro rectal suppository 25 mg</i>	2	
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG	4	QL (4 per 1 day)
<i>dimenhydrinate injection solution 50 mg/ml</i>	2	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i> (Diclegis)	4	QL (4 per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	PA; QL (2 per 1 day)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	5	PA
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	5	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	5	

Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl oral tablet 1 mg</i>	2	QL (8 per 30 days)
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	2	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	2	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	2	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	QL (50 per 15 days)
<i>ondansetron hcl oral tablet 24 mg</i>	2	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran)	2	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i> (Aloxi)	2	
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	2	
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	2	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	2	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	2	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i> (Phenadoz)	2	
<i>promethazine rectal suppository 50 mg</i> (Promethegan)	2	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	5	PA; QL (1 per 7 days)

Drug Name	Drug Tier	Requirements/Limits
<i>scopolamine base transdermal patch</i> (Transderm-Scop) 3 day 1 mg over 3 days	2	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	4	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	4	
<i>trimethobenzamide oral capsule 300 mg</i> (Tigan)	2	
VARUBI ORAL TABLET 90 MG	4	PA
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i> (Albenza)	4	
ALBENZA ORAL TABLET 200 MG	4	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	
ALINIA ORAL TABLET 500 MG	4	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	2	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	3	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20- 120 MG	4	
DARAPRIM ORAL TABLET 25 MG	3	PA
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	PA
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
<i>mefloquine oral tablet 250 mg</i>	2	
NEBUPENT INHALATION RECON SOLN 300 MG	4	

Drug Name	Drug Tier	Requirements/Limits
<i>paromomycin oral capsule 250 mg</i>	2	
PENTAM INJECTION RECON SOLN 300 MG	5	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	2	
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	5	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	4	
PRIMAQUINE ORAL TABLET 26.3 MG	3	
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5	PA; LA; QL (2 per 1 day)
<i>benztropine injection solution 2 mg/2 ml</i> (Cogentin)	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Sinemet CR)	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	4	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	4	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	4	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	4	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	4	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	4	
<i>entacapone oral tablet 200 mg</i> (Comtan)	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	5	PA; QL (1 per 1 day)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	2	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> (Mirapex ER)	2	ST
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	2	QL (1 per 1 day)
<i>ropinirole oral tablet 0.25 mg, 3 mg, 5 mg</i> (Requip)	2	
<i>ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 6 mg, 8 mg</i> (Requip XL)	2	QL (1 per 1 day)
<i>ropinirole oral tablet extended release 24 hr 4 mg</i>	2	QL (1 per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG	4	QL (2 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
Antipsychotic Agents		
Antipsychotic Agents		
<i>aripiprazole oral solution 1 mg/ml</i>	2	ST
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	ST; QL (1 per 1 day)
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	2	ST
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	2	QL (3 per 1 day)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	2	QL (3 per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	ST; QL (2 per 1 day)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	4	ST; QL (8 per 28 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	5	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	2	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haldol)	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate oral concentrate</i> 2 mg/ml	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg,</i> <i>10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	5	PA; LA
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	ST; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	4	ST; QL (60 per 30 days)
<i>loxapine succinate oral capsule 10</i> <i>mg, 25 mg, 5 mg, 50 mg</i>	2	
NUPLAZID ORAL CAPSULE 34 MG	5	PA; LA
NUPLAZID ORAL TABLET 10 MG, 17 MG	5	PA; LA
<i>olanzapine intramuscular recon soln (Zyprexa)</i> <i>10 mg</i>	2	
<i>olanzapine oral tablet 10 mg, 15 mg, (Zyprexa)</i> <i>2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (1 per 1 day)
<i>olanzapine oral tablet, disintegrating (Zyprexa Zydis)</i> <i>10 mg, 15 mg, 20 mg, 5 mg</i>	2	QL (1 per 1 day)
<i>paliperidone oral tablet extended (Invega)</i> <i>release 24hr 1.5 mg, 3 mg, 6 mg, 9</i> <i>mg</i>	2	ST
<i>perphenazine oral tablet 16 mg, 2</i> <i>mg, 4 mg, 8 mg</i>	2	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>quetiapine oral tablet 100 mg, 200 (Seroquel)</i> <i>mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	QL (3 per 1 day)
<i>quetiapine oral tablet extended (Seroquel XR)</i> <i>release 24 hr 150 mg, 200 mg, 300</i> <i>mg, 400 mg, 50 mg</i>	2	ST; QL (1 per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	5	PA; LA
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	QL (8 per 1 day)
<i>risperidone oral tablet 0.25 mg</i>	2	QL (2 per 1 day)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	2	QL (2 per 1 day)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (2 per 1 day)
SAPHRIS SUBLINGUAL TABLET 10 MG, 5 MG	4	ST; QL (2 per 1 day)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	QL (2 per 1 day)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	QL (900 per 30 days)
<i>abacavir oral tablet 300 mg</i> (Ziagen)	2	QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	2	QL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	2	QL (30 per 30 days)
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	5	PA
APTIVUS ORAL CAPSULE 250 MG	5	PA
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> (Reyataz)	2	QL (30 per 30 days)
ATRIPLA ORAL TABLET 600- 200-300 MG	5	QL (30 per 30 days)
BIKTARVY ORAL TABLET 50- 200-25 MG	5	QL (1 per 1 day)
CIMDUO ORAL TABLET 300- 300 MG	4	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
COMPLERA ORAL TABLET 200-25-300 MG	5	PA
CRIXIVAN ORAL CAPSULE 200 MG	5	QL (180 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	5	QL (120 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	QL (1 per 1 day)
DESCOVY ORAL TABLET 200- 25 MG	5	QL (30 per 30 days)
<i>didanosine oral capsule, delayed release(drlec) 125 mg</i> (Videx EC)	2	QL (60 per 30 days)
<i>didanosine oral capsule, delayed release(drlec) 200 mg</i>	2	QL (60 per 30 days)
<i>didanosine oral capsule, delayed release(drlec) 250 mg</i> (Videx EC)	2	
<i>didanosine oral capsule, delayed release(drlec) 400 mg</i>	2	
EDURANT ORAL TABLET 25 MG	5	PA
<i>efavirenz oral capsule 200 mg, 50 mg</i> (Sustiva)	2	QL (30 per 30 days)
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	2	QL (30 per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	5	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	5	QL (720 per 30 days)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	5	
EVOTAZ ORAL TABLET 300- 150 MG	5	QL (30 per 30 days)
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	2	PA NSO
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	PA
GENVOYA ORAL TABLET 150- 150-200-10 MG	5	QL (30 per 30 days)
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	5	PA
INVIRASE ORAL CAPSULE 200 MG	5	QL (300 per 30 days)
INVIRASE ORAL TABLET 500 MG	5	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS HD ORAL TABLET 600 MG	5	QL (120 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	QL (180 per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	QL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	QL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	5	QL (120 per 30 days)
JULUCA ORAL TABLET 50-25 MG	5	QL (1 per 1 day)
KALETRA ORAL TABLET 100-25 MG	5	QL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	QL (120 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	5	PA NSO; QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	5	
<i>lamivudine oral tablet 150 mg</i> (Epivir)	2	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	2	QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	5	QL (60 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	5	PA
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	QL (390 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	5	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i> (Viramune)	2	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	2	
NORVIR ORAL CAPSULE 100 MG	5	QL (360 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	5	QL (12 per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML	5	QL (450 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
PIFELTRO ORAL TABLET 100 MG	5	QL (2 per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (240 per 30 days)
PREZISTA ORAL TABLET 150 MG	5	QL (240 per 30 days)
PREZISTA ORAL TABLET 400 MG, 600 MG	5	QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	5	QL (480 per 30 days)
PREZISTA ORAL TABLET 800 MG	5	PA NSO; QL (30 per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	5	QL (180 per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	5	QL (360 per 30 days)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	5	
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	QL (360 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	5	PA
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	QL (60 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	4	QL (1 per 1 day)
SYMFI ORAL TABLET 600-300-300 MG	4	QL (1 per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	PA
TEMIXYS ORAL TABLET 300-300 MG	4	QL (1 per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	5	QL (60 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	ST; QL (30 per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	LA; QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	5	QL (1200 per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (180 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	QL (225 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	QL (180 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	QL (1800 per 30 days)
<i>zidovudine oral tablet 300 mg</i>	2	QL (60 per 30 days)
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	2	
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	QL (40 per 183 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	2	QL (20 per 183 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (360 per 183 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (40 per 183 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; LA
TAMIFLU ORAL CAPSULE 30 MG	2	QL (40 per 183 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	2	QL (20 per 183 days)

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	2	QL (360 per 183 days)
XOFLUZA ORAL TABLET 20 MG, 40 MG	3	QL (4 per 180 days)
Hcv Antivirals		
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	5	PA; LA
EPCLUSA ORAL TABLET 400-100 MG	5	PA; LA
HARVONI ORAL TABLET 45-200 MG	5	PA
HARVONI ORAL TABLET 90-400 MG	5	PA; LA
MAVYRET ORAL TABLET 100-40 MG	5	PA; LA
OLYSIO ORAL CAPSULE 150 MG	5	PA; LA
SOVALDI ORAL TABLET 200 MG, 400 MG	5	PA; LA
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; LA
ZEPATIER ORAL TABLET 50-100 MG	5	PA; LA
Interferons		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	5	PA; LA
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA; LA
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	PA; LA
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; LA
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML	5	PA; LA
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML	5	PA; LA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA; LA; QL (1 per 7 days)
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	
<i>adefovir oral tablet 10 mg</i> (Hepsera)	5	PA; LA
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	5	PA; LA
<i>cidofovir intravenous solution 75 mg/ml</i>	5	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	5	PA; LA
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	5	PA NSO
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	5	PA NSO
REBETOL ORAL SOLUTION 40 MG/ML	5	PA
<i>ribasphere oral capsule 200 mg</i>	5	PA
<i>ribasphere oral tablet 200 mg, 400 mg, 600 mg</i>	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>ribasphere ribapak oral tablets,dose pack 200 mg (7)- 400 mg (7), 400 mg (7)- 400 mg (7), 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)</i>	5	PA
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	5	PA
<i>ribavirin oral capsule 200 mg</i>	5	PA
<i>ribavirin oral tablet 200 mg</i>	5	PA
TYZEKA ORAL TABLET 600 MG	5	PA; LA
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	5	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	5	PA
VIRAZOLE INHALATION RECON SOLN 6 GRAM	5	PA
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS PARENTERAL SOLUTION 250 MG/250 ML (1 MG/ML)	4	
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 1 MG/ML	4	
ARGATROBAN INTRAVENOUS SOLUTION 100 MG/ML	4	
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	4	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (2 per 1 day)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous solution</i> (Lovenox) 300 mg/3 ml	2	QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 100 mg/ml, 150 mg/ml	2	QL (20 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 120 mg/0.8 ml, 80 mg/0.8 ml	2	QL (16 per 30 days)
<i>enoxaparin subcutaneous syringe 30</i> (Lovenox) <i>mg/0.3 ml</i>	2	QL (6 per 30 days)
<i>enoxaparin subcutaneous syringe 40</i> (Lovenox) <i>mg/0.4 ml</i>	2	QL (8 per 30 days)
<i>enoxaparin subcutaneous syringe 60</i> (Lovenox) <i>mg/0.6 ml</i>	2	QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 10 mg/0.8 ml	5	PA; QL (8 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 2.5 mg/0.5 ml	5	PA; QL (5 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 5 mg/0.4 ml	5	PA; QL (4 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 7.5 mg/0.6 ml	5	PA; QL (6 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	4	QL (7.6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	4	QL (10 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	4	QL (5 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	4	QL (6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	4	QL (7.2 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	4	QL (2 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	4	QL (3 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml)</i>	5	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	4	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	2	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	
<i>heparin flush intravenous kit 10 unit/ml</i>	5	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	5	
<i>heparin lockflush(porcine) (pf) intravenous syringe 100 unit/ml</i>	5	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	4	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	2	
<i>heparin, porcine (pf) intravenous syringe 100 unit/ml</i>	5	(Heparin LockFlush(Porcine)(PF))
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	2	
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (1 per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (2 per 1 day)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
Blood Formation Modifiers		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	5	PA; LA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML	5	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	PA; LA
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	5	PA; LA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; LA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	5	PA; LA
LEUKINE INJECTION RECON SOLN 250 MCG	5	PA; LA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	PA; LA
MULPLETA ORAL TABLET 3 MG	5	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	5	PA; LA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	5	PA
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	5	PA; LA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; LA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	5	PA; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; LA; QL (1 per 1 day)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	5	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
Hematologic Agents, Miscellaneous		
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	2	
<i>aminocaproic acid oral solution 250 mg/ml (25%)</i> (Amicar)	2	
<i>aminocaproic acid oral tablet 500 mg</i> (Amicar)	2	
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
BEBULIN INTRAVENOUS RECON SOLN 700 (+/-) UNIT	5	PA NSO; LA
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	5	PA NSO; LA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	5	PA
PROFILNINE INTRAVENOUS RECON SOLN 500 (+/-) UNIT	5	PA NSO; LA
RIXUBIS INTRAVENOUS RECON SOLN 250 UNIT	5	PA NSO; LA
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron)	5	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	2	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> (Aggrenox)	2	
BRILINTA ORAL TABLET 60 MG	4	
BRILINTA ORAL TABLET 90 MG	4	QL (2 per 1 day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 300 mg</i>	2	QL (4 per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	2	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	2	QL (1 per 1 day)
<i>ticlopidine oral tablet 250 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
Caloric Agents		
Caloric Agents		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	4	
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	
AMINOSYN II 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	4	
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	4	
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	4	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	
<i>cysteine (l-cysteine) intravenous solution 50 mg/ml</i> (Elcys)	2	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	2	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	2	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	4	
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	

Drug Name	Drug Tier	Requirements/Limits
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	4	
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	4	
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	
Cardiovascular Agents		
Alpha-Adrenergic Agents		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	4	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	2	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	2	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	2	
<i>methyldopate intravenous solution 250 mg/5 ml</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	2	LA
<i>phentolamine injection recon soln 5 mg</i>	2	
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	2	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	2	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	4	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	4	
EDARBI ORAL TABLET 40 MG, 80 MG	4	ST
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	4	ST
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	4	PA
<i>eprosartan oral tablet 600 mg</i>	2	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	2	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	2	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	2	ST
<i>olmesartan-amlodipin-hcthiaazid 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> (Tribenzor)	2	ST
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	2	ST
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta)	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	2	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	2	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	2	
<i>benazepril oral tablet 5 mg</i>	2	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	2	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	2	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	2	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	2	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 20 mg, 5 mg</i> (Prinivil)	2	
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg</i> (Zestril)	2	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	2	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	2	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg</i>	2	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg</i> (Tarka)	2	
Antiarrhythmic Agents		
ADENOSCAN INTRAVENOUS SOLUTION 3 MG/ML	4	
<i>adenosine (diagnostic) intravenous solution 3 mg/ml</i> (Adenoscan)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>adenosine intravenous solution 3 mg/ml</i>	2	
<i>amiodarone intravenous solution 50 mg/ml</i>	2	
<i>amiodarone intravenous syringe 150 mg/3 ml</i>	2	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>ibutilide fumarate intravenous solution 0.1 mg/ml</i> (Corvert)	2	
<i>lidocaine (pf) injection syringe 100 mg/5 ml (2%)</i>	2	PA
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2%)</i>	2	PA
<i>lidocaine in 5% dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4%), 8 mg/ml (0.8%)</i>	2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	4	
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)	5	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	4	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	2	
<i>procainamide intravenous syringe 100 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate injection solution 80 mg/ml</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet extended release 300 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	2	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	2	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	2	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	2	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	2	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i> (Brevibloc)	2	
<i>esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)</i>	2	
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	4	ST

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol intravenous solution 5 mg/ml</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml), 50 mg/10 ml (5 mg/ml)</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
LEVATOL ORAL TABLET 20 MG	4	
<i>metoprolol succinate oral tablet (Toprol XL) extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg (Lopressor HCT)</i>	2	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml (Lopressor)</i>	2	
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)</i>	2	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg (Corgard)</i>	2	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i>	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol intravenous solution 1 mg/ml</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA)</i>	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Sorine)	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
Calcium-Channel Blocking Agents		
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	4	
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg</i> (Taztia XT)	2	
<i>diltiazem hcl oral capsule, extended release 24 hr 420 mg</i> (Tiadyt ER)	2	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	2	
<i>diltiazem hcl oral tablet 90 mg</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	2	
<i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>verapamil intravenous solution 2.5 mg/ml</i>	2	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil oral capsule, ext rel.</i> (Verelan) <i>pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	2	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	2	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA; QL (2 per 1 day)
DEMSER ORAL CAPSULE 250 MG	4	
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	2	
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	2	
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml), 500 mg/40 ml (12.5 mg/ml)</i>	2	
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	
<i>ephedrine sulfate intravenous solution 50 mg/ml</i> (Akovaz)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)</i>	2	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)	2	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr 2-Pak)	2	
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (EpiPen 2-Pak)	2	
<i>epinephrine injection solution 1 mg/ml</i> (Adrenalin)	2	
<i>epinephrine injection syringe 0.1 mg/ml</i>	2	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	4	
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	4	
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	5	PA; LA
<i>hydralazine injection solution 20 mg/ml</i>	2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	5	PA
ISUPREL INJECTION SOLUTION 0.2 MG/ML	4	
<i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i>	2	
<i>milrinone intravenous solution 1 mg/ml</i>	2	
<i>papaverine injection solution 30 mg/ml</i>	2	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG	4	ST; QL (60 per 30 days)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 500 MG	4	ST; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> (Ranexa)	2	ST; QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i> (Ranexa)	2	ST; QL (120 per 30 days)
<i>reserpine oral tablet 0.1 mg, 0.25 mg</i>	2	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	4	
Dihydropyridines		
<i>afeditab cr oral tablet extended release 30 mg</i>	2	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	2	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	2	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	2	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	2	ST
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	2	ST
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	2	ST
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
<i>nicardipine intravenous solution 25 mg/10 ml</i> (Cardene IV)	2	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedical xl oral tablet extended release 24hr 30 mg, 60 mg</i>	2	
<i>nifedipine oral capsule 10 mg</i> (Procardia)	2	
<i>nifedipine oral capsule 20 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)	2	
<i>nimodipine oral capsule 30 mg</i>	2	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	2	
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	2	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
DIURIL ORAL SUSPENSION 250 MG/5 ML	4	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	4	
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide injection syringe 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	2	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA
<i>mannitol 20 % intravenous parenteral solution 20 %</i> (Osmitrol 20 %)	2	
<i>methyclothiazide oral tablet 5 mg</i>	2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
OSMITROL 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	
SAMSCA ORAL TABLET 15 MG	5	PA; QL (30 per 365 days)
SAMSCA ORAL TABLET 30 MG	5	PA; QL (60 per 365 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	2	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	2	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	2	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	2	QL (1 per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	2	QL (1 per 1 day)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	2	QL (1 per 1 day)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine light oral powder in packet 4 gram</i>	2	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	2	
<i>colestipol oral packet 5 gram</i> (Colestid)	2	
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	2	QL (1 per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	2	ST; QL (1 per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	2	ST; QL (1 per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	2	ST; QL (1 per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	2	PA; QL (1 per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	4	ST
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	2	ST
<i>fenofibrate oral tablet 160 mg</i>	2	ST
<i>fenofibrate oral tablet 54 mg</i>	2	
<i>fenofibric acid (choline) oral capsule, delayed release(drlec) 135 mg, 45 mg</i> (Trilipix)	2	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	2	ST
<i>fluvastatin oral capsule 20 mg, 40 mg</i> (Lescol)	2	QL (2 per 1 day)
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	2	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; QL (1 per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	2	QL (1 per 1 day)
<i>niacin oral tablet 500 mg</i> (Niacor)	2	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	2	ST
<i>niacor oral tablet 500 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	QL (4 per 1 day)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	5	PA; LA
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/ML	5	PA; LA
<i>pravastatin oral tablet 10 mg, 80 mg</i>	2	QL (1 per 1 day)
<i>pravastatin oral tablet 20 mg, 40 mg</i> (Pravachol)	2	QL (1 per 1 day)
<i>prevalite oral powder in packet 4 gram</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	5	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	5	PA; LA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	5	PA; LA
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	2	QL (1 per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	2	QL (1 per 1 day)
<i>simvastatin oral tablet 5 mg</i>	2	QL (1 per 1 day)
<i>simvastatin oral tablet 80 mg</i> (Zocor)	2	PA; QL (1 per 1 day)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	4	
WELCHOL ORAL TABLET 625 MG	2	
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	4	PA
TEKTURNA ORAL TABLET 150 MG, 300 MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)	2	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	2	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	4	
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Minitran)	2	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	2	
Central Nervous System Agents		
Central Nervous System Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	5	PA; LA
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	2	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	2	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; LA; QL (1 per 1 day)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	5	PA; LA
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	5	PA; LA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; LA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; LA
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; LA; QL (14 per 28 days)
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)	2	QL (120 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; LA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	5	PA; LA
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	2	QL (1 per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	QL (2 per 1 day)
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i> (Dexedrine Spansule)	2	QL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i> (Dexedrine Spansule)	2	QL (120 per 30 days)
<i>dextroamphetamine oral solution 5 mg/5 ml</i> (ProCentra)	2	QL (1800 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i> (Zenzedi)	2	QL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i> (Zenzedi)	2	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> (Adderall XR)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine-amphetamine</i> (Adderall) oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	2	QL (2 per 1 day)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	5	PA; LA; QL (14 per 28 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	2	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	5	PA; LA; QL (1 per 1 day)
<i>glatiramer subcutaneous syringe 20</i> (Copaxone) <i>mg/ml, 40 mg/ml</i>	5	PA
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	5	PA; LA
<i>guanfacine oral tablet extended</i> (Intuniv ER) <i>release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (1 per 1 day)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium carbonate oral tablet</i> (Lithobid) <i>extended release 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>metadate er oral tablet extended release 20 mg</i>	2	QL (90 per 30 days)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	2	QL (150 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	2	QL (2 per 1 day)
<i>methylphenidate hcl oral capsule, er</i> (Ritalin LA) <i>biphasic 50-50 10 mg, 20 mg, 40 mg</i>	2	QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er</i> (Ritalin LA) <i>biphasic 50-50 30 mg</i>	2	QL (2 per 1 day)
<i>methylphenidate hcl oral solution 10</i> (Methylin) <i>mg/5 ml, 5 mg/5 ml</i>	2	
<i>methylphenidate hcl oral tablet 10</i> (Ritalin) <i>mg, 20 mg, 5 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg</i> (Concerta)	2	QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 54 mg</i> (Concerta)	2	
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	2	QL (1 per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	2	QL (90 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; LA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; LA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; LA; QL (1 per 28 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; LA; QL (6 per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; LA; QL (4.2 per 28 days)
<i>riluzole oral tablet 50 mg</i> (Rilutek)	5	PA; LA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	4	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	5	PA; LA; QL (2 per 1 day)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	5	PA; LA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
VYVANSE ORAL CAPSULE 10 MG	4	ST
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	4	ST; QL (1 per 1 day)
<i>zenzedi oral tablet 10 mg</i>	2	QL (180 per 30 days)
<i>zenzedi oral tablet 5 mg</i>	2	QL (90 per 30 days)
ZINBRYTA SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA; QL (1 per 28 days)
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	
AIMSCO LATEX CONDOM DEVICE	1	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	1	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>brevicon (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	
<i>camila oral tablet 0.35 mg</i>	1	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	1	
<i>caziant (28) oral tablet 0.11.125/1.15-25 mg-mcg</i>	1	
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	1	
CONDOMS-PREM LUBRICATED DEVICE	1	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>cyred oral tablet 0.15-0.03 mg</i>	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	1	
<i>delyla (28) oral tablet 0.1-20 mg- mcg</i>	1	
<i>desog-e.estradiolle.estradiol oral (Azurette (28)) tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>desogestrel-ethinyl estradiol oral (Apri) tablet 0.15-0.03 mg</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral (Beyaz) tablet 3-0.02-0.451 mg (24) (4)</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral (Tydemy) tablet 3-0.03-0.451 mg (21) (7)</i>	1	
<i>drospirenone-ethinyl estradiol oral (Gianvi (28)) tablet 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol oral (Ocella) tablet 3-0.03 mg</i>	1	
<i>econtra ez oral tablet 1.5 mg</i>	1	
<i>elimest oral tablet 0.3-30 mg-mcg</i>	1	
ELLA ORAL TABLET 30 MG	1	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	1	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	
<i>errin oral tablet 0.35 mg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	
<i>ethynodiol diac-eth estradiol oral (Kelnor 1/35 (28)) tablet 1-35 mg-mcg</i>	1	
<i>ethynodiol diac-eth estradiol oral (Kelnor 1-50) tablet 1-50 mg-mcg</i>	1	
<i>etonogestrel-ethinyl estradiol (EluRyng) vaginal ring 0.12-0.015 mg/24 hr</i>	1	QL (1 per 28 days)
<i>fallback solo oral tablet 1.5 mg</i>	1	
<i>falmina (28) oral tablet 0.1-20 mg- mcg</i>	1	
FANTASY CONDOM DEVICE	1	

Drug Name	Drug Tier	Requirements/Limits
FC2 FEMALE CONDOM	1	QL (30 per 30 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	1	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	
<i>gianvi (28) oral tablet 3-0.02 mg</i>	1	
<i>gildagia oral tablet 0.4-35 mg-mcg</i>	1	
<i>gildess 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>gildess 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>gildess 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>gildess fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>gildess fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
GYNOL II VAGINAL GEL 3%	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	
<i>incassia oral tablet 0.35 mg</i>	1	
<i>introvale oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	2	
<i>jencycla oral tablet 0.35 mg</i>	1	
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	QL (91 per 84 days)
<i>jolivette oral tablet 0.35 mg</i>	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>kelnor 1-50 oral tablet 1-50 mg-mcg</i>	1	
<i>kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
KIMONO CONDOMS(NON-LUBRICATED) DEVICE	1	
KIMONO MAXX CONDOMS DEVICE	1	
KIMONO MICROTHIN AQUA LUBE CON DEVICE	1	
KIMONO MICROTHIN CONDOMS DEVICE	1	
KIMONO MICROTHIN LARGE CONDOMS DEVICE	1	
KIMONO TEXTURED CONDOMS DEVICE	1	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	1	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Amethia Lo)	1	QL (91 per 84 days)
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Fayosim)	1	QL (91 per 84 days)
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	1	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	1	
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levonorgestrel oral tablet 1.5 mg (EContra EZ)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (Afirmelle)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg (Altavera (28))</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28) (Amethyst (28))</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91) (Introvale)</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10) (Enpresse)</i>	1	QL (91 per 84 days)
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG	1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	4	ST
<i>lomedica 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>luteria (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	2	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (5 YRS) 52 MG	1	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>my way oral tablet 1.5 mg</i>	1	
<i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	4	ST
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>necon 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>necon 1/50 (28) oral tablet 1-50 mg-mcg</i>	1	
<i>necon 10/11 (28) oral tablet 0.5-35/1-35 mg-mcg/mg-mcg</i>	1	
<i>necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG	1	QL (1 per 365 days)
<i>next choice one dose oral tablet 1.5 mg</i>	1	
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Kaitlib Fe)	1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	1	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Blisovi 24 Fe)	1	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> (Melodetta 24 Fe)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri Femynor)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
<i>norinyl 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>norlyda oral tablet 0.35 mg</i>	1	
<i>norlyroc oral tablet 0.35 mg</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	1	QL (1 per 28 days)
<i>ocella oral tablet 3-0.03 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	1	
<i>opcicon one-step oral tablet 1.5 mg</i>	1	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	1	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	1	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg, 1-35 mg-mcg</i>	1	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	
<i>quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	QL (91 per 84 days)
<i>rajani oral tablet 3-0.02-0.451 mg (24) (4)</i>	2	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	1	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>syeda oral tablet 3-0.03 mg</i>	1	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	1	
<i>tri femynor oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	1	
<i>tri-estarylla oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) 11mg-35mcg (9)</i>	1	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-lo-estarylla oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	1	
<i>tri-lo-marzia oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	1	
<i>tri-lo-sprintec oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trinessa (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	1	
<i>trinessa lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	1	
<i>tri-previfem (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	1	
<i>tri-sprintec (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	1	
<i>tri-vylibra oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	1	
TRUSTEX LATEX CONDOM DEVICE	1	
TRUSTEX LUBRICATED CONDOMS DEVICE	1	
TRUSTEX NON-LUB CONDOMS DEVICE	1	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	1	

Drug Name	Drug Tier	Requirements/Limits
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	1	
<i>tulana oral tablet 0.35 mg</i>	1	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	1	
<i>vaginal contraceptive foam vaginal foam 12.5 %</i>	1	
<i>vcf contraceptive gel vaginal gel 4 %</i>	1	
<i>velivet triphasic regimen (28) oral tablet 0.11.125/1.15-25 mg-mcg</i>	1	
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>vyfemla (28) oral tablet 0.4-35 mg- mcg</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	
<i>wera (28) oral tablet 0.5-35 mg- mcg</i>	1	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	1	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	1	
<i>zenchent (28) oral tablet 0.4-35 mg- mcg</i>	1	
<i>zenchent fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	1	
<i>zovia 1/50e (28) oral tablet 1-50 mg-mcg</i>	1	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Cough And Cold Products		
Cough And Cold Products		
<i>benzonatate oral capsule 100 mg</i> (Tessalon Perles)	2	
<i>benzonatate oral capsule 200 mg</i>	2	
<i>bromfed dm oral syrup 2-30-10 mg/5 ml</i>	2	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	2	
<i>cheratussin ac oral liquid 10-100 mg/5 ml</i>	2	AGE (Min 18 Years)
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> (G Tussin AC)	2	AGE (Min 18 Years)
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	2	QL (10 per 1 day); AGE (Min 18 Years)
<i>hydrocodone-cpm-pseudoephed oral solution 5-4-60 mg/5 ml</i>	2	QL (20 per 1 day); AGE (Min 18 Years)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> (Hydromet)	2	QL (30 per 1 day); AGE (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	2	QL (6 per 1 day)
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	2	QL (30 per 1 day); AGE (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	2	QL (30 per 1 day); AGE (Min 18 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	2	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	2	QL (30 per 1 day); AGE (Min 18 Years)
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	2	
CLINPRO 5000 DENTAL PASTE 1.1 %	4	
<i>denta 5000 plus dental cream 1.1 %</i>	2	
<i>dentagel dental gel 1.1 %</i>	2	
<i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)	2	

Drug Name	Drug Tier	Requirements/Limits
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	2	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	2	
<i>oralone dental paste 0.1 %</i>	2	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	2	
<i>periogard mucous membrane mouthwash 0.12 %</i>	2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	2	
<i>sf 5000 plus dental cream 1.1 %</i>	2	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	2	
Dermatological Agents		
Dermatological Agents, Other		
ABSORICA ORAL CAPSULE 25 MG	4	PA
<i>acitretin oral capsule 10 mg, 25 mg</i> (Soriatane)	5	PA; LA
<i>acitretin oral capsule 17.5 mg</i>	5	PA; LA
<i>acyclovir topical ointment 5 %</i> (Zovirax)	2	
<i>ammonium lactate topical cream 12 %</i> (Geri-Hydrolac)	2	
<i>ammonium lactate topical lotion 12 %</i> (Geri-Hydrolac)	2	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	2	PA
<i>azelaic acid topical gel 15 %</i> (Finacea)	4	PA
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)	2	
<i>bp 10-1 topical cleanser 10-1 %</i>	2	
<i>calcipotriene scalp solution 0.005 %</i>	2	ST
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	2	ST
<i>calcipotriene topical ointment 0.005 %</i>	2	ST
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex)	2	
<i>calcitrene topical ointment 0.005 %</i>	2	ST
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	2	ST

Drug Name	Drug Tier	Requirements/Limits
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA
<i>cleansing wash topical cleanser 10-4-10 %</i>	2	
DENAVIR TOPICAL CREAM 1 %	4	
<i>doxepin topical cream 5 %</i> (Prudoxin)	2	QL (45 per 30 days)
<i>exoderm topical lotion 25-1 %</i>	2	
FINACEA TOPICAL GEL 15 %	4	PA
FLUOROPLEX TOPICAL CREAM 1 %	4	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	4	PA NSO
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>formadon topical solution with applicator 10 %</i>	2	
<i>imiquimod topical cream in metered-dose pump 3.75 %</i> (Zyclara)	4	PA
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	2	PA; QL (24 per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg</i> (Amnesteem)	2	PA
<i>isotretinoin oral capsule 30 mg</i> (Claravis)	2	PA
<i>lactic acid e topical cream 10 %</i>	2	
<i>lactic acid topical lotion 10 %</i>	2	
<i>latrix topical suspension 50 %</i>	2	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	2	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoralen Ultra)	2	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA
PANRETIN TOPICAL GEL 0.1 %	5	PA; LA
PICATO TOPICAL GEL 0.015 %	5	PA; QL (3 per 28 days)
PICATO TOPICAL GEL 0.05 %	5	PA; QL (2 per 28 days)
<i>podofilox topical solution 0.5 %</i>	2	
REGRANEX TOPICAL GEL 0.01 %	4	PA
<i>remeven topical cream 50 %</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	4	
<i>salacyn topical lotion 6 %</i>	2	
<i>salicylic acid er-ceramides topical kit,cleanser and cream er 6 %</i> (Salex)	2	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)	2	
<i>salicylic acid topical foam 6 %</i> (Salvax)	2	
<i>salicylic acid topical gel 6 %</i> (Keralyt Rx)	2	
<i>salicylic acid topical lotion 6 %</i>	2	
<i>salicylic acid topical shampoo 6 %</i> (Salex)	2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	
<i>seb-prev topical cleanser 10 %</i>	2	
<i>sss 10-5 topical foam 10-5 %</i>	2	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	2	
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Rosanil)	2	
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	2	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	2	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i> (Sumadan)	2	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i> (Avar-E LS)	2	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (Avar-E)	2	
<i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i> (Plexion)	2	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/w)</i>	2	
<i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i> (Plexion)	2	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i> (SulfaCleanse 8-4)	2	
SULFAMYLON TOPICAL CREAM 85 MG/G	4	
<i>urea nail stick topical solution 50 %</i>	2	
<i>urea topical cream 39 %</i> (Uredeb)	2	
<i>urea topical foam 35 %</i> (Hydro 35)	2	
<i>urea topical gel 40 %</i>	2	
<i>urea topical gel 45 %</i> (CEM-Urea)	2	
UVADEX INJECTION SOLUTION 20 MCG/ML	5	PA
VALCHLOR TOPICAL GEL 0.016 %	5	PA; LA
VEREGEN TOPICAL OINTMENT 15 %	4	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA
ZOVIRAX TOPICAL CREAM 5 %	4	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 3.75 %	4	PA
Dermatological Antibacterials		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	4	PA
ALTABAX TOPICAL OINTMENT 1 %	4	
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	2	
<i>clindamycin phosphate topical gel 1 %</i> (Cleocin T)	2	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	2	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	2	
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	2	
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i> (Neuac)	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya)	2	PA

Drug Name	Drug Tier	Requirements/Limits
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G- UNIT/G-%	4	
CORTISPORIN TOPICAL OINTMENT 1 %	4	PA
<i>ery pads topical swab 2 %</i>	2	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	2	
<i>erythromycin with ethanol topical solution 2 %</i>	2	
<i>erythromycin with ethanol topical swab 2 %</i> (Ery Pads)	2	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	2	
<i>gentamicin topical cream 0.1 %</i>	2	
<i>gentamicin topical ointment 0.1 %</i>	2	
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	2	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	2	
<i>metronidazole topical gel 1 %</i> (Metrogel)	2	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	2	
<i>mupirocin calcium topical cream 2 %</i>	2	
<i>mupirocin topical ointment 2 %</i> (Centany)	2	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	2	
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)- 0.025 %	4	ST
<i>neuac topical gel 1.2 %(1 % base) - 5 %</i>	2	
<i>rosadan topical cream 0.75 %</i>	2	
<i>selenium sulfide topical lotion 2.5 %</i>	2	
<i>selenium sulfide topical shampoo 2.25 %</i>	2	
<i>silver nitrate applicators topical stick 75-25 %</i>	2	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	2	
<i>ssd topical cream 1 %</i>	2	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	2	
XEPI TOPICAL CREAM 1 %	4	ST

Drug Name	Drug Tier	Requirements/Limits
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %, 2.5 %</i>	2	
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>amcinonide topical lotion 0.1 %</i>	2	
<i>amcinonide topical ointment 0.1 %</i>	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical foam (Luxiq) 0.12 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 % (Diprolene)</i>	2	
CAPEX TOPICAL SHAMPOO 0.01 %	4	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 % (Temovate)</i>	2	
<i>clobetasol topical foam 0.05 % (Olux)</i>	2	
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical lotion 0.05 % (Clobex)</i>	2	
<i>clobetasol topical ointment 0.05 % (Temovate)</i>	2	
<i>clobetasol topical shampoo 0.05 % (Clobex)</i>	2	
<i>clobetasol topical spray, non-aerosol 0.05 % (Clobex)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol-emollient topical cream</i> 0.05 %	2	
<i>clobetasol-emollient topical foam</i> (Olux-E) 0.05 %	2	
<i>clocortolone pivalate topical cream</i> (Cloderm) 0.1 %	2	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	4	
<i>cormax scalp solution</i> 0.05 %	2	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	4	
DESONATE TOPICAL GEL 0.05 %	4	
<i>desonide topical cream</i> 0.05 % (DesOwen)	2	
<i>desonide topical lotion</i> 0.05 % (DesOwen)	2	
<i>desonide topical ointment</i> 0.05 %	2	
<i>desoximetasone topical cream</i> 0.05 % (Topicort) %, 0.25 %	2	
<i>desoximetasone topical gel</i> 0.05 % (Topicort)	2	
<i>desoximetasone topical ointment</i> (Topicort) 0.05 %, 0.25 %	2	
<i>desoximetasone topical spray,non- aerosol</i> 0.25 % (Topicort)	4	
<i>diflorasone topical cream</i> 0.05 % (Psorcon)	2	
<i>diflorasone topical ointment</i> 0.05 %	2	
ELIDEL TOPICAL CREAM 1 %	4	PA
EUCRISA TOPICAL OINTMENT 2 %	5	PA
<i>fluocinolone topical cream</i> 0.01 %	2	
<i>fluocinolone topical cream</i> 0.025 % (Synalar)	2	
<i>fluocinolone topical oil</i> 0.01 % (Derma-Smoothe/FS Body Oil)	2	
<i>fluocinolone topical ointment</i> 0.025 % (Synalar)	2	
<i>fluocinolone topical solution</i> 0.01 % (Synalar)	2	
<i>fluocinonide topical cream</i> 0.05 %	2	
<i>fluocinonide topical cream</i> 0.1 % (Vanos)	2	
<i>fluocinonide topical gel</i> 0.05 %	2	
<i>fluocinonide topical ointment</i> 0.05 %	2	
<i>fluocinonide topical solution</i> 0.05 %	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide-e topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical cream 0.05 %</i> (Cutivate)	2	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
<i>halcinonide topical cream 0.1 %</i> (Halog)	4	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
HALOG TOPICAL CREAM 0.1 %	4	
HALOG TOPICAL OINTMENT 0.1 %	4	
<i>hydrocortisone butyrate topical cream 0.1 %</i> (Locoid)	2	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	2	
<i>hydrocortisone butyrate topical solution 0.1 %</i> (Locoid)	2	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	2	
<i>hydrocortisone topical cream 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	2	
<i>hydrocortisone topical ointment 2.5 %</i>	2	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	2	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i> (Analpram-HC)	2	
<i>mometasone topical cream 0.1 %</i> (Elocon)	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	4	PA
<i>prednicarbate topical cream 0.1 %</i>	2	
<i>prednicarbate topical ointment 0.1 %</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>procto-pak topical cream with perineal applicator 1 %</i>	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	2	ST
TEXACORT TOPICAL SOLUTION 2.5 %	4	
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	4	ST
<i>triamcinolone acetone topical cream 0.025 %</i>	2	
<i>triamcinolone acetone topical cream 0.1 %, 0.5 %</i> (Triderm)	2	
<i>triamcinolone acetone topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetone topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetone topical ointment 0.05 %</i> (Trianex)	2	
<i>trianex topical ointment 0.05 %</i>	2	
<i>triderm topical cream 0.1 %</i>	2	
VERDESO TOPICAL FOAM 0.05 %	4	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	2	PA
<i>adapalene topical gel 0.1 %, 0.3 %</i> (Differin)	2	PA
<i>adapalene topical lotion 0.1 %</i> (Differin)	2	PA
ALTRENO TOPICAL LOTION 0.05 %	2	PA
<i>avita topical cream 0.025 %</i>	2	PA
<i>avita topical gel 0.025 %</i>	2	PA
TAZORAC TOPICAL CREAM 0.05 %	4	PA
<i>tretinoin (emollient) topical cream 0.05 %</i> (Refissa)	2	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	2	PA
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	2	PA

Drug Name	Drug Tier	Requirements/Limits
TRETIN-X CREAM KIT TOPICAL COMBO PACK 0.025 %, 0.05 %, 0.1 %	4	PA
TRETIN-X TOPICAL CREAM 0.0375 %	4	PA
TRETIN-X TOPICAL CREAM 0.075 %	4	
Scabicides And Pediculicides		
EURAX TOPICAL CREAM 10 %	4	
<i>lindane topical lotion 1 %</i>	2	
<i>lindane topical shampoo 1 %</i>	2	
<i>malathion topical lotion 0.5 %</i> (Ovide)	2	
<i>permethrin topical cream 5 %</i> (Elimite)	2	
SKLICE TOPICAL LOTION 0.5 %	4	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	2	
Devices		
Devices		
BREEZE 2 TEST STRIPS STRIP	3	
CONTOUR NEXT LINK KIT	3	
CONTOUR NEXT TEST STRIPS STRIP	3	
CONTOUR TEST STRIPS STRIP	3	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	PA; LA
CERDELGA ORAL CAPSULE 84 MG	5	PA; LA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; LA
CHENODAL ORAL TABLET 250 MG	4	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	

Drug Name	Drug Tier	Requirements/Limits
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	PA; LA
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	5	PA; LA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA; LA
GALAFOLD ORAL CAPSULE 123 MG	5	PA
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	5	PA
KUVAN ORAL TABLET,SOLUBLE 100 MG	5	PA; LA
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	5	PA; LA
<i>miglustat oral capsule 100 mg</i> (Zavesca)	5	PA; LA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	PA; LA
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	5	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	PA; LA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	5	PA; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	4	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	4	
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA; LA; QL (5 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 40 MG/ML	5	PA; LA
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7 ML, 80 MG/0.8 ML	5	PA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	5	PA; LA; QL (8 per 1 day)
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; LA
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	4	
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	PA; LA
XIAFLEX INJECTION RECON SOLN 0.9 MG	5	PA
ZAVESCA ORAL CAPSULE 100 MG	5	PA; LA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 10,000-34,000 - 55,000 UNIT, 15,000-47,000 - 63,000 UNIT, 15,000-51,000 - 82,000 UNIT, 20,000-63,000- 84,000 UNIT, 20,000-68,000 - 109,000 UNIT, 25,000-79,000- 105,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000 - 14,000-UNIT, 3,000-10,000- 16,000 UNIT, 40,000-126,000- 168,000 UNIT, 40,000-136,000- 218,000 UNIT, 5,000-17,000- 24,000 UNIT	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	4	

Drug Name	Drug Tier	Requirements/Limits
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	2	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	2	QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	2	QL (60 per 30 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>balanced salt intraocular solution</i>	2	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	4	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel)	4	ST
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>cyclopentolate ophthalmic (eye) drops 1 %, 2 %</i> (Cyclogyl)	2	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; LA
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	4	ST; QL (23 per 30 days)
EMADINE OPHTHALMIC (EYE) DROPS 0.05 %	4	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	2	
<i>homatropine hbr ophthalmic (eye) drops 5 %</i> (Homatropaire)	2	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	4	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	2	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 %	4	ST
<i>naphazoline ophthalmic (eye) drops 0.1 %</i>	2	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase)	2	ST; QL (30.5 per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Patanol)	2	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Pataday)	2	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	4	ST
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	5	PA
PATADAY OPHTHALMIC (EYE) DROPS 0.2 %	4	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	2	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	2	
TETCAINE OPHTHALMIC (EYE) DROPS 0.5 %	2	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	2	
TETRAVISC OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	4	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydracil)	2	
TYZINE NASAL DROPS 0.1 %	4	
TYZINE NASAL SPRAY, NON-AEROSOL 0.1 %	4	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetazol hc otic (ear) drops 1-2 %</i>	2	
<i>acetic acid otic (ear) solution 2 %</i>	2	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	4	ST
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b ophthalmic</i> (Polycin) (eye) ointment 500-10,000 unit/gram	2	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	4	ST
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10- 0.2 %	3	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	3	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	4	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	4	
<i>ciprofloxacin hcl ophthalmic (eye)</i> (Ciloxan) drops 0.3 %	2	
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION 3.3-3-10- 0.5 MG/ML	4	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10- 0.5 MG/ML	4	
<i>erythromycin ophthalmic (eye)</i> ointment 5 mg/gram (0.5 %)	2	
<i>gatifloxacin ophthalmic (eye) drops</i> (Zymaxid) 0.5 %	2	
<i>gentak ophthalmic (eye) ointment</i> 0.3 % (3 mg/gram)	2	
<i>gentamicin ophthalmic (eye) drops</i> 0.3 %	2	
<i>gentamicin ophthalmic (eye)</i> (Gentak) ointment 0.3 % (3 mg/gram)	2	
<i>hydrocortisone-acetic acid otic</i> (ear) drops 1-2 %	2	
<i>levofloxacin ophthalmic (eye) drops</i> 0.5 %	2	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	4	ST

Drug Name	Drug Tier	Requirements/Limits
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit/g-1% (Neo-Polycin HC)	2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit-unit/g (Neo-Polycin)	2	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 % (Maxitrol)	2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 % (Maxitrol)	2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg- 10,000 unit-0.025mg/ml	2	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000- 10 mg-unit-mg/ml	2	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	2	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml- %	2	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g- 1%	2	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit- unit/g	2	
ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflox)	2	
ofloxacin otic (ear) drops 0.3 %	2	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml (Polytrim)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> (Bleph-10)	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	3	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	4	ST
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	4	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex)	2	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	4	
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	4	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	4	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	
<i>budesonide nasal spray,non-aerosol 32 mcglactuation</i> (Rhinocort Allergy)	2	ST; QL (43 per 75 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	4	

Drug Name	Drug Tier	Requirements/Limits
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	4	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	QL (25 per 30 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
<i>fluticasone propionate nasal spray,suspension 50 mcg/lactuation</i> (24 Hour Allergy Relief)	2	QL (16 per 30 days)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	2	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	4	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	4	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	4	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	4	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	2	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	4	
<i>mometasone nasal spray,non-aerosol 50 mcg/lactuation</i> (Nasonex)	2	
<i>nasal allergy nasal aerosol,spray 55 mcg</i>	2	QL (11 per 20 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	4	

Drug Name	Drug Tier	Requirements/Limits
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	4	ST; QL (5 per 12 days)
PRED MILD OPHTHALMIC (EYE) DROPS, SUSPENSION 0.12 %	4	
<i>prednisolone acetate ophthalmic</i> (Pred Forte) (eye) drops, suspension 1 %	2	
<i>prednisolone sodium phosphate</i> <i>ophthalmic (eye) drops 1 %</i>	2	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	4	PA
<i>triamcinolone acetonide nasal</i> (Nasal Allergy) <i>aerosol, spray 55 mcg</i>	2	QL (11 per 20 days)
VEXOL OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	4	
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral</i> <i>combo pack 500-500-30 mg</i>	2	QL (112 per 10 days)
CARAFATE ORAL SUSPENSION 100 MG/ML	3	
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 30 MG, 60 MG	4	ST; QL (1 per 1 day)
<i>famotidine (pf) intravenous solution</i> <i>20 mg/2 ml</i>	2	
<i>famotidine intravenous solution 10</i> <i>mg/ml</i>	2	
<i>famotidine oral suspension 40 mg/5</i> <i>ml (8 mg/ml)</i>	2	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	2	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	2	
<i>lansoprazole oral capsule, delayed</i> (Heartburn Treatment <i>release (drlec) 15 mg</i> 24 Hour)	2	
<i>lansoprazole oral capsule, delayed</i> (Prevacid) <i>release (drlec) 30 mg</i>	2	
<i>lansoprazole oral tablet, disintegrat,</i> (Prevacid SoluTab) <i>delay rel 15 mg, 30 mg</i>	2	PA
<i>misoprostol oral tablet 100 mcg, 200</i> (Cytotec) <i>mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	4	ST; QL (1 per 1 day)
<i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg, 40 mg</i>	2	
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	2	
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i> (Protonix)	2	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	4	ST
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (AcipHex)	2	ST; QL (1 per 1 day)
<i>ranitidine hcl injection solution 25 mg/ml, 50 mg/2 ml (25 mg/ml)</i> (Zantac)	2	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	2	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	2	
<i>ranitidine hcl oral tablet 150 mg</i> (Acid Control (ranitidine))	2	
<i>ranitidine hcl oral tablet 300 mg</i>	2	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
Gastrointestinal Agents, Other		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	4	PA; QL (2 per 1 day)
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML	4	
CANTIL ORAL TABLET 25 MG	4	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; LA
<i>constulose oral solution 10 gram/15 ml</i>	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	2	PA
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	
<i>diphenoxylate-atropine oral tablet (Lomotil) 2.5-0.025 mg</i>	2	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	2	
<i>enulose oral solution 10 gram/15 ml</i>	2	
<i>generlac oral solution 10 gram/15 ml</i>	2	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	2	
<i>glycopyrrolate intravenous syringe 1 mg/5 ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>hyoscyamine sulfate oral elixir (Hyosyne) 0.125 mg/5 ml</i>	2	
<i>hyoscyamine sulfate oral tablet (Oscimin) 0.125 mg</i>	2	
<i>hyoscyamine sulfate oral tablet (Oscimin SR) extended release 12 hr 0.375 mg</i>	2	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg (Ed-Spaz)</i>	2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg (Levsin/SL)</i>	2	
<i>hyosyne oral drops 0.125 mg/ml</i>	2	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	2	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	4	
<i>lactulose oral solution 10 gram/15 ml (Constulose)</i>	2	
LEVSIN INJECTION SOLUTION 0.5 MG/ML	4	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (1 per 1 day)
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	2	
<i>metoclopramide hcl oral tablet, disintegrating 5 mg</i>	2	
MOTOFEN ORAL TABLET 1-0.025 MG	4	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
NUTRESTORE ORAL POWDER IN PACKET 5 GRAM	4	
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; LA; QL (1 per 1 day)
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	2	
<i>oscimin oral tablet 0.125 mg</i>	2	
<i>oscimin oral tablet, disintegrating 0.125 mg</i>	2	
<i>oscimin sr oral tablet extended release 12 hr 0.375 mg</i>	2	
<i>propantheline oral tablet 15 mg</i>	2	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	5	PA NSO; LA
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	5	PA
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	2	
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
SYMPROIC ORAL TABLET 0.2 MG	4	ST
<i>ursodiol oral capsule 300 mg</i> (Actigall)	2	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	
VIBERZI ORAL TABLET 100 MG, 75 MG	4	PA
XERMELO ORAL TABLET 250 MG	5	PA; LA
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	4	ST; QL (320 per 365 days)
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	(\$0 copay for age 50-75)
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	(\$0 copay for age 50-75)
<i>gavilyte-h and bisacodyl oral kit 5-210 mg-gram</i>	2	
<i>gavilyte-n oral recon soln 420 gram</i>	2	(\$0 copay for age 50-75)
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	4	ST; (\$0 copay for age 50-75)
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	4	ST; (\$0 copay for age 50-75)
OSMOPREP ORAL TABLET 1.5 GRAM	4	ST; (\$0 copay for age 50-75)
<i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G) <i>236-22.74-6.74 -5.86 gram</i>	2	(\$0 copay for age 50-75)
<i>peg 3350-electrolytes oral recon soln</i> (Gavilyte-C) <i>240-22.72-6.72 -5.84 gram</i>	2	(\$0 copay for age 50-75)
<i>peg-electrolyte soln oral recon soln</i> (GaviLyte-N) <i>420 gram</i>	2	(\$0 copay for age 50-75)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	4	ST
POLYETHYLENE GLYCOL 3350(BULK) POWDER	2	
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	4	ST; (\$0 copay for age 50-75)
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	4	ST; (\$0 copay for age 50-75)
<i>trilyte with flavor packets oral recon soln 420 gram</i>	2	(\$0 copay for age 50-75)

Drug Name	Drug Tier	Requirements/Limits
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	
<i>lanthanum oral tablet,chewable</i> (Fosrenol) 1,000 mg, 500 mg, 750 mg	2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	
RENAGEL ORAL TABLET 400 MG, 800 MG	3	
RENVELA ORAL TABLET 800 MG	3	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	2	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	3	
<i>sevelamer hcl oral tablet 400 mg</i>	2	
<i>sevelamer hcl oral tablet 800 mg</i> (Renagel)	2	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 5 mg</i>	2	
<i>bethanechol chloride oral tablet 25 mg, 50 mg</i> (Urecholine)	2	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i> (Enablex)	2	ST
<i>flavoxate oral tablet 100 mg</i>	2	
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 28 MG/0.92 GRAM (3 %)	4	ST
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	4	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	4	ST; QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	2	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	2	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	3	ST
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	ST
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	4	ST
<i>tropium oral capsule, extended release 24hr 60 mg</i>	2	ST
<i>tropium oral tablet 20 mg</i>	2	ST
VESICARE ORAL TABLET 10 MG, 5 MG	4	ST
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	5	PA
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	2	ST
<i>finasteride oral tablet 5 mg</i> (Proscar)	2	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	2	
<i>phenazopyridine oral tablet 100 mg</i> (Pyridium)	2	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	4	ST
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	4	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	2	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	2	
<i>ustell oral capsule 120-0.12 mg</i>	2	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET ORAL CAPSULE 100 MG	4	

Drug Name	Drug Tier	Requirements/Limits
<i>clovique oral capsule 250 mg</i>	2	
<i>deferasirox oral tablet 360 mg, 90 mg</i> (Jadenu)	5	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	5	PA; LA
<i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal)	2	
DEPEN TITRATABS ORAL TABLET 250 MG	4	LA
<i>d-penammine oral tablet 125 mg</i>	4	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	5	PA; LA
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA; LA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	4	PA; LA
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	5	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	4	
<i>trientine oral capsule 250 mg</i> (Clovique)	2	
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	4	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	4	PA; QL (1 per 1 day)
<i>androxy oral tablet 10 mg</i>	3	QL (120 per 30 days)
AXIRON TRANSDERMAL SOLUTION IN METERED PUMP W/APP 30 MG/ACTUATION (1.5 ML)	4	PA; QL (6 per 1 day)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
METHITEST ORAL TABLET 10 MG	4	PA
<i>methyltestosterone oral capsule 10 mg</i> (Android)	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	2	PA
STRIANT BUCCAL MUCOADHESIVE SYSTEM ER 12 HR 30 MG	4	PA; QL (2 per 1 day)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	1	QL (10 per 30 days)
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	QL (5 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i> (Fortesta)	4	PA; QL (4 per 1 day)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%)</i> (Vogelxo)	3	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i> (AndroGel)	3	PA; QL (5 per 1 day)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1.62% (40.5 mg/2.5 gram)</i> (AndroGel)	3	PA; QL (5 per 1 day)
<i>testosterone transdermal gel in packet 1% (50 mg/5 gram)</i> (AndroGel)	3	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62% (20.25 mg/1.25 gram)</i> (AndroGel)	3	PA; QL (2.5 per 1 day)
<i>testosterone transdermal solution in metered pump w/lapp 30 mg/lactuation (1.5 ml)</i>	3	PA; QL (6 per 1 day)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	4	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	4	QL (1 per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	4	QL (2 per 7 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dotti transdermal patch semiweekly</i> 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	2	
DUAVEE ORAL TABLET 0.45- 20 MG	4	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	4	
ENJUVIA ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	4	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2</i> (Estrace) <i>mg</i>	1	
<i>estradiol transdermal patch</i> (Dotti) <i>semiweekly 0.025 mg/24 hr, 0.0375</i> <i>mg/24 hr, 0.05 mg/24 hr, 0.075</i> <i>mg/24 hr, 0.1 mg/24 hr</i>	2	
<i>estradiol transdermal patch weekly</i> (Climara) <i>0.025 mg/24 hr, 0.0375 mg/24 hr,</i> <i>0.05 mg/24 hr, 0.06 mg/24 hr, 0.075</i> <i>mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>estradiol vaginal cream 0.01 % (0.1</i> (Estrace) <i>mg/gram)</i>	2	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	2	
<i>estradiol valerate intramuscular oil</i> (Delestrogen) <i>20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral</i> (Amabelz) <i>tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>estropipate oral tablet 0.75 mg, 1.5</i> <i>mg, 3 mg</i>	2	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg,</i> <i>1-5 mg-mcg</i>	2	
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	
<i>lopreeza oral tablet 0.5-0.1 mg, 1-</i> <i>0.5 mg</i>	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	4	QL (1 per 7 days)

Drug Name	Drug Tier	Requirements/Limits
<i>mimvey lo oral tablet 0.5-0.1 mg</i>	2	
<i>mimvey oral tablet 1-0.5 mg</i>	2	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	4	QL (2 per 7 days)
<i>norethindrone ac-eth estradiol oral (Fyavolv) tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	4	
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG- 5MG(14)	3	
PREMPRO ORAL TABLET 0.3- 1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet 60 mg (Evista)</i>	1	QL (1 per 1 day)
<i>yuvaferm vaginal tablet 10 mcg</i>	2	
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort injection recon soln 100 mg</i>	4	
ARISTOSPAN INTRA- ARTICULAR INJECTION SUSPENSION 20 MG/ML	4	
ARISTOSPAN INTRALESIONAL INJECTION SUSPENSION 5 MG/ML	4	
<i>betamethasone acet,sod phos (Celestone Soluspan) injection suspension 6 mg/ml</i>	2	
<i>cortisone oral tablet 25 mg</i>	4	
<i>deltasone oral tablet 20 mg</i>	2	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	4	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, (Decadron) 0.75 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	2	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	4	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	4	
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	2	
<i>dexpak 10 day oral tablets,dose pack 1.5 mg (35 tabs)</i>	4	
<i>dexpak 13 day oral tablets,dose pack 1.5 mg (51 tabs)</i>	4	
<i>dexpak 6 day oral tablets,dose pack 1.5 mg (21 tabs)</i>	4	
FLO-PRED ORAL SUSPENSION 15 MG/5 ML	4	
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 (Cortef) mg, 5 mg</i>	2	
KENALOG INJECTION SUSPENSION 10 MG/ML	4	
<i>methylprednisolone acetate injection (Depo-Medrol) suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral tablet 16 (Medrol) mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablets,dose (Medrol (Pak)) pack 4 mg</i>	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	
<i>methylprednisolone sodium succ (Solu-Medrol) intravenous recon soln 1,000 mg</i>	2	
MILLIPRED ORAL SOLUTION 10 MG/5 ML	4	

Drug Name	Drug Tier	Requirements/Limits
MILLIPRED ORAL TABLET 5 MG	4	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)</i>	2	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	2	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	2	
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	3	
<i>prednisone oral solution 5 mg/5 ml</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	2	
<i>prednisone oral tablets, dose pack 5 mg</i>	2	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	4	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	4	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	2	
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	4	
Pituitary		
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT (Novarel)	5	PA
DDAVP INJECTION SOLUTION 4 MCG/ML	4	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i> (DDAVP)	2	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i> (DDAVP)	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	5	PA; LA; QL (2 per 1 day)
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	PA; LA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	5	PA; LA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	5	PA; LA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; LA
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	5	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	5	PA; LA
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	5	PA; LA
<i>octreotide acetate injection solution</i> <i>1,000 mcg/ml, 200 mcg/ml</i>	5	PA; LA
<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	5	PA; LA
<i>octreotide acetate injection syringe</i> <i>100 mcg/ml (1 ml), 50 mcg/ml (1</i> <i>ml), 500 mcg/ml (1 ml)</i>	5	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA; LA
ORILISSA ORAL TABLET 150 MG, 200 MG	5	PA
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	5	PA

Drug Name	Drug Tier	Requirements/Limits
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	5	PA; LA
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG	5	PA; LA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 6 MG	5	PA; LA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; LA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; LA
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	PA; LA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	PA; LA
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PA; LA
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY)	5	PA; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	5	PA; LA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA; LA
Progestins		
<i>hydroxyprogesterone cap(ppres)</i> (Makena) <i>intramuscular oil 250 mg/ml</i>	5	PA; LA
<i>medroxyprogesterone intramuscular</i> (Depo-Provera) <i>suspension 150 mg/ml</i>	1	QL (1 per 90 days)

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone intramuscular (Depo-Provera) syringe 150 mg/ml</i>	1	QL (1 per 90 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	
<i>megestrol oral suspension 625 mg/5 ml</i> (Megace ES)	2	
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	
Thyroid And Antithyroid Agents		
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	
<i>iodopen intravenous solution 100 mcg/ml</i>	4	
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	3	
<i>levothyroxine intravenous solution 100 mcg/ml, 20 mcg/ml, 40 mcg/ml</i>	3	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	2	
<i>levothyroxine oral tablet 300 mcg</i> (Synthroid)	2	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>liothyronine intravenous solution 10 mcg/ml</i> (Triostat)	2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	2	
<i>propylthiouracil oral tablet 50 mg</i>	2	
<i>sski oral solution 1 gram/ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
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	4	
THYROLAR-1 ORAL TABLET 12.5-50 MCG	4	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	4	
THYROLAR-2 ORAL TABLET 25-100 MCG	4	
THYROLAR-3 ORAL TABLET 37.5-150 MCG	4	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; LA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; LA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; LA
AZASAN ORAL TABLET 100 MG, 75 MG	4	
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG	5	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; LA; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; LA; QL (1 per 28 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; LA
<i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml	2	
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	2	
<i>cyclosporine modified oral capsule</i> 50 mg	2	
<i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml	2	
<i>cyclosporine oral capsule</i> 100 mg, 25 mg (Sandimmune)	2	
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	5	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; LA; QL (3.92 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; LA; QL (1 per 7 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	5	PA; LA; QL (2.04 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	5	PA; LA; QL (3.92 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; LA; QL (3.92 per 28 days)
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA; LA
<i>gengraf oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>gengraf oral solution 100 mg/ml</i>	2	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	PA; LA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; LA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; LA
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; LA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; LA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA; LA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; LA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; LA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; LA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; LA
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	5	PA
HYPERHEP B S/D INTRAMUSCULAR SYRINGE 220 UNIT/ML	5	
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	5	
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	5	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %)	5	PA; LA
HYQVIA SUBCUTANEOUS SOLUTION 2.5 GRAM /25 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA
ILARIS (PF) SUBCUTANEOUS RECON SOLN 150 MG/ML	5	PA; LA
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; LA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	5	PA; LA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; LA
<i>leflunomide oral tablet 10 mg, 20 mg (Arava)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG)	5	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	5	
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	2	PA
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> (Myfortic)	2	ST
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATER THAN 312 UNIT/ML	5	PA
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; LA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; LA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; LA; QL (1 per 7 days)
OTEZLA ORAL TABLET 30 MG	5	PA; LA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG (19)	5	PA; LA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	5	
RAPAMUNE ORAL SOLUTION 1 MG/ML	5	PA
REMICADE INTRAVENOUS RECON SOLN 100 MG	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
RENFLXIS INTRAVENOUS RECON SOLN 100 MG	5	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	5	PA NSO
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML	5	PA NSO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	5	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	4	
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; LA; QL (1 per 30 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA; LA; QL (0.5 per 30 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; QL (1 per 30 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA; LA; QL (0.5 per 30 days)
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	5	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	2	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; LA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; LA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; LA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; LA
ULTOMIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (10 MG/ML)	5	PA

Drug Name	Drug Tier	Requirements/Limits
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML	5	PA NSO
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; LA; QL (2 per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; LA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA
Vaccines		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	QL (0.5 per 365 days); AGE (Min 18 Years)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	QL (0.5 per 365 days); AGE (Min 18 Years)
AFLURIA 2016-2017 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	AGE (Min 5 Years)
AFLURIA 2016-2017 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	AGE (Min 9 Years)
AFLURIA 2017-2018 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days)
AFLURIA 2017-2018 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days)
AFLURIA 2018-2019 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 5 Years)

Drug Name	Drug Tier	Requirements/Limits
AFLURIA 2018-2019 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 5 Years)
AFLURIA QD 2019-20(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
AFLURIA QD 2019-20(6- 35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	1	QL (0.5 per 180 days)
AFLURIA QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE 60 MCG/0.5 ML	1	AGE (Min 18 Years)
AFLURIA QUAD 2016-2017 INTRAMUSCULAR SUSPENSION 60 MCG/0.5 ML	1	AGE (Min 18 Years)
AFLURIA QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE 60 MCG/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 18 Years)
AFLURIA QUAD 2017-2018 INTRAMUSCULAR SUSPENSION 60 MCG/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 18 Years)
AFLURIA QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 5 Years)
AFLURIA QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 5 Years)
AFLURIA QUAD 2019-20(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	QL (1 per 365 days); AGE (Min 16 Years and Max 23 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG- LF/0.5ML	1	QL (0.5 per 365 days); AGE (Min 18 Years)

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	QL (0.5 per 365 days); AGE (Min 18 Years)
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML	1	QL (1.5 per 365 days); AGE (Min 9 Years and Max 26 Years)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	1	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	QL (3 per 365 days); AGE (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	QL (3 per 365 days); AGE (Min 18 Years)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML	1	QL (1.5 per 365 days); AGE (Min 18 Years)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	QL (1.5 per 365 days); AGE (Min 18 Years)
EZ FLU 2016-17 (FLUVIRIN) (PF) INTRAMUSCULAR SYRINGE KIT 45 MCG (15 MCG X 3)/0.5 ML	1	AGE (Min 4 Years)
EZ FLU 2018- 19(FLUCELVAX)(PF) INTRAMUSCULAR SYRINGE KIT 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 4 Years)
EZ FLU16-17(FLUZON QD PED)(PF) INTRAMUSCULAR SYRINGE KIT 30 MCG (7.5MCG X4)/0.25 ML	1	
FLUAD 2016-2017 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	

Drug Name	Drug Tier	Requirements/Limits
FLUAD 2017-2018 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUAD 2018-2019 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUAD 2019-2020 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUARIX QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 3 Years)
FLUARIX QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUARIX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUARIX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUBLOK 2016-2017 (PF) INTRAMUSCULAR SOLUTION 135 MCG (45 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 18 Years)
FLUBLOK 2017-2018 (PF) INTRAMUSCULAR SOLUTION 135 MCG (45 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 18 Years)
FLUBLOK QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 18 Years)
FLUBLOK QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 18 Years)

Drug Name	Drug Tier	Requirements/Limits
FLUBLOK QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUCELVAX QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 4 Years)
FLUCELVAX QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 4 Years)
FLUCELVAX QUAD 2017-2018 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUCELVAX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 4 Years)
FLUCELVAX QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 4 Years)
FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLULAVAL QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 3 Years)
FLULAVAL QUAD 2016-2017 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 3 Years)

Drug Name	Drug Tier	Requirements/Limits
FLULAVAL QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLULAVAL QUAD 2017-2018 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLULAVAL QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLULAVAL QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLULAVAL QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLULAVAL QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUMIST QUAD 2016-2017 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	QL (1 per 180 days); AGE (Min 2 Years and Max 49 Years)
FLUMIST QUAD 2018-2019 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	QL (1 per 180 days); AGE (Min 2 Years and Max 49 Years)
FLUMIST QUAD 2019-2020 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	QL (1 per 180 days); AGE (Min 2 Years and Max 49 Years)
FLUVIRIN 2016-2017 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 4 Years)
FLUVIRIN 2016-2017 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 4 Years)

Drug Name	Drug Tier	Requirements/Limits
FLUVIRIN 2017-2018 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days)
FLUVIRIN 2017-2018 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	QL (0.5 per 180 days)
FLUZONE HIGH-DOSE 2016-17 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUZONE HIGH-DOSE 2017-18 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUZONE HIGH-DOSE 2018-19 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUZONE HIGH-DOSE 2019-20 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUZONE INTRADERM QUAD 2016-17 INTRADERMAL SYRINGE 36 MCG/0.1 ML	1	QL (1 per 180 days); AGE (Min 18 Years and Max 64 Years)
FLUZONE INTRADERM QUAD 2017-18 INTRADERMAL SYRINGE 36 MCG/0.1 ML	1	QL (0.1 per 180 days); AGE (Min 18 Years)
FLUZONE QUAD 2016-2017 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 3 Years)
FLUZONE QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 3 Years)
FLUZONE QUAD 2016-2017 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 3 Years)
FLUZONE QUAD 2017-2018 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
FLUZONE QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUZONE QUAD 2017-2018 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 3 Years)
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days); AGE (Min 3 Years)
FLUZONE QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUZONE QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	1	QL (0.5 per 180 days)
FLUZONE QUAD PEDI 2016-17 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	1	QL (0.5 per 180 days); AGE (Min 3 Years)
FLUZONE QUAD PEDI 2017-18 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	1	QL (0.5 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
FLUZONE QUAD PEDI 2018-19 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	1	QL (0.5 per 180 days); AGE (Min 6 Months and Max 35 Months)
FLUZONE QUAD PEDI 2019-20 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	1	QL (1 per 180 days)
GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML	1	QL (1.5 per 365 days); AGE (Min 9 Years and Max 26 Years)
GARDASIL (PF) INTRAMUSCULAR SYRINGE 20-40-40-20 MCG/0.5 ML	1	QL (1.5 per 365 days); AGE (Min 9 Years and Max 26 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	QL (1.5 per 365 days); AGE (Min 9 Years and Max 26 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	QL (1.5 per 365 days); AGE (Min 9 Years and Max 26 Years)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION 20 MCG/0.5 ML	1	QL (2 per 365 days); AGE (Min 18 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	QL (2 per 365 days); AGE (Min 18 Years)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF- MCG-LF/0.5ML	1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	

Drug Name	Drug Tier	Requirements/Limits
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	1	
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN 50 MCG	1	
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN 50 MCG	1	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	QL (2 per 365 days); AGE (Min 18 Years)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	1	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5 ML	1	QL (0.5 per 365 days); AGE (Min 65 Years)

Drug Name	Drug Tier	Requirements/Limits
PNEUMOVAX 23 INJECTION SYRINGE 25 MCG/0.5 ML	1	QL (0.5 per 365 days); AGE (Min 65 Years)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	QL (0.5 per 365 days); AGE (Min 65 Years)
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3- 4.3-3- 3.99 TCID50/0.5	1	QL (2 per 365 days); AGE (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	1	QL (3 per 365 days); AGE (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	1	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	1	QL (3 per 365 days); AGE (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	1	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	QL (2 per 365 days); AGE (Min 50 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	QL (0.5 per 365 days); AGE (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	QL (0.5 per 365 days); AGE (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	QL (0.5 per 365 days); AGE (Min 18 Years)

Drug Name	Drug Tier	Requirements/Limits
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	1	
THERACYS INTRAVESICAL SUSPENSION FOR RECONSTITUTION 81 MG	5	PA
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	QL (0.5 per 365 days); AGE (Min 16 Years and Max 23 Years)
TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT- 20 MCG/ML	1	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	1	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	QL (2 per 365 days); AGE (Min 18 Years)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	1	QL (1 per 365 days); AGE (Min 60 Years)
Inflammatory Bowel Disease		
Agents		
Inflammatory Bowel Disease Agents		
<i>alose tron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	2	PA
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	4	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)	2	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris)	2	ST
CANASA RECTAL SUPPOSITORY 1,000 MG	4	
<i>colocort rectal enema 100 mg/60 ml</i>	2	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	4	
DIPENTUM ORAL CAPSULE 250 MG	4	
GIAZO ORAL TABLET 1.1 GRAM	4	ST
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Colocort)	2	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	4	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	2	
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i> (Lialda)	2	
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i> (Asacol HD)	2	
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	2	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	4	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	3	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)	2	
UCERIS ORAL TABLET, DELAYED AND EXT. RELEASE 9 MG	4	ST
Irrigating Solutions		
Irrigating Solutions		
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	4	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride irrigation solution 0.9 %</i> (Aqua Care Sodium Chloride)	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral tablet 10 mg, 35 mg, 40 mg, 5 mg</i>	2	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	2	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	2	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i> (Sensipar)	5	PA
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i> (Hectorol)	5	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	PA
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	5	PA; LA; QL (2.4 per 28 days)
FORTICAL NASAL SPRAY, NON-AEROSOL 200 UNIT/ACTUATION	4	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	4	
HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML	5	
<i>ibandronate intravenous solution 3 mg/3 ml</i>	2	
<i>ibandronate intravenous syringe 3 mg/3 ml</i> (Boniva)	2	
<i>ibandronate oral tablet 150 mg</i> (Boniva)	2	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	4	PA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE	5	PA

Drug Name	Drug Tier	Requirements/Limits
NATPARA SUBCUTANEOUS CARTRIDGE 75 MCG/DOSE	5	PA; LA
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	5	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	5	
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	2	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML	2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemlar)	2	PA
<i>paricalcitol oral capsule 4 mcg</i>	2	PA
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	5	PA; LA
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	5	PA; LA
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	ST; QL (1 per 30 days)
<i>risedronate oral tablet 30 mg</i>	2	ST
<i>risedronate oral tablet 35 mg</i> (Actonel)	2	ST; QL (1 per 7 days)
<i>risedronate oral tablet 5 mg</i> (Actonel)	2	ST
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i> (Atelvia)	2	QL (1 per 7 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	5	PA; LA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; LA
<i>zoledronic acid intravenous recon soln 4 mg</i>	5	PA NSO; LA
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	5	PA NSO; LA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	5	PA NSO; LA

Drug Name	Drug Tier	Requirements/Limits
<i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>	5	PA NSO; LA
ZOMETA INTRAVENOUS PIGGYBACK 4 MG/100 ML	5	PA; LA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; LA
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; LA
<i>amifostine crystalline intravenous recon soln 500 mg</i> (Ethyol)	5	
<i>amytal injection recon soln 500 mg</i>	4	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; LA
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	5	PA
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	5	PA
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	4	LA
<i>dehydrated alcohol injection solution 98 %</i>	2	
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i> (Zinecard (as HCl))	5	PA NSO
<i>droperidol injection solution 2.5 mg/ml</i>	2	
DYSPORE INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	5	PA
ELMIRON ORAL CAPSULE 100 MG	4	
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA; LA
<i>ergoloid oral tablet 1 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>finasteride oral tablet 1 mg</i> (Propecia)	2	PA
FIRDAPSE ORAL TABLET 10 MG	5	PA
<i>formaldehyde topical solution with applicator 10 %</i>	2	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	4	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	4	
<i>guanidine oral tablet 125 mg</i>	2	
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	5	PA
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML	5	PA
<i>hydroxyzine pamoate oral capsule 100 mg</i>	2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	2	
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	5	PA; LA
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	5	LA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	2	
<i>levocarnitine intravenous solution 200 mg/ml</i> (Carnitor)	2	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	2	
LEVOLEUCOVORIN CALCIUM INTRAVENOUS RECON SOLN 175 MG	5	PA
<i>levoleucovorin calcium intravenous recon soln 50 mg</i> (Fusilev)	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	2	PA; LA
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	5	PA NSO
MESNEX ORAL TABLET 400 MG	5	PA
<i>methylene blue (antidote) intravenous solution 1 % (10 mg/ml)</i>	2	
<i>methylergonovine oral tablet 0.2 mg</i> (Methergine)	2	
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	5	PA; LA
<i>neostigmine methylsulfate injection solution 0.5 mg/ml, 1 mg/ml</i>	2	
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i> (Bloxiverz)	2	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 1 MG/ML (Bloxiverz)	2	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml), 4 mg/4 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	2	
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	4	
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	5	PA
OXYTOCIN INJECTION SOLUTION 10 UNIT/ML (Pitocin)	4	
<i>physostigmine salicylate injection solution 1 mg/ml</i>	2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	4	
<i>pyridostigmine bromide oral tablet 30 mg</i>	2	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide oral tablet (Mestinon Timespan) extended release 180 mg</i>	2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	
REGONOL INJECTION SOLUTION 5 MG/ML	4	
SARAFEM ORAL TABLET 10 MG, 20 MG	4	
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	5	PA; LA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	5	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	5	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; LA; QL (2 per 1 day)
ULESFIA TOPICAL LOTION 5 %	4	
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	5	PA
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	4	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	4	

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol ophthalmic (eye) drops</i> 0.5 %	2	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	
<i>brimonidine ophthalmic (eye) drops</i> (Alphagan P) 0.15 %	2	
<i>brimonidine ophthalmic (eye) drops</i> 0.2 %	2	
<i>carteolol ophthalmic (eye) drops</i> 1 %	2	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	4	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	4	QL (2 per 1 day)
<i>dorzolamide ophthalmic (eye) drops</i> (Trusopt) 2 %	2	
<i>dorzolamide-timolol (pf)</i> (Cosopt (PF)) <i>ophthalmic (eye) dropperette</i> 2-0.5 %	2	QL (2 per 1 day)
<i>dorzolamide-timolol ophthalmic</i> (Cosopt) <i>(eye) drops</i> 22.3-6.8 mg/ml	2	
<i>latanoprost ophthalmic (eye) drops</i> (Xalatan) 0.005 %	2	
<i>levobunolol ophthalmic (eye) drops</i> 0.5 %	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (1 per 12 days)
<i>methazolamide oral tablet</i> 25 mg, 50 mg	2	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	3	
<i>pilocarpine hcl ophthalmic (eye)</i> (Isopto Carpine) <i>drops</i> 1 %, 2 %, 4 %	2	
RESCULA OPHTHALMIC (EYE) DROPS 0.15 %	4	QL (1 per 3 days)
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	4	ST; QL (5 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1- 0.2 %	3	
<i>timolol maleate ophthalmic (eye)</i> (Timoptic) <i>drops 0.25 %, 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye)</i> (Istalol) <i>drops, once daily 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye)</i> (Timoptic-XE) <i>gel forming solution 0.25 %, 0.5 %</i>	2	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	4	QL (1 per 12 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	ST; QL (5 per 30 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	4	QL (1 per 1 day)
Replacement Preparations		
Replacement Preparations		
<i>cytra k crystals oral packet 3,300- 1,002 mg</i>	2	
<i>cytra-2 oral solution 500-334 mg/5 ml</i>	2	
<i>cytra-3 oral solution 550-500-334 mg/5 ml</i>	2	
<i>cytra-k oral solution 1,100-334 mg/5 ml</i>	2	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	2	
<i>k-effervescent oral tablet, effervescent 25 meq</i>	2	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	4	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i>	2	
K-SOL ORAL LIQUID 40 MEQ/15 ML	2	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate in water intravenous piggyback 4 gram/50 ml (8%)</i>	2	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	
MONOJECT PREFILL SALINE FLUSH INJECTION SYRINGE	2	
<i>phospha 250 neutral oral tablet 250 mg</i>	2	
<i>potassium acetate intravenous solution 2 meq/ml</i>	2	
<i>potassium bicarb and chloride oral tablet, effervescent 25 meq</i>	2	
<i>potassium bicarb-citric acid oral tablet, effervescent 25 meq</i> (Effer-K)	2	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	2	
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	2	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)	2	
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	2	
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	2	
<i>potassium citrate-citric acid oral packet 3,300-1,002 mg</i> (Cytra K Crystals)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i> (Cytra-K)	2	
<i>sodium acetate intravenous solution 2 meq/ml</i>	2	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	2	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	2	
<i>sodium chloride intravenous parenteral solution 4 meq/ml</i>	2	
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i> (Cytra-2)	2	
<i>tricitrates oral solution 550-500-334 mg/5 ml</i>	2	
<i>virt-phos 250 neutral oral tablet 250 mg</i>	2	
<i>zinc sulfate oral capsule 220 (50) mg</i> (Orazinc)	2	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
AEROSPAN INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	4	ST; QL (17.8 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	4	ST; QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (7)	3	QL (1 per 7 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (1 per 14 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	2	QL (60 per 15 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	2	QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcglactuation, 80-4.5 mcglactuation</i> (Symbicort)	3	QL (10.2 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (2 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (4 per 1 day)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (21.2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	3	QL (1 per 30 days)
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (17.4 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (21.2 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160- 4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	QL (10.2 per 30 days)
Antileukotrienes		
<i>montelukast oral granules in packet</i> (Singulair) 4 mg	2	
<i>montelukast oral tablet 10 mg</i> (Singulair)	2	
<i>montelukast oral tablet, chewable 4</i> (Singulair) <i>mg, 5 mg</i>	2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	
<i>zileuton oral tablet, er multiphase 12</i> <i>hr 600 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
Bronchodilators		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	2	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
<i>aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml</i>	2	
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	4	ST; QL (1 per 1 day)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 per 28 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	4	QL (60 per 15 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	4	
<i>elixophyllin oral elixir 80 mg/15 ml</i>	3	
FORADIL AEROLIZER INHALATION CAPSULE, W/INHALATION DEVICE 12 MCG	4	ST; QL (60 per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	4	ST; QL (30 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl inhalation solution (Xopenex) for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	2	
<i>levalbuterol hcl inhalation solution (Xopenex Concentrate) for nebulization 1.25 mg/0.5 ml</i>	2	
<i>levalbuterol tartrate inhalation hfa (Xopenex HFA) aerosol inhaler 45 mcg/actuation</i>	2	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	2	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	2	
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	3	QL (120 per 30 days)
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	3	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (28 per 14 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (1 per 1 day)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	ST
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline subcutaneous solution 1 mg/ml</i>	2	PA
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	
<i>theochron oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	2	
<i>theophylline in dextrose 5 % intravenous parenteral solution 400 mg/250 ml</i>	2	
<i>theophylline in dextrose 5 % intravenous parenteral solution 400 mg/500 ml</i>	3	
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	ST
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	4	ST; QL (1 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution (Acetadote) 200 mg/ml (20 %)</i>	2	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	5	PA; LA
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	PA; QL (1 per 1 day)
<i>doxapram intravenous solution 20 (Dopram) mg/ml</i>	2	
ESBRIET ORAL CAPSULE 267 MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
ESBRIET ORAL TABLET 267 MG, 801 MG	5	PA
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	5	PA; LA
KALYDECO ORAL GRANULES IN PACKET 25 MG	5	PA
KALYDECO ORAL GRANULES IN PACKET 50 MG	5	PA; LA; QL (2 per 1 day)
KALYDECO ORAL GRANULES IN PACKET 75 MG	5	PA; LA
KALYDECO ORAL TABLET 150 MG	5	PA; LA; QL (2 per 1 day)
<i>nebusal inhalation solution for nebulization 3 %</i>	2	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; LA
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	2	
<i>sodium chloride inhalation solution (NebuSal) for nebulization 3 %</i>	2	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>atracurium intravenous solution 10 mg/ml</i>	2	
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	2	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	2	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	2	QL (8 per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>cisatracurium intravenous solution 2 mg/ml</i> (Nimbex)	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	
<i>dantrolene intravenous recon soln 20 mg</i> (Revonto)	2	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	2	
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	
LORZONE ORAL TABLET 375 MG, 750 MG	4	
<i>metaxall oral tablet 800 mg</i>	2	
<i>metaxalone oral tablet 800 mg</i> (Metaxall)	2	
<i>methocarbamol injection solution 100 mg/ml</i> (Robaxin)	2	
<i>methocarbamol oral tablet 500 mg</i>	2	
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	2	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	2	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	2	
<i>revonto intravenous recon soln 20 mg</i>	2	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	2	
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	

Drug Name	Drug Tier	Requirements/Limits
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	ST; QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	ST; QL (1 per 1 day)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; LA
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	2	PA
NEMBUTAL SODIUM INJECTION SOLUTION 50 MG/ML	4	
<i>pentobarbital sodium injection solution 50 mg/ml</i> (Nembutal Sodium)	2	
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (1 per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	2	QL (1 per 1 day)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	ST; QL (1 per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i> (Intermezzo)	2	ST
Vasodilating Agents		
Vasodilating Agents		
ADCIRCA ORAL TABLET 20 MG	5	PA; LA
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; LA
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	5	PA
CIALIS ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (1 per 1 day)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i> (Flolan)	5	PA; LA
LETAIRIS ORAL TABLET 10 MG, 5 MG	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	5	PA; LA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	PA; QL (3 per 1 day)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Adcirca)	5	PA; LA
<i>tadalafil oral tablet 2.5 mg, 5 mg</i> (Cialis)	5	PA; LA
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; LA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; LA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	5	PA; LA
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	5	PA; LA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	5	PA; LA
Vitamins And Minerals		
Vitamins And Minerals		
<i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)</i> (Vitamin D3)	1	AGE (Min 65 Years)
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i> (Vitamin D3)	1	AGE (Min 65 Years)
<i>cholecalciferol (vitamin d3) oral tablet 50 mcg (2,000 unit)</i> (D3 DOTS)	1	AGE (Min 65 Years)
<i>cholecalciferol (vitamin d3) oral tablet, chewable 10 mcg (400 unit)</i> (Kids Vitamin D3)	1	AGE (Min 65 Years)
<i>d3 dots oral tablet 50 mcg (2,000 unit)</i>	1	AGE (Min 65 Years)
<i>delta d3 oral tablet 10 mcg (400 unit)</i>	1	AGE (Min 65 Years)
<i>fe c plus oral tablet 100-250-25-1 mg-mg-mcg-mg</i>	2	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	4	
<i>fer-iron oral drops 15 mg iron (75 mg)/ml</i>	1	AGE (Min 6 Months and Max 12 Months)

Drug Name	Drug Tier	Requirements/Limits
<i>ferocon oral capsule 110-0.5 mg</i>	2	
<i>ferraplus 90 oral tablet 90-1-12-120-50 mg-mg-mcg-mg-mg</i>	4	
<i>ferrex 150 forte plus oral capsule 150-60-25-1 mg-mg-mcg-mg</i>	4	
<i>ferrogels forte oral capsule 460-60-0.01-1 mg</i>	2	
<i>ferrous sulfate oral drops 15 mg iron (Children's Iron) (75 mg)/ml</i>	1	AGE (Min 6 Months and Max 12 Months)
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	AGE (Min 6 Months and Max 72 Months)
<i>folbee oral tablet 2.5-25-1 mg</i>	2	
<i>folbic oral tablet 2.5-25-2 mg</i>	2	
<i>folic acid injection solution 5 mg/ml</i>	4	
FOLIC ACID ORAL CAPSULE (FA-8) 0.8 MG	1	
<i>folic acid oral tablet 1 mg</i>	2	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	
<i>folivane-f oral capsule 125-1-40-3 mg</i>	4	
<i>hematogen fa oral capsule 200-250-0.01-1 mg</i>	4	
<i>hematogen forte oral capsule 460-60-0.01-1 mg</i>	2	
<i>iferex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	2	
INJECTAFER INTRAVENOUS SOLUTION 50 IRON MG/ML	4	LA
IROSPAN 24/6 ORAL TABLET 65 MG-65 MG -1,000 MCG (24)	4	
<i>multigen oral tablet 70 mg-150 mg-10 mcg-2 mg-75 mg</i>	4	
<i>myferon 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	2	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	2	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	4	
<i>thera-d oral tablet 50 mcg (2,000 unit)</i>	1	AGE (Min 65 Years)

Drug Name	Drug Tier	Requirements/Limits
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	4	
VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT)	1	AGE (Min 65 Years)
<i>vitamin d3 oral capsule 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	1	AGE (Min 65 Years)
<i>vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	1	AGE (Min 65 Years)
<i>vitamin k1 injection solution 10 mg/ml</i>	4	

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