

Drug Name	Drug Tier	Requirements/Limits
Anti-infective Agents		
<i>Anthelmintics</i>		
<i>albendazole tabs 200mg</i>	4	
EMVERM CHEW 100MG	5	PA (MEBENDAZOLE)
<i>ivermectin tabs 3mg</i>	1	
<i>praziquantel tabs 600mg</i>	4	
<i>Antibacterials</i>		
<i>amikacin sulfate inj 1gm/4ml</i>	2	
<i>amikacin sulfate inj 500mg/2ml</i>	2	
AMOXICILLIN/CLAVULANATE POTASSIUM ER TB12 1000MG; 62.5MG	4	
<i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg</i>	1	
<i>amoxicillin/clavulanate potassium chew 400mg; 57mg</i>	1	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium susr 400mg/5ml; 57mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 600mg/5ml; 42.9mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 875mg; 125mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin caps 250mg</i>	1	
<i>amoxicillin caps 500mg</i>	1	
<i>amoxicillin chew 125mg</i>	1	
AMOXICILLIN CHEW 250MG	4	
<i>amoxicillin susr 125mg/5ml</i>	1	
<i>amoxicillin susr 200mg/5ml</i>	1	
<i>amoxicillin susr 250mg/5ml</i>	1	
<i>amoxicillin susr 400mg/5ml</i>	1	
<i>amoxicillin tabs 500mg</i>	1	
<i>amoxicillin tabs 875mg</i>	1	
<i>ampicillin sodium inj 10gm</i>	2	
<i>ampicillin sodium inj 125mg</i>	2	
<i>ampicillin sodium inj 1gm</i>	2	
<i>ampicillin sodium inj 1gm</i>	2	
<i>ampicillin sodium inj 250mg</i>	2	
<i>ampicillin sodium inj 2gm</i>	2	
<i>ampicillin sodium inj 2gm</i>	2	
<i>ampicillin sodium inj 500mg</i>	2	
<i>ampicillin-sulbactam inj 10gm; 5gm</i>	2	
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	2	
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	2	
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	2	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	2	
<i>ampicillin caps 500mg</i>	2	
ARIKAYCE SUSP 590MG/8.4ML	5	QL (8.4 ML per 1 days) PA (ARIKAYCE)
<i>azithromycin inj 500mg</i>	2	
<i>azithromycin susr 100mg/5ml</i>	2	
<i>azithromycin susr 200mg/5ml</i>	2	
<i>azithromycin tabs 250mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin tabs 250mg</i>	1	
<i>azithromycin tabs 500mg</i>	2	
<i>azithromycin tabs 500mg</i>	2	
<i>azithromycin tabs 600mg</i>	2	
<i>aztreonam inj 1gm</i>	2	
<i>aztreonam inj 2gm</i>	4	
BICILLIN L-A INJ 1200000UNIT/2ML	4	
BICILLIN L-A INJ 2400000UNIT/4ML	4	
BICILLIN L-A INJ 600000UNIT/ML	4	
CAYSTON SOLR 75MG	5	QL (84 ML per 28 days) PA (CAYSTON) LA
CEFACLOR CAPS 250MG	4	
CEFACLOR CAPS 500MG	4	
CEFACLOR SUSR 250MG/5ML	4	
<i>cefadroxil caps 500mg</i>	1	
<i>cefadroxil susr 250mg/5ml</i>	2	
<i>cefadroxil susr 500mg/5ml</i>	2	
<i>cefadroxil tabs 1gm</i>	1	
CEFAZOLIN SODIUM/DEXTROSE INJ 1GM; 4%	4	
CEFAZOLIN SODIUM/DEXTROSE INJ 2GM; 3%	4	
<i>cefazolin sodium/dextrose inj 3gm; 2%</i>	1	
<i>cefazolin sodium inj 100gm</i>	2	
<i>cefazolin sodium inj 10gm</i>	2	
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	4	
<i>cefazolin sodium inj 1gm</i>	2	
<i>cefazolin sodium inj 1gm</i>	2	
<i>cefazolin sodium inj 2gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium inj 300gm</i>	2	
<i>cefazolin sodium inj 3gm</i>	2	
<i>cefazolin sodium inj 500mg</i>	2	
CEFAZOLIN/DEXTROSE INJ 3GM/150ML; 4%	4	
<i>cefazolin inj 2gm/100ml; 4%</i>	4	
<i>cefazolin inj 2gm</i>	2	
<i>cefazolin inj 2gm</i>	2	
<i>cefazolin inj 3gm</i>	2	
<i>cefazolin inj 3gm</i>	2	
<i>cefdinir caps 300mg</i>	1	
<i>cefdinir susr 125mg/5ml</i>	2	
<i>cefdinir susr 250mg/5ml</i>	2	
<i>cefepime hydrochloride inj 1gm</i>	4	
<i>cefepime hydrochloride inj 2gm</i>	4	
CEFEPIME/DEXTROSE INJ 1GM/50ML; 5%	4	
CEFEPIME/DEXTROSE INJ 2GM/50ML; 5%	4	
CEFEPIME INJ 1GM/50ML	4	
<i>cefepime inj 1gm</i>	4	
CEFEPIME INJ 2GM/100ML	4	
<i>cefepime inj 2gm</i>	4	
<i>cefixime caps 400mg</i>	2	
<i>cefixime susr 100mg/5ml</i>	2	
<i>cefixime susr 200mg/5ml</i>	2	
CEFOTAXIME SODIUM INJ 1GM	4	
<i>cefoxitin sodium inj 10gm</i>	2	
<i>cefoxitin sodium inj 1gm</i>	2	
CEFOXITIN SODIUM INJ 1GM; 4%	4	

Drug Name	Drug Tier	Requirements/Limits
<i>cefoxitin sodium inj 2gm</i>	2	
CEFOXITIN SODIUM INJ 2GM; 2.2%	4	
CEFPODOXIME PROXETIL SUSR 100MG/5ML	4	
CEFPODOXIME PROXETIL SUSR 50MG/5ML	4	
<i>cefpodoxime proxetil tabs 100mg</i>	2	
<i>cefpodoxime proxetil tabs 200mg</i>	2	
<i>cefprozil susr 125mg/5ml</i>	2	
<i>cefprozil susr 250mg/5ml</i>	2	
<i>cefprozil tabs 250mg</i>	2	
<i>cefprozil tabs 500mg</i>	2	
CEFTAROLINE FOSAMIL INJ 400MG	5	
CEFTAROLINE FOSAMIL INJ 600MG	5	
<i>ceftazidime inj 1gm</i>	2	
<i>ceftazidime inj 2gm</i>	2	
CEFTAZIDIME INJ 6GM	4	
CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE INJ 20MG/ML; 0	4	
CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE INJ 40MG/ML; 0	4	
<i>ceftriaxone sodium inj 10gm</i>	2	
<i>ceftriaxone sodium inj 1gm</i>	2	
<i>ceftriaxone sodium inj 1gm</i>	2	
<i>ceftriaxone sodium inj 250mg</i>	2	
<i>ceftriaxone sodium inj 2gm</i>	2	
<i>ceftriaxone sodium inj 2gm</i>	2	
<i>ceftriaxone sodium inj 500mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
CEFTRIAXONE/DEXTROSE INJ 1GM; 3.74%	4	
CEFTRIAXONE/DEXTROSE INJ 2GM; 2.22%	4	
<i>cefuroxime axetil tabs 250mg</i>	1	
<i>cefuroxime axetil tabs 500mg</i>	1	
<i>cefuroxime sodium inj 1.5gm</i>	2	
<i>cefuroxime sodium inj 750mg</i>	2	
<i>cephalexin caps 250mg</i>	1	
<i>cephalexin caps 500mg</i>	1	
<i>cephalexin caps 750mg</i>	1	
<i>cephalexin susr 125mg/5ml</i>	2	
<i>cephalexin susr 250mg/5ml</i>	2	
CHLORAMPHENICOL SODIUM SUCCINATE INJ 1GM	4	
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 500mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 750mg</i>	1	
CIPROFLOXACIN I.V.-IN D5W INJ 200MG/100ML; 5%	4	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	4	
<i>clarithromycin er tb24 500mg</i>	2	
CLARITHROMYCIN SUSR 125MG/5ML	4	
CLARITHROMYCIN SUSR 250MG/5ML	4	
<i>clarithromycin tabs 250mg</i>	2	
<i>clarithromycin tabs 500mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl caps 300mg</i>	1	
<i>clindamycin hydrochloride caps 150mg</i>	1	
<i>clindamycin hydrochloride caps 300mg</i>	1	
<i>clindamycin hydrochloride caps 75mg</i>	1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	4	
<i>clindamycin phosphate in d5w inj 300mg/50ml; 5%</i>	2	
<i>clindamycin phosphate in d5w inj 600mg/50ml; 5%</i>	2	
<i>clindamycin phosphate in d5w inj 900mg/50ml; 5%</i>	2	
<i>clindamycin phosphate/dextrose inj 300mg/50ml; 5%</i>	2	
<i>clindamycin phosphate/dextrose inj 600mg/50ml; 5%</i>	2	
<i>clindamycin phosphate/dextrose inj 900mg/50ml; 5%</i>	2	
<i>clindamycin phosphate inj 300mg/2ml</i>	2	
<i>clindamycin phosphate inj 600mg/4ml</i>	2	
<i>clindamycin phosphate inj 900mg/6ml</i>	2	
<i>clindamycin phosphate inj 900mg/6ml</i>	2	
<i>clindamycin phosphate inj 9gm/60ml</i>	2	
<i>colistimethate sodium inj 150mg</i>	5	
<i>daptomycin inj 350mg</i>	5	
<i>daptomycin inj 500mg</i>	5	
<i>dicloxacillin sodium caps 250mg</i>	2	
<i>dicloxacillin sodium caps 500mg</i>	2	
DIFICID SUSR 40MG/ML	5	QL (10 ML per 1 days) PA (DIFICID)

Drug Name	Drug Tier	Requirements/Limits
<i>doxy 100 inj 100mg</i>	2	
<i>doxycycline hyclate caps 100mg</i>	1	
<i>doxycycline hyclate caps 50mg</i>	1	
<i>doxycycline hyclate inj 100mg</i>	2	
<i>doxycycline hyclate tabs 100mg</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	1	
<i>doxycycline monohydrate caps 100mg</i>	1	
<i>doxycycline monohydrate caps 150mg</i>	2	
<i>doxycycline monohydrate caps 50mg</i>	1	
<i>doxycycline monohydrate tabs 100mg</i>	1	
<i>doxycycline monohydrate tabs 50mg</i>	2	
<i>doxycycline monohydrate tabs 75mg</i>	2	
<i>doxycycline susr 25mg/5ml</i>	2	
E.E.S. 400 TABS 400MG	4	
<i>ertapenem sodium inj 1gm</i>	4	
ERYTHROCIN LACTOBIONATE INJ 500MG	4	
ERYTHROCIN STEARATE TABS 250MG	4	
<i>erythromycin base tabs 250mg</i>	4	
<i>erythromycin base tabs 500mg</i>	4	
ERYTHROMYCIN DR CPEP 250MG	4	
<i>erythromycin dr tbec 250mg</i>	4	
<i>erythromycin dr tbec 333mg</i>	2	
<i>erythromycin dr tbec 500mg</i>	4	
<i>erythromycin ethylsuccinate tabs 400mg</i>	2	
<i>erythromycin lactobionate inj 500mg</i>	2	
<i>fidaxomicin tabs 200mg</i>	5	QL (2 EA per 1 days) PA (FIDAXOMICIN)
<i>gentamicin sulfate pediatric inj 10mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 1mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 2mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate inj 40mg/ml</i>	2	
IMIPENEM/CILASTATIN INJ 250MG; 250MG	2	
<i>imipenem/cilastatin inj 500mg; 500mg</i>	2	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	2	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	2	
<i>levofloxacin in d5w inj 5%; 500mg/100ml</i>	2	
<i>levofloxacin in d5w inj 5%; 750mg/150ml</i>	2	
LEVOFLOXACIN INJ 25MG/ML	4	
<i>levofloxacin soln 25mg/ml</i>	4	
<i>levofloxacin tabs 250mg</i>	1	
<i>levofloxacin tabs 500mg</i>	1	
<i>levofloxacin tabs 750mg</i>	1	
<i>lincomycin hydrochloride inj 300mg/ml</i>	2	
<i>linezolid inj 600mg/300ml</i>	2	
<i>linezolid susr 100mg/5ml</i>	5	
<i>linezolid tabs 600mg</i>	4	
MEROPENEM/SODIUM CHLORIDE INJ 1GM/50ML; 0.9%	4	

Drug Name	Drug Tier	Requirements/Limits
MEROPENEM/SODIUM CHLORIDE INJ 500MG; 0.9%	4	
<i>meropenem inj 1gm</i>	1	
MEROPENEM INJ 2GM	4	
<i>meropenem inj 500mg</i>	1	
<i>minocycline hcl caps 75mg</i>	1	
<i>minocycline hcl tabs 100mg</i>	4	
<i>minocycline hcl tabs 75mg</i>	1	
<i>minocycline hydrochloride caps 100mg</i>	1	
<i>minocycline hydrochloride caps 50mg</i>	1	
<i>minocycline hydrochloride tabs 100mg</i>	4	
<i>minocycline hydrochloride tabs 50mg</i>	2	
<i>minocycline hydrochloride tabs 75mg</i>	1	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE INJ 400MG/250ML; 0.8%	4	
MOXIFLOXACIN HYDROCHLORIDE INJ 400MG/250ML	4	
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	
<i>nafcillin sodium inj 10gm</i>	4	
<i>nafcillin sodium inj 1gm</i>	2	
<i>nafcillin sodium inj 2gm</i>	2	
NAFCILLIN INJ 5%; 1GM/50ML	5	
NAFCILLIN INJ 5%; 2GM/100ML	5	
<i>neomycin sulfate tabs 500mg</i>	2	
<i>oxacillin sodium inj 10gm</i>	2	
<i>oxacillin sodium inj 1gm</i>	2	
<i>oxacillin sodium inj 2gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
OXACILLIN SODIUM INJ 300MG/50ML; 2GM/50ML	4	
PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE INJ 0; 40000UNIT/ML	4	
PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE INJ 0; 60000UNIT/ML	4	
<i>penicillin g potassium inj 20000000unit</i>	2	
<i>penicillin g potassium inj 5000000unit</i>	2	
PENICILLIN G SODIUM INJ 5000000UNIT	5	
<i>penicillin v potassium solr 125mg/5ml</i>	1	
<i>penicillin v potassium solr 250mg/5ml</i>	1	
<i>penicillin v potassium tabs 250mg</i>	1	
<i>penicillin v potassium tabs 500mg</i>	1	
<i>piperacillin sodium/tazobactam sodium/nacl inj 2gm/50ml; 0.45%; 0.25gm/50ml</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 12gm; 1.5gm</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 36gm; 4.5gm</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 4gm; 0.5gm</i>	2	
SIVEXTRO INJ 200MG	5	

Drug Name	Drug Tier	Requirements/Limits
SIVEXTRO TABS 200MG	5	
STREPTOMYCIN SULFATE INJ 1GM	5	
<i>sulfadiazine tabs 500mg</i>	5	
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim inj 400mg/5ml; 80mg/5ml</i>	2	
<i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>	2	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	1	
<i>sulfasalazine tabs 500mg</i>	2	MO
<i>sulfasalazine tbec 500mg</i>	2	MO
<i>tazicef inj 1gm</i>	2	
TAZICEF INJ 1GM	4	
<i>tazicef inj 2gm</i>	2	
TAZICEF INJ 6GM	4	
TEFLARO INJ 400MG	5	
TEFLARO INJ 600MG	5	
<i>tetracycline hydrochloride caps 250mg</i>	2	
<i>tetracycline hydrochloride caps 500mg</i>	2	
<i>tigecycline inj 50mg</i>	4	PA (TIGECYCLINE)
<i>tobramycin sulfate inj 1.2gm/30ml</i>	2	
<i>tobramycin sulfate inj 1.2gm</i>	2	
TOBRAMYCIN SULFATE INJ 10MG/ML	4	
TOBRAMYCIN SULFATE INJ 40MG/ML	4	
<i>tobramycin sulfate inj 80mg/2ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin nebu 300mg/5ml</i>	5	QL (280 ML per 56 days) B/D
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	4	
<i>vancomycin hcl inj 10gm</i>	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 1GM/200ML	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 500MG/100ML	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 750MG/150ML	4	
<i>vancomycin hydrochloride caps 125mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hydrochloride caps 250mg</i>	4	QL (240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJ 1.75GM	4	
VANCOMYCIN HYDROCHLORIDE INJ 1000MG/200ML	4	
<i>vancomycin hydrochloride inj 10gm</i>	4	
VANCOMYCIN HYDROCHLORIDE INJ 1250MG/250ML	4	
VANCOMYCIN HYDROCHLORIDE INJ 1500MG/300ML	4	
VANCOMYCIN HYDROCHLORIDE INJ 1750MG/350ML	4	
<i>vancomycin hydrochloride inj 1gm</i>	4	

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE INJ 2GM	4	
VANCOMYCIN HYDROCHLORIDE INJ 500MG/100ML	4	
<i>vancomycin hydrochloride inj 500mg</i>	4	
<i>vancomycin hydrochloride inj 5gm</i>	4	
VANCOMYCIN HYDROCHLORIDE INJ 750MG/150ML	4	
<i>vancomycin hydrochloride inj 750mg</i>	2	
<i>vancomycin hydrochloride solr 250mg/5ml</i>	4	
<i>vancomycin hydrochloride solr 25mg/ml</i>	2	
VANCOMYCIN INJ 0.9%; 500MG/100ML	4	
VANCOMYCIN INJ 0.9%; 750MG/150ML	4	
VANCOMYCIN INJ 2000MG/400ML	4	
VOQUEZNA DUAL PAK THPK 500MG; 20MG	4	QL (112 EA per 14 days) PA (VOQUEZNA PAK)
VOQUEZNA TRIPLE PAK THPK 500MG; 500MG; 20MG	4	QL (112 EA per 14 days) PA (VOQUEZNA PAK)
XIFAXAN TABS 550MG	5	MO
ZERBAXA INJ 1GM; 0.5GM	5	
ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML	4	
ZOSYN INJ 2GM/100ML; 4GM/100ML; 0.5GM/100ML	4	

Drug Name	Drug Tier	Requirements/Limits
ZOSYN INJ 350MG/50ML; 3GM/50ML; 0.375GM/50ML	4	
Antifungals		
<i>amphotericin b liposome inj 50mg</i>	5	B/D
AMPHOTERICIN B INJ 50MG	4	B/D
<i>caspofungin acetate inj 50mg</i>	2	
<i>caspofungin acetate inj 70mg</i>	2	
CRESEMBA CAPS 186MG	5	PA (CRESEMBA)
CRESEMBA CAPS 74.5MG	5	PA (CRESEMBA)
ERAXIS INJ 100MG	5	
ERAXIS INJ 50MG	4	
<i>fluconazole in nacl inj 200mg/100ml; 0.9%</i>	2	
<i>fluconazole in nacl inj 400mg/200ml; 0.9%</i>	2	
<i>fluconazole in sodium chloride inj 200mg/100ml; 0.9%</i>	2	
<i>fluconazole in sodium chloride inj 400mg/200ml; 0.9%</i>	2	
<i>fluconazole susr 10mg/ml</i>	2	
<i>fluconazole susr 40mg/ml</i>	2	
<i>fluconazole tabs 100mg</i>	1	
<i>fluconazole tabs 150mg</i>	1	
<i>fluconazole tabs 200mg</i>	1	
<i>fluconazole tabs 50mg</i>	1	
<i>flucytosine caps 250mg</i>	5	
<i>flucytosine caps 500mg</i>	5	
<i>griseofulvin microsize susp 125mg/5ml</i>	2	
<i>griseofulvin microsize tabs 500mg</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin ultramicrosize tabs 250mg</i>	2	
<i>itraconazole caps 100mg</i>	2	
<i>ketoconazole tabs 200mg</i>	2	
<i>micafungin sodium/sodium chloride inj 150mg/150ml; 0.9%</i>	4	
MICAFUNGIN/SODIUM CHLORIDE INJ 100MG/100ML; 0.9%	5	
MICAFUNGIN/SODIUM CHLORIDE INJ 50MG/50ML; 0.9%	5	
<i>micafungin inj 100mg</i>	2	
<i>micafungin inj 50mg</i>	2	
NOXAFIL PACK 300MG	5	PA (POSACONAZOLE)
<i>nystatin susp 100000unit/ml</i>	2	
<i>nystatin tabs 500000unit</i>	2	
<i>posaconazole dr tbec 100mg</i>	5	PA (POSACONAZOLE) MO
<i>posaconazole inj 300mg/16.7ml</i>	5	PA (POSACONAZOLE) MO
<i>posaconazole susp 40mg/ml</i>	5	PA (POSACONAZOLE) MO
<i>terbinafine hcl tabs 250mg</i>	1	
<i>terbinafine hydrochloride tabs 250mg</i>	1	
<i>voriconazole inj 200mg</i>	5	PA (VORICONAZOLE)
<i>voriconazole susr 40mg/ml</i>	5	
<i>voriconazole tabs 200mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole tabs 50mg</i>	2	
<i>Antimycobacterials</i>		
CYCLOSERINE CAPS 250MG	5	
<i>dapsone tabs 100mg</i>	1	MO
<i>dapsone tabs 25mg</i>	1	MO
<i>ethambutol hydrochloride tabs 100mg</i>	2	
<i>ethambutol hydrochloride tabs 400mg</i>	2	
ISONIAZID INJ 100MG/ML	4	
<i>isoniazid syrp 50mg/5ml</i>	2	MO
<i>isoniazid tabs 100mg</i>	1	MO
<i>isoniazid tabs 300mg</i>	1	MO
PRETOMANID TABS 200MG	3	QL (1 EA per 1 days) PA (PRETOMANID)
PRIFTIN TABS 150MG	4	
<i>pyrazinamide tabs 500mg</i>	4	
<i>rifabutin caps 150mg</i>	4	
<i>rifampin caps 150mg</i>	2	
<i>rifampin caps 300mg</i>	2	
<i>rifampin inj 600mg</i>	2	
SIRTURO TABS 100MG	5	PA (SIRTURO)
SIRTURO TABS 20MG	5	PA (SIRTURO)
<i>Antiprotozoals</i>		
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	2	
<i>atovaquone/proguanil hydrochloride tabs 250mg; 100mg</i>	4	
<i>atovaquone susp 750mg/5ml</i>	4	
BENZNIDAZOLE TABS 100MG	3	PA (BENZNIDAZOLE)
BENZNIDAZOLE TABS 12.5MG	3	PA (BENZNIDAZOLE)
<i>chloroquine phosphate tabs 250mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate tabs 500mg</i>	2	MO
COARTEM TABS 20MG; 120MG	4	
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	MO
IMPAVIDO CAPS 50MG	5	QL (3 EA per 1 days) PA (IMPAVIDO)
KRINTAFEL TABS 150MG	4	QL (4 EA per 180 days)
LAMPIT TABS 120MG	4	PA (LAMPIT)
LAMPIT TABS 30MG	4	PA (LAMPIT)
<i>mefloquine hydrochloride tabs 250mg</i>	2	MO
<i>metronidazole inj 500mg/100ml</i>	2	
<i>metronidazole tabs 250mg</i>	1	
<i>metronidazole tabs 500mg</i>	1	
<i>nitazoxanide tabs 500mg</i>	5	PA (NITAZOXANIDE)
<i>pentamidine isethionate inj 300mg</i>	2	PA (PENTAMIDINE)
PRIMAQUINE PHOSPHATE TABS 26.3MG	4	
<i>pyrimethamine tabs 25mg</i>	5	
<i>quinine sulfate caps 324mg</i>	2	QL (42 EA per 30 days) PA (QUININE SULFATE)
<i>tinidazole tabs 250mg</i>	2	
<i>tinidazole tabs 500mg</i>	2	
Antivirals		
<i>abacavir sulfate/lamivudine tabs 600mg; 300mg</i>	2	MO
<i>abacavir sulfate tabs 300mg</i>	2	MO
<i>abacavir soln 20mg/ml</i>	2	MO
<i>abacavir tabs 300mg</i>	2	MO
<i>acyclovir sodium inj 50mg/ml</i>	2	B/D
<i>acyclovir caps 200mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir susp 200mg/5ml</i>	4	
<i>acyclovir tabs 400mg</i>	1	
<i>acyclovir tabs 800mg</i>	1	
<i>adefovir dipivoxil tabs 10mg</i>	2	QL (1 EA per 1 days) MO
APTIVUS CAPS 250MG	5	MO
<i>atazanavir sulfate caps 150mg</i>	2	MO
<i>atazanavir sulfate caps 200mg</i>	2	MO
<i>atazanavir sulfate caps 300mg</i>	2	MO
<i>atazanavir caps 150mg</i>	2	MO
<i>atazanavir caps 200mg</i>	2	MO
BARACLUDE SOLN 0.05MG/ML	5	MO
BEYFORTUS INJ 100MG/ML	3	QL (1 ML per 365 days)
BEYFORTUS INJ 50MG/0.5ML	3	QL (2 ML per 365 days)
BIKTARVY TABS 30MG; 120MG; 15MG	5	QL (1 EA per 1 days)
BIKTARVY TABS 50MG; 200MG; 25MG	5	QL (1 EA per 1 days) MO
CABENUVA INJ 400MG/2ML; 600MG/2ML	5	
CABENUVA INJ 600MG/3ML; 900MG/3ML	5	
<i>cidofovir inj 75mg/ml</i>	5	
CIMDUO TABS 300MG; 300MG	5	QL (1 EA per 1 days) MO
<i>darunavir tabs 600mg</i>	4	MO
<i>darunavir tabs 800mg</i>	5	MO
DELSTRIGO TABS 100MG; 300MG; 300MG	5	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
DESCOVY TABS 120MG; 15MG	5	QL (1 EA per 1 days) MO
DESCOVY TABS 200MG; 25MG	5	QL (1 EA per 1 days) MO
DOVATO TABS 50MG; 300MG	5	QL (1 EA per 1 days) MO
EDURANT PED TBSO 2.5MG	5	QL (6 EA per 1 days) MO
EDURANT TABS 25MG	5	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg</i>	2	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 400mg; 300mg; 300mg</i>	5	QL (1 EA per 1 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 600mg; 300mg; 300mg</i>	5	QL (1 EA per 1 days) MO
EFAVIRENZ CAPS 200MG	4	MO
EFAVIRENZ CAPS 50MG	4	MO
<i>efavirenz tabs 600mg</i>	2	MO
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tabs 200mg; 25mg; 300mg</i>	5	MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg</i>	4	QL (1 EA per 1 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	5	QL (1 EA per 1 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	2	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine/tenofovir disoproxil tabs 167mg; 250mg</i>	4	QL (1 EA per 1 days) MO
<i>emtricitabine caps 200mg</i>	2	MO
EMTRIVA SOLN 10MG/ML	4	MO
<i>entecavir tabs 0.5mg</i>	2	MO
<i>entecavir tabs 1mg</i>	2	MO
EPCLUSA PACK 150MG; 37.5MG	5	QL (1 EA per 1 days) PA (SOFOSBUVIR/VELP ATASVIR)
EPCLUSA PACK 200MG; 50MG	5	QL (1 EA per 1 days) PA (SOFOSBUVIR/VELP ATASVIR)
EPCLUSA TABS 200MG; 50MG	5	QL (2 EA per 1 days) PA (SOFOSBUVIR/VELP ATASVIR)
<i>etravirine tabs 100mg</i>	5	MO
<i>etravirine tabs 200mg</i>	5	MO
EVOTAZ TABS 300MG; 150MG	5	MO
<i>famciclovir tabs 125mg</i>	2	
<i>famciclovir tabs 250mg</i>	2	
<i>famciclovir tabs 500mg</i>	2	
<i>fosamprenavir calcium tabs 700mg</i>	5	
<i>ganciclovir inj 500mg</i>	2	B/D
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	5	QL (1 EA per 1 days) MO
INTELENCE TABS 25MG	4	MO
ISENTRESS HD TABS 600MG	5	MO

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW 100MG	5	MO
ISENTRESS CHEW 25MG	3	MO
ISENTRESS PACK 100MG	5	MO
ISENTRESS TABS 400MG	5	MO
JULUCA TABS 50MG; 25MG	5	QL (1 EA per 1 days) MO
KALETRA SOLN 400MG/5ML; 100MG/5ML	4	MO
LAGEVRIO CAPS 200MG	3	QL (40 EA per 5 days)
<i>lamivudine/zidovudine tabs 150mg; 300mg</i>	2	MO
<i>lamivudine soln 10mg/ml</i>	2	MO
<i>lamivudine tabs 100mg</i>	2	MO
<i>lamivudine tabs 150mg</i>	2	MO
<i>lamivudine tabs 300mg</i>	2	MO
LEXIVA SUSP 50MG/ML	4	MO
LIVTENCITY TABS 200MG	5	QL (12 EA per 1 days) PA (LIVTENCITY)
<i>lopinavir/ritonavir soln 400mg/5ml; 100mg/5ml</i>	2	MO
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	2	MO
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	2	MO
<i>maraviroc tabs 150mg</i>	5	QL (2 EA per 1 days) MO
<i>maraviroc tabs 300mg</i>	5	QL (4 EA per 1 days) MO
MAVYRET PACK 50MG; 20MG	5	QL (6 EA per 1 days) PA (MAVYRET)
MAVYRET TABS 100MG; 40MG	5	QL (3 EA per 1 days) PA (MAVYRET)

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine er tb24 400mg</i>	2	MO
NEVIRAPINE SUSP 50MG/5ML	4	MO
<i>nevirapine tabs 200mg</i>	2	MO
NORVIR PACK 100MG	4	MO
ODEFSEY TABS 200MG; 25MG; 25MG	5	QL (1 EA per 1 days) MO
<i>oseltamivir phosphate caps 30mg</i>	2	
<i>oseltamivir phosphate caps 45mg</i>	2	
<i>oseltamivir phosphate caps 75mg</i>	2	
<i>oseltamivir phosphate susr 6mg/ml</i>	2	
PAXLOVID TBPK 150MG; 100MG	3	QL (20 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	3	QL (30 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	3	QL (11 EA per 5 days)
PEGASYS INJ 180MCG/0.5ML	5	QL (4 ML per 28 days) PA (PEGASYS)
PEGASYS INJ 180MCG/ML	5	QL (4 ML per 28 days) PA (PEGASYS)
PIFELTRO TABS 100MG	5	QL (1 EA per 1 days) MO
PREVYMIS INJ 240MG/12ML	5	PA (PREVYMIS)
PREVYMIS INJ 480MG/24ML	5	PA (PREVYMIS)
PREVYMIS TABS 240MG	5	QL (1 EA per 1 days) PA (PREVYMIS)
PREVYMIS TABS 480MG	5	QL (1 EA per 1 days) PA (PREVYMIS)
PREZCOBIX TABS 150MG; 675MG	5	QL (1 EA per 1 days) MO
PREZCOBIX TABS 150MG; 800MG	5	MO
PREZISTA SUSP 100MG/ML	5	MO
PREZISTA TABS 150MG	5	MO

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 75MG	4	MO
RELENZA DISKHALER AEPB 5MG/BLISTER	4	QL (120 EA per 365 days)
RETROVIR IV INFUSION INJ 10MG/ML	4	
REYATAZ PACK 50MG	5	MO
<i>ribavirin caps 200mg</i>	4	PA (ORAL RIBAVIRIN)
<i>ribavirin tabs 200mg</i>	1	PA (ORAL RIBAVIRIN)
<i>rilpivirine hydrochloride tabs 25mg</i>	5	MO
RIMANTADINE HYDROCHLORIDE TABS 100MG	4	
<i>ritonavir tabs 100mg</i>	2	MO
RUKOBIA TB12 600MG	5	QL (2 EA per 1 days)
SELZENTRY SOLN 20MG/ML	5	MO
SELZENTRY TABS 25MG	3	QL (4 EA per 1 days) MO
SELZENTRY TABS 75MG	5	QL (8 EA per 1 days) MO
SOFOSBUVIR/VELPATASVIR TABS 400MG; 100MG	5	QL (1 EA per 1 days) PA (SOFOSBUVIR/VELP ATASVIR)
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	5	MO
SUNLENCA INJ 463.5MG/1.5ML	5	QL (3 ML per 180 days)
SUNLENCA TABS 300MG	5	QL (29 EA per 180 days)
SUNLENCA TBPK 300MG	5	QL (4 EA per 180 days)

Drug Name	Drug Tier	Requirements/Limits
SUNLENCA TBPK 300MG	5	QL (5 EA per 180 days)
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	5	QL (1 EA per 1 days) MO
<i>tenofovir disoproxil fumarate tabs 300mg</i>	2	MO
TIVICAY PD TBSO 5MG	5	QL (6 EA per 1 days) MO
TIVICAY TABS 10MG	4	QL (1 EA per 1 days) MO
TIVICAY TABS 25MG	5	QL (1 EA per 1 days) MO
TIVICAY TABS 50MG	5	QL (2 EA per 1 days) MO
TRIUMEQ PD TBSO 60MG; 5MG; 30MG	3	QL (6 EA per 1 days) MO
TRIUMEQ TABS 600MG; 50MG; 300MG	5	MO
<i>valacyclovir hydrochloride tabs 1gm</i>	2	
<i>valacyclovir hydrochloride tabs 500mg</i>	2	
<i>valganciclovir hydrochloride solr 50mg/ml</i>	5	MO
<i>valganciclovir tabs 450mg</i>	1	MO
VIRACEPT TABS 250MG	5	MO
VIRACEPT TABS 625MG	5	MO
VIREAD POWD 40MG/GM	5	MO
VIREAD TABS 150MG	5	MO
VIREAD TABS 200MG	5	MO
VIREAD TABS 250MG	5	MO
VOSEVI TABS 400MG; 100MG; 100MG	5	QL (1 EA per 1 days) PA (VOSEVI)

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine caps 100mg</i>	2	MO
<i>zidovudine syrp 50mg/5ml</i>	2	MO
<i>zidovudine tabs 300mg</i>	2	MO
Urinary Anti-infectives		
<i>fosfomycin tromethamine pack 3gm</i>	4	
<i>methenamine hippurate tabs 1gm</i>	4	
<i>nitrofurantoin macrocrystals caps 100mg</i>	1	
<i>nitrofurantoin macrocrystals caps 25mg</i>	1	
<i>nitrofurantoin macrocrystals caps 50mg</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals caps 100mg</i>	1	
<i>nitrofurantoin monohydrate caps 100mg</i>	1	
<i>trimethoprim tabs 100mg</i>	4	
Antidote Therapeutics		
Alcohol Deterrents		
<i>acamprosate calcium dr tbec 333mg</i>	2	MO
<i>disulfiram tabs 250mg</i>	2	MO
<i>disulfiram tabs 500mg</i>	2	MO
Antidotes		
<i>acetylcysteine soln 10%</i>	2	B/D
<i>acetylcysteine soln 20%</i>	2	B/D
<i>dexrazoxane hydrochloride inj 250mg</i>	5	
<i>dexrazoxane hydrochloride inj 500mg</i>	5	
<i>dexrazoxane inj 250mg</i>	5	
<i>dexrazoxane inj 500mg</i>	5	
<i>leucovorin calcium inj 100mg</i>	2	
<i>leucovorin calcium inj 200mg</i>	2	
<i>leucovorin calcium inj 350mg</i>	2	
<i>leucovorin calcium inj 500mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium inj 50mg</i>	2	
<i>leucovorin calcium tabs 10mg</i>	4	
<i>leucovorin calcium tabs 15mg</i>	2	
<i>leucovorin calcium tabs 25mg</i>	4	
<i>leucovorin calcium tabs 5mg</i>	4	
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	5	PA (LEVOLEUCOVORIN, new starts only)
LEVOLEUCOVORIN CALCIUM INJ 250MG/25ML	5	PA (LEVOLEUCOVORIN, new starts only)
LEVOLEUCOVORIN INJ 50MG	5	PA (LEVOLEUCOVORIN, new starts only)
XURIDEN PACK 2GM	5	QL (8 EA per 1 days) PA (XURIDEN) MO
Antihistamine Drugs		
<i>First Generation Antihistamines</i>		
CLEMASTINE FUMARATE TABS 2.68MG	4	
<i>diphenhydramine hydrochloride inj 50mg/ml</i>	4	
<i>promethazine hcl inj 25mg/ml</i>	4	
<i>promethazine hcl inj 50mg/ml</i>	2	
<i>promethazine hcl tabs 50mg</i>	4	
<i>promethazine hydrochloride plain soln 6.25mg/5ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
PROMETHAZINE HYDROCHLORIDE/PHENYLEPHRI NE HYDROCHLORIDE SYRP 5MG/5ML; 6.25MG/5ML	4	
<i>promethazine hydrochloride inj 25mg/ml</i>	4	
<i>promethazine hydrochloride soln 6.25mg/5ml</i>	4	
<i>promethazine hydrochloride tabs 12.5mg</i>	4	
<i>promethazine hydrochloride tabs 25mg</i>	4	
<i>promethazine hydrochloride tabs 50mg</i>	4	
Second Generation Antihistamines		
<i>desloratadine tabs 5mg</i>	2	QL (1 EA per 1 days)
<i>levocetirizine dihydrochloride tabs 5mg</i>	1	QL (1 EA per 1 days)
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate tabs 250mg</i>	4	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>abiraterone acetate tabs 500mg</i>	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>abirtega tabs 250mg</i>	1	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
ABRAXANE INJ 900MG; 100MG	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
AKEEGA TABS 500MG; 100MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
AKEEGA TABS 500MG; 50MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
ALECENSA CAPS 150MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)
ALIQOPA INJ 60MG	5	PA (CANCER DRUGS, new starts only)
ALUNBRIG TABS 180MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ALUNBRIG TABS 30MG	5	QL (6 EA per 1 days) PA (CANCER DRUGS, new starts only)
ALUNBRIG TABS 90MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ALUNBRIG TBPK 0	5	QL (30 EA per 180 days) PA (CANCER DRUGS, new starts only)
<i>arsenic trioxide inj 10mg/10ml</i>	5	
<i>arsenic trioxide inj 12mg/6ml</i>	5	
AUGTYRO CAPS 160MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
AUGTYRO CAPS 40MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)
AVASTIN INJ 100MG/4ML	5	PA (CANCER DRUGS, new starts only)
AVASTIN INJ 400MG/16ML	5	PA (CANCER DRUGS, new starts only)
AVMAPKI FAKZYNJA CO-PACK THPK 0.8MG; 200MG	5	QL (66 EA per 28 days) PA (CANCER DRUGS, new starts only)
AYVAKIT TABS 100MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
AYVAKIT TABS 200MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
AYVAKIT TABS 25MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
AYVAKIT TABS 300MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
AYVAKIT TABS 50MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>azacitidine inj 100mg</i>	5	
BALVERSA TABS 3MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TABS 4MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
BALVERSA TABS 5MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
BAVENCIO INJ 200MG/10ML	5	PA (CANCER DRUGS, new starts only)
BELEODAQ INJ 500MG	5	PA (CANCER DRUGS, new starts only)
<i>bendamustine hydrochloride inj 100mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>bendamustine hydrochloride inj 25mg</i>	5	PA (CANCER DRUGS, new starts only)
BESREMI INJ 500MCG/ML	5	QL (2 ML per 28 days) PA (CANCER DRUGS, new starts only)
<i>bexarotene caps 75mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>bicalutamide tabs 50mg</i>	2	
<i>bleomycin sulfate inj 15unit</i>	2	
<i>bleomycin sulfate inj 30unit</i>	2	
<i>bortezomib inj 3.5mg</i>	5	PA (CANCER DRUGS, new starts only)
BORTEZOMIB INJ 3.5MG	5	PA (CANCER DRUGS, new starts only)
BOSULIF CAPS 100MG	5	PA (CANCER DRUGS, new starts only)
BOSULIF CAPS 50MG	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
BOSULIF TABS 100MG	5	PA (CANCER DRUGS, new starts only)
BOSULIF TABS 400MG	5	PA (CANCER DRUGS, new starts only)
BOSULIF TABS 500MG	5	PA (CANCER DRUGS, new starts only)
BRAFTOVI CAPS 75MG	5	QL (6 EA per 1 days) PA (CANCER DRUGS, new starts only)
BRUKINSA CAPS 80MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>brukinsa tabs 160mg</i>	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>busulfan inj 6mg/ml</i>	5	PA (CANCER DRUGS, new starts only)
CABOMETYX TABS 20MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
CABOMETYX TABS 40MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
CABOMETYX TABS 60MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
CALQUENCE TABS 100MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TABS 100MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
CAPRELSA TABS 300MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
<i>carboplatin inj 150mg/15ml</i>	2	
<i>carboplatin inj 450mg/45ml</i>	2	
<i>carboplatin inj 50mg/5ml</i>	2	
<i>carboplatin inj 600mg/60ml</i>	2	
<i>carmustine inj 100mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>cisplatin inj 100mg/100ml</i>	2	
CISPLATIN INJ 200MG/200ML	4	
<i>cisplatin inj 50mg/50ml</i>	2	
<i>cladribine inj 10mg/10ml</i>	5	B/D
<i>clofarabine inj 1mg/ml</i>	5	PA (CANCER DRUGS, new starts only)
COMETRIQ KIT 0	5	PA (CANCER DRUGS, new starts only)
COMETRIQ KIT 0	5	PA (CANCER DRUGS, new starts only)
COMETRIQ KIT 20MG	5	PA (CANCER DRUGS, new starts only)
COPIKTRA CAPS 15MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
COPIKTRA CAPS 25MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
COTELLIC TABS 20MG	5	QL (63 EA per 28 days) PA (CANCER DRUGS, new starts only)
<i>cyclophosphamide caps 25mg</i>	2	B/D
<i>cyclophosphamide caps 50mg</i>	4	B/D
CYCLOPHOSPHAMIDE TABS 25MG	4	B/D
CYCLOPHOSPHAMIDE TABS 50MG	4	B/D
CYRAMZA INJ 100MG/10ML	5	PA (CANCER DRUGS, new starts only)
CYRAMZA INJ 500MG/50ML	5	PA (CANCER DRUGS, new starts only)
<i>cytarabine aqueous inj 20mg/ml</i>	2	B/D
<i>cytarabine aqueous inj 20mg/ml</i>	2	B/D
<i>cytarabine inj 100mg/ml</i>	2	B/D
<i>cytarabine inj 20mg/ml</i>	2	B/D
<i>dacarbazine inj 100mg</i>	2	
<i>dacarbazine inj 200mg</i>	2	
<i>dactinomycin inj 0.5mg</i>	5	PA (CANCER DRUGS, new starts only)
DANZITEN TABS 71MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
DANZITEN TABS 95MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
DARZALEX FASPRO INJ 1800MG/15ML; 30000UNIT/15ML	5	PA (CANCER DRUGS, new starts only)
DARZALEX INJ 100MG/5ML	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
DARZALEX INJ 400MG/20ML	5	PA (CANCER DRUGS, new starts only)
<i>dasatinib tabs 100mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>dasatinib tabs 140mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>dasatinib tabs 20mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>dasatinib tabs 50mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>dasatinib tabs 70mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>dasatinib tabs 80mg</i>	5	PA (CANCER DRUGS, new starts only)
DAURISMO TABS 100MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
DAURISMO TABS 25MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>decitabine inj 50mg</i>	5	
DOCETAXEL INJ 160MG/16ML	4	PA (CANCER DRUGS, new starts only)
<i>docetaxel inj 160mg/8ml</i>	5	PA (CANCER DRUGS, new starts only)
DOCETAXEL INJ 20MG/2ML	5	PA (CANCER DRUGS, new starts only)
<i>docetaxel inj 20mg/ml</i>	2	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL INJ 80MG/4ML	4	PA (CANCER DRUGS, new starts only)
DOCETAXEL INJ 80MG/8ML	5	PA (CANCER DRUGS, new starts only)
DROXIA CAPS 200MG	4	MO
DROXIA CAPS 300MG	4	MO
DROXIA CAPS 400MG	4	MO
EMCYT CAPS 140MG	5	
EMPLICITI INJ 300MG	5	PA (CANCER DRUGS, new starts only)
EMPLICITI INJ 400MG	5	PA (CANCER DRUGS, new starts only)
ENSACOVE CAPS 100MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
ENSACOVE CAPS 25MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
ERBITUX INJ 100MG/50ML	5	PA (CANCER DRUGS, new starts only)
ERBITUX INJ 200MG/100ML	5	PA (CANCER DRUGS, new starts only)
<i>eribulin mesylate inj 1mg/2ml</i>	5	PA (CANCER DRUGS, new starts only)
ERIVEDGE CAPS 150MG	5	PA (CANCER DRUGS, new starts only) LA
ERLEADA TABS 240MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
ERLEADA TABS 60MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>erlotinib hydrochloride tabs 100mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>erlotinib hydrochloride tabs 150mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>erlotinib hydrochloride tabs 25mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
EULEXIN CAPS 125MG	3	
<i>everolimus tabs 10mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>everolimus tabs 2.5mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) MO
<i>everolimus tabs 5mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) MO
<i>everolimus tabs 7.5mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) MO
<i>everolimus tbso 2mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>everolimus tbso 3mg</i>	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tbso 5mg</i>	5	PA (CANCER DRUGS, new starts only)
EXKIVITY CAPS 40MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
FLUDARABINE PHOSPHATE INJ 50MG	5	
<i>fluorouracil inj 1gm/20ml</i>	2	PA (CANCER DRUGS, new starts only)
<i>fluorouracil inj 2.5gm/50ml</i>	2	PA (CANCER DRUGS, new starts only)
<i>fluorouracil inj 500mg/10ml</i>	2	PA (CANCER DRUGS, new starts only)
<i>fluorouracil inj 5gm/100ml</i>	2	PA (CANCER DRUGS, new starts only)
FOLOTYN INJ 20MG/ML	5	PA (CANCER DRUGS, new starts only)
FOLOTYN INJ 40MG/2ML	5	PA (CANCER DRUGS, new starts only)
FOTIVDA CAPS 0.89MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)
FOTIVDA CAPS 1.34MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)
FRUZAQLA CAPS 1MG	5	QL (84 EA per 28 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
FRUZAQLA CAPS 5MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)
<i>fulvestrant inj 250mg/5ml</i>	5	PA (CANCER DRUGS, new starts only)
GAVRETO CAPS 100MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>gefitinib tabs 250mg</i>	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only) MO
<i>gemcitabine hcl inj 1gm</i>	2	
<i>gemcitabine hcl inj 200mg</i>	2	
<i>gemcitabine hcl inj 2gm</i>	2	
<i>gemcitabine hydrochloride inj 1gm/26.3ml</i>	2	
<i>gemcitabine hydrochloride inj 1gm</i>	2	
GEMCITABINE HYDROCHLORIDE INJ 200MG/2ML	4	
<i>gemcitabine hydrochloride inj 200mg/5.26ml</i>	2	
<i>gemcitabine hydrochloride inj 200mg</i>	2	
<i>gemcitabine hydrochloride inj 2gm/52.6ml</i>	2	
GILOTRIF TABS 20MG	5	PA (CANCER DRUGS, new starts only) LA
GILOTRIF TABS 30MG	5	PA (CANCER DRUGS, new starts only) LA
GILOTRIF TABS 40MG	5	PA (CANCER DRUGS, new starts only) LA

Drug Name	Drug Tier	Requirements/Limits
GOMEKLI CAPS 1MG	5	QL (126 EA per 28 days) PA (CANCER DRUGS, new starts only)
GOMEKLI CAPS 2MG	5	QL (84 EA per 28 days) PA (CANCER DRUGS, new starts only)
GOMEKLI TBSO 1MG	4	QL (168 EA per 28 days) PA (CANCER DRUGS, new starts only)
HERNEXEOS TABS 60MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>hydroxyurea caps 500mg</i>	2	
HYRNUO TABS 10MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
IBRANCE CAPS 100MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)
IBRANCE CAPS 125MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)
IBRANCE CAPS 75MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)
IBRANCE TABS 100MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
IBRANCE TABS 125MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)
IBRANCE TABS 75MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)
IBTROZI CAPS 200MG	5	QL (3 EA per 1 days) PA (IBTROZI, new starts only)
ICLUSIG TABS 10MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ICLUSIG TABS 15MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
ICLUSIG TABS 30MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ICLUSIG TABS 45MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
<i>idarubicin hcl inj 10mg/10ml</i>	5	PA (CANCER DRUGS, new starts only)
<i>idarubicin hcl inj 20mg/20ml</i>	5	PA (CANCER DRUGS, new starts only)
<i>idarubicin hcl inj 5mg/5ml</i>	5	PA (CANCER DRUGS, new starts only)
<i>idarubicin hydrochloride inj 10mg/10ml</i>	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
<i>idarubicin hydrochloride inj 20mg/20ml</i>	5	PA (CANCER DRUGS, new starts only)
<i>idarubicin hydrochloride inj 5mg/5ml</i>	5	PA (CANCER DRUGS, new starts only)
IDHIFA TABS 100MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
IDHIFA TABS 50MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>ifosfamide inj 1gm</i>	2	
<i>imatinib mesylate tabs 100mg</i>	4	PA (CANCER DRUGS, new starts only)
<i>imatinib mesylate tabs 400mg</i>	4	PA (CANCER DRUGS, new starts only)
IMBRUVICA CAPS 140MG	3	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
IMBRUVICA CAPS 70MG	3	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
IMBRUVICA SUSP 70MG/ML	3	QL (8 ML per 1 days) PA (CANCER DRUGS, new starts only)
IMBRUVICA TABS 140MG	3	QL (1 EA per 1 days) PA (IMBRUVICA 140MG TABLETS, new starts only) LA

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA TABS 280MG	3	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
IMBRUVICA TABS 420MG	3	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
IMFINZI INJ 120MG/2.4ML	5	PA (CANCER DRUGS, new starts only)
IMFINZI INJ 500MG/10ML	5	PA (CANCER DRUGS, new starts only)
IMKELDI SOLN 80MG/ML	5	PA (IMKELDI, new starts only)
INLURIYO TABS 200MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
INLYTA TABS 1MG	5	PA (CANCER DRUGS, new starts only) LA
INLYTA TABS 5MG	5	PA (CANCER DRUGS, new starts only) LA
INQOVI TABS 100MG; 35MG	5	QL (5 EA per 28 days) PA (CANCER DRUGS, new starts only)
INREBIC CAPS 100MG	5	QL (4 EA per 1 days) PA (INREBIC, new starts only)
ITOVEBI TABS 3MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
ITOVEBI TABS 9MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
IWILFIN TABS 192MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)
JAKAFI TABS 10MG	5	PA (CANCER DRUGS, new starts only)
JAKAFI TABS 15MG	5	PA (CANCER DRUGS, new starts only)
JAKAFI TABS 20MG	5	PA (CANCER DRUGS, new starts only)
JAKAFI TABS 25MG	5	PA (CANCER DRUGS, new starts only)
JAKAFI TABS 5MG	5	PA (CANCER DRUGS, new starts only)
JAYPIRCA TABS 100MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
JAYPIRCA TABS 50MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
JEVTANA INJ 60MG/1.5ML	5	PA (CANCER DRUGS, new starts only)
JYLAMVO SOLN 2MG/ML	4	PA (METHOTREXATE SOLUTION, new starts only)
KEMOPLAT INJ 50MG/50ML	4	
KEYTRUDA INJ 100MG/4ML	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
KISQALI TBPK 200MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)
KISQALI TBPK 200MG	5	QL (42 EA per 28 days) PA (CANCER DRUGS, new starts only)
KISQALI TBPK 200MG	5	QL (63 EA per 28 days) PA (CANCER DRUGS, new starts only)
KOSELUGO CAPS 10MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
KOSELUGO CAPS 25MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
KOSELUGO CPSP 5MG	5	PA (KOSELUGO GRANULE, new starts only)
KOSELUGO CPSP 7.5MG	5	PA (KOSELUGO GRANULE, new starts only)
KRAZATI TABS 200MG	5	QL (6 EA per 1 days) PA (CANCER DRUGS, new starts only)
KYPROLIS INJ 10MG	5	PA (CANCER DRUGS, new starts only)
KYPROLIS INJ 30MG	5	PA (CANCER DRUGS, new starts only)
KYPROLIS INJ 60MG	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
<i>lapatinib ditosylate tabs 250mg</i>	5	QL (6 EA per 1 days) PA (CANCER DRUGS, new starts only)
LAZCLUZE TABS 240MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
LAZCLUZE TABS 80MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>lenalidomide caps 10mg</i>	5	PA (CANCER DRUGS, new starts only) LA
<i>lenalidomide caps 15mg</i>	5	PA (CANCER DRUGS, new starts only) LA
<i>lenalidomide caps 2.5mg</i>	5	PA (CANCER DRUGS, new starts only) MO
<i>lenalidomide caps 20mg</i>	5	PA (CANCER DRUGS, new starts only) MO
<i>lenalidomide caps 25mg</i>	5	PA (CANCER DRUGS, new starts only) LA
<i>lenalidomide caps 5mg</i>	5	PA (CANCER DRUGS, new starts only) LA
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
LENVIMA 14 MG DAILY DOSE CPPK 0	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 18 MG DAILY DOSE CPPK 0	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
LENVIMA 24 MG DAILY DOSE CPPK 0	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
LEUKERAN TABS 2MG	5	
LIBTAYO INJ 350MG/7ML	5	PA (CANCER DRUGS, new starts only)
<i>lomustine caps 100mg</i>	5	
<i>lomustine caps 10mg</i>	4	
<i>lomustine caps 40mg</i>	4	
LONSURF TABS 6.14MG; 15MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)
LONSURF TABS 8.19MG; 20MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)
LORBRENA TABS 100MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABS 25MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
LUMAKRAS TABS 120MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)
LUMAKRAS TABS 240MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
LUMAKRAS TABS 320MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
LYNPARZA TABS 100MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
LYNPARZA TABS 150MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
LYSODREN TABS 500MG	5	
LYTGOBI TBPK 4MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
LYTGOBI TBPK 4MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
LYTGOBI TBPK 4MG	5	QL (5 EA per 1 days) PA (CANCER DRUGS, new starts only)
MATULANE CAPS 50MG	5	

Drug Name	Drug Tier	Requirements/Limits
MEKINIST SOLR 0.05MG/ML	5	PA (CANCER DRUGS, new starts only)
MEKINIST TABS 0.5MG	5	PA (CANCER DRUGS, new starts only)
MEKINIST TABS 2MG	5	PA (CANCER DRUGS, new starts only)
MEKTOVI TABS 15MG	5	QL (6 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>melphalan hydrochloride inj 50mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>mercaptopurine susp 2000mg/100ml</i>	5	PA (MERCAPTOPYRINE SUSPENSION, new starts only)
<i>mercaptopurine tabs 50mg</i>	2	
<i>methotrexate sodium inj 1gm/40ml</i>	2	
<i>methotrexate sodium inj 1gm</i>	2	
METHOTREXATE SODIUM INJ 250MG/10ML	4	
<i>methotrexate sodium inj 250mg/10ml</i>	2	
METHOTREXATE SODIUM INJ 50MG/2ML	4	
<i>methotrexate sodium inj 50mg/2ml</i>	2	
<i>methotrexate sodium tabs 2.5mg</i>	2	
<i>methotrexate inj 50mg/2ml</i>	2	
<i>mitomycin inj 20mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>mitomycin inj 40mg</i>	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
<i>mitomycin inj 5mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>mitoxantrone hcl inj 2mg/ml</i>	2	
<i>mitoxantrone hcl inj 2mg/ml</i>	2	
<i>mitoxantrone hcl inj 2mg/ml</i>	2	
MODEYSO CAPS 125MG	5	QL (20 EA per 28 days) PA (CANCER DRUGS, new starts only) MO
<i>mutamycin inj 20mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>mutamycin inj 40mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>mutamycin inj 5mg</i>	5	PA (CANCER DRUGS, new starts only)
MYLOTARG INJ 4.5MG	5	PA (CANCER DRUGS, new starts only)
<i>nelarabine inj 5mg/ml</i>	5	PA (CANCER DRUGS, new starts only)
NERLYNX TABS 40MG	5	QL (6 EA per 1 days) PA (NERLYNX, new starts only)
<i>nilotinib hydrochloride caps 150mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>nilotinib hydrochloride caps 200mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>nilotinib hydrochloride caps 50mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>nilutamide tabs 150mg</i>	5	

Drug Name	Drug Tier	Requirements/Limits
NINLARO CAPS 2.3MG	5	QL (3 EA per 28 days) PA (CANCER DRUGS, new starts only)
NINLARO CAPS 3MG	5	QL (3 EA per 28 days) PA (CANCER DRUGS, new starts only)
NINLARO CAPS 4MG	5	QL (3 EA per 28 days) PA (CANCER DRUGS, new starts only)
NIPENT INJ 10MG	5	PA (CANCER DRUGS, new starts only)
NUBEQA TABS 300MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
ODOMZO CAPS 200MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
OGSIVEO TABS 100MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
OGSIVEO TABS 150MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
OGSIVEO TABS 50MG	5	QL (6 EA per 1 days) PA (CANCER DRUGS, new starts only)
OJEMDA SUSR 25MG/ML	5	QL (96 ML per 28 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
OJEMDA TABS 100MG	5	QL (24 EA per 28 days) PA (CANCER DRUGS, new starts only)
OJEMDA TABS 100MG	5	QL (24 EA per 28 days) PA (CANCER DRUGS, new starts only)
OJEMDA TABS 100MG	5	QL (24 EA per 28 days) PA (CANCER DRUGS, new starts only)
OJJAARA TABS 100MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
OJJAARA TABS 150MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
OJJAARA TABS 200MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ONUREG TABS 200MG	5	QL (14 EA per 28 days) PA (CANCER DRUGS, new starts only)
ONUREG TABS 300MG	5	QL (14 EA per 28 days) PA (CANCER DRUGS, new starts only)
OPDIVO INJ 100MG/10ML	5	PA (CANCER DRUGS, new starts only)
OPDIVO INJ 120MG/12ML	5	PA (CANCER DRUGS, new starts only)
OPDIVO INJ 240MG/24ML	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
OPDIVO INJ 40MG/4ML	5	PA (CANCER DRUGS, new starts only)
ORSERDU TABS 345MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ORSERDU TABS 86MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>paclitaxel protein-bound particles inj 900mg; 100mg</i>	5	PA (CANCER DRUGS, new starts only)
PACLITAXEL INJ 150MG/25ML	4	
<i>paclitaxel inj 300mg/50ml</i>	2	
<i>paclitaxel inj 30mg/5ml</i>	2	
<i>paclitaxel inj 6mg/ml</i>	2	
<i>pazopanib hydrochloride tabs 200mg</i>	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
PAZOPANIB HYDROCHLORIDE TABS 400MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
PEMAZYRE TABS 13.5MG	5	QL (14 EA per 21 days) PA (CANCER DRUGS, new starts only)
PEMAZYRE TABS 4.5MG	5	QL (14 EA per 21 days) PA (CANCER DRUGS, new starts only)
PEMAZYRE TABS 9MG	5	QL (14 EA per 21 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
<i>pemetrexed disodium inj 100mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>pemetrexed disodium inj 500mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>pemetrexed inj 100mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>pemetrexed inj 500mg</i>	5	PA (CANCER DRUGS, new starts only)
PERJETA INJ 420MG/14ML	5	PA (CANCER DRUGS, new starts only)
PIQRAY 200MG DAILY DOSE TBPK 200MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
PIQRAY 250MG DAILY DOSE TBPK 0	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
PIQRAY 300MG DAILY DOSE TBPK 150MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
POMALYST CAPS 1MG	5	PA (CANCER DRUGS, new starts only)
POMALYST CAPS 2MG	5	PA (CANCER DRUGS, new starts only)
POMALYST CAPS 3MG	5	PA (CANCER DRUGS, new starts only)
POMALYST CAPS 4MG	5	PA (CANCER DRUGS, new starts only)
<i>pralatrexate inj 20mg/ml</i>	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
<i>pralatrexate inj 40mg/2ml</i>	5	PA (CANCER DRUGS, new starts only)
PROLEUKIN INJ 22000000UNIT	5	PA (CANCER DRUGS, new starts only)
QINLOCK TABS 50MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
RETEVMO TABS 120MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
RETEVMO TABS 160MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
RETEVMO TABS 40MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
RETEVMO TABS 80MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
REVUFORJ TABS 110MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
REVUFORJ TABS 160MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
REVUFORJ TABS 25MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
REZLIDHIA CAPS 150MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
RIABNI INJ 100MG/10ML	5	PA (RITUXIMAB, new starts only)
RIABNI INJ 500MG/50ML	5	PA (RITUXIMAB, new starts only)
RITUXAN INJ 100MG/10ML	5	PA (RITUXIMAB, new starts only)
RITUXAN INJ 500MG/50ML	5	PA (RITUXIMAB, new starts only)
<i>romidepsin inj 10mg</i>	5	PA (CANCER DRUGS, new starts only)
ROMVIMZA CAPS 14MG	5	QL (8 EA per 28 days) PA (CANCER DRUGS, new starts only)
ROMVIMZA CAPS 20MG	5	QL (8 EA per 28 days) PA (CANCER DRUGS, new starts only)
ROMVIMZA CAPS 30MG	5	QL (8 EA per 28 days) PA (CANCER DRUGS, new starts only)
ROZLYTREK CAPS 100MG	5	QL (5 EA per 1 days) PA (CANCER DRUGS, new starts only)
ROZLYTREK CAPS 200MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK PACK 50MG	5	QL (12 EA per 1 days) PA (ROZLYTREK PELLETT, new starts only)
RUBRACA TABS 200MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
RUBRACA TABS 250MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
RUBRACA TABS 300MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
RUXIENCE INJ 100MG/10ML	5	PA (RITUXIMAB, new starts only)
RUXIENCE INJ 500MG/50ML	5	PA (RITUXIMAB, new starts only)
RYDAPT CAPS 25MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)
SCEMBLIX TABS 100MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
SCEMBLIX TABS 20MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
SCEMBLIX TABS 40MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)
SIKLOS TABS 1000MG	5	PA (SIKLOS)

Drug Name	Drug Tier	Requirements/Limits
SIKLOS TABS 100MG	4	PA (SIKLOS)
<i>sorafenib tosylate tabs 200mg</i>	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>sorafenib tabs 200mg</i>	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
STIVARGA TABS 40MG	5	PA (CANCER DRUGS, new starts only) LA
<i>sunitinib malate caps 12.5mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>sunitinib malate caps 25mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>sunitinib malate caps 37.5mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>sunitinib malate caps 50mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
TABLOID TABS 40MG	5	
TABRECTA TABS 150MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
TABRECTA TABS 200MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
TAFINLAR CAPS 50MG	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR CAPS 75MG	5	PA (CANCER DRUGS, new starts only)
TAFINLAR TBSO 10MG	5	PA (CANCER DRUGS, new starts only)
TAGRISSE TABS 40MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
TAGRISSE TABS 80MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
TALZENNA CAPS 0.1MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
TALZENNA CAPS 0.25MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
TALZENNA CAPS 0.35MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
TALZENNA CAPS 0.5MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
TALZENNA CAPS 0.75MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
TALZENNA CAPS 1MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
TAZVERIK TABS 200MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)
TECENTRIQ HYBREZA INJ 1875MG/15ML; 30000UNIT/15ML	5	PA (CANCER DRUGS, new starts only)
TECENTRIQ INJ 1200MG/20ML	5	PA (CANCER DRUGS, new starts only)
TECENTRIQ INJ 840MG/14ML	5	PA (CANCER DRUGS, new starts only)
<i>temsirolimus inj 25mg/ml</i>	5	PA (CANCER DRUGS, new starts only)
TEPMETKO TABS 225MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
TEVIMBRA INJ 100MG/10ML	5	PA (CANCER DRUGS, new starts only)
<i>thiotepa inj 15mg</i>	5	PA (CANCER DRUGS, new starts only)
TIBSOVO TABS 250MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>topotecan hcl inj 4mg</i>	5	
<i>topotecan hydrochloride inj 4mg/4ml</i>	5	
<i>tretinoin caps 10mg</i>	5	PA (CANCER DRUGS, new starts only)
TRUQAP TABS 160MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
TRUQAP TABS 200MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
TRUQAP TBPK 160MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
TRUQAP TBPK 200MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
TRUXIMA INJ 100MG/10ML	5	PA (RITUXIMAB, new starts only)
TRUXIMA INJ 500MG/50ML	5	PA (RITUXIMAB, new starts only)
TUKYSA TABS 150MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
TUKYSA TABS 50MG	5	QL (10 EA per 1 days) PA (CANCER DRUGS, new starts only)
TURALIO CAPS 125MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
VANFLYTA TABS 17.7MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
VANFLYTA TABS 26.5MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
VECTIBIX INJ 100MG/5ML	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
VECTIBIX INJ 400MG/20ML	5	PA (CANCER DRUGS, new starts only)
VENCLEXTA STARTING PACK TBPk 0	5	QL (42 EA per 180 days) PA (CANCER DRUGS, new starts only)
VENCLEXTA TABS 100MG	5	QL (6 EA per 1 days) PA (CANCER DRUGS, new starts only)
VENCLEXTA TABS 10MG	3	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
VENCLEXTA TABS 50MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
VERZENIO TABS 100MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
VERZENIO TABS 150MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
VERZENIO TABS 200MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
VERZENIO TABS 50MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
VINBLASTINE SULFATE INJ 1MG/ML	4	B/D
<i>vinorelbine tartrate inj 10mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>vinorelbine tartrate inj 50mg/5ml</i>	2	
VITRAKVI CAPS 100MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
VITRAKVI CAPS 25MG	5	QL (6 EA per 1 days) PA (CANCER DRUGS, new starts only)
VITRAKVI SOLN 20MG/ML	5	QL (10 ML per 1 days) PA (CANCER DRUGS, new starts only)
VIZIMPRO TABS 15MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
VIZIMPRO TABS 30MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
VIZIMPRO TABS 45MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
VONJO CAPS 100MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
VORANIGO TABS 10MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
VORANIGO TABS 40MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
VYXEOS INJ 100MG; 44MG	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
WELIREG TABS 40MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
XALKORI CAPS 200MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
XALKORI CAPS 250MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
XALKORI CPSP 150MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
XALKORI CPSP 20MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
XALKORI CPSP 50MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
XATMEP SOLN 2.5MG/ML	4	PA (METHOTREXATE SOLUTION, new starts only)
XOSPATA TABS 40MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
XPOVIO 60 MG TWICE WEEKLY TBPK 20MG	5	QL (24 EA per 28 days) PA (CANCER DRUGS, new starts only)
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	5	QL (32 EA per 28 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
XPOVIO TBPK 10MG	5	QL (16 EA per 28 days) PA (CANCER DRUGS, new starts only)
XPOVIO TBPK 40MG	5	QL (8 EA per 28 days) PA (CANCER DRUGS, new starts only)
XPOVIO TBPK 40MG	5	QL (8 EA per 28 days) PA (CANCER DRUGS, new starts only)
XPOVIO TBPK 40MG	5	QL (4 EA per 28 days) PA (CANCER DRUGS, new starts only)
XPOVIO TBPK 50MG	5	QL (8 EA per 28 days) PA (CANCER DRUGS, new starts only)
XPOVIO TBPK 60MG	5	QL (4 EA per 28 days) PA (CANCER DRUGS, new starts only)
XPOVIO TBPK 80MG	5	QL (4 EA per 28 days) PA (CANCER DRUGS, new starts only)
XROMI SOLN 100MG/ML	5	PA (XROMI, new starts only)
XTANDI CAPS 40MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
XTANDI TABS 40MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
XTANDI TABS 80MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
YERVOY INJ 200MG/40ML	5	PA (CANCER DRUGS, new starts only)
YERVOY INJ 50MG/10ML	5	PA (CANCER DRUGS, new starts only)
YONDELIS INJ 1MG	5	PA (CANCER DRUGS, new starts only)
YONSA TABS 125MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
ZALTRAP INJ 100MG/4ML	5	PA (CANCER DRUGS, new starts only)
ZALTRAP INJ 200MG/8ML	5	PA (CANCER DRUGS, new starts only)
ZANOSAR INJ 1GM	5	PA (CANCER DRUGS, new starts only)
ZEJULA TABS 100MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ZEJULA TABS 200MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ZEJULA TABS 300MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ZELBORAF TABS 240MG	5	PA (CANCER DRUGS, new starts only) LA

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA CAPS 100MG	5	PA (CANCER DRUGS, new starts only)
ZYDELIG TABS 100MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
ZYDELIG TABS 150MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
ZYKADIA TABS 150MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
Antitoxins, Immune Globulins, Toxoids, and Vaccines		
<i>Allergenic Extracts</i>		
GRASTEK SUBL 2800BAU	3	PA (ORAL IMMUNOTHERAPY) MO
ODACTRA SUBL 0; 0	3	QL (1 EA per 1 days) PA (ORAL IMMUNOTHERAPY) MO
RAGWITEK SUBL 12AMB A 1-U	4	PA (ORAL IMMUNOTHERAPY) MO
<i>Antitoxins and Immune Globulins</i>		
BIVIGAM INJ 10%	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
BIVIGAM INJ 5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)

Drug Name	Drug Tier	Requirements/Limits
FLEBOGAMMA DIF INJ 10GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
FLEBOGAMMA DIF INJ 10GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
FLEBOGAMMA DIF INJ 2.5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
FLEBOGAMMA DIF INJ 20GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
FLEBOGAMMA DIF INJ 20GM/400ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
FLEBOGAMMA DIF INJ 5GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
FLEBOGAMMA DIF INJ 5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMASTAN INJ 0	3	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAGARD LIQUID ERC INJ 10GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAGARD LIQUID ERC INJ 5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAGARD LIQUID INJ 10GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAGARD LIQUID INJ 1GM/10ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAGARD LIQUID INJ 2.5GM/25ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAGARD LIQUID INJ 20GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAGARD LIQUID INJ 30GM/300ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID INJ 5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 10GM	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 5GM	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAKED INJ 10GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAKED INJ 1GM/10ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAKED INJ 20GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAKED INJ 5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAPLEX INJ 10GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAPLEX INJ 10GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAPLEX INJ 20GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAPLEX INJ 20GM/400ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAPLEX INJ 5GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAPLEX INJ 5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMUNEX-C INJ 10GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMUNEX-C INJ 1GM/10ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C INJ 2.5GM/25ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMUNEX-C INJ 20GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMUNEX-C INJ 40GM/400ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMUNEX-C INJ 5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
OCTAGAM INJ 10GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
OCTAGAM INJ 10GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
OCTAGAM INJ 1GM/20ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
OCTAGAM INJ 2.5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
OCTAGAM INJ 20GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
OCTAGAM INJ 2GM/20ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
OCTAGAM INJ 30GM/300ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
OCTAGAM INJ 5GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
OCTAGAM INJ 5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
PRIVIGEN INJ 10GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
PRIVIGEN INJ 20GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)

Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN INJ 40GM/400ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
PRIVIGEN INJ 5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
VARIZIG INJ 125UNIT/1.2ML	5	PA (VARIZIG)
ZINPLAVA INJ 1000MG/40ML	5	PA (ZINPLAVA)
<i>Toxoids</i>		
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
INFANRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
TDVAX INJ 2LF/0.5ML; 2LF/0.5ML	3	
TENIVAC INJ 2LFU; 5LFU	3	
TENIVAC INJ 2LFU; 5LFU	3	

Drug Name	Drug Tier	Requirements/Limits
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT INJ 2LF/0.5ML; 2LF/0.5ML	3	
<i>Vaccines</i>		
ABRYSVO INJ 120MCG/0.5ML	3	
ACTHIB INJ 0	3	
AREXVY INJ 120MCG/0.5ML	3	PA (RSV VACCINE)
BCG VACCINE INJ 50MG	3	
BEXSERO INJ 0.5ML	3	PA (BEXSERO)
DENG VAXIA INJ 0	3	PA (DENG VAXIA)
ENGERIX-B INJ 10MCG/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ 0.5ML	3	PA (GARDASIL)
GARDASIL 9 INJ 0.5ML	3	PA (GARDASIL)
HAVRIX INJ 1440UNIT/ML	3	
HAVRIX INJ 720ELU/0.5ML	3	
HEPLISAV-B INJ 20MCG/0.5ML	3	B/D
HIBERIX INJ 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	3	B/D
IPOL INACTIVATED IPV INJ 0	3	
IXIARO INJ 0	3	
JYNNEOS INJ 0.5ML	3	
M-M-R II INJ 0; 0; 0	3	
MENACTRA INJ 0	3	
MENQUADFI INJ 0.5ML	3	
MENVEO INJ 0	3	
MENVEO INJ 0	3	
MRESVIA INJ 50MCG/0.5ML	3	

Drug Name	Drug Tier	Requirements/Limits
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENBRAYA INJ 0; 0	3	PA (PENBRAYA)
PENMENVY INJ 0; 0	3	PA (PENMENVY)
PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PREHEVBRIO INJ 10MCG/ML	3	B/D
PRIORIX INJ 0; 0; 0	3	
PROQUAD INJ 0; 0; 0; 0	3	
RABAVERT INJ 0	3	B/D
RECOMBIVAX HB INJ 10MCG/ML	3	B/D
RECOMBIVAX HB INJ 10MCG/ML	3	B/D
RECOMBIVAX HB INJ 40MCG/ML	3	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	3	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	3	B/D
ROTARIX SUSP 0	3	
ROTATEQ SOLN 0	3	
SHINGRIX INJ 50MCG/0.5ML	3	
STAMARIL INJ 0	3	PA (STAMARIL)
TICOVAC INJ 1.2MCG/0.25ML	3	PA (TICOVAC)
TICOVAC INJ 2.4MCG/0.5ML	3	PA (TICOVAC)
TRUMENBA INJ 0.5ML	3	PA (TRUMENBA)
TWINRIX INJ 720ELU/ML; 20MCG/ML	3	
TYPHIM VI INJ 25MCG/0.5ML	3	
TYPHIM VI INJ 25MCG/0.5ML	3	
VAQTA INJ 25UNIT/0.5ML	3	
VAQTA INJ 25UNIT/0.5ML	3	

Drug Name	Drug Tier	Requirements/Limits
VAQTA INJ 50UNIT/ML	3	
VAQTA INJ 50UNIT/ML	3	
VARIVAX INJ 1350PFU/0.5ML	3	
VAXCHORA SUSR 0	3	PA (VAXCHORA)
VIMKUNYA INJ 40MCG/0.8ML	3	
VIVOTIF CPDR 0	3	QL (4 EA per 365 days)
YF-VAX INJ 0	3	
YF-VAX INJ 0	3	
Autonomic Drugs		
<i>Anticholinergic Agents</i>		
ANORO ELLIPTA AEPB 62.5MCG/ACT; 25MCG/ACT	3	QL (2 EA per 1 days) MO
ATROPINE SULFATE INJ 0.25MG/5ML	4	
ATROVENT HFA AERS 17MCG/ACT	4	MO
<i>dicyclomine hcl soln 10mg/5ml</i>	4	
<i>dicyclomine hydrochloride caps 10mg</i>	4	
<i>dicyclomine hydrochloride soln 10mg/5ml</i>	4	
<i>dicyclomine hydrochloride tabs 20mg</i>	4	
<i>glycopyrrolate tabs 1mg</i>	2	
<i>glycopyrrolate tabs 2mg</i>	2	
INCRUSE ELLIPTA AEPB 62.5MCG/INH	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide soln 0.02%</i>	2	B/D MO
<i>ipratropium bromide soln 0.03%</i>	2	MO
<i>ipratropium bromide soln 0.06%</i>	2	MO
<i>scopolamine pt72 1mg/3days</i>	4	PA (SCOPOLAMINE PATCH)

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (4 GM per 30 days) MO
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	QL (4 GM per 30 days) MO
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	3	QL (4 GM per 30 days) MO
<i>tiotropium bromide caps 18mcg</i>	1	QL (30 EA per 30 days) MO
<i>Autonomic Drugs, Miscellaneous</i>		
NICOTROL INHALER INHA 10MG	4	QL (5376 EA per 365 days)
NICOTROL NS SOLN 10MG/ML	4	QL (360 ML per 365 days)
<i>varenicline starting month tbpk 0</i>	1	QL (53 EA per 180 days)
<i>varenicline tartrate tabs 0.5mg</i>	1	QL (730 EA per 365 days)
<i>varenicline tartrate tabs 1mg</i>	1	QL (730 EA per 365 days)
<i>Parasympathomimetic (Cholinergic) Agents</i>		
<i>bethanechol chloride tabs 10mg</i>	2	
<i>bethanechol chloride tabs 25mg</i>	2	
<i>bethanechol chloride tabs 50mg</i>	2	
<i>bethanechol chloride tabs 5mg</i>	2	
<i>cevimeline hydrochloride caps 30mg</i>	4	MO
<i>donepezil hcl tabs 10mg</i>	1	MO
<i>donepezil hcl tabs 23mg</i>	2	QL (1 EA per 1 days) MO
<i>donepezil hcl tbdp 10mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hcl tbdp 5mg</i>	2	QL (1 EA per 1 days) MO
<i>donepezil hydrochloride odt tbdp 10mg</i>	2	MO
<i>donepezil hydrochloride odt tbdp 5mg</i>	2	QL (1 EA per 1 days) MO
<i>donepezil hydrochloride tabs 10mg</i>	1	MO
<i>donepezil hydrochloride tabs 23mg</i>	2	QL (1 EA per 1 days) MO
<i>donepezil hydrochloride tabs 5mg</i>	1	QL (1 EA per 1 days) MO
FIRDAPSE TABS 10MG	5	QL (8 EA per 1 days) PA (FIRDAPSE)
<i>galantamine hydrobromide er cp24 16mg</i>	2	QL (1 EA per 1 days) MO
<i>galantamine hydrobromide er cp24 24mg</i>	2	QL (1 EA per 1 days) MO
<i>galantamine hydrobromide er cp24 8mg</i>	2	QL (1 EA per 1 days) MO
GALANTAMINE HYDROBROMIDE SOLN 4MG/ML	4	MO
<i>galantamine hydrobromide tabs 12mg</i>	2	MO
<i>galantamine hydrobromide tabs 4mg</i>	2	MO
<i>galantamine hydrobromide tabs 8mg</i>	2	MO
<i>pilocarpine hydrochloride tabs 5mg</i>	2	MO
<i>pilocarpine hydrochloride tabs 7.5mg</i>	2	MO
<i>pyridostigmine bromide er tbcr 180mg</i>	4	
<i>pyridostigmine bromide soln 60mg/5ml</i>	4	
<i>pyridostigmine bromide tabs 60mg</i>	2	
REGONOL INJ 10MG/2ML	4	
<i>rivastigmine tartrate caps 1.5mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate caps 3mg</i>	2	MO
<i>rivastigmine tartrate caps 4.5mg</i>	2	MO
<i>rivastigmine tartrate caps 6mg</i>	2	MO
<i>rivastigmine transdermal system pt24 13.3mg/24hr</i>	4	QL (1 EA per 1 days) MO
<i>rivastigmine transdermal system pt24 4.6mg/24hr</i>	4	QL (1 EA per 1 days) MO
<i>rivastigmine transdermal system pt24 9.5mg/24hr</i>	4	QL (1 EA per 1 days) MO
<i>Skeletal Muscle Relaxants</i>		
<i>baclofen tabs 10mg</i>	1	MO
<i>baclofen tabs 20mg</i>	1	MO
<i>baclofen tabs 5mg</i>	1	
<i>chlorzoxazone tabs 500mg</i>	2	
<i>cyclobenzaprine hydrochloride tabs 10mg</i>	4	
<i>cyclobenzaprine hydrochloride tabs 5mg</i>	4	
<i>methocarbamol tabs 500mg</i>	2	
<i>methocarbamol tabs 750mg</i>	2	
<i>tizanidine hcl tabs 2mg</i>	1	MO
<i>tizanidine hydrochloride caps 2mg</i>	2	
<i>tizanidine hydrochloride caps 4mg</i>	2	
<i>tizanidine hydrochloride caps 6mg</i>	2	
<i>tizanidine hydrochloride tabs 2mg</i>	1	
<i>tizanidine hydrochloride tabs 4mg</i>	1	MO
<i>Smoking Cessation Agents</i>		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate tabs 1mg</i>	1	QL (730 EA per 365 days)
<i>Sympatholytic (Adrenergic Blocking) Agents</i>		
<i>alfuzosin hcl er tb24 10mg</i>	2	MO
<i>dihydroergotamine mesylate inj 1mg/ml</i>	5	
<i>dihydroergotamine mesylate soln 4mg/ml</i>	5	QL (8 ML per 28 days)
ERGOLOID MESYLATES TABS 1MG	4	MO
<i>tamsulosin hydrochloride caps 0.4mg</i>	1	MO
<i>Sympathomimetic (Adrenergic) Agents</i>		
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT	3	QL (12 GM per 30 days) MO
ADVAIR HFA AERO 230MCG/ACT; 21MCG/ACT	3	QL (12 GM per 30 days) MO
ADVAIR HFA AERO 45MCG/ACT; 21MCG/ACT	3	QL (12 GM per 30 days) MO
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL (36 GM per 30 days) MO
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate nebu 0.083%</i>	1	B/D MO
<i>albuterol sulfate nebu 0.63mg/3ml</i>	1	B/D MO
<i>albuterol sulfate nebu 1.25mg/3ml</i>	1	B/D MO
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1	B/D MO
<i>albuterol sulfate syrp 2mg/5ml</i>	2	MO
<i>albuterol sulfate tabs 2mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate tabs 4mg</i>	4	MO
<i>arformoterol tartrate nebu 15mcg/2ml</i>	2	B/D MO
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	3	QL (8 GM per 30 days) MO
<i>droxidopa caps 100mg</i>	4	QL (15 EA per 1 days) PA (DROXIDOPA)
<i>droxidopa caps 200mg</i>	5	QL (6 EA per 1 days) PA (DROXIDOPA)
<i>droxidopa caps 300mg</i>	5	QL (6 EA per 1 days) PA (DROXIDOPA)
<i>epinephrine inj 0.15mg/0.15ml</i>	2	
<i>epinephrine inj 0.15mg/0.3ml</i>	2	
<i>epinephrine inj 0.3mg/0.3ml</i>	2	
<i>epinephrine inj 0.3mg/0.3ml</i>	2	
<i>fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus aepb 250mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus aepb 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol aepb 100mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol aepb 250mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	2	B/D MO
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	2	B/D MO
<i>levalbuterol hcl nebu 0.63mg/3ml</i>	2	B/D MO

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	2	B/D MO
<i>levalbuterol hydrochloride nebu 0.31mg/3ml</i>	2	B/D MO
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	2	B/D MO
<i>levalbuterol hydrochloride nebu 1.25mg/3ml</i>	2	B/D MO
LEVALBUTEROL TARTRATE HFA AERO 45MCG/ACT	4	QL (30 GM per 30 days) MO
<i>levalbuterol nebu 1.25mg/0.5ml</i>	2	B/D MO
<i>lofexidine hydrochloride tabs 0.18mg</i>	5	QL (16 EA per 1 days) PA (LUCEMYRA)
<i>midodrine hydrochloride tabs 10mg</i>	2	
<i>midodrine hydrochloride tabs 2.5mg</i>	2	
<i>midodrine hydrochloride tabs 5mg</i>	2	
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL (60 EA per 30 days) MO
<i>terbutaline sulfate inj 1mg/ml</i>	2	
<i>terbutaline sulfate tabs 2.5mg</i>	2	
<i>terbutaline sulfate tabs 5mg</i>	2	MO
<i>wixela inhub aepb 100mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>wixela inhub aepb 250mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>wixela inhub aepb 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
Blood Derivatives		
<i>Blood Derivatives</i>		
ARALAST NP INJ 1000MG	5	PA (ARALAST) LA
ARALAST NP INJ 500MG	5	PA (ARALAST) LA

Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C INJ 1000MG/20ML	5	PA (ZEMAIRA/PROLASTIN) LA
ZEMAIRA INJ 1000MG	5	PA (ZEMAIRA/PROLASTIN) LA
ZEMAIRA INJ 4000MG	5	PA (ZEMAIRA/PROLASTIN) LA
ZEMAIRA INJ 5000MG	5	PA (ZEMAIRA/PROLASTIN) LA
Blood Formation,Coagulation & Thrombosis Agents		
<i>Antihemorrhagic Agents</i>		
<i>tranexamic acid inj 1000mg/10ml</i>	2	
<i>tranexamic acid tabs 650mg</i>	2	
<i>Antithrombotic Agents</i>		
<i>anagrelide hydrochloride caps 0.5mg</i>	2	MO
<i>anagrelide hydrochloride caps 1mg</i>	4	MO
<i>argatroban inj 250mg/2.5ml</i>	5	
<i>aspirin/dipyridamole er cp12 25mg; 200mg</i>	2	MO
<i>aspirin/dipyridamole cp12 25mg; 200mg</i>	2	MO
CABLIVI INJ 11MG	5	QL (1 EA per 1 days) PA (CABLIVI)
<i>cilostazol tabs 100mg</i>	2	MO
<i>cilostazol tabs 50mg</i>	2	MO
<i>clopidogrel tabs 75mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dabigatran etexilate caps 110mg</i>	2	QL (2 EA per 1 days) MO
<i>dabigatran etexilate caps 150mg</i>	2	QL (2 EA per 1 days) MO
<i>dabigatran etexilate caps 75mg</i>	2	QL (2 EA per 1 days) MO
<i>dipyridamole tabs 25mg</i>	2	MO
<i>dipyridamole tabs 50mg</i>	2	MO
<i>dipyridamole tabs 75mg</i>	2	MO
ELIQUIS STARTER PACK TBPK 5MG	3	QL (74 EA per 180 days) MO
ELIQUIS CPSP 0.15MG	3	QL (4 EA per 1 days) PA (ELIQUIS) MO
ELIQUIS TABS 2.5MG	3	QL (2 EA per 1 days) MO
ELIQUIS TABS 5MG	3	QL (4 EA per 1 days) MO
ELIQUIS TBSO 0.5MG	3	PA (ELIQUIS)
ELIQUIS TBSO 0.5MG	3	PA (ELIQUIS) MO
<i>enoxaparin sodium inj 100mg/ml</i>	2	
<i>enoxaparin sodium inj 120mg/0.8ml</i>	2	
<i>enoxaparin sodium inj 150mg/ml</i>	2	
<i>enoxaparin sodium inj 300mg/3ml</i>	2	
<i>enoxaparin sodium inj 30mg/0.3ml</i>	2	
<i>enoxaparin sodium inj 40mg/0.4ml</i>	2	
<i>enoxaparin sodium inj 60mg/0.6ml</i>	2	
<i>enoxaparin sodium inj 80mg/0.8ml</i>	2	
<i>fondaparinux sodium inj 10mg/0.8ml</i>	5	QL (0.8 ML per 1 days)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	2	QL (0.5 ML per 1 days)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	5	QL (0.4 ML per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	5	QL (0.6 ML per 1 days)
HEPARIN SODIUM/D5W INJ 5%; 100UNIT/ML	4	
HEPARIN SODIUM/D5W INJ 5%; 25000UNIT/500ML	4	
HEPARIN SODIUM/D5W INJ 5%; 40UNIT/ML	4	
HEPARIN SODIUM/DEXTROSE INJ 5%; 25000UNIT/250ML	4	
HEPARIN SODIUM/DEXTROSE INJ 5%; 25000UNIT/500ML	4	
HEPARIN SODIUM/NACL 0.45% INJ 12500UNIT/250ML; 0.45%	4	
HEPARIN SODIUM/NACL 0.45% INJ 25000UNIT/250ML; 0.45%	4	
<i>heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% inj 2000unit/l; 0.9%</i>	2	
HEPARIN SODIUM/SODIUM CHLORIDE INJ 25000UNIT/250ML; 0.45%	4	
HEPARIN SODIUM/SODIUM CHLORIDE INJ 25000UNIT/500ML; 0.45%	4	
<i>heparin sodium inj 10000unit/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium inj 1000unit/ml</i>	2	
<i>heparin sodium inj 1000unit/ml</i>	2	
<i>heparin sodium inj 20000unit/ml</i>	2	
<i>heparin sodium inj 5000unit/0.5ml</i>	2	
<i>heparin sodium inj 5000unit/ml</i>	2	
<i>heparin sodium inj 5000unit/ml</i>	2	
<i>jantoven tabs 10mg</i>	1	MO
<i>jantoven tabs 1mg</i>	1	MO
<i>jantoven tabs 2.5mg</i>	1	MO
<i>jantoven tabs 2mg</i>	1	MO
<i>jantoven tabs 3mg</i>	1	MO
<i>jantoven tabs 4mg</i>	1	MO
<i>jantoven tabs 5mg</i>	1	MO
<i>jantoven tabs 6mg</i>	1	MO
<i>jantoven tabs 7.5mg</i>	1	MO
<i>prasugrel hydrochloride tabs 10mg</i>	1	QL (1 EA per 1 days) MO
<i>prasugrel hydrochloride tabs 5mg</i>	1	QL (1 EA per 1 days) MO
<i>rivaroxaban susr 1mg/ml</i>	2	PA (RIVAROXABAN SUSPENSION) MO
<i>ticagrelor tabs 60mg</i>	4	QL (2 EA per 1 days)
<i>ticagrelor tabs 90mg</i>	4	QL (2 EA per 1 days)
<i>warfarin sodium tabs 10mg</i>	1	MO
<i>warfarin sodium tabs 1mg</i>	1	MO
<i>warfarin sodium tabs 2.5mg</i>	1	MO
<i>warfarin sodium tabs 2mg</i>	1	MO
<i>warfarin sodium tabs 3mg</i>	1	MO
<i>warfarin sodium tabs 4mg</i>	1	MO
<i>warfarin sodium tabs 5mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium tabs 6mg</i>	1	MO
<i>warfarin sodium tabs 7.5mg</i>	1	MO
XARELTO STARTER PACK TBPK 0	3	QL (51 EA per 180 days)
XARELTO TABS 10MG	3	QL (1 EA per 1 days) MO
XARELTO TABS 15MG	3	MO
XARELTO TABS 2.5MG	3	QL (2 EA per 1 days) MO
XARELTO TABS 20MG	3	MO
<i>Blood Formation, Coagulation, and Thrombosis Agents, Misc.</i>		
PYRUKYND TAPER PACK TBPK 0	5	QL (14 EA per 180 days) PA (PYRUKYND)
PYRUKYND TAPER PACK TBPK 0	5	QL (14 EA per 180 days) PA (PYRUKYND)
PYRUKYND TAPER PACK TBPK 5MG	5	QL (7 EA per 180 days) PA (PYRUKYND)
PYRUKYND TABS 20MG	5	QL (2 EA per 1 days) PA (PYRUKYND)
PYRUKYND TABS 50MG	5	QL (2 EA per 1 days) PA (PYRUKYND)
PYRUKYND TABS 5MG	5	QL (2 EA per 1 days) PA (PYRUKYND)
TAVALISSE TABS 100MG	5	QL (2 EA per 1 days) PA (TAVALISSE) MO
TAVALISSE TABS 150MG	5	QL (2 EA per 1 days) PA (TAVALISSE) MO

Drug Name	Drug Tier	Requirements/Limits
WAYRILZ TABS 400MG	5	QL (2 EA per 1 days) PA (WAYRILZ)
<i>Hematopoietic Agents</i>		
DOPTELET SPRINKLE CPSP 10MG	5	QL (1 EA per 1 days) PA (DOPTELET SPRINKLE)
DOPTELET TABS 20MG	5	QL (3 EA per 1 days) PA (DOPTELET)
DOPTELET TABS 20MG	5	QL (3 EA per 1 days) PA (DOPTELET)
DOPTELET TABS 20MG	5	QL (3 EA per 1 days) PA (DOPTELET)
<i>eltrombopag olamine pack 12.5mg</i>	5	QL (6 EA per 1 days) PA (ELTROMBOPAG) MO
<i>eltrombopag olamine pack 25mg</i>	5	QL (6 EA per 1 days) PA (ELTROMBOPAG) MO
<i>eltrombopag olamine tabs 12.5mg</i>	5	QL (1 EA per 1 days) PA (ELTROMBOPAG) MO
<i>eltrombopag olamine tabs 25mg</i>	5	QL (1 EA per 1 days) PA (ELTROMBOPAG) MO
<i>eltrombopag olamine tabs 50mg</i>	5	QL (2 EA per 1 days) PA (ELTROMBOPAG) MO
<i>eltrombopag olamine tabs 75mg</i>	5	QL (2 EA per 1 days) PA (ELTROMBOPAG) MO

Drug Name	Drug Tier	Requirements/Limits
FULPHILA INJ 6MG/0.6ML	5	PA (COLONY STIMULATING FACTORS)
GRANIX INJ 300MCG/0.5ML	5	PA (COLONY STIMULATING FACTORS)
GRANIX INJ 300MCG/ML	5	PA (COLONY STIMULATING FACTORS)
GRANIX INJ 480MCG/0.8ML	5	PA (COLONY STIMULATING FACTORS)
LEUKINE INJ 250MCG	5	PA (COLONY STIMULATING FACTORS)
MULPLETA TABS 3MG	5	QL (1 EA per 1 days) PA (MULPLETA)
NEULASTA INJ 6MG/0.6ML	5	PA (COLONY STIMULATING FACTORS)
<i>plerixafor inj 24mg/1.2ml</i>	5	PA (PLERIXAFOR)
PROCRIT INJ 10000UNIT/ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
PROCRIT INJ 20000UNIT/ML	5	PA (ERYTHROPOIESIS-STIMULATING AGENTS)

Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJ 2000UNIT/ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
PROCRIT INJ 3000UNIT/ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
PROCRIT INJ 40000UNIT/ML	5	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
PROCRIT INJ 4000UNIT/ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
RETACRIT INJ 10000UNIT/ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
RETACRIT INJ 20000UNIT/2ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
RETACRIT INJ 20000UNIT/ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 2000UNIT/ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
RETACRIT INJ 3000UNIT/ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
RETACRIT INJ 40000UNIT/ML	5	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
RETACRIT INJ 4000UNIT/ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
STIMUFEND INJ 6MG/0.6ML	5	PA (COLONY STIMULATING FACTORS)
UDENYCA ONBODY INJ 6MG/0.6ML	5	PA (COLONY STIMULATING FACTORS)
UDENYCA INJ 6MG/0.6ML	5	PA (COLONY STIMULATING FACTORS)
UDENYCA INJ 6MG/0.6ML	5	PA (COLONY STIMULATING FACTORS)
XOLREMDI CAPS 100MG	5	QL (120 EA per 30 days) PA (XOLREMDI)

Drug Name	Drug Tier	Requirements/Limits
ZARXIO INJ 300MCG/0.5ML	5	PA (COLONY STIMULATING FACTORS)
ZARXIO INJ 480MCG/0.8ML	5	PA (COLONY STIMULATING FACTORS)
<i>Hemorrhheologic Agents</i>		
<i>pentoxifylline er tbc</i> 400mg	1	MO
Cardiovascular Drugs		
<i>alpha-Adrenergic Blocking Agents</i>		
<i>doxazosin mesylate tabs</i> 1mg	1	MO
<i>doxazosin mesylate tabs</i> 2mg	1	MO
<i>doxazosin mesylate tabs</i> 4mg	1	MO
<i>doxazosin mesylate tabs</i> 8mg	1	MO
<i>doxazosin tabs</i> 2mg	1	MO
<i>prazosin hydrochloride caps</i> 1mg	1	MO
<i>prazosin hydrochloride caps</i> 2mg	1	MO
<i>prazosin hydrochloride caps</i> 5mg	1	MO
<i>terazosin hcl caps</i> 10mg	1	MO
<i>terazosin hcl caps</i> 1mg	1	MO
<i>terazosin hcl caps</i> 5mg	1	MO
<i>terazosin hydrochloride caps</i> 10mg	1	MO
<i>terazosin hydrochloride caps</i> 1mg	1	MO
<i>terazosin hydrochloride caps</i> 2mg	1	MO
<i>terazosin hydrochloride caps</i> 5mg	1	MO
<i>Antilipemic Agents</i>		
<i>atorvastatin calcium tabs</i> 10mg	6	QL (1 EA per 1 days) MO
<i>atorvastatin calcium tabs</i> 20mg	6	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin calcium tabs 40mg</i>	6	QL (1 EA per 1 days) MO
<i>atorvastatin calcium tabs 80mg</i>	6	QL (1 EA per 1 days) MO
<i>cholestyramine light pack 4gm</i>	4	MO
<i>cholestyramine light powd 4gm/dose</i>	4	MO
<i>cholestyramine pack 4gm</i>	2	MO
<i>cholestyramine powd 4gm/dose</i>	2	MO
<i>colesevelam hydrochloride pack 3.75gm</i>	2	MO
<i>colesevelam hydrochloride tabs 625mg</i>	2	MO
<i>colestipol hydrochloride gran 5gm</i>	2	MO
<i>colestipol hydrochloride pack 5gm</i>	2	MO
<i>colestipol hydrochloride tabs 1gm</i>	2	MO
<i>ezetimibe/simvastatin tabs 10mg; 10mg</i>	6	QL (1 EA per 1 days) MO
<i>ezetimibe/simvastatin tabs 10mg; 20mg</i>	6	QL (1 EA per 1 days) MO
<i>ezetimibe/simvastatin tabs 10mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>ezetimibe/simvastatin tabs 10mg; 80mg</i>	6	QL (1 EA per 1 days) MO
<i>ezetimibe tabs 10mg</i>	2	QL (1 EA per 1 days) MO
<i>fenofibrate micronized caps 134mg</i>	2	MO
<i>fenofibrate micronized caps 200mg</i>	2	MO
<i>fenofibrate micronized caps 67mg</i>	2	MO
<i>fenofibrate caps 130mg</i>	2	MO
<i>fenofibrate caps 134mg</i>	2	MO
<i>fenofibrate caps 200mg</i>	2	MO
<i>fenofibrate caps 43mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate caps 67mg</i>	2	MO
<i>fenofibrate tabs 145mg</i>	2	MO
<i>fenofibrate tabs 160mg</i>	2	MO
<i>fenofibrate tabs 48mg</i>	2	MO
<i>fenofibrate tabs 54mg</i>	2	MO
<i>fenofibric acid dr cpdr 135mg</i>	2	MO
<i>fenofibric acid dr cpdr 45mg</i>	2	MO
<i>gemfibrozil tabs 600mg</i>	2	MO
<i>icosapent ethyl caps 0.5gm</i>	2	QL (8 EA per 1 days) MO
<i>icosapent ethyl caps 1gm</i>	4	QL (4 EA per 1 days) MO
JUXTAPID CAPS 10MG	5	QL (2 EA per 1 days) PA (JUXTAPID) MO
JUXTAPID CAPS 20MG	5	QL (2 EA per 1 days) PA (JUXTAPID) MO
JUXTAPID CAPS 30MG	5	QL (2 EA per 1 days) PA (JUXTAPID) MO
JUXTAPID CAPS 5MG	5	QL (2 EA per 1 days) PA (JUXTAPID) MO
<i>lovastatin tabs 10mg</i>	6	MO
<i>lovastatin tabs 20mg</i>	6	MO
<i>lovastatin tabs 40mg</i>	6	MO
NEXLETOL TABS 180MG	4	QL (1 EA per 1 days) PA (BEMPEDOIC ACID)
NEXLIZET TABS 180MG; 10MG	4	QL (1 EA per 1 days) PA (BEMPEDOIC ACID) MO
<i>niacin er tbc 1000mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>niacin er tbc</i> 500mg	2	MO
<i>niacin er tbc</i> 750mg	2	MO
<i>omega-3-acid ethyl esters caps</i> 375mg; 465mg; 1gm	2	MO
PRALUENT INJ 150MG/ML	3	QL (2 ML per 28 days) PA (PRALUENT) MO
PRALUENT INJ 75MG/ML	3	QL (2 ML per 28 days) PA (PRALUENT) MO
<i>pravastatin sodium tabs</i> 10mg	6	MO
<i>pravastatin sodium tabs</i> 20mg	6	MO
<i>pravastatin sodium tabs</i> 40mg	6	MO
<i>pravastatin sodium tabs</i> 80mg	6	MO
<i>prevalite pack</i> 4gm	4	MO
<i>prevalite powd</i> 4gm/dose	4	MO
REDEMPLO INJ 25MG/0.5ML	5	QL (0.5 ML per 84 days) PA (REDEMPLO)
REPATHA SURECLICK INJ 140MG/ML	3	QL (3 ML per 30 days) PA (REPATHA) MO
REPATHA INJ 140MG/ML	3	QL (3 ML per 30 days) PA (REPATHA) MO
<i>rosuvastatin calcium tabs</i> 10mg	6	MO
<i>rosuvastatin calcium tabs</i> 20mg	6	MO
<i>rosuvastatin calcium tabs</i> 40mg	6	MO
<i>rosuvastatin calcium tabs</i> 5mg	6	MO
<i>simvastatin tabs</i> 10mg	6	MO
<i>simvastatin tabs</i> 20mg	6	MO
<i>simvastatin tabs</i> 40mg	6	MO
<i>simvastatin tabs</i> 5mg	6	MO
<i>simvastatin tabs</i> 80mg	6	MO

Drug Name	Drug Tier	Requirements/Limits
TRYNGOLZA INJ 80MG/0.8ML	5	QL (0.8 ML per 28 days) PA (TRYNGOLZA)
<i>beta-Adrenergic Blocking Agents</i>		
<i>acebutolol hydrochloride caps 200mg</i>	2	MO
<i>acebutolol hydrochloride caps 400mg</i>	2	MO
<i>atenolol/chlorthalidone tabs 100mg; 25mg</i>	2	MO
<i>atenolol/chlorthalidone tabs 50mg; 25mg</i>	2	MO
<i>atenolol tabs 100mg</i>	1	MO
<i>atenolol tabs 25mg</i>	1	MO
<i>atenolol tabs 50mg</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg</i>	2	MO
<i>bisoprolol fumarate/hydrochlorothiazide tabs 2.5mg; 6.25mg</i>	2	MO
<i>bisoprolol fumarate/hydrochlorothiazide tabs 5mg; 6.25mg</i>	2	MO
<i>bisoprolol fumarate tabs 10mg</i>	2	MO
<i>bisoprolol fumarate tabs 5mg</i>	2	MO
<i>carvedilol tabs 12.5mg</i>	1	MO
<i>carvedilol tabs 25mg</i>	1	MO
<i>carvedilol tabs 3.125mg</i>	1	MO
<i>carvedilol tabs 6.25mg</i>	1	MO
LABETALOL HYDROCHLORIDE INJ 10MG/2ML	4	

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hydrochloride inj 5mg/ml</i>	2	
<i>labetalol hydrochloride tabs 100mg</i>	2	MO
<i>labetalol hydrochloride tabs 200mg</i>	2	MO
<i>labetalol hydrochloride tabs 300mg</i>	2	MO
<i>metoprolol succinate er tb24 100mg</i>	1	MO
<i>metoprolol succinate er tb24 200mg</i>	1	MO
<i>metoprolol succinate er tb24 25mg</i>	1	MO
<i>metoprolol succinate er tb24 50mg</i>	1	MO
<i>metoprolol tartrate inj 5mg/5ml</i>	2	
<i>metoprolol tartrate tabs 100mg</i>	1	MO
<i>metoprolol tartrate tabs 25mg</i>	1	MO
<i>metoprolol tartrate tabs 37.5mg</i>	1	MO
<i>metoprolol tartrate tabs 50mg</i>	1	MO
<i>metoprolol tartrate tabs 75mg</i>	1	MO
<i>metoprolol/hydrochlorothiazide tabs 25mg; 100mg</i>	2	MO
<i>metoprolol/hydrochlorothiazide tabs 25mg; 50mg</i>	2	MO
<i>metoprolol/hydrochlorothiazide tabs 50mg; 100mg</i>	2	MO
<i>nadolol tabs 20mg</i>	2	MO
<i>nadolol tabs 40mg</i>	2	MO
<i>nadolol tabs 80mg</i>	2	MO
<i>nebivolol hydrochloride tabs 10mg</i>	2	QL (3 EA per 1 days) MO
<i>nebivolol hydrochloride tabs 2.5mg</i>	2	QL (5 EA per 1 days) MO
<i>nebivolol hydrochloride tabs 20mg</i>	2	QL (2 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>nebivolol hydrochloride tabs 5mg</i>	2	QL (2 EA per 1 days) MO
<i>pindolol tabs 10mg</i>	2	MO
<i>pindolol tabs 5mg</i>	2	MO
PROPRANOLOL HCL SOLN 40MG/5ML	4	MO
<i>propranolol hcl tabs 40mg</i>	1	MO
<i>propranolol hcl tabs 60mg</i>	1	MO
<i>propranolol hydrochloride er cp24 120mg</i>	2	MO
<i>propranolol hydrochloride er cp24 160mg</i>	2	MO
<i>propranolol hydrochloride er cp24 60mg</i>	2	MO
<i>propranolol hydrochloride er cp24 80mg</i>	2	MO
PROPRANOLOL HYDROCHLORIDE SOLN 20MG/5ML	4	MO
<i>propranolol hydrochloride tabs 10mg</i>	1	MO
<i>propranolol hydrochloride tabs 20mg</i>	1	MO
<i>propranolol hydrochloride tabs 40mg</i>	1	MO
<i>propranolol hydrochloride tabs 60mg</i>	1	MO
<i>propranolol hydrochloride tabs 80mg</i>	1	MO
<i>sotalol hcl (af) tabs 120mg</i>	1	MO
<i>sotalol hcl (af) tabs 80mg</i>	1	MO
<i>sotalol hcl af tabs 160mg</i>	1	MO
<i>sotalol hcl tabs 120mg</i>	1	MO
<i>sotalol hcl tabs 160mg</i>	1	MO
<i>sotalol hcl tabs 240mg</i>	1	MO
<i>sotalol hydrochloride (af) tabs 120mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hydrochloride (af) tabs 160mg</i>	1	MO
<i>sotalol hydrochloride (af) tabs 80mg</i>	1	MO
<i>sotalol hydrochloride af tabs 160mg</i>	1	MO
<i>sotalol hydrochloride tabs 120mg</i>	1	MO
<i>sotalol hydrochloride tabs 160mg</i>	1	MO
<i>sotalol hydrochloride tabs 240mg</i>	1	MO
<i>sotalol hydrochloride tabs 80mg</i>	1	MO
SOTYLIZE SOLN 5MG/ML	4	PA (SOTYLIZE) MO
<i>timolol maleate tabs 10mg</i>	2	MO
<i>timolol maleate tabs 20mg</i>	2	MO
<i>timolol maleate tabs 5mg</i>	2	MO
Calcium-Channel Blocking Agents		
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 10mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 20mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 80mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 10mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 20mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 10mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 20mg</i>	6	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 80mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hcl caps 10mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hcl caps 5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 10mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 20mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/valsartan tabs 10mg; 160mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/valsartan tabs 10mg; 320mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/valsartan tabs 5mg; 160mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/valsartan tabs 5mg; 320mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate tabs 10mg</i>	1	MO
<i>amlodipine besylate tabs 2.5mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate tabs 5mg</i>	1	MO
<i>amlodipine/olmesartan medoxomil tabs 10mg; 20mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine/olmesartan medoxomil tabs 10mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine/olmesartan medoxomil tabs 5mg; 20mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine/olmesartan medoxomil tabs 5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg</i>	6	MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 25mg; 160mg</i>	6	MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 25mg; 320mg</i>	6	MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 12.5mg; 160mg</i>	6	MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 25mg; 160mg</i>	6	MO
<i>diltiazem hcl er cp24 300mg</i>	2	MO
<i>diltiazem hcl inj 25mg/5ml</i>	2	MO
<i>felodipine er tb24 10mg</i>	2	MO
<i>felodipine er tb24 2.5mg</i>	2	MO
<i>felodipine er tb24 5mg</i>	2	MO
<i>nicardipine hcl caps 20mg</i>	2	MO
<i>nicardipine hcl caps 30mg</i>	2	MO
<i>nicardipine hydrochloride caps 20mg</i>	2	MO
<i>nicardipine hydrochloride caps 30mg</i>	2	MO
<i>nicardipine hydrochloride inj 2.5mg/ml</i>	2	
<i>nifedipine er tb24 30mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine er tb24 30mg</i>	2	MO
<i>nifedipine er tb24 60mg</i>	2	MO
<i>nifedipine er tb24 60mg</i>	2	MO
<i>nifedipine er tb24 90mg</i>	2	MO
<i>nifedipine er tb24 90mg</i>	2	MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 10mg; 12.5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 10mg; 25mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 12.5mg; 20mg</i>	6	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 12.5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 25mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>telmisartan/amlodipine tabs 10mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>telmisartan/amlodipine tabs 10mg; 80mg</i>	6	QL (1 EA per 1 days) MO
<i>telmisartan/amlodipine tabs 5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>telmisartan/amlodipine tabs 5mg; 80mg</i>	6	QL (1 EA per 1 days) MO
Cardiac Drugs		
<i>amiodarone hcl tabs 400mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hydrochloride inj 150mg/3ml</i>	2	
<i>amiodarone hydrochloride inj 50mg/ml</i>	2	
<i>amiodarone hydrochloride inj 900mg/18ml</i>	2	
<i>amiodarone hydrochloride tabs 100mg</i>	2	MO
<i>amiodarone hydrochloride tabs 200mg</i>	1	MO
<i>amiodarone hydrochloride tabs 400mg</i>	2	MO
ATTRUBY TBPK 356MG	5	QL (4 EA per 1 days) PA (ATTRUBY)
CAMZYOS CAPS 10MG	5	QL (1 EA per 1 days) PA (CAMZYOS)
CAMZYOS CAPS 15MG	5	QL (1 EA per 1 days) PA (CAMZYOS)
CAMZYOS CAPS 2.5MG	5	QL (1 EA per 1 days) PA (CAMZYOS)
CAMZYOS CAPS 5MG	5	QL (1 EA per 1 days) PA (CAMZYOS)
<i>cartia xt cp24 120mg</i>	2	MO
<i>cartia xt cp24 180mg</i>	2	MO
<i>cartia xt cp24 240mg</i>	2	MO
<i>cartia xt cp24 300mg</i>	2	MO
CORLANOR SOLN 5MG/5ML	4	PA (CORLANOR) MO
<i>digoxin inj 0.25mg/ml</i>	2	
DIGOXIN SOLN 0.05MG/ML	4	MO
<i>digoxin tabs 125mcg</i>	2	MO
<i>digoxin tabs 250mcg</i>	2	MO
<i>dilt-xr cp24 120mg</i>	2	MO
<i>dilt-xr cp24 180mg</i>	2	MO
<i>dilt-xr cp24 240mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cd cp24 360mg</i>	2	MO
<i>diltiazem hcl er cp12 120mg</i>	2	MO
<i>diltiazem hcl er cp12 60mg</i>	2	MO
<i>diltiazem hcl er cp12 90mg</i>	2	MO
<i>diltiazem hcl er cp24 120mg</i>	2	MO
<i>diltiazem hcl er cp24 180mg</i>	2	MO
<i>diltiazem hcl er cp24 240mg</i>	2	MO
<i>diltiazem hcl er cp24 420mg</i>	2	MO
<i>diltiazem hcl er tb24 240mg</i>	2	MO
<i>diltiazem hcl er tb24 300mg</i>	2	MO
<i>diltiazem hcl er tb24 360mg</i>	2	MO
<i>diltiazem hcl er tb24 420mg</i>	2	MO
DILTIAZEM HCL INJ 100MG	4	
<i>diltiazem hcl inj 50mg/10ml</i>	2	
<i>diltiazem hcl tabs 30mg</i>	2	MO
<i>diltiazem hcl tabs 60mg</i>	2	MO
<i>diltiazem hydrochloride er cp12 120mg</i>	2	MO
<i>diltiazem hydrochloride er cp12 60mg</i>	2	MO
<i>diltiazem hydrochloride er cp12 90mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 120mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 120mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 180mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 180mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 240mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 240mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 300mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 300mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 360mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 360mg</i>	2	MO
<i>diltiazem hydrochloride er tb24 120mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hydrochloride er tb24 180mg</i>	2	MO
<i>diltiazem hydrochloride er tb24 240mg</i>	2	MO
<i>diltiazem hydrochloride er tb24 300mg</i>	2	MO
<i>diltiazem hydrochloride er tb24 360mg</i>	2	MO
<i>diltiazem hydrochloride er tb24 420mg</i>	2	MO
<i>diltiazem hydrochloride inj 125mg/25ml</i>	2	
<i>diltiazem hydrochloride inj 25mg/5ml</i>	2	
<i>diltiazem hydrochloride inj 50mg/10ml</i>	2	
<i>diltiazem hydrochloride tabs 120mg</i>	2	MO
<i>diltiazem hydrochloride tabs 30mg</i>	2	MO
<i>diltiazem hydrochloride tabs 60mg</i>	2	MO
<i>diltiazem hydrochloride tabs 90mg</i>	2	MO
<i>disopyramide phosphate caps 100mg</i>	2	MO
<i>disopyramide phosphate caps 150mg</i>	2	MO
<i>dofetilide caps 125mcg</i>	2	MO
<i>dofetilide caps 250mcg</i>	2	MO
<i>dofetilide caps 500mcg</i>	2	MO
<i>flecainide acetate tabs 100mg</i>	2	MO
<i>flecainide acetate tabs 150mg</i>	2	MO
<i>flecainide acetate tabs 50mg</i>	2	MO
<i>ivabradine hydrochloride tabs 5mg</i>	2	QL (2 EA per 1 days) PA (CORLANOR)
<i>ivabradine hydrochloride tabs 7.5mg</i>	2	QL (2 EA per 1 days) PA (CORLANOR)
<i>lidocaine hcl in d5w inj 5%; 4mg/ml</i>	2	
<i>lidocaine hcl in d5w inj 5%; 8mg/ml</i>	2	
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml</i>	2	
<i>lidocaine hcl/dextrose inj 5%; 8mg/ml</i>	2	
<i>matzim la tb24 180mg</i>	2	MO
<i>matzim la tb24 240mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>matzim la tb24 300mg</i>	2	MO
<i>matzim la tb24 360mg</i>	2	MO
<i>matzim la tb24 420mg</i>	2	MO
<i>mexiletine hydrochloride caps 150mg</i>	4	MO
<i>mexiletine hydrochloride caps 200mg</i>	4	MO
<i>mexiletine hydrochloride caps 250mg</i>	2	MO
MULTAQ TABS 400MG	3	PA (MULTAQ) MO
NORPACE CR CP12 100MG	4	MO
NORPACE CR CP12 150MG	4	MO
<i>pacerone tabs 100mg</i>	2	MO
<i>pacerone tabs 200mg</i>	1	MO
<i>pacerone tabs 400mg</i>	2	MO
<i>procainamide hydrochloride inj 100mg/ml</i>	2	
<i>procainamide hydrochloride inj 500mg/ml</i>	2	
<i>propafenone hcl tabs 150mg</i>	2	MO
<i>propafenone hcl tabs 225mg</i>	2	MO
<i>propafenone hcl tabs 300mg</i>	2	MO
<i>propafenone hydrochloride tabs 150mg</i>	2	MO
<i>propafenone hydrochloride tabs 225mg</i>	2	MO
<i>propafenone hydrochloride tabs 300mg</i>	2	MO
<i>quinidine gluconate cr tbcr 324mg</i>	2	MO
QUINIDINE SULFATE TABS 200MG	4	MO
QUINIDINE SULFATE TABS 300MG	4	MO
<i>ranolazine er tb12 1000mg</i>	2	MO
<i>ranolazine er tb12 500mg</i>	2	MO
<i>taztia xt cp24 120mg</i>	2	MO
<i>taztia xt cp24 180mg</i>	2	MO
<i>taztia xt cp24 240mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>taztia xt cp24 300mg</i>	2	MO
<i>taztia xt cp24 360mg</i>	2	MO
<i>tiadylt er cp24 120mg</i>	2	MO
<i>tiadylt er cp24 180mg</i>	2	MO
<i>tiadylt er cp24 240mg</i>	2	MO
<i>tiadylt er cp24 300mg</i>	2	MO
<i>tiadylt er cp24 360mg</i>	2	MO
<i>tiadylt er cp24 420mg</i>	2	MO
<i>verapamil hcl er cp24 120mg</i>	1	MO
<i>verapamil hcl er cp24 180mg</i>	1	MO
<i>verapamil hcl er cp24 240mg</i>	1	MO
<i>verapamil hcl er tbcr 120mg</i>	1	MO
<i>verapamil hcl sr cp24 120mg</i>	1	MO
<i>verapamil hcl sr cp24 180mg</i>	1	MO
<i>verapamil hcl sr cp24 240mg</i>	1	MO
<i>verapamil hcl sr cp24 360mg</i>	1	MO
<i>verapamil hcl tabs 40mg</i>	1	MO
<i>verapamil hcl tabs 80mg</i>	1	MO
<i>verapamil hydrochloride er cp24 100mg</i>	1	MO
<i>verapamil hydrochloride er cp24 200mg</i>	1	MO
<i>verapamil hydrochloride er cp24 300mg</i>	1	MO
<i>verapamil hydrochloride er tbcr 180mg</i>	1	MO
<i>verapamil hydrochloride er tbcr 240mg</i>	1	MO
<i>verapamil hydrochloride sr cp24 360mg</i>	1	MO
<i>verapamil hydrochloride inj 2.5mg/ml</i>	2	
<i>verapamil hydrochloride tabs 120mg</i>	1	MO
VYNDAMAX CAPS 61MG	5	QL (1 EA per 1 days) PA (VYNDAQEL)
VYNDAQEL CAPS 20MG	5	QL (4 EA per 1 days) PA (VYNDAQEL)

Drug Name	Drug Tier	Requirements/Limits
Central alpha-Agonists		
<i>clonidine hydrochloride tabs 0.1mg</i>	1	MO
<i>clonidine hydrochloride tabs 0.2mg</i>	1	MO
<i>clonidine hydrochloride tabs 0.3mg</i>	1	MO
<i>clonidine ptwk 0.1mg/24hr</i>	4	MO
<i>clonidine ptwk 0.2mg/24hr</i>	4	MO
<i>clonidine ptwk 0.3mg/24hr</i>	4	MO
<i>guanfacine hydrochloride tabs 1mg</i>	2	MO
<i>guanfacine hydrochloride tabs 2mg</i>	2	MO
<i>methyldopa tabs 250mg</i>	4	MO
METHYLDOPA TABS 500MG	4	MO
Diuretics		
<i>amiloride hcl tabs 5mg</i>	1	MO
<i>amiloride hydrochloride tabs 5mg</i>	1	MO
<i>bumetanide inj 0.25mg/ml</i>	2	
<i>bumetanide tabs 0.5mg</i>	2	MO
<i>bumetanide tabs 1mg</i>	2	MO
<i>bumetanide tabs 2mg</i>	2	MO
<i>chlorothiazide sodium inj 500mg</i>	2	
<i>chlorthalidone tabs 25mg</i>	1	MO
<i>chlorthalidone tabs 50mg</i>	1	MO
<i>dichlorphenamide tabs 50mg</i>	5	QL (4 EA per 1 days) PA (KEVEYIS)
<i>furosemide inj 10mg/ml</i>	2	
<i>furosemide soln 10mg/ml</i>	2	MO
FUROSEMIDE SOLN 40MG/5ML	4	MO
<i>furosemide tabs 20mg</i>	1	MO
<i>furosemide tabs 40mg</i>	1	MO
<i>furosemide tabs 80mg</i>	1	MO
<i>hydrochlorothiazide caps 12.5mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide tabs 12.5mg</i>	1	MO
<i>hydrochlorothiazide tabs 25mg</i>	1	MO
<i>hydrochlorothiazide tabs 50mg</i>	1	MO
<i>indapamide tabs 1.25mg</i>	1	MO
<i>indapamide tabs 2.5mg</i>	1	MO
<i>methazolamide tabs 25mg</i>	4	MO
<i>methazolamide tabs 50mg</i>	4	MO
<i>metolazone tabs 10mg</i>	1	MO
<i>metolazone tabs 2.5mg</i>	1	MO
<i>metolazone tabs 5mg</i>	1	MO
<i>Kallikrein-kinin System Inhibitors</i>		
DAWNZERA INJ 80MG/0.8ML	5	QL (0.8 ML per 28 days) PA (DAWNZERA)
EKTERLY TABS 300MG	5	QL (2 EA per 1 days) PA (EKTERLY)
<i>icatibant acetate inj 30mg/3ml</i>	5	PA (ICATIBANT)
TAKHZYRO INJ 150MG/ML	5	QL (4 ML per 28 days) PA (TAKHZYRO)
TAKHZYRO INJ 300MG/2ML	5	QL (4 ML per 28 days) PA (TAKHZYRO) MO
TAKHZYRO INJ 300MG/2ML	5	QL (4 ML per 28 days) PA (TAKHZYRO) MO
<i>Renin-Angiotensin-Aldosterone Sys Inhib</i>		
<i>aliskiren tabs 150mg</i>	2	MO
<i>aliskiren tabs 300mg</i>	2	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg</i>	6	MO

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hydrochloride/hydrochlorothiazide tabs 20mg; 12.5mg</i>	6	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 20mg; 25mg</i>	6	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 5mg; 6.25mg</i>	6	MO
<i>benazepril hydrochloride tabs 10mg</i>	6	MO
<i>benazepril hydrochloride tabs 20mg</i>	6	MO
<i>benazepril hydrochloride tabs 40mg</i>	6	MO
<i>benazepril hydrochloride tabs 5mg</i>	6	MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	6	QL (1 EA per 1 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg</i>	6	QL (1 EA per 1 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 25mg</i>	6	QL (1 EA per 1 days) MO
<i>candesartan cilexetil tabs 16mg</i>	6	QL (1 EA per 1 days) MO
<i>candesartan cilexetil tabs 32mg</i>	6	QL (1 EA per 1 days) MO
<i>candesartan cilexetil tabs 4mg</i>	6	QL (1 EA per 1 days) MO
<i>candesartan cilexetil tabs 8mg</i>	6	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>captopril tabs 100mg</i>	6	MO
<i>captopril tabs 12.5mg</i>	6	MO
<i>captopril tabs 25mg</i>	6	MO
<i>captopril tabs 50mg</i>	6	MO
<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg</i>	6	MO
<i>enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg</i>	6	MO
<i>enalapril maleate tabs 10mg</i>	6	MO
<i>enalapril maleate tabs 2.5mg</i>	6	MO
<i>enalapril maleate tabs 20mg</i>	6	MO
<i>enalapril maleate tabs 5mg</i>	6	MO
ENTRESTO CPSP 15MG; 16MG	3	
ENTRESTO CPSP 6MG; 6MG	3	
<i>eplerenone tabs 25mg</i>	2	MO
<i>eplerenone tabs 50mg</i>	2	MO
<i>fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg</i>	6	MO
<i>fosinopril sodium/hydrochlorothiazide tabs 20mg; 12.5mg</i>	6	MO
<i>fosinopril sodium tabs 10mg</i>	6	MO
<i>fosinopril sodium tabs 20mg</i>	6	MO
<i>fosinopril sodium tabs 40mg</i>	6	MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	6	MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	6	MO
<i>irbesartan tabs 150mg</i>	6	MO
<i>irbesartan tabs 300mg</i>	6	MO
<i>irbesartan tabs 75mg</i>	6	MO

Drug Name	Drug Tier	Requirements/Limits
KERENDIA TABS 10MG	4	QL (1 EA per 1 days) PA (KERENDIA) MO
KERENDIA TABS 20MG	4	QL (1 EA per 1 days) PA (KERENDIA) MO
KERENDIA TABS 40MG	4	QL (1 EA per 1 days) PA (KERENDIA)
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	6	MO
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	6	MO
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	6	MO
<i>lisinopril tabs 10mg</i>	6	MO
<i>lisinopril tabs 2.5mg</i>	6	MO
<i>lisinopril tabs 20mg</i>	6	MO
<i>lisinopril tabs 30mg</i>	6	MO
<i>lisinopril tabs 40mg</i>	6	MO
<i>lisinopril tabs 5mg</i>	6	MO
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg</i>	6	MO
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	6	MO
<i>losartan potassium/hydrochlorothiazide tabs 25mg; 100mg</i>	6	MO
<i>losartan potassium tabs 100mg</i>	6	MO
<i>losartan potassium tabs 25mg</i>	6	MO
<i>losartan potassium tabs 50mg</i>	6	MO
<i>moexipril hydrochloride tabs 15mg</i>	6	MO
<i>moexipril hydrochloride tabs 7.5mg</i>	6	MO

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg</i>	6	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide tabs 25mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil tabs 20mg</i>	6	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil tabs 40mg</i>	6	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil tabs 5mg</i>	6	QL (2 EA per 1 days) MO
<i>perindopril erbumine tabs 2mg</i>	6	MO
<i>perindopril erbumine tabs 4mg</i>	6	MO
<i>perindopril erbumine tabs 8mg</i>	6	MO
<i>quinapril hydrochloride tabs 10mg</i>	6	MO
<i>quinapril hydrochloride tabs 20mg</i>	6	MO
<i>quinapril hydrochloride tabs 40mg</i>	6	MO
<i>quinapril hydrochloride tabs 5mg</i>	6	MO
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	6	MO
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	6	MO
<i>quinapril/hydrochlorothiazide tabs 25mg; 20mg</i>	6	MO
<i>ramipril caps 1.25mg</i>	6	MO
<i>ramipril caps 10mg</i>	6	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ramipril caps 2.5mg</i>	6	MO
<i>ramipril caps 5mg</i>	6	MO
<i>sacubitril/valsartan tabs 24mg; 26mg</i>	2	QL (2 EA per 1 days) MO
<i>sacubitril/valsartan tabs 49mg; 51mg</i>	2	QL (2 EA per 1 days) MO
<i>sacubitril/valsartan tabs 97mg; 103mg</i>	2	QL (2 EA per 1 days) MO
<i>spironolactone/hydrochlorothiazide tabs 25mg; 25mg</i>	2	MO
<i>spironolactone tabs 100mg</i>	1	MO
<i>spironolactone tabs 25mg</i>	1	MO
<i>spironolactone tabs 50mg</i>	1	MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	6	QL (1 EA per 1 days) MO
<i>telmisartan/hydrochlorothiazide tabs 25mg; 80mg</i>	6	QL (1 EA per 1 days) MO
<i>telmisartan tabs 20mg</i>	6	QL (1 EA per 1 days) MO
<i>telmisartan tabs 40mg</i>	6	QL (1 EA per 1 days) MO
<i>telmisartan tabs 80mg</i>	6	QL (1 EA per 1 days) MO
<i>trandolapril tabs 1mg</i>	6	MO
<i>trandolapril tabs 2mg</i>	6	MO
<i>trandolapril tabs 4mg</i>	6	MO
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg</i>	6	MO

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 320mg</i>	6	MO
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	6	MO
<i>valsartan/hydrochlorothiazide tabs 25mg; 160mg</i>	6	MO
<i>valsartan/hydrochlorothiazide tabs 25mg; 320mg</i>	6	MO
<i>valsartan tabs 160mg</i>	6	MO
<i>valsartan tabs 320mg</i>	6	MO
<i>valsartan tabs 40mg</i>	6	MO
<i>valsartan tabs 80mg</i>	6	MO
<i>Vasodilating Agents</i>		
<i>hydralazine hydrochloride inj 20mg/ml</i>	2	
<i>hydralazine hydrochloride tabs 100mg</i>	1	MO
<i>hydralazine hydrochloride tabs 10mg</i>	1	MO
<i>hydralazine hydrochloride tabs 25mg</i>	1	MO
<i>hydralazine hydrochloride tabs 50mg</i>	1	MO
<i>isosorbide dinitrate tabs 10mg</i>	2	MO
<i>isosorbide dinitrate tabs 20mg</i>	2	MO
<i>isosorbide dinitrate tabs 30mg</i>	2	MO
<i>isosorbide dinitrate tabs 40mg</i>	2	MO
<i>isosorbide dinitrate tabs 5mg</i>	2	MO
<i>isosorbide mononitrate er tb24 120mg</i>	1	MO
<i>isosorbide mononitrate er tb24 30mg</i>	1	MO
<i>isosorbide mononitrate er tb24 60mg</i>	1	MO
ISOSORBIDE MONONITRATE TABS 10MG	4	MO
ISOSORBIDE MONONITRATE TABS 20MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>minoxidil tabs 10mg</i>	2	MO
<i>minoxidil tabs 2.5mg</i>	2	MO
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	4	MO
<i>nitroglycerin transdermal pt24 0.2mg/hr</i>	4	MO
<i>nitroglycerin transdermal pt24 0.4mg/hr</i>	4	MO
<i>nitroglycerin transdermal pt24 0.6mg/hr</i>	2	MO
NITROGLYCERIN INJ 5MG/ML	4	
<i>nitroglycerin soln 0.4mg/spray</i>	4	MO
<i>nitroglycerin subl 0.3mg</i>	1	MO
<i>nitroglycerin subl 0.4mg</i>	1	MO
<i>nitroglycerin subl 0.6mg</i>	1	MO
<i>sildenafil citrate tabs 100mg</i>	2	QL (6 EA per 30 days) ED
<i>sildenafil citrate tabs 25mg</i>	2	QL (6 EA per 30 days) ED
<i>sildenafil citrate tabs 50mg</i>	2	QL (6 EA per 30 days) ED
<i>sildenafil tabs 100mg</i>	2	QL (6 EA per 30 days) ED
<i>sildenafil tabs 25mg</i>	2	QL (6 EA per 30 days) ED
<i>sildenafil tabs 50mg</i>	2	QL (6 EA per 30 days) ED
<i>tadalafil tabs 2.5mg</i>	2	QL (1 EA per 1 days) PA (TADALAFIL (BENIGN PROSTATIC HYPERPLASIA)) MO

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil tabs 5mg</i>	2	QL (1 EA per 1 days) PA (TADALAFIL (BENIGN PROSTATIC HYPERPLASIA)) MO
VERQUVO TABS 10MG	3	QL (1 EA per 1 days) PA (VERQUVO)
VERQUVO TABS 2.5MG	3	QL (1 EA per 1 days) PA (VERQUVO)
VERQUVO TABS 5MG	3	QL (1 EA per 1 days) PA (VERQUVO)
Central Nervous System Agents		
<i>Amyotrophic Lateral Sclerosis (ALS) Agents</i>		
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	5	QL (70 ML per 180 days) PA (ENDARAVONE)
RADICAVA ORS SUSP 105MG/5ML	5	QL (50 ML per 28 days) PA (ENDARAVONE)
<i>riluzole tabs 50mg</i>	2	MO
<i>Analgesics and Antipyretics</i>		
<i>acetaminophen/codeine phosphate tabs 300mg; 15mg</i>	2	QL (13 EA per 1 days)
<i>acetaminophen/codeine phosphate tabs 300mg; 30mg</i>	2	QL (13 EA per 1 days)
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	2	QL (13 EA per 1 days)
ACETAMINOPHEN/CODEINE SOLN 120MG/5ML; 12MG/5ML	4	QL (166 ML per 1 days)
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	2	QL (13 EA per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen/codeine tabs 300mg; 30mg</i>	2	QL (13 EA per 1 days)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	2	QL (13 EA per 1 days)
<i>ascomp/codeine caps 325mg; 50mg; 40mg; 30mg</i>	2	
<i>bac tabs 325mg; 50mg; 40mg</i>	4	QL (12 EA per 1 days)
BRIXADI INJ 128MG/0.36ML	5	QL (0.36 ML per 28 days)
BRIXADI INJ 16MG/0.32ML	5	QL (1.28 ML per 28 days)
BRIXADI INJ 24MG/0.48ML	5	QL (1.92 ML per 28 days)
BRIXADI INJ 32MG/0.64ML	5	QL (2.56 ML per 28 days)
BRIXADI INJ 64MG/0.18ML	5	QL (0.18 ML per 28 days)
BRIXADI INJ 8MG/0.16ML	5	QL (0.64 ML per 28 days)
BRIXADI INJ 96MG/0.27ML	5	QL (0.27 ML per 28 days)
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	1	QL (4 EA per 1 days)
<i>buprenorphine hcl subl 2mg</i>	2	QL (3 EA per 1 days)
<i>buprenorphine hcl subl 8mg</i>	2	QL (4 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	1	QL (3 EA per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	1	QL (4 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride subl 2mg; 0.5mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride subl 8mg; 2mg</i>	1	QL (4 EA per 1 days)
<i>buprenorphine ptwk 10mcg/hr</i>	4	QL (4 EA per 28 days) PA (BUPRENORPHINE PATCH, new starts only)
<i>buprenorphine ptwk 15mcg/hr</i>	4	QL (4 EA per 28 days) PA (BUPRENORPHINE PATCH, new starts only)
<i>buprenorphine ptwk 20mcg/hr</i>	4	QL (4 EA per 28 days) PA (BUPRENORPHINE PATCH, new starts only)
<i>buprenorphine ptwk 5mcg/hr</i>	4	QL (4 EA per 28 days) PA (BUPRENORPHINE PATCH, new starts only)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine ptwk 7.5mcg/hr</i>	4	QL (4 EA per 28 days) PA (BUPRENORPHINE PATCH, new starts only)
<i>butalbital/acetaminophen/caffeine/codeine caps 300mg; 50mg; 40mg; 30mg</i>	4	QL (13 EA per 1 days)
<i>butalbital/acetaminophen/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg</i>	4	QL (12 EA per 1 days)
<i>butalbital/acetaminophen/caffeine caps 300mg; 50mg; 40mg</i>	4	QL (13 EA per 1 days)
<i>butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg</i>	4	QL (12 EA per 1 days)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	4	QL (12 EA per 1 days)
<i>butalbital/acetaminophen tabs 325mg; 50mg</i>	4	QL (12 EA per 1 days)
<i>butalbital/aspirin/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg</i>	2	
<i>celecoxib caps 100mg</i>	1	QL (2 EA per 1 days) MO
<i>celecoxib caps 200mg</i>	1	QL (2 EA per 1 days) MO
<i>celecoxib caps 400mg</i>	1	QL (2 EA per 1 days) MO
<i>celecoxib caps 50mg</i>	1	
CODEINE SULFATE TABS 30MG	4	
CODEINE SULFATE TABS 60MG	4	
<i>diclofenac potassium tabs 50mg</i>	2	MO
<i>diclofenac sodium dr tbec 25mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium dr tbec 50mg</i>	1	MO
<i>diclofenac sodium dr tbec 75mg</i>	1	MO
<i>diclofenac sodium er tb24 100mg</i>	4	MO
DURAMORPH INJ 0.5MG/ML	4	
DURAMORPH INJ 1MG/ML	4	
<i>ec-naproxen tbec 375mg</i>	1	
<i>ec-naproxen tbec 500mg</i>	4	MO
<i>endocet tabs 325mg; 10mg</i>	2	QL (12 EA per 1 days)
<i>endocet tabs 325mg; 2.5mg</i>	2	QL (12 EA per 1 days)
<i>endocet tabs 325mg; 5mg</i>	2	QL (12 EA per 1 days)
<i>endocet tabs 325mg; 7.5mg</i>	2	QL (12 EA per 1 days)
<i>etodolac caps 200mg</i>	2	MO
<i>etodolac caps 300mg</i>	2	MO
<i>etodolac tabs 400mg</i>	2	MO
<i>etodolac tabs 500mg</i>	2	MO
<i>fentanyl citrate oral transmucosal lpop 1200mcg</i>	5	QL (4 EA per 1 days) PA (ORAL TRANSMUCOSAL FENTANYL)
<i>fentanyl citrate oral transmucosal lpop 1600mcg</i>	5	QL (4 EA per 1 days) PA (ORAL TRANSMUCOSAL FENTANYL)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	2	QL (4 EA per 1 days) PA (ORAL TRANSMUCOSAL FENTANYL)

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate oral transmucosal lpop 400mcg</i>	5	QL (4 EA per 1 days) PA (ORAL TRANSMUCOSAL FENTANYL)
<i>fentanyl citrate oral transmucosal lpop 600mcg</i>	5	QL (4 EA per 1 days) PA (ORAL TRANSMUCOSAL FENTANYL)
<i>fentanyl citrate oral transmucosal lpop 800mcg</i>	5	QL (4 EA per 1 days) PA (ORAL TRANSMUCOSAL FENTANYL)
<i>fentanyl pt72 100mcg/hr</i>	4	QL (10 EA per 30 days) ST (FENTANYL PATCHES #2, new starts only)
<i>fentanyl pt72 12mcg/hr</i>	4	QL (10 EA per 30 days) ST (FENTANYL PATCHES #2, new starts only)
<i>fentanyl pt72 25mcg/hr</i>	4	QL (10 EA per 30 days) ST (FENTANYL PATCHES #2, new starts only)
<i>fentanyl pt72 50mcg/hr</i>	4	QL (10 EA per 30 days) ST (FENTANYL PATCHES #2, new starts only)

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl pt72 75mcg/hr</i>	4	QL (10 EA per 30 days) ST (FENTANYL PATCHES #2, new starts only)
<i>flurbiprofen tabs 100mg</i>	2	MO
<i>flurbiprofen tabs 50mg</i>	2	
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	QL (184 ML per 1 days)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg</i>	2	QL (12 EA per 1 days)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i>	2	QL (12 EA per 1 days)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 5mg</i>	2	QL (12 EA per 1 days)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 7.5mg</i>	2	QL (12 EA per 1 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	QL (12 EA per 1 days)
HYDROCODONE/IBUPROFEN TABS 10MG; 200MG	4	
HYDROCODONE/IBUPROFEN TABS 5MG; 200MG	4	
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	2	
<i>hydromorphone hcl inj 10mg/ml</i>	2	
<i>hydromorphone hcl inj 1mg/ml</i>	2	
HYDROMORPHONE HCL INJ 4MG/ML	4	
<i>hydromorphone hcl tabs 2mg</i>	2	
<i>hydromorphone hcl tabs 4mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tabs 8mg</i>	2	
<i>hydromorphone hydrochloride inj 0.2mg/ml</i>	2	
HYDROMORPHONE HYDROCHLORIDE INJ 1MG/ML	4	
<i>hydromorphone hydrochloride inj 2mg/ml</i>	2	
HYDROMORPHONE HYDROCHLORIDE INJ 2MG/ML	4	
HYDROMORPHONE HYDROCHLORIDE INJ 4MG/ML	4	
<i>hydromorphone hydrochloride inj 50mg/5ml</i>	2	
<i>ibuprofen susp 100mg/5ml</i>	2	
<i>ibuprofen tabs 400mg</i>	1	MO
<i>ibuprofen tabs 600mg</i>	1	MO
<i>ibuprofen tabs 800mg</i>	1	MO
<i>ibu tabs 400mg</i>	1	MO
<i>ibu tabs 600mg</i>	1	MO
<i>ibu tabs 800mg</i>	1	MO
JOURNAVX TABS 50MG	3	QL (30 EA per 90 days) PA (JOURNAVX)
<i>meloxicam tabs 15mg</i>	1	MO
<i>meloxicam tabs 7.5mg</i>	1	MO
METHADONE HCL SOLN 5MG/5ML	4	
<i>methadone hcl tabs 10mg</i>	2	
<i>methadone hcl tabs 5mg</i>	2	
<i>methadone hydrochloride intensol conc 10mg/ml</i>	4	
<i>methadone hydrochloride conc 10mg/ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
METHADONE HYDROCHLORIDE SOLN 10MG/5ML	4	
<i>methadone hydrochloride soln 5mg/5ml</i>	2	
<i>methadone hydrochloride tabs 10mg</i>	2	
<i>methadone hydrochloride tabs 5mg</i>	2	
METHADOSE SUGAR-FREE CONC 10MG/ML	3	
METHADOSE CONC 10MG/ML	3	
<i>morphine sulfate er tbc 100mg</i>	2	QL (3 EA per 1 days)
<i>morphine sulfate er tbc 15mg</i>	2	QL (3 EA per 1 days)
<i>morphine sulfate er tbc 200mg</i>	2	QL (3 EA per 1 days)
<i>morphine sulfate er tbc 30mg</i>	2	QL (3 EA per 1 days)
<i>morphine sulfate er tbc 60mg</i>	2	QL (3 EA per 1 days)
<i>morphine sulfate inj 0.5mg/ml</i>	2	
MORPHINE SULFATE INJ 10MG/ML	4	
MORPHINE SULFATE INJ 10MG/ML	4	
MORPHINE SULFATE INJ 10MG/ML	4	
<i>morphine sulfate inj 1mg/ml</i>	2	
MORPHINE SULFATE INJ 2MG/ML	4	
<i>morphine sulfate inj 4mg/ml</i>	2	
MORPHINE SULFATE INJ 4MG/ML	4	
MORPHINE SULFATE INJ 4MG/ML	4	
MORPHINE SULFATE INJ 50MG/ML	4	
MORPHINE SULFATE INJ 5MG/ML	4	
MORPHINE SULFATE INJ 8MG/ML	4	
<i>morphine sulfate soln 100mg/5ml</i>	2	
MORPHINE SULFATE SOLN 10MG/5ML	4	
MORPHINE SULFATE SOLN 20MG/5ML	4	

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tabs 15mg</i>	2	
<i>morphine sulfate tabs 30mg</i>	2	
<i>nabumetone tabs 500mg</i>	1	
<i>nabumetone tabs 750mg</i>	1	MO
<i>nalbuphine hydrochloride inj 10mg/ml</i>	2	
<i>nalbuphine hydrochloride inj 20mg/ml</i>	2	
<i>naproxen dr tbec 375mg</i>	1	MO
<i>naproxen dr tbec 500mg</i>	4	MO
<i>naproxen susp 125mg/5ml</i>	4	MO
<i>naproxen tabs 250mg</i>	1	MO
<i>naproxen tabs 375mg</i>	1	MO
<i>naproxen tabs 500mg</i>	1	MO
<i>opium tincture tinc 1%</i>	4	QL (2.4 ML per 1 days) PA (OPIUM TINCTURE)
<i>opium tinc 1%</i>	4	QL (2.4 ML per 1 days) PA (OPIUM TINCTURE)
<i>oxycodone hcl caps 5mg</i>	2	
OXYCODONE HYDROCHLORIDE ER T12A 10MG	4	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)
OXYCODONE HYDROCHLORIDE ER T12A 20MG	4	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)

Drug Name	Drug Tier	Requirements/Limits
OXYCODONE HYDROCHLORIDE ER T12A 40MG	4	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)
<i>oxycodone hydrochloride caps 5mg</i>	2	
<i>oxycodone hydrochloride conc 100mg/5ml</i>	4	
<i>oxycodone hydrochloride soln 5mg/5ml</i>	2	
<i>oxycodone hydrochloride tabs 10mg</i>	2	
<i>oxycodone hydrochloride tabs 15mg</i>	2	
<i>oxycodone hydrochloride tabs 20mg</i>	2	
<i>oxycodone hydrochloride tabs 30mg</i>	2	
<i>oxycodone hydrochloride tabs 5mg</i>	2	
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	2	QL (12 EA per 1 days)
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg</i>	2	QL (12 EA per 1 days)
<i>oxycodone/acetaminophen tabs 325mg; 5mg</i>	2	QL (12 EA per 1 days)
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	2	QL (12 EA per 1 days)
OXYCONTIN T12A 10MG	4	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)
OXYCONTIN T12A 15MG	4	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN T12A 20MG	4	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)
OXYCONTIN T12A 30MG	4	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)
OXYCONTIN T12A 40MG	4	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)
OXYCONTIN T12A 60MG	4	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)
OXYCONTIN T12A 80MG	5	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)
<i>piroxicam caps 10mg</i>	2	MO
<i>piroxicam caps 20mg</i>	2	MO
SUBLOCADE INJ 100MG/0.5ML	5	QL (0.5 ML per 28 days)
SUBLOCADE INJ 300MG/1.5ML	5	QL (1.5 ML per 28 days)
<i>sulindac tabs 150mg</i>	1	MO
<i>sulindac tabs 200mg</i>	1	MO
TENCON TABS 325MG; 50MG	4	QL (12 EA per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg</i>	2	QL (8 EA per 1 days)
<i>tramadol hydrochloride tabs 50mg</i>	1	QL (8 EA per 1 days)
<i>Anorexigenic Agents and Respiratory and CNS Stimulants</i>		
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg</i>	2	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	2	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	MO
<i>amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	2	MO
<i>amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	MO
<i>amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	2	MO
<i>amphetamine/dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	MO
<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	MO
<i>armodafinil tabs 150mg</i>	4	QL (1 EA per 1 days) PA (ARMODAFINIL) MO
<i>armodafinil tabs 200mg</i>	2	QL (1 EA per 1 days) PA (ARMODAFINIL) MO
<i>armodafinil tabs 250mg</i>	4	QL (1 EA per 1 days) PA (ARMODAFINIL) MO
<i>armodafinil tabs 50mg</i>	2	QL (3 EA per 1 days) PA (ARMODAFINIL) MO
<i>atomoxetine hydrochloride caps 100mg</i>	2	QL (1 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 10mg</i>	2	QL (3 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 18mg</i>	2	QL (5 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 25mg</i>	2	QL (3 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 40mg</i>	2	QL (1 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 60mg</i>	2	QL (1 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 80mg</i>	2	QL (1 EA per 1 days) MO
<i>atomoxetine caps 100mg</i>	2	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine caps 10mg</i>	2	QL (3 EA per 1 days) MO
<i>atomoxetine caps 18mg</i>	2	QL (5 EA per 1 days) MO
<i>atomoxetine caps 25mg</i>	2	QL (3 EA per 1 days) MO
<i>atomoxetine caps 40mg</i>	2	QL (1 EA per 1 days) MO
<i>atomoxetine caps 60mg</i>	2	QL (1 EA per 1 days) MO
<i>atomoxetine caps 80mg</i>	2	QL (1 EA per 1 days) MO
<i>dexmethylphenidate hcl tabs 10mg</i>	2	MO
<i>dexmethylphenidate hcl tabs 5mg</i>	2	MO
<i>dexmethylphenidate hydrochloride er cp24 10mg</i>	2	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride er cp24 15mg</i>	2	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride er cp24 20mg</i>	2	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride er cp24 25mg</i>	2	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride er cp24 30mg</i>	2	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride er cp24 35mg</i>	2	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride er cp24 40mg</i>	2	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride er cp24 5mg</i>	2	QL (2 EA per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hydrochloride tabs 10mg</i>	2	
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	MO
<i>dexmethylphenidate hydrochloride tabs 5mg</i>	2	MO
<i>dextroamphetamine sulfate er cp24 10mg</i>	4	MO
<i>dextroamphetamine sulfate er cp24 15mg</i>	4	MO
<i>dextroamphetamine sulfate er cp24 5mg</i>	4	MO
<i>dextroamphetamine sulfate tabs 10mg</i>	2	MO
<i>dextroamphetamine sulfate tabs 5mg</i>	2	MO
<i>lisdexamfetamine dimesylate caps 10mg</i>	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)
<i>lisdexamfetamine dimesylate caps 20mg</i>	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)
<i>lisdexamfetamine dimesylate caps 30mg</i>	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)
<i>lisdexamfetamine dimesylate caps 40mg</i>	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate caps 50mg</i>	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)
<i>lisdexamfetamine dimesylate caps 60mg</i>	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)
<i>lisdexamfetamine dimesylate caps 70mg</i>	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)
<i>methylphenidate hydrochloride er (cd) cpcr 10mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (cd) cpcr 20mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (cd) cpcr 30mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (cd) cpcr 40mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (cd) cpcr 50mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (cd) cpcr 60mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (dif) tbcr 27mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (dif) tbcr 36mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (dif) tbcr 54mg</i>	2	QL (2 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er (la) cp24 10mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (la) cp24 20mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (la) cp24 30mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (la) cp24 40mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (osm) tbcx 18mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (osm) tbcx 27mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (osm) tbcx 36mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (osm) tbcx 54mg</i>	2	QL (2 EA per 1 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TB24 18MG	4	QL (2 EA per 1 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TB24 27MG	4	QL (2 EA per 1 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TB24 36MG	4	QL (2 EA per 1 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TB24 54MG	4	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tbcx 10mg</i>	2	QL (3 EA per 1 days) MO
<i>methylphenidate hydrochloride er tbcx 20mg</i>	2	QL (3 EA per 1 days) MO
<i>methylphenidate hydrochloride tabs 10mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride tabs 20mg</i>	1	MO
<i>methylphenidate hydrochloride tabs 5mg</i>	1	MO
<i>modafinil tabs 100mg</i>	2	QL (1 EA per 1 days) PA (MODAFINIL) MO
<i>modafinil tabs 200mg</i>	2	QL (2 EA per 1 days) PA (MODAFINIL) MO
SODIUM OXYBATE SOLN 500MG/ML	5	PA (XYREM) LA
WAKIX TABS 17.8MG	5	QL (2 EA per 1 days) PA (WAKIX)
WAKIX TABS 4.45MG	5	QL (4 EA per 1 days) PA (WAKIX)
XYREM SOLN 500MG/ML	5	PA (XYREM) LA
<i>Anticonvulsants</i>		
BRIVIACT INJ 50MG/5ML	5	PA (BRIVIACT, new starts only)
BRIVIACT SOLN 10MG/ML	5	PA (BRIVIACT, new starts only) MO
BRIVIACT TABS 100MG	5	QL (2 EA per 1 days) PA (BRIVIACT, new starts only) MO
BRIVIACT TABS 10MG	5	QL (2 EA per 1 days) PA (BRIVIACT, new starts only) MO
BRIVIACT TABS 25MG	5	QL (2 EA per 1 days) PA (BRIVIACT, new starts only) MO

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT TABS 50MG	5	QL (2 EA per 1 days) PA (BRIVIACT, new starts only) MO
BRIVIACT TABS 75MG	5	QL (2 EA per 1 days) PA (BRIVIACT, new starts only) MO
<i>carbamazepine er cp12 100mg</i>	2	MO
<i>carbamazepine er cp12 200mg</i>	2	MO
<i>carbamazepine er cp12 300mg</i>	2	MO
<i>carbamazepine er tb12 100mg</i>	2	MO
<i>carbamazepine er tb12 200mg</i>	2	MO
<i>carbamazepine er tb12 400mg</i>	2	MO
<i>carbamazepine chew 100mg</i>	2	MO
CARBAMAZEPINE CHEW 200MG	4	
<i>carbamazepine susp 100mg/5ml</i>	2	MO
<i>carbamazepine tabs 200mg</i>	1	MO
<i>clobazam susp 2.5mg/ml</i>	2	PA (CLOBAZAM, new starts only) MO
<i>clobazam tabs 10mg</i>	2	MO
<i>clobazam tabs 20mg</i>	2	MO
<i>clonazepam odt tbdp 0.125mg</i>	4	MO
<i>clonazepam odt tbdp 0.25mg</i>	4	MO
<i>clonazepam odt tbdp 0.5mg</i>	4	MO
<i>clonazepam odt tbdp 1mg</i>	4	MO
<i>clonazepam odt tbdp 2mg</i>	4	MO
<i>clonazepam tabs 0.5mg</i>	1	MO
<i>clonazepam tabs 1mg</i>	1	MO
<i>clonazepam tabs 2mg</i>	1	MO
DIACOMIT CAPS 250MG	5	PA (DIACOMIT, new starts only) MO

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT CAPS 500MG	5	PA (DIACOMIT, new starts only) MO
DIACOMIT PACK 250MG	5	PA (DIACOMIT, new starts only) MO
DIACOMIT PACK 500MG	5	PA (DIACOMIT, new starts only) MO
<i>diazepam gel 10mg</i>	4	
DIAZEPAM GEL 2.5MG	4	
<i>diazepam gel 20mg</i>	4	
<i>dilantin infatabs chew 50mg</i>	1	MO
<i>dilantin-125 susp 125mg/5ml</i>	1	MO
<i>dilantin caps 100mg</i>	1	MO
DILANTIN CAPS 30MG	3	MO
<i>divalproex sodium dr csdr 125mg</i>	4	MO
<i>divalproex sodium dr tbec 125mg</i>	1	MO
<i>divalproex sodium dr tbec 250mg</i>	1	MO
<i>divalproex sodium dr tbec 500mg</i>	1	MO
<i>divalproex sodium er tb24 250mg</i>	1	MO
<i>divalproex sodium er tb24 500mg</i>	1	MO
EPIDIOLEX SOLN 100MG/ML	5	PA (EPIDIOLEX, new starts only) MO
<i>epitol tabs 200mg</i>	1	MO
<i>eslicarbazepine acetate tabs 200mg</i>	5	QL (1 EA per 1 days) PA (ESLICARBAZEPINE, new starts only) MO
<i>eslicarbazepine acetate tabs 400mg</i>	5	QL (1 EA per 1 days) PA (ESLICARBAZEPINE, new starts only) MO

Drug Name	Drug Tier	Requirements/Limits
<i>eslicarbazepine acetate tabs 600mg</i>	5	QL (2 EA per 1 days) PA (ESLICARBAZEPINE, new starts only) MO
<i>eslicarbazepine acetate tabs 800mg</i>	5	QL (1 EA per 1 days) PA (ESLICARBAZEPINE, new starts only) MO
<i>ethosuximide caps 250mg</i>	2	MO
<i>ethosuximide soln 250mg/5ml</i>	2	MO
<i>felbamate susp 600mg/5ml</i>	4	MO
<i>felbamate tabs 400mg</i>	4	MO
<i>felbamate tabs 600mg</i>	4	MO
FINTEPLA SOLN 2.2MG/ML	5	QL (11.82 ML per 1 days) PA (FINTEPLA, new starts only)
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	2	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	2	
<i>gabapentin caps 100mg</i>	1	MO
<i>gabapentin caps 300mg</i>	1	MO
<i>gabapentin caps 400mg</i>	1	MO
<i>gabapentin soln 250mg/5ml</i>	2	MO
<i>gabapentin tabs 600mg</i>	1	MO
<i>gabapentin tabs 800mg</i>	1	MO
<i>lacosamide inj 200mg/20ml</i>	5	
<i>lacosamide soln 10mg/ml</i>	4	MO
<i>lacosamide tabs 100mg</i>	1	QL (2 EA per 1 days) MO
<i>lacosamide tabs 150mg</i>	1	QL (2 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide tabs 200mg</i>	1	QL (2 EA per 1 days) MO
<i>lacosamide tabs 50mg</i>	1	QL (2 EA per 1 days) MO
<i>lamotrigine er tb24 100mg</i>	4	ST (LAMOTRIGINE ER #2, new starts only)
<i>lamotrigine er tb24 200mg</i>	4	ST (LAMOTRIGINE ER #2, new starts only)
<i>lamotrigine er tb24 250mg</i>	4	ST (LAMOTRIGINE ER #2, new starts only)
<i>lamotrigine er tb24 25mg</i>	4	ST (LAMOTRIGINE ER #2, new starts only)
<i>lamotrigine er tb24 300mg</i>	4	ST (LAMOTRIGINE ER #2, new starts only)
<i>lamotrigine er tb24 50mg</i>	4	ST (LAMOTRIGINE ER #2, new starts only)
<i>lamotrigine odt tbdp 100mg</i>	4	MO
<i>lamotrigine odt tbdp 200mg</i>	4	MO
<i>lamotrigine odt tbdp 25mg</i>	4	MO
<i>lamotrigine odt tbdp 50mg</i>	4	MO
<i>lamotrigine starter kit/blue kit 25mg</i>	2	QL (35 EA per 180 days)
<i>lamotrigine starter kit/green kit 0</i>	2	QL (98 EA per 180 days)
<i>lamotrigine starter kit/orange kit 0</i>	2	QL (49 EA per 180 days)
<i>lamotrigine chew 25mg</i>	2	MO
<i>lamotrigine chew 5mg</i>	2	MO
<i>lamotrigine tabs 100mg</i>	1	MO
<i>lamotrigine tabs 150mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tabs 200mg</i>	1	MO
<i>lamotrigine tabs 25mg</i>	1	MO
<i>levetiracetam er tb24 500mg</i>	2	MO
<i>levetiracetam er tb24 750mg</i>	2	MO
<i>levetiracetam/sodium chloride inj 1000mg/100ml; 750mg/100ml</i>	2	
<i>levetiracetam/sodium chloride inj 1000mg/100ml; 750mg/100ml</i>	2	
<i>levetiracetam/sodium chloride inj 1500mg/100ml; 540mg/100ml</i>	2	
<i>levetiracetam/sodium chloride inj 1500mg/100ml; 540mg/100ml</i>	2	
<i>levetiracetam/sodium chloride inj 500mg/100ml; 820mg/100ml</i>	2	
<i>levetiracetam/sodium chloride inj 500mg/100ml; 820mg/100ml</i>	2	
<i>levetiracetam inj 500mg/5ml</i>	2	
<i>levetiracetam soln 100mg/ml</i>	2	MO
<i>levetiracetam tabs 1000mg</i>	1	MO
<i>levetiracetam tabs 250mg</i>	1	MO
<i>levetiracetam tabs 500mg</i>	1	MO
<i>levetiracetam tabs 750mg</i>	1	MO
LEVETIRACETAM TB3D 250MG	4	QL (2 EA per 1 days) PA (SPRITAM, new starts only) MO
LEVETIRACETAM TB3D 500MG	4	QL (2 EA per 1 days) PA (SPRITAM, new starts only) MO
<i>magnesium sulfate inj 20gm/500ml</i>	2	
<i>magnesium sulfate inj 2gm/50ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate inj 40gm/1000ml</i>	2	
<i>magnesium sulfate inj 4gm/100ml</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
<i>methsuximide caps 300mg</i>	2	MO
MIDAZOLAM HYDROCHLORIDE INJ 10MG/0.7ML	4	
NAYZILAM SOLN 5MG/0.1ML	4	QL (10 EA per 30 days)
<i>oxcarbazepine susp 300mg/5ml</i>	4	MO
<i>oxcarbazepine tabs 150mg</i>	1	MO
<i>oxcarbazepine tabs 300mg</i>	1	MO
<i>oxcarbazepine tabs 600mg</i>	1	MO
<i>perampanel susp 0.5mg/ml</i>	5	QL (24 ML per 1 days) PA (PERAMPANEL SUSPENSION, new starts only) MO
<i>perampanel tabs 10mg</i>	5	QL (1 EA per 1 days) PA (PERAMPANEL, new starts only)
<i>perampanel tabs 12mg</i>	5	QL (1 EA per 1 days) PA (PERAMPANEL, new starts only)
<i>perampanel tabs 2mg</i>	4	QL (1 EA per 1 days) PA (PERAMPANEL, new starts only)
<i>perampanel tabs 4mg</i>	5	QL (1 EA per 1 days) PA (PERAMPANEL, new starts only)

Drug Name	Drug Tier	Requirements/Limits
<i>perampanel tabs 6mg</i>	5	QL (1 EA per 1 days) PA (PERAMPANEL, new starts only)
<i>perampanel tabs 8mg</i>	5	QL (1 EA per 1 days) PA (PERAMPANEL, new starts only)
<i>phenytek caps 200mg</i>	1	
<i>phenytek caps 300mg</i>	1	
<i>phenytoin infatabs chew 50mg</i>	1	MO
<i>phenytoin sodium extended caps 100mg</i>	1	MO
<i>phenytoin sodium extended caps 200mg</i>	1	MO
<i>phenytoin sodium extended caps 300mg</i>	1	MO
<i>phenytoin sodium inj 50mg/ml</i>	1	
<i>phenytoin chew 50mg</i>	1	MO
<i>phenytoin susp 125mg/5ml</i>	1	MO
<i>pregabalin caps 100mg</i>	1	MO
<i>pregabalin caps 150mg</i>	1	MO
<i>pregabalin caps 200mg</i>	1	MO
<i>pregabalin caps 225mg</i>	1	MO
<i>pregabalin caps 25mg</i>	1	MO
<i>pregabalin caps 300mg</i>	1	MO
<i>pregabalin caps 50mg</i>	1	MO
<i>pregabalin caps 75mg</i>	1	MO
<i>pregabalin soln 20mg/ml</i>	2	MO
PRIMIDONE TABS 125MG	4	MO
<i>primidone tabs 250mg</i>	2	MO
<i>primidone tabs 50mg</i>	2	MO
<i>roweepra tabs 500mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide susp 40mg/ml</i>	5	PA (RUFINAMIDE SUSPENSION, new starts only) MO
<i>rufinamide tabs 200mg</i>	4	MO
<i>rufinamide tabs 400mg</i>	5	MO
SPRITAM TB3D 1000MG	4	QL (2 EA per 1 days) PA (SPRITAM, new starts only) MO
SPRITAM TB3D 250MG	4	QL (2 EA per 1 days) PA (SPRITAM, new starts only) MO
SPRITAM TB3D 500MG	4	QL (2 EA per 1 days) PA (SPRITAM, new starts only) MO
SPRITAM TB3D 750MG	4	QL (4 EA per 1 days) PA (SPRITAM, new starts only) MO
<i>subvenite susp 10mg/ml</i>	1	
<i>subvenite tabs 100mg</i>	1	MO
<i>subvenite tabs 150mg</i>	1	MO
<i>subvenite tabs 200mg</i>	1	MO
<i>subvenite tabs 25mg</i>	1	MO
SYMPAZAN FILM 10MG	5	QL (2 EA per 1 days) PA (SYMPAZAN, new starts only)
SYMPAZAN FILM 20MG	5	QL (2 EA per 1 days) PA (SYMPAZAN, new starts only)

Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN FILM 5MG	5	QL (2 EA per 1 days) PA (SYMPAZAN, new starts only)
<i>tiagabine hydrochloride tabs 12mg</i>	2	MO
<i>tiagabine hydrochloride tabs 16mg</i>	2	MO
<i>tiagabine hydrochloride tabs 2mg</i>	2	MO
<i>tiagabine hydrochloride tabs 4mg</i>	2	MO
<i>topiramate csp 15mg</i>	2	MO
<i>topiramate csp 25mg</i>	2	MO
TOPIRAMATE CPSP 50MG	4	MO
<i>topiramate soln 25mg/ml</i>	4	QL (16 ML per 1 days) PA (TOPIRAMATE SOLUTION, new starts only)
<i>topiramate tabs 100mg</i>	1	MO
<i>topiramate tabs 200mg</i>	1	MO
<i>topiramate tabs 25mg</i>	1	MO
<i>topiramate tabs 50mg</i>	1	MO
<i>valproate sodium inj 100mg/ml</i>	2	
<i>valproic acid caps 250mg</i>	1	MO
<i>valproic acid soln 250mg/5ml</i>	1	MO
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	5	QL (20 EA per 30 days)
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	5	QL (20 EA per 30 days)
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	5	QL (10 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin pack 500mg</i>	5	PA (VIGABATRIN, new starts only) LA MO
<i>vigabatrin tabs 500mg</i>	5	PA (VIGABATRIN, new starts only) LA MO
VIGAFYDE SOLN 100MG/ML	5	PA (VIGABATRIN, new starts only)
<i>vigpoder pack 500mg</i>	5	PA (VIGABATRIN, new starts only)
XCOPRI TABS 100MG	5	QL (1 EA per 1 days) PA (XCOPRI, new starts only)
XCOPRI TABS 150MG	5	QL (2 EA per 1 days) PA (XCOPRI, new starts only)
XCOPRI TABS 200MG	5	QL (2 EA per 1 days) PA (XCOPRI, new starts only)
XCOPRI TABS 25MG	5	QL (1 EA per 1 days) PA (XCOPRI, new starts only)
XCOPRI TABS 50MG	5	QL (1 EA per 1 days) PA (XCOPRI, new starts only)
XCOPRI TBPK 0	4	QL (28 EA per 180 days) PA (XCOPRI, new starts only)
XCOPRI TBPK 0	5	QL (28 EA per 180 days) PA (XCOPRI, new starts only)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TBPK 0	5	QL (2 EA per 1 days) PA (XCOPRI, new starts only)
XCOPRI TBPK 0	5	QL (28 EA per 180 days) PA (XCOPRI, new starts only)
XCOPRI TBPK 0	5	QL (2 EA per 1 days) PA (XCOPRI, new starts only)
ZONISADE SUSP 100MG/5ML	4	QL (20 ML per 1 days) PA (ZONISADE, new starts only) MO
<i>zonisamide caps 100mg</i>	1	MO
<i>zonisamide caps 25mg</i>	1	MO
<i>zonisamide caps 50mg</i>	1	MO
ZTALMY SUSP 50MG/ML	5	PA (ZTALMY, new starts only) MO
<i>Antimanic Agents</i>		
<i>lithium carbonate er tbc 300mg</i>	2	MO
<i>lithium carbonate er tbc 450mg</i>	2	MO
<i>lithium carbonate caps 150mg</i>	1	MO
<i>lithium carbonate caps 300mg</i>	1	MO
<i>lithium carbonate caps 600mg</i>	1	MO
<i>lithium carbonate tabs 300mg</i>	1	MO
LITHIUM SOLN 8MEQ/5ML	3	PA (LITHIUM SOLUTION, new starts only)
<i>Antimigraine Agents</i>		
AIMOVIG INJ 140MG/ML	3	QL (1 ML per 30 days) PA (AIMOVIG) MO

Drug Name	Drug Tier	Requirements/Limits
AIMOVIG INJ 70MG/ML	3	QL (1 ML per 30 days) PA (AIMOVIG) MO
<i>eletriptan hydrobromide tabs 20mg</i>	4	QL (12 EA per 30 days)
<i>eletriptan hydrobromide tabs 40mg</i>	4	QL (12 EA per 30 days)
EMGALITY INJ 100MG/ML	5	PA (EMGALITY)
EMGALITY INJ 120MG/ML	3	PA (EMGALITY)
EMGALITY INJ 120MG/ML	3	PA (EMGALITY)
MIGERGOT SUPP 100MG; 2MG	5	
<i>naratriptan hcl tabs 1mg</i>	2	QL (9 EA per 30 days)
<i>naratriptan hcl tabs 2.5mg</i>	2	QL (9 EA per 30 days)
NURTEC TBDP 75MG	5	QL (18 EA per 30 days) PA (NURTEC)
REYVOW TABS 100MG	3	QL (8 EA per 30 days) PA (REYVOW)
REYVOW TABS 50MG	3	QL (4 EA per 30 days) PA (REYVOW)
<i>rizatriptan benzoate odt tbdp 10mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate odt tbdp 5mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate tabs 10mg</i>	1	QL (18 EA per 30 days)
<i>rizatriptan benzoate tabs 5mg</i>	1	QL (18 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL INJ 4MG/0.5ML	4	QL (4 ML per 30 days)
SUMATRIPTAN SUCCINATE REFILL INJ 6MG/0.5ML	4	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate tabs 100mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate tabs 25mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate tabs 50mg</i>	1	QL (9 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan soln 20mg/act</i>	4	QL (12 EA per 30 days)
<i>sumatriptan soln 5mg/act</i>	4	QL (12 EA per 30 days)
UBRELVY TABS 100MG	5	QL (16 EA per 30 days) PA (UBRELVY)
UBRELVY TABS 50MG	5	QL (16 EA per 30 days) PA (UBRELVY)
<i>zolmitriptan odt tbdp 2.5mg</i>	4	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	4	QL (12 EA per 30 days)
<i>zolmitriptan tabs 2.5mg</i>	2	QL (12 EA per 30 days)
<i>zolmitriptan tabs 5mg</i>	2	QL (12 EA per 30 days)
<i>Antiparkinsonian Agents</i>		
<i>amantadine hcl caps 100mg</i>	2	MO
<i>amantadine hcl soln 50mg/5ml</i>	2	MO
<i>amantadine hcl tabs 100mg</i>	2	MO
<i>amantadine hydrochloride tabs 100mg</i>	2	MO
<i>apomorphine hydrochloride inj 30mg/3ml</i>	5	PA (APOMORPHINE)
<i>benztropine mesylate tabs 0.5mg</i>	1	MO
<i>benztropine mesylate tabs 1mg</i>	1	MO
<i>benztropine mesylate tabs 2mg</i>	1	MO
<i>bromocriptine mesylate caps 5mg</i>	2	MO
<i>bromocriptine mesylate tabs 2.5mg</i>	4	MO
<i>cabergoline tabs 0.5mg</i>	4	
<i>carbidopa/levodopa er tbcr 25mg; 100mg</i>	1	MO
<i>carbidopa/levodopa er tbcr 50mg; 200mg</i>	1	MO
<i>carbidopa/levodopa/entacapone tabs 12.5mg; 200mg; 50mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa/entacapone tabs 18.75mg; 200mg; 75mg</i>	2	MO
<i>carbidopa/levodopa/entacapone tabs 25mg; 200mg; 100mg</i>	2	MO
<i>carbidopa/levodopa/entacapone tabs 31.25mg; 200mg; 125mg</i>	2	MO
<i>carbidopa/levodopa/entacapone tabs 37.5mg; 200mg; 150mg</i>	2	MO
<i>carbidopa/levodopa/entacapone tabs 50mg; 200mg; 200mg</i>	2	MO
<i>carbidopa/levodopa tabs 10mg; 100mg</i>	1	MO
<i>carbidopa/levodopa tabs 25mg; 100mg</i>	1	MO
<i>carbidopa/levodopa tabs 25mg; 250mg</i>	1	MO
<i>carbidopa tabs 25mg</i>	4	MO
EMSAM PT24 12MG/24HR	5	QL (1 EA per 1 days) PA (EMSAM, new starts only) MO
EMSAM PT24 6MG/24HR	5	QL (1 EA per 1 days) PA (EMSAM, new starts only) MO
EMSAM PT24 9MG/24HR	5	QL (1 EA per 1 days) PA (EMSAM, new starts only) MO
<i>entacapone tabs 200mg</i>	2	MO
INBRIJA CAPS 42MG	5	PA (INBRIJA)
ONGENTYS CAPS 25MG	3	QL (1 EA per 1 days) ST (ONGENTYS #2) MO

Drug Name	Drug Tier	Requirements/Limits
ONGENTYS CAPS 50MG	3	QL (1 EA per 1 days) ST (ONGENTYS #2) MO
<i>pramipexole dihydrochloride tabs 0.125mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 0.25mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 0.5mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 0.75mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 1.5mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 1mg</i>	1	MO
<i>rasagiline mesylate tabs 0.5mg</i>	2	QL (1 EA per 1 days) ST (RASAGILINE #2) MO
<i>rasagiline mesylate tabs 1mg</i>	2	QL (1 EA per 1 days) ST (RASAGILINE #2) MO
<i>ropinirole hcl tabs 0.5mg</i>	1	MO
<i>ropinirole hcl tabs 1mg</i>	1	MO
<i>ropinirole hcl tabs 2mg</i>	1	MO
<i>ropinirole hcl tabs 4mg</i>	1	MO
<i>ropinirole hcl tabs 5mg</i>	1	MO
<i>ropinirole hydrochloride tabs 0.25mg</i>	1	MO
<i>ropinirole hydrochloride tabs 0.5mg</i>	1	MO
<i>ropinirole hydrochloride tabs 1mg</i>	1	MO
<i>ropinirole hydrochloride tabs 2mg</i>	1	MO
<i>ropinirole hydrochloride tabs 3mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tabs 4mg</i>	1	MO
<i>ropinirole hydrochloride tabs 5mg</i>	1	MO
RYTARY CPR 23.75MG; 95MG	4	QL (12 EA per 1 days) PA (RYTARY) MO
RYTARY CPR 36.25MG; 145MG	4	QL (9 EA per 1 days) PA (RYTARY) MO
RYTARY CPR 48.75MG; 195MG	4	QL (12 EA per 1 days) PA (RYTARY) MO
RYTARY CPR 61.25MG; 245MG	4	QL (10 EA per 1 days) PA (RYTARY) MO
<i>selegiline hcl caps 5mg</i>	1	MO
<i>selegiline hcl tabs 5mg</i>	1	MO
<i>selegiline hydrochloride caps 5mg</i>	1	MO
<i>selegiline hydrochloride tabs 5mg</i>	1	MO
TRIHXYPHENIDYL HCL SOLN 0.4MG/ML	4	MO
<i>trihexyphenidyl hydrochloride tabs 2mg</i>	4	MO
<i>trihexyphenidyl hydrochloride tabs 5mg</i>	4	MO
Anxiolytics, Sedatives, and Hypnotics		
ALPRAZOLAM INTENSOL CONC 1MG/ML	4	
<i>alprazolam tabs 0.25mg</i>	2	
<i>alprazolam tabs 0.5mg</i>	2	
<i>alprazolam tabs 1mg</i>	2	
<i>alprazolam tabs 2mg</i>	2	
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hydrochloride tabs 10mg</i>	1	
<i>bupirone hydrochloride tabs 15mg</i>	1	
<i>bupirone hydrochloride tabs 30mg</i>	1	
<i>bupirone hydrochloride tabs 5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bupirone hydrochloride tabs 7.5mg</i>	1	
<i>chlordiazepoxide hcl caps 10mg</i>	4	
<i>chlordiazepoxide hcl caps 5mg</i>	4	
<i>chlordiazepoxide hydrochloride caps 10mg</i>	4	
<i>chlordiazepoxide hydrochloride caps 25mg</i>	4	
<i>chlordiazepoxide hydrochloride caps 5mg</i>	4	
<i>clorazepate dipotassium tabs 15mg</i>	2	
<i>clorazepate dipotassium tabs 3.75mg</i>	4	
<i>clorazepate dipotassium tabs 7.5mg</i>	4	
<i>diazepam intensol conc 5mg/ml</i>	4	
<i>diazepam conc 5mg/ml</i>	4	
<i>diazepam inj 5mg/ml</i>	4	
<i>diazepam soln 5mg/5ml</i>	4	
<i>diazepam tabs 10mg</i>	2	
<i>diazepam tabs 2mg</i>	2	
<i>diazepam tabs 5mg</i>	2	
<i>eszopiclone tabs 1mg</i>	2	QL (1 EA per 1 days)
<i>eszopiclone tabs 2mg</i>	2	QL (1 EA per 1 days)
<i>eszopiclone tabs 3mg</i>	2	QL (1 EA per 1 days)
HETLIOZ LQ SUSP 4MG/ML	5	QL (5 ML per 1 days) PA (HETLIOZ)
<i>hydroxyzine hcl tabs 50mg</i>	4	
HYDROXYZINE HYDROCHLORIDE INJ 25MG/ML	4	
HYDROXYZINE HYDROCHLORIDE INJ 50MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hydrochloride syrp 10mg/5ml</i>	4	
<i>hydroxyzine hydrochloride tabs 10mg</i>	4	
<i>hydroxyzine hydrochloride tabs 25mg</i>	4	
<i>hydroxyzine hydrochloride tabs 50mg</i>	4	MO
HYDROXYZINE PAMOATE CAPS 100MG	4	
<i>hydroxyzine pamoate caps 25mg</i>	4	MO
<i>hydroxyzine pamoate caps 50mg</i>	4	MO
<i>lorazepam intensol conc 2mg/ml</i>	4	
<i>lorazepam conc 2mg/ml</i>	4	
<i>lorazepam tabs 0.5mg</i>	2	
<i>lorazepam tabs 1mg</i>	2	
<i>lorazepam tabs 2mg</i>	2	
<i>midazolam hcl inj 10mg/10ml</i>	2	
<i>midazolam hcl inj 10mg/2ml</i>	2	
<i>midazolam hcl inj 25mg/5ml</i>	2	
<i>midazolam hcl inj 50mg/10ml</i>	2	
<i>midazolam hcl inj 5mg/5ml</i>	2	
<i>midazolam hcl inj 5mg/ml</i>	2	
<i>midazolam hcl inj 5mg/ml</i>	2	
<i>midazolam hydrochloride +rfid inj 2mg/2ml</i>	2	
<i>midazolam hydrochloride inj 10mg/10ml</i>	2	
<i>midazolam hydrochloride inj 10mg/2ml</i>	2	
<i>midazolam hydrochloride inj 25mg/5ml</i>	2	
<i>midazolam hydrochloride inj 2mg/2ml</i>	2	
<i>midazolam hydrochloride inj 2mg/2ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>midazolam hydrochloride inj 50mg/10ml</i>	2	
<i>midazolam hydrochloride inj 5mg/5ml</i>	2	
<i>midazolam hydrochloride inj 5mg/5ml</i>	2	
<i>midazolam hydrochloride inj 5mg/ml</i>	2	
<i>phenobarbital elix 20mg/5ml</i>	2	MO
<i>phenobarbital tabs 100mg</i>	2	MO
<i>phenobarbital tabs 15mg</i>	2	MO
<i>phenobarbital tabs 16.2mg</i>	2	MO
<i>phenobarbital tabs 30mg</i>	2	MO
<i>phenobarbital tabs 32.4mg</i>	2	MO
<i>phenobarbital tabs 60mg</i>	2	MO
<i>phenobarbital tabs 64.8mg</i>	2	MO
<i>phenobarbital tabs 97.2mg</i>	2	MO
<i>promethazine hcl supp 12.5mg</i>	4	
<i>promethazine hydrochloride supp 25mg</i>	4	
<i>ramelteon tabs 8mg</i>	2	ST (RAMELTEON #2) MO
<i>tasimelteon caps 20mg</i>	5	QL (1 EA per 1 days) PA (HETLIOZ) MO
<i>temazepam caps 15mg</i>	4	QL (1 EA per 1 days)
<i>temazepam caps 22.5mg</i>	4	QL (1 EA per 1 days)
<i>temazepam caps 30mg</i>	4	QL (1 EA per 1 days)
<i>temazepam caps 7.5mg</i>	4	QL (1 EA per 1 days)
<i>zaleplon caps 10mg</i>	2	QL (1 EA per 1 days)
<i>zaleplon caps 5mg</i>	2	QL (1 EA per 1 days)
<i>zolpidem tartrate tabs 10mg</i>	2	QL (1 EA per 1 days)
<i>zolpidem tartrate tabs 5mg</i>	2	QL (1 EA per 1 days)
Central Nervous System Agents, Misc		

Drug Name	Drug Tier	Requirements/Limits
DAYBUE SOLN 200MG/ML	5	QL (120 ML per 1 days) PA (DAYBUE)
<i>guanfacine hydrochloride er tb24 1mg</i>	2	QL (1 EA per 1 days) MO
<i>guanfacine hydrochloride er tb24 2mg</i>	2	QL (1 EA per 1 days) MO
<i>guanfacine hydrochloride er tb24 3mg</i>	2	QL (2 EA per 1 days) MO
<i>guanfacine hydrochloride er tb24 4mg</i>	2	QL (1 EA per 1 days) MO
<i>memantine hcl titration pak tabs 0</i>	1	
<i>memantine hydrochloride soln 2mg/ml</i>	2	MO
<i>memantine hydrochloride tabs 10mg</i>	1	MO
<i>memantine hydrochloride tabs 5mg</i>	1	MO
NUEDEXTA CAPS 20MG; 10MG	5	QL (2 EA per 1 days) PA (NUEDEXTA) MO
VEOZAH TABS 45MG	3	QL (1 EA per 1 days) PA (VEOZAH) MO
XYWAV SOLN 234MG/ML; 96MG/ML; 130MG/ML; 40MG/ML	5	QL (18 ML per 1 days) PA (XYWAV)
<i>Fibromyalgia Agents</i>		
SAVELLA TITRATION PACK MISC 0	3	QL (55 EA per 180 days) PA (SAVELLA)
SAVELLA TABS 100MG	3	QL (2 EA per 1 days) PA (SAVELLA) MO
SAVELLA TABS 12.5MG	3	QL (2 EA per 1 days) PA (SAVELLA) MO
SAVELLA TABS 25MG	3	QL (2 EA per 1 days) PA (SAVELLA) MO

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TABS 50MG	3	QL (2 EA per 1 days) PA (SAVELLA) MO
<i>Opioid Antagonists</i>		
KLOXXADO LIQD 8MG/0.1ML	3	
<i>naloxone hcl inj 4mg/10ml</i>	1	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	1	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	1	
<i>naloxone hydrochloride inj 2mg/2ml</i>	2	
<i>naloxone hydrochloride inj 4mg/10ml</i>	1	
<i>naloxone hydrochloride liqd 4mg/0.1ml</i>	1	
<i>naltrexone hydrochloride tabs 50mg</i>	2	
OPVEE SOLN 2.7MG/0.1ML	3	
VIVITROL INJ 380MG	5	QL (1 EA per 28 days)
ZIMHI INJ 5MG/0.5ML	3	
ZURNAI INJ 1.5MG/0.5ML	3	
<i>Psychotherapeutic Agents</i>		
ABILIFY ASIMTUFII INJ 720MG/2.4ML	5	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INJ 960MG/3.2ML	5	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INJ 300MG	5	MO
ABILIFY MAINTENA INJ 300MG	5	MO
ABILIFY MAINTENA INJ 400MG	5	MO
ABILIFY MAINTENA INJ 400MG	5	MO
ABILIFY MYCITE MAINTENANCE KIT TBPK 10MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only)

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE MAINTENANCE KIT TBPK 15MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only) MO
ABILIFY MYCITE MAINTENANCE KIT TBPK 20MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only) MO
ABILIFY MYCITE MAINTENANCE KIT TBPK 2MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only) MO
ABILIFY MYCITE MAINTENANCE KIT TBPK 30MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only)
ABILIFY MYCITE MAINTENANCE KIT TBPK 5MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only) MO
ABILIFY MYCITE STARTER KIT TBPK 10MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only) MO
ABILIFY MYCITE STARTER KIT TBPK 15MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only)

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE STARTER KIT TBPK 20MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only)
ABILIFY MYCITE STARTER KIT TBPK 2MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only)
ABILIFY MYCITE STARTER KIT TBPK 30MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only)
ABILIFY MYCITE STARTER KIT TBPK 5MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only)
<i>amitriptyline hcl tabs 100mg</i>	1	MO
<i>amitriptyline hcl tabs 150mg</i>	1	MO
<i>amitriptyline hcl tabs 25mg</i>	1	MO
<i>amitriptyline hcl tabs 75mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 100mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 10mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 150mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 25mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 50mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 75mg</i>	1	MO
<i>amoxapine tabs 100mg</i>	2	MO
<i>amoxapine tabs 150mg</i>	2	MO
<i>amoxapine tabs 25mg</i>	2	MO
<i>amoxapine tabs 50mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole odt tbdp 10mg</i>	2	MO
<i>aripiprazole odt tbdp 15mg</i>	2	MO
<i>aripiprazole soln 1mg/ml</i>	4	MO
<i>aripiprazole tabs 10mg</i>	2	MO
<i>aripiprazole tabs 15mg</i>	2	MO
<i>aripiprazole tabs 20mg</i>	2	MO
<i>aripiprazole tabs 2mg</i>	2	MO
<i>aripiprazole tabs 30mg</i>	2	MO
<i>aripiprazole tabs 5mg</i>	2	MO
ARISTADA INITIO INJ 675MG/2.4ML	5	QL (2.4 ML per 180 days) PA (ARISTADA, new starts only)
ARISTADA INJ 1064MG/3.9ML	5	QL (3.9 ML per 60 days) PA (ARISTADA, new starts only) MO
ARISTADA INJ 441MG/1.6ML	5	PA (ARISTADA, new starts only) MO
ARISTADA INJ 662MG/2.4ML	5	PA (ARISTADA, new starts only) MO
ARISTADA INJ 882MG/3.2ML	5	PA (ARISTADA, new starts only) MO
<i>asenapine maleate sl subl 10mg</i>	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO
<i>asenapine maleate sl subl 2.5mg</i>	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO
<i>asenapine maleate sl subl 5mg</i>	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO

Drug Name	Drug Tier	Requirements/Limits
AUVELITY TBCR 105MG; 45MG	5	QL (2 EA per 1 days) PA (AUVELITY, new starts only) MO
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	1	MO
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	1	MO
<i>bupropion hydrochloride er (sr) tb12 200mg</i>	1	MO
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	1	MO
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	1	MO
<i>bupropion hydrochloride tabs 100mg</i>	1	MO
<i>bupropion hydrochloride tabs 75mg</i>	1	MO
CAPLYTA CAPS 10.5MG	5	QL (1 EA per 1 days) PA (CAPLYTA, new starts only) MO
CAPLYTA CAPS 21MG	5	QL (1 EA per 1 days) PA (CAPLYTA, new starts only) MO
CAPLYTA CAPS 42MG	5	QL (1 EA per 1 days) PA (CAPLYTA, new starts only) MO
CHLORDIAZEPOXIDE/AMITRIPTY LINE TABS 12.5MG; 5MG	4	MO
CHLORDIAZEPOXIDE/AMITRIPTY LINE TABS 25MG; 10MG	4	MO
<i>chlorpromazine hcl inj 25mg/ml</i>	2	
<i>chlorpromazine hcl inj 50mg/2ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hydrochloride inj 25mg/ml</i>	2	
<i>chlorpromazine hydrochloride tabs 100mg</i>	4	MO
<i>chlorpromazine hydrochloride tabs 10mg</i>	2	MO
<i>chlorpromazine hydrochloride tabs 200mg</i>	4	MO
<i>chlorpromazine hydrochloride tabs 25mg</i>	4	MO
<i>chlorpromazine hydrochloride tabs 50mg</i>	4	MO
<i>citalopram hydrobromide soln 10mg/5ml</i>	4	MO
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (1.5 EA per 1 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (1.5 EA per 1 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (1 EA per 1 days) PA (CITALOPRAM 40MG, new starts only) MO
<i>clomipramine hcl caps 25mg</i>	4	MO
<i>clomipramine hcl caps 50mg</i>	4	MO
<i>clomipramine hcl caps 75mg</i>	4	MO
<i>clomipramine hydrochloride caps 25mg</i>	4	MO
<i>clomipramine hydrochloride caps 50mg</i>	4	MO
<i>clomipramine hydrochloride caps 75mg</i>	4	MO
<i>clozapine odt tbdp 100mg</i>	4	ST (CLOZAPINE ODT #2, new starts only)

Drug Name	Drug Tier	Requirements/Limits
CLOZAPINE ODT TBDP 12.5MG	4	ST (CLOZAPINE ODT #2, new starts only)
<i>clozapine odt tbdp 150mg</i>	4	ST (CLOZAPINE ODT #2, new starts only)
<i>clozapine odt tbdp 200mg</i>	4	ST (CLOZAPINE ODT #2, new starts only)
<i>clozapine odt tbdp 25mg</i>	4	ST (CLOZAPINE ODT #2, new starts only)
<i>clozapine tabs 100mg</i>	1	
<i>clozapine tabs 200mg</i>	1	
<i>clozapine tabs 25mg</i>	1	
<i>clozapine tabs 50mg</i>	1	
COBENFY STARTER PACK CPPK 20MG; 0	5	QL (56 EA per 180 days) PA (COBENFY, new starts only)
COBENFY CAPS 20MG; 100MG	5	QL (2 EA per 1 days) PA (COBENFY, new starts only) MO
COBENFY CAPS 20MG; 50MG	5	QL (2 EA per 1 days) PA (COBENFY, new starts only) MO
COBENFY CAPS 30MG; 125MG	5	QL (2 EA per 1 days) PA (COBENFY, new starts only) MO
<i>compro supp 25mg</i>	4	
<i>desipramine hcl tabs 100mg</i>	4	MO
<i>desipramine hcl tabs 10mg</i>	4	MO
<i>desipramine hcl tabs 150mg</i>	2	MO
<i>desipramine hcl tabs 25mg</i>	4	MO
<i>desipramine hcl tabs 50mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl tabs 75mg</i>	4	MO
<i>desipramine hydrochloride tabs 100mg</i>	4	MO
<i>desipramine hydrochloride tabs 10mg</i>	4	MO
<i>desipramine hydrochloride tabs 150mg</i>	2	MO
<i>desipramine hydrochloride tabs 25mg</i>	4	MO
<i>desipramine hydrochloride tabs 50mg</i>	4	MO
<i>desipramine hydrochloride tabs 75mg</i>	4	MO
<i>desvenlafaxine er tb24 100mg</i>	2	QL (1 EA per 1 days) MO
<i>desvenlafaxine er tb24 25mg</i>	2	QL (1 EA per 1 days) MO
<i>desvenlafaxine er tb24 50mg</i>	2	QL (1 EA per 1 days) MO
<i>doxepin hcl caps 75mg</i>	1	MO
<i>doxepin hcl conc 10mg/ml</i>	1	MO
<i>doxepin hydrochloride caps 100mg</i>	1	MO
<i>doxepin hydrochloride caps 10mg</i>	1	MO
<i>doxepin hydrochloride caps 150mg</i>	1	MO
<i>doxepin hydrochloride caps 25mg</i>	1	MO
<i>doxepin hydrochloride caps 50mg</i>	1	MO
<i>doxepin hydrochloride tabs 3mg</i>	1	QL (1 EA per 1 days) ST (DOXEPIN #2) MO
<i>doxepin hydrochloride tabs 6mg</i>	1	QL (1 EA per 1 days) ST (DOXEPIN #2) MO
DRIZALMA SPRINKLE CSDR 20MG	4	QL (2 EA per 1 days) PA (DRIZALMA, new starts only) MO
DRIZALMA SPRINKLE CSDR 30MG	4	QL (1 EA per 1 days) PA (DRIZALMA, new starts only) MO

Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE CSDR 40MG	4	QL (1 EA per 1 days) PA (DRIZALMA, new starts only) MO
DRIZALMA SPRINKLE CSDR 60MG	4	QL (2 EA per 1 days) PA (DRIZALMA, new starts only) MO
<i>duloxetine hydrochloride dr cpep 20mg</i>	1	MO
<i>duloxetine hydrochloride dr cpep 30mg</i>	1	MO
<i>duloxetine hydrochloride dr cpep 40mg</i>	1	MO
<i>duloxetine hydrochloride dr cpep 60mg</i>	1	MO
<i>escitalopram oxalate soln 5mg/5ml</i>	4	MO
<i>escitalopram oxalate tabs 10mg</i>	1	MO
<i>escitalopram oxalate tabs 20mg</i>	1	MO
<i>escitalopram oxalate tabs 5mg</i>	1	MO
EXXUA TITRATION PACK TB24 18.2MG	5	QL (32 EA per 180 days) PA (EXXUA, new starts only) MO
EXXUA TB24 18.2MG	5	QL (1 EA per 1 days) PA (EXXUA, new starts only) MO
EXXUA TB24 36.3MG	5	QL (1 EA per 1 days) PA (EXXUA, new starts only) MO
EXXUA TB24 54.5MG	5	QL (1 EA per 1 days) PA (EXXUA, new starts only) MO
EXXUA TB24 72.6MG	5	QL (1 EA per 1 days) PA (EXXUA, new starts only) MO

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK A TABS 0	4	QL (8 EA per 180 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
FANAPT TITRATION PACK B TABS 0	4	QL (12 EA per 180 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
FANAPT TITRATION PACK C TABS 0	4	QL (8 EA per 180 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
FANAPT TABS 10MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
FANAPT TABS 12MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
FANAPT TABS 1MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
FANAPT TABS 2MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)

Drug Name	Drug Tier	Requirements/Limits
FANAPT TABS 4MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
FANAPT TABS 6MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
FANAPT TABS 8MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
FETZIMA TITRATION PACK C4PK 04	4	PA (FETZIMA, new starts only)
FETZIMA CP24 120MG	4	QL (1 EA per 1 days) PA (FETZIMA, new starts only) MO
FETZIMA CP24 20MG	4	QL (1 EA per 1 days) PA (FETZIMA, new starts only) MO
FETZIMA CP24 40MG	4	QL (1 EA per 1 days) PA (FETZIMA, new starts only) MO
FETZIMA CP24 80MG	4	QL (1 EA per 1 days) PA (FETZIMA, new starts only) MO
FLUOXETINE DR CPDR 90MG	4	MO
<i>fluoxetine hydrochloride caps 10mg</i>	1	MO
<i>fluoxetine hydrochloride caps 20mg</i>	1	MO
<i>fluoxetine hydrochloride caps 40mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hydrochloride soln 20mg/5ml</i>	4	MO
<i>fluoxetine hydrochloride tabs 10mg</i>	2	MO
<i>fluoxetine hydrochloride tabs 20mg</i>	2	MO
<i>fluoxetine hydrochloride tabs 60mg</i>	2	MO
<i>fluphenazine decanoate inj 25mg/ml</i>	2	
FLUPHENAZINE HCL CONC 5MG/ML	4	MO
FLUPHENAZINE HYDROCHLORIDE ELIX 2.5MG/5ML	4	MO
FLUPHENAZINE HYDROCHLORIDE INJ 2.5MG/ML	4	
<i>fluphenazine hydrochloride tabs 10mg</i>	2	MO
<i>fluphenazine hydrochloride tabs 1mg</i>	2	MO
<i>fluphenazine hydrochloride tabs 2.5mg</i>	2	MO
<i>fluphenazine hydrochloride tabs 5mg</i>	2	MO
<i>fluvoxamine maleate tabs 100mg</i>	1	MO
<i>fluvoxamine maleate tabs 25mg</i>	1	MO
<i>fluvoxamine maleate tabs 50mg</i>	1	MO
<i>haloperidol decanoate inj 100mg/ml</i>	2	
<i>haloperidol decanoate inj 100mg/ml</i>	2	
<i>haloperidol decanoate inj 50mg/ml</i>	2	
<i>haloperidol decanoate inj 50mg/ml</i>	2	
<i>haloperidol lactate inj 5mg/ml</i>	2	
<i>haloperidol conc 2mg/ml</i>	2	MO
<i>haloperidol tabs 0.5mg</i>	2	MO
<i>haloperidol tabs 10mg</i>	2	MO
<i>haloperidol tabs 1mg</i>	2	MO
<i>haloperidol tabs 20mg</i>	2	MO
<i>haloperidol tabs 2mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol tabs 5mg</i>	2	MO
<i>imipramine hcl tabs 10mg</i>	4	MO
<i>imipramine hcl tabs 25mg</i>	4	MO
<i>imipramine hcl tabs 50mg</i>	4	MO
<i>imipramine hydrochloride tabs 10mg</i>	4	MO
<i>imipramine hydrochloride tabs 25mg</i>	4	MO
<i>imipramine hydrochloride tabs 50mg</i>	4	MO
INVEGA HAFYERA INJ 1092MG/3.5ML	5	QL (3.5 ML per 180 days) PA (PALIPERIDONE EXTENDED RELEASE INJECTION, new starts only)
INVEGA HAFYERA INJ 1560MG/5ML	5	QL (5 ML per 180 days) PA (PALIPERIDONE EXTENDED RELEASE INJECTION, new starts only)
INVEGA SUSTENNA INJ 117MG/0.75ML	5	
INVEGA SUSTENNA INJ 156MG/ML	5	
INVEGA SUSTENNA INJ 234MG/1.5ML	5	
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 78MG/0.5ML	5	

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INJ 273MG/0.88ML	5	PA (PALIPERIDONE EXTENDED RELEASE INJECTION, new starts only)
INVEGA TRINZA INJ 410MG/1.32ML	5	PA (PALIPERIDONE EXTENDED RELEASE INJECTION, new starts only)
INVEGA TRINZA INJ 546MG/1.75ML	5	PA (PALIPERIDONE EXTENDED RELEASE INJECTION, new starts only)
INVEGA TRINZA INJ 819MG/2.63ML	5	PA (PALIPERIDONE EXTENDED RELEASE INJECTION, new starts only)
<i>loxapine succinate caps 10mg</i>	4	MO
<i>loxapine succinate caps 25mg</i>	4	MO
<i>loxapine succinate caps 50mg</i>	4	MO
<i>loxapine succinate caps 5mg</i>	4	MO
<i>loxapine caps 10mg</i>	4	MO
<i>loxapine caps 25mg</i>	4	MO
<i>loxapine caps 50mg</i>	4	MO
<i>loxapine caps 5mg</i>	4	MO
<i>lurasidone hydrochloride tabs 120mg</i>	4	QL (1 EA per 1 days) MO
<i>lurasidone hydrochloride tabs 20mg</i>	4	QL (1 EA per 1 days) MO
<i>lurasidone hydrochloride tabs 40mg</i>	4	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hydrochloride tabs 60mg</i>	4	QL (1 EA per 1 days) MO
<i>lurasidone hydrochloride tabs 80mg</i>	4	QL (2 EA per 1 days) MO
LYBALVI TABS 10MG; 10MG	5	QL (1 EA per 1 days) PA (LYBALVI, new starts only) MO
LYBALVI TABS 15MG; 10MG	5	QL (1 EA per 1 days) PA (LYBALVI, new starts only) MO
LYBALVI TABS 20MG; 10MG	5	QL (1 EA per 1 days) PA (LYBALVI, new starts only) MO
LYBALVI TABS 5MG; 10MG	5	QL (1 EA per 1 days) PA (LYBALVI, new starts only) MO
MARPLAN TABS 10MG	4	MO
<i>mirtazapine odt tbdp 15mg</i>	4	MO
<i>mirtazapine odt tbdp 30mg</i>	4	MO
<i>mirtazapine odt tbdp 45mg</i>	4	MO
<i>mirtazapine tabs 15mg</i>	1	MO
<i>mirtazapine tabs 30mg</i>	1	MO
<i>mirtazapine tabs 45mg</i>	1	MO
<i>mirtazapine tabs 7.5mg</i>	1	MO
MOLINDONE HYDROCHLORIDE TABS 10MG	4	MO
MOLINDONE HYDROCHLORIDE TABS 25MG	4	MO
MOLINDONE HYDROCHLORIDE TABS 5MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
NEFAZODONE HYDROCHLORIDE TABS 100MG	4	MO
NEFAZODONE HYDROCHLORIDE TABS 150MG	4	MO
NEFAZODONE HYDROCHLORIDE TABS 200MG	4	MO
NEFAZODONE HYDROCHLORIDE TABS 250MG	4	MO
NEFAZODONE HYDROCHLORIDE TABS 50MG	4	MO
<i>nortriptyline hcl caps 25mg</i>	1	MO
<i>nortriptyline hcl caps 75mg</i>	1	MO
<i>nortriptyline hcl soln 10mg/5ml</i>	1	MO
<i>nortriptyline hydrochloride caps 10mg</i>	1	MO
<i>nortriptyline hydrochloride caps 25mg</i>	1	MO
<i>nortriptyline hydrochloride caps 50mg</i>	1	MO
<i>nortriptyline hydrochloride caps 75mg</i>	1	MO
NUPLAZID CAPS 34MG	5	QL (1 EA per 1 days) PA (NUPLAZID, new starts only) MO
NUPLAZID TABS 10MG	5	QL (1 EA per 1 days) PA (NUPLAZID, new starts only) MO
<i>olanzapine odt tbdp 10mg</i>	4	MO
<i>olanzapine odt tbdp 15mg</i>	4	MO
<i>olanzapine odt tbdp 20mg</i>	4	MO
<i>olanzapine odt tbdp 5mg</i>	4	MO
<i>olanzapine/fluoxetine caps 25mg; 12mg</i>	2	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine/fluoxetine caps 25mg; 3mg</i>	2	QL (1 EA per 1 days) MO
<i>olanzapine/fluoxetine caps 25mg; 6mg</i>	2	QL (1 EA per 1 days) MO
<i>olanzapine/fluoxetine caps 50mg; 12mg</i>	2	QL (1 EA per 1 days) MO
<i>olanzapine/fluoxetine caps 50mg; 6mg</i>	2	QL (1 EA per 1 days) MO
<i>olanzapine inj 10mg</i>	4	
<i>olanzapine tabs 10mg</i>	4	MO
<i>olanzapine tabs 15mg</i>	4	MO
<i>olanzapine tabs 2.5mg</i>	4	MO
<i>olanzapine tabs 20mg</i>	4	MO
<i>olanzapine tabs 5mg</i>	4	MO
<i>olanzapine tabs 7.5mg</i>	4	MO
OPIPZA FILM 10MG	5	QL (3 EA per 1 days) PA (OPIPZA, new starts only)
OPIPZA FILM 2MG	5	QL (1 EA per 1 days) PA (OPIPZA, new starts only)
OPIPZA FILM 5MG	5	QL (3 EA per 1 days) PA (OPIPZA, new starts only)
<i>paliperidone er tb24 1.5mg</i>	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO
<i>paliperidone er tb24 3mg</i>	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone er tb24 6mg</i>	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO
<i>paliperidone er tb24 9mg</i>	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO
<i>paroxetine hcl tabs 30mg</i>	4	MO
<i>paroxetine hcl tabs 40mg</i>	4	MO
<i>paroxetine hydrochloride susp 10mg/5ml</i>	2	PA (PAROXETINE SUSPENSION, new starts only) MO
<i>paroxetine hydrochloride tabs 10mg</i>	4	MO
<i>paroxetine hydrochloride tabs 20mg</i>	4	MO
<i>paroxetine hydrochloride tabs 30mg</i>	4	MO
<i>paroxetine hydrochloride tabs 40mg</i>	4	MO
<i>paroxetine caps 7.5mg</i>	4	QL (1 EA per 1 days) MO
PERPHENAZINE/AMITRIPTYLINE TABS 10MG; 2MG	4	MO
PERPHENAZINE/AMITRIPTYLINE TABS 10MG; 4MG	4	MO
PERPHENAZINE/AMITRIPTYLINE TABS 25MG; 2MG	4	MO
PERPHENAZINE/AMITRIPTYLINE TABS 25MG; 4MG	4	MO
PERPHENAZINE/AMITRIPTYLINE TABS 50MG; 4MG	4	MO
<i>perphenazine tabs 16mg</i>	4	MO
<i>perphenazine tabs 2mg</i>	4	MO
<i>perphenazine tabs 4mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine tabs 8mg</i>	4	MO
PHENELZINE SULFATE TABS 15MG	4	MO
PIMOZIDE TABS 1MG	4	MO
PIMOZIDE TABS 2MG	4	MO
<i>prochlorperazine edisylate inj 10mg/2ml</i>	4	
<i>prochlorperazine maleate tabs 10mg</i>	4	MO
<i>prochlorperazine maleate tabs 5mg</i>	4	MO
<i>prochlorperazine supp 25mg</i>	4	
<i>protriptyline hcl tabs 10mg</i>	2	MO
<i>protriptyline hcl tabs 5mg</i>	2	MO
<i>quetiapine fumarate er tb24 150mg</i>	2	MO
<i>quetiapine fumarate er tb24 200mg</i>	2	MO
<i>quetiapine fumarate er tb24 300mg</i>	2	MO
<i>quetiapine fumarate er tb24 400mg</i>	2	MO
<i>quetiapine fumarate er tb24 50mg</i>	2	MO
<i>quetiapine fumarate tabs 100mg</i>	1	MO
<i>quetiapine fumarate tabs 150mg</i>	1	MO
<i>quetiapine fumarate tabs 200mg</i>	1	MO
<i>quetiapine fumarate tabs 25mg</i>	1	MO
<i>quetiapine fumarate tabs 300mg</i>	1	MO
<i>quetiapine fumarate tabs 400mg</i>	1	MO
<i>quetiapine fumarate tabs 50mg</i>	1	MO
RALDESY SOLN 10MG/ML	5	QL (40 ML per 1 days) PA (RALDESY, new starts only)
REXULTI TABS 0.25MG	5	QL (1 EA per 1 days) MO
REXULTI TABS 0.5MG	5	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
REXULTI TABS 1MG	5	QL (1 EA per 1 days) MO
REXULTI TABS 2MG	5	QL (1 EA per 1 days) MO
REXULTI TABS 3MG	5	QL (1 EA per 1 days) MO
REXULTI TABS 4MG	5	QL (1 EA per 1 days) MO
<i>risperidone er inj 12.5mg</i>	4	
<i>risperidone er inj 25mg</i>	4	
<i>risperidone er inj 37.5mg</i>	5	
<i>risperidone er inj 50mg</i>	5	
<i>risperidone odt tbdp 0.25mg</i>	2	MO
<i>risperidone odt tbdp 0.5mg</i>	2	MO
<i>risperidone odt tbdp 1mg</i>	2	MO
<i>risperidone odt tbdp 2mg</i>	2	MO
<i>risperidone odt tbdp 3mg</i>	2	MO
<i>risperidone odt tbdp 4mg</i>	2	MO
<i>risperidone soln 1mg/ml</i>	2	MO
<i>risperidone tabs 0.25mg</i>	1	MO
<i>risperidone tabs 0.5mg</i>	1	MO
<i>risperidone tabs 1mg</i>	1	MO
<i>risperidone tabs 2mg</i>	1	MO
<i>risperidone tabs 3mg</i>	1	MO
<i>risperidone tabs 4mg</i>	1	MO
SECUADO PT24 3.8MG/24HR	5	QL (1 EA per 1 days) PA (SECUADO, new starts only)

Drug Name	Drug Tier	Requirements/Limits
SECUADO PT24 5.7MG/24HR	5	QL (1 EA per 1 days) PA (SECUADO, new starts only)
SECUADO PT24 7.6MG/24HR	5	QL (1 EA per 1 days) PA (SECUADO, new starts only)
<i>sertraline hcl conc 20mg/ml</i>	4	MO
<i>sertraline hcl tabs 50mg</i>	1	MO
<i>sertraline hydrochloride conc 20mg/ml</i>	4	MO
<i>sertraline hydrochloride tabs 100mg</i>	1	MO
<i>sertraline hydrochloride tabs 25mg</i>	1	MO
<i>sertraline hydrochloride tabs 50mg</i>	1	MO
SPRAVATO 56MG DOSE SOPK 0	5	PA (SPRAVATO, new starts only)
SPRAVATO 84MG DOSE SOPK 0	5	PA (SPRAVATO, new starts only)
<i>thioridazine hydrochloride tabs 100mg</i>	2	MO
<i>thioridazine hydrochloride tabs 10mg</i>	2	MO
<i>thioridazine hydrochloride tabs 25mg</i>	2	MO
<i>thioridazine hydrochloride tabs 50mg</i>	2	MO
<i>thiothixene caps 10mg</i>	2	MO
<i>thiothixene caps 1mg</i>	2	MO
<i>thiothixene caps 2mg</i>	2	MO
<i>thiothixene caps 5mg</i>	2	MO
<i>tranylcypramine sulfate tabs 10mg</i>	1	MO
<i>trazodone hydrochloride tabs 100mg</i>	1	MO
<i>trazodone hydrochloride tabs 150mg</i>	1	MO
<i>trazodone hydrochloride tabs 300mg</i>	1	MO
<i>trazodone hydrochloride tabs 50mg</i>	1	MO
<i>trifluoperazine hcl tabs 10mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tabs 1mg</i>	2	MO
<i>trifluoperazine hcl tabs 2mg</i>	2	MO
<i>trifluoperazine hcl tabs 5mg</i>	2	MO
<i>trifluoperazine hydrochloride tabs 10mg</i>	2	MO
<i>trifluoperazine hydrochloride tabs 1mg</i>	2	MO
<i>trifluoperazine hydrochloride tabs 2mg</i>	2	MO
<i>trifluoperazine hydrochloride tabs 5mg</i>	2	MO
<i>trimipramine maleate caps 100mg</i>	2	MO
<i>trimipramine maleate caps 25mg</i>	2	MO
<i>trimipramine maleate caps 50mg</i>	2	MO
TRINTELLIX TABS 10MG	4	QL (1 EA per 1 days) PA (TRINTELLIX, new starts only) MO
TRINTELLIX TABS 20MG	4	QL (1 EA per 1 days) PA (TRINTELLIX, new starts only) MO
TRINTELLIX TABS 5MG	4	QL (1 EA per 1 days) PA (TRINTELLIX, new starts only) MO
UZEDY INJ 100MG/0.28ML	5	QL (0.28 ML per 30 days) PA (UZEDY, new starts only)
UZEDY INJ 125MG/0.35ML	5	QL (0.35 ML per 30 days) PA (UZEDY, new starts only)
UZEDY INJ 150MG/0.42ML	5	QL (0.42 ML per 56 days) PA (UZEDY, new starts only)

Drug Name	Drug Tier	Requirements/Limits
UZEDY INJ 200MG/0.56ML	5	QL (0.56 ML per 56 days) PA (UZEDY, new starts only)
UZEDY INJ 250MG/0.7ML	5	QL (0.7 ML per 56 days) PA (UZEDY, new starts only)
UZEDY INJ 50MG/0.14ML	5	QL (0.14 ML per 30 days) PA (UZEDY, new starts only)
UZEDY INJ 75MG/0.21ML	5	QL (0.21 ML per 30 days) PA (UZEDY, new starts only)
VENLAFAXINE BESYLATE ER TB24 112.5MG	4	QL (1 EA per 1 days) MO
<i>venlafaxine hydrochloride er cp24 150mg</i>	1	MO
<i>venlafaxine hydrochloride er cp24 37.5mg</i>	1	MO
<i>venlafaxine hydrochloride er cp24 75mg</i>	1	MO
<i>venlafaxine hydrochloride er tb24 225mg</i>	4	QL (1 EA per 1 days) MO
<i>venlafaxine hydrochloride tabs 100mg</i>	1	MO
<i>venlafaxine hydrochloride tabs 25mg</i>	1	MO
<i>venlafaxine hydrochloride tabs 37.5mg</i>	1	MO
<i>venlafaxine hydrochloride tabs 50mg</i>	1	MO
<i>venlafaxine hydrochloride tabs 75mg</i>	1	MO
VERSACLOZ SUSP 50MG/ML	5	PA (VERSACLOZ, new starts only)

Drug Name	Drug Tier	Requirements/Limits
<i>vilazodone hydrochloride tabs 10mg</i>	4	QL (1 EA per 1 days) PA (VIIBRYD, new starts only) MO
<i>vilazodone hydrochloride tabs 20mg</i>	4	QL (1 EA per 1 days) PA (VIIBRYD, new starts only) MO
<i>vilazodone hydrochloride tabs 40mg</i>	4	QL (1 EA per 1 days) PA (VIIBRYD, new starts only) MO
VRAYLAR CAPS 0.5MG	5	QL (1 EA per 1 days) MO
VRAYLAR CAPS 0.75MG	5	QL (1 EA per 1 days) MO
VRAYLAR CAPS 1.5MG	5	QL (1 EA per 1 days) MO
VRAYLAR CAPS 3MG	5	QL (1 EA per 1 days) MO
VRAYLAR CAPS 4.5MG	5	QL (1 EA per 1 days) MO
VRAYLAR CAPS 6MG	5	QL (1 EA per 1 days) MO
<i>ziprasidone hcl caps 20mg</i>	1	MO
<i>ziprasidone hcl caps 40mg</i>	1	MO
<i>ziprasidone hcl caps 60mg</i>	1	MO
<i>ziprasidone hcl caps 80mg</i>	1	MO
<i>ziprasidone mesylate inj 20mg</i>	2	
ZURZUVAE CAPS 20MG	5	QL (2 EA per 1 days) PA (ZURZUVAE, new starts only) MO

Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE CAPS 25MG	5	QL (2 EA per 1 days) PA (ZURZUVAE, new starts only) MO
ZURZUVAE CAPS 30MG	5	QL (1 EA per 1 days) PA (ZURZUVAE, new starts only) MO
ZYPREXA RELPREVV INJ 210MG	4	PA (ZYPREXA RELPREVV, new starts only)
ZYPREXA RELPREVV INJ 300MG	5	PA (ZYPREXA RELPREVV, new starts only)
ZYPREXA RELPREVV INJ 405MG	5	PA (ZYPREXA RELPREVV, new starts only)
<i>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</i>		
AUSTEDO TABS 12MG	5	QL (4 EA per 1 days) PA (AUSTEDO) MO
AUSTEDO TABS 6MG	5	QL (2 EA per 1 days) PA (AUSTEDO) MO
AUSTEDO TABS 9MG	5	QL (4 EA per 1 days) PA (AUSTEDO) MO
INGREZZA CAPS 40MG	5	QL (1 EA per 1 days) PA (INGREZZA) MO
INGREZZA CAPS 60MG	5	QL (1 EA per 1 days) PA (INGREZZA) MO
INGREZZA CAPS 80MG	5	QL (1 EA per 1 days) PA (INGREZZA) MO

Drug Name	Drug Tier	Requirements/Limits
INGREZZA CPPK 0	5	QL (28 EA per 180 days) PA (INGREZZA) MO
INGREZZA CPSP 40MG	5	QL (1 EA per 1 days) PA (INGREZZA)
INGREZZA CPSP 60MG	5	QL (1 EA per 1 days) PA (INGREZZA)
INGREZZA CPSP 80MG	5	QL (1 EA per 1 days) PA (INGREZZA)
<i>tetrabenazine tabs 12.5mg</i>	4	QL (8 EA per 1 days) PA (TETRABENAZINE) MO
<i>tetrabenazine tabs 25mg</i>	5	QL (4 EA per 1 days) PA (TETRABENAZINE) MO
Dental Agents		
<i>Dental Agents</i>		
<i>fraiche 5000 dental gel 1.1%</i>	2	
<i>sodium fluoride 5000 ppm pste 1.1%</i>	2	
<i>Nutritional supplement</i>		
<i>dentagel gel 1.1%</i>	2	
<i>fluoride chew 1mg</i>	2	
PREVIDENT 5000 DRY MOUTH GEL 1.1%	3	
PREVIDENT FLUORIDE GEL 1.1%	3	
<i>sf 5000 plus crea 1.1%</i>	2	
<i>sf gel 1.1%</i>	2	
<i>sodium fluoride 5000 plus crea 1.1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride 5000 ppm dry mouth gel 1.1%</i>	2	
<i>sodium fluoride 5000 ppm crea 1.1%</i>	2	
<i>sodium fluoride chew 1mg</i>	2	MO
<i>sodium fluoride crea 1.1%</i>	2	
<i>sodium fluoride gel 1.1%</i>	2	
Devices		
<i>Devices</i>		
ALCOHOL PREP PADS PADS 70%	3	PA (INSULIN ADMINISTRATION SUPPLIES)
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	3	QL (200 EA per 30 days) PA (INSULIN ADMINISTRATION SUPPLIES)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	3	QL (200 EA per 30 days) PA (INSULIN ADMINISTRATION SUPPLIES)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	3	QL (200 EA per 30 days) PA (INSULIN ADMINISTRATION SUPPLIES)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	3	QL (200 EA per 30 days) PA (INSULIN ADMINISTRATION SUPPLIES)

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	3	QL (200 EA per 30 days) PA (INSULIN ADMINISTRATION SUPPLIES)
CURITY GAUZE PADS 2"X2" 12 PLY PADS	3	PA (INSULIN ADMINISTRATION SUPPLIES)
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	3	QL (3 EA per 365 days) PA (OMNIPOD)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISC	3	QL (10 EA per 30 days) PA (OMNIPOD)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISC	3	QL (10 EA per 30 days) PA (OMNIPOD)
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	3	QL (3 EA per 365 days) PA (OMNIPOD)
OMNIPOD 5 G7 PODS (GEN 5) MISC	3	QL (10 EA per 30 days) PA (OMNIPOD)
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5 KIT	3	QL (3 EA per 365 days) PA (OMNIPOD)
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	3	QL (10 EA per 30 days) PA (OMNIPOD)
OMNIPOD CLASSIC PODS (GEN 3) MISC	3	QL (10 EA per 30 days) PA (OMNIPOD)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	QL (3 EA per 365 days) PA (OMNIPOD)
OMNIPOD DASH PDM KIT (GEN 4) KIT	3	QL (3 EA per 365 days) PA (OMNIPOD)
OMNIPOD DASH PODS (GEN 4) MISC	3	QL (10 EA per 30 days) PA (OMNIPOD)
Diagnostic Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>Pheochromocytoma</i>		
<i>metirosine caps 250mg</i>	5	PA (METYROSINE)
Electrolytic, Caloric, and Water Balance		
<i>Alkalinizing Agents</i>		
<i>potassium citrate er tbc 1080mg</i>	2	
<i>potassium citrate er tbc 15meq</i>	2	
<i>potassium citrate er tbc 540mg</i>	2	
<i>sodium bicarbonate inj 4.2%</i>	2	
<i>sodium bicarbonate inj 7.5%</i>	2	
<i>sodium bicarbonate inj 8.4%</i>	2	
<i>Ammonia Detoxicants</i>		
<i>carglumic acid tbc 200mg</i>	5	PA (CARBAGLU) LA MO
<i>constulose soln 10gm/15ml</i>	2	MO
<i>enulose soln 10gm/15ml</i>	2	MO
<i>generlac soln 10gm/15ml</i>	2	MO
<i>glycerol phenylbutyrate liqd 1.1gm/ml</i>	5	PA (GLYCEROL PHENYL BUTYRATE) MO
<i>lactulose soln 10gm/15ml</i>	2	MO
<i>lactulose soln 10gm/15ml</i>	2	MO
<i>sodium phenylbutyrate powd 3gm/tsp</i>	5	PA (SODIUM PHENYL BUTYRATE) MO
<i>sodium phenylbutyrate tabs 500mg</i>	5	PA (SODIUM PHENYL BUTYRATE) MO
<i>Caloric Agents</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>aminosyn ii inj 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 405mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 750mg/100ml</i>	2	B/D
AMINOSYN II INJ 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	3	B/D
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	B/D
CLINIMIX 4.25%/DEXTROSE 10% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/DEXTROSE 15% INJ 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX 5%/DEXTROSE 20% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 2.75%/DEXTROSE 5% INJ 570MG/100ML; 316MG/100ML; 33MG/100ML; 5GM/100ML; 515MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 4.25%/DEXTROSE 5% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX E 5%/DEXTROSE 15% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/DEXTROSE 20% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
<i>clinisol sf 15% inj 151meq/l;</i> <i>2170mg/100ml; 1470mg/100ml;</i> <i>434mg/100ml; 749mg/100ml;</i> <i>1040mg/100ml; 894mg/100ml;</i> <i>749mg/100ml; 1040mg/100ml;</i> <i>1180mg/100ml; 749mg/100ml;</i> <i>1040mg/100ml; 894mg/100ml;</i> <i>592mg/100ml; 749mg/100ml;</i> <i>250mg/100ml; 39mg/100ml;</i> <i>960mg/100ml</i>	2	B/D
CLINOLIPID INJ 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	5	B/D
DEXTROSE 10% INJ 10%	4	
DEXTROSE 25% INJ 250MG/ML	4	
DEXTROSE 30% INJ 30%	4	
<i>dextrose 5% inj 5%</i>	2	
DEXTROSE 50% INJ 50%	4	

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 70% INJ 70%	4	
DEXTROSE INJ 40%	4	
DOJOLVI LIQD 100%	5	PA (DOJOLVI)
GLUCOSE (DEXTROSE) 50% INJ 50%	4	
GLUCOSE (DEXTROSE) 70% INJ 70%	4	
INTRALIPID INJ 20GM/100ML	3	B/D
NUTRILIPID INJ 20GM/100ML	3	B/D
<i>plenamine inj 147.4meq/l; 2.17gm/100ml; 1.47gm/100ml; 434mg/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 749mg/100ml; 1.04gm/100ml; 1.18gm/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	2	B/D
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
PROSOL INJ 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	3	B/D
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
Diuretics		

Drug Name	Drug Tier	Requirements/Limits
AMILORIDE/HYDROCHLOROTHIAZIDE TABS 5MG; 50MG	4	MO
<i>tolvaptan tabs 15mg</i>	5	QL (4 EA per 1 days) PA (TOLVAPTAN)
<i>tolvaptan tabs 30mg</i>	5	QL (4 EA per 1 days) PA (TOLVAPTAN)
<i>tolvaptan tbpk 0</i>	5	QL (2 EA per 1 days) PA (TOLVAPTAN)
<i>tolvaptan tbpk 0</i>	5	QL (2 EA per 1 days) PA (TOLVAPTAN)
<i>tolvaptan tbpk 0</i>	5	QL (2 EA per 1 days) PA (TOLVAPTAN)
<i>tolvaptan tbpk 0</i>	5	QL (2 EA per 1 days) PA (TOLVAPTAN)
<i>tolvaptan tbpk 15mg</i>	5	QL (2 EA per 1 days) PA (TOLVAPTAN) MO
<i>torseamide tabs 100mg</i>	1	MO
<i>torseamide tabs 10mg</i>	1	MO
<i>torseamide tabs 20mg</i>	1	MO
<i>torseamide tabs 5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tabs 50mg; 75mg</i>	1	MO
<i>Ion-removing Agents</i>		
FOSRENOL PACK 1000MG	5	PA (LANTHANUM) MO

Drug Name	Drug Tier	Requirements/Limits
FOSRENOL PACK 750MG	5	PA (LANTHANUM) MO
<i>kionex susp 15gm/60ml</i>	2	
<i>lanthanum carbonate chew 1000mg</i>	5	PA (LANTHANUM) MO
<i>lanthanum carbonate chew 500mg</i>	5	PA (LANTHANUM) MO
<i>lanthanum carbonate chew 750mg</i>	5	PA (LANTHANUM) MO
LOKELMA PACK 10GM	4	QL (3 EA per 1 days) PA (POTASSIUM BINDERS) MO
LOKELMA PACK 5GM	4	QL (3 EA per 1 days) PA (POTASSIUM BINDERS) MO
<i>sodium polystyrene sulfonate powd 0</i>	2	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	2	
<i>sps susp 15gm/60ml</i>	2	
SPS SUSP 15GM/60ML	4	
VELTASSA PACK 16.8GM	4	QL (1 EA per 1 days) PA (POTASSIUM BINDERS)
VELTASSA PACK 1GM	4	QL (4 EA per 1 days) PA (POTASSIUM BINDERS)
VELTASSA PACK 25.2GM	4	QL (1 EA per 1 days) PA (POTASSIUM BINDERS)

Drug Name	Drug Tier	Requirements/Limits
VELTASSA PACK 8.4GM	4	QL (1 EA per 1 days) PA (POTASSIUM BINDERS)
<i>Irrigating Solutions</i>		
<i>argyle sterile water 100ml soln 0</i>	2	
RINGERS IRRIGATION SOLN 4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	4	
<i>sodium chloride 0.9% soln 0.9%</i>	2	
<i>sterile water for irrigation soln 0</i>	2	
<i>tis-u-sol soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	2	
<i>Replacement Preparations</i>		
<i>calcium acetate caps 667mg</i>	2	MO
<i>calcium acetate tabs 667mg</i>	2	MO
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX INJ 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
DEXTROSE 10%/SODIUM CHLORIDE 0.2% INJ 10%; 0.2%	4	
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJ 10%; 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJ 2.5%; 0.45%	4	
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	2	
DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJ 5%; 0.2%	4	

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 5%/SODIUM CHLORIDE 0.33% INJ 5%; 0.33%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.45% INJ 5%; 0.45%	4	
<i>dextrose 5%/sodium chloride 0.9% inj 5%; 0.9%</i>	2	
<i>dextrose/sodium chloride inj 5%; 0.225%</i>	2	
ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
ISOLYTE-S PH 7.4 INJ 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	4	
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	2	
<i>klor-con 10 tbc 10meq</i>	1	MO
<i>klor-con 8 tbc 8meq</i>	1	MO
<i>klor-con m10 tbc 10meq</i>	1	MO
<i>klor-con m15 tbc 15meq</i>	1	MO
<i>klor-con m20 tbc 20meq</i>	1	MO
<i>klor-con pack 20meq</i>	2	
LACTATED RINGERS INJ 3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	4	
MULTIPLE ELECTROLYTES INJECTION TYPE 1 INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
MULTIPLE ELECTROLYTES INJECTION TYPE 1 INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
NORMOSOL -R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
NORMOSOL-M/D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	3	
NORMOSOL-R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride cr tbc 10meq</i>	1	MO
<i>potassium chloride er cpcr 10meq</i>	1	MO
<i>potassium chloride er cpcr 8meq</i>	1	MO
<i>potassium chloride er tbc 10meq</i>	1	MO
<i>potassium chloride er tbc 10meq</i>	1	MO
<i>potassium chloride er tbc 15meq</i>	1	
<i>potassium chloride er tbc 15meq</i>	1	MO
<i>potassium chloride er tbc 20meq</i>	1	MO
<i>potassium chloride er tbc 20meq</i>	1	MO
<i>potassium chloride er tbc 8meq</i>	1	MO
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	4	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.225%</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.45%</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.9%</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 30meq/l; 0.45%</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 40meq/l; 0.45%</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 40meq/l; 0.9%</i>	2	
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	2	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	2	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	2	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	2	
<i>potassium chloride/sodium chloride inj 40meq/l; 0.9%</i>	2	
<i>potassium chloride/sodium chloride inj 40meq/l; 0.9%</i>	2	
POTASSIUM CHLORIDE INJ 10MEQ/100ML	4	
POTASSIUM CHLORIDE INJ 20MEQ/100ML	4	
<i>potassium chloride inj 2meq/ml</i>	2	
<i>potassium chloride inj 2meq/ml</i>	2	
POTASSIUM CHLORIDE INJ 40MEQ/100ML	4	
<i>potassium chloride pack 20meq</i>	2	
<i>potassium chloride soln 10%</i>	2	
<i>potassium chloride soln 20%</i>	2	
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	2	
<i>sodium chloride 0.45% inj 0.45%</i>	2	
<i>sodium chloride inj 0.45%</i>	2	
<i>sodium chloride inj 0.9%</i>	2	
<i>sodium chloride inj 0.9%</i>	2	
<i>sodium chloride inj 2.5meq/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride inj 3%</i>	2	
<i>sodium chloride inj 5%</i>	2	
TPN ELECTROLYTES INJ 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	4	
<i>Uricosuric Agents</i>		
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	2	MO
<i>probenecid tabs 500mg</i>	1	MO
Enzymes		
<i>Enzyme Cofactors/Chaperones</i>		
GALAFOLD CAPS 123MG	5	QL (0.5 EA per 1 days) PA (GALAFOLD) MO
MIPLYFFA CAPS 124MG	5	QL (3 EA per 1 days) PA (MIPLYFFA)
MIPLYFFA CAPS 47MG	5	QL (3 EA per 1 days) PA (MIPLYFFA)
MIPLYFFA CAPS 62MG	5	QL (3 EA per 1 days) PA (MIPLYFFA)
MIPLYFFA CAPS 93MG	5	QL (3 EA per 1 days) PA (MIPLYFFA)
<i>sapropterin dihydrochloride pack 100mg</i>	5	PA (SAPROPTERIN) MO
<i>sapropterin dihydrochloride pack 500mg</i>	5	PA (SAPROPTERIN) MO
<i>sapropterin dihydrochloride tabs 100mg</i>	5	PA (SAPROPTERIN) MO
SEPHIENCE PACK 1000MG	5	PA (SEPHIENCE)
SEPHIENCE PACK 250MG	5	PA (SEPHIENCE)

Drug Name	Drug Tier	Requirements/Limits
<i>zelvysia pack 100mg</i>	5	PA (SAPROPTERIN)
<i>zelvysia pack 500mg</i>	5	PA (SAPROPTERIN)
Enzyme Inhibitors		
CERDELGA CAPS 84MG	5	QL (2 EA per 1 days) PA (CERDELGA) MO
<i>miglustat caps 100mg</i>	5	PA (ZAVESCA) LA MO
<i>nitisinone caps 10mg</i>	5	PA (ORFADIN) MO
<i>nitisinone caps 20mg</i>	5	PA (ORFADIN) MO
<i>nitisinone caps 2mg</i>	5	PA (ORFADIN) MO
<i>nitisinone caps 5mg</i>	5	PA (ORFADIN) MO
NITYR TABS 10MG	5	PA (NITYR) LA
NITYR TABS 2MG	5	PA (NITYR) LA
NITYR TABS 5MG	5	PA (NITYR) LA
OPFOLDA CAPS 65MG	5	QL (8 EA per 28 days) PA (OPFOLDA)
ORFADIN SUSP 4MG/ML	5	PA (ORFADIN) MO
<i>yargesa caps 100mg</i>	5	PA (ZAVESCA) MO
ZOKINVY CAPS 50MG	5	PA (ZOKINVY)
ZOKINVY CAPS 75MG	5	PA (ZOKINVY)
Enzymes		
ALDURAZYME INJ 2.9MG/5ML	5	PA (ALDURAZYME) LA
CEREZYME INJ 400UNIT	5	PA (CEREZYME)
ELAPRASE INJ 6MG/3ML	5	PA (ELAPRASE) LA
FABRAZYME INJ 35MG	5	PA (FABRAZYME) LA
FABRAZYME INJ 5MG	5	PA (FABRAZYME) LA
LUMIZYME INJ 50MG	5	PA (LUMIZYME) LA
NAGLAZYME INJ 1MG/ML	5	PA (NAGLAZYME) LA

Drug Name	Drug Tier	Requirements/Limits
PALYNZIQ INJ 10MG/0.5ML	5	QL (1 ML per 1 days) PA (PALYNZIQ) MO
PALYNZIQ INJ 2.5MG/0.5ML	5	QL (1 ML per 1 days) PA (PALYNZIQ) MO
PALYNZIQ INJ 20MG/ML	5	QL (2 ML per 1 days) PA (PALYNZIQ) MO
REVCOVI INJ 2.4MG/1.5ML	5	PA (REVCOVI)
STRENSIQ INJ 18MG/0.45ML	5	PA (STRENSIQ) MO
STRENSIQ INJ 28MG/0.7ML	5	PA (STRENSIQ) MO
STRENSIQ INJ 40MG/ML	5	PA (STRENSIQ) MO
STRENSIQ INJ 80MG/0.8ML	5	PA (STRENSIQ) MO
SUCRAID SOLN 8500UNIT/ML	5	PA (SUCRAID) LA MO
VPRIV INJ 400UNIT	5	PA (VPRIV)
Eye, Ear, Nose & Throat Preparations		
<i>Anti-infectives</i>		
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</i>	1	
BACITRACIN OINT 500UNIT/GM	4	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
<i>ciprofloxacin soln 0.2%</i>	2	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin soln 0.5%</i>	2	
<i>gentamicin sulfate soln 0.3%</i>	2	
<i>moxifloxacin hydrochloride soln 0.5%</i>	2	
NATACYN SUSP 5%	4	
<i>neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin/bacitracin oint</i> 400unit/gm; 5mg/gm; 10000unit/gm	4	
NEOMYCIN/POLYMYXIN/GRAMICIDI DIN SOLN 0.025MG/ML; 1.75MG/ML; 10000UNIT/ML	4	
<i>ofloxacin soln 0.3%</i>	1	
<i>ofloxacin soln 0.3%</i>	2	
<i>periogard soln 0.12%</i>	1	
<i>polycin oint 500unit/gm; 10000unit/gm</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i> <i>soln 10000unit/ml; 0.1%</i>	1	
SULFACETAMIDE SODIUM OINT 10%	4	
<i>sulfacetamide sodium soln 10%</i>	2	
<i>tobramycin soln 0.3%</i>	1	
TRIFLURIDINE SOLN 1%	4	
XDEMVY SOLN 0.25%	5	QL (10 ML per 30 days) PA (XDEMVY)
ZIRGAN GEL 0.15%	4	
<i>Anti-inflammatory Agents</i>		
CEQUA SOLN 0.09%	3	QL (2 EA per 1 days)
<i>ciprofloxacin/dexamethasone susp</i> <i>0.3%; 0.1%</i>	4	
<i>cyclosporine emul 0.05%</i>	2	QL (60 EA per 30 days) MO
DEXAMETHASONE SODIUM PHOSPHATE SOLN 0.1%	4	
<i>diclofenac sodium soln 0.1%</i>	2	
<i>difluprednate emul 0.05%</i>	4	ST (DIFLUPREDNATE #2)

Drug Name	Drug Tier	Requirements/Limits
<i>flac oil 0.01%</i>	2	
<i>flunisolide soln 0.025%</i>	2	
<i>fluocinolone acetonide ear drops oil 0.01%</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>fluorometholone susp 0.1%</i>	4	
FLURBIPROFEN SODIUM SOLN 0.03%	4	
<i>fluticasone propionate susp 50mcg/act</i>	1	
FML FORTE SUSP 0.25%	4	
<i>hydrocortisone/acetic acid soln 2%; 1%</i>	4	
<i>ketorolac tromethamine soln 0.4%</i>	2	
<i>ketorolac tromethamine soln 0.5%</i>	2	
MAXIDEX SUSP 0.1%	4	
<i>neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>neomycin/polymyxin/hydrocortisone soln 1%; 3.5mg/ml; 10000unit/ml</i>	4	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP 1%; 3.5MG/ML; 10000UNIT/ML	4	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	
OXERVATE SOLN 0.002%	5	QL (1 ML per 1 days) PA (OXERVATE)
PRED MILD SUSP 0.12%	4	
<i>prednisolone acetate susp 1%</i>	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN 1%	4	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE SOLN 0.23%; 10%	4	
TOBRADEX ST SUSP 0.05%; 0.3%	4	
TOBRADEX OINT 0.1%; 0.3%	4	
<i>tobramycin/dexamethasone susp 0.1%; 0.3%</i>	2	
VERKAZIA EMUL 0.1%	5	QL (4 EA per 1 days) PA (VERKAZIA)
XIIDRA SOLN 5%	3	QL (2 EA per 1 days)
<i>Antiallergic Agents</i>		
<i>azelastine hcl soln 0.05%</i>	2	
<i>azelastine hydrochloride soln 0.1%</i>	2	QL (60 ML per 30 days)
<i>azelastine hydrochloride soln 0.05%</i>	2	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl soln 0.05%</i>	4	
<i>Antiglaucoma Agents</i>		
<i>acetazolamide er cp12 500mg</i>	2	MO
<i>acetazolamide tabs 125mg</i>	2	MO
<i>acetazolamide tabs 250mg</i>	2	MO
APRACLONIDINE SOLN 0.5%	4	
BETAXOLOL HCL SOLN 0.5%	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate soln 0.15%</i>	4	MO
<i>brimonidine tartrate soln 0.2%</i>	4	MO
<i>brinzolamide susp 1%</i>	4	MO
CARTEOLOL HCL SOLN 1%	4	MO
<i>dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml</i>	2	MO
<i>dorzolamide hydrochloride soln 2%</i>	2	MO
IOPIDINE SOLN 1%	4	
<i>latanoprost soln 0.005%</i>	1	MO
LEVOBUNOLOL HCL SOLN 0.5%	4	MO
LUMIGAN SOLN 0.01%	3	ST (BIMATOPROST #2) MO
<i>pilocarpine hcl soln 1%</i>	4	MO
<i>pilocarpine hcl soln 2%</i>	4	MO
<i>pilocarpine hcl soln 4%</i>	4	MO
<i>pilocarpine hydrochloride soln 1%</i>	4	MO
<i>pilocarpine hydrochloride soln 1.25%</i>	2	QL (0.09 ML per 1 days)
<i>pilocarpine hydrochloride soln 2%</i>	4	MO
<i>pilocarpine hydrochloride soln 4%</i>	4	MO
RHOPRESSA SOLN 0.02%	3	ST (RHOPRESSA #2) MO
ROCKLATAN SOLN 0.005%; 0.02%	3	QL (5 ML per 28 days) ST (ROCKLATAN #2) MO
<i>timolol maleate ophthalmic gel forming solg 0.25%</i>	2	MO
<i>timolol maleate ophthalmic gel forming solg 0.5%</i>	4	MO
<i>timolol maleate soln 0.25%</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate soln 0.5%</i>	1	MO
<i>travoprost soln 0.004%</i>	4	ST (TRAVOPROST #2) MO
<i>EENT Drugs, Miscellaneous</i>		
<i>acetic acid soln 2%</i>	1	
TYRVAYA SOLN 0.03MG/ACT	4	QL (8.4 ML per 30 days) ST (TYRVAYA #2)
<i>Local Anesthetics</i>		
<i>lidocaine hydrochloride viscous soln 2%</i>	2	
<i>lidocaine viscous soln 2%</i>	2	
<i>proparacaine hcl soln 0.5%</i>	2	
<i>proparacaine hydrochloride soln 0.5%</i>	2	
<i>Macular Degeneration Agents</i>		
CYSTADROPS SOLN 0.37%	5	QL (20 ML per 28 days) PA (CYSTEAMINE) MO
CYSTARAN SOLN 0.44%	5	PA (CYSTEAMINE) MO
<i>Mydriatics</i>		
<i>atropine sulfate soln 1%</i>	2	MO
<i>cyclopentolate hcl soln 1%</i>	2	
<i>cyclopentolate hydrochloride soln 1%</i>	2	
Eye, Ear, Nose + Throat Preparations		
<i>Anti-infectives</i>		
<i>levofloxacin soln 0.5%</i>	2	
<i>Antiallergic Agents</i>		
<i>azelastine hcl soln 0.15%</i>	2	QL (60 ML per 30 days)
<i>azelastine hydrochloride soln 0.15%</i>	2	QL (60 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Drugs		
<i>Anti-inflammatory Agents</i>		
<i>alose tron hydrochloride tabs 0.5mg</i>	2	PA (ALOSETRON) MO
<i>alose tron hydrochloride tabs 1mg</i>	5	PA (ALOSETRON) MO
<i>balsalazide disodium caps 750mg</i>	4	
DIPENTUM CAPS 250MG	5	MO
<i>mesalamine dr cpdr 400mg</i>	4	MO
<i>mesalamine dr tbec 1.2gm</i>	4	
<i>mesalamine dr tbec 800mg</i>	4	
<i>mesalamine er cpcr 500mg</i>	2	MO
<i>mesalamine enem 4gm</i>	4	
<i>mesalamine kit 4gm</i>	2	
<i>mesalamine supp 1000mg</i>	4	
<i>Antidiarrhea Agents</i>		
<i>diphenoxylate hydrochloride/atropine sulfate tabs 0.025mg; 2.5mg</i>	2	
DIPHENOXYLATE/ATROPINE LIQD 0.025MG/5ML; 2.5MG/5ML	4	
<i>loperamide hydrochloride caps 2mg</i>	2	
VIBERZI TABS 100MG	5	QL (2 EA per 1 days) PA (VIBERZI) MO
VIBERZI TABS 75MG	5	QL (2 EA per 1 days) PA (VIBERZI) MO
XERMELO TABS 250MG	5	QL (3 EA per 1 days) PA (XERMELO) MO
<i>Antiemetics</i>		
<i>aprepitant caps 125mg</i>	2	QL (2 EA per 30 days) PA (APREPITANT)

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant caps 40mg</i>	2	QL (1 EA per 30 days) PA (APREPITANT)
<i>aprepitant caps 80mg</i>	2	QL (4 EA per 30 days) PA (APREPITANT)
<i>aprepitant cppk 0</i>	2	QL (6 EA per 30 days) PA (APREPITANT)
EMEND SUSR 125MG/5ML	4	QL (2 EA per 30 days) PA (APREPITANT)
<i>granisetron hcl inj 1mg/ml</i>	2	PA (GRANISETRON)
<i>granisetron hydrochloride inj 1mg/ml</i>	2	PA (GRANISETRON)
<i>granisetron hydrochloride tabs 1mg</i>	2	QL (2 EA per 1 days) PA (GRANISETRON)
<i>meclizine hcl tabs 12.5mg</i>	4	
<i>meclizine hcl tabs 25mg</i>	4	
<i>meclizine hydrochloride tabs 12.5mg</i>	4	
<i>meclizine hydrochloride tabs 25mg</i>	4	
<i>ondansetron hcl soln 4mg/5ml</i>	2	
ONDANSETRON HCL TABS 24MG	4	
<i>ondansetron hydrochloride +rfid inj 4mg/2ml</i>	4	
<i>ondansetron hydrochloride +rfid inj 4mg/2ml</i>	2	
<i>ondansetron hydrochloride inj 40mg/20ml</i>	2	
<i>ondansetron hydrochloride inj 4mg/2ml</i>	2	
ONDANSETRON HYDROCHLORIDE INJ 4MG/2ML	4	
<i>ondansetron hydrochloride soln 4mg/5ml</i>	2	
<i>ondansetron hydrochloride tabs 4mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hydrochloride tabs 8mg</i>	1	
<i>ondansetron odt tbdp 4mg</i>	2	
<i>ondansetron odt tbdp 8mg</i>	2	
<i>Antiulcer Agents and Acid Suppressants</i>		
<i>cimetidine hydrochloride soln 300mg/5ml</i>	2	MO
<i>cimetidine tabs 200mg</i>	4	
<i>cimetidine tabs 300mg</i>	4	MO
<i>cimetidine tabs 400mg</i>	4	MO
<i>cimetidine tabs 800mg</i>	2	MO
<i>esomeprazole magnesium dr cpdr 20mg</i>	1	
<i>esomeprazole magnesium cpdr 20mg</i>	1	MO
<i>esomeprazole magnesium cpdr 40mg</i>	1	MO
<i>famotidine inj 200mg/20ml</i>	2	
<i>famotidine inj 20mg/2ml</i>	2	
<i>famotidine inj 40mg/4ml</i>	2	
<i>famotidine susr 40mg/5ml</i>	4	
<i>famotidine tabs 20mg</i>	1	MO
<i>famotidine tabs 40mg</i>	1	MO
<i>lansoprazole odt tbdd 15mg</i>	4	MO
<i>lansoprazole odt tbdd 30mg</i>	4	MO
<i>lansoprazole cpdr 15mg</i>	4	MO
<i>lansoprazole cpdr 30mg</i>	4	MO
<i>lansoprazole tbdd 15mg</i>	4	MO
<i>lansoprazole tbdd 30mg</i>	4	MO
<i>misoprostol tabs 100mcg</i>	2	MO
<i>misoprostol tabs 200mcg</i>	2	MO
<i>omeprazole dr cpdr 10mg</i>	1	MO
<i>omeprazole dr cpdr 40mg</i>	1	MO
<i>omeprazole cpdr 10mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cpdr 20mg</i>	1	MO
<i>omeprazole cpdr 40mg</i>	1	MO
<i>pantoprazole sodium inj 40mg</i>	2	
<i>pantoprazole sodium tbec 20mg</i>	1	MO
<i>pantoprazole sodium tbec 40mg</i>	1	MO
<i>rabeprazole sodium tbec 20mg</i>	1	MO
<i>sucralfate susp 1gm/10ml</i>	4	MO
<i>sucralfate tabs 1gm</i>	4	MO
<i>Cathartics and Laxatives</i>		
<i>gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	
<i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	4	
<i>Cholelitholytic Agents</i>		
CHENODAL TABS 250MG	5	PA (CHENODAL)
CHOLBAM CAPS 250MG	5	PA (CHOLBAM) MO

Drug Name	Drug Tier	Requirements/Limits
CHOLBAM CAPS 50MG	5	PA (CHOLBAM) MO
CTEXLI TABS 250MG	5	QL (3 EA per 1 days) PA (CTEXLI)
IQIRVO TABS 80MG	5	QL (1 EA per 1 days) PA (IQIRVO)
LIVDELZI CAPS 10MG	5	QL (1 EA per 1 days) PA (LIVDELZI)
LIVMARLI SOLN 9.5MG/ML	5	QL (3 ML per 1 days) PA (LIVMARLI)
LIVMARLI TABS 10MG	5	QL (2 EA per 1 days) PA (LIVMARLI)
LIVMARLI TABS 15MG	5	QL (2 EA per 1 days) PA (LIVMARLI)
LIVMARLI TABS 20MG	5	QL (2 EA per 1 days) PA (LIVMARLI)
LIVMARLI TABS 30MG	5	QL (1 EA per 1 days) PA (LIVMARLI)
OCALIVA TABS 10MG	5	QL (1 EA per 1 days) PA (OCALIVA) MO
OCALIVA TABS 5MG	5	QL (1 EA per 1 days) PA (OCALIVA) MO
<i>ursodiol caps 300mg</i>	4	MO
<i>ursodiol tabs 250mg</i>	1	MO
<i>ursodiol tabs 500mg</i>	1	MO
<i>Constipation Therapy</i>		
LINZESS CAPS 145MCG	3	QL (1 EA per 1 days) MO
LINZESS CAPS 290MCG	3	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
LINZESS CAPS 72MCG	3	QL (1 EA per 1 days) MO
<i>lubiprostone caps 24mcg</i>	4	QL (2 EA per 1 days) MO
<i>lubiprostone caps 8mcg</i>	4	QL (2 EA per 1 days) MO
MOVANTIK TABS 12.5MG	4	QL (1 EA per 1 days) PA (MOVANTIK) MO
MOVANTIK TABS 25MG	4	QL (1 EA per 1 days) PA (MOVANTIK) MO
RELISTOR INJ 12MG/0.6ML	5	PA (RELISTOR)
RELISTOR INJ 12MG/0.6ML	5	PA (RELISTOR)
RELISTOR INJ 8MG/0.4ML	5	PA (RELISTOR)
RELISTOR TABS 150MG	5	QL (3 EA per 1 days) PA (RELISTOR)
SYMPROIC TABS 0.2MG	4	QL (1 EA per 1 days) PA (SYMPROIC)
<i>Digestants</i>		
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT	3	MO
CREON CPEP 15000UNIT; 3000UNIT; 9500UNIT	3	MO
CREON CPEP 180000UNIT; 36000UNIT; 114000UNIT	3	MO
CREON CPEP 30000UNIT; 6000UNIT; 19000UNIT	3	MO
CREON CPEP 60000UNIT; 12000UNIT; 38000UNIT	3	MO
GATTEX INJ 5MG	5	PA (GATTEX) MO

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT	3	MO
ZENPEP CPEP 14000UNIT; 3000UNIT; 10000UNIT	3	MO
ZENPEP CPEP 168000UNIT; 40000UNIT; 126000UNIT	3	MO
ZENPEP CPEP 24000UNIT; 5000UNIT; 17000UNIT	3	MO
ZENPEP CPEP 252600UNIT; 60000UNIT; 189600UNIT	3	
ZENPEP CPEP 42000UNIT; 10000UNIT; 32000UNIT	3	
ZENPEP CPEP 63000UNIT; 15000UNIT; 47000UNIT	3	MO
ZENPEP CPEP 84000UNIT; 20000UNIT; 63000UNIT	3	MO
GI Drugs, Miscellaneous		
<i>dronabinol caps 10mg</i>	2	QL (4 EA per 1 days) PA (DRONABINOL)
<i>dronabinol caps 2.5mg</i>	4	QL (4 EA per 1 days) PA (DRONABINOL)
<i>dronabinol caps 5mg</i>	4	QL (4 EA per 1 days) PA (DRONABINOL)
LIVMARLI SOLN 19MG/ML	5	QL (2 ML per 1 days) PA (LIVMARLI)
<i>prucalopride tabs 1mg</i>	2	QL (1 EA per 1 days) PA (MOTEGRITY) MO
<i>prucalopride tabs 2mg</i>	2	QL (1 EA per 1 days) PA (MOTEGRITY) MO

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 180MG/1.2ML	5	QL (1.2 ML per 56 days) PA (SKYRIZI)
SKYRIZI INJ 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA (SKYRIZI) MO
SKYRIZI INJ 600MG/10ML	5	QL (60 ML per 180 days) PA (SKYRIZI)
VOWST CAPS 0	5	QL (4 EA per 1 days) PA (VOWST)
<i>Prokinetic Agents</i>		
<i>metoclopramide hcl soln 5mg/5ml</i>	2	
<i>metoclopramide hydrochloride +rfid inj 5mg/ml</i>	2	
<i>metoclopramide hydrochloride inj 5mg/ml</i>	2	
<i>metoclopramide hydrochloride soln 10mg/10ml</i>	2	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
<i>metoclopramide hydrochloride tabs 5mg</i>	1	
Gold Compounds		
<i>Gold Compounds</i>		
AURANOFIN CAPS 3MG	5	MO
RIDAURA CAPS 3MG	5	MO
Heavy Metal Antagonists		
<i>Heavy Metal Antagonists</i>		
CUVRIOR TABS 300MG	5	PA (CUVRIOR)
<i>deferasirox pack 180mg</i>	5	PA (IRON CHELATING AGENTS)

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox pack 360mg</i>	5	PA (IRON CHELATING AGENTS)
<i>deferasirox pack 90mg</i>	5	PA (IRON CHELATING AGENTS)
<i>deferasirox tabs 180mg</i>	2	PA (IRON CHELATING AGENTS) MO
<i>deferasirox tabs 360mg</i>	2	PA (IRON CHELATING AGENTS)
<i>deferasirox tabs 90mg</i>	2	PA (IRON CHELATING AGENTS)
<i>deferasirox tbso 125mg</i>	2	PA (IRON CHELATING AGENTS) MO
<i>deferasirox tbso 250mg</i>	5	PA (IRON CHELATING AGENTS) MO
<i>deferasirox tbso 500mg</i>	5	PA (IRON CHELATING AGENTS) MO
<i>deferiprone tabs 1000mg</i>	5	PA (IRON CHELATING AGENTS) MO
<i>deferiprone tabs 500mg</i>	5	PA (IRON CHELATING AGENTS) MO

Drug Name	Drug Tier	Requirements/Limits
FERRIPROX SOLN 100MG/ML	5	PA (IRON CHELATING AGENTS) MO
<i>penicillamine tabs 250mg</i>	5	
<i>trientine hydrochloride caps 250mg</i>	5	
Hormones and Synthetic Substitutes		
<i>Adrenals</i>		
AGAMREE SUSP 40MG/ML	5	QL (300 ML per 30 days) PA (AGAMREE)
ARNUIITY ELLIPTA AEPB 100MCG/ACT	3	QL (30 EA per 30 days) MO
ARNUIITY ELLIPTA AEPB 200MCG/ACT	3	QL (30 EA per 30 days) MO
ARNUIITY ELLIPTA AEPB 50MCG/ACT	3	QL (30 EA per 30 days) MO
BREO ELLIPTA AEPB 100MCG/ACT; 25MCG/ACT	3	QL (60 EA per 30 days) MO
BREO ELLIPTA AEPB 200MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
BREO ELLIPTA AEPB 50MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
<i>breyana aero 160mcg/act; 4.5mcg/act</i>	2	QL (30.6 GM per 30 days) MO
<i>breyana aero 80mcg/act; 4.5mcg/act</i>	2	QL (30.6 GM per 30 days) MO
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL (10.7 GM per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate aero 160mcg/act; 4.5mcg/act</i>	2	QL (30.6 GM per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide/formoterol fumarate dihydrate aero 80mcg/act; 4.5mcg/act</i>	2	QL (30.6 GM per 30 days) MO
<i>budesonide cpep 3mg</i>	4	
<i>budesonide susp 0.25mg/2ml</i>	2	B/D MO
<i>budesonide susp 0.5mg/2ml</i>	2	B/D MO
<i>budesonide susp 1mg/2ml</i>	2	B/D MO
CORTISONE ACETATE TABS 25MG	5	
<i>deflazacort susp 22.75mg/ml</i>	5	PA (DEFLAZACORT)
<i>deflazacort tabs 18mg</i>	5	PA (DEFLAZACORT)
<i>deflazacort tabs 30mg</i>	5	PA (DEFLAZACORT)
<i>deflazacort tabs 36mg</i>	5	PA (DEFLAZACORT)
<i>deflazacort tabs 6mg</i>	5	PA (DEFLAZACORT)
DEPO-MEDROL INJ 20MG/ML	4	B/D
<i>dexamethasone 10-day dose pack tbpk 1.5mg</i>	2	
<i>dexamethasone 13-day dose pack tbpk 1.5mg</i>	2	
<i>dexamethasone 6-day dose pack tbpk 1.5mg</i>	2	
<i>dexamethasone 6-day therapy pack tbpk 1.5mg</i>	2	
DEXAMETHASONE INTENSOL CONC 1MG/ML	4	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 120mg/30ml</i>	2	
<i>dexamethasone elix 0.5mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE SOLN 0.5MG/5ML	4	
<i>dexamethasone tabs 0.5mg</i>	2	
<i>dexamethasone tabs 0.75mg</i>	2	
<i>dexamethasone tabs 1.5mg</i>	2	
<i>dexamethasone tabs 1mg</i>	2	
<i>dexamethasone tabs 2mg</i>	2	
<i>dexamethasone tabs 4mg</i>	2	
<i>dexamethasone tabs 6mg</i>	2	
EOHILIA SUSP 2MG/10ML	5	QL (20 ML per 1 days) PA (EOHILIA)
<i>fludrocortisone acetate tabs 0.1mg</i>	2	MO
FLUTICASONE PROPIONATE/SALMETEROL AEPB 113MCG/ACT; 14MCG/ACT	4	QL (2 EA per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL AEPB 232MCG/ACT; 14MCG/ACT	4	QL (2 EA per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL AEPB 55MCG/ACT; 14MCG/ACT	4	QL (2 EA per 30 days) MO
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>hydrocortisone sodium succinate inj 100mg</i>	4	
<i>hydrocortisone tabs 10mg</i>	4	
<i>hydrocortisone tabs 20mg</i>	4	
<i>hydrocortisone tabs 5mg</i>	4	
<i>jaythari susp 22.75mg/ml</i>	5	PA (DEFLAZACORT)
<i>jaythari tabs 18mg</i>	5	PA (DEFLAZACORT)

Drug Name	Drug Tier	Requirements/Limits
<i>jaythari tabs 30mg</i>	5	PA (DEFLAZACORT)
<i>jaythari tabs 36mg</i>	5	PA (DEFLAZACORT)
<i>jaythari tabs 6mg</i>	5	PA (DEFLAZACORT)
<i>kenalog-10 inj 10mg/ml</i>	2	
<i>kymbee tabs 18mg</i>	5	PA (DEFLAZACORT)
<i>kymbee tabs 30mg</i>	5	PA (DEFLAZACORT)
<i>kymbee tabs 36mg</i>	5	PA (DEFLAZACORT)
<i>kymbee tabs 6mg</i>	5	PA (DEFLAZACORT)
<i>methylprednisolone dose pack tbpk 4mg</i>	2	
<i>methylprednisolone sodium succinate inj 1000mg</i>	2	B/D
<i>methylprednisolone sodium succinate inj 125mg</i>	2	B/D
<i>methylprednisolone sodium succinate inj 500mg</i>	2	B/D
<i>methylprednisolone sodiumsuccinate inj 40mg</i>	2	B/D
<i>methylprednisolone tabs 16mg</i>	2	B/D
<i>methylprednisolone tabs 32mg</i>	2	B/D
<i>methylprednisolone tabs 4mg</i>	2	B/D
<i>methylprednisolone tabs 8mg</i>	2	B/D
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate soln 25mg/5ml</i>	2	
<i>prednisolone sodium phosphate soln 5mg/5ml</i>	2	
<i>prednisolone soln 15mg/5ml</i>	4	
PREDNISON SOLN 5MG/5ML	4	B/D
<i>prednisone tabs 10mg</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tabs 1mg</i>	1	B/D
<i>prednisone tabs 2.5mg</i>	1	B/D
<i>prednisone tabs 20mg</i>	1	B/D
<i>prednisone tabs 50mg</i>	1	B/D
<i>prednisone tabs 5mg</i>	1	B/D
<i>prednisone tbpk 10mg</i>	1	
<i>prednisone tbpk 10mg</i>	1	
<i>prednisone tbpk 5mg</i>	1	
<i>prednisone tbpk 5mg</i>	1	
<i>pyquvi susp 22.75mg/ml</i>	5	PA (DEFLAZACORT)
QVAR REDIHALER AERB 40MCG/ACT	3	QL (10.6 GM per 60 days) MO
QVAR REDIHALER AERB 80MCG/ACT	3	QL (21.2 GM per 30 days) MO
SOLU-CORTEF INJ 100MG	4	
SOLU-CORTEF INJ 250MG	4	
TARPEYO CPDR 4MG	5	QL (4 EA per 1 days) PA (TARPEYO)
TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT	3	QL (2 EA per 1 days) MO
TRELEGY ELLIPTA AEPB 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (2 EA per 1 days) MO
<i>triamcinolone acetone inj 10mg/ml</i>	2	
<i>triamcinolone acetone inj 40mg/ml</i>	2	
Androgens		
<i>danazol caps 100mg</i>	2	
<i>danazol caps 200mg</i>	2	
<i>danazol caps 50mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
METHITEST TABS 10MG	5	PA (SYSTEMIC TESTOSTERONE) MO
<i>testosterone cypionate inj 100mg/ml</i>	2	
<i>testosterone cypionate inj 200mg/ml</i>	2	
<i>testosterone cypionate inj 200mg/ml</i>	2	
TESTOSTERONE ENANTHATE INJ 200MG/ML	4	
<i>testosterone pump gel 1%</i>	4	MO
<i>testosterone pump gel 1.62%</i>	4	MO
<i>testosterone gel 1.62%</i>	4	MO
TESTOSTERONE GEL 10MG/ACT	4	MO
<i>testosterone gel 20.25mg/1.25gm</i>	4	MO
<i>testosterone gel 25mg/2.5gm</i>	4	MO
<i>testosterone gel 40.5mg/2.5gm</i>	2	MO
<i>testosterone gel 50mg/5gm</i>	4	MO
<i>Antidiabetic Agents</i>		
<i>acarbose tabs 100mg</i>	2	QL (3 EA per 1 days) MO
<i>acarbose tabs 25mg</i>	2	QL (3 EA per 1 days)
<i>acarbose tabs 50mg</i>	2	QL (3 EA per 1 days) MO
ALOGLIPTIN/METFORMIN HCL TABS 12.5MG; 500MG	4	QL (1 EA per 1 days) MO
ALOGLIPTIN/METFORMIN HYDROCHLORIDE TABS 12.5MG; 1000MG	4	QL (2 EA per 1 days) MO
ALOGLIPTIN/PIOGLITAZONE TABS 12.5MG; 30MG	4	QL (1 EA per 1 days) MO
ALOGLIPTIN/PIOGLITAZONE TABS 25MG; 15MG	4	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
ALOGLIPTIN/PIOGLITAZONE TABS 25MG; 30MG	4	QL (1 EA per 1 days) MO
ALOGLIPTIN/PIOGLITAZONE TABS 25MG; 45MG	4	QL (1 EA per 1 days) MO
ALOGLIPTIN TABS 12.5MG	4	QL (1 EA per 1 days) MO
ALOGLIPTIN TABS 25MG	4	QL (1 EA per 1 days) MO
ALOGLIPTIN TABS 6.25MG	4	QL (1 EA per 1 days) MO
BASAGLAR KWIKPEN INJ 100UNIT/ML	3	MO
CYCLOSET TABS 0.8MG	4	MO
DAPAGLIFLOZIN PROPANEDIOL/METFORMIN HYDROCHLORIDE TB24 10MG; 1000MG	6	QL (1 EA per 1 days) MO
DAPAGLIFLOZIN PROPANEDIOL/METFORMIN HYDROCHLORIDE TB24 5MG; 1000MG	6	QL (2 EA per 1 days) MO
DAPAGLIFLOZIN PROPANEDIOL TABS 10MG	6	QL (1 EA per 1 days) MO
DAPAGLIFLOZIN PROPANEDIOL TABS 5MG	6	QL (1 EA per 1 days) MO
FARXIGA TABS 10MG	6	QL (1 EA per 1 days) MO
FARXIGA TABS 5MG	6	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
FIASP FLEXTOUCH INJ 100UNIT/ML	3	MO
FIASP PENFILL INJ 100UNIT/ML	3	MO
FIASP INJ 100UNIT/ML	3	MO
<i>glimepiride tabs 1mg</i>	6	QL (8 EA per 1 days) MO
<i>glimepiride tabs 2mg</i>	6	QL (4 EA per 1 days) MO
<i>glimepiride tabs 4mg</i>	6	QL (2 EA per 1 days) MO
<i>glipizide er tb24 10mg</i>	6	QL (2 EA per 1 days) MO
<i>glipizide er tb24 2.5mg</i>	6	QL (8 EA per 1 days) MO
<i>glipizide er tb24 5mg</i>	6	QL (4 EA per 1 days) MO
<i>glipizide xl tb24 10mg</i>	6	QL (2 EA per 1 days) MO
<i>glipizide xl tb24 2.5mg</i>	6	QL (8 EA per 1 days) MO
<i>glipizide xl tb24 5mg</i>	6	QL (4 EA per 1 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	6	QL (8 EA per 1 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg</i>	6	QL (4 EA per 1 days) MO
<i>glipizide/metformin hydrochloride tabs 5mg; 500mg</i>	6	QL (4 EA per 1 days) MO
<i>glipizide tabs 10mg</i>	6	QL (4 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tabs 2.5mg</i>	6	QL (2 EA per 1 days) MO
<i>glipizide tabs 5mg</i>	6	QL (8 EA per 1 days) MO
GLYXAMBI TABS 10MG; 5MG	3	QL (1 EA per 1 days) MO
GLYXAMBI TABS 25MG; 5MG	3	QL (1 EA per 1 days) MO
INSULIN ASPART FLEXPEN INJ 100UNIT/ML	3	MO
INSULIN ASPART PENFILL INJ 100UNIT/ML	3	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	
INSULIN ASPART PROTAMINE/INSULIN ASPART INJ 30%; 70%	3	MO
INSULIN ASPART INJ 100UNIT/ML	3	MO
INSULIN DEGLUDEC FLEXTOUCH INJ 100UNIT/ML	3	
INSULIN DEGLUDEC FLEXTOUCH INJ 200UNIT/ML	3	
INSULIN DEGLUDEC INJ 100UNIT/ML	3	
INSULIN LISPRO JUNIOR KWIKPEN INJ 100UNIT/ML	3	
INSULIN LISPRO KWIKPEN INJ 100UNIT/ML	3	MO

Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	3	
INSULIN LISPRO INJ 100UNIT/ML	3	MO
JANUMET XR TB24 1000MG; 100MG	3	QL (1 EA per 1 days) MO
JANUMET XR TB24 1000MG; 50MG	3	QL (2 EA per 1 days) MO
JANUMET XR TB24 500MG; 50MG	3	QL (1 EA per 1 days) MO
JANUMET TABS 1000MG; 50MG	3	QL (2 EA per 1 days) MO
JANUMET TABS 500MG; 50MG	3	QL (2 EA per 1 days) MO
JANUVIA TABS 100MG	3	QL (1 EA per 1 days) MO
JANUVIA TABS 25MG	3	QL (1 EA per 1 days) MO
JANUVIA TABS 50MG	3	QL (1 EA per 1 days) MO
JARDIANCE TABS 10MG	3	QL (1 EA per 1 days) MO
JARDIANCE TABS 25MG	3	QL (1 EA per 1 days) MO
LANTUS SOLOSTAR INJ 100UNIT/ML	3	MO
LANTUS INJ 100UNIT/ML	3	MO
<i>liraglutide inj 6mg/ml</i>	2	QL (9 ML per 30 days) PA (LIRAGLUTIDE)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hydrochloride er tb24 500mg</i>	6	QL (4 EA per 1 days) MO
<i>metformin hydrochloride er tb24 750mg</i>	6	QL (2 EA per 1 days) MO
<i>metformin hydrochloride tabs 1000mg</i>	6	QL (2.5 EA per 1 days) MO
<i>metformin hydrochloride tabs 500mg</i>	6	QL (5 EA per 1 days) MO
<i>metformin hydrochloride tabs 850mg</i>	6	QL (3 EA per 1 days) MO
<i>mifepristone tabs 300mg</i>	5	PA (KORLYM)
MIGLITOL TABS 100MG	4	QL (3 EA per 1 days) MO
MIGLITOL TABS 25MG	4	QL (3 EA per 1 days) MO
MIGLITOL TABS 50MG	4	QL (3 EA per 1 days) MO
MOUNJARO INJ 10MG/0.5ML	3	QL (2 ML per 28 days) PA (MOUNJARO) MO
MOUNJARO INJ 12.5MG/0.5ML	3	QL (2 ML per 28 days) PA (MOUNJARO) MO
MOUNJARO INJ 15MG/0.5ML	3	QL (2 ML per 28 days) PA (MOUNJARO) MO
MOUNJARO INJ 2.5MG/0.5ML	3	QL (2 ML per 28 days) PA (MOUNJARO) MO
MOUNJARO INJ 5MG/0.5ML	3	QL (2 ML per 28 days) PA (MOUNJARO) MO
MOUNJARO INJ 7.5MG/0.5ML	3	QL (2 ML per 28 days) PA (MOUNJARO) MO

Drug Name	Drug Tier	Requirements/Limits
<i>nateglinide tabs 120mg</i>	6	QL (3 EA per 1 days) MO
<i>nateglinide tabs 60mg</i>	6	QL (3 EA per 1 days) MO
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	MO
NOVOLIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	MO
NOVOLIN N FLEXPEN INJ 100UNIT/ML	3	MO
NOVOLIN N INJ 100UNIT/ML	3	MO
NOVOLIN R FLEXPEN INJ 100UNIT/ML	3	MO
NOVOLIN R INJ 100UNIT/ML	3	MO
NOVOLOG FLEXPEN RELION INJ 100UNIT/ML	3	MO
NOVOLOG FLEXPEN INJ 100UNIT/ML	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJ 30UNIT/ML; 70UNIT/ML	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	MO
NOVOLOG MIX 70/30 RELION INJ 30UNIT/ML; 70UNIT/ML	3	MO
NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	MO
NOVOLOG PENFILL INJ 100UNIT/ML	3	MO

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG RELION INJ 100UNIT/ML	3	MO
NOVOLOG INJ 100UNIT/ML	3	MO
OZEMPIC INJ 2MG/3ML	3	QL (3 ML per 28 days) PA (OZEMPIC) MO
OZEMPIC INJ 4MG/3ML	3	QL (3 ML per 28 days) PA (OZEMPIC) MO
OZEMPIC INJ 8MG/3ML	3	QL (3 ML per 28 days) PA (OZEMPIC) MO
<i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg</i>	6	QL (3 EA per 1 days) MO
<i>pioglitazone hcl/metformin hcl tabs 850mg; 15mg</i>	6	QL (3 EA per 1 days) MO
<i>pioglitazone hcl tabs 45mg</i>	6	QL (1 EA per 1 days) MO
<i>pioglitazone hydrochloride tabs 15mg</i>	6	QL (1 EA per 1 days) MO
<i>pioglitazone hydrochloride tabs 30mg</i>	6	QL (1 EA per 1 days) MO
<i>pioglitazone hydrochloride tabs 45mg</i>	6	QL (1 EA per 1 days) MO
QTERN TABS 10MG; 5MG	6	QL (1 EA per 1 days) MO
QTERN TABS 5MG; 5MG	6	QL (1 EA per 1 days) MO
<i>repaglinide tabs 0.5mg</i>	6	QL (4 EA per 1 days) MO
<i>repaglinide tabs 1mg</i>	6	QL (4 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide tabs 2mg</i>	6	QL (8 EA per 1 days) MO
RYBELSUS TABS 14MG	3	QL (1 EA per 1 days) PA (RYBELSUS) MO
RYBELSUS TABS 3MG	3	QL (1 EA per 1 days) PA (RYBELSUS) MO
RYBELSUS TABS 7MG	3	QL (1 EA per 1 days) PA (RYBELSUS) MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 2.5mg</i>	1	QL (2 EA per 1 days) MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 5mg</i>	1	QL (1 EA per 1 days) MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 500mg; 5mg</i>	1	QL (1 EA per 1 days) MO
<i>saxagliptin hydrochloride tabs 2.5mg</i>	1	QL (1 EA per 1 days) MO
<i>saxagliptin hydrochloride tabs 5mg</i>	1	QL (1 EA per 1 days) MO
SYMLINPEN 120 INJ 2700MCG/2.7ML	5	MO
SYMLINPEN 60 INJ 1500MCG/1.5ML	5	MO
SYNJARDY XR TB24 10MG; 1000MG	3	QL (2 EA per 1 days) MO
SYNJARDY XR TB24 12.5MG; 1000MG	3	QL (2 EA per 1 days) MO
SYNJARDY XR TB24 25MG; 1000MG	3	QL (1 EA per 1 days) MO
SYNJARDY XR TB24 5MG; 1000MG	3	QL (2 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TABS 12.5MG; 1000MG	3	QL (2 EA per 1 days) MO
SYNJARDY TABS 12.5MG; 500MG	3	QL (2 EA per 1 days) MO
SYNJARDY TABS 5MG; 1000MG	3	QL (2 EA per 1 days) MO
SYNJARDY TABS 5MG; 500MG	3	QL (2 EA per 1 days) MO
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	3	MO
TOUJEO SOLOSTAR INJ 300UNIT/ML	3	MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG	3	QL (1 EA per 1 days) MO
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG	3	QL (2 EA per 1 days) MO
TRIJARDY XR TB24 25MG; 5MG; 1000MG	3	QL (1 EA per 1 days) MO
TRIJARDY XR TB24 5MG; 2.5MG; 1000MG	3	QL (2 EA per 1 days) MO
TRULICITY INJ 0.75MG/0.5ML	3	QL (2 ML per 28 days) PA (TRULICITY) MO
TRULICITY INJ 1.5MG/0.5ML	3	QL (2 ML per 28 days) PA (TRULICITY) MO
TRULICITY INJ 3MG/0.5ML	3	QL (2 ML per 28 days) PA (TRULICITY) MO
TRULICITY INJ 4.5MG/0.5ML	3	QL (2 ML per 28 days) PA (TRULICITY) MO
XIGDUO XR TB24 10MG; 1000MG	6	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TB24 10MG; 500MG	6	QL (1 EA per 1 days) MO
XIGDUO XR TB24 2.5MG; 1000MG	6	QL (2 EA per 1 days) MO
XIGDUO XR TB24 5MG; 1000MG	6	QL (2 EA per 1 days) MO
XIGDUO XR TB24 5MG; 500MG	6	QL (1 EA per 1 days) MO
<i>Antihypoglycemic Agents</i>		
BAQSIMI ONE PACK POWD 3MG/DOSE	3	
BAQSIMI TWO PACK POWD 3MG/DOSE	3	
<i>diazoxide susp 50mg/ml</i>	5	MO
GLUCAGEN HYPOKIT INJ 1MG	4	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar inj 1mg</i>	4	
GLUCAGON EMERGENCY KIT INJ 1MG	4	
GVOKE HYPOPEN 1-PACK INJ 0.5MG/0.1ML	3	
GVOKE HYPOPEN 1-PACK INJ 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJ 0.5MG/0.1ML	3	
GVOKE HYPOPEN 2-PACK INJ 1MG/0.2ML	3	
GVOKE KIT INJ 1MG/0.2ML	3	

Drug Name	Drug Tier	Requirements/Limits
GVOKE PFS INJ 0.5MG/0.1ML	3	
GVOKE PFS INJ 1MG/0.2ML	3	
ZEGALOGUE INJ 0.6MG/0.6ML	4	
ZEGALOGUE INJ 0.6MG/0.6ML	4	
Contraceptives		
<i>altavera tabs 30mcg; 0.15mg</i>	1	MO
<i>alyacen 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>alyacen 7/7/7 tabs 35mcg; 0</i>	1	MO
<i>amethia tabs 0; 0</i>	1	MO
<i>amethyst tabs 20mcg; 90mcg</i>	1	MO
<i>apri tabs 0.15mg; 30mcg</i>	1	MO
<i>aranelle tabs 0; 0</i>	1	MO
<i>ashlyna tabs 0; 0</i>	1	MO
<i>aubra eq tabs 20mcg; 0.1mg</i>	1	MO
<i>aurovela 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>aurovela 1/20 tabs 20mcg; 1mg</i>	1	MO
<i>aurovela 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>aurovela fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>aurovela fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>aviane tabs 20mcg; 0.1mg</i>	1	MO
<i>ayuna tabs 0.03mg; 0.15mg</i>	1	MO
<i>azurette tabs 0; 0</i>	1	MO
<i>balziva tabs 35mcg; 0.4mg</i>	1	MO
<i>blisovi 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>blisovi fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>briellyn tabs 35mcg; 0.4mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>camila tabs 0.35mg</i>	1	MO
<i>camrese lo tabs 0; 0</i>	1	MO
<i>camrese tabs 0; 0</i>	1	MO
<i>charlotte 24 fe chew 20mcg; 75mg; 1mg</i>	1	MO
<i>chateal eq tabs 30mcg; 0.15mg</i>	1	MO
<i>cryselle-28 tabs 30mcg; 0.3mg</i>	1	MO
<i>cryselle tabs 30mcg; 0.3mg</i>	1	MO
<i>cyred eq tabs 0.15mg; 30mcg</i>	1	MO
<i>dasetta 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>dasetta 7/7/7 tabs 35mcg; 0</i>	1	MO
<i>daysee tabs 0; 0</i>	1	MO
<i>deblitane tabs 0.35mg</i>	1	MO
<i>delyla tabs 20mcg; 0.1mg</i>	1	MO
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>dolishale tabs 20mcg; 90mcg</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.02mg; 0.451mg</i>	1	MO
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.02mg</i>	1	MO
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	1	MO
<i>elinest tabs 30mcg; 0.3mg</i>	1	MO
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>emzahh tabs 0.35mg</i>	1	MO
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>enskyce tabs 0.15mg; 0.03mg</i>	1	MO
<i>errin tabs 0.35mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>estarylla tabs 35mcg; 0.25mg</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol tabs 35mcg; 1mg</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg</i>	1	MO
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>falmina tabs 20mcg; 0.1mg</i>	1	MO
<i>feirza 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>feirza 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>finzala chew 20mcg; 75mg; 1mg</i>	1	MO
<i>galbriela chew 25mcg; 75mg; 0.8mg</i>	1	MO
<i>gemmily caps 20mcg; 75mg; 1mg</i>	1	MO
<i>hailey 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>hailey 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>hailey fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>hailey fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>heather tabs 0.35mg</i>	1	MO
<i>iclevia tabs 0.03mg; 0.15mg</i>	1	MO
<i>incassia tabs 0.35mg</i>	1	MO
<i>introvale tabs 0.03mg; 0.15mg</i>	1	MO
<i>isibloom tabs 0.15mg; 30mcg</i>	1	MO
<i>jaimiess tabs 0; 0</i>	1	MO
<i>jasmiel tabs 3mg; 0.02mg</i>	1	MO
<i>jencycla tabs 0.35mg</i>	1	MO
<i>jolessa tabs 0.03mg; 0.15mg</i>	1	MO
<i>joyeaux tabs 20mcg; 75mg; 0.1mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>juleber tabs 0.15mg; 30mcg</i>	1	MO
<i>junel 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>junel 1/20 tabs 20mcg; 1mg</i>	1	MO
<i>junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>junel fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>junel fe 24 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>kaitlib fe chew 25mcg; 75mg; 0.8mg</i>	1	MO
<i>kalliga tabs 0.15mg; 30mcg</i>	1	MO
<i>kariva tabs 0; 0</i>	1	MO
<i>kelnor 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>kurvelo tabs 0.03mg; 0.15mg</i>	1	MO
KYLEENA IUD 19.5MG	3	QL (1 EA per 365 days)
<i>larin 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>larin 1/20 tabs 20mcg; 1mg</i>	1	MO
<i>larin 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>larin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>layolis fe chew 25mcg; 75mg; 0.8mg</i>	1	MO
<i>leena tabs 0; 0</i>	1	MO
<i>lessina tabs 20mcg; 0.1mg</i>	1	MO
<i>levonest tabs 0; 0</i>	1	MO
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	1	MO
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 20mcg; 0.1mg</i>	1	MO
<i>levora 0.15/30-28 tabs 0.03mg; 0.15mg</i>	1	MO
LILETTA IUD 20.1MCG/DAY	3	QL (1 EA per 365 days)
LO LOESTRIN FE TABS 10MCG; 75MG; 1MG	4	MO
<i>lo-zumandimine tabs 3mg; 0.02mg</i>	1	MO
<i>lojaimiess tabs 0; 0</i>	1	MO
<i>loryna tabs 3mg; 0.02mg</i>	1	MO
<i>low-ogestrel tabs 30mcg; 0.3mg</i>	1	MO
<i>luizza 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>luizza 1/20 tabs 20mcg; 1mg</i>	1	MO
<i>luteru tabs 20mcg; 0.1mg</i>	1	MO
<i>lyleq tabs 0.35mg</i>	1	MO
<i>lyza tabs 0.35mg</i>	1	MO
<i>marlissa tabs 0.03mg; 0.15mg</i>	1	MO
<i>meleya tabs 0.35mg</i>	1	MO
<i>merzee caps 20mcg; 75mg; 1mg</i>	1	MO
<i>mibelas 24 fe chew 20mcg; 75mg; 1mg</i>	1	MO
<i>microgestin 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>microgestin 1/20 tabs 20mcg; 1mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>microgestin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>mili tabs 35mcg; 0.25mg</i>	1	MO
<i>minzoya tabs 0.02mg; 36.5mg; 0.1mg</i>	1	
MIRENA IUD 21MCG/DAY	3	QL (1 EA per 365 days)
<i>mono-lynyah tabs 35mcg; 0.25mg</i>	1	MO
NATAZIA TABS 0; 0	4	MO
<i>necon 0.5/35-28 tabs 35mcg; 0.5mg</i>	1	MO
NEXPLANON INJ 68MG	3	QL (1 EA per 365 days)
<i>nikki tabs 3mg; 0.02mg</i>	1	MO
<i>nora-be tabs 0.35mg</i>	1	MO
<i>norelgestromin/ethinyl estradiol ptwk 35mcg/24hr; 150mcg/24hr</i>	1	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate chew 25mcg; 75mg; 0.8mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate caps 20mcg; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate chew 20mcg; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tabs 30mcg; 1.5mg</i>	1	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate chew 35mcg; 0; 0.4mg</i>	1	MO
<i>norethindrone tabs 0.35mg</i>	1	MO
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg</i>	1	MO
<i>norlyroc tabs 0.35mg</i>	1	MO
<i>nortrel 0.5/35 (28) tabs 35mcg; 0.5mg</i>	1	MO
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>nortrel 7/7/7 tabs 35mcg; 0</i>	1	MO
<i>nylia 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>nylia 7/7/7 tabs 35mcg; 0</i>	1	MO
<i>ocella tabs 3mg; 0.03mg</i>	1	MO
<i>orquidea tabs 0.35mg</i>	1	MO
<i>philith tabs 35mcg; 0.4mg</i>	1	MO
<i>pimtrea tabs 0; 0</i>	1	MO
<i>portia-28 tabs 0.03mg; 0.15mg</i>	1	MO
<i>reclipsen tabs 0.15mg; 0.03mg</i>	1	MO
<i>rivelsa tabs 0; 0</i>	1	MO
<i>rosyrah tabs 0; 0</i>	1	MO
<i>setlakin tabs 0.03mg; 0.15mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sharobel tabs 0.35mg</i>	1	MO
<i>simliya tabs 0; 0</i>	1	MO
<i>simpesse tabs 0; 0</i>	1	MO
SKYLA IUD 13.5MG	3	QL (1 EA per 365 days)
<i>sprintec 28 tabs 35mcg; 0.25mg</i>	1	MO
<i>sronyx tabs 20mcg; 0.1mg</i>	1	MO
<i>syeda tabs 3mg; 0.03mg</i>	1	MO
<i>tarina 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>tarina fe 1/20 eq tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>taysofy caps 20mcg; 75mg; 1mg</i>	1	MO
<i>tilia fe tabs 0; 75mg; 1mg</i>	1	MO
<i>tri-estarylla tabs 0; 0</i>	1	MO
<i>tri-legest fe tabs 0; 75mg; 1mg</i>	1	MO
<i>tri-lynyah tabs 0; 0</i>	1	MO
<i>tri-lo-estarylla tabs 0; 0</i>	1	MO
<i>tri-lo-marzia tabs 0; 0</i>	1	MO
<i>tri-lo-mili tabs 0; 0</i>	1	MO
<i>tri-lo-sprintec tabs 0; 0</i>	1	MO
<i>tri-mili tabs 0; 0</i>	1	MO
<i>tri-nymyo tabs 0; 0</i>	1	MO
<i>tri-sprintec tabs 0; 0</i>	1	MO
<i>tri-vylibra lo tabs 0; 0</i>	1	MO
<i>tri-vylibra tabs 0; 0</i>	1	MO
<i>turqoz tabs 30mcg; 0.3mg</i>	1	MO
TYBLUME CHEW 20MCG; 0.1MG	4	MO
<i>tydemy tabs 3mg; 0.03mg; 0.451mg</i>	1	MO
<i>valtya 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>valtya 1/50 tabs 50mcg; 1mg</i>	1	MO
<i>velivet tabs 0; 0</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>vestura tabs 3mg; 0.02mg</i>	1	MO
<i>vienva tabs 20mcg; 0.1mg</i>	1	MO
<i>viorele tabs 0; 0</i>	1	MO
<i>volnea tabs 0; 0</i>	1	MO
<i>vyfemla tabs 35mcg; 0.4mg</i>	1	MO
<i>vylibra tabs 35mcg; 0.25mg</i>	1	MO
<i>wera tabs 35mcg; 0.5mg</i>	1	MO
<i>wymzya fe chew 35mcg; 0; 0.4mg</i>	1	MO
<i>xarah fe tabs 0; 75mg; 1mg</i>	1	MO
<i>xelria fe chew 35mcg; 75mg; 0.4mg</i>	1	MO
<i>xulane ptwk 35mcg/24hr; 150mcg/24hr</i>	1	MO
<i>zafemy ptwk 35mcg/24hr; 150mcg/24hr</i>	1	MO
<i>zovia 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>zumandimine tabs 3mg; 0.03mg</i>	1	MO
<i>Estrogens, Antiestrogens & Estrogen Agonist-Antagonists</i>		
<i>abigale lo tabs 0.5mg; 0.1mg</i>	1	MO
<i>abigale tabs 1mg; 0.5mg</i>	1	MO
<i>amabelz tabs 0.5mg; 0.1mg</i>	2	MO
<i>amabelz tabs 1mg; 0.5mg</i>	2	MO
<i>anastrozole tabs 1mg</i>	1	MO
<i>dotti pttw 0.025mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>dotti pttw 0.0375mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>dotti pttw 0.05mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>dotti pttw 0.075mg/24hr</i>	4	QL (16 EA per 28 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>dotti pttw 0.1mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>estradiol valerate inj 10mg/ml</i>	4	
<i>estradiol valerate inj 20mg/ml</i>	4	
<i>estradiol valerate inj 40mg/ml</i>	1	
<i>estradiol/norethindrone acetate tabs 0.5mg; 0.1mg</i>	2	MO
<i>estradiol/norethindrone acetate tabs 1mg; 0.5mg</i>	2	MO
<i>estradiol crea 0.1mg/gm</i>	1	MO
<i>estradiol gel 0.06%</i>	2	
<i>estradiol gel 0.25mg/0.25gm</i>	2	QL (1 EA per 1 days) MO
<i>estradiol gel 0.5mg/0.5gm</i>	2	QL (1 EA per 1 days) MO
<i>estradiol gel 0.75mg/0.75gm</i>	2	QL (1 EA per 1 days) MO
<i>estradiol gel 1.25mg/1.25gm</i>	2	QL (1.25 GM per 1 days) MO
<i>estradiol gel 1mg/gm</i>	2	QL (1 GM per 1 days) MO
<i>estradiol pttw 0.025mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>estradiol pttw 0.0375mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>estradiol pttw 0.05mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>estradiol pttw 0.075mg/24hr</i>	4	QL (16 EA per 28 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol pttw 0.1mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>estradiol ptwk 0.025mg/24hr</i>	4	QL (4 EA per 28 days) MO
<i>estradiol ptwk 0.05mg/24hr</i>	4	QL (4 EA per 28 days) MO
<i>estradiol ptwk 0.06mg/24hr</i>	4	QL (4 EA per 28 days) MO
<i>estradiol ptwk 0.075mg/24hr</i>	4	QL (4 EA per 28 days) MO
<i>estradiol ptwk 0.1mg/24hr</i>	4	QL (4 EA per 28 days) MO
<i>estradiol ptwk 37.5mcg/24hr</i>	4	QL (4 EA per 28 days) MO
<i>estradiol tabs 0.5mg</i>	1	MO
<i>estradiol tabs 1mg</i>	1	MO
<i>estradiol tabs 2mg</i>	1	MO
<i>estradiol tabs 10mcg</i>	1	MO
ESTRING RING 7.5MCG/24HR	4	MO
<i>exemestane tabs 25mg</i>	4	MO
FEMRING RING 0.05MG/24HR	4	QL (1 EA per 90 days) ST (FEMRING #2)
FEMRING RING 0.1MG/24HR	4	QL (1 EA per 90 days) ST (FEMRING #2)
KISQALI FEMARA 200 DOSE TBPK 2.5MG; 200MG	5	QL (49 EA per 28 days) PA (CANCER DRUGS, new starts only)
KISQALI FEMARA 400 DOSE TBPK 2.5MG; 200MG	5	QL (70 EA per 28 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 600 DOSE TBPK 2.5MG; 200MG	5	QL (91 EA per 28 days) PA (CANCER DRUGS, new starts only)
<i>letrozole tabs 2.5mg</i>	1	MO
<i>lyllana pttw 0.025mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>lyllana pttw 0.0375mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>lyllana pttw 0.05mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>lyllana pttw 0.075mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>lyllana pttw 0.1mg/24hr</i>	4	QL (16 EA per 28 days) MO
MENEST TABS 0.3MG	4	MO
MENEST TABS 0.625MG	4	MO
MENEST TABS 1.25MG	4	MO
<i>mimvey tabs 1mg; 0.5mg</i>	2	MO
PREMARIN CREA 0.625MG/GM	4	MO
<i>raloxifene hydrochloride tabs 60mg</i>	2	MO
SOLTAMOX SOLN 10MG/5ML	5	PA (SOLTAMOX, new starts only) MO
<i>tamoxifen citrate tabs 10mg</i>	2	MO
<i>tamoxifen citrate tabs 20mg</i>	2	MO
<i>toremifene citrate tabs 60mg</i>	5	PA (CANCER DRUGS, new starts only) MO
<i>yuvafem tabs 10mcg</i>	1	MO
<i>Gonadotropins and Antigonadotropins</i>		
ELIGARD INJ 22.5MG	3	PA (LEUPROLIDE, new starts only)

Drug Name	Drug Tier	Requirements/Limits
ELIGARD INJ 30MG	3	PA (LEUPROLIDE, new starts only)
ELIGARD INJ 45MG	3	PA (LEUPROLIDE, new starts only)
ELIGARD INJ 7.5MG	3	PA (LEUPROLIDE, new starts only)
FIRMAGON INJ 120MG/VIAL	5	PA (CANCER DRUGS, new starts only)
FIRMAGON INJ 80MG	4	PA (CANCER DRUGS, new starts only)
<i>leuprolide acetate inj 1mg/0.2ml</i>	2	PA (LEUPROLIDE, new starts only)
LEUPROLIDE ACETATE INJ 22.5MG	4	PA (LEUPROLIDE, new starts only)
LUPRON DEPOT (1-MONTH) INJ 3.75MG	5	PA (LEUPROLIDE)
LUPRON DEPOT (1-MONTH) INJ 7.5MG	5	PA (LEUPROLIDE, new starts only)
LUPRON DEPOT (3-MONTH) INJ 11.25MG	5	PA (LEUPROLIDE)
LUPRON DEPOT (3-MONTH) INJ 22.5MG	5	PA (LEUPROLIDE, new starts only)
LUPRON DEPOT (4-MONTH) INJ 30MG	5	PA (LEUPROLIDE, new starts only)
LUPRON DEPOT (6-MONTH) INJ 45MG	5	PA (LEUPROLIDE, new starts only)
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG	5	PA (LEUPROLIDE)
LUPRON DEPOT-PED (1-MONTH) INJ 15MG	5	PA (LEUPROLIDE)

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (1-MONTH) INJ 7.5MG	5	PA (LEUPROLIDE)
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG	5	PA (LEUPROLIDE)
LUPRON DEPOT-PED (3-MONTH) INJ 30MG	5	PA (LEUPROLIDE)
MYFEMBREE TABS 1MG; 0.5MG; 40MG	5	QL (1 EA per 1 days) PA (MYFEMBREE)
ORGOVYX TABS 120MG	5	PA (ORGOVYX, new starts only)
ORIAHNN CPPK 300MG; 1MG; 0.5MG	5	QL (2 EA per 1 days) PA (ORIAHNN)
ORLISSA TABS 150MG	5	QL (1 EA per 1 days) PA (ORLISSA)
ORLISSA TABS 200MG	5	QL (2 EA per 1 days) PA (ORLISSA)
SYNAREL SOLN 2MG/ML	5	PA (SYNAREL)
TRELSTAR MIXJECT INJ 11.25MG	3	PA (CANCER DRUGS, new starts only)
TRELSTAR MIXJECT INJ 22.5MG	3	PA (CANCER DRUGS, new starts only)
TRELSTAR MIXJECT INJ 3.75MG	3	PA (CANCER DRUGS, new starts only)
<i>Leptins</i>		
MYALEPT INJ 11.3MG	5	PA (MYALEPT) MO
<i>Parathyroid and Antiparathyroid Agents</i>		
BONSITY INJ 560MCG/2.24ML	5	QL (2.48 ML per 28 days) PA (TERIPARATIDE)
<i>calcitonin salmon inj 200unit/ml</i>	5	

Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin salmon soln 200unit/act</i>	2	MO
<i>calcitonin-salmon soln 200unit/act</i>	2	MO
<i>cinacalcet hydrochloride tabs 30mg</i>	2	MO
<i>cinacalcet hydrochloride tabs 60mg</i>	2	MO
<i>cinacalcet hydrochloride tabs 90mg</i>	2	MO
TERIPARATIDE INJ 560MCG/2.24ML	5	QL (2.48 ML per 28 days) PA (TERIPARATIDE) MO
TYMLOS INJ 3120MCG/1.56ML	5	QL (1.56 ML per 30 days) PA (TYMLOS) MO
YORVIPATH INJ 168MCG/0.56ML	5	QL (1.12 ML per 28 days) PA (YORVIPATH)
YORVIPATH INJ 294MCG/0.98ML	5	QL (1.96 ML per 28 days) PA (YORVIPATH)
YORVIPATH INJ 420MCG/1.4ML	5	QL (2.8 ML per 28 days) PA (YORVIPATH)
<i>Pituitary</i>		
ACTHAR INJ 80UNIT/ML	5	PA (ACTHAR HP)
CORTROPHIN INJ 40UNIT/0.5ML	5	PA (CORTROPHIN)
CORTROPHIN INJ 80UNIT/ML	5	PA (ACTHAR HP)
CORTROPHIN INJ 80UNIT/ML	5	PA (CORTROPHIN)
CRENESSITY CAPS 100MG	5	QL (2 EA per 1 days) PA (CRENESSITY)
CRENESSITY CAPS 25MG	5	QL (2 EA per 1 days) PA (CRENESSITY)

Drug Name	Drug Tier	Requirements/Limits
CRENESSITY CAPS 50MG	5	QL (2 EA per 1 days) PA (CRENESSITY)
CRENESSITY SOLN 50MG/ML	5	QL (4 ML per 1 days) PA (CRENESSITY)
<i>desmopressin acetate inj 4mcg/ml</i>	5	
<i>desmopressin acetate inj 4mcg/ml</i>	5	MO
<i>desmopressin acetate soln 0.01%</i>	4	MO
<i>desmopressin acetate soln 0.01%</i>	2	MO
<i>desmopressin acetate tabs 0.1mg</i>	2	MO
<i>desmopressin acetate tabs 0.2mg</i>	2	MO
Progestins		
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	3	QL (0.65 ML per 84 days)
<i>gallifrey tabs 5mg</i>	1	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	2	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	2	
<i>medroxyprogesterone acetate tabs 10mg</i>	1	MO
<i>medroxyprogesterone acetate tabs 2.5mg</i>	1	MO
<i>medroxyprogesterone acetate tabs 5mg</i>	1	MO
<i>megestrol acetate susp 40mg/ml</i>	4	
MEGESTROL ACETATE SUSP 625MG/5ML	4	
<i>megestrol acetate tabs 20mg</i>	4	
<i>megestrol acetate tabs 40mg</i>	4	
<i>norethindrone acetate tabs 5mg</i>	1	MO
<i>progesterone caps 100mg</i>	2	MO
<i>progesterone caps 200mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>Somatostatin Agonists and Antagonists</i>		
<i>lanreotide acetate inj 120mg/0.5ml</i>	5	PA (SOMATULINE DEPOT, new starts only)
MYCAPSSA CPDR 20MG	5	QL (4 EA per 1 days) PA (MYCAPSSA)
<i>octreotide acetate inj 1000mcg/ml</i>	5	MO
<i>octreotide acetate inj 100mcg/ml</i>	4	MO
<i>octreotide acetate inj 10mg</i>	5	PA (SANDOSTATIN LAR)
<i>octreotide acetate inj 200mcg/ml</i>	4	MO
<i>octreotide acetate inj 20mg</i>	5	PA (SANDOSTATIN LAR)
<i>octreotide acetate inj 30mg</i>	5	PA (SANDOSTATIN LAR)
<i>octreotide acetate inj 500mcg/ml</i>	5	MO
<i>octreotide acetate inj 50mcg/ml</i>	4	MO
SANDOSTATIN LAR DEPOT INJ 10MG	5	PA (SANDOSTATIN LAR)
SANDOSTATIN LAR DEPOT INJ 20MG	5	PA (SANDOSTATIN LAR)
SANDOSTATIN LAR DEPOT INJ 30MG	5	PA (SANDOSTATIN LAR)
SIGNIFOR INJ 0.3MG/ML	5	PA (SIGNIFOR) MO
SIGNIFOR INJ 0.6MG/ML	5	PA (SIGNIFOR) MO
SIGNIFOR INJ 0.9MG/ML	5	PA (SIGNIFOR) MO
SOMATULINE DEPOT INJ 60MG/0.2ML	5	PA (SOMATULINE DEPOT)
SOMATULINE DEPOT INJ 90MG/0.3ML	5	PA (SOMATULINE DEPOT)

Drug Name	Drug Tier	Requirements/Limits
<i>Somatotropin Agonists and Antagonists</i>		
EGRIFTA SV INJ 2MG	5	QL (1 EA per 1 days) PA (EGRIFTA)
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA (SOMATROPINS) MO
GENOTROPIN MINIQUICK INJ 0.4MG	5	PA (SOMATROPINS) MO
GENOTROPIN MINIQUICK INJ 0.6MG	5	PA (SOMATROPINS) MO
GENOTROPIN MINIQUICK INJ 0.8MG	5	PA (SOMATROPINS) MO
GENOTROPIN MINIQUICK INJ 1.2MG	5	PA (SOMATROPINS) MO
GENOTROPIN MINIQUICK INJ 1.4MG	5	PA (SOMATROPINS) MO
GENOTROPIN MINIQUICK INJ 1.6MG	5	PA (SOMATROPINS) MO
GENOTROPIN MINIQUICK INJ 1.8MG	5	PA (SOMATROPINS) MO
GENOTROPIN MINIQUICK INJ 1MG	5	PA (SOMATROPINS) MO
GENOTROPIN MINIQUICK INJ 2MG	5	PA (SOMATROPINS) MO
GENOTROPIN INJ 12MG	5	PA (SOMATROPINS) MO
GENOTROPIN INJ 5MG	5	PA (SOMATROPINS) MO
HUMATROPE INJ 12MG	5	PA (SOMATROPINS) MO

Drug Name	Drug Tier	Requirements/Limits
HUMATROPE INJ 24MG	5	PA (SOMATROPINS) MO
HUMATROPE INJ 6MG	5	PA (SOMATROPINS) MO
INCRELEX INJ 40MG/4ML	5	PA (INCRELEX) LA MO
NORDITROPIN FLEXPPO INJ 10MG/1.5ML	5	PA (SOMATROPINS) MO
NORDITROPIN FLEXPPO INJ 15MG/1.5ML	5	PA (SOMATROPINS) MO
NORDITROPIN FLEXPPO INJ 30MG/3ML	5	PA (SOMATROPINS) MO
NORDITROPIN FLEXPPO INJ 5MG/1.5ML	5	PA (SOMATROPINS) MO
NUTROPIN AQ NUSPIN 10 INJ 10MG/2ML	5	PA (SOMATROPINS) MO
NUTROPIN AQ NUSPIN 20 INJ 20MG/2ML	5	PA (SOMATROPINS) MO
NUTROPIN AQ NUSPIN 5 INJ 5MG/2ML	5	PA (SOMATROPINS) MO
OMNITROPE INJ 10MG/1.5ML	5	PA (SOMATROPINS) MO
OMNITROPE INJ 5.8MG	5	PA (SOMATROPINS) MO
OMNITROPE INJ 5MG/1.5ML	5	PA (SOMATROPINS) MO
SOMAVERT INJ 10MG	5	PA (SOMAVERT) LA MO
SOMAVERT INJ 15MG	5	PA (SOMAVERT) LA MO

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT INJ 20MG	5	PA (SOMAVERT) LA MO
SOMAVERT INJ 25MG	5	PA (SOMAVERT) LA MO
SOMAVERT INJ 30MG	5	PA (SOMAVERT) LA MO
ZORBTIVE INJ 8.8MG	5	PA (SOMATROPINS) LA MO
<i>Thyroid and Antithyroid Agents</i>		
ADTHYZA TABS 120MG	4	MO
ADTHYZA TABS 15MG	4	MO
ADTHYZA TABS 30MG	4	MO
ADTHYZA TABS 60MG	4	MO
ADTHYZA TABS 90MG	4	MO
ARMOUR THYROID TABS 120MG	4	MO
ARMOUR THYROID TABS 15MG	4	MO
ARMOUR THYROID TABS 180MG	4	MO
ARMOUR THYROID TABS 240MG	4	MO
ARMOUR THYROID TABS 300MG	4	MO
ARMOUR THYROID TABS 30MG	4	MO
ARMOUR THYROID TABS 60MG	4	MO
ARMOUR THYROID TABS 90MG	4	MO
EVEXITHROID TABS 120MG	4	MO
EVEXITHROID TABS 15MG	4	MO
EVEXITHROID TABS 180MG	4	MO
EVEXITHROID TABS 30MG	4	MO
EVEXITHROID TABS 45MG	4	MO
EVEXITHROID TABS 60MG	4	MO
EVEXITHROID TABS 75MG	4	MO
EVEXITHROID TABS 90MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>levo-t tabs 100mcg</i>	1	MO
<i>levo-t tabs 112mcg</i>	1	MO
<i>levo-t tabs 125mcg</i>	1	MO
<i>levo-t tabs 137mcg</i>	1	MO
<i>levo-t tabs 150mcg</i>	1	MO
<i>levo-t tabs 175mcg</i>	1	MO
<i>levo-t tabs 200mcg</i>	1	MO
<i>levo-t tabs 25mcg</i>	1	MO
<i>levo-t tabs 300mcg</i>	1	MO
<i>levo-t tabs 50mcg</i>	1	MO
<i>levo-t tabs 75mcg</i>	1	MO
<i>levo-t tabs 88mcg</i>	1	MO
<i>levothyroxine sodium inj 100mcg</i>	4	
<i>levothyroxine sodium inj 200mcg</i>	4	
<i>levothyroxine sodium inj 500mcg</i>	4	
<i>levothyroxine sodium tabs 100mcg</i>	1	MO
<i>levothyroxine sodium tabs 112mcg</i>	1	MO
<i>levothyroxine sodium tabs 125mcg</i>	1	MO
<i>levothyroxine sodium tabs 137mcg</i>	1	MO
<i>levothyroxine sodium tabs 150mcg</i>	1	MO
<i>levothyroxine sodium tabs 175mcg</i>	1	MO
<i>levothyroxine sodium tabs 200mcg</i>	1	MO
<i>levothyroxine sodium tabs 25mcg</i>	1	MO
<i>levothyroxine sodium tabs 300mcg</i>	1	MO
<i>levothyroxine sodium tabs 50mcg</i>	1	MO
<i>levothyroxine sodium tabs 75mcg</i>	1	MO
<i>levothyroxine sodium tabs 88mcg</i>	1	MO
<i>levoxyl tabs 100mcg</i>	4	MO
<i>levoxyl tabs 112mcg</i>	4	MO
<i>levoxyl tabs 125mcg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl tabs 137mcg</i>	4	MO
<i>levoxyl tabs 150mcg</i>	4	MO
<i>levoxyl tabs 175mcg</i>	4	MO
<i>levoxyl tabs 200mcg</i>	4	MO
<i>levoxyl tabs 25mcg</i>	4	MO
<i>levoxyl tabs 50mcg</i>	4	MO
<i>levoxyl tabs 75mcg</i>	4	MO
<i>levoxyl tabs 88mcg</i>	4	MO
<i>liothyronine sodium tabs 25mcg</i>	2	MO
<i>liothyronine sodium tabs 50mcg</i>	2	MO
<i>liothyronine sodium tabs 5mcg</i>	2	MO
<i>methimazole tabs 10mg</i>	2	MO
<i>methimazole tabs 5mg</i>	2	MO
NP THYROID 120 TABS 120MG	4	MO
NP THYROID 15 TABS 15MG	4	MO
NP THYROID 30 TABS 30MG	4	MO
NP THYROID 60 TABS 60MG	4	MO
NP THYROID 90 TABS 90MG	4	MO
<i>propylthiouracil tabs 50mg</i>	4	MO
RENTHYROID TABS 120MG	4	MO
RENTHYROID TABS 15MG	4	MO
RENTHYROID TABS 30MG	4	MO
RENTHYROID TABS 45MG	4	MO
RENTHYROID TABS 60MG	4	MO
RENTHYROID TABS 75MG	4	MO
RENTHYROID TABS 90MG	4	MO
REZDIFFRA TABS 100MG	5	QL (1 EA per 1 days) PA (REZDIFFRA)
REZDIFFRA TABS 60MG	5	QL (1 EA per 1 days) PA (REZDIFFRA)

Drug Name	Drug Tier	Requirements/Limits
REZDIFFRA TABS 80MG	5	QL (1 EA per 1 days) PA (REZDIFFRA)
SYNTHROID TABS 100MCG	3	MO
SYNTHROID TABS 112MCG	3	MO
SYNTHROID TABS 125MCG	3	MO
SYNTHROID TABS 137MCG	3	MO
SYNTHROID TABS 150MCG	3	MO
SYNTHROID TABS 175MCG	3	MO
SYNTHROID TABS 200MCG	3	MO
SYNTHROID TABS 25MCG	3	MO
SYNTHROID TABS 300MCG	3	MO
SYNTHROID TABS 50MCG	3	MO
SYNTHROID TABS 75MCG	3	MO
SYNTHROID TABS 88MCG	3	MO
TIROSINT-SOL SOLN 100MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 112MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 125MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 137MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 13MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 150MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 175MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 200MCG/ML	4	PA (TIROSINT SOLUTION) MO

Drug Name	Drug Tier	Requirements/Limits
TIROSINT-SOL SOLN 25MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 37.5MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 44MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 50MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 62.5MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 75MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 88MCG/ML	4	PA (TIROSINT SOLUTION) MO
<i>unithroid tabs 100mcg</i>	4	MO
<i>unithroid tabs 112mcg</i>	4	MO
<i>unithroid tabs 125mcg</i>	4	MO
<i>unithroid tabs 137mcg</i>	4	MO
<i>unithroid tabs 150mcg</i>	4	MO
<i>unithroid tabs 175mcg</i>	4	MO
<i>unithroid tabs 200mcg</i>	4	MO
<i>unithroid tabs 25mcg</i>	4	MO
<i>unithroid tabs 300mcg</i>	4	MO
<i>unithroid tabs 50mcg</i>	4	MO
<i>unithroid tabs 75mcg</i>	4	MO
<i>unithroid tabs 88mcg</i>	4	MO
Immunomodulatory Agents		
<i>Bone-modifying Agents</i>		
EVENITY INJ 105MG/1.17ML	5	QL (2.34 ML per 28 days) PA (EVENITY)

Drug Name	Drug Tier	Requirements/Limits
JUBBONTI INJ 60MG/ML	3	QL (1 ML per 180 days)
OSENVELT INJ 120MG/1.7ML	5	PA (OSENVELT)
STOBOCLO INJ 60MG/ML	3	QL (1 ML per 180 days)
WYOST INJ 120MG/1.7ML	5	PA (WYOST)
XGEVA INJ 120MG/1.7ML	5	PA (XGEVA)
<i>Complement Inhibitor Agents</i>		
FABHALTA CAPS 200MG	5	QL (2 EA per 1 days) PA (FABHALTA)
TAVNEOS CAPS 10MG	5	QL (6 EA per 1 days) PA (TAVNEOS)
<i>Disease-modifying Antirheumatic Drugs</i>		
ACTEMRA ACTPEN INJ 162MG/0.9ML	5	PA (TOCILIZUMAB)
ACTEMRA INJ 162MG/0.9ML	5	PA (TOCILIZUMAB)
ADALIMUMAB-AATY 1-PEN KIT INJ 40MG/0.4ML	5	QL (4 EA per 28 days) PA (ADALIMUMAB)
ADALIMUMAB-AATY 1-PEN KIT INJ 80MG/0.8ML	5	QL (3 EA per 28 days) PA (ADALIMUMAB)
ADALIMUMAB-AATY 2-PEN KIT INJ 40MG/0.4ML	5	QL (4 EA per 28 days) PA (ADALIMUMAB)
ADALIMUMAB-AATY 2-SYRINGE INJ 20MG/0.2ML	5	QL (2 EA per 28 days) PA (ADALIMUMAB)
ADALIMUMAB-AATY 2-SYRINGE INJ 40MG/0.4ML	5	QL (4 EA per 28 days) PA (ADALIMUMAB)
ADALIMUMAB-AATY CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL (3 EA per 180 days) PA (ADALIMUMAB)
ADALIMUMAB-ADBIM INJ 10MG/0.2ML	5	QL (2 EA per 28 days) PA (ADALIMUMAB)
ADALIMUMAB-ADBIM INJ 20MG/0.4ML	5	QL (2 EA per 28 days) PA (ADALIMUMAB)

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBM INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA (ADALIMUMAB)
ADALIMUMAB-ADBM INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA (ADALIMUMAB)
ADALIMUMAB-ADBM INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA (ADALIMUMAB)
ADALIMUMAB-ADBM INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA (ADALIMUMAB)
AVSOLA INJ 100MG	5	PA (INFLIXIMAB)
BENLYSTA INJ 120MG	5	PA (BENLYSTA)
BENLYSTA INJ 200MG/ML	5	QL (8 ML per 28 days) PA (BENLYSTA) MO
BENLYSTA INJ 200MG/ML	5	QL (8 ML per 28 days) PA (BENLYSTA) MO
BENLYSTA INJ 400MG	5	PA (BENLYSTA)
CIMZIA STARTER KIT INJ 200MG/ML	5	QL (3 EA per 180 days) PA (CIMZIA) MO
CIMZIA INJ 200MG/ML	5	QL (1 EA per 28 days) PA (CIMZIA) MO
CIMZIA INJ 200MG	5	QL (1 EA per 28 days) PA (CIMZIA)
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	PA (COSENTYX) MO
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	PA (COSENTYX) MO
COSENTYX UNOREADY INJ 300MG/2ML	5	PA (COSENTYX)
COSENTYX INJ 125MG/5ML	5	PA (COSENTYX)
COSENTYX INJ 150MG/ML	5	PA (COSENTYX) MO
COSENTYX INJ 150MG/ML	5	PA (COSENTYX) MO

Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 75MG/0.5ML	5	PA (COSENTYX) MO
ENBREL MINI INJ 50MG/ML	5	QL (8 ML per 28 days) PA (ENBREL) MO
ENBREL SURECLICK INJ 50MG/ML	5	QL (8 ML per 28 days) PA (ENBREL) MO
ENBREL INJ 25MG/0.5ML	5	QL (4 ML per 28 days) PA (ENBREL) MO
ENBREL INJ 25MG/0.5ML	5	QL (4 ML per 28 days) PA (ENBREL)
ENBREL INJ 50MG/ML	5	QL (8 ML per 28 days) PA (ENBREL) MO
ENTYVIO PEN INJ 108MG/0.68ML	5	QL (1.36 ML per 28 days) PA (ENTYVIO)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0	5	QL (2 EA per 180 days) PA (ADALIMUMAB) MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	5	QL (3 EA per 180 days) PA (ADALIMUMAB) MO
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	5	QL (6 EA per 180 days) PA (ADALIMUMAB) MO
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL (3 EA per 180 days) PA (ADALIMUMAB) MO
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJ 80MG/0.8ML	5	QL (4 EA per 180 days) PA (ADALIMUMAB) MO

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PS/UV STARTER INJ 0	5	QL (3 EA per 180 days) PA (ADALIMUMAB) MO
HUMIRA PEN INJ 40MG/0.4ML	5	QL (4 EA per 28 days) PA (ADALIMUMAB) MO
HUMIRA PEN INJ 40MG/0.8ML	5	QL (4 EA per 28 days) PA (ADALIMUMAB) MO
HUMIRA PEN INJ 80MG/0.8ML	5	QL (2 EA per 28 days) PA (ADALIMUMAB) MO
HUMIRA INJ 10MG/0.1ML	5	QL (2 EA per 28 days) PA (ADALIMUMAB) MO
HUMIRA INJ 20MG/0.2ML	5	QL (2 EA per 28 days) PA (ADALIMUMAB) MO
HUMIRA INJ 40MG/0.4ML	5	QL (4 EA per 28 days) PA (ADALIMUMAB) MO
HUMIRA INJ 40MG/0.8ML	5	QL (4 EA per 28 days) PA (ADALIMUMAB) MO
INFLECTRA INJ 100MG	5	PA (INFLIXIMAB)
KINERET INJ 100MG/0.67ML	5	QL (18.76 ML per 28 days) PA (KINERET) MO
<i>leflunomide tabs 10mg</i>	2	MO
<i>leflunomide tabs 20mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
LUPKYNIS CAPS 7.9MG	5	QL (6 EA per 1 days) PA (LUPKYNIS)
ORENCIA CLICKJECT INJ 125MG/ML	5	PA (ORENCIA) MO
ORENCIA INJ 125MG/ML	5	PA (ORENCIA) MO
ORENCIA INJ 250MG	5	PA (ORENCIA) MO
ORENCIA INJ 50MG/0.4ML	5	PA (ORENCIA) MO
ORENCIA INJ 87.5MG/0.7ML	5	PA (ORENCIA) MO
OTEZLA XR TB24 75MG	5	QL (1 EA per 1 days) PA (OTEZLA) MO
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TBPK 0	5	QL (41 EA per 180 days) PA (OTEZLA)
OTEZLA TABS 20MG	5	QL (2 EA per 1 days) PA (OTEZLA)
OTEZLA TABS 30MG	5	QL (60 EA per 30 days) PA (OTEZLA) MO
OTEZLA TBPK 0	5	QL (110 EA per 365 days) PA (OTEZLA)
OTEZLA TBPK 0	5	QL (55 EA per 180 days) PA (OTEZLA)
RINVOQ LQ SOLN 1MG/ML	5	QL (12 ML per 1 days) PA (RINVOQ)
RINVOQ TB24 15MG	5	QL (1 EA per 1 days) PA (RINVOQ) MO
RINVOQ TB24 30MG	5	QL (1 EA per 1 days) PA (RINVOQ) MO
RINVOQ TB24 45MG	5	QL (1 EA per 1 days) PA (RINVOQ) MO
SAPHNELO INJ 300MG/2ML	5	PA (SAPHNELO)

Drug Name	Drug Tier	Requirements/Limits
SIMPONI ARIA INJ 50MG/4ML	5	PA (SIMPONI) MO
SIMPONI INJ 100MG/ML	5	QL (1 ML per 28 days) PA (SIMPONI) MO
SIMPONI INJ 100MG/ML	5	QL (1 ML per 28 days) PA (SIMPONI) MO
SIMPONI INJ 50MG/0.5ML	5	QL (0.5 ML per 30 days) PA (SIMPONI) MO
SIMPONI INJ 50MG/0.5ML	5	QL (0.5 ML per 30 days) PA (SIMPONI) MO
STELARA INJ 130MG/26ML	5	QL (104 ML per 84 days) PA (USTEKINUMAB)
STELARA INJ 45MG/0.5ML	5	QL (1.5 ML per 84 days) PA (USTEKINUMAB)
STELARA INJ 45MG/0.5ML	5	QL (1.5 ML per 84 days) PA (USTEKINUMAB)
STELARA INJ 90MG/ML	5	QL (2 ML per 56 days) PA (USTEKINUMAB)
STEQEYMA INJ 130MG/26ML	5	QL (104 ML per 180 days) PA (USTEKINUMAB)
STEQEYMA INJ 45MG/0.5ML	3	QL (1.5 ML per 84 days) PA (USTEKINUMAB)
STEQEYMA INJ 90MG/ML	5	QL (2 ML per 56 days) PA (USTEKINUMAB)

Drug Name	Drug Tier	Requirements/Limits
TALTZ INJ 20MG/0.25ML	5	PA (TALTZ)
TALTZ INJ 40MG/0.5ML	5	PA (TALTZ)
TALTZ INJ 80MG/ML	5	PA (TALTZ) MO
TALTZ INJ 80MG/ML	5	PA (TALTZ) MO
USTEKINUMAB INJ 130MG/26ML	5	QL (104 ML per 84 days) PA (USTEKINUMAB)
USTEKINUMAB INJ 45MG/0.5ML	5	QL (1.5 ML per 84 days) PA (USTEKINUMAB)
USTEKINUMAB INJ 45MG/0.5ML	5	QL (1.5 ML per 84 days) PA (USTEKINUMAB)
USTEKINUMAB INJ 90MG/ML	5	QL (2 ML per 56 days) PA (USTEKINUMAB)
XELJANZ XR TB24 11MG	5	QL (1 EA per 1 days) PA (XELJANZ)
XELJANZ XR TB24 22MG	5	QL (1 EA per 1 days) PA (XELJANZ)
XELJANZ SOLN 1MG/ML	5	PA (XELJANZ)
XELJANZ TABS 10MG	5	QL (2 EA per 1 days) PA (XELJANZ)
XELJANZ TABS 5MG	5	QL (2 EA per 1 days) PA (XELJANZ)
YESINTEK INJ 130MG/26ML	5	QL (104 ML per 180 days) PA (USTEKINUMAB)
YESINTEK INJ 45MG/0.5ML	3	QL (1.5 ML per 84 days) PA (USTEKINUMAB)

Drug Name	Drug Tier	Requirements/Limits
YESINTEK INJ 45MG/0.5ML	3	QL (1.5 ML per 84 days) PA (USTEKINUMAB)
YESINTEK INJ 90MG/ML	5	QL (2 ML per 56 days) PA (USTEKINUMAB)
<i>Immunomodulatory Agents</i>		
<i>everolimus tabs 0.25mg</i>	4	B/D MO
<i>everolimus tabs 0.5mg</i>	5	B/D MO
<i>everolimus tabs 0.75mg</i>	5	B/D MO
<i>everolimus tabs 1mg</i>	5	B/D MO
<i>Immunosuppressive Therapy</i>		
ASTAGRAF XL CP24 0.5MG	4	PA (ASTAGRAF, new starts only) MO
ASTAGRAF XL CP24 1MG	4	PA (ASTAGRAF, new starts only) MO
ASTAGRAF XL CP24 5MG	5	PA (ASTAGRAF, new starts only) MO
ATGAM INJ 50MG/ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN, new starts only)
AZATHIOPRINE INJ 100MG	5	B/D
<i>azathioprine tabs 100mg</i>	2	B/D MO
<i>azathioprine tabs 50mg</i>	2	B/D MO
<i>azathioprine tabs 75mg</i>	2	B/D MO
<i>cyclosporine modified caps 100mg</i>	2	B/D MO
<i>cyclosporine modified caps 25mg</i>	2	
<i>cyclosporine modified caps 50mg</i>	2	B/D MO
<i>cyclosporine modified soln 100mg/ml</i>	2	B/D MO
<i>cyclosporine caps 100mg</i>	2	B/D MO
<i>cyclosporine caps 25mg</i>	2	B/D MO

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf caps 100mg</i>	2	B/D MO
<i>gengraf caps 25mg</i>	2	MO
<i>gengraf soln 100mg/ml</i>	2	B/D MO
<i>mycophenolate mofetil caps 250mg</i>	2	B/D MO
NULOJIX INJ 250MG	5	PA (NULOJIX, new starts only)
PROGRAF PACK 0.2MG	4	B/D MO
PROGRAF PACK 1MG	4	B/D MO
<i>sirolimus soln 1mg/ml</i>	4	B/D MO
<i>sirolimus tabs 0.5mg</i>	4	B/D MO
<i>sirolimus tabs 1mg</i>	2	B/D MO
<i>sirolimus tabs 2mg</i>	4	B/D MO
<i>tacrolimus caps 0.5mg</i>	2	B/D MO
<i>tacrolimus caps 1mg</i>	2	B/D MO
<i>tacrolimus caps 5mg</i>	2	B/D MO
THYMOGLOBULIN INJ 25MG	5	PA (INTRAVENOUS IMMUNE GLOBULIN, new starts only)
XOLAIR INJ 150MG/ML	5	PA (XOLAIR)
XOLAIR INJ 150MG/ML	5	PA (XOLAIR) LA
XOLAIR INJ 150MG	5	PA (XOLAIR) LA
XOLAIR INJ 300MG/2ML	5	PA (XOLAIR)
XOLAIR INJ 300MG/2ML	5	PA (XOLAIR)
XOLAIR INJ 75MG/0.5ML	5	PA (XOLAIR)
XOLAIR INJ 75MG/0.5ML	5	PA (XOLAIR) LA
<i>Multiple Sclerosis Agents</i>		
AVONEX PEN INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) MO
AVONEX INJ 30MCG/0.5ML	5	QL (1 EA per 28 days) MO

Drug Name	Drug Tier	Requirements/Limits
BETASERON INJ 0.3MG	5	QL (14 EA per 28 days) MO
<i>fingolimod hydrochloride caps 0.5mg</i>	5	QL (1 EA per 1 days) PA (FINGOLIMOD) MO
<i>glatiramer acetate inj 20mg/ml</i>	5	QL (1 ML per 1 days) MO
<i>glatiramer acetate inj 40mg/ml</i>	5	QL (12 ML per 28 days) MO
<i>glatopa inj 20mg/ml</i>	5	QL (1 ML per 1 days) MO
<i>glatopa inj 40mg/ml</i>	5	QL (12 ML per 28 days) MO
MAYZENT STARTER PACK TBPK 0.25MG	3	QL (7 EA per 180 days) PA (MAYZENT)
MAYZENT STARTER PACK TBPK 0.25MG	5	QL (12 EA per 180 days) PA (MAYZENT)
MAYZENT TABS 0.25MG	5	QL (4 EA per 1 days) PA (MAYZENT) MO
MAYZENT TABS 1MG	5	QL (1 EA per 1 days) PA (MAYZENT)
MAYZENT TABS 2MG	5	QL (1 EA per 1 days) PA (MAYZENT) MO
<i>teriflunomide tabs 14mg</i>	5	PA (TERIFLUNOMIDE) MO
<i>teriflunomide tabs 7mg</i>	5	PA (TERIFLUNOMIDE) MO
<i>Myasthenia Gravis Agents</i>		

Drug Name	Drug Tier	Requirements/Limits
VYVGART HYTRULO INJ 1000MG/5ML; 10000UNIT/5ML	5	QL (20 ML per 28 days) PA (VYVGART HYTRULO)
ZILBRYSQ INJ 16.6MG/0.416ML	5	QL (0.42 ML per 1 days) PA (ZILBRYSQ)
ZILBRYSQ INJ 23MG/0.574ML	5	QL (0.58 ML per 1 days) PA (ZILBRYSQ)
ZILBRYSQ INJ 32.4MG/0.81ML	5	QL (0.81 ML per 1 days) PA (ZILBRYSQ)
<i>Neuromyelitis Optica Spectrum Disorder Agents</i>		
ENSPRYNG INJ 120MG/ML	5	QL (3 ML per 28 days) PA (ENSPRYNG)
Miscellaneous Therapeutic Agents		
<i>5-alpha-Reductase Inhibitors</i>		
<i>dutasteride caps 0.5mg</i>	2	MO
<i>finasteride tabs 5mg</i>	1	MO
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg</i>	1	MO
<i>allopurinol tabs 300mg</i>	1	MO
<i>colchicine tabs 0.6mg</i>	2	
<i>febuxostat tabs 40mg</i>	2	QL (1 EA per 1 days) MO
<i>febuxostat tabs 80mg</i>	2	QL (1 EA per 1 days) MO
<i>Antisense Oligonucleotides</i>		
EXONDYS 51 INJ 100MG/2ML	5	PA (EXONDYS)
EXONDYS 51 INJ 500MG/10ML	5	PA (EXONDYS)
TEGSEDI INJ 284MG/1.5ML	5	QL (6 ML per 28 days) PA (TEGSEDI) MO

Drug Name	Drug Tier	Requirements/Limits
WAINUA INJ 45MG/0.8ML	5	QL (0.8 ML per 28 days) PA (WAINUA)
<i>Bone Resorption Inhibitors</i>		
<i>alendronate sodium soln 70mg/75ml</i>	4	MO
<i>alendronate sodium tabs 10mg</i>	1	QL (1 EA per 1 days) MO
<i>alendronate sodium tabs 35mg</i>	1	QL (4 EA per 28 days) MO
<i>alendronate sodium tabs 5mg</i>	1	QL (1 EA per 1 days)
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days) MO
<i>ibandronate sodium inj 3mg/3ml</i>	2	
<i>ibandronate sodium tabs 150mg</i>	1	QL (1 EA per 28 days) MO
<i>pamidronate disodium inj 30mg/10ml</i>	2	PA (PARENTERAL BISPHOSPHONATES)
PAMIDRONATE DISODIUM INJ 6MG/ML	4	PA (PARENTERAL BISPHOSPHONATES)
<i>pamidronate disodium inj 90mg/10ml</i>	2	PA (PARENTERAL BISPHOSPHONATES)
<i>risedronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days) PA (RISEDRONATE) MO
<i>risedronate sodium tabs 30mg</i>	2	QL (1 EA per 1 days) PA (RISEDRONATE)
<i>risedronate sodium tabs 35mg</i>	2	QL (4 EA per 28 days) PA (RISEDRONATE) MO

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tabs 35mg</i>	2	QL (4 EA per 28 days) PA (RISEDRONATE) MO
<i>risedronate sodium tabs 35mg</i>	2	QL (4 EA per 28 days) PA (RISEDRONATE) MO
<i>risedronate sodium tabs 5mg</i>	2	QL (1 EA per 1 days) PA (RISEDRONATE) MO
ZOLEDRONIC ACID INJ 4MG/100ML	4	PA (PARENTERAL BISPHOSPHONATES, new starts only)
<i>zoledronic acid inj 4mg/5ml</i>	2	PA (PARENTERAL BISPHOSPHONATES, new starts only)
<i>zoledronic acid inj 5mg/100ml</i>	2	PA (PARENTERAL BISPHOSPHONATES)
<i>Immunomodulatory Agents</i>		
ACTIMMUNE INJ 100MCG/0.5ML	5	PA (ACTIMMUNE, new starts only) LA MO
<i>dimethyl fumarate starterpack cdpk 0</i>	4	
<i>dimethyl fumarate cpdr 120mg</i>	2	MO
<i>dimethyl fumarate cpdr 240mg</i>	2	MO
JOENJA TABS 70MG	5	QL (2 EA per 1 days) PA (JOENJA)
OCREVUS ZUNOVO INJ 23000UNIT/23ML; 920MG/23ML	5	QL (23 ML per 180 days) PA (OCREVUS)
OCREVUS INJ 300MG/10ML	5	QL (20 ML per 180 days) PA (OCREVUS)

Drug Name	Drug Tier	Requirements/Limits
THALOMID CAPS 100MG	5	PA (THALOMID, new starts only) MO
THALOMID CAPS 150MG	5	PA (THALOMID, new starts only) MO
THALOMID CAPS 200MG	5	PA (THALOMID, new starts only) MO
THALOMID CAPS 50MG	5	PA (THALOMID, new starts only) MO
TYSABRI INJ 300MG/15ML	5	PA (TYSABRI) LA
<i>Immunosuppressive Agents</i>		
<i>mycophenolate mofetil susr 200mg/ml</i>	5	B/D MO
<i>mycophenolate mofetil tabs 500mg</i>	2	B/D MO
<i>mycophenolic acid dr tbec 180mg</i>	2	B/D MO
<i>mycophenolic acid dr tbec 360mg</i>	2	B/D MO
MYHIBBIN SUSP 200MG/ML	5	B/D
<i>Kallikrein-Kinin System Inhibitors</i>		
EMPAVELI INJ 1080MG/20ML	5	QL (160 ML per 30 days) PA (EMPAVELI)
HAEGARDA INJ 2000UNIT	5	PA (HAEGARDA)
HAEGARDA INJ 3000UNIT	5	PA (HAEGARDA)
VOYDEYA TABS 100MG	5	QL (6 EA per 1 days) PA (VOYDEYA)
VOYDEYA TBPK 0	5	QL (6 EA per 1 days) PA (VOYDEYA)
<i>Other Miscellaneous Therapeutic Agents</i>		
AQNEURSA PACK 1GM	5	PA (AQNEURSA)
<i>betaine anhydrous powd 0</i>	5	PA (CYSTADANE) MO
BOTOX INJ 100UNIT	4	PA (BOTULINUM TOXINS)

Drug Name	Drug Tier	Requirements/Limits
BOTOX INJ 200UNIT	4	PA (BOTULINUM TOXINS)
CYSTAGON CAPS 150MG	4	LA MO
CYSTAGON CAPS 50MG	4	LA MO
DUVYZAT SUSP 8.86MG/ML	5	QL (12 ML per 1 days) PA (DUVYZAT)
ELMIRON CAPS 100MG	5	PA (PENTOSAN POLYSULFATE SODIUM)
EVRYSDI SOLR 0.75MG/ML	5	QL (6.67 ML per 1 days) PA (EVRYSDI)
EVRYSDI TABS 5MG	5	QL (1 EA per 1 days) PA (EVRYSDI)
<i>l-glutamine pack 5gm</i>	5	PA (ENDARI)
<i>levocarnitine sf soln 1gm/10ml</i>	4	MO
<i>levocarnitine soln 1gm/10ml</i>	4	MO
<i>levocarnitine tabs 330mg</i>	4	MO
LODOCO TABS 0.5MG	4	QL (1 EA per 1 days) PA (LODOCO) MO
REZUROCK TABS 200MG	5	QL (2 EA per 1 days) PA (REZUROCK)
RIVFLOZA INJ 128MG/0.8ML	5	QL (0.8 ML per 28 days) PA (RIVFLOZA)
RIVFLOZA INJ 160MG/ML	5	QL (1 ML per 28 days) PA (RIVFLOZA)
RIVFLOZA INJ 80MG/0.5ML	5	QL (1 ML per 28 days) PA (RIVFLOZA)
SKYCLARYS CAPS 50MG	5	QL (3 EA per 1 days) PA (SKYCLARYS)

Drug Name	Drug Tier	Requirements/Limits
SOHONOS CAPS 1.5MG	4	QL (2 EA per 1 days) PA (SOHONOS)
SOHONOS CAPS 10MG	4	QL (2 EA per 1 days) PA (SOHONOS)
SOHONOS CAPS 1MG	5	QL (4 EA per 1 days) PA (SOHONOS)
SOHONOS CAPS 2.5MG	4	QL (1 EA per 1 days) PA (SOHONOS)
SOHONOS CAPS 5MG	4	QL (1 EA per 1 days) PA (SOHONOS)
TYBOST TABS 150MG	3	MO
VIJOICE PACK 50MG	5	QL (1 EA per 1 days) PA (VIJOICE)
VIJOICE TBPK 0	5	QL (2 EA per 1 days) PA (VIJOICE)
VIJOICE TBPK 125MG	5	QL (1 EA per 1 days) PA (VIJOICE)
VIJOICE TBPK 50MG	5	QL (1 EA per 1 days) PA (VIJOICE)
VOXZOGO INJ 0.4MG	5	QL (1 EA per 1 days) PA (VOXZOGO)
VOXZOGO INJ 0.56MG	5	QL (1 EA per 1 days) PA (VOXZOGO)
VOXZOGO INJ 1.2MG	5	QL (1 EA per 1 days) PA (VOXZOGO)
XEOMIN INJ 100UNIT	5	PA (BOTULINUM TOXINS)
XEOMIN INJ 200UNIT	5	PA (BOTULINUM TOXINS)

Drug Name	Drug Tier	Requirements/Limits
XEOMIN INJ 50UNIT	5	PA (BOTULINUM TOXINS)
<i>Protective Agents</i>		
<i>dalfampridine er tb12 10mg</i>	2	QL (2 EA per 1 days) PA (DALFAMPRIDINE) MO
<i>mesna tabs 400mg</i>	5	
Oxytocics		
<i>Oxytocics</i>		
<i>mifepristone tabs 200mg</i>	2	QL (1 EA per 1 days)
Respiratory Tract Agents		
<i>Anti-inflammatory Agents</i>		
ARCALYST INJ 220MG	5	PA (ARCALYST) LA MO
BRINSUPRI TABS 10MG	5	QL (1 EA per 1 days) PA (BRINSUPRI)
BRINSUPRI TABS 25MG	5	QL (1 EA per 1 days) PA (BRINSUPRI)
<i>cromolyn sodium conc 100mg/5ml</i>	4	MO
<i>cromolyn sodium nebu 20mg/2ml</i>	2	B/D MO
FASENRA PEN INJ 30MG/ML	5	PA (FASENRA)
FASENRA INJ 10MG/0.5ML	4	PA (FASENRA)
FASENRA INJ 30MG/ML	5	PA (FASENRA)
<i>montelukast sodium chew 4mg</i>	2	QL (1 EA per 1 days) MO
<i>montelukast sodium chew 5mg</i>	2	QL (1 EA per 1 days) MO
<i>montelukast sodium pack 4mg</i>	2	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium tabs 10mg</i>	1	QL (1 EA per 1 days) MO
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA (NUCALA) MO
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA (NUCALA) MO
NUCALA INJ 100MG	5	QL (3 EA per 28 days) PA (NUCALA) MO
NUCALA INJ 40MG/0.4ML	5	QL (0.4 ML per 28 days) PA (NUCALA) MO
<i>zafirlukast tabs 10mg</i>	4	QL (2 EA per 1 days) MO
<i>zafirlukast tabs 20mg</i>	4	QL (2 EA per 1 days) MO
<i>Antifibrotic Agents</i>		
OFEV CAPS 100MG	5	QL (2 EA per 1 days) PA (PULMONARY FIBROSIS AGENTS) MO
OFEV CAPS 150MG	5	QL (2 EA per 1 days) PA (PULMONARY FIBROSIS AGENTS) MO
<i>pirfenidone caps 267mg</i>	5	QL (9 EA per 1 days) PA (PULMONARY FIBROSIS AGENTS) MO

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone tabs 267mg</i>	5	QL (6 EA per 1 days) PA (PULMONARY FIBROSIS AGENTS) MO
PIRFENIDONE TABS 534MG	5	QL (3 EA per 1 days) PA (PULMONARY FIBROSIS AGENTS) MO
<i>pirfenidone tabs 801mg</i>	5	QL (3 EA per 1 days) PA (PULMONARY FIBROSIS AGENTS) MO
<i>Antitussives</i>		
<i>promethazine dm syrp 15mg/5ml; 6.25mg/5ml</i>	2	QL (420 ML per 30 days) ED
<i>promethazine hydrochloride/dextromethorphan hydrobromide syrp 15mg/5ml; 6.25mg/5ml</i>	2	QL (420 ML per 30 days) ED
<i>promethazine vc/codeine syrp 10mg/5ml; 5mg/5ml; 6.25mg/5ml</i>	2	QL (420 ML per 30 days) ED
<i>promethazine/codeine soln 10mg/5ml; 6.25mg/5ml</i>	2	QL (420 ML per 30 days) ED
<i>promethazine/dextromethorphan syrp 15mg/5ml; 6.25mg/5ml</i>	2	QL (420 ML per 30 days) ED
<i>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</i>		
ALYFTREK TABS 125MG; 50MG; 10MG	5	QL (2 EA per 1 days) PA (ALYFTREK)

Drug Name	Drug Tier	Requirements/Limits
ALYFTREK TABS 50MG; 20MG; 4MG	5	QL (3 EA per 1 days) PA (ALYFTREK)
KALYDECO PACK 13.4MG	5	QL (2 EA per 1 days) PA (KALYDECO) MO
KALYDECO PACK 25MG	5	QL (2 EA per 1 days) PA (KALYDECO) MO
KALYDECO PACK 5.8MG	5	QL (2 EA per 1 days) PA (KALYDECO) MO
KALYDECO PACK 50MG	5	QL (2 EA per 1 days) PA (KALYDECO) MO
KALYDECO PACK 75MG	5	QL (2 EA per 1 days) PA (KALYDECO) MO
KALYDECO TABS 150MG	5	QL (2 EA per 1 days) PA (KALYDECO) MO
ORKAMBI PACK 125MG; 100MG	5	QL (2 EA per 1 days) PA (ORKAMBI) MO
ORKAMBI PACK 188MG; 150MG	5	QL (2 EA per 1 days) PA (ORKAMBI) MO
ORKAMBI PACK 94MG; 75MG	5	QL (2 EA per 1 days) PA (ORKAMBI) MO
ORKAMBI TABS 125MG; 100MG	5	QL (4 EA per 1 days) PA (ORKAMBI) MO
ORKAMBI TABS 125MG; 200MG	5	QL (4 EA per 1 days) PA (ORKAMBI) MO
SYMDEKO TBPK 150MG; 100MG	5	QL (2 EA per 1 days) PA (SYMDEKO) MO
SYMDEKO TBPK 75MG; 50MG	5	QL (2 EA per 1 days) PA (SYMDEKO) MO
TRIKAFTA TBPK 100MG; 0; 50MG	5	QL (3 EA per 1 days) PA (TRIKAFTA) MO

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA TBPK 50MG; 0; 25MG	5	QL (3 EA per 1 days) PA (TRIKAFTA) MO
TRIKAFTA THPK 100MG; 0; 50MG	5	QL (2 EA per 1 days) PA (TRIKAFTA) MO
TRIKAFTA THPK 80MG; 0; 40MG	5	QL (2 EA per 1 days) PA (TRIKAFTA) MO
<i>Mucolytic Agents</i>		
PULMOZYME SOLN 2.5MG/2.5ML	5	QL (150 ML per 30 days) B/D MO
<i>Phosphodiesterase Type 4 Inhibitors</i>		
<i>roflumilast tabs 250mcg</i>	2	QL (1 EA per 1 days) MO
<i>roflumilast tabs 500mcg</i>	2	QL (1 EA per 1 days) MO
<i>Respiratory Tract Agents, Miscellaneous</i>		
BRONCHITOL CAPS 40MG	5	QL (560 EA per 28 days) PA (BRONCHITOL)
WINREVAIR INJ 0	5	QL (1 EA per 21 days) PA (WINREVAIR)
WINREVAIR INJ 0	5	QL (1 EA per 21 days) PA (WINREVAIR)
WINREVAIR INJ 45MG	5	QL (1 EA per 21 days) PA (WINREVAIR)
WINREVAIR INJ 60MG	5	QL (1 EA per 21 days) PA (WINREVAIR)
<i>Vasodilating Agents</i>		
ADEMPAS TABS 0.5MG	5	PA (RIOCIGUAT) MO
ADEMPAS TABS 1.5MG	5	PA (RIOCIGUAT) MO
ADEMPAS TABS 1MG	5	PA (RIOCIGUAT) MO

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TABS 2.5MG	5	PA (RIOCIGUAT) MO
ADEMPAS TABS 2MG	5	PA (RIOCIGUAT) MO
<i>alyq tabs 20mg</i>	4	QL (2 EA per 1 days) PA (TADALAFIL (PULMONARY ARTERIAL HYPERTENSION)) MO
<i>ambrisentan tabs 10mg</i>	5	PA (AMBRISENTAN) LA MO
<i>ambrisentan tabs 5mg</i>	5	PA (AMBRISENTAN) LA MO
<i>bosentan tabs 125mg</i>	5	PA (BOSENTAN) LA MO
<i>bosentan tabs 62.5mg</i>	5	PA (BOSENTAN) LA MO
<i>bosentan tbso 32mg</i>	5	QL (4 EA per 1 days) PA (BOSENTAN) MO
FILSPARI TABS 200MG	5	QL (1 EA per 1 days) PA (FILSPARI)
FILSPARI TABS 400MG	5	QL (1 EA per 1 days) PA (FILSPARI)
OPSUMIT TABS 10MG	5	QL (1 EA per 1 days) PA (OPSUMIT) MO
ORENITRAM TITRATION KIT MONTH 1 TEPK 0	4	QL (336 EA per 365 days) PA (ORENITRAM)
ORENITRAM TITRATION KIT MONTH 2 TEPK 0	4	QL (672 EA per 365 days) PA (ORENITRAM)

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TITRATION KIT MONTH 3 TEPK 0	4	QL (504 EA per 365 days) PA (ORENITRAM)
ORENITRAM TBCR 0.125MG	4	PA (ORENITRAM)
ORENITRAM TBCR 0.25MG	4	PA (ORENITRAM)
ORENITRAM TBCR 1MG	4	PA (ORENITRAM)
ORENITRAM TBCR 2.5MG	4	PA (ORENITRAM)
ORENITRAM TBCR 5MG	4	PA (ORENITRAM)
<i>sildenafil citrate susr 10mg/ml</i>	5	QL (6 ML per 1 days) PA (SILDENAFIL (PULMONARY ARTERIAL HYPERTENSION)) MO
<i>sildenafil citrate tabs 20mg</i>	2	QL (3 EA per 1 days) PA (SILDENAFIL (PULMONARY ARTERIAL HYPERTENSION)) MO
<i>tadalafil tabs 20mg</i>	4	QL (2 EA per 1 days) PA (TADALAFIL (PULMONARY ARTERIAL HYPERTENSION)) MO

Drug Name	Drug Tier	Requirements/Limits
TADLIQ SUSP 20MG/5ML	5	QL (10 ML per 1 days) PA (TADALAFIL (PULMONARY ARTERIAL HYPERTENSION))
<i>treprostinil inj 100mg/20ml</i>	5	PA (TREPROSTINIL) LA
<i>treprostinil inj 200mg/20ml</i>	5	PA (TREPROSTINIL) LA
<i>treprostinil inj 20mg/20ml</i>	5	PA (TREPROSTINIL) LA
<i>treprostinil inj 50mg/20ml</i>	5	PA (TREPROSTINIL) LA
TRYVIO TABS 12.5MG	4	QL (1 EA per 1 days) PA (TRYVIO) MO
VANRAFIA TABS 0.75MG	5	QL (1 EA per 1 days) PA (VANRAFIA)
VENTAVIS SOLN 10MCG/ML	5	PA (VENTAVIS) MO
VENTAVIS SOLN 20MCG/ML	5	PA (VENTAVIS) MO
YUTREPIA CAPS 106MCG	5	QL (5 EA per 1 days) PA (YUTREPIA)
YUTREPIA CAPS 26.5MCG	5	QL (5 EA per 1 days) PA (YUTREPIA)
YUTREPIA CAPS 53MCG	5	QL (5 EA per 1 days) PA (YUTREPIA)
YUTREPIA CAPS 79.5MCG	5	QL (5 EA per 1 days) PA (YUTREPIA)
Skin and Mucous Membrane Agents		
<i>Anti-infectives</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir crea 5%</i>	4	PA (TOPICAL ANTIVIRALS)
<i>acyclovir oint 5%</i>	4	PA (TOPICAL ANTIVIRALS)
<i>ciclodan soln 8%</i>	2	
<i>ciclopirox nail lacquer soln 8%</i>	2	
<i>ciclopirox olamine crea 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox sham 1%</i>	2	
<i>ciclopirox susp 0.77%</i>	2	
<i>clindamycin phosphate (once-daily) gel 1%</i>	2	
<i>clindamycin phosphate (twice-daily) gel 1%</i>	2	
<i>clindamycin phosphate crea 2%</i>	4	
<i>clindamycin phosphate lotn 1%</i>	2	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	1	
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE LOTN 0.05%; 1%	4	
<i>clotrimazole crea 1%</i>	1	
<i>clotrimazole soln 1%</i>	2	
<i>clotrimazole troc 10mg</i>	2	
<i>econazole nitrate crea 1%</i>	1	
<i>gentamicin sulfate crea 0.1%</i>	4	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>ketoconazole crea 2%</i>	2	
<i>ketoconazole sham 2%</i>	2	
<i>klayesta powd 100000unit/gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	4	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotn 0.75%</i>	1	
MICONAZOLE 3 SUPP 200MG	4	
<i>mupirocin oint 2%</i>	1	
<i>nyamyc powd 100000unit/gm</i>	2	
<i>nystatin crea 100000unit/gm</i>	2	
<i>nystatin oint 100000unit/gm</i>	2	
<i>nystatin powd 100000unit/gm</i>	2	
<i>nystop powd 100000unit/gm</i>	2	
<i>penciclovir crea 1%</i>	2	PA (TOPICAL ANTIVIRALS)
<i>permethrin crea 5%</i>	2	
<i>selenium sulfide lotn 2.5%</i>	2	
<i>silver sulfadiazine crea 1%</i>	2	
<i>ssd crea 1%</i>	2	
<i>terconazole crea 0.4%</i>	2	
<i>terconazole crea 0.8%</i>	2	
ZELSUVMI GEL 10.3%	5	QL (31 GM per 60 days) PA (ZELSUVMI)
<i>Anti-inflammatory Agents</i>		
ADBRY INJ 300MG/2ML	5	QL (6 ML per 28 days) PA (ADBRY)
<i>ala-cort crea 1%</i>	1	
<i>alclometasone dipropionate crea 0.05%</i>	2	
ALCLOMETASONE DIPROPIONATE OINT 0.05%	4	
AMCINONIDE LOTN 0.1%	4	

Drug Name	Drug Tier	Requirements/Limits
AMCINONIDE OINT 0.1%	4	
ANZUPGO CREA 20MG/GM	5	QL (60 GM per 30 days) PA (ANZUPGO)
<i>betamethasone dipropionate augmented crea 0.05%</i>	2	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL 0.05%	4	
<i>betamethasone dipropionate augmented lotn 0.05%</i>	2	
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	
<i>betamethasone dipropionate crea 0.05%</i>	2	
<i>betamethasone dipropionate lotn 0.05%</i>	2	
<i>betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone valerate crea 0.1%</i>	2	
BETAMETHASONE VALERATE LOTN 0.1%	4	
<i>betamethasone valerate oint 0.1%</i>	2	
<i>brimonidine tartrate/timolol maleate soln 0.2%; 0.5%</i>	4	ST (BRIMONIDINE/TIMOLOL #2) MO
<i>budesonide foam 2mg</i>	2	
<i>clobetasol propionate e crea 0.05%</i>	1	
<i>clobetasol propionate emollient crea 0.05%</i>	1	
<i>clobetasol propionate emollient foam 0.05%</i>	4	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate foam 0.05%</i>	4	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotn 0.05%</i>	4	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate sham 0.05%</i>	2	
<i>clobetasol propionate soln 0.05%</i>	2	
<i>clodan sham 0.05%</i>	2	
<i>desonide crea 0.05%</i>	2	
<i>desonide lotn 0.05%</i>	2	
<i>desonide oint 0.05%</i>	2	
<i>diclofenac sodium gel 3%</i>	2	QL (100 GM per 30 days) PA (TOPICAL DICLOFENAC)
<i>diclofenac sodium soln 1.5%</i>	2	PA (TOPICAL DICLOFENAC)
DUPIXENT INJ 200MG/1.14ML	5	PA (DUPIXENT)
DUPIXENT INJ 200MG/1.14ML	5	PA (DUPIXENT) MO
DUPIXENT INJ 300MG/2ML	5	PA (DUPIXENT)
DUPIXENT INJ 300MG/2ML	5	PA (DUPIXENT)
EUCRISA OINT 2%	4	PA (CRISABOROLE)
<i>fluocinolone acetonide body oil 0.01%</i>	2	
<i>fluocinolone acetonide scalp oil 0.01%</i>	2	
<i>fluocinolone acetonide topical oil 0.01%</i>	2	
<i>fluocinolone acetonide crea 0.01%</i>	2	
<i>fluocinolone acetonide crea 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide emulsified base crea 0.05%</i>	4	
<i>fluocinonide crea 0.05%</i>	2	
<i>fluocinonide crea 0.1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide gel 0.05%</i>	2	
<i>fluocinonide oint 0.05%</i>	2	
<i>fluocinonide soln 0.05%</i>	2	
<i>halobetasol propionate crea 0.05%</i>	2	
<i>halobetasol propionate oint 0.05%</i>	2	
HYDROCORTISONE BUTYRATE CREA 0.1%	4	
HYDROCORTISONE BUTYRATE OINT 0.1%	4	
HYDROCORTISONE BUTYRATE SOLN 0.1%	4	
<i>hydrocortisone valerate crea 0.2%</i>	2	
<i>hydrocortisone valerate oint 0.2%</i>	4	
<i>hydrocortisone crea 1%</i>	1	
<i>hydrocortisone crea 1%</i>	2	
<i>hydrocortisone crea 2.5%</i>	1	
<i>hydrocortisone crea 2.5%</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	2	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	QL (100 GM per 30 days)
<i>hydrocortisone oint 2.5%</i>	1	
<i>kourzeq pste 0.1%</i>	2	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	1	
<i>nystatin/triamcinolone acetonide crea 100000unit/gm; 1mg/gm</i>	2	
<i>nystatin/triamcinolone acetonide oint 100000unit/gm; 0.1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin/triamcinolone crea 100000unit/gm; 1mg/gm</i>	2	
<i>nystatin/triamcinolone oint 100000unit/gm; 0.1%</i>	2	
<i>oralone dental paste pste 0.1%</i>	2	
<i>procto-med hc crea 2.5%</i>	2	
<i>proctosol hc crea 2.5%</i>	2	
<i>proctozone-hc crea 2.5%</i>	2	
<i>tovet foam 0.05%</i>	4	
<i>triamcinolone acetonide dental paste pste 0.1%</i>	2	
<i>triamcinolone acetonide crea 0.025%</i>	1	
<i>triamcinolone acetonide crea 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.5%</i>	1	
<i>triamcinolone acetonide lotn 0.025%</i>	2	
<i>triamcinolone acetonide lotn 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triderm crea 0.5%</i>	1	
Antiproliferants		
<i>bexarotene gel 1%</i>	5	PA (CANCER DRUGS, new starts only)
<i>fluorouracil crea 5%</i>	2	
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<i>imiquimod crea 5%</i>	2	
PANRETIN GEL 0.1%	5	PA (PANRETIN, new starts only)

Drug Name	Drug Tier	Requirements/Limits
VALCHLOR GEL 0.016%	5	PA (CANCER DRUGS, new starts only)
<i>Antipruritics and Local Anesthetics</i>		
<i>doxepin hydrochloride crea 5%</i>	4	QL (90 GM per 30 days)
<i>glydo prsy 2%</i>	2	
<i>lidocaine hcl jelly prsy 2%</i>	2	
<i>lidocaine hcl prsy 2%</i>	2	
LIDOCAINE HYDROCHLORIDE JELLY GEL 2%	4	
<i>lidocaine hydrochloride soln 4%</i>	2	QL (250 ML per 30 days)
<i>lidocaine/prilocaine crea 2.5%; 2.5%</i>	2	QL (60 GM per 30 days)
<i>lidocaine oint 5%</i>	2	QL (70.88 GM per 30 days)
<i>lidocaine ptch 5%</i>	4	QL (3 EA per 1 days) PA (LIDOCAINE PATCH)
<i>phenazopyridine hydrochloride tabs 100mg</i>	2	
<i>phenazopyridine hydrochloride tabs 200mg</i>	2	
<i>premium lidocaine oint 5%</i>	2	QL (70.88 GM per 30 days)
<i>Astringents</i>		
QBREXZA PADS 2.4%	4	QL (1 EA per 1 days) PA (QBREXZA)
<i>Cell Stimulants and Proliferants</i>		
<i>finasteride tabs 1mg</i>	2	QL (1 EA per 1 days) ED
<i>tretinoin crea 0.025%</i>	2	QL (45 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin crea 0.05%</i>	2	QL (45 GM per 30 days)
<i>tretinoin crea 0.1%</i>	2	QL (45 GM per 30 days)
<i>tretinoin gel 0.01%</i>	2	QL (45 GM per 30 days)
<i>tretinoin gel 0.025%</i>	2	QL (45 GM per 30 days)
<i>Depigmenting and Pigmenting Agents</i>		
METHOXSALEN CAPS 10MG	5	
<i>Emollients, Demulcents, and Protectants</i>		
<i>ammonium lactate crea 12%</i>	2	
<i>ammonium lactate lotn 12%</i>	2	
<i>calcipotriene crea 0.005%</i>	4	QL (120 GM per 30 days)
<i>calcipotriene oint 0.005%</i>	4	QL (120 GM per 30 days)
CALCIPOTRIENE SOLN 0.005%	4	QL (120 ML per 30 days)
<i>nitroglycerin oint 0.4%</i>	4	QL (30 GM per 30 days)
SANTYL OINT 250UNIT/GM	4	
<i>Keratolytic Agents</i>		
<i>acutane caps 10mg</i>	2	PA (ISOTRETINOIN)
<i>acutane caps 20mg</i>	2	PA (ISOTRETINOIN)
<i>acutane caps 30mg</i>	2	PA (ISOTRETINOIN)
<i>acutane caps 40mg</i>	2	PA (ISOTRETINOIN)
<i>acitretin caps 10mg</i>	2	
<i>acitretin caps 17.5mg</i>	2	
<i>acitretin caps 25mg</i>	2	
<i>adapalene gel 0.1%</i>	2	
<i>adapalene gel 0.3%</i>	2	
<i>amneesteem caps 10mg</i>	2	PA (ISOTRETINOIN)
<i>amneesteem caps 20mg</i>	2	PA (ISOTRETINOIN)
<i>amneesteem caps 30mg</i>	2	PA (ISOTRETINOIN)

Drug Name	Drug Tier	Requirements/Limits
<i>amnesteem caps 40mg</i>	2	PA (ISOTRETINOIN)
<i>claravis caps 10mg</i>	2	PA (ISOTRETINOIN)
<i>isotretinoin caps 10mg</i>	2	PA (ISOTRETINOIN)
<i>isotretinoin caps 20mg</i>	2	PA (ISOTRETINOIN)
<i>isotretinoin caps 30mg</i>	2	PA (ISOTRETINOIN)
<i>isotretinoin caps 40mg</i>	2	PA (ISOTRETINOIN)
PODOFILOX SOLN 0.5%	4	
<i>tazarotene crea 0.1%</i>	4	PA (TAZORAC)
<i>tazarotene gel 0.05%</i>	2	QL (30 GM per 30 days) PA (TAZORAC)
<i>tazarotene gel 0.1%</i>	2	QL (30 GM per 30 days) PA (TAZORAC)
VEREGEN OINT 15%	5	
<i>zenatane caps 10mg</i>	2	PA (ISOTRETINOIN)
<i>zenatane caps 20mg</i>	2	PA (ISOTRETINOIN)
<i>zenatane caps 30mg</i>	2	PA (ISOTRETINOIN)
<i>zenatane caps 40mg</i>	2	PA (ISOTRETINOIN)
<i>Skin and Mucous Membrane Agents, Misc</i>		
ADBRY INJ 150MG/ML	5	QL (6 ML per 28 days) PA (ADBRY) MO
FILSUVEZ GEL 10%	5	PA (FILSUVEZ)
HYFTOR GEL 0.2%	5	PA (HYFTOR)
<i>pimecrolimus crea 1%</i>	4	PA (PIMECROLIMUS)
SKYRIZI PEN INJ 150MG/ML	5	QL (1 ML per 28 days) PA (SKYRIZI) MO
SKYRIZI INJ 150MG/ML	5	QL (1 ML per 28 days) PA (SKYRIZI) MO
<i>tacrolimus oint 0.03%</i>	4	
<i>tacrolimus oint 0.1%</i>	4	
Smooth Muscle Relaxants		

Drug Name	Drug Tier	Requirements/Limits
<i>Genitourinary Smooth Muscle Relaxants</i>		
<i>flavoxate hcl tabs 100mg</i>	2	MO
GEMTESA TABS 75MG	4	QL (1 EA per 1 days) PA (GEMTESA) MO
MYRBETRIQ TB24 25MG	3	QL (1 EA per 1 days) MO
MYRBETRIQ TB24 50MG	3	QL (1 EA per 1 days) MO
<i>oxybutynin chloride er tb24 10mg</i>	4	PA (OVERACTIVE BLADDER DRUGS) MO
<i>oxybutynin chloride er tb24 15mg</i>	4	PA (OVERACTIVE BLADDER DRUGS) MO
<i>oxybutynin chloride er tb24 5mg</i>	4	PA (OVERACTIVE BLADDER DRUGS) MO
<i>oxybutynin chloride soln 5mg/5ml</i>	2	PA (OVERACTIVE BLADDER DRUGS) MO
<i>oxybutynin chloride tabs 5mg</i>	4	PA (OVERACTIVE BLADDER DRUGS) MO
<i>solifenacin succinate tabs 10mg</i>	4	QL (1 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO

Drug Name	Drug Tier	Requirements/Limits
<i>solifenacin succinate tabs 5mg</i>	4	QL (1 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
<i>tolterodine tartrate er cp24 2mg</i>	4	QL (1 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
<i>tolterodine tartrate er cp24 4mg</i>	4	QL (1 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
<i>tolterodine tartrate tabs 1mg</i>	4	QL (2 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
<i>tolterodine tartrate tabs 2mg</i>	4	QL (2 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
<i>trospium chloride er cp24 60mg</i>	4	QL (1 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
<i>trospium chloride tabs 20mg</i>	4	QL (2 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
VESICARE LS SUSP 5MG/5ML	4	PA (VESICARE LS) MO

Drug Name	Drug Tier	Requirements/Limits
<i>Respiratory Smooth Muscle Relaxants</i>		
<i>aminophylline inj 25mg/ml</i>	2	
THEO-24 CP24 100MG	4	MO
THEO-24 CP24 200MG	4	MO
THEO-24 CP24 300MG	4	MO
THEO-24 CP24 400MG	4	MO
THEOPHYLLINE ER TB12 100MG	4	MO
THEOPHYLLINE ER TB12 200MG	4	MO
<i>theophylline er tb12 300mg</i>	4	MO
<i>theophylline er tb12 450mg</i>	2	MO
<i>theophylline er tb24 400mg</i>	2	MO
<i>theophylline er tb24 600mg</i>	4	MO
<i>theophylline elix 80mg/15ml</i>	2	MO
<i>theophylline soln 80mg/15ml</i>	2	MO
Vitamins		
<i>Multivitamin Preparations</i>		
PNV PRENATAL PLUS MULTIVITAMIN + DHA MISC 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 250MG; 27MG; 1MG; 20MG; 312MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22MG; 25MG	4	PA (PRENATAL VITAMINS)
PRENATAL TABS 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	4	PA (PRENATAL VITAMINS)
<i>Vitamin D</i>		
<i>calcitriol caps 0.25mcg</i>	2	MO
<i>calcitriol caps 0.5mcg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
CALCITRIOL INJ 1MCG/ML	4	
<i>calcitriol soln 1mcg/ml</i>	2	MO
DOXERCALCIFEROL CAPS 0.5MCG	4	MO
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DOXERCALCIFEROL CAPS 2.5MCG	4	MO
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<i>paricalcitol caps 1mcg</i>	2	PA (PARICALCITOL) MO
<i>paricalcitol caps 2mcg</i>	2	PA (PARICALCITOL) MO
<i>paricalcitol caps 4mcg</i>	2	PA (PARICALCITOL) MO
<i>paricalcitol inj 2mcg/ml</i>	2	PA (PARICALCITOL)
<i>paricalcitol inj 5mcg/ml</i>	2	PA (PARICALCITOL)
Unclassified		
<i>No Classification</i>		
VOYXACT INJ 400MG/2ML	5	QL (2 ML per 28 days) PA (VOYXACT)

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