



UNIVERSITY OF MICHIGAN HEALTH PLAN
UNIVERSITY OF MICHIGAN HEALTH

3-Tier and 4-Tier Prescription Drug List

2025

Introduction

The Prescription Drug List (PDL) is the list of covered medications for University of Michigan Health Plan (UM Health Plan) Marketplace Members and Members who have coverage through their employer group. The PDL applies only to prescription medications that a UM Health Plan Member picks up at a pharmacy or other outpatient location; it does not include inpatient medications or medications obtained or administered in a Physician's office. Some over-the-counter medications are covered due to federal regulations and the Member's specific pharmacy benefit plan.

The PDL does not define benefit coverage. Benefit coverage is determined by the Member's specific pharmacy benefit plan. This means that there may be medications listed on the PDL that are not covered because it is not a covered benefit under the Member's pharmacy benefit plan.

You may also access PDL information by visiting our website at UofMHealthPlan.org. For general questions regarding the PDL, call toll-free UM Health Plan's Customer Service Department at 1-800-832-9186.

Pharmaceutical Management Procedures

Prescription Drug List Medication Overview

Medications on the PDL fall under different benefit tiers. Which medications are on a tier is based on a review of clinical, economic, and other factors. The UM Health Plan Pharmacy & Therapeutics (P&T) Committee, composed of Physicians and Pharmacists, reviews new and existing medications, and provides clinical guidance for formulary development and tier placement. Guidance is based on similarities and differences compared with other medications that treat the same disease or condition. This helps ensure Members have access to a wide range of medications while controlling healthcare costs.

The tier placement of a medication on the PDL may be subject to change. When a medication changes tiers, the Member may be required to pay more or less. These changes may occur without prior notice. Members may visit the UM Health Plan website at UofMHealthPlan.org. Call UM Health Plan's Customer Service Department at 1-800-832-9186 or 517-364-8500 for the most up-to-date tier status and co-payment information.

Tier Designations

Prescription medications are categorized within four tiers on the PDL. Each tier is assigned a copayment, which is determined by the Member's pharmacy benefit plan. Providers may refer to the PDL as a guide to select the most appropriate medication with the lowest Member copayment for your patients.

ACA

A select list of prescription and over-the-counter medications are classified as preventive medications based on the Health Care Reform (HCR) Affordable Care Act (ACA) guidelines. These medications are available to Members at zero (\$0) copayment. More information on preventive medications is included in the Member's specific benefit plan.

Tier 1

Medications on Tier 1 will have the lowest member cost share. Most medications on this tier are generic medications.

Tier 2

Tier 2 medications are preferred branded traditional and specialty medications. A provider may consider a Tier 2 medication if no Tier 1 medication is appropriate to treat the Member's condition. Members will have a higher cost share for Tier 2 medications.

Tier 3

Tier 3 medications are non-preferred traditional medications. Members will have the highest cost share for Tier 3 medications unless the medication is a specialty medication and is designated as Tier 4.

Tier 4

Tier 4 medications are non-preferred specialty medications. Tier 4 medications will have the highest member cost share. For Members who have a 3-tier benefit plan structure, medications within this PDL denoted as tier 4 medications will assess the 3-tier Member cost share.

Medications listed in *lowercase italics* indicate the generic name of the medication. Medications listed in all UPPERCASE indicate a branded, single-source, or authorized generic medication.

Specific information about the member's cost share, including copays, deductible and coinsurance amounts, can be found in the member's Certificate of Coverage. For more information, please call UM Health Plan's Customer Service Department at 1-800-832-9186 or 517-364-8500.

Over-the-Counter Medications

For many conditions, an over the counter (OTC) medication may be the most appropriate treatment. OTC medications are defined as medications that do not require a prescription by federal or state law to be dispensed. Specific OTC medications are covered based on the member's specific benefit plan and federal regulations. Therapeutic equivalent and OTC medications may not be covered under the Member's pharmacy benefit, and they may cost less than the Member's out-of-pocket expense for prescription medications. However, if the Patient or Physician requests a therapeutic equivalent product or an OTC product, the patient may be required to pay the entire cost of the product. This is determined by the Member's pharmacy benefit plan.

Generic Medication Policy

Most generic medications are included on the PDL as Tier 1 medications. Members will have the lowest cost share with a Tier 1 medication, so consider prescribing a generic, Tier 1 medication when appropriate. Note that when a brand-name medication becomes available as a generic, that brand-name product may move to a higher tier. Unless the Physician specifies that the medication must be Dispensed As Written (DAW), the pharmacist may substitute the name brand for a lower cost generic equivalent. When generic substitution conflicts with state regulations or restrictions, the dispensing Pharmacist must obtain approval from the prescribing Physician or other health care professional to substitute the generic equivalent.

Self-Administered Injectables

Some Members may have coverage for self-administered injectable medications through their pharmacy benefit plan. You will find these medications included in the body of this document within the appropriate therapeutic categories.

Medications Requiring Notification and Other Pharmacy Programs

Prior Authorization Process

Certain drugs on the formulary require prior authorization, noted in the PDL with PA. These drugs will not be approved for payment until the conditions for approval of the drug are met and the authorization processed by UM Health Plan. To initiate a PA review for medical necessity, the Member, Member representative, provider, or provider's

designee must complete the Prior Authorization Request Form and fax the completed form to the UM Health Plan Pharmacy Department at 517-364-8413. Please visit <https://www.uofmhealthplan.org/providers/medical-drug-policies> to access prior authorization criteria.

Certain Medical Benefit drugs, noted in the PDL with MB, may require prior authorization. For additional information on specific HCPCS code coverage please visit the Medication Notification Table at the link below:

<https://www.uofmhealthplan.org/providers/pharmacy-services>

The Prior Authorization Request Form for medications can be found on the website using the link [Medication Authorization Form](#)

Please note: Medications requiring prior authorization, as well as criteria for use, are subject to change. For the most up-to-date information on coverage and the cost of a medication, call customer service at 1-800-832-9186. Coverage is based on the member's benefit plan.

Exception Process

Medications that are not listed in the prescription drug list (PDL) are excluded from coverage, or medications that are excluded based upon the member's benefit design must be reviewed with the exception process.

Providers may initiate the exception process using the link below:

<https://www.uofmhealthplan.org/forms/pharmacy-provider>

Online requests will be reviewed within twenty-four hours of receipt. Applicable chart notes can be attached to facilitate review. Notification will go out within 15 days from the date of the request based upon the type and urgency of the request.

Quantity limitations

Quantity limitations are based on FDA-approved dosing recommendations and package size as well as plan benefit limitations. Such medications have a notation "QL," for quantity limit. These quantity limitations define either the maximum supply of medication per copayment or a defined maximum amount that can be covered in a specific time period, as specified by the pharmacy benefit plan. Exceptions to the QL for certain medications are reviewed through the PA process, outlined above.

Step Therapy

All drugs with a step therapy are labeled with ST in the prescription drug list. All requirements related to step therapy for a certain drug are included in the step therapy document listed on the UM Health Plan website.

Excluded Medications

Some medications are excluded for certain uses or are only covered for specific diagnoses. In general, UM Health Plan benefit plans do not cover medications that are prescribed for conditions outside of those approved by the Federal Drug Administration (FDA).

If you have questions about the PDL or specific coverage requirements, call UM Health Plan's Customer Service Department at 1-800-832-9186 or 517-364-8500.

Therapeutic Interchange

1. UM Health Plan may call or fax the office indicating that criteria was not met for the requested medication, however the member would meet criteria for a different medication(s) with similar therapeutic objectives.
2. UM Health Plan would ask the provider if they would be willing to switch to the preferred medication.
3. If the provider agrees, UM Health Plan will withdraw the original case with a note stating that the provider is willing to switch to a preferred medication.
4. For preferred medication that requires authorization, a new case will be started for the preferred medication.
5. An approval letter for the preferred medication that the provider agreed to change will be sent to the member and provider.

Keys To Symbols

Symbols used throughout the PDL have these definitions:

ACA = Affordable Care Act Preventative Medications. These are covered at zero copayment (\$0) to the Member.

AR = Age Restriction. Prior notification may be required to be eligible for coverage, depending on the Patient's age.

GENDER = Gender Limits. Prior notification may be required to be eligible for coverage depending on the Patient's Gender.

LA = Limited Availability. This prescription may be available only at certain pharmacies.

M = Maintenance medications. Prescription medications that treat many ongoing or long-term conditions like high blood pressure, diabetes, allergies, or asthma. They are often taken every day.

MB = Medical Benefit. Medication is covered only through the medical benefit. See the Medication Notification Table on UM Health Plan's website for additional HCPCS code specific coverage.

PA = Prior Authorization required. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL = Quantity limit. How much of a drug you can fill during a specific time period.

SP = Specialty Medication. This medication allows a maximum of a one-month supply per fill.

ST = Step therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Table of Contents

| | |
|--|----|
| ADJUNCTIVE AGENTS | 4 |
| ADRENAL HORMONES | 4 |
| ANOREXIANTS | 6 |
| ANTIARRHYTHMIC AGENTS | 7 |
| ANTIBIOTICS | 8 |
| ANTICHOLINERGICS & ANTISPASMODICS | 9 |
| ANTICONVULSANTS | 10 |
| ANTIDIARRHEALS & ANTISPASMODICS | 17 |
| ANTIFUNGAL AGENTS | 18 |
| ANTIHISTAMINE & ANTIALLERGENIC AGENTS | 20 |
| ANTIHYPERTENSIVE THERAPY | 21 |
| ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS | 31 |
| ANTIPARKINSONISM AGENTS | 51 |
| ANTIPSORIATIC / ANTISEBORRHEIC | 53 |
| ANTITHYROID AGENTS | 54 |
| ANTIVIRALS | 54 |
| BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY | 60 |
| BETA-BLOCKERS | 61 |
| BIOTECHNOLOGY DRUGS | 61 |
| BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES | 63 |
| BURN THERAPY | 66 |
| CARDIAC GLYCOSIDES | 66 |
| CEPHALOSPORINS | 66 |
| CHOLINERGIC STIMULANTS | 68 |
| CHOLINESTERASE INHIBITOR MIOTICS | 69 |
| COAGULATION THERAPY | 69 |
| COUGH & COLD THERAPY | 75 |
| CYCLOPLEGIC MYDRIATICS | 76 |
| DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT | 76 |
| DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES | 77 |
| DIRECT ACTING MIOTICS | 77 |
| ELECTROLYTES | 77 |
| ERYTHROMYCINS & OTHER MACROLIDES | 78 |
| ESTROGENS & PROGESTINS | 80 |
| GLUCOSE ELEVATING AGENTS | 83 |

| | |
|---|------------|
| GOUT THERAPY | 84 |
| GROWTH HORMONES | 84 |
| INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU | 85 |
| INSULIN THERAPY | 89 |
| INTERFERONS | 91 |
| INTERLEUKINS | 91 |
| IRRIGATING SOLUTIONS | 91 |
| LIPID/CHOLESTEROL LOWERING AGENTS..... | 92 |
| MIGRAINE & CLUSTER HEADACHE THERAPY..... | 95 |
| MISCELLANEOUS AGENTS | 96 |
| MISCELLANEOUS ANTIINFECTIVES | 103 |
| MISCELLANEOUS CARDIOVASCULAR AGENTS..... | 108 |
| MISCELLANEOUS DERMATOLOGICALS..... | 109 |
| MISCELLANEOUS GASTROINTESTINAL AGENTS..... | 111 |
| MISCELLANEOUS HORMONES..... | 117 |
| MISCELLANEOUS NEUROLOGICAL THERAPY..... | 122 |
| MISCELLANEOUS OB/GYN..... | 124 |
| MISCELLANEOUS OPHTHALMOLOGICS | 126 |
| MISCELLANEOUS OTIC PREPARATIONS | 127 |
| MISCELLANEOUS UROLOGICALS..... | 128 |
| MULTIPLE SCLEROSIS AGENTS..... | 129 |
| MUSCLE RELAXANTS & ANTISPASMODIC THERAPY | 130 |
| NARCOTIC ANALGESICS | 132 |
| NITRATES | 137 |
| NON-INSULIN HYPOGLYCEMIC AGENTS | 137 |
| NON-NARCOTIC ANALGESICS..... | 140 |
| NON-STEROIDAL ANTI-INFLAMMATORY AGENTS..... | 143 |
| ORAL CONTRACEPTIVES & RELATED AGENTS..... | 144 |
| ORAL DRUGS FOR GLAUCOMA..... | 151 |
| OSTEOPOROSIS THERAPY..... | 151 |
| OTHER GLAUCOMA DRUGS | 152 |
| OTHER RHEUMATOLOGICALS | 153 |
| OTIC STEROID / ANTIBIOTIC..... | 155 |
| OXYTOCICS..... | 156 |
| PENICILLINS..... | 156 |
| PSYCHOTHERAPEUTIC DRUGS..... | 158 |
| PULMONARY AGENTS..... | 171 |
| QUINOLONES..... | 179 |

| | |
|--|-----|
| SMOKING DETERRENTS | 180 |
| STEROID-ANTIBIOTIC COMBINATIONS | 180 |
| STERIODS | 181 |
| STERIOD-SULFONAMIDE COMBINATIONS | 182 |
| SULFA'S & RELATED AGENTS | 182 |
| SULFONAMIDES | 182 |
| SYMPATHOMIMETICS | 183 |
| TETRACYCLINES | 183 |
| THERAPY FOR ACNE | 184 |
| THYROID HORMONES | 186 |
| TOPICAL ANESTHETICS | 187 |
| TOPICAL ANTIBACTERIALS | 188 |
| TOPICAL ANTIFUNGALS | 188 |
| TOPICAL ANTIVIRALS | 190 |
| TOPICAL CORTICOSTEROIDS | 190 |
| TOPICAL ENZYMES | 193 |
| TOPICAL SCABICIDES / PEDICULICIDES | 193 |
| ULCER THERAPY | 193 |
| URINARY TRACT AGENTS | 194 |
| VACCINES & MISCELLANEOUS IMMUNOLOGICALS | 195 |
| VANCOMYCIN | 197 |
| VASOCONSTRICTOR DECONGESTANTS | 198 |
| VITAMINS & HEMATINICS | 198 |
| Index | 201 |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ADJUNCTIVE AGENTS | | |
| BONE RESORPTION INHIBITORS | | |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | MB | PA; SP |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | |
| <i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i> | MB | |
| ETHYOL INTRAVENOUS RECON SOLN 500 MG | MB | |
| KHAPZORY INTRAVENOUS RECON SOLN 175 MG | MB | |
| <i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i> | MB | |
| <i>leucovorin calcium injection solution 10 mg/ml</i> | MB | |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | Tier 1 | |
| <i>levoleucovorin calcium intravenous recon soln 50 mg</i> | MB | |
| <i>levoleucovorin calcium intravenous solution 10 mg/ml</i> | MB | |
| <i>mesna intravenous solution 100 mg/ml</i> | MB | |
| MESNEX INTRAVENOUS SOLUTION 100 MG/ML | MB | PA |
| MESNEX ORAL TABLET 400 MG | Tier 3 | |
| VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT | MB | PA |
| HYPERURICEMIA TX - URATE-OXIDASE ENZYME-TYPE | | |
| ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG | MB | PA |
| KERATINOCYTE GROWTH FACTOR (KGF) | | |
| KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG | MB | SP; LA |
| TISSUE PROTECTIVE TX OF CHEMOTHERAPY EXTRAVASATION | | |
| TOTECT INTRAVENOUS RECON SOLN 500 MG | MB | |
| ADRENAL HORMONES | | |
| ADRENOCORTICOTROPIC HORMONES | | |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
PA – Prior Authorization QL – Quantity Limits SP – Specialty ST – Step Therapy
M – Maintenance LA – Limited Availability

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ACTHAR INJECTION GEL 80 UNIT/ML | MB | PA; SP |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML | MB | PA; SP |
| EYE ANTI-INFLAMMATORY AGENTS | | |
| TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML | MB | |
| XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML | Tier 4 | PA; SP |
| GLUCOCORTICOIDS | | |
| CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG | Tier 3 | M |
| <i>deflazacort oral suspension 22.75 mg/ml</i> | Tier 4 | PA; SP; LA |
| <i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> | Tier 4 | PA; SP |
| DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML | MB | |
| <i>dexamethasone intensol oral drops 1 mg/ml</i> | Tier 1 | |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i> | Tier 1 | |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i> | Tier 1 | |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | Tier 1 | |
| <i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i> | Tier 1 | |
| <i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i> | MB | |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml</i> | MB | |
| <i>dexamethasone sodium phosphate injection solution 4 mg/ml</i> | Tier 1 | |
| <i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i> | Tier 1 | |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML | Tier 4 | PA; SP |
| EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG | Tier 4 | PA; SP |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 | M |
| KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML | MB | |
| MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG | Tier 3 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG | Tier 3 | |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> | MB | |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | Tier 1 | |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i> | Tier 1 | |
| ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG | Tier 3 | |
| <i>prednisolone oral solution 15 mg/5 ml</i> | Tier 1 | |
| <i>prednisolone oral tablet 5 mg</i> | Tier 1 | |
| <i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | Tier 1 | |
| <i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> | Tier 1 | |
| <i>prednisone intensol oral concentrate 5 mg/ml</i> | Tier 1 | |
| <i>prednisone oral solution 5 mg/5 ml</i> | Tier 1 | |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> | Tier 1 | |
| <i>prednisone oral tablets,dose pack 10 mg, 5 mg</i> | Tier 1 | |
| TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS) | Tier 1 | |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i> | MB | |
| MINERALOCORTICOIDS | | |
| <i>fludrocortisone oral tablet 0.1 mg</i> | Tier 1 | M |
| ANOREXIANTS | | |
| ANTI-OBESITY - ANOREXIC AGENTS | | |
| ADIPEX-P ORAL TABLET 37.5 MG | Tier 3 | QL |
| <i>benzphetamine oral tablet 50 mg</i> | Tier 1 | |
| <i>diethylpropion oral tablet 25 mg</i> | Tier 1 | |
| <i>diethylpropion oral tablet extended release 75 mg</i> | Tier 1 | |
| <i>phendimetrazine tartrate oral capsule, extended release 105 mg</i> | Tier 1 | QL |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
PA – Prior Authorization QL – Quantity Limits SP – Specialty ST – Step Therapy
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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>phendimetrazine tartrate oral tablet 35 mg</i> | Tier 1 | |
| <i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i> | Tier 1 | |
| <i>phentermine oral tablet 37.5 mg</i> | Tier 1 | |
| QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG | Tier 2 | M |
| ANTI-OBESITY - MELANOCORTIN 4 RECEPTOR AGONISTS | | |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML | Tier 4 | PA; SP; LA |
| ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONIST | | |
| SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML) | Tier 2 | PA; M; QL |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML | Tier 2 | PA; QL |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML | Tier 2 | PA; M; QL |
| ANTI-OBESITY-OPIOID ANTAGONIST;DOPAMINE RECEPTOR INHIBITORS | | |
| CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG | Tier 3 | ST; M |
| ANTIARRHYTHMIC AGENTS | | |
| ANTIARRHYTHMICS | | |
| <i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> | Tier 1 | M |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> | Tier 1 | M |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> | Tier 1 | M |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i> | Tier 1 | M |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i> | Tier 1 | M |
| MULTAQ ORAL TABLET 400 MG | Tier 2 | M |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG | Tier 3 | M |
| NORPACE ORAL CAPSULE 100 MG, 150 MG | Tier 3 | M |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> | Tier 1 | M |
| <i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i> | Tier 1 | M |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i> | Tier 1 | M |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
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M – Maintenance LA – Limited Availability

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>quinidine gluconate oral tablet extended release 324 mg</i> | Tier 1 | M |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | Tier 1 | M |
| TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG | Tier 3 | M |

BETA-ADRENERGIC BLOCKING AGENTS

| | | |
|--|--------|----|
| BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG | Tier 3 | M |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG | Tier 3 | M |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> | Tier 1 | M |
| SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML) | MB | PA |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | Tier 1 | M |
| SOTYLIZE ORAL SOLUTION 5 MG/ML | Tier 3 | M |

ANTIBIOTICS

EYE ANTI-INFECTIVES (RX ONLY)

| | | |
|--|--------|--|
| BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % | Tier 3 | |
| <i>povidone-iodine ophthalmic (eye) solution 5 %</i> | Tier 3 | |

OPHTHALMIC ANTIBIOTICS

| | | |
|--|--------|----|
| AZASITE OPHTHALMIC (EYE) DROPS 1 % | Tier 3 | |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i> | Tier 1 | |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> | Tier 1 | |
| BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % | Tier 3 | PA |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> | Tier 1 | |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i> | Tier 1 | |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i> | Tier 1 | |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |
| <i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i> | Tier 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> | Tier 1 | |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i> | Tier 1 | |
| <i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> | Tier 1 | |
| OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 % | Tier 3 | |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i> | Tier 1 | |
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> | Tier 1 | |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> | Tier 1 | |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i> | Tier 1 | |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % | Tier 2 | |
| VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 % | Tier 3 | |

OPHTHALMIC ANTIFUNGAL AGENTS

| | | |
|---|--------|--|
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | Tier 2 | |
|---|--------|--|

ANTICHOLINERGICS & ANTISPASMODICS

OVERACTIVE BLADDER AGENTS; BETA-3 ADRENERGIC RECEPTOR

| | | |
|---|--------|-------|
| GEMTESA ORAL TABLET 75 MG | Tier 3 | ST; M |
| MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML | Tier 2 | M; QL |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG | Tier 2 | M; QL |

URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT

| | | |
|---|--------|---|
| DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG, 4 MG | Tier 3 | M |
| DETROL ORAL TABLET 1 MG, 2 MG | Tier 3 | M |
| <i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> | Tier 1 | M |
| <i>flavoxate oral tablet 100 mg</i> | Tier 1 | M |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i> | Tier 1 | M |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG | Tier 1 | M; QL |
| <i>oxybutynin chloride oral tablet 5 mg</i> | Tier 1 | M |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | Tier 1 | M |
| <i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> | Tier 1 | M |
| <i>tolterodine oral tablet 1 mg, 2 mg</i> | Tier 1 | M |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG | Tier 3 | M |
| <i>trospium oral capsule,extended release 24hr 60 mg</i> | Tier 1 | M; QL |
| <i>trospium oral tablet 20 mg</i> | Tier 1 | M; QL |
| URINARY TRACT ANTISPASMODIC; M(3) SELECTIVE ANTAG. | | |
| <i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i> | Tier 1 | M; QL |
| <i>solifenacin oral tablet 10 mg, 5 mg</i> | Tier 1 | M; QL |
| VESICARE LS ORAL SUSPENSION 1 MG/ML | Tier 3 | PA; M |
| ANTICONSULSANTS | | |
| ANTICONSULSANT - BENZODIAZEPINE TYPE | | |
| <i>clobazam oral suspension 2.5 mg/ml</i> | Tier 1 | PA; M |
| <i>clobazam oral tablet 10 mg, 20 mg</i> | Tier 1 | PA; M |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | M |
| <i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | M |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i> | Tier 1 | |
| KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG | Tier 3 | M |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG | Tier 3 | QL |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) | Tier 3 | QL |
| ONFI ORAL SUSPENSION 2.5 MG/ML | Tier 3 | PA; M |
| ONFI ORAL TABLET 10 MG, 20 MG | Tier 3 | PA; M |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | Tier 3 | PA; M |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | Tier 3 | QL |
| ANTICONVULSANT - CANNABINOID TYPE | | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | Tier 3 | PA; SP |
| ANTICONVULSANTS | | |
| APTiom ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG | Tier 3 | M |
| BANZEL ORAL SUSPENSION 40 MG/ML | Tier 3 | M |
| BANZEL ORAL TABLET 200 MG, 400 MG | Tier 3 | M |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML | MB | PA |
| BRIVIACT ORAL SOLUTION 10 MG/ML | Tier 3 | ST; M |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | Tier 3 | ST; M |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> | Tier 1 | M |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> | Tier 1 | M |
| <i>carbamazepine oral tablet 200 mg</i> | Tier 1 | M |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> | Tier 1 | M |
| <i>carbamazepine oral tablet, chewable 100 mg</i> | Tier 1 | M |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG | Tier 3 | M |
| CELONTIN ORAL CAPSULE 300 MG | Tier 3 | M |
| CEREBYX INJECTION SOLUTION 100 MG PE/2 ML | MB | PA |
| CEREBYX INJECTION SOLUTION 500 MG PE/10 ML | MB | |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG | Tier 3 | M |
| DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG | Tier 3 | M |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG | Tier 3 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG | Tier 4 | ST; SP; LA |
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG | Tier 4 | ST; SP; LA |
| DILANTIN EXTENDED ORAL CAPSULE 100 MG | Tier 3 | M |
| DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG | Tier 3 | M |
| DILANTIN ORAL CAPSULE 30 MG | Tier 2 | M |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML | Tier 3 | M |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> | Tier 1 | M |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> | Tier 1 | M |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> | Tier 1 | M |
| <i>epitol oral tablet 200 mg</i> | Tier 1 | M |
| EPRONTIA ORAL SOLUTION 25 MG/ML | Tier 3 | M |
| <i>ethosuximide oral capsule 250 mg</i> | Tier 1 | M |
| <i>ethosuximide oral solution 250 mg/5 ml</i> | Tier 1 | M |
| <i>felbamate oral suspension 600 mg/5 ml</i> | Tier 1 | M |
| <i>felbamate oral tablet 400 mg, 600 mg</i> | Tier 1 | M |
| FELBATOL ORAL TABLET 400 MG, 600 MG | Tier 3 | M |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | Tier 2 | PA; SP; LA |
| <i>fospheintoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> | MB | |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | Tier 3 | ST; M |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | Tier 3 | ST; M |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> | Tier 1 | M |
| <i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i> | Tier 1 | M |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> | Tier 1 | M |
| KEPPRA INTRAVENOUS SOLUTION 500 MG/5 ML | MB | PA |
| KEPPRA ORAL SOLUTION 100 MG/ML | Tier 3 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG | Tier 3 | M |
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG | Tier 3 | M |
| <i>lacosamide intravenous solution 200 mg/20 ml</i> | MB | PA |
| <i>lacosamide oral solution 10 mg/ml</i> | Tier 1 | M; QL |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | Tier 1 | M |
| LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG | Tier 3 | M |
| LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) | Tier 3 | |
| LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14) | Tier 3 | |
| LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7) | Tier 3 | |
| LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG | Tier 3 | M |
| LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG | Tier 3 | M |
| LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) | Tier 3 | |
| LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) | Tier 3 | |
| LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) | Tier 3 | |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG | Tier 3 | M |
| LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) | Tier 3 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) | Tier 3 | |
| LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) | Tier 3 | |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> | Tier 1 | M |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i> | Tier 1 | |
| <i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> | Tier 1 | M |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> | Tier 1 | M |
| <i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| <i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i> | Tier 1 | |
| <i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i> | MB | |
| LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 250 MG/50 ML | MB | |
| <i>levetiracetam intravenous solution 500 mg/5 ml</i> | MB | |
| <i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i> | Tier 1 | M |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> | Tier 1 | M |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> | Tier 1 | M |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG | Tier 3 | M; QL |
| LYRICA ORAL SOLUTION 20 MG/ML | Tier 3 | M |
| <i>methsuximide oral capsule 300 mg</i> | Tier 1 | M |
| MYSOLINE ORAL TABLET 250 MG, 50 MG | Tier 3 | M |
| NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG | Tier 3 | M |
| NEURONTIN ORAL SOLUTION 250 MG/5 ML | Tier 3 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| NEURONTIN ORAL TABLET 600 MG, 800 MG | Tier 3 | M |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> | Tier 1 | M |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> | Tier 1 | M |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG | Tier 3 | M |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG | Tier 1 | M |
| <i>phenytoin oral suspension 125 mg/5 ml</i> | Tier 1 | M |
| <i>phenytoin oral tablet, chewable 50 mg</i> | Tier 1 | M |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i> | Tier 1 | M |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i> | MB | |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> | Tier 1 | M; QL |
| <i>pregabalin oral solution 20 mg/ml</i> | Tier 1 | M |
| PRIMIDONE ORAL TABLET 125 MG | Tier 1 | M |
| <i>primidone oral tablet 250 mg, 50 mg</i> | Tier 1 | M |
| QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG | Tier 3 | M |
| <i>roweepra oral tablet 500 mg</i> | Tier 1 | M |
| <i>rufinamide oral tablet 200 mg, 400 mg</i> | Tier 1 | M |
| SABRIL ORAL POWDER IN PACKET 500 MG | Tier 4 | PA; SP |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG | Tier 3 | PA; M |
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> | Tier 1 | M |
| <i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i> | Tier 1 | |
| <i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i> | Tier 1 | |
| <i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i> | Tier 1 | |
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML | Tier 3 | M |
| TEGRETOL ORAL TABLET 200 MG | Tier 3 | M |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG | Tier 3 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> | Tier 1 | M |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> | Tier 1 | M |
| <i>topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| <i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> | Tier 3 | M |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML) | Tier 3 | M |
| TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG | Tier 3 | M |
| TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG | Tier 3 | M |
| <i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> | MB | |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i> | Tier 1 | M |
| <i>valproic acid oral capsule 250 mg</i> | Tier 1 | M |
| <i>vigabatrin oral tablet 500 mg</i> | Tier 1 | PA; SP |
| <i>vigadrone oral tablet 500 mg</i> | Tier 1 | PA; SP; LA |
| VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML | MB | PA |
| VIMPAT ORAL SOLUTION 10 MG/ML | Tier 3 | M; QL |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | Tier 3 | M; QL |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | Tier 3 | ST; M |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG | Tier 3 | ST; M |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | Tier 3 | ST |
| ZARONTIN ORAL CAPSULE 250 MG | Tier 3 | M |
| ZARONTIN ORAL SOLUTION 250 MG/5 ML | Tier 3 | M |
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG | Tier 3 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | Tier 1 | M |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| BARBITURATES | | |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i> | Tier 1 | M |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | Tier 1 | M |
| BIPOLAR DISORDER DRUGS | | |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG | Tier 3 | M |
| NEUROPATHIC AGENTS | | |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG | Tier 3 | M |
| <i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i> | Tier 1 | M |
| POSTHERPETIC NEURALGIA AGENTS | | |
| <i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i> | Tier 1 | PA |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG | Tier 3 | PA |
| ANTIDIARRHEALS & ANTISPASMODICS | | |
| ANTICHOLINERGICS/ANTISPASMODICS | | |
| BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML | MB | |
| <i>dicyclomine intramuscular solution 10 mg/ml</i> | MB | |
| <i>dicyclomine oral capsule 10 mg</i> | Tier 1 | M |
| <i>dicyclomine oral solution 10 mg/5 ml</i> | Tier 1 | M |
| <i>dicyclomine oral tablet 20 mg</i> | Tier 1 | M |
| ANTICHOLINERGICS;QUATERNARY AMMONIUM | | |
| CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) | Tier 3 | M |
| <i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> | Tier 1 | M |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | Tier 1 | M |
| ROBINUL FORTE ORAL TABLET 2 MG | Tier 3 | M |
| ROBINUL ORAL TABLET 1 MG | Tier 3 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ANTIDIARRHEAL - G.I. CHLORIDE CHANNEL INHIBITORS | | |
| MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG | Tier 3 | PA; SP |
| ANTIDIARRHEALS | | |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i> | Tier 1 | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | Tier 1 | |
| LOMOTIL ORAL TABLET 2.5-0.025 MG | Tier 3 | |
| MOTOFEN ORAL TABLET 1-0.025 MG | Tier 2 | |
| BELLADONNA ALKALOIDS | | |
| ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 1 MG/2.5 ML (0.4 MG/ML) | MB | |
| <i>atropine intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)</i> | MB | |
| <i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> | Tier 1 | M |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> | Tier 1 | M |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i> | Tier 1 | M |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> | Tier 1 | M |
| <i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> | Tier 1 | M |
| <i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> | Tier 1 | M |
| <i>hyosyne oral drops 0.125 mg/ml</i> | Tier 1 | M |
| <i>hyosyne oral elixir 0.125 mg/5 ml</i> | Tier 1 | M |
| LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG | Tier 3 | M |
| LEVSIN ORAL TABLET 0.125 MG | Tier 3 | M |
| LEVSIN/SL SUBLINGUAL TABLET 0.125 MG | Tier 3 | M |
| <i>methscopolamine oral tablet 2.5 mg</i> | Tier 1 | |
| <i>methscopolamine oral tablet 5 mg</i> | Tier 1 | M |
| NULEV ORAL TABLET,DISINTEGRATING 0.125 MG | Tier 1 | M |
| <i>oscimin oral tablet 0.125 mg</i> | Tier 1 | M |
| <i>oscimin sl sublingual tablet 0.125 mg</i> | Tier 1 | M |
| ANTIFUNGAL AGENTS | | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ANTIFUNGAL AGENTS | | |
| ANCOBON ORAL CAPSULE 250 MG, 500 MG | Tier 3 | |
| <i>clotrimazole mucous membrane troche 10 mg</i> | Tier 1 | |
| CRESEMBA INTRAVENOUS RECON SOLN 372 MG | MB | PA |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG | Tier 3 | |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | Tier 3 | |
| DIFLUCAN ORAL TABLET 100 MG, 200 MG | Tier 3 | |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> | MB | |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> | Tier 1 | |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | Tier 1 | |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| <i>itraconazole oral capsule 100 mg</i> | Tier 1 | QL |
| <i>itraconazole oral solution 10 mg/ml</i> | Tier 1 | |
| <i>ketoconazole oral tablet 200 mg</i> | Tier 1 | |
| NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML | MB | PA |
| NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) | Tier 2 | |
| ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG | Tier 3 | PA |
| <i>posaconazole intravenous solution 300 mg/16.7 ml</i> | MB | PA |
| <i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> | Tier 2 | |
| SPORANOX ORAL CAPSULE 100 MG | Tier 3 | QL |
| <i>terbinafine hcl oral tablet 250 mg</i> | Tier 1 | |
| TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG | Tier 3 | PA |
| VFEND IV INTRAVENOUS RECON SOLN 200 MG | MB | PA |
| VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) | Tier 3 | PA |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| VFEND ORAL TABLET 200 MG, 50 MG | Tier 3 | PA |
| VIVJOA ORAL CAPSULE 150 MG | Tier 3 | PA |
| <i>voriconazole intravenous recon soln 200 mg</i> | MB | PA |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> | Tier 1 | PA |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> | Tier 1 | PA |
| ANTIFUNGAL ANTIBIOTICS | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | MB | |
| AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG | MB | |
| <i>amphotericin b injection recon soln 50 mg</i> | MB | |
| <i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> | MB | |
| BREXAFEMME ORAL TABLET 150 MG | Tier 3 | PA; QL |
| CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG | MB | |
| <i>caspofungin intravenous recon soln 50 mg, 70 mg</i> | MB | |
| ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG | MB | |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i> | Tier 1 | |
| <i>griseofulvin microsize oral tablet 500 mg</i> | Tier 1 | |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | Tier 1 | |
| <i>micafungin intravenous recon soln 100 mg, 50 mg</i> | MB | |
| MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG | MB | |
| <i>nystatin oral suspension 100,000 unit/ml</i> | Tier 1 | |
| <i>nystatin oral tablet 500,000 unit</i> | Tier 1 | |
| ANTIHISTAMINE & ANTIALLERGENIC AGENTS | | |
| ANAPHYLAXIS THERAPY AGENTS | | |
| AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML | Tier 3 | QL |
| EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML | Tier 1 | QL |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
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M – Maintenance LA – Limited Availability

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | Tier 1 | QL |
| EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML | Tier 3 | QL |
| EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML | Tier 3 | QL |

ANTIEMETIC/ANTIVERTIGO AGENTS

| | | |
|---|--------|--|
| <i>promethazine rectal suppository 12.5 mg, 25 mg</i> | Tier 1 | |
| <i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | |

ANTIHISTAMINES - 1ST GENERATION

| | | |
|--|--------|--|
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i> | Tier 1 | |
| <i>carbinoxamine maleate oral tablet 4 mg</i> | Tier 1 | |
| <i>clemastine oral tablet 2.68 mg</i> | Tier 1 | |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i> | Tier 1 | |
| <i>cyproheptadine oral tablet 4 mg</i> | Tier 1 | |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | MB | |
| <i>diphenhydramine hcl injection syringe 50 mg/ml</i> | MB | |
| <i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i> | MB | |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | Tier 1 | |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML | Tier 3 | |
| PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML | MB | |
| <i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> | MB | |
| <i>promethazine oral syrup 6.25 mg/5 ml</i> | Tier 1 | |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | |
| VISTARIL ORAL CAPSULE 25 MG | Tier 3 | |

ANTIHYPERTENSIVE THERAPY

ACE INHIBITOR-CALCIUM CHANNEL BLOCKER COMBINATION

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | Tier 1 | M |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG | Tier 3 | M |
| PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG | Tier 3 | M |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | Tier 1 | M |
| ACE INHIBITOR-THIAZIDE OR THIAZIDE-LIKE DIURETIC | | |
| ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG | Tier 3 | M |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i> | Tier 1 | M |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i> | Tier 1 | M |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i> | Tier 1 | M |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> | Tier 1 | M |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | Tier 1 | M |
| LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG | Tier 3 | M |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | Tier 1 | M |
| VASERETIC ORAL TABLET 10-25 MG | Tier 3 | M |
| ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG | Tier 3 | M |
| ALPHA/BETA-ADRENERGIC BLOCKING AGENTS | | |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> | Tier 1 | M |
| <i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> | Tier 1 | M |
| COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG | Tier 3 | M |
| COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG | Tier 3 | M |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | Tier 1 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ALPHA-ADRENERGIC BLOCKING AGENTS | | |
| CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG | Tier 3 | M |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG | Tier 3 | M |
| DIBENZYLINE ORAL CAPSULE 10 MG | Tier 3 | PA |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> | Tier 1 | M |
| <i>phenoxybenzamine oral capsule 10 mg</i> | Tier 1 | PA |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> | Tier 1 | M |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | Tier 1 | M |
| ANGIOTEN.RECEPTR ANTAG-CALCIUM CHANL BLKR-THIAZIDE | | |
| <i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> | Tier 1 | M |
| EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG | Tier 3 | M |
| <i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> | Tier 1 | M |
| TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG | Tier 3 | M |
| ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC COMB | | |
| ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG | Tier 3 | M |
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG | Tier 3 | M |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> | Tier 1 | M |
| DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG | Tier 3 | M |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG | Tier 3 | M |
| HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG | Tier 3 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> | Tier 1 | M |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | Tier 1 | M |
| MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG | Tier 3 | M |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> | Tier 1 | M; QL |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> | Tier 1 | M |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | Tier 1 | M |

ANGIOTENSIN RECEPTOR BLOCKR-CALCIUM CHANNEL BLOCKR

| | | |
|--|--------|---|
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> | Tier 1 | M |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> | Tier 1 | M |
| AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG | Tier 3 | M |
| EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG | Tier 3 | M |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> | Tier 1 | M |

ANTIHYPERTENSIVES; ACE INHIBITORS

| | | |
|--|--------|---|
| ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG | Tier 3 | M |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | Tier 1 | M |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| <i>enalapril maleate oral solution 1 mg/ml</i> | Tier 1 | M |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | Tier 1 | M |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i> | Tier 1 | M |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> | Tier 1 | M |
| LOTENSIN ORAL TABLET 20 MG, 40 MG | Tier 3 | M |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i> | Tier 1 | M |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> | Tier 1 | M |
| QBRELIS ORAL SOLUTION 1 MG/ML | Tier 3 | PA; M |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | Tier 1 | M |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | M |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | Tier 1 | M |
| VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG | Tier 3 | M |
| ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG | Tier 3 | M |
| ANTIHYPERTENSIVES; ANGIOTENSIN RECEPTOR ANTAGONIST | | |
| ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG | Tier 3 | M |
| AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG | Tier 3 | M |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | Tier 1 | M |
| COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG | Tier 3 | M |
| DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG | Tier 3 | M |
| EDARBI ORAL TABLET 40 MG, 80 MG | Tier 3 | M |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> | Tier 1 | M |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG | Tier 3 | M |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> | Tier 1 | M; QL |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> | Tier 1 | M |
| VALSARTAN ORAL SOLUTION 4 MG/ML | Tier 1 | PA; M |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> | Tier 1 | M |
| ANTIHYPERTENSIVES; MISCELLANEOUS | | |
| <i>metyrosine oral capsule 250 mg</i> | Tier 1 | PA; M |
| ANTIHYPERTENSIVES; SYMPATHOLYTIC | | |
| CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR | Tier 3 | M; QL |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR | Tier 3 | M; QL |
| CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR | Tier 3 | M; QL |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | Tier 1 | M |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i> | Tier 1 | M; QL |
| <i>guanfacine oral tablet 1 mg, 2 mg</i> | Tier 1 | M |
| <i>methyldopa oral tablet 250 mg, 500 mg</i> | Tier 1 | M |
| ANTIHYPERTENSIVES; VASODILATORS | | |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | Tier 1 | M |
| BETA-ADRENERGIC BLOCKING AGENTS | | |
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | Tier 1 | M |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| <i>betaxolol oral tablet 10 mg, 20 mg</i> | Tier 1 | M |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | Tier 1 | M |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG | Tier 3 | M |
| CORGARD ORAL TABLET 20 MG, 40 MG | Tier 3 | M |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML | Tier 3 | SP; LA |
| INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG | Tier 3 | M |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG | Tier 3 | M |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | Tier 1 | M |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | Tier 1 | M |
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | Tier 1 | M |
| <i>pindolol oral tablet 10 mg, 5 mg</i> | Tier 1 | M |
| <i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> | Tier 1 | M |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i> | Tier 1 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | M |
| TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG | Tier 3 | M |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 | M |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG | Tier 3 | M |

BETA-BLOCKERS AND THIAZIDE;THIAZIDE-LIKE DIURETICS

| | | |
|--|--------|---|
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> | Tier 1 | M |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> | Tier 1 | M |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i> | Tier 1 | M |
| TENORETIC 50 ORAL TABLET 50-25 MG | Tier 3 | M |

CALCIUM CHANNEL BLOCKING AGENTS

| | | |
|---|--------|---|
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | M |
| CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG | Tier 3 | M |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | Tier 3 | M |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG | Tier 3 | M |
| <i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> | Tier 1 | M |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> | Tier 1 | M |
| <i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i> | Tier 1 | M |
| <i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | Tier 1 | M |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | Tier 1 | M |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i> | Tier 1 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | Tier 1 | M |
| <i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> | Tier 1 | M |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | M |
| <i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | Tier 1 | M |
| <i>nicardipine oral capsule 20 mg, 30 mg</i> | Tier 1 | M |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | Tier 1 | M |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> | Tier 1 | M |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> | Tier 1 | M |
| <i>nimodipine oral capsule 30 mg</i> | Tier 1 | |
| <i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i> | Tier 1 | M |
| NORLIQVA ORAL SOLUTION 1 MG/ML | Tier 3 | PA; M |
| NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG | Tier 3 | M |
| NYMALIZE ORAL SOLUTION 60 MG/10 ML | Tier 3 | PA |
| NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML | Tier 3 | PA |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG | Tier 3 | M |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG | Tier 3 | M |
| <i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | Tier 1 | M |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> | Tier 1 | M |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> | Tier 1 | M |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i> | Tier 1 | M |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> | Tier 1 | M |
| VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG | Tier 3 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| LOOP DIURETICS | | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | M |
| EDECRIN ORAL TABLET 25 MG | Tier 3 | PA; M |
| <i>ethacrynic acid oral tablet 25 mg</i> | Tier 3 | PA; M |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | Tier 1 | M |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> | Tier 1 | M |
| LASIX ORAL TABLET 20 MG, 40 MG, 80 MG | Tier 3 | M |
| SOAANZ ORAL TABLET 20 MG | Tier 3 | M |
| <i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i> | Tier 1 | M |
| POTASSIUM SPARING DIURETICS IN COMBINATION | | |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | Tier 1 | M |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> | Tier 1 | M |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | Tier 1 | M |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i> | Tier 1 | M |
| POTASSIUM SPARING DIURETICS | | |
| ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG | Tier 3 | M |
| <i>amiloride oral tablet 5 mg</i> | Tier 1 | M |
| DYRENIUM ORAL CAPSULE 100 MG, 50 MG | Tier 3 | PA; M |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> | Tier 1 | M |
| INSPRA ORAL TABLET 25 MG, 50 MG | Tier 3 | M |
| KERENDIA ORAL TABLET 10 MG, 20 MG | Tier 3 | PA; M |
| <i>spironolactone oral suspension 25 mg/5 ml</i> | Tier 1 | M |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| PULMONARY ANTIHYPERTENSIVES; PROSTACYCLIN-TYPE | | |
| <i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i> | MB | PA; SP |
| FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG | MB | PA; SP |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) | Tier 4 | PA; SP |
| ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) | Tier 4 | PA; SP |
| ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG | Tier 4 | PA; SP |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG | Tier 4 | PA; SP |
| REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML | MB | PA; SP |
| <i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> | MB | PA; SP |
| UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG | MB | PA; SP; LA |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | Tier 4 | PA; SP |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | Tier 4 | PA; SP |
| <i>veletri intravenous recon soln 0.5 mg, 1.5 mg</i> | MB | PA; SP |
| RENIN INHIBITOR; DIRECT | | |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> | Tier 1 | M |
| TEKTRUNA ORAL TABLET 150 MG, 300 MG | Tier 3 | M |
| THIAZIDE AND RELATED DIURETICS | | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | Tier 1 | M |
| DIURIL ORAL SUSPENSION 250 MG/5 ML | Tier 3 | M |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | Tier 1 | M |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | Tier 1 | M |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | M |
| VASODILATORS; COMBINATION | | |
| BIDIL ORAL TABLET 20-37.5 MG | Tier 3 | M |
| <i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> | Tier 1 | M |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
PA – Prior Authorization QL – Quantity Limits SP – Specialty ST – Step Therapy
M – Maintenance LA – Limited Availability

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS | | |
| ANP - SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR) | | |
| <i>bexarotene oral capsule 75 mg</i> | Tier 1 | SP |
| TARGRETIN ORAL CAPSULE 75 MG | Tier 4 | SP, PA |
| ANTIBIOTIC ANTINEOPLASTICS | | |
| ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG | MB | |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i> | MB | |
| COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG | MB | PA |
| <i>dactinomycin intravenous recon soln 0.5 mg</i> | MB | PA |
| <i>daunorubicin intravenous solution 5 mg/ml</i> | MB | |
| DOXIL INTRAVENOUS SUSPENSION 2 MG/ML | MB | PA |
| <i>doxorubicin intravenous recon soln 10 mg, 50 mg</i> | MB | |
| <i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> | MB | |
| <i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> | MB | PA |
| ELLENCEN INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML | MB | |
| <i>epirubicin intravenous solution 200 mg/100 ml</i> | MB | |
| IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML | MB | PA |
| <i>idarubicin intravenous solution 1 mg/ml</i> | MB | |
| JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2 | MB | PA; SP; LA |
| <i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i> | MB | |
| ANTI-CD19 (B LYMPHOCYTE) MONOCLONAL ANTIBODY | | |
| UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML | MB | PA; SP |
| ANTI-CD20 (B LYMPHOCYTE) MONOCLONAL ANTIBODY | | |
| GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML | MB | PA; SP |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML | MB | PA; SP |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | Tier 4 | PA; SP |
| RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML | MB | PA; SP |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML | MB | PA; SP |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML | MB | PA; SP |
| ANTIDIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR | | |
| XERMELO ORAL TABLET 250 MG | Tier 4 | PA; SP; LA |
| ANTILEPTICS | | |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | Tier 2 | PA; SP |
| ANTINEOPLAST HUM VEGF INHIBITOR RECOMB MC ANTIBODY | | |
| MVASI INTRAVENOUS SOLUTION 25 MG/ML | MB | SP |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML | MB | SP |
| ANTINEOPLAST; HISTONE DEACETYLASE (HDAC) INHIBITORS | | |
| BELEODAQ INTRAVENOUS RECON SOLN 500 MG | MB | PA; SP; LA |
| ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML | MB | PA; SP |
| <i>romidepsin intravenous recon soln 10 mg/2 ml</i> | MB | PA; SP; LA |
| ZOLINZA ORAL CAPSULE 100 MG | Tier 4 | SP |
| ANTINEOPLASTIC - ALKYLATING AGENTS | | |
| ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG | MB | PA |
| BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML | MB | PA; SP |
| <i>bendamustine intravenous recon soln 100 mg, 25 mg</i> | MB | PA; SP |
| BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML | MB | PA; SP |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML | MB | PA; SP |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| BICNU INTRAVENOUS RECON SOLN 100 MG | MB | PA |
| <i>busulfan intravenous solution 60 mg/10 ml</i> | MB | |
| BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML | MB | |
| <i>carboplatin intravenous solution 10 mg/ml</i> | MB | |
| <i>carmustine intravenous recon soln 100 mg</i> | MB | PA |
| CARMUSTINE INTRAVENOUS RECON SOLN 300 MG | MB | PA |
| <i>cisplatin intravenous solution 1 mg/ml</i> | MB | |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i> | MB | |
| CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 200 MG/ML, 500 MG/ML | MB | |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | Tier 1 | |
| EVOMELA INTRAVENOUS RECON SOLN 50 MG | MB | PA; SP; LA |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | Tier 3 | |
| GLIADEL WAFER IMPLANT WAFER 7.7 MG | MB | |
| HYDREA ORAL CAPSULE 500 MG | Tier 3 | M |
| <i>hydroxyurea oral capsule 500 mg</i> | Tier 1 | M |
| IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM | MB | |
| <i>ifosfamide intravenous recon soln 1 gram, 3 gram</i> | MB | |
| <i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i> | MB | |
| <i>kemoplat intravenous solution 1 mg/ml</i> | MB | |
| LEUKERAN ORAL TABLET 2 MG | Tier 2 | |
| <i>melphalan hcl intravenous recon soln 50 mg</i> | MB | |
| MYLERAN ORAL TABLET 2 MG | Tier 2 | |
| <i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i> | MB | |
| <i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i> | MB | |
| <i>paraplatin intravenous solution 10 mg/ml</i> | MB | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| TEMODAR INTRAVENOUS RECON SOLN 100 MG | MB | PA; SP |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> | Tier 1 | SP |
| TEPADINA INJECTION RECON SOLN 100 MG | MB | PA |
| <i>thiotepa injection recon soln 100 mg</i> | MB | PA |
| TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG | MB | PA; SP |
| VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML | MB | PA; SP |
| YONDELIS INTRAVENOUS RECON SOLN 1 MG | MB | PA; SP; LA |
| ZEPZELCA INTRAVENOUS RECON SOLN 4 MG | MB | PA; SP; LA |

ANTINEOPLASTIC - ANTIANDROGENIC AGENTS

| | | |
|---------------------------------------|--------|----------------|
| <i>abiraterone oral tablet 250 mg</i> | Tier 1 | PA; SP; GENDER |
| <i>abiraterone oral tablet 500 mg</i> | Tier 4 | PA; SP; GENDER |
| <i>bicalutamide oral tablet 50 mg</i> | Tier 1 | M |
| ERLEADA ORAL TABLET 240 MG, 60 MG | Tier 2 | PA; SP |
| EULEXIN ORAL CAPSULE 125 MG | Tier 3 | M |
| NILANDRON ORAL TABLET 150 MG | Tier 3 | PA; M |
| NUBEQA ORAL TABLET 300 MG | Tier 2 | PA; SP |
| XTANDI ORAL CAPSULE 40 MG | Tier 2 | PA; SP |
| XTANDI ORAL TABLET 40 MG, 80 MG | Tier 2 | PA; SP |
| YONSA ORAL TABLET 125 MG | Tier 2 | PA; SP; GENDER |
| ZYTIGA ORAL TABLET 500 MG | Tier 4 | PA; SP; GENDER |

ANTINEOPLASTIC - ANTIBIOTIC AND ANTIMETABOLITE

| | | |
|---|----|------------|
| VYXEOS INTRAVENOUS RECON SOLN 44-100 MG | MB | PA; SP; LA |
|---|----|------------|

ANTINEOPLASTIC - ANTI-CD38 MONOCLONAL ANTIBODY

| | | |
|--|----|------------|
| DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML | MB | PA; SP |
| DARZALEX INTRAVENOUS SOLUTION 20 MG/ML | MB | PA; SP |
| SARCLISA INTRAVENOUS SOLUTION 20 MG/ML | MB | PA; SP; LA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ANTINEOPLASTIC - ANTIMETABOLITES | | |
| <i>adrucil intravenous solution 2.5 gram/50 ml</i> | MB | |
| ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG | MB | M |
| <i>azacitidine injection recon soln 100 mg</i> | MB | PA; SP |
| <i>capecitabine oral tablet 150 mg, 500 mg</i> | Tier 1 | SP |
| <i>cladribine intravenous solution 10 mg/10 ml</i> | MB | |
| <i>clofarabine intravenous solution 1 mg/ml</i> | MB | PA |
| <i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i> | MB | |
| <i>cytarabine injection solution 20 mg/ml</i> | MB | |
| <i>decitabine intravenous recon soln 50 mg</i> | MB | SP |
| <i>floxuridine injection recon soln 0.5 gram</i> | MB | |
| <i>fludarabine intravenous recon soln 50 mg</i> | MB | |
| <i>fludarabine intravenous solution 50 mg/2 ml</i> | MB | |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i> | MB | |
| FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) | MB | PA; SP |
| <i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i> | MB | |
| <i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i> | MB | |
| GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML | MB | |
| INQOVI ORAL TABLET 35-100 MG | Tier 4 | PA; SP |
| JYLAMVO ORAL SOLUTION 2 MG/ML | Tier 3 | M |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | Tier 4 | PA; SP |
| <i>mercaptopurine oral tablet 50 mg</i> | Tier 1 | M |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i> | Tier 1 | |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | Tier 1 | |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | Tier 1 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>methotrexate sodium oral tablet 2.5 mg</i> | Tier 1 | M |
| NIPENT INTRAVENOUS RECON SOLN 10 MG | MB | PA |
| ONUREG ORAL TABLET 200 MG, 300 MG | Tier 4 | PA; SP; QL |
| <i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg</i> | MB | M |
| PEMETREXED DISODIUM INTRAVENOUS SOLUTION 25 MG/ML | MB | M |
| PEMETREXED INTRAVENOUS RECON SOLN 100 MG, 500 MG | MB | M |
| PEMETREXED INTRAVENOUS SOLUTION 25 MG/ML | MB | M |
| PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML | MB | M |
| PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML | MB | M |
| PRALATREXATE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) | MB | PA; SP |
| PURIXAN ORAL SUSPENSION 20 MG/ML | Tier 4 | SP; LA |
| TABLOID ORAL TABLET 40 MG | Tier 2 | |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG | Tier 3 | PA; M |
| VIDAZA INJECTION RECON SOLN 100 MG | MB | PA; SP |
| XATMEP ORAL SOLUTION 2.5 MG/ML | Tier 3 | M |
| XELODA ORAL TABLET 150 MG, 500 MG | Tier 4 | SP |

ANTINEOPLASTIC - ANTI-SLAMF7 MONOCLONAL ANTIBODY

| | | |
|---|----|--------|
| EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG | MB | PA; SP |
|---|----|--------|

ANTINEOPLASTIC - AROMATASE INHIBITORS

| | | |
|-------------------------------------|--------|---|
| <i>anastrozole oral tablet 1 mg</i> | Tier 1 | M |
| ARIMIDEX ORAL TABLET 1 MG | Tier 3 | M |
| AROMASIN ORAL TABLET 25 MG | Tier 3 | M |
| <i>exemestane oral tablet 25 mg</i> | Tier 1 | M |
| FEMARA ORAL TABLET 2.5 MG | Tier 3 | M |
| <i>letrozole oral tablet 2.5 mg</i> | Tier 1 | M |

ANTINEOPLASTIC - BRAF KINASE INHIBITORS

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M – Maintenance LA – Limited Availability

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| BRAFTOVI ORAL CAPSULE 75 MG | Tier 4 | PA; SP |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | Tier 4 | PA; SP |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG | Tier 4 | PA; SP |
| ZELBORAF ORAL TABLET 240 MG | Tier 4 | PA; SP |
| ANTINEOPLASTIC - CD19 (B LYMPHOCYTE) MC ANTIBODY | | |
| MONJUVI INTRAVENOUS RECON SOLN 200 MG | MB | PA; SP; LA |
| ANTINEOPLASTIC - EGFR AND MET RECEPTOR INHIB; MAB | | |
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML | MB | PA; SP |
| ANTINEOPLASTIC - EPOCHILONES AND ANALOGS | | |
| IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG | MB | PA; SP |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR | | |
| DAURISMO ORAL TABLET 100 MG, 25 MG | Tier 4 | PA; SP |
| ERIVEDGE ORAL CAPSULE 150 MG | Tier 4 | PA; SP |
| ODOMZO ORAL CAPSULE 200 MG | Tier 4 | PA; SP |
| ANTINEOPLASTIC - IMMUNOTHERAPY; T-CELL ENGAGER | | |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML | MB | SP; LA |
| ANTINEOPLASTIC - IMMUNOTHERAPY; T-CELL THERAPY | | |
| ABECMA INTRAVENOUS SUSPENSION 300X10EXP6 TO 460X10EXP6 CELL | MB | PA; SP; LA |
| BREYANZI INTRAVENOUS SUSPENSION 1.5 X TO 70 X 10EXP6 CELL/ML | MB | PA; SP; LA |
| CARVYKTI INTRAVENOUS SUSPENSION 0.5 X 10EXP6 TO 1 X 10EXP8 CELL | MB | PA; SP; LA |
| KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL | MB | PA; SP; LA |
| TECARTUS INTRAVENOUS SUSPENSION 1X10EXP6 TO 1X10EXP8 CELL, 2X10EXP6 TO 2X10EXP8 CELL | MB | PA; SP; LA |
| YESCARTA INTRAVENOUS SUSPENSION | MB | PA; SP; LA |
| ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS | | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | Tier 4 | PA; SP |
| ANTINEOPLASTIC - KRAS PROTEIN INHIBITOR | | |
| KRAZATI ORAL TABLET 200 MG | Tier 2 | PA; SP; LA |
| LUMAKRAS ORAL TABLET 120 MG, 320 MG | Tier 2 | PA; SP |
| ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS | | |
| COTELLIC ORAL TABLET 20 MG | Tier 4 | PA; SP |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG | Tier 4 | PA; SP; LA |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML | Tier 4 | PA; SP |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG | Tier 4 | PA; SP |
| MEKTOVI ORAL TABLET 15 MG | Tier 4 | PA; SP |
| ANTINEOPLASTIC - MICROTUBULE INHIBITORS | | |
| <i>eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)</i> | MB | PA; SP; LA |
| HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) | MB | PA; SP |
| ANTINEOPLASTIC - MTOR KINASE INHIBITORS | | |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG | Tier 4 | PA; SP |
| AFINITOR ORAL TABLET 10 MG | Tier 4 | PA; SP |
| <i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> | Tier 1 | PA; SP |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> | Tier 1 | PA; SP |
| FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | MB | PA; SP; LA |
| <i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i> | MB | SP |
| TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST) | MB | SP |
| TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG | Tier 1 | PA; SP; LA |
| ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT | | |
| TAZVERIK ORAL TABLET 200 MG | Tier 4 | PA; SP; LA |
| ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS | | |
| CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML | MB | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG | Tier 4 | SP |
| <i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i> | MB | |
| ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML | MB | PA; SP; LA |
| <i>topotecan intravenous recon soln 4 mg</i> | MB | SP |
| <i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i> | MB | SP |
| ANTINEOPLASTIC - VEGF-A;B AND PLGF INHIBITORS | | |
| ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) | MB | PA; SP |
| ANTINEOPLASTIC - VEGFR ANTAGONIST | | |
| CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML | MB | PA; SP |
| ANTINEOPLASTIC - VINCA ALKALOIDS | | |
| <i>vinblastine intravenous solution 1 mg/ml</i> | MB | |
| <i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i> | MB | |
| <i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> | MB | |
| <i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> | MB | |
| ANTINEOPLASTIC- CD22 ANTIBODY-CYTOTOXIC ANTIBIOTIC | | |
| BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) | MB | PA; SP |
| ANTINEOPLASTIC- CD33 ANTIBODY-CYTOTOXIC ANTIBIOTIC | | |
| MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) | MB | PA; SP |
| ANTINEOPLASTIC EGF RECEPTOR BLOCKER MCLON ANTIBODY | | |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML | MB | PA; SP |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | MB | PA; SP |
| HERZUMA INTRAVENOUS RECON SOLN 420 MG | MB | PA; SP |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG | MB | PA; SP |
| ONTRUZANT INTRAVENOUS RECON SOLN 420 MG | MB | PA; SP; LA |
| PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) | MB | PA; SP |
| PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML | MB | PA; SP |
| PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML) | MB | PA; SP |
| TRAZIMERA INTRAVENOUS RECON SOLN 420 MG | MB | PA; SP |
| VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) | MB | PA; SP |
| ANTINEOPLASTIC IMMUNOMODULATOR AGENTS | | |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | Tier 4 | PA; SP |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG | Tier 2 | PA; SP |
| ANTINEOPLASTIC LHRH(GNRH) AGONIST;PITUITARY SUPPR. | | |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | Tier 2 | SP |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | Tier 2 | SP |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | Tier 2 | SP |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | Tier 2 | SP |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> | Tier 1 | SP |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG | Tier 2 | SP |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | Tier 2 | SP |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | Tier 2 | SP |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG | Tier 2 | SP |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | MB | PA; M |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG | MB | PA; SP |
| ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST;PITUIT.SUPPRS | | |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG | Tier 4 | SP |
| ORGOVYX ORAL TABLET 120 MG | Tier 4 | PA; SP; LA |
| ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS | | |
| ALECENSA ORAL CAPSULE 150 MG | Tier 4 | PA; SP |
| ALIQOPA INTRAVENOUS RECON SOLN 60 MG | MB | PA; SP; LA |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG | Tier 4 | PA; SP; LA |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) | Tier 4 | PA; SP; LA |
| AUGTYRO ORAL CAPSULE 40 MG | Tier 4 | PA; SP |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG | Tier 4 | PA; SP; LA |
| AYVAKIT ORAL TABLET 25 MG, 50 MG | Tier 4 | SP; LA |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG | Tier 4 | PA; SP; LA |
| BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG | MB | PA; SP |
| <i>bortezomib injection recon soln 3.5 mg</i> | MB | PA; SP |
| BORTEZOMIB INTRAVENOUS SOLUTION 2.5 MG/ML | MB | PA; SP; LA |
| BOSULIF ORAL CAPSULE 100 MG, 50 MG | Tier 4 | PA; SP |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG | Tier 4 | PA; SP |
| BRUKINSA ORAL CAPSULE 80 MG | Tier 4 | PA; SP; LA |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | Tier 4 | PA; SP |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | Tier 4 | PA; SP; LA |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
PA – Prior Authorization QL – Quantity Limits SP – Specialty ST – Step Therapy
M – Maintenance LA – Limited Availability

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| CAPRELSA ORAL TABLET 100 MG, 300 MG | Tier 4 | PA; SP; LA |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) | Tier 4 | PA; SP |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | Tier 4 | PA; SP; LA |
| <i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> | Tier 1 | PA; SP |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | Tier 4 | PA; SP; LA |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG | Tier 4 | PA; SP; LA |
| GAVRETO ORAL CAPSULE 100 MG | Tier 2 | PA; SP; LA |
| <i>gefitinib oral tablet 250 mg</i> | Tier 1 | PA; SP |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | Tier 4 | PA; SP |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | Tier 2 | PA; SP |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | Tier 2 | PA; SP |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | Tier 4 | PA; SP; LA; QL |
| <i>imatinib oral tablet 100 mg, 400 mg</i> | Tier 1 | PA; SP |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG | Tier 4 | PA; SP; LA; QL |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | Tier 4 | PA; SP; LA |
| IMBRUVICA ORAL TABLET 140 MG | Tier 3 | PA; SP; LA; QL |
| IMBRUVICA ORAL TABLET 280 MG, 420 MG | Tier 4 | PA; SP; LA; QL |
| INLYTA ORAL TABLET 1 MG, 5 MG | Tier 4 | PA; SP |
| INREBIC ORAL CAPSULE 100 MG | Tier 4 | PA; SP |
| IRESSA ORAL TABLET 250 MG | Tier 4 | PA; SP |
| IWILFIN ORAL TABLET 192 MG | Tier 4 | PA; SP; LA |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG | Tier 4 | PA; SP |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) | Tier 2 | PA; SP |
| KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG | MB | PA; SP; LA |
| <i>lapatinib oral tablet 250 mg</i> | Tier 1 | PA; SP |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | Tier 4 | PA; SP |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | Tier 2 | PA; SP |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | Tier 4 | PA; SP; LA |
| NERLYNX ORAL TABLET 40 MG | Tier 4 | PA; SP |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | Tier 4 | PA; SP |
| OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG | Tier 2 | PA; SP; LA |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | Tier 4 | PA; SP; LA |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | Tier 4 | PA; SP |
| QINLOCK ORAL TABLET 50 MG | Tier 4 | PA; SP; LA |
| RETEVMO ORAL CAPSULE 40 MG, 80 MG | Tier 2 | PA; SP |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG | Tier 4 | PA; SP |
| RYDAPT ORAL CAPSULE 25 MG | Tier 4 | PA; SP |
| SCSEMBLIX ORAL TABLET 20 MG, 40 MG | Tier 4 | PA; SP; LA |
| <i>sorafenib oral tablet 200 mg</i> | Tier 1 | SP; QL |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG | Tier 4 | PA; SP |
| STIVARGA ORAL TABLET 40 MG | Tier 4 | PA; SP |
| TABRECTA ORAL TABLET 150 MG, 200 MG | Tier 4 | PA; SP |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | Tier 4 | PA; SP |
| TARCEVA ORAL TABLET 100 MG, 150 MG | Tier 4 | PA; SP |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | Tier 4 | PA; SP |
| TASIGNA ORAL CAPSULE 50 MG | Tier 4 | PA; SP; QL |
| TEPMETKO ORAL TABLET 225 MG | Tier 4 | PA; SP; LA |
| TRUQAP ORAL TABLET 160 MG, 200 MG | Tier 4 | PA; SP; LA |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
PA – Prior Authorization QL – Quantity Limits SP – Specialty ST – Step Therapy
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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| TUKYSA ORAL TABLET 150 MG, 50 MG | Tier 4 | PA; SP; LA |
| TURALIO ORAL CAPSULE 125 MG | Tier 4 | PA; SP; LA |
| TYKERB ORAL TABLET 250 MG | Tier 4 | PA; SP |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | Tier 4 | PA; SP; LA |
| VELCADE INJECTION RECON SOLN 3.5 MG | MB | PA; SP |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | Tier 4 | PA; SP |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG | Tier 4 | PA; SP |
| VITRAKVI ORAL SOLUTION 20 MG/ML | Tier 4 | PA; SP |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | Tier 4 | PA; SP; QL |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | Tier 4 | PA; SP |
| XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG | Tier 4 | PA; SP |
| XOSPATA ORAL TABLET 40 MG | Tier 4 | PA; SP; LA |
| ZEJULA ORAL TABLET 200 MG, 300 MG | Tier 2 | PA; SP |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | Tier 4 | PA; SP |
| ZYKADIA ORAL TABLET 150 MG | Tier 4 | PA; SP |
| ANTINEOPLASTIC;ANTI-PROGRAMMED DEATH-1 (PD-1) MAB | | |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML | MB | PA; SP |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | MB | PA; SP; LA |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) | MB | PA; SP; LA |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML | MB | PA; SP |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML | MB | PA; SP; LA |
| ANTINEOPLASTIC-B CELL LYMPHOMA-2(BCL-2) INHIBITORS | | |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG | Tier 4 | PA; SP; LA |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | Tier 4 | PA; SP; LA |
| ANTINEOPLASTIC-CD123-DIRECTED CYTOTOXIN CONJUGATE | | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML | MB | PA; SP; LA |
| ANTINEOPLASTIC-ENZYME INHIB; ANTIANDROGEN COMB. | | |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | Tier 2 | PA; SP; LA |
| ANTINEOPLASTIC-HYPOXIA INDUCIBLE FACTOR (HIF) INH | | |
| WELIREG ORAL TABLET 40 MG | Tier 2 | PA; SP; LA |
| ANTINEOPLASTIC-IMMUNOTHERAPY CHECKPOINT INHIB COMB | | |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML | MB | PA; SP |
| ANTINEOPLASTIC-INTERLEUKIN-6(IL-6)INHIB;ANTIBODY | | |
| SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG | MB | PA; SP |
| ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE INHIBITORS | | |
| IDHIFA ORAL TABLET 100 MG, 50 MG | Tier 4 | PA; SP |
| REZLIDHIA ORAL CAPSULE 150 MG | Tier 4 | PA; SP; LA |
| TIBSOVO ORAL TABLET 250 MG | Tier 4 | PA; SP; LA |
| ANTINEOPLASTICS ANTIBODY/ANTIBODY-DRUG COMPLEXES | | |
| ADCETRIS INTRAVENOUS RECON SOLN 50 MG | MB | PA; SP |
| BLINCYTO INTRAVENOUS KIT 35 MCG | MB | PA; SP; LA |
| COLUMVI INTRAVENOUS SOLUTION 1 MG/ML | MB | PA; SP |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML | MB | PA; SP; LA |
| ELAHERE INTRAVENOUS SOLUTION 5 MG/ML | MB | PA; SP; LA |
| ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML | MB | PA; SP; LA |
| ENHERTU INTRAVENOUS RECON SOLN 100 MG | MB | PA; SP |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML | MB | PA; SP; LA |
| KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG | MB | PA; SP |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
PA – Prior Authorization QL – Quantity Limits SP – Specialty ST – Step Therapy
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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML | MB | PA; SP |
| PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG | MB | PA; SP |
| POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG | MB | PA; SP |
| POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML | MB | PA; SP; LA |
| TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML | MB | PA; SP; LA |
| TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML | Tier 4 | PA; SP; LA |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG | MB | PA; SP |
| TRODELVY INTRAVENOUS RECON SOLN 180 MG | MB | PA; SP; LA |
| UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML | MB | PA; SP; LA |
| ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML | MB | PA |
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG | MB | PA; SP; LA |
| ANTINEOPLASTICS;MISCELLANEOUS | | |
| ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | MB | PA; SP |
| <i>arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml</i> | MB | PA |
| ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML | MB | PA; SP; LA |
| <i>dacarbazine intravenous recon soln 100 mg, 200 mg</i> | MB | |
| <i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i> | MB | |
| DOCIVYX INTRAVENOUS SOLUTION 160 MG/16 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML), 80 MG/8 ML (10 MG/ML) | MB | |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG | MB | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>etoposide intravenous solution 20 mg/ml</i> | MB | |
| <i>etoposide oral capsule 50 mg</i> | Tier 1 | |
| JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION) | MB | PA; SP |
| LYSODREN ORAL TABLET 500 MG | Tier 2 | SP; LA |
| MATULANE ORAL CAPSULE 50 MG | Tier 2 | SP; LA |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i> | MB | SP |
| ONCASPAR INJECTION SOLUTION 750 UNIT/ML | MB | PA |
| <i>paclitaxel intravenous concentrate 6 mg/ml</i> | MB | |
| PACLITAXEL PROTEIN-BOUND INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | MB | PA; SP |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i> | Tier 1 | |
| TRISENOX INTRAVENOUS SOLUTION 2 MG/ML | MB | PA |
| ANTINEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE) | | |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) | Tier 4 | PA; SP; LA |
| ANTI-PROGRAMMED CELL DEATH-LIGAND 1 (PD-L1) MAB | | |
| BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML | MB | PA; SP; LA |
| IMFINZI INTRAVENOUS SOLUTION 50 MG/ML | MB | PA; SP |
| TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) | MB | PA; SP |
| APPETITE STIM. FOR ANOREXIA;CACHEXIA;WASTING SYND. | | |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i> | Tier 1 | M |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | |
| COSELA INTRAVENOUS RECON SOLN 300 MG | MB | PA; SP; LA |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| CYTOTOXIC T-LYMPHOCYTE ANTIGEN(CTLA-4)RMC ANTIBODY | | |
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML | MB | PA; SP |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) | MB | PA; SP |
| IMMUNOSUPP - MONOCLONAL AB INHIBITING T LYMPH FXN | | |
| SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG | MB | PA |
| IMMUNOSUPPRESSANT-INTERFERON INHIBITOR; MAB | | |
| GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML | MB | PA; SP; LA |
| SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML) | MB | SP; LA |
| IMMUNOSUPPRESSIVES | | |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG | Tier 4 | M |
| AZASAN ORAL TABLET 100 MG, 75 MG | Tier 1 | M |
| <i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i> | Tier 1 | M |
| CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG | MB | |
| CELLCEPT ORAL CAPSULE 250 MG | Tier 4 | M |
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML | Tier 3 | M |
| CELLCEPT ORAL TABLET 500 MG | Tier 4 | M |
| <i>cyclosporine intravenous solution 250 mg/5 ml</i> | MB | |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| <i>cyclosporine modified oral solution 100 mg/ml</i> | Tier 1 | M |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> | Tier 1 | M |
| ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG | Tier 4 | M |
| <i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> | Tier 1 | PA; M |
| <i>gengraf oral capsule 100 mg, 25 mg</i> | Tier 1 | M |
| <i>gengraf oral solution 100 mg/ml</i> | Tier 1 | M |
| IMURAN ORAL TABLET 50 MG | Tier 3 | M |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> | MB | |
| <i>mycophenolate mofetil oral capsule 250 mg</i> | Tier 1 | M |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> | Tier 1 | M |
| <i>mycophenolate mofetil oral tablet 500 mg</i> | Tier 1 | M |
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> | Tier 1 | M |
| NEORAL ORAL CAPSULE 100 MG, 25 MG | Tier 4 | M |
| NEORAL ORAL SOLUTION 100 MG/ML | Tier 4 | M |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | MB | PA; M |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML | MB | |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG | Tier 4 | M |
| SANDIMMUNE INTRAVENOUS SOLUTION 250 MG/5 ML | MB | PA |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG | Tier 4 | M |
| <i>sirolimus oral solution 1 mg/ml</i> | Tier 1 | M |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | M |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> | Tier 1 | M |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG | Tier 4 | PA; M |
| INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS | | |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML | Tier 4 | PA; SP |
| LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS | | |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | Tier 2 | SP |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG | Tier 2 | SP |
| LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY | | |
| FENSOLVI SUBCUTANEOUS SYRINGE 45 MG | MB | SP |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG | MB | SP |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) | MB | SP |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG | MB | SP |
| SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY) | MB | PA; SP |
| TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG | MB | PA; SP; LA |
| OPHTH. VEGF-A RECEPTOR ANTAG. RCMB MC ANTIBODY | | |
| BEVACIZUMAB INTRAVITREAL SYRINGE 1.25 MG/0.05 ML | MB | |
| PHOTOACTIVATED; ANTINEOPLASTIC AGENTS (SYSTEMIC) | | |
| PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG | MB | |
| RHO KINASE INHIBITOR | | |
| REZUROCK ORAL TABLET 200 MG | Tier 4 | PA; M; LA |
| SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) | | |
| FARESTON ORAL TABLET 60 MG | Tier 3 | M |
| FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML | MB | M |
| <i>fulvestrant intramuscular syringe 250 mg/5 ml</i> | MB | M |
| ORSERDU ORAL TABLET 345 MG, 86 MG | Tier 4 | PA; SP; LA |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | Tier 3 | M |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i> | Tier 1 | M |
| SICKLE CELL ANEMIA AGENTS | | |
| ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML | MB | PA; SP; LA |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | Tier 2 | M |
| SIKLOS ORAL TABLET 1,000 MG | Tier 3 | PA; M |
| SIKLOS ORAL TABLET 100 MG | Tier 3 | PA; M; QL |
| SOMATOSTATIC AGENTS | | |
| <i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> | MB | PA; SP |

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|--|------------------|------------------------------|
| MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG | Tier 4 | PA; SP; LA |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | MB | SP |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i> | MB | SP |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG | MB | PA; SP |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG | MB | PA; SP; LA |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | MB | PA; SP; LA |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML | MB | PA; SP |
| STEROID ANTINEOPLASTICS | | |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | Tier 1 | |
| SYSTEMIC ENZYME INHIBITORS | | |
| VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG | Tier 4 | PA; SP; LA |
| TOPICAL ANTINEOPLASTIC PREMALIGNANT LESION AGENTS | | |
| <i>bexarotene topical gel 1 %</i> | Tier 1 | PA; SP |
| KLISYRI TOPICAL OINTMENT IN PACKET 1 % | Tier 3 | PA |
| ANTIPARKINSONISM AGENTS | | |
| ANTIPARKINSONISM DRUGS;ANTICHOLINERGIC | | |
| <i>benztropine injection solution 1 mg/ml</i> | MB | |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | M |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i> | Tier 1 | M |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i> | Tier 1 | M |
| ANTIPARKINSONISM DRUGS;OTHER | | |
| <i>apomorphine subcutaneous cartridge 10 mg/ml</i> | Tier 1 | SP; LA |
| AZILECT ORAL TABLET 0.5 MG, 1 MG | Tier 3 | M |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
PA – Prior Authorization QL – Quantity Limits SP – Specialty ST – Step Therapy
M – Maintenance LA – Limited Availability

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>bromocriptine oral capsule 5 mg</i> | Tier 1 | M |
| <i>bromocriptine oral tablet 2.5 mg</i> | Tier 1 | M |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> | Tier 1 | M |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> | Tier 1 | M |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i> | Tier 1 | M |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | Tier 1 | M |
| DHIVY ORAL TABLET 25-100 MG | Tier 3 | M |
| DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML | Tier 4 | PA; SP |
| <i>entacapone oral tablet 200 mg</i> | Tier 1 | M |
| MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 2.25 MG, 3 MG, 3.75 MG | Tier 3 | M |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR | Tier 3 | M |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | Tier 1 | M |
| <i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> | Tier 1 | M |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> | Tier 1 | M |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | Tier 1 | M |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> | Tier 1 | M |
| RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG | Tier 3 | M |
| <i>selegiline hcl oral capsule 5 mg</i> | Tier 1 | M |
| <i>selegiline hcl oral tablet 5 mg</i> | Tier 1 | M |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG | Tier 3 | M |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
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|---|------------------|------------------------------|
| TASMAR ORAL TABLET 100 MG | Tier 3 | M |
| <i>tolcapone oral tablet 100 mg</i> | Tier 1 | M |
| XADAGO ORAL TABLET 100 MG, 50 MG | Tier 3 | PA; M |
| ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG | Tier 3 | M |
| DECARBOXYLASE INHIBITORS | | |
| <i>carbidopa oral tablet 25 mg</i> | Tier 1 | M |
| LODOSYN ORAL TABLET 25 MG | Tier 3 | M |
| ANTIPSORIATIC / ANTISEBORRHEIC | | |
| ANTIPSORIATIC AGENTS;SYSTEMIC | | |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> | Tier 1 | M |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | Tier 2 | PA; SP; QL |
| COSENTYX INTRAVENOUS SOLUTION 25 MG/ML | MB | PA; SP |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | Tier 2 | PA; SP; QL |
| COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML | Tier 2 | PA; SP; QL |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML | Tier 2 | PA; SP; QL |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML) | Tier 2 | PA; SP |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | Tier 2 | PA; SP; QL |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML | Tier 2 | PA; SP; QL |
| SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML | MB | PA; SP |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | Tier 2 | PA; SP; QL |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML | Tier 2 | PA; SP; QL |
| ANTIPSORIATICS AGENTS | | |
| <i>calcipotriene scalp solution 0.005 %</i> | Tier 1 | QL |
| <i>calcipotriene topical cream 0.005 %</i> | Tier 1 | QL |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
PA – Prior Authorization QL – Quantity Limits SP – Specialty ST – Step Therapy
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|---|-----------|-----------------------|
| CALCIPOTRIENE TOPICAL FOAM 0.005 % | Tier 3 | QL |
| <i>calcipotriene topical ointment 0.005 %</i> | Tier 1 | QL |
| <i>calcitriol topical ointment 3 mcg/gram</i> | Tier 1 | |
| SORILUX TOPICAL FOAM 0.005 % | Tier 3 | QL |
| VECTICAL TOPICAL OINTMENT 3 MCG/GRAM | Tier 3 | |
| ANTISEBORRHEIC AGENTS | | |
| <i>selenium sulfide topical lotion 2.5 %</i> | Tier 1 | |
| HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS; MAB | | |
| STELARA INTRAVENOUS SOLUTION 130 MG/26 ML | MB | PA; SP |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | Tier 2 | PA; SP; QL |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | Tier 2 | PA; SP; QL |
| TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC | | |
| ANALPRAM-HC TOPICAL LOTION 2.5-1 % | Tier 2 | |
| EPIFOAM TOPICAL FOAM 1-1 % | Tier 3 | |
| PRAMOSONE TOPICAL CREAM 1-1 % | Tier 3 | |
| PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 % | Tier 3 | |
| TOPICAL VIT D ANALOG/ANTI-INFLAMMATORY STEROID | | |
| <i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> | Tier 1 | QL |
| ENSTILAR TOPICAL FOAM 0.005-0.064 % | Tier 3 | QL |
| TACLONEX TOPICAL SUSPENSION 0.005-0.064 % | Tier 3 | QL |
| ANTITHYROID AGENTS | | |
| ANTITHYROID PREPARATIONS | | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | Tier 1 | M |
| <i>propylthiouracil oral tablet 50 mg</i> | Tier 1 | M |
| ANTIVIRALS | | |
| ANTIPARKINSONISM DRUGS;OTHER | | |
| <i>amantadine hcl oral capsule 100 mg</i> | Tier 1 | M |
| <i>amantadine hcl oral solution 50 mg/5 ml</i> | Tier 1 | M |

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|---|------------------|------------------------------|
| <i>amantadine hcl oral tablet 100 mg</i> | Tier 1 | M |
| ANTIRETROVIRAL - ANTI-CD4 DOMAIN 2 MONOCLONAL AB | | |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) | MB | PA; SP |
| ANTIRETROVIRAL - CAPSID INHIBITORS | | |
| SUNLENCA ORAL TABLET 300 MG | Tier 4 | PA; SP; LA |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML | Tier 4 | PA; SP; LA |
| ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NNRTI COMB. | | |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML | MB | PA; SP |
| JULUCA ORAL TABLET 50-25 MG | Tier 4 | M |
| ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NRTI COMB. | | |
| DOVATO ORAL TABLET 50-300 MG | Tier 2 | M |
| ANTIRETROVIRAL-NRTIS AND INTEGRASE INHIBITORS COMB | | |
| TRIUMEQ ORAL TABLET 600-50-300 MG | Tier 2 | M |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | Tier 2 | M |
| ANTIRETROVIRAL-NUCLEOSIDE;NUCLEOTIDE;PROTEASE INH. | | |
| SYMITUZA ORAL TABLET 800-150-200-10 MG | Tier 2 | M |
| ANTIVIRAL - MAIN PROTEASE (MPRO) INHIBITOR | | |
| PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG | Tier 2 | QL |
| ANTIVIRAL - RNA POLYMERASE INHIBITOR | | |
| LAGEVRIO (EUA) ORAL CAPSULE 200 MG | Tier 3 | QL |
| ANTIVIRAL MONOCLONAL ANTIBODIES | | |
| BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML | MB | ACA |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML | MB | PA; SP |
| ANTIVIRALS; GENERAL | | |
| <i>acyclovir oral capsule 200 mg</i> | Tier 1 | M |
| <i>acyclovir oral suspension 200 mg/5 ml</i> | Tier 1 | M |

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|---|------------------|------------------------------|
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | Tier 1 | M |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i> | MB | |
| <i>cidofovir intravenous solution 75 mg/ml</i> | MB | |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | Tier 1 | M; QL |
| <i>foscarnet intravenous solution 24 mg/ml</i> | MB | |
| FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML | MB | |
| <i>ganciclovir sodium intravenous recon soln 500 mg</i> | MB | |
| <i>ganciclovir sodium intravenous solution 50 mg/ml</i> | MB | |
| LIVTENCITY ORAL TABLET 200 MG | Tier 4 | PA; LA |
| <i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i> | Tier 1 | |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> | Tier 1 | |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | Tier 3 | PA |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | Tier 2 | |
| <i>rimantadine oral tablet 100 mg</i> | Tier 1 | |
| TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG | Tier 3 | |
| TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML | Tier 3 | |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> | Tier 1 | M |
| VALCYTE ORAL RECON SOLN 50 MG/ML | Tier 3 | M |
| VALCYTE ORAL TABLET 450 MG | Tier 3 | M; QL |
| <i>valganciclovir oral tablet 450 mg</i> | Tier 1 | M; QL |
| XOFLUZA ORAL TABLET 40 MG, 80 MG | Tier 3 | QL |
| ANTIVIRALS; HIV-SPEC.; NUCLEOSIDE ANALOG; RTI COMB | | |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i> | Tier 1 | M |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> | Tier 1 | M |
| ANTIVIRALS; HIV-SPEC; NON-PEPTIDIC PROTEASE INHIB | | |
| APTIVUS ORAL CAPSULE 250 MG | Tier 4 | M |
| <i>darunavir oral tablet 600 mg, 800 mg</i> | Tier 1 | M |
| PREZCOBIX ORAL TABLET 800-150 MG-MG | Tier 2 | M |
| PREZISTA ORAL SUSPENSION 100 MG/ML | Tier 2 | M |
| PREZISTA ORAL TABLET 150 MG, 75 MG | Tier 2 | M |

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PA – Prior Authorization QL – Quantity Limits SP – Specialty ST – Step Therapy
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|---|-----------|-----------------------|
| PREZISTA ORAL TABLET 600 MG, 800 MG | Tier 4 | M |
| ANTIVIRALS; HIV-SPEC; NUCLEOSIDE-NUCLEOTIDE ANALOG | | |
| CIMDUO ORAL TABLET 300-300 MG | Tier 2 | M |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | Tier 2 | M |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | Tier 1 | M |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> | Tier 1 | M; ACA |
| ANTIVIRALS; HIV-SPECIFIC; CCR5 CO-RECEPTOR ANTAG. | | |
| <i>maraviroc oral tablet 150 mg, 300 mg</i> | Tier 1 | M |
| SELZENTRY ORAL SOLUTION 20 MG/ML | Tier 4 | M |
| SELZENTRY ORAL TABLET 150 MG, 300 MG | Tier 4 | M |
| ANTIVIRALS; HIV-SPECIFIC; CD4 ATTACHMENT INHIBITOR | | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | Tier 4 | PA; M |
| ANTIVIRALS; HIV-SPECIFIC; FUSION INHIBITORS | | |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | Tier 4 | M |
| ANTIVIRALS; HIV-SPECIFIC; NON-NUCLEOSIDE; RTI | | |
| EDURANT ORAL TABLET 25 MG | Tier 4 | M |
| <i>efavirenz oral capsule 200 mg, 50 mg</i> | Tier 1 | M |
| <i>efavirenz oral tablet 600 mg</i> | Tier 1 | M |
| <i>etravirine oral tablet 100 mg, 200 mg</i> | Tier 1 | M |
| INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG | Tier 4 | M |
| <i>nevirapine oral suspension 50 mg/5 ml</i> | Tier 1 | M |
| <i>nevirapine oral tablet 200 mg</i> | Tier 1 | M |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i> | Tier 1 | M |
| PIFELTRO ORAL TABLET 100 MG | Tier 4 | M |
| ANTIVIRALS; HIV-SPECIFIC; NUCLEOSIDE ANALOG; RTI | | |
| <i>abacavir oral solution 20 mg/ml</i> | Tier 1 | M |
| <i>abacavir oral tablet 300 mg</i> | Tier 1 | M |
| <i>emtricitabine oral capsule 200 mg</i> | Tier 1 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| EMTRIVA ORAL CAPSULE 200 MG | Tier 2 | M |
| EMTRIVA ORAL SOLUTION 10 MG/ML | Tier 2 | M |
| EPIVIR ORAL SOLUTION 10 MG/ML | Tier 4 | M |
| EPIVIR ORAL TABLET 150 MG, 300 MG | Tier 4 | M |
| <i>lamivudine oral solution 10 mg/ml</i> | Tier 1 | M |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> | Tier 1 | M |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | MB | |
| RETROVIR ORAL CAPSULE 100 MG | Tier 4 | M |
| RETROVIR ORAL SYRUP 10 MG/ML | Tier 4 | M |
| ZIAGEN ORAL SOLUTION 20 MG/ML | Tier 4 | M |
| <i>zidovudine oral capsule 100 mg</i> | Tier 1 | M |
| <i>zidovudine oral syrup 10 mg/ml</i> | Tier 1 | M |
| <i>zidovudine oral tablet 300 mg</i> | Tier 1 | M |
| ANTIVIRALS; HIV-SPECIFIC; NUCLEOTIDE ANALOG; RTI | | |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> | Tier 1 | M |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | Tier 4 | M |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG | Tier 4 | M |
| ANTIVIRALS; HIV-SPECIFIC; PROTEASE INHIBITOR COMB | | |
| KALETRA ORAL SOLUTION 400-100 MG/5 ML | Tier 4 | M |
| KALETRA ORAL TABLET 100-25 MG, 200-50 MG | Tier 4 | M |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> | Tier 1 | M |
| <i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i> | Tier 1 | M |
| ANTIVIRALS; HIV-SPECIFIC; PROTEASE INHIBITORS | | |
| <i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> | Tier 1 | M |
| EVOTAZ ORAL TABLET 300-150 MG | Tier 4 | M |
| <i>fosamprenavir oral tablet 700 mg</i> | Tier 1 | M |
| NORVIR ORAL POWDER IN PACKET 100 MG | Tier 4 | M |
| NORVIR ORAL TABLET 100 MG | Tier 4 | M |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG | Tier 4 | M |

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|--|-----------|-----------------------|
| REYATAZ ORAL POWDER IN PACKET 50 MG | Tier 4 | M |
| <i>ritonavir oral tablet 100 mg</i> | Tier 1 | M |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | Tier 4 | M |
| ANTIVIRALS;HIV-1 INTEGRASE STRAND TRANSFER INHIBTR | | |
| APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) | Tier 2 | ST; SP |
| ISENTRESS HD ORAL TABLET 600 MG | Tier 2 | M |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | Tier 2 | M |
| ISENTRESS ORAL TABLET 400 MG | Tier 2 | M |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG | Tier 2 | M |
| TIVICAY ORAL TABLET 50 MG | Tier 4 | M |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | Tier 4 | M |
| ARTV NUCLEOSIDE;NUCLEOTIDE;NON-NUCLEOSIDE RTI COMB | | |
| DELSTRIGO ORAL TABLET 100-300-300 MG | Tier 4 | M |
| <i>efavirenz-lamivu-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i> | Tier 1 | M |
| ODEFSEY ORAL TABLET 200-25-25 MG | Tier 2 | M |
| SYMFI LO ORAL TABLET 400-300-300 MG | Tier 4 | M |
| SYMFI ORAL TABLET 600-300-300 MG | Tier 4 | M |
| ARV-NUCLEOSIDE;NUCLEOTIDE RTI;INTEGRASE INHIBITORS | | |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | Tier 2 | M |
| GENVOYA ORAL TABLET 150-150-200-10 MG | Tier 2 | M |
| CYTOCHROME P450 INHIBITORS | | |
| TYBOST ORAL TABLET 150 MG | Tier 4 | M |
| EYE ANTIVIRALS | | |
| <i>trifluridine ophthalmic (eye) drops 1 %</i> | Tier 1 | |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | Tier 3 | |
| HEP C VIRUS-NS5B POLYMERASE AND NS5A INHIB. COMBO. | | |

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|--|------------------|------------------------------|
| LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG | Tier 4 | PA; SP |
| SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG | Tier 2 | PA; SP |
| HEPATITIS B TREATMENT AGENTS | | |
| <i>adefovir oral tablet 10 mg</i> | Tier 1 | |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | Tier 3 | M |
| BARACLUDE ORAL TABLET 0.5 MG, 1 MG | Tier 3 | M; QL |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> | Tier 1 | M; QL |
| <i>lamivudine oral tablet 100 mg</i> | Tier 1 | M |
| VEMLIDY ORAL TABLET 25 MG | Tier 3 | M |
| HEPATITIS C TREATMENT AGENTS | | |
| <i>ribavirin oral capsule 200 mg</i> | Tier 1 | PA; SP; QL |
| <i>ribavirin oral tablet 200 mg</i> | Tier 1 | PA; SP; QL |
| HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB | | |
| MAVYRET ORAL PELLETS IN PACKET 50-20 MG | Tier 2 | SP |
| MAVYRET ORAL TABLET 100-40 MG | Tier 2 | SP |
| BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY | | |
| BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS | | |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> | Tier 1 | M; QL |
| AVODART ORAL CAPSULE 0.5 MG | Tier 3 | GENDER; M |
| <i>dutasteride oral capsule 0.5 mg</i> | Tier 1 | GENDER; M |
| <i>finasteride oral tablet 5 mg</i> | Tier 1 | GENDER; M |
| FLOMAX ORAL CAPSULE 0.4 MG | Tier 3 | M |
| PROSCAR ORAL TABLET 5 MG | Tier 3 | GENDER; M |
| RAPAFLO ORAL CAPSULE 4 MG, 8 MG | Tier 3 | M |
| <i>silodosin oral capsule 4 mg, 8 mg</i> | Tier 1 | M |
| <i>tamsulosin oral capsule 0.4 mg</i> | Tier 1 | M |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG | Tier 3 | M; QL |
| BPH 5-ALPHA-REDUCTASE INHIB-ALPHA1-ADRENOCEP ANTAG | | |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> | Tier 1 | GENDER; M |
| BPH AGENT-5-ALPHA-REDUCTASE INH AND PDE5 INH COMB | | |

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|--|-----------|-----------------------|
| ENTADFI ORAL CAPSULE 5-5 MG | Tier 3 | |
| DRUGS TO TREAT ERECTILE DYSFUNCTION (ED) | | |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i> | Tier 1 | GENDER; M; QL |
| BETA-BLOCKERS | | |
| MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS | | |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i> | Tier 1 | M |
| BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % | Tier 2 | M |
| BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | Tier 2 | M |
| <i>carteolol ophthalmic (eye) drops 1 %</i> | Tier 1 | M |
| ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 % | Tier 3 | M |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | Tier 1 | M |
| <i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i> | Tier 1 | M |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> | Tier 1 | M |
| <i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> | Tier 1 | M |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> | Tier 1 | M |
| TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 % | Tier 3 | M |
| BIOTECHNOLOGY DRUGS | | |
| ANTI-INFLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST | | |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | MB | PA; SP; LA |
| ANTI-INFLAMMATORY; INTERLEUKIN-1 BETA BLOCKERS | | |
| ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML | Tier 4 | PA; SP |
| CXCR4 CHEMOKINE RECEPTOR ANTAGONIST | | |
| APHEXDA SUBCUTANEOUS RECON SOLN 62 MG | MB | PA; SP; LA |
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) | MB | PA; SP |

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|--|------------------|------------------------------|
| <i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i> | MB | PA; SP |
| ERYTHROID MATURATION AGENTS | | |
| REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG | MB | PA; SP; LA |
| ERYTHROPOIESIS-STIMULATING AGENTS | | |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | Tier 2 | PA; SP |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML | Tier 2 | PA; SP |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | Tier 4 | PA; SP |
| MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 200 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML | MB | PA; SP; LA |
| PROCRIPT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML | Tier 4 | PA; SP |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML | Tier 4 | PA; SP |
| IMMUNOMODULATORS | | |
| PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT | MB | SP |
| LEUKOCYTE (WBC) STIMULANTS | | |
| LEUKINE INJECTION RECON SOLN 250 MCG | MB | PA; SP |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | Tier 2 | SP; QL |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | Tier 2 | SP; QL |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | Tier 2 | SP; QL |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | Tier 2 | SP; QL |

BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES

BLOOD SUGAR DIAGNOSTICS

| | | |
|--------------------------------------|--------|-------|
| ACCU-CHEK AVIVA PLUS TEST STRP STRIP | Tier 1 | M; QL |
| ACCU-CHEK GUIDE TEST STRIPS STRIP | Tier 1 | M; QL |
| ACCU-CHEK SMARTVIEW TEST STRIP STRIP | Tier 1 | M; QL |
| ACCUTREND GLUCOSE TEST STRIPS STRIP | Tier 3 | M; QL |
| ADVANCED GLUC METER TEST STRIP STRIP | Tier 3 | M; QL |
| ADVOCATE REDI-CODE PLUS STRIP | Tier 3 | M; QL |
| AGAMATRIX AMP TEST STRIPS STRIP | Tier 3 | M; QL |
| ASSURE 4 STRIPS STRIP | Tier 3 | M; QL |
| ASSURE PLATINUM TEST STRIP STRIP | Tier 3 | M; QL |
| ASSURE PRISM MULTI STRIP STRIP | Tier 3 | M; QL |
| BIONIME RIGHTEST TEST STRIPS STRIP | Tier 3 | M; QL |
| BLOOD GLUCOSE TEST STRIP | Tier 3 | M; QL |
| CARESENS N TEST STRIPS STRIP | Tier 3 | M; QL |
| CARETOUCH TEST STRIP STRIP | Tier 3 | M; QL |
| CLEVER CHOICE MICRO TEST STRIP STRIP | Tier 3 | M; QL |
| CLEVER CHOICE PRO STRIP | Tier 3 | M; QL |
| CLEVER CHOICE TALK TEST STRIP | Tier 3 | M; QL |
| CLEVER CHOICE TEST STRIPS STRIP | Tier 3 | M; QL |
| CLEVER CHOICE VOICE PLUS TEST STRIP | Tier 3 | M; QL |
| CONTOUR NEXT TEST STRIPS STRIP | Tier 3 | M; QL |
| CONTOUR PLUS TEST STRIP STRIP | Tier 3 | M; QL |
| CONTOUR TEST STRIPS STRIP | Tier 3 | M; QL |
| DIATRUE PLUS TEST STRIP STRIP | Tier 3 | M; QL |
| EASY PLUS II TEST STRIP | Tier 3 | M; QL |
| EASY STEP STRIP | Tier 3 | M; QL |
| EASY TALK GLUCOSE TEST STRIP | Tier 3 | M; QL |
| EASY TALK PLUS II TEST STRIP STRIP | Tier 3 | M; QL |
| EASY TOUCH BLULINK TEST STRIP STRIP | Tier 3 | M; QL |

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| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------------|------------------|------------------------------|
| EASY TOUCH TEST STRIP STRIP | Tier 3 | M; QL |
| EASY TRAK GLUCOSE TEST STRIP | Tier 3 | M; QL |
| EASY TRAK II TEST STRIP STRIP | Tier 3 | M; QL |
| EASYGLUCO TEST STRIP | Tier 3 | M; QL |
| EASYMAX STRIP | Tier 3 | M; QL |
| ELEMENT COMPACT TEST STRIPS STRIP | Tier 3 | M; QL |
| ELEMENT TEST STRIPS STRIP | Tier 3 | M; QL |
| EMBRACE BLOOD GLUCOSE SYSTEM STRIP | Tier 3 | M; QL |
| EMBRACE EVO TEST STRIPS STRIP | Tier 3 | M; QL |
| EMBRACE PRO TEST STRIPS STRIP | Tier 3 | M; QL |
| EMBRACE TALK TEST STRIPS STRIP | Tier 3 | M; QL |
| EVOLUTION TEST STRIPS STRIP | Tier 3 | M; QL |
| FORA 6 CONNECT GLUCOSE STRIP STRIP | Tier 3 | M; QL |
| FORA 6CONN-GTEL-TN'G ADV STRIP STRIP | Tier 3 | M; QL |
| FORA D15G STRIPS STRIP | Tier 3 | M; QL |
| FORA D20 STRIP | Tier 3 | M; QL |
| FORA D40-G31 TEST STRIPS STRIP | Tier 3 | M; QL |
| FORA G20 STRIP | Tier 3 | M; QL |
| FORA G30-PREMIUM V10 TEST STRP STRIP | Tier 3 | M; QL |
| FORA GD50 TEST STRIPS STRIP | Tier 3 | M; QL |
| FORA GTEL GLUCOSE TEST STRIP STRIP | Tier 3 | M; QL |
| FORA TEST STRIP STRIP | Tier 3 | M; QL |
| FORA TN'G ADVAN PRO TEST STRIP STRIP | Tier 3 | M; QL |
| FORA TN'G VOICE TEST STRIPS STRIP | Tier 3 | M; QL |
| FORA V10 STRIP | Tier 3 | M; QL |
| FORA V10-V12-D10-D20 STRIPS STRIP | Tier 3 | M; QL |
| FORA V12 GLUCOSE STRIP | Tier 3 | M; QL |
| FORA V20 STRIP | Tier 3 | M; QL |
| FORACARE GD20 STRIP | Tier 3 | M; QL |
| FORACARE GD40 TEST STRIPS STRIP | Tier 3 | M; QL |
| FREESTYLE INSULINX STRIP | Tier 3 | M; QL |
| FREESTYLE INSULINX TEST STRIPS STRIP | Tier 3 | M; QL |
| FREESTYLE LITE STRIPS STRIP | Tier 3 | M; QL |

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| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------------|------------------|------------------------------|
| FREESTYLE PRECISION NEO STRIPS STRIP | Tier 3 | M; QL |
| FREESTYLE TEST STRIP | Tier 3 | M; QL |
| GE100 BLOOD GLUCOSE TEST STRIP STRIP | Tier 3 | M; QL |
| GE333 BLOOD GLUCOSE TEST STRIP STRIP | Tier 3 | M; QL |
| GLUCO NAVII TEST STRIP STRIP | Tier 3 | M; QL |
| GLUCOCARD 01 SENSOR PLUS STRIP | Tier 3 | M; QL |
| GLUCOCARD EXPRESSION STRIP | Tier 3 | M; QL |
| GLUCOCARD SHINE TEST STRIPS STRIP | Tier 3 | M; QL |
| GLUCOCARD VITAL SENSOR STRIP | Tier 3 | M; QL |
| GLUCOCARD VITAL TEST STRIPS STRIP | Tier 3 | M; QL |
| GLUCOCOM GLUCOSE STRIP | Tier 3 | M; QL |
| GM100 STRIP | Tier 3 | M; QL |
| GOJJI BLOOD GLUCOSE TEST STRIP STRIP | Tier 3 | M; QL |
| HEALTHPRO TEST STRIPS STRIP | Tier 3 | M; QL |
| INFINITY TEST STRIPS STRIP | Tier 3 | M; QL |
| MICRO BLOOD GLUCOSE STRIP | Tier 3 | M; QL |
| MICRODOT BLOOD GLUCOSE SYSTEM STRIP | Tier 3 | M; QL |
| MICRODOT XTRA BLOOD GLUCOSE STRIP | Tier 3 | M; QL |
| MYGLUCOHEALTH STRIP | Tier 3 | M; QL |
| NEUTEK 2TEK TEST STRIPS STRIP | Tier 3 | M; QL |
| NOVA MAX GLUCOSE TEST STRIP | Tier 3 | M; QL |
| ON CALL EXPRESS TEST STRIP STRIP | Tier 3 | M; QL |
| ONETOUCH ULTRA TEST STRIP | Tier 1 | M; QL |
| ONETOUCH VERIO TEST STRIPS STRIP | Tier 1 | M; QL |
| OPTIUM EZ STRIP | Tier 3 | M; QL |
| PHARMACIST CHOICE STRIP | Tier 3 | M; QL |
| PIP BLOOD GLUCOSE TEST STRIP STRIP | Tier 3 | M; QL |
| PRECISION XTRA TEST STRIP | Tier 3 | M; QL |
| PREMIER TEST STRIP STRIP | Tier 3 | M; QL |
| PREMIUM V10 STRIP | Tier 3 | M; QL |
| PRO VOICE V8-V9 TEST STRIP STRIP | Tier 3 | M; QL |
| PRODIGY NO CODING STRIP | Tier 3 | M; QL |

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| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------------|-----------|-----------------------|
| QUINTET AC STRIP | Tier 3 | M; QL |
| REFUAH PLUS STRIP | Tier 3 | M; QL |
| RELION CONFIRM-MICRO STRIP | Tier 3 | M; QL |
| RELION PRIME TEST STRIPS STRIP | Tier 3 | M; QL |
| RELION ULTIMA STRIP | Tier 3 | M; QL |
| RIGHTEST GS550 TEST STRIPS STRIP | Tier 3 | M; QL |
| RIGHTEST GT333 TEST STRIP STRIP | Tier 3 | M; QL |
| SMART SENSE TEST STRIPS STRIP | Tier 3 | M; QL |
| SMARTEST TEST STRIP | Tier 3 | M; QL |
| SOLUS V2 TEST STRIPS STRIP | Tier 3 | M; QL |
| TELCARE TEST STRIPS STRIP | Tier 3 | M; QL |
| TEST N'GO TEST STRIP | Tier 3 | M; QL |
| TRUE METRIX GLUCOSE TEST STRIP STRIP | Tier 3 | M; QL |
| TRUETEST TEST STRIPS STRIP | Tier 3 | M; QL |
| TRUETRACK TEST STRIP | Tier 3 | M; QL |
| UNISTRIP1 TEST STRIP STRIP | Tier 3 | M; QL |
| VIVAGUARD INO TEST STRIP STRIP | Tier 3 | M; QL |
| WAVESENSE JAZZ STRIP | Tier 3 | M; QL |
| WAVESENSE PRESTO STRIP | Tier 3 | M; QL |

BURN THERAPY

TOPICAL SULFONAMIDES

| | | |
|--|--------|--|
| SILVADENE TOPICAL CREAM 1 % | Tier 3 | |
| <i>silver sulfadiazine topical cream 1 %</i> | Tier 1 | |
| <i>ssd topical cream 1 %</i> | Tier 1 | |

CARDIAC GLYCOSIDES

DIGITALIS GLYCOSIDES

| | | |
|--|--------|---|
| <i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i> | Tier 1 | M |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i> | Tier 1 | M |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) | Tier 3 | M |

CEPHALOSPORINS

CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>cefadroxil oral capsule 500 mg</i> | Tier 1 | |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | Tier 1 | |
| <i>cefadroxil oral tablet 1 gram</i> | Tier 1 | |
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> | MB | |
| CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML | MB | |
| <i>cefazolin injection recon soln 1 gram, 3 gram, 500 mg</i> | MB | |
| <i>cefazolin intravenous recon soln 1 gram</i> | MB | |
| CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM | MB | |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i> | Tier 1 | |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | |
| <i>cephalexin oral tablet 250 mg, 500 mg</i> | Tier 1 | |

CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION

| | | |
|--|--------|--|
| <i>cefaclor oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| <i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i> | Tier 1 | |
| CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM | MB | |
| <i>cefotetan injection recon soln 1 gram, 2 gram</i> | MB | |
| <i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> | MB | |
| <i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i> | MB | |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| <i>cefuroxime sodium injection recon soln 750 mg</i> | MB | |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram</i> | MB | |

CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION

ACA – Affordable Care Act **AR** – Age Restriction **GENDER** – Gender Limits **MB** – Medical Benefit
PA – Prior Authorization **QL** – Quantity Limits **SP** – Specialty **ST** – Step Therapy
M – Maintenance **LA** – Limited Availability

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM | MB | |
| <i>cefdinir oral capsule 300 mg</i> | Tier 1 | |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | |
| <i>cefixime oral capsule 400 mg</i> | Tier 1 | QL |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> | Tier 1 | |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i> | Tier 1 | |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i> | Tier 1 | |
| <i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> | MB | |
| <i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> | MB | |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | MB | |
| <i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i> | MB | |
| <i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i> | MB | |
| <i>tazicef intravenous recon soln 1 gram, 2 gram</i> | MB | |
| CEPHALOSPORIN ANTIBIOTICS - 4TH GENERATION | | |
| CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML | MB | |
| <i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i> | MB | |
| <i>cefepime injection recon soln 1 gram</i> | MB | |
| CEPHALOSPORIN ANTIBIOTICS - SIDEROPHORE | | |
| FETROJA INTRAVENOUS RECON SOLN 1 GRAM | MB | PA |
| CEPHALOSPORINS - 5TH GENERATION | | |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG | MB | PA |
| ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM | MB | |
| CHOLINERGIC STIMULANTS | | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| PARASYMPATHETIC AGENTS | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | Tier 1 | M |
| CHOLINESTERASE INHIBITOR MIOTICS | | |
| MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS | | |
| PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % | Tier 2 | SP; LA |
| COAGULATION THERAPY | | |
| AGENTS TO TX THROMBOTIC THROMBOCYTOPENIC PURPURA | | |
| ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT | MB | PA; SP; LA |
| ANTICOAGULANTS; COUMARIN TYPE | | |
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | Tier 1 | M |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | Tier 1 | M |
| ANTIFIBRINOLYTIC AGENTS | | |
| <i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> | Tier 1 | |
| <i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> | Tier 1 | |
| CYKLOKAPRON INTRAVENOUS SOLUTION 1,000 MG/10 ML (100 MG/ML) | MB | PA |
| FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG) | MB | PA; SP; LA |
| RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG) | MB | PA; SP |
| <i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> | MB | PA |
| ANTIHEMOPHILIC FACTORS | | |
| ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT | MB | PA; SP |
| ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT | MB | PA; SP |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE | MB | PA; SP |
| ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML | MB | PA; SP |
| ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT | MB | PA; SP |
| ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT | MB | PA; SP |
| ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | MB | PA; SP |
| FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT | MB | PA; SP |
| HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT | MB | PA; SP |
| HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT | MB | PA; SP |
| HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT | MB | PA; SP |
| HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT | MB | PA; SP |
| HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT | MB | PA; SP |
| JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | MB | PA; SP |
| KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT | MB | PA; SP |

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | MB | PA; SP |
| KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | MB | PA; SP |
| NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | MB | PA; SP |
| NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG) | MB | PA; SP |
| NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT | MB | PA; SP |
| OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE | MB | PA; SP; LA |
| RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT | MB | PA; SP |
| WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT | MB | PA; SP |
| XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT | MB | PA; SP |
| XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | MB | PA; SP |
| BLOOD FACTORS;MISCELLANEOUS | | |
| VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE | MB | PA; SP |
| DIRECT FACTOR XA INHIBITORS | | |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | Tier 2 | |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | Tier 2 | M |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) | Tier 2 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | Tier 2 | M |
| XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG | Tier 2 | M |
| XARELTO ORAL TABLET 2.5 MG | Tier 2 | M; QL |
| FACTOR IX COMPLEX (PCC) PREPARATIONS | | |
| PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT | MB | PA; SP |
| FACTOR IX PREPARATIONS | | |
| ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT | MB | PA; SP |
| ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT | MB | PA; SP |
| BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT | MB | PA; SP |
| IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT | MB | PA; SP |
| IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT | MB | PA; SP |
| REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | MB | PA; SP |
| RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT | MB | PA; SP |
| FACTOR X PREPARATIONS | | |
| COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE | MB | PA; SP |
| FACTOR XIII PREPARATIONS | | |
| CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT | MB | PA; SP |
| TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT | MB | PA; SP |
| HEMOPHILIA TREATMENT AGENTS;NON-FACTOR REPLACEMENT | | |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML | MB | PA; SP |
| HEMORRHOLOGIC AGENTS | | |
| <i>pentoxifylline oral tablet extended release 400 mg</i> | Tier 1 | M |
| HEPARIN AND RELATED PREPARATIONS | | |
| ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML | Tier 3 | SP; QL |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i> | Tier 1 | SP; QL |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> | Tier 1 | SP; QL |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> | Tier 1 | SP; QL |
| FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML | Tier 2 | SP; QL |
| FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML | Tier 2 | SP; QL |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i> | MB | |
| <i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i> | MB | |
| <i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i> | Tier 1 | |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i> | Tier 1 | |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i> | Tier 1 | |
| <i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i> | Tier 1 | |
| <i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml</i> | Tier 1 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML | MB | |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i> | Tier 1 | |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i> | Tier 1 | |
| <i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i> | MB | |
| <i>heparin, porcine (pf) intravenous syringe 100 unit/ml</i> | Tier 1 | |
| HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML | Tier 2 | |
| LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML | Tier 3 | SP; QL |
| LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML | Tier 3 | SP; QL |
| PLATELET AGGREGATION INHIBITORS | | |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> | Tier 1 | M |
| BRILINTA ORAL TABLET 60 MG, 90 MG | Tier 2 | M |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | Tier 1 | M |
| <i>clopidogrel oral tablet 300 mg</i> | Tier 1 | |
| <i>clopidogrel oral tablet 75 mg</i> | Tier 1 | M |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | Tier 1 | M |
| EFFIENT ORAL TABLET 10 MG, 5 MG | Tier 3 | M |
| PLAVIX ORAL TABLET 75 MG | Tier 3 | M |
| <i>prasugrel oral tablet 10 mg, 5 mg</i> | Tier 1 | M |
| ZONTIVITY ORAL TABLET 2.08 MG | Tier 3 | M |
| PROTEIN C PREPARATIONS | | |
| CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT | MB | PA; SP |
| CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT | MB | PA; SP |
| THROMBIN INHIBITORS; SELECTIVE; DIRECT; REVERSIBLE | | |
| <i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> | Tier 1 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| THROMBOPOIETIN RECEPTOR AGONISTS | | |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG | Tier 4 | PA; SP |
| MULPLETA ORAL TABLET 3 MG | Tier 4 | PA; SP |
| NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG | MB | PA; SP |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG | Tier 4 | PA; SP |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG | Tier 4 | PA; SP |
| VITAMIN K PREPARATIONS | | |
| PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML | MB | |
| <i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> | MB | |
| PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML | MB | |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i> | Tier 1 | |
| <i>vitamin k injection solution 1 mg/0.5 ml</i> | MB | |
| <i>vitamin k1 injection solution 10 mg/ml</i> | MB | |
| COUGH & COLD THERAPY | | |
| 1ST GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION | | |
| <i>promethazine vc oral syrup 6.25-5 mg/5 ml</i> | Tier 1 | |
| ANTITUSSIVES; NON-OPIOID | | |
| <i>benzonatate oral capsule 100 mg, 200 mg</i> | Tier 1 | |
| NON-OPIOID ANTITUS-1ST GEN.ANTIHISTAMINE-DECONGEST | | |
| <i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> | Tier 1 | |
| NON-OPIOID ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB. | | |
| <i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i> | Tier 1 | |
| OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE | | |
| <i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i> | Tier 1 | |
| <i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i> | Tier 1 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG | Tier 3 | QL |

OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS

| | | |
|---|--------|--|
| <i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> | Tier 1 | |
| <i>hydrocodone-homatropine oral tablet 5-1.5 mg</i> | Tier 1 | |
| <i>hydromet oral syrup 5-1.5 mg/5 ml</i> | Tier 1 | |

CYCLOPLEGIC MYDRIATICS

MYDRIATICS

| | | |
|--|--------|---|
| ATROPINE OPHTHALMIC (EYE) DROPS 0.025 %, 0.05 % | Tier 3 | M |
| <i>atropine ophthalmic (eye) drops 1 %</i> | Tier 1 | M |
| ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 % | Tier 3 | M |
| CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 % | Tier 3 | |
| <i>cyclopentolate ophthalmic (eye) drops 1 %</i> | Tier 1 | |
| <i>homatropaire ophthalmic (eye) drops 5 %</i> | Tier 1 | M |
| MYDRIACYL OPHTHALMIC (EYE) DROPS 1 % | Tier 3 | |
| <i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i> | Tier 1 | |

DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT

RESPIRATORY AIDS;DEVICES;EQUIPMENT

| | | |
|------------------------------------|--------|--|
| AEROCHAMBER MECHANICAL VENT SPACER | Tier 2 | |
| AEROCHAMBER MINI SPACER | Tier 2 | |
| AEROCHAMBER PLUS FLOW-VU SPACER | Tier 2 | |
| AEROCHAMBER PLUS Z STAT SPACER | Tier 2 | |
| AEROVENT PLUS SPACER | Tier 2 | |
| BREATHERITE MDI SPACER SPACER | Tier 2 | |
| COMPACT SPACE CHAMBER SPACER | Tier 2 | |
| EASIVENT HOLDING CHAMBER SPACER | Tier 2 | |
| FLEXICHAMBER SPACER | Tier 2 | |
| MICROCHAMBER SPACER | Tier 2 | |
| MICROSPACER SPACER | Tier 2 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------|-----------|-----------------------|
| OPTICHAMBER DIAMOND VHC SPACER | Tier 2 | |
| POCKET CHAMBER SPACER | Tier 2 | |
| PROCHAMBER SPACER | Tier 2 | |
| RITEFLO AEROCHAMBER SPACER | Tier 2 | |
| SPACE CHAMBER SPACER | Tier 2 | |
| VORTEX HOLDING CHAMBER SPACER | Tier 2 | |

SYRINGES AND ACCESSORIES

| | | |
|--|--------|-------|
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" | Tier 2 | M; QL |
|--|--------|-------|

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CONDOMS

| | | |
|-------------------|--------|-----|
| FC2 FEMALE CONDOM | Tier 3 | ACA |
|-------------------|--------|-----|

DIAPHRAGMS/CERVICAL CAP

| | | |
|--|--------|-----|
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM | Tier 3 | ACA |
|--|--------|-----|

| | | |
|-----------------------------|--------|--|
| FEMCAP VAGINAL DEVICE 22 MM | Tier 3 | |
|-----------------------------|--------|--|

| | | |
|---|--------|-----|
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM | Tier 3 | ACA |
|---|--------|-----|

INTRA-UTERINE DEVICES (IUDS)

| | | |
|--|----|-------------|
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG | MB | SP; ACA; LA |
|--|----|-------------|

| | | |
|--|----|---------|
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG | MB | SP; ACA |
|--|----|---------|

| | | |
|--|----|-------------|
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG | MB | SP; ACA; LA |
|--|----|-------------|

| | | |
|---|----|-------------|
| PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM | MB | SP; ACA; LA |
|---|----|-------------|

| | | |
|--|----|-------------|
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG | MB | SP; ACA; LA |
|--|----|-------------|

DIRECT ACTING MIOTICS

MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS

| | | |
|---|--------|---|
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | Tier 1 | M |
|---|--------|---|

ELECTROLYTES

ELECTROLYTE DEPLETERS

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i> | Tier 1 | M |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i> | Tier 1 | M |
| POTASSIUM REPLACEMENT | | |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ | Tier 2 | M |
| <i>effer-k oral tablet, effervescent 25 meq</i> | Tier 1 | M |
| <i>klor-con 10 oral tablet extended release 10 meq</i> | Tier 1 | M |
| <i>klor-con 8 oral tablet extended release 8 meq</i> | Tier 1 | M |
| <i>klor-con m10 oral tablet,er particles/crystals 10 meq</i> | Tier 1 | M |
| <i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> | Tier 1 | M |
| <i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> | Tier 1 | M |
| <i>klor-con oral packet 20 meq</i> | Tier 1 | M |
| <i>klor-con/ef oral tablet, effervescent 25 meq</i> | Tier 1 | M |
| K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ | Tier 3 | M |
| POKONZA ORAL PACKET 10 MEQ | Tier 3 | M |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> | Tier 1 | M |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i> | Tier 1 | M |
| <i>potassium chloride oral packet 20 meq</i> | Tier 1 | M |
| <i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> | Tier 1 | M |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i> | Tier 1 | M |
| SODIUM/SALINE PREPARATIONS | | |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i> | MB | |
| ERYTHROMYCINS & OTHER MACROLIDES | | |
| MACROLIDE ANTIBIOTICS | | |
| <i>azithromycin intravenous recon soln 500 mg</i> | MB | |
| <i>azithromycin oral packet 1 gram</i> | Tier 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> | Tier 1 | |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i> | Tier 1 | |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| <i>clarithromycin oral tablet extended release 24 hr 500 mg</i> | Tier 1 | |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | Tier 3 | QL |
| DIFICID ORAL TABLET 200 MG | Tier 3 | QL |
| E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML | Tier 3 | |
| ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML | Tier 3 | |
| ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML | Tier 3 | |
| <i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i> | Tier 1 | |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG | Tier 1 | |
| <i>erythrocin (as stearate) oral tablet 250 mg</i> | Tier 1 | |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG | MB | |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i> | Tier 1 | |
| <i>erythromycin lactobionate intravenous recon soln 500 mg</i> | MB | |
| <i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i> | Tier 1 | |
| <i>erythromycin oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| <i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> | Tier 1 | |
| ZITHROMAX INTRAVENOUS RECON SOLN 500 MG | MB | PA |
| ZITHROMAX ORAL PACKET 1 GRAM | Tier 3 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML | Tier 3 | |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG | Tier 3 | |
| ZITHROMAX TRI-PAK ORAL TABLET 500 MG | Tier 3 | |
| ZITHROMAX Z-PAK ORAL TABLET 250 MG | Tier 3 | |

ESTROGENS & PROGESTINS

CONTRACEPTIVES;INJECTABLE

| | | |
|---|--------|--------|
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> | Tier 1 | M; ACA |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> | Tier 1 | M; ACA |

CONTRACEPTIVES;ORAL

| | | |
|--|--------|--------|
| <i>camila oral tablet 0.35 mg</i> | Tier 1 | M; ACA |
| <i>deblitane oral tablet 0.35 mg</i> | Tier 1 | M |
| <i>emzahh oral tablet 0.35 mg</i> | Tier 1 | M |
| <i>errin oral tablet 0.35 mg</i> | Tier 1 | M |
| <i>heather oral tablet 0.35 mg</i> | Tier 1 | M |
| <i>incassia oral tablet 0.35 mg</i> | Tier 1 | M |
| <i>jencycla oral tablet 0.35 mg</i> | Tier 1 | M |
| <i>lyleq oral tablet 0.35 mg</i> | Tier 1 | M |
| <i>lyza oral tablet 0.35 mg</i> | Tier 1 | M |
| <i>nora-be oral tablet 0.35 mg</i> | Tier 1 | M |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i> | Tier 1 | M |
| <i>sharobel oral tablet 0.35 mg</i> | Tier 1 | M |

ESTROGEN AND PROGESTIN COMBINATIONS

| | | |
|--|--------|---|
| BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG | Tier 3 | M |
|--|--------|---|

ESTROGENIC AGENTS

| | | |
|---|--------|---|
| ACTIVELLA ORAL TABLET 1-0.5 MG | Tier 3 | M |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR | Tier 3 | M |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | Tier 3 | M |
| COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR | Tier 2 | M |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML | Tier 3 | PA; M |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML | Tier 3 | M |
| DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %) | Tier 3 | M |
| <i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | Tier 1 | M |
| ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION | Tier 3 | M |
| ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG | Tier 3 | M |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | M |
| <i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i> | Tier 1 | M |
| <i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 1 mg/gram (0.1 %)</i> | Tier 1 | M |
| <i>estradiol transdermal gel in packet 0.75 mg/0.75 gram (0.1%), 1.25 mg/1.25 gram (0.1 %)</i> | Tier 3 | M |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | Tier 1 | M |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | Tier 1 | M |
| <i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> | Tier 1 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> | Tier 1 | M |
| ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION | Tier 3 | M |
| EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%) | Tier 3 | M |
| <i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | Tier 1 | M |
| <i>jinteli oral tablet 1-5 mg-mcg</i> | Tier 1 | M |
| <i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | Tier 1 | M |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG | Tier 2 | M |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR | Tier 3 | M |
| <i>mimvey oral tablet 1-0.5 mg</i> | Tier 1 | M |
| MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | Tier 3 | M |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | Tier 1 | M |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | Tier 2 | M; QL |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | Tier 2 | M |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | Tier 2 | M |
| VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | Tier 3 | M |
| ESTROGEN-PROGESTIN WITH ANTIMINERALOCORTICOID COMB | | |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG | Tier 3 | M |
| ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MOD(SERM)COMB | | |
| DUAVEE ORAL TABLET 0.45-20 MG | Tier 3 | M |
| PROGESTATIONAL AGENTS | | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| CRINONE VAGINAL GEL 4 % | Tier 2 | QL |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | M |
| <i>norethindrone acetate oral tablet 5 mg</i> | Tier 1 | M |
| <i>progesterone intramuscular oil 50 mg/ml</i> | Tier 1 | SP |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> | Tier 1 | M |
| PROMETRIUM ORAL CAPSULE 100 MG, 200 MG | Tier 3 | M |
| PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG | Tier 3 | M |
| VAGINAL ESTROGEN FOR SEXUAL DYSFUNCTION | | |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG | Tier 3 | M |
| IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG | Tier 3 | |
| VAGINAL ESTROGEN PREPARATIONS | | |
| ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM) | Tier 3 | M |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> | Tier 1 | M |
| <i>estradiol vaginal tablet 10 mcg</i> | Tier 1 | M |
| ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) | Tier 2 | M |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR | Tier 3 | M |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | Tier 2 | M; QL |
| VAGIFEM VAGINAL TABLET 10 MCG | Tier 3 | M |
| <i>yuvafem vaginal tablet 10 mcg</i> | Tier 1 | M |
| GLUCOSE ELEVATING AGENTS | | |
| AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS) | | |
| BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION | Tier 2 | QL |
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG | Tier 2 | QL |
| <i>glucagon emergency kit (human) injection recon soln 1 mg</i> | Tier 1 | QL |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | Tier 2 | QL |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML | Tier 2 | QL |
| PROGLYCEM ORAL SUSPENSION 50 MG/ML | Tier 3 | PA; M |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML | Tier 2 | QL |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML | Tier 2 | QL |

GOUT THERAPY

COLCHICINE

| | | |
|---------------------------------------|--------|---|
| <i>colchicine oral capsule 0.6 mg</i> | Tier 1 | M |
| <i>colchicine oral tablet 0.6 mg</i> | Tier 1 | M |
| MITIGARE ORAL CAPSULE 0.6 MG | Tier 3 | M |

HYPERURICEMIA TX - URATE-OXIDASE ENZYME-TYPE

| | | |
|--|----|--------|
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML | MB | PA; SP |
|--|----|--------|

HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS

| | | |
|---|--------|---|
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | Tier 1 | M |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> | Tier 1 | M |

URICOSURIC AGENTS

| | | |
|---|--------|---|
| <i>probenecid oral tablet 500 mg</i> | Tier 1 | M |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i> | Tier 1 | M |

GROWTH HORMONES

GROWTH HORMONE RELEASING HORMONE(GHRH) AND ANALOGS

| | | |
|---|--------|--------|
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG | Tier 4 | PA; SP |
|---|--------|--------|

GROWTH HORMONES

| | | |
|--|--------|--------|
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML | Tier 2 | PA; SP |
|--|--------|--------|

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) | Tier 2 | PA; SP |

**INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU
DIABETIC SUPPLIES**

| | | |
|-----------------------------------|--------|---|
| ACCU-CHEK GUIDE GLUCOSE METER | Tier 1 | M |
| ACCU-CHEK GUIDE ME GLUCOSE MTR | Tier 1 | M |
| ADVANCED GLUCOSE METER | Tier 3 | M |
| ADVOCATE REDI-CODE PLUS | Tier 3 | M |
| AGAMATRIX AMP GLUC MONITOR SYS | Tier 3 | M |
| ASSURE PLATINUM GLUCOSE METER | Tier 3 | M |
| ASSURE PRISM MULTI METER | Tier 3 | M |
| BIONIME RIGHTEST GM300 SYSTEM KIT | Tier 3 | M |
| BIOTEL CARE BGM-4 METER | Tier 3 | M |
| BLOOD-GLUCOSE METER | Tier 3 | M |
| CARESENS N | Tier 3 | M |
| CARESENS N FELIZ GLUCOSE METER | Tier 3 | M |
| CARESENS N VOICE | Tier 3 | M |
| CARETOUCH GLUCOSE MONITORING KIT | Tier 3 | M |
| CLEVER CHEK BLOOD GLUCOSE | Tier 3 | M |
| CLEVER CHOICE GLUCOSE MONITOR | Tier 3 | M |
| CLEVER CHOICE MICRO | Tier 3 | M |
| CLEVER CHOICE PRO | Tier 3 | M |
| CLEVER CHOICE TALK GLUCOSE SYS | Tier 3 | M |
| CONTOUR NEXT EZ METER | Tier 3 | M |
| CONTOUR NEXT GEN METER KIT | Tier 3 | M |
| CONTOUR NEXT LINK 2.4 KIT | Tier 3 | M |
| CONTOUR NEXT LINK KIT | Tier 3 | M |
| CONTOUR NEXT METER | Tier 3 | M |
| CONTOUR NEXT ONE METER | Tier 3 | M |
| CONTOUR PLUS BLUE METER | Tier 3 | M |
| DIATRUE PLUS BLOOD GLUCOSE MET | Tier 3 | M |
| EASY STEP BLOOD GLUCOSE METER | Tier 3 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|------------------|------------------------------|
| EASY TOUCH BLULINK GLUC SYST | Tier 3 | M |
| EASY TOUCH GLUCOSE MONITOR | Tier 3 | M |
| EASY TRAK II BLOOD GLUCOSE MTR | Tier 3 | M |
| EASYGLUCO MONITORING SYSTEM KIT | Tier 3 | M |
| EASYMAX NG KIT | Tier 3 | M |
| EASYMAX T1 KIT | Tier 3 | M |
| EASYMAX V SPEAKING GLUCOSE SYS | Tier 3 | M |
| ELEMENT COMPACT GLUCOSE METER | Tier 3 | M |
| ELEMENT COMPACT V GLUCOSE MTR | Tier 3 | M |
| ELEMENT PLUS BLOOD GLUCOSE KIT KIT | Tier 3 | M |
| EMBRACE BLOOD GLUCOSE SYSTEM | Tier 3 | M |
| EMBRACE PRO GLUCOSE METER | Tier 3 | M |
| EMBRACE TALK BLOOD GLUCOSE SYS KIT | Tier 3 | M |
| EMBRACE WAVE PLUS GLUCOSE MTR | Tier 3 | M |
| EVOLUTION BLOOD GLUCOSE METER KIT | Tier 3 | M |
| FORA G20 KIT | Tier 3 | M |
| FORA G30A | Tier 3 | M |
| FORA GD50 BLOOD GLUCOSE SYSTEM | Tier 3 | M |
| FORA GTEL MULTI-FUNCTN MONITOR DEVICE | Tier 3 | M |
| FORA PREMIUM V10 GLUCOSE METER | Tier 3 | M |
| FORA TEST N'GO VOICE METER | Tier 3 | M |
| FORA TN'G VOICE METER | Tier 3 | M |
| FORA V10 KIT | Tier 3 | M |
| FORA V12 BLOOD GLUCOSE SYSTEM | Tier 3 | M |
| FORA V20 KIT | Tier 3 | M |
| FORA V30A KIT | Tier 3 | M |
| FORACARE GD20 GLUCOSE METER | Tier 3 | M |
| FORACARE GD40A GLUCOSE METER | Tier 3 | M |
| FORACARE GD40B GLUCOSE METER | Tier 3 | M |
| FREESTYLE FREEDOM LITE KIT | Tier 3 | M |
| FREESTYLE LITE METER KIT | Tier 3 | M |
| FREESTYLE PRECISION NEO METER | Tier 3 | M |
| GE100 BLOOD GLUCOSE SYSTEM KIT | Tier 3 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| GE333 BLOOD GLUCOSE SYSTEM | Tier 3 | M |
| GLUCOCARD 01 METER KIT | Tier 3 | M |
| GLUCOCARD EXPRESSION | Tier 3 | M |
| GLUCOCARD SHINE CONNEX METER | Tier 3 | M |
| GLUCOCARD SHINE EXPRESS METER | Tier 3 | M |
| GLUCOCARD SHINE METER | Tier 3 | M |
| GLUCOCARD SHINE XL METER | Tier 3 | M |
| GLUCOCARD VITAL KIT | Tier 3 | M |
| GLUCOCOM BLOOD GLUCOSE KIT | Tier 3 | M |
| GM100 KIT | Tier 3 | M |
| HEALTHPRO GLUCOSE MONITOR | Tier 3 | M |
| INFINITY STARTER KIT KIT | Tier 3 | M |
| JAZZ WIRELESS 2 METER KIT KIT | Tier 3 | M |
| MICRODOT BLOOD GLUCOSE SYSTEM | Tier 3 | M |
| MYGLUCOHEALTH KIT | Tier 3 | M |
| NOVA MAX PLUS GLUC-KETON METER DEVICE | Tier 3 | M |
| NOVA MAX PLUS GLUC-KETON METER KIT | Tier 3 | M |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE | Tier 2 | |
| OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | Tier 2 | M |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE | Tier 2 | M |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | Tier 2 | M |
| ON CALL EXPRESS METER KIT | Tier 3 | M |
| ONETOUCH ULTRA2 METER | Tier 1 | M |
| ONETOUCH VERIO FLEX METER | Tier 1 | M |
| ONETOUCH VERIO REFLECT METER | Tier 1 | M |
| PHARMACIST CHOICE GLUCOSE SYS | Tier 3 | M |
| PIP BLOOD GLUCOSE MONITOR | Tier 3 | M |
| PRECISION XTRA KETONE-GLUCOSE KIT | Tier 3 | M |
| PREMIER BLU GLUCOSE METER | Tier 3 | M |
| PREMIER CLASSIC GLUCOSE METER | Tier 3 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|------------------------------------|------------------|------------------------------|
| PREMIER COMPACT GLUCOSE METER KIT | Tier 3 | M |
| PREMIER VOICE GLUCOSE METER | Tier 3 | M |
| PREMIUM BLOOD GLUCOSE MONITOR | Tier 3 | M |
| PREMIUM V10 | Tier 3 | M |
| PRESTO PRO BLOOD GLUCOSE METER | Tier 3 | M |
| PRO VOICE V8 GLUCOSE MONITOR | Tier 3 | M |
| PRO VOICE V9 GLUCOSE MONITOR | Tier 3 | M |
| PRODIGY AUTOCODE METER KIT | Tier 3 | M |
| PRODIGY AUTOCODE MONITOR SYST | Tier 3 | M |
| PRODIGY POCKET METER KIT | Tier 3 | M |
| PRODIGY VOICE GLUCOSE METER KIT | Tier 3 | M |
| QUINTET BLOOD GLUCOSE METER | Tier 3 | M |
| REFUAH PLUS GLUCOSE MONITOR KIT | Tier 3 | M |
| RELION ALL-IN-ONE METER KIT | Tier 2 | M |
| RELION CONFIRM KIT | Tier 3 | M |
| RELION MICRO GLUCOSE MONITOR KIT | Tier 3 | M |
| RELION PRIME METER | Tier 3 | M |
| RIGHTEST GM550 SYSTEM KIT | Tier 3 | M |
| RIGHTEST GT333 GLUCOSE METER | Tier 3 | M |
| SMART SENSE MONITORING SYSTEM | Tier 3 | M |
| SMARTEST EJECT KIT | Tier 3 | M |
| SMARTEST PERSONA STARTER KIT | Tier 3 | M |
| SMARTEST PRONTO STARTER KIT | Tier 3 | M |
| SMARTEST PROTEGE KIT | Tier 3 | M |
| SOLUS V2 AUDIBLE METER | Tier 3 | M |
| SOLUS V2 AUDIBLE METER KIT | Tier 3 | M |
| TEMPO SMART BUTTON DEVICE | Tier 2 | M |
| TEMPO WELCOME KIT KIT | Tier 3 | |
| TEST N'GO BLOOD GLUCOSE SYSTEM | Tier 3 | M |
| TRUE METRIX AIR GLUCOSE METER | Tier 3 | M |
| TRUE METRIX GLUCOSE METER | Tier 3 | M |
| TRUE METRIX GO GLUCOSE METER | Tier 3 | M |
| TRUERESULT BLOOD GLUCOSE SYSTM KIT | Tier 3 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| TRUETRACK BLOOD GLUCOSE SYSTEM KIT | Tier 3 | M |
| TRUETRACK SMART SYSTEM KIT | Tier 3 | M |
| ULTIMA MONITOR | Tier 3 | M |
| VIVAGUARD INO GLUCOSE METER | Tier 3 | M |
| VIVAGUARD INO SMART GLUC METER | Tier 3 | M |
| WAVESENSE AMP KIT | Tier 3 | M |
| WAVESENSE PRESTO | Tier 3 | M |
| DURABLE MEDICAL EQUIPMENT;MISC(GROUP 1) | | |
| BD MICROTAINER LANCET 30 GAUGE | Tier 2 | M; QL |
| LANCETS 33 GAUGE | Tier 2 | M; QL |
| NEEDLES/NEEDLELESS DEVICES | | |
| BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" | Tier 2 | QL |
| BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" | Tier 2 | QL |
| BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" | Tier 2 | M; QL |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" | Tier 2 | M; QL |
| INSULIN THERAPY | | |
| ANTIHYPERGLY;INSULIN;LONG ACT-GLP-1 RECEPT.AGONIST | | |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | Tier 3 | ST; M |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | Tier 3 | ST; M |
| INSULINS | | |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | Tier 1 | M; QL |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | Tier 1 | M; QL |
| FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) | Tier 1 | M; QL |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 1 | M; QL |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | Tier 2 | M; QL |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | Tier 3 | M |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | Tier 1 | M |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 1 | M |
| LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 3 | PA; M |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | Tier 2 | M; QL |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | Tier 2 | M; QL |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | Tier 2 | M; QL |
| NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) | Tier 1 | M; QL |
| NOVOLOG MIX 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | Tier 2 | M; QL |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 1 | M |
| RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | Tier 1 | M |
| RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | Tier 1 | M |
| RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML | Tier 1 | M |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | Tier 2 | M; QL |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) | Tier 2 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 2 | M; QL |
| INTERFERONS | | |
| HEPATITIS C TREATMENT AGENTS | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | Tier 4 | PA; SP; QL |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | Tier 4 | PA; SP |
| IMMUNOMODULATORS | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | Tier 2 | PA; SP |
| ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML | MB | PA |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | Tier 2 | PA; SP; LA |
| INTERLEUKINS | | |
| IMMUNOMODULATORS | | |
| <i>imiquimod topical cream in metered-dose pump 3.75 %</i> | Tier 1 | PA |
| <i>imiquimod topical cream in packet 3.75 %</i> | Tier 1 | PA |
| <i>imiquimod topical cream in packet 5 %</i> | Tier 1 | |
| ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 % | Tier 3 | PA |
| ZYCLARA TOPICAL CREAM IN PACKET 3.75 % | Tier 3 | PA |
| IRRIGATING SOLUTIONS | | |
| IRRIGANTS | | |
| <i>lactated ringers irrigation solution</i> | MB | |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i> | MB | |
| PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L | MB | |
| PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L | MB | |
| <i>ringer's irrigation solution</i> | MB | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>tis-u-sol pentalyte irrigation irrigation solution</i> 800-40-20-8.75- 6.25 mg/100 ml | MB | |
| LIPID/CHOLESTEROL LOWERING AGENTS | | |
| ANTIHYPERLIP.HMG COA REDUCT INHIB-CHOLEST.AB.INHIB | | |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i> | Tier 1 | M; QL |
| VYTORIN 10-10 ORAL TABLET 10-10 MG | Tier 3 | M; QL |
| VYTORIN 10-20 ORAL TABLET 10-20 MG | Tier 3 | M; QL |
| VYTORIN 10-40 ORAL TABLET 10-40 MG | Tier 3 | M; QL |
| VYTORIN 10-80 ORAL TABLET 10-80 MG | Tier 3 | M; QL |
| ANTIHYPERLIPID- HMG-COA RI-CALCIUM CHANNEL BLOCKER | | |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> | Tier 1 | M; QL |
| CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG | Tier 3 | M; QL |
| ANTIHYPERLIPIDEMIC - ANGIOPOIETIN-LIKE 3 INHIBITOR | | |
| EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML | MB | PA; SP; LA |
| ANTIHYPERLIPIDEMIC - ATP CITRATE LYASE INHIBITOR | | |
| NEXLETOL ORAL TABLET 180 MG | Tier 2 | PA; M |
| ANTIHYPERLIPIDEMIC - MTP INHIBITOR | | |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG | Tier 4 | PA; SP |
| ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS | | |
| LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML | Tier 4 | PA; SP; LA |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | Tier 3 | PA; M |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | Tier 3 | PA; M; QL |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | Tier 3 | PA; M; QL |
| ANTIHYPERLIPIDEMIC-ACLY AND CHOLEST ABSORP INHIB | | |
| NEXLIZET ORAL TABLET 180-10 MG | Tier 2 | PA; M |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ANTIHYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB(STATINS) | | |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG | Tier 3 | PA; M |
| ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) | Tier 3 | PA; M |
| <i>atorvastatin oral tablet 10 mg, 20 mg</i> | Tier 1 | M; ACA |
| <i>atorvastatin oral tablet 40 mg, 80 mg</i> | Tier 1 | M |
| FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) | Tier 3 | PA; M |
| <i>fluvastatin oral capsule 20 mg, 40 mg</i> | Tier 1 | M; ACA |
| <i>fluvastatin oral tablet extended release 24 hr 80 mg</i> | Tier 1 | M; ACA |
| LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG | Tier 3 | M |
| LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG | Tier 3 | M |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> | Tier 1 | M; ACA |
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | Tier 1 | M; ACA |
| <i>rosuvastatin oral tablet 10 mg, 5 mg</i> | Tier 1 | M; ACA; QL |
| <i>rosuvastatin oral tablet 20 mg, 40 mg</i> | Tier 1 | M; QL |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | Tier 1 | M; ACA |
| <i>simvastatin oral tablet 80 mg</i> | Tier 1 | M |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG | Tier 3 | M |
| BILE SALT SEQUESTRANTS | | |
| <i>cholestyramine (with sugar) oral powder 4 gram</i> | Tier 1 | M |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> | Tier 1 | M |
| <i>cholestyramine light oral powder 4 gram</i> | Tier 1 | M |
| <i>cholestyramine light oral powder in packet 4 gram</i> | Tier 1 | M |
| <i>colesevelam oral tablet 625 mg</i> | Tier 1 | M |
| COLESTID ORAL GRANULES 5 GRAM | Tier 3 | M |
| COLESTID ORAL TABLET 1 GRAM | Tier 3 | M |
| <i>colestipol oral granules 5 gram</i> | Tier 1 | M |
| <i>colestipol oral packet 5 gram</i> | Tier 1 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>colestipol oral tablet 1 gram</i> | Tier 1 | M |
| <i>prevalite oral powder 4 gram</i> | Tier 1 | M |
| <i>prevalite oral powder in packet 4 gram</i> | Tier 1 | M |
| QUESTRAN LIGHT ORAL POWDER 4 GRAM | Tier 3 | M |
| QUESTRAN ORAL POWDER 4 GRAM | Tier 3 | M |
| QUESTRAN ORAL POWDER IN PACKET 4 GRAM | Tier 3 | M |
| WELCHOL ORAL POWDER IN PACKET 3.75 GRAM | Tier 3 | M |
| WELCHOL ORAL TABLET 625 MG | Tier 3 | M |
| LIPOTROPICS | | |
| <i>ezetimibe oral tablet 10 mg</i> | Tier 1 | M; QL |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | Tier 1 | M |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> | Tier 1 | M |
| FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG | Tier 3 | M |
| <i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i> | Tier 1 | M |
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> | Tier 1 | M |
| <i>fenofibric acid oral tablet 105 mg, 35 mg</i> | Tier 1 | M |
| FENOGLIDE ORAL TABLET 120 MG, 40 MG | Tier 3 | M |
| FIBRICOR ORAL TABLET 105 MG, 35 MG | Tier 3 | M |
| <i>gemfibrozil oral tablet 600 mg</i> | Tier 1 | M |
| <i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i> | Tier 1 | M |
| LIPOFEN ORAL CAPSULE 150 MG, 50 MG | Tier 3 | M |
| LOPID ORAL TABLET 600 MG | Tier 3 | M |
| LOVAZA ORAL CAPSULE 1 GRAM | Tier 3 | M; QL |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> | Tier 1 | M |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> | Tier 1 | M; QL |
| TRICOR ORAL TABLET 145 MG, 48 MG | Tier 3 | M |
| TRILIPIX ORAL CAPSULE, DELAYED RELEASE(DR/EC) 135 MG, 45 MG | Tier 3 | M |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
PA – Prior Authorization QL – Quantity Limits SP – Specialty ST – Step Therapy
M – Maintenance LA – Limited Availability

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM | Tier 2 | M |
| ZETIA ORAL TABLET 10 MG | Tier 3 | M; QL |
| MIGRAINE & CLUSTER HEADACHE THERAPY | | |
| ANTIMIGRAINE PREPARATIONS | | |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML | Tier 2 | ST; M; QL |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | Tier 2 | ST; M; QL |
| <i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i> | Tier 1 | QL |
| <i>dihydroergotamine injection solution 1 mg/ml</i> | Tier 1 | QL |
| <i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> | Tier 1 | PA; QL |
| <i>eletriptan oral tablet 20 mg, 40 mg</i> | Tier 1 | QL |
| ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) | Tier 3 | PA |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | Tier 2 | ST; M; QL |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | Tier 2 | ST; M; QL |
| ERGOMAR SUBLINGUAL TABLET 2 MG | Tier 2 | |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i> | Tier 1 | |
| <i>frovatriptan oral tablet 2.5 mg</i> | Tier 1 | QL |
| IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML | Tier 3 | PA; QL |
| IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML | Tier 3 | PA; QL |
| MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML) | Tier 3 | PA; QL |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i> | Tier 1 | QL |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG | Tier 2 | ST; QL |
| ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG | Tier 3 | PA; QL |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | Tier 2 | ST; M; QL |

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|---|------------------|------------------------------|
| <i>rizatriptan oral tablet 10 mg, 5 mg</i> | Tier 1 | QL |
| <i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i> | Tier 1 | QL |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i> | Tier 1 | QL |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL |
| <i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> | Tier 1 | QL |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> | Tier 1 | QL |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> | Tier 1 | QL |
| <i>sumatriptan-naproxen oral tablet 85-500 mg</i> | Tier 1 | QL |
| TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML) | Tier 3 | PA; QL |
| UBRELVY ORAL TABLET 100 MG, 50 MG | Tier 2 | ST; QL |
| VYEPTI INTRAVENOUS SOLUTION 100 MG/ML | MB | PA; SP; LA |
| ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML | Tier 3 | PA; QL |
| <i>zolmitriptan nasal spray, non-aerosol 5 mg</i> | Tier 1 | PA; QL |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> | Tier 1 | QL |
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> | Tier 1 | QL |
| ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG | Tier 3 | PA; QL |
| ZOMIG ORAL TABLET 2.5 MG, 5 MG | Tier 1 | QL |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) INHIBITORS | | |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | Tier 2 | ST; QL |
| MISCELLANEOUS AGENTS | | |
| ADRENERGIC VASOPRESSOR AGENTS | | |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> | Tier 1 | PA; SP |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG | Tier 4 | PA; SP |
| AGENTS FOR STOMATOLOGICAL USE | | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML | Tier 3 | PA; SP; LA |
| AMMONIA INHIBITORS | | |
| BUPHENYL ORAL POWDER 0.94 GRAM/GRAM | Tier 4 | PA; SP; LA |
| <i>carglumic acid oral tablet, dispersible 200 mg</i> | Tier 1 | SP; LA |
| LITHOSTAT ORAL TABLET 250 MG | Tier 3 | |
| OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM | Tier 4 | PA; SP; LA |
| PHEBURANE ORAL GRANULES 483 MG/GRAM | Tier 4 | PA; SP |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML | Tier 4 | PA; SP |
| <i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> | Tier 1 | PA; M |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> | Tier 1 | PA; M |
| AMYOTROPHIC LATERAL SCLEROSIS AGENTS | | |
| EXSERVAN ORAL FILM 50 MG | Tier 3 | SP; LA |
| <i>riluzole oral tablet 50 mg</i> | Tier 1 | M |
| TEGLUTIK ORAL SUSPENSION 50 MG/10 ML | Tier 3 | SP; LA |
| ANTI-ALCOHOLIC PREPARATIONS | | |
| <i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i> | Tier 1 | M |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | Tier 1 | M |
| BONE RESORPTION INHIBITORS | | |
| RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML | MB | PA; SP |
| <i>risedronate oral tablet 30 mg</i> | Tier 1 | QL |
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> | MB | SP |
| CELL/GENE THERAPY AGENTS - HEMATOPOIETIC | | |
| OMISIRGE INTRAVENOUS SUSPENSION | MB | PA |
| COMPLEMENT INHIBITORS | | |
| EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML | MB | PA; SP; LA |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML | MB | PA; SP; LA |
| FABHALTA ORAL CAPSULE 200 MG | Tier 4 | PA; SP; LA |
| SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML | MB | PA; SP |
| TAVNEOS ORAL CAPSULE 10 MG | Tier 4 | PA; SP; LA |
| ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML | MB | PA; SP |
| VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) | Tier 2 | PA; SP; LA |
| DENTAL AIDS AND PREPARATIONS | | |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> | Tier 1 | |
| <i>kourzeq dental paste 0.1 %</i> | Tier 1 | QL |
| <i>oralone dental paste 0.1 %</i> | Tier 1 | QL |
| <i>paroex oral rinse mucous membrane mouthwash 0.12 %</i> | Tier 1 | |
| <i>periogard mucous membrane mouthwash 0.12 %</i> | Tier 1 | |
| <i>triamcinolone acetonide dental paste 0.1 %</i> | Tier 1 | QL |
| DRUGS TO TREAT HEREDITARY TYROSINEMIA | | |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> | Tier 1 | SP |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG | Tier 4 | PA; SP |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG | Tier 4 | PA; SP; LA |
| ORFADIN ORAL SUSPENSION 4 MG/ML | Tier 4 | PA; SP; LA |
| ELECTROLYTE DEPLETERS | | |
| AURYXIA ORAL TABLET 210 MG IRON | Tier 3 | M |
| FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG | Tier 3 | M |
| FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG | Tier 3 | M |
| <i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> | Tier 1 | M |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM | Tier 3 | M |
| RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM | Tier 3 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| RENVELA ORAL TABLET 800 MG | Tier 3 | M |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> | Tier 1 | M |
| <i>sevelamer carbonate oral tablet 800 mg</i> | Tier 1 | M |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i> | Tier 1 | M |
| <i>sodium polystyrene sulfonate oral powder</i> | Tier 1 | |
| <i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i> | Tier 1 | |
| <i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i> | Tier 1 | |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG | Tier 3 | PA; M |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | Tier 3 | PA; M |
| XPHOZAH ORAL TABLET 20 MG, 30 MG | Tier 3 | SP; LA; QL |
| FLUORIDE PREPARATIONS | | |
| CLINPRO 5000 DENTAL PASTE 1.1 % | Tier 3 | M |
| <i>denta 5000 plus dental cream 1.1 %</i> | Tier 1 | M |
| <i>denta 5000 plus sensitive dental paste 1.1-5 %</i> | Tier 3 | M |
| <i>dentagel dental gel 1.1 %</i> | Tier 1 | M |
| <i>fluoride (sodium) dental cream 1.1 %</i> | Tier 1 | M |
| <i>fluoride (sodium) dental gel 1.1 %</i> | Tier 1 | M |
| <i>fluoride (sodium) dental paste 1.1 %</i> | Tier 3 | M |
| FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % | Tier 3 | M |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % | Tier 3 | M |
| FLUORIMAX 5000 DENTAL PASTE 1.1 % | Tier 3 | M |
| FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % | Tier 3 | M |
| JUST RIGHT 5000 DENTAL PASTE 1.1 % | Tier 3 | M |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % | Tier 3 | M |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 % | Tier 3 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % | Tier 3 | M |
| PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % | Tier 3 | M |
| PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 % | Tier 3 | M |
| PREVIDENT DENTAL GEL 1.1 % | Tier 3 | M |
| PREVIDENT DENTAL SOLUTION 0.2 % | Tier 3 | M |
| PREVIDENT KIDS DENTAL PASTE 1.1 % | Tier 3 | M |
| <i>sf 5000 plus dental cream 1.1 %</i> | Tier 1 | M |
| <i>sf dental gel 1.1 %</i> | Tier 1 | M |
| <i>sodium fluoride 5000 plus dental cream 1.1 %</i> | Tier 1 | M |
| <i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> | Tier 3 | M |
| HYPOXIA INDUCIBLE FACTOR PROLYL HYDROXYLASE INH. | | |
| JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG | Tier 3 | PA; M |
| INSULIN-LIKE GROWTH FACTOR-1 (IGF-1) HORMONES | | |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | MB | PA; SP |
| IRON REPLACEMENT | | |
| FERRLECIT INTRAVENOUS SOLUTION 62.5 MG/5 ML | MB | PA |
| <i>sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml</i> | MB | |
| IRRIGANTS | | |
| <i>acetic acid irrigation solution 0.25 %</i> | MB | |
| <i>curity sterile water irrigation solution</i> | MB | |
| <i>sodium chloride irrigation solution 0.9 %</i> | MB | |
| <i>water for irrigation, sterile irrigation solution</i> | MB | |
| KIDNEY STONE AGENTS | | |
| THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG | Tier 3 | PA; SP; LA |
| THIOLA ORAL TABLET 100 MG | Tier 3 | PA; SP; LA |
| <i>tiopronin oral tablet 100 mg</i> | Tier 3 | PA; SP |
| <i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i> | Tier 3 | PA; SP |

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|--|-----------|-----------------------|
| METABOLIC DEFICIENCY AGENTS | | |
| CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML | Tier 3 | M |
| CARNITOR ORAL SOLUTION 100 MG/ML | Tier 3 | M |
| CARNITOR ORAL TABLET 330 MG | Tier 3 | M |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i> | Tier 1 | M |
| <i>levocarnitine oral solution 100 mg/ml</i> | Tier 1 | M |
| <i>levocarnitine oral tablet 330 mg</i> | Tier 1 | M |
| METABOLIC DISEASE ENZYME REPLACEMENT; ASMD | | |
| XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG | MB | PA; SP |
| METALLIC POISON;AGENTS TO TREAT | | |
| CHEMET ORAL CAPSULE 100 MG | Tier 2 | |
| CUVRIOR ORAL TABLET 300 MG | Tier 4 | SP; LA |
| <i>deferasirox oral granules in packet 90 mg</i> | Tier 4 | PA; SP |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> | Tier 1 | PA; SP |
| <i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> | Tier 1 | PA; SP |
| <i>deferiprone oral tablet 1,000 mg, 500 mg</i> | Tier 4 | PA; SP |
| EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG | Tier 4 | PA; SP |
| FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG | Tier 4 | PA; SP; LA |
| FERRIPROX ORAL SOLUTION 100 MG/ML | Tier 3 | PA; SP; LA |
| FERRIPROX ORAL TABLET 1,000 MG, 500 MG | Tier 4 | PA; SP; LA |
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG | Tier 4 | PA; SP |
| JADENU SPRINKLE ORAL GRANULES IN PACKET 90 MG | Tier 4 | PA; SP |
| SYPRINE ORAL CAPSULE 250 MG | Tier 3 | M |
| TRIENTINE ORAL CAPSULE 500 MG | Tier 3 | M |
| NASAL ANTIHISTAMINE | | |
| <i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i> | Tier 1 | M; QL |

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|---|------------------|------------------------------|
| <i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> | Tier 1 | M |
| <i>olopatadine nasal spray,non-aerosol 0.6 %</i> | Tier 1 | |
| NOSE PREPARATIONS; MISCELLANEOUS (RX) | | |
| <i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i> | Tier 1 | M |
| <i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i> | Tier 1 | |
| NUCLEIC ACID/NUCLEOTIDE SUPPLEMENTS | | |
| XURIDEN ORAL GRANULES IN PACKET 2 GRAM | Tier 4 | PA; SP; LA |
| PARASYMPATHETIC AGENTS | | |
| <i>cevimeline oral capsule 30 mg</i> | Tier 1 | M |
| EVOXAC ORAL CAPSULE 30 MG | Tier 3 | M |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> | Tier 1 | M |
| SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG | Tier 3 | M |
| PLATELET REDUCING AGENTS | | |
| AGRYLIN ORAL CAPSULE 0.5 MG | Tier 3 | M |
| <i>anagrelide oral capsule 0.5 mg, 1 mg</i> | Tier 1 | M |
| PYRUVATE KINASE ACTIVATORS | | |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG | Tier 4 | PA; SP; LA |
| PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) | Tier 4 | PA; SP; LA |
| RETINOIC ACID RECEPTOR (RAR) AGONISTS | | |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG | Tier 4 | PA; SP; LA |
| SICKLE CELL ANEMIA AGENTS | | |
| OXBRYTA ORAL TABLET 300 MG, 500 MG | Tier 4 | PA; SP |
| OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG | Tier 4 | PA; SP |
| SODIUM/SALINE PREPARATIONS | | |
| <i>sodium chloride 0.9 % injection solution</i> | MB | |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i> | MB | |

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|---|------------------|------------------------------|
| <i>sodium chloride 0.9 % intravenous piggyback</i> | MB | |
| <i>sodium chloride injection syringe 0.9 %</i> | MB | |
| SYSTEMIC ENZYME INHIBITORS | | |
| ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG | MB | PA; SP |
| GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %) | MB | PA; SP |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML | MB | PA; SP |
| ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG | MB | PA; SP |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG | Tier 4 | PA; SP; LA |
| THYROID HORMONE RECEPTOR (THR) AGONIST | | |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG | Tier 2 | PA; SP |
| TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES | | |
| AMPHADASE INJECTION SOLUTION 150 UNIT/ML | MB | |
| HYLENEX INJECTION SOLUTION 150 UNIT/ML | MB | |
| XANTHINES | | |
| <i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i> | Tier 1 | |
| MISCELLANEOUS ANTIINFECTIVES | | |
| 2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL | | |
| SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM | Tier 3 | QL |
| <i>tinidazole oral tablet 250 mg, 500 mg</i> | Tier 1 | QL |
| AMINOGLYCOSIDE ANTIBIOTICS | | |
| <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i> | MB | |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML | Tier 4 | PA; SP; LA |
| BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML | Tier 4 | PA; SP |

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|---|------------------|------------------------------|
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i> | MB | |
| GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML | MB | |
| <i>gentamicin injection solution 40 mg/ml</i> | MB | |
| <i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i> | MB | |
| KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML | Tier 4 | PA; SP |
| <i>neomycin oral tablet 500 mg</i> | Tier 1 | |
| STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM | MB | |
| TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML | Tier 4 | PA; SP |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | Tier 2 | PA; SP |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> | Tier 1 | PA; SP |
| <i>tobramycin sulfate injection recon soln 1.2 gram</i> | MB | |
| <i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i> | MB | |
| TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML | Tier 1 | PA; SP |
| ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML | MB | PA |
| ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS | | |
| FLAGYL ORAL CAPSULE 375 MG | Tier 3 | |
| <i>metro i.v. intravenous piggyback 500 mg/100 ml</i> | MB | |
| <i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> | MB | |
| <i>metronidazole oral capsule 375 mg</i> | Tier 1 | |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| ANTHELMINTICS | | |
| <i>albendazole oral tablet 200 mg</i> | Tier 1 | QL |
| BILTRICIDE ORAL TABLET 600 MG | Tier 3 | PA |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
PA – Prior Authorization QL – Quantity Limits SP – Specialty ST – Step Therapy
M – Maintenance LA – Limited Availability

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| EMVERM ORAL TABLET,CHEWABLE 100 MG | Tier 3 | PA |
| <i>ivermectin oral tablet 3 mg</i> | Tier 1 | |
| <i>praziquantel oral tablet 600 mg</i> | Tier 1 | PA |
| STROMECTOL ORAL TABLET 3 MG | Tier 3 | |
| ANTILEPROTICS | | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | Tier 1 | M |
| ANTIMALARIAL DRUGS | | |
| <i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i> | Tier 1 | PA |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| COARTEM ORAL TABLET 20-120 MG | Tier 2 | PA |
| DARAPRIM ORAL TABLET 25 MG | Tier 3 | PA; SP; LA |
| <i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i> | Tier 1 | M |
| MALARONE ORAL TABLET 250-100 MG | Tier 3 | PA |
| MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG | Tier 3 | PA |
| <i>mefloquine oral tablet 250 mg</i> | Tier 1 | QL |
| <i>pyrimethamine oral tablet 25 mg</i> | Tier 1 | PA |
| QUALAQUIN ORAL CAPSULE 324 MG | Tier 3 | |
| <i>quinine sulfate oral capsule 324 mg</i> | Tier 1 | |
| SOVUNA ORAL TABLET 300 MG | Tier 1 | M |
| ANTI-MYCOBACTERIUM AGENTS | | |
| <i>ethambutol oral tablet 100 mg, 400 mg</i> | Tier 1 | |
| <i>isoniazid injection solution 100 mg/ml</i> | MB | |
| <i>isoniazid oral solution 50 mg/5 ml</i> | Tier 1 | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | Tier 1 | |
| MYCOBUTIN ORAL CAPSULE 150 MG | Tier 3 | QL |
| <i>pyrazinamide oral tablet 500 mg</i> | Tier 1 | |
| <i>rifabutin oral capsule 150 mg</i> | Tier 1 | QL |
| TRECTOR ORAL TABLET 250 MG | Tier 3 | |
| ANTIPARASITICS | | |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML | Tier 3 | PA; QL |
| ALINIA ORAL TABLET 500 MG | Tier 3 | PA |
| <i>nitazoxanide oral tablet 500 mg</i> | Tier 1 | PA |
| ANTIPROTOZOAL DRUGS; MISCELLANEOUS | | |
| <i>atovaquone oral suspension 750 mg/5 ml</i> | Tier 1 | QL |
| IMPAVIDO ORAL CAPSULE 50 MG | Tier 3 | PA |
| LAMPIT ORAL TABLET 120 MG, 30 MG | Tier 3 | PA |
| MEPRON ORAL SUSPENSION 750 MG/5 ML | Tier 3 | QL |
| NEBUPENT INHALATION RECON SOLN 300 MG | Tier 3 | M |
| PENTAM INJECTION RECON SOLN 300 MG | MB | |
| <i>pentamidine inhalation recon soln 300 mg</i> | Tier 1 | M |
| <i>pentamidine injection recon soln 300 mg</i> | MB | |
| ANTITUBERCULAR ANTIBIOTICS | | |
| CYCLOSERINE ORAL CAPSULE 250 MG | Tier 1 | |
| PRETOMANID ORAL TABLET 200 MG | Tier 3 | PA |
| PRIFTIN ORAL TABLET 150 MG | Tier 3 | QL |
| RIFADIN INTRAVENOUS RECON SOLN 600 MG | MB | PA |
| <i>rifampin intravenous recon soln 600 mg</i> | MB | |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | Tier 1 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | Tier 3 | PA |
| BETALACTAMS | | |
| AZACTAM INJECTION RECON SOLN 1 GRAM, 2 GRAM | MB | PA |
| <i>aztreonam injection recon soln 1 gram, 2 gram</i> | MB | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | Tier 4 | PA; SP |
| CARBAPENEM ANTIBIOTICS (THIENAMYCINS) | | |
| <i>ertapenem injection recon soln 1 gram</i> | MB | |
| <i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i> | MB | |
| <i>meropenem intravenous recon soln 1 gram, 500 mg</i> | MB | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| MEROPENEM INTRAVENOUS RECON SOLN 2 GRAM | MB | |
| PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG | MB | PA |
| RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM | MB | PA |
| VABOMERE INTRAVENOUS RECON SOLN 2 GRAM | MB | PA |
| CHLORAMPHENICOL ANTIBIOTICS AND DERIVATIVES | | |
| <i>chloramphenicol sod succinate intravenous recon soln 1 gram</i> | MB | |
| CYCLIC LIPOPEPTIDES | | |
| DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG | MB | PA |
| <i>daptomycin intravenous recon soln 500 mg</i> | MB | PA |
| GLYCYLCYCLINES | | |
| <i>tigecycline intravenous recon soln 50 mg</i> | MB | |
| TYGACIL INTRAVENOUS RECON SOLN 50 MG | MB | |
| LINCOSAMIDE ANTIBIOTICS | | |
| CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG | Tier 3 | |
| CLEOCIN INJECTION SOLUTION 150 MG/ML | MB | PA |
| CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML | Tier 3 | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> | Tier 1 | |
| CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML | MB | |
| <i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i> | MB | |
| <i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> | Tier 1 | |
| <i>clindamycin phosphate injection solution 150 mg/ml</i> | MB | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| LINCOICIN INJECTION SOLUTION 300 MG/ML | MB | |
| <i>lincomycin injection solution 300 mg/ml</i> | MB | |
| OXAZOLIDINONE ANTIBIOTICS | | |
| <i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> | MB | PA |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> | Tier 1 | QL |
| <i>linezolid oral tablet 600 mg</i> | Tier 1 | QL |
| <i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i> | MB | PA |
| SIVEXTRO INTRAVENOUS RECON SOLN 200 MG | MB | PA |
| SIVEXTRO ORAL TABLET 200 MG | Tier 3 | PA |
| ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML, 600 MG/300 ML | MB | PA |
| POLYMYXIN ANTIBIOTICS AND DERIVATIVES | | |
| <i>colistin (colistimethate na) injection recon soln 150 mg</i> | MB | |
| COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG | MB | PA |
| <i>polymyxin b sulfate injection recon soln 500,000 unit</i> | MB | |
| RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS | | |
| XIFAXAN ORAL TABLET 200 MG | Tier 3 | PA |
| XIFAXAN ORAL TABLET 550 MG | Tier 3 | PA; M |
| MISCELLANEOUS CARDIOVASCULAR AGENTS | | |
| ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI) | | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | Tier 2 | M |
| ANTIANGINAL; ANTI-ISCHEMIC AGENTS;NON-HEMODYNAMIC | | |
| ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG | Tier 3 | M |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i> | Tier 1 | M; QL |
| ANTI-INFLAMMATORY - ANTIMITOTICS | | |

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PA – Prior Authorization QL – Quantity Limits SP – Specialty ST – Step Therapy
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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| LODOCO ORAL TABLET 0.5 MG | Tier 3 | M |
| CARDIAC MYOSIN INHIBITOR | | |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG | Tier 2 | PA; SP |
| HEART RATE REDUCING;SA SELECTIVE I(F) CURRENT INH. | | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | Tier 3 | SP; LA |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | Tier 3 | M |
| PROTEIN STABILIZERS | | |
| VYNDAMAX ORAL CAPSULE 61 MG | Tier 4 | PA; SP |
| SOLUBLE GUANYLATE CYCLASE (SGC) STIMULATOR | | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | Tier 2 | PA; M |
| MISCELLANEOUS DERMATOLOGICALS | | |
| ANTIPERSPIRANTS | | |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % | Tier 2 | |
| ANTIPRURITICS;TOPICAL | | |
| <i>doxepin topical cream 5 %</i> | Tier 1 | PA; QL |
| <i>pradoxin topical cream 5 %</i> | Tier 3 | PA; QL |
| ZONALON TOPICAL CREAM 5 % | Tier 3 | PA; QL |
| ANTIPSORIATIC AGENTS;SYSTEMIC | | |
| <i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i> | Tier 1 | M |
| DIABETIC ULCER PREPARATIONS;TOPICAL | | |
| REGANEX TOPICAL GEL 0.01 % | Tier 3 | PA; QL |
| EMOLLIENTS | | |
| <i>ammonium lactate topical cream 12 %</i> | Tier 1 | |
| <i>ammonium lactate topical lotion 12 %</i> | Tier 1 | |
| GENE THERAPY AGENTS - CONNECTIVE TISSUE DISORDERS | | |
| VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML | MB | PA; SP; LA |
| HYPERPIGMENTATION AGENTS; SYSTEMIC | | |
| SCENESSE SUBCUTANEOUS IMPLANT 16 MG | MB | PA; SP; LA |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| INTERLEUKIN-13 (IL-13) INHIBITORS; MAB | | |
| ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML | Tier 2 | PA; SP |
| INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST; MAB | | |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | Tier 2 | PA; SP |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML | Tier 2 | PA; SP |
| JANUS KINASE (JAK) INHIBITORS | | |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG | Tier 2 | PA; SP |
| KERATOLYTICS | | |
| CONDYLOX TOPICAL GEL 0.5 % | Tier 3 | |
| <i>podofilox topical gel 0.5 %</i> | Tier 3 | |
| <i>podofilox topical solution 0.5 %</i> | Tier 1 | QL |
| PHOTOACT;TOPICAL ANTINEOPLAST;PREMALIGNANT LESIONS | | |
| AMELUZ TOPICAL GEL 10 % | Tier 3 | |
| LEVULAN TOPICAL SOLUTION 20 % | Tier 3 | |
| TOP. ANTI-INFLAM.;PHOSPHODIESTERASE-4 (PDE4) INHIB | | |
| EUCRISA TOPICAL OINTMENT 2 % | Tier 3 | ST |
| TOPICAL ANTICHOLINERGIC HYPERHIDROSIS TX AGENTS | | |
| QBREXZA TOPICAL TOWELETTE 2.4 % | Tier 3 | ST; QL |
| TOPICAL ANTINEOPLASTIC PREMALIGNANT LESION AGENTS | | |
| EFUDEX TOPICAL CREAM 5 % | Tier 3 | |
| FLUOROURACIL TOPICAL CREAM 0.5 % | Tier 1 | |
| <i>fluorouracil topical cream 5 %</i> | Tier 1 | |
| <i>fluorouracil topical solution 2 %, 5 %</i> | Tier 1 | |
| PANRETIN TOPICAL GEL 0.1 % | Tier 3 | PA |
| VALCHLOR TOPICAL GEL 0.016 % | Tier 4 | PA; SP |
| TOPICAL IMMUNOSUPPRESSIVE AGENTS | | |
| ELIDEL TOPICAL CREAM 1 % | Tier 3 | ST; QL |
| HYFTOR TOPICAL GEL 0.2 % | Tier 4 | PA; SP; LA |
| <i>pimecrolimus topical cream 1 %</i> | Tier 1 | QL |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i> | Tier 1 | QL |

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M – Maintenance LA – Limited Availability

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|---|-----------|-----------------------|
| MISCELLANEOUS GASTROINTESTINAL AGENTS | | |
| AMMONIA INHIBITORS | | |
| <i>enulose oral solution 10 gram/15 ml</i> | Tier 1 | M |
| <i>generlac oral solution 10 gram/15 ml</i> | Tier 1 | M |
| <i>lactulose oral solution 10 gram/15 ml</i> | Tier 1 | M |
| ANTIEMETIC/ANTIVERTIGO AGENTS | | |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG | MB | PA |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML | MB | PA |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG | Tier 3 | PA |
| ANZEMET ORAL TABLET 50 MG | Tier 2 | QL |
| APONVIE INTRAVENOUS EMULSION 32 MG/4.4 ML (7.2 MG/ML) | MB | PA |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i> | Tier 1 | QL |
| <i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i> | Tier 1 | QL |
| BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG | Tier 3 | PA |
| CINVANTI INTRAVENOUS EMULSION 130 MG/18 ML (7.2 MG/ML) | MB | |
| <i>compro rectal suppository 25 mg</i> | Tier 1 | |
| EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN 150 MG | MB | |
| EMEND ORAL CAPSULE 80 MG | Tier 3 | QL |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) | Tier 2 | QL |
| <i>fosaprepitant intravenous recon soln 150 mg</i> | MB | |
| <i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i> | MB | |
| <i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i> | MB | |
| <i>granisetron hcl oral tablet 1 mg</i> | Tier 1 | |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i> | Tier 1 | |

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|---|-----------|-----------------------|
| <i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i> | MB | |
| <i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i> | MB | |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i> | Tier 1 | |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | Tier 1 | |
| <i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i> | Tier 1 | |
| PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML | MB | |
| <i>palonosetron intravenous solution 0.25 mg/5 ml</i> | MB | |
| <i>palonosetron intravenous syringe 0.25 mg/5 ml</i> | MB | |
| POSFREA INTRAVENOUS SOLUTION 0.25 MG/5 ML | MB | |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | MB | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>prochlorperazine rectal suppository 25 mg</i> | Tier 1 | |
| SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR | Tier 3 | PA; QL |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> | Tier 1 | |
| SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML | Tier 3 | |
| TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML | MB | |
| TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS | Tier 3 | |
| <i>trimethobenzamide oral capsule 300 mg</i> | Tier 1 | |
| VARUBI ORAL TABLET 90 MG | Tier 3 | PA |
| ANTIEMETIC; CANNABINOID-TYPE | | |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| MARINOL ORAL CAPSULE 2.5 MG | Tier 3 | |
| SYNDROS ORAL SOLUTION 5 MG/ML | Tier 3 | |
| ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR | | |
| INFLECTRA INTRAVENOUS RECON SOLN 100 MG | MB | PA; SP |
| INFLIXIMAB INTRAVENOUS RECON SOLN 100 MG | MB | PA; SP; LA |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| RENFLIXIS INTRAVENOUS RECON SOLN 100 MG | MB | PA; SP |
| ANTIPSYCHOTICS;DOPAMINE ANTAGONISTS;BUTYROPHENONES | | |
| <i>droperidol injection solution 2.5 mg/ml</i> | MB | |
| BILE SALTS | | |
| CHENODAL ORAL TABLET 250 MG | Tier 3 | PA; SP; LA |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG | Tier 4 | PA; SP; LA |
| URSO FORTE ORAL TABLET 500 MG | Tier 3 | M |
| <i>ursodiol oral capsule 300 mg</i> | Tier 1 | M |
| <i>ursodiol oral tablet 250 mg, 500 mg</i> | Tier 1 | M |
| CHRONIC INFLAM. COLON DX; 5-A-SALICYLAT;RECTAL TX | | |
| CANASA RECTAL SUPPOSITORY 1,000 MG | Tier 3 | M |
| <i>mesalamine rectal enema 4 gram/60 ml</i> | Tier 1 | M |
| <i>mesalamine rectal suppository 1,000 mg</i> | Tier 1 | M |
| <i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> | Tier 1 | M |
| ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML | Tier 3 | M |
| SFROWASA RECTAL ENEMA 4 GRAM/60 ML | Tier 3 | M |
| DRUG TX-CHRONIC INFLAM. COLON DX;5-AMINOSALICYLAT | | |
| AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG | Tier 3 | M |
| AZULFIDINE ORAL TABLET 500 MG | Tier 3 | M |
| <i>balsalazide oral capsule 750 mg</i> | Tier 1 | |
| DIPENTUM ORAL CAPSULE 250 MG | Tier 3 | M |
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i> | Tier 1 | M; QL |
| <i>mesalamine oral capsule,extended release 24hr 0.375 gram</i> | Tier 1 | M |
| <i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i> | Tier 1 | M |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG | Tier 2 | M; QL |
| <i>sulfasalazine oral tablet 500 mg</i> | Tier 1 | M |

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|---|------------------|------------------------------|
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> | Tier 1 | M |
| FARNESOID X RECEPTOR (FXR) AGONIST; BILE AC ANALOG | | |
| OCALIVA ORAL TABLET 10 MG, 5 MG | Tier 4 | PA; SP |
| GASTRIC ENZYMES | | |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML | Tier 3 | PA; SP; LA |
| GLUCOCORTICOIDS | | |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i> | Tier 1 | |
| <i>budesonide oral tablet, delayed and ext. release 9 mg</i> | Tier 1 | QL |
| EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML | Tier 2 | QL |
| UCERIS ORAL TABLET, DELAYED AND EXT. RELEASE 9 MG | Tier 3 | QL |
| HEMORRHOID PREP; ANTI-INFLAM STEROID-LOCAL ANESTHET | | |
| ANALPRAM-HC RECTAL CREAM 1-1 % | Tier 3 | |
| <i>hydrocortisone-pramoxine rectal cream 1-1 %</i> | Tier 1 | |
| PROCTOFOAM HC RECTAL FOAM 1-1 % | Tier 2 | |
| IBS AGENTS; MIXED OPIOID RECEPTOR AGONISTS/ANTAGONISTS | | |
| VIBERZI ORAL TABLET 100 MG, 75 MG | Tier 3 | PA; M |
| IBS-C/CIC AGENTS; GUANYLATE CYCLASE-C AGONIST | | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | Tier 2 | M; QL |
| TRULANCE ORAL TABLET 3 MG | Tier 3 | M; QL |
| IL-23 RECEPTOR ANTAGONIST; MONOCLONAL ANTIBODY | | |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML | MB | PA; SP |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | Tier 2 | PA; SP |
| INTEGRIN RECEPTOR ANTAGONIST; MONOCLONAL ANTIBODY | | |
| ENTYVIO INTRAVENOUS RECON SOLN 300 MG | MB | PA; SP |
| INTESTINAL MOTILITY STIMULANTS | | |
| <i>metoclopramide hcl injection solution 5 mg/ml</i> | MB | |

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|---|-----------|-----------------------|
| <i>metoclopramide hcl injection syringe 5 mg/ml</i> | MB | |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i> | Tier 1 | |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| MOTEGRITY ORAL TABLET 1 MG, 2 MG | Tier 3 | M |
| REGLAN ORAL TABLET 10 MG, 5 MG | Tier 3 | |
| IRRITABLE BOWEL SYNDROME AGENTS; 5-HT3 ANTAGONIST | | |
| <i>alosetron oral tablet 0.5 mg, 1 mg</i> | Tier 1 | PA; QL |
| LOTROXON ORAL TABLET 0.5 MG, 1 MG | Tier 3 | PA; QL |
| LAXATIVES AND CATHARTICS | | |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG | Tier 3 | M; QL |
| <i>constulose oral solution 10 gram/15 ml</i> | Tier 1 | M |
| <i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> | Tier 1 | ACA |
| <i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> | Tier 1 | ACA |
| <i>gavilyte-n oral recon soln 420 gram</i> | Tier 1 | ACA |
| KRISTALOSE ORAL PACKET 20 GRAM | Tier 3 | M |
| <i>lactulose oral solution 10 gram/15 ml</i> | Tier 1 | M |
| <i>lactulose oral solution 20 gram/30 ml</i> | Tier 1 | M |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> | Tier 1 | M; QL |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> | Tier 1 | ACA |
| <i>peg-electrolyte soln oral recon soln 420 gram</i> | Tier 1 | ACA |
| PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM | Tier 3 | |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> | Tier 1 | ACA |
| SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM | Tier 3 | |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM | Tier 2 | |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM | Tier 2 | QL |
| LOCAL ANORECTAL NITRATE PREPARATIONS | | |
| <i>nitroglycerin rectal ointment 0.4 % (w/w)</i> | Tier 1 | |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| MAST CELL STABILIZERS | | |
| <i>cromolyn oral concentrate 100 mg/5 ml</i> | Tier 1 | M |
| GASTROCROM ORAL CONCENTRATE 100 MG/5 ML | Tier 3 | M |
| MU-OPIOID RECEPTOR ANTAGONISTS;PERIPHERALLY-ACTING | | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | Tier 3 | PA |
| PANCREATIC ENZYMES | | |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | Tier 2 | M |
| PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT | Tier 3 | ST; M |
| PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 8,000-28,750- 30,250 UNIT | Tier 3 | ST; M |
| PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT | Tier 3 | M |
| VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT | Tier 2 | M |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | Tier 2 | M |
| RECTAL/LOWER BOWEL PREP.;GLUCOCORT. (NON-HEMORR) | | |
| <i>budesonide rectal foam 2 mg/actuation</i> | Tier 1 | |
| CORTENEMA RECTAL ENEMA 100 MG/60 ML | Tier 3 | |
| CORTIFOAM RECTAL FOAM 10 % (80 MG) | Tier 2 | |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> | Tier 1 | |
| UCERIS RECTAL FOAM 2 MG/ACTUATION | Tier 3 | PA |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| TOPICAL ANTI-INFLAMMATORY STEROIDAL | | |
| ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % | Tier 3 | |
| <i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i> | Tier 1 | |
| <i>procto-med hc topical cream with perineal applicator 2.5 %</i> | Tier 1 | |
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i> | Tier 1 | |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i> | Tier 1 | |
| MISCELLANEOUS HORMONES | | |
| ADRENAL STEROID INHIBITORS | | |
| ISTURISA ORAL TABLET 1 MG, 5 MG | Tier 4 | PA; SP; LA |
| ANDROGENIC AGENTS | | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR | Tier 2 | GENDER; M |
| ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) | Tier 3 | GENDER; M; QL |
| AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML) | Tier 2 | SP; GENDER; LA |
| DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML | Tier 1 | GENDER; M |
| JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG | Tier 3 | PA; GENDER; M |
| KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG | Tier 2 | GENDER; M; QL |
| NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION | Tier 3 | ST; GENDER; M |
| TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %) | Tier 3 | ST; GENDER; M; QL |
| TESTOPEL IMPLANT PELLETT 75 MG | MB | SP; LA |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> | Tier 1 | GENDER; M |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i> | Tier 1 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> | Tier 1 | GENDER; M; QL |
| <i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i> | Tier 1 | GENDER; M |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i> | Tier 1 | GENDER; M; QL |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> | Tier 1 | GENDER; M; QL |
| <i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> | Tier 1 | GENDER; M |
| <i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i> | Tier 1 | GENDER; M |
| TLANDO ORAL CAPSULE 112.5 MG | Tier 3 | PA; GENDER; M |
| VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) | Tier 3 | ST; GENDER; M; QL |
| VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) | Tier 3 | ST; GENDER; M; QL |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML | Tier 3 | M; QL |
| ANTIDIURETIC AND VASOPRESSOR HORMONES | | |
| DDAVP ORAL TABLET 0.1 MG, 0.2 MG | Tier 3 | M |
| <i>desmopressin injection solution 4 mcg/ml</i> | Tier 1 | SP |
| <i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i> | Tier 1 | M |
| DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML) | Tier 3 | M |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> | Tier 1 | M |
| ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS | | |
| SAMSCA ORAL TABLET 15 MG, 30 MG | Tier 4 | PA; SP |
| <i>tolvaptan oral tablet 15 mg, 30 mg</i> | Tier 1 | PA; SP |
| VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION 20 MG/100 ML | MB | |
| BONE RESORPTION INHIBITORS | | |
| <i>calcitonin (salmon) injection solution 200 unit/ml</i> | MB | |
| <i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i> | Tier 1 | M; QL |

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|---|-----------|-----------------------|
| MIACALCIN INJECTION SOLUTION 200 UNIT/ML | MB | |
| <i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i> | MB | |
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i> | MB | SP |
| <i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i> | MB | SP |
| ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML | MB | PA; SP |

CALCIMIMETIC;PARATHYROID CALCIUM ENHANCER

| | | |
|---|--------|---|
| <i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i> | Tier 1 | M |
| PARSABIV INTRAVENOUS SOLUTION 5 MG/ML | MB | M |
| SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG | Tier 3 | M |

FIBROBLAST GROWTH FACTOR 23 (FGF23) INHIBITORS;MAB

| | | |
|---|----|--------|
| CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML | MB | PA; SP |
|---|----|--------|

GLUCOSYLCERAMIDE SYNTHASE (GCS) INHIBITOR

| | | |
|-----------------------------|--------|--------|
| CERDELGA ORAL CAPSULE 84 MG | Tier 4 | PA; SP |
| OPFOLDA ORAL CAPSULE 65 MG | Tier 2 | PA; SP |

GROWTH HORMONE RECEPTOR ANTAGONISTS

| | | |
|--|--------|--------|
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | Tier 4 | PA; SP |
|--|--------|--------|

HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE

| | | |
|--|--------|-------|
| <i>doxercalciferol intravenous solution 4 mcg/2 ml</i> | MB | M |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i> | Tier 1 | M |
| HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML | MB | PA; M |
| PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 2 MCG/ML, 5 MCG/ML | MB | M |
| <i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i> | MB | M |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> | Tier 1 | M; QL |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>paricalcitol oral capsule 4 mcg</i> | Tier 1 | M |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG | Tier 3 | PA; M |
| ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML | MB | M |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG | Tier 3 | M; QL |
| INSULIN-LIKE GROWTH FACTOR RECEPTOR (IGF-R) INHIB | | |
| TEPEZZA INTRAVENOUS RECON SOLN 500 MG | MB | PA; SP |
| LEPTIN HORMONE ANALOGS | | |
| MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) | Tier 4 | PA; SP |
| LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS | | |
| SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML | Tier 2 | PA |
| LHRH(GNRH) ANTAGONIST;PITUITARY SUPPRESSANT AGENTS | | |
| ORLISSA ORAL TABLET 150 MG | Tier 2 | PA; M |
| ORLISSA ORAL TABLET 200 MG | Tier 2 | PA |
| METABOLIC DISEASE ENZYME REPLACE; HYPOPHOSPHATASIA | | |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | MB | PA; SP; LA |
| METABOLIC DISEASE ENZYME REPLACEMENT; FABRY'S DX | | |
| ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML | MB | PA; SP; LA |
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG | MB | PA; SP |
| METABOLIC DISEASE ENZYME REPLACEMENT; GAUCHER'S DX | | |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT | MB | PA; SP |
| ELELYSO INTRAVENOUS RECON SOLN 200 UNIT | MB | PA; SP |
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT | MB | PA; SP |
| METABOLIC DISEASE ENZYME REPLACEMENT;POMPE DISEASE | | |
| LUMIZYME INTRAVENOUS RECON SOLN 50 MG | MB | PA; SP |

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|---|------------------|------------------------------|
| NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG | MB | PA; SP |
| POMBILITI INTRAVENOUS RECON SOLN 105 MG | MB | PA; SP |
| METABOLIC DX ENZYME REPLACE; MUCOPOLYSACCHARIDOSIS | | |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML | MB | PA; SP |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML | MB | PA; SP |
| MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML | MB | PA; SP |
| NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML | MB | PA; SP |
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) | MB | PA; SP |
| METABOLIC DX ENZYME REPLACEMENT;LYSO.ACID LIP.DEF. | | |
| KANUMA INTRAVENOUS SOLUTION 2 MG/ML | MB | PA; SP |
| NATRIURETIC PEPTIDES | | |
| VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG | MB | PA; SP |
| PHARMACOLOGICAL CHAPERONE-ALPHA-GALACTOSID.A STABZ | | |
| GALAFOLD ORAL CAPSULE 123 MG | Tier 4 | PA; SP |
| PITUITARY SUPPRESSIVE AGENTS | | |
| <i>cabergoline oral tablet 0.5 mg</i> | Tier 1 | M |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | Tier 1 | |
| PKU TX AGENT-COFACTOR OF PHENYLALANINE HYDROXYLASE | | |
| <i>javygtor oral powder in packet 100 mg, 500 mg</i> | Tier 1 | PA; SP |
| <i>javygtor oral tablet,soluble 100 mg</i> | Tier 1 | PA; SP |
| KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG | Tier 4 | PA; SP |
| KUVAN ORAL TABLET,SOLUBLE 100 MG | Tier 4 | PA; SP |
| <i>sapropterin oral powder in packet 100 mg, 500 mg</i> | Tier 1 | PA; SP |
| <i>sapropterin oral tablet,soluble 100 mg</i> | Tier 1 | PA; SP |
| POLYCYSTIC KIDNEY DISEASE AGENT; AVP RECEP. ANTAG | | |

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|--|------------------|------------------------------|
| JYNARQUE ORAL TABLET 15 MG, 30 MG | Tier 4 | PA; SP; LA |
| JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) | Tier 4 | PA; SP; LA |
| VITAMIN D PREPARATIONS | | |
| <i>calcitriol intravenous solution 1 mcg/ml</i> | MB | |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> | Tier 1 | M |
| <i>calcitriol oral solution 1 mcg/ml</i> | Tier 1 | M |
| ROCALTROL ORAL CAPSULE 0.25 MCG | Tier 3 | M |
| ROCALTROL ORAL SOLUTION 1 MCG/ML | Tier 3 | M |
| MISCELLANEOUS NEUROLOGICAL THERAPY | | |
| AGENTS TO TX PERIODIC PARALYSIS - CARBON ANHYD INH | | |
| <i>dichlorphenamide oral tablet 50 mg</i> | Tier 4 | PA; SP |
| KEVEYIS ORAL TABLET 50 MG | Tier 4 | PA; SP; LA |
| <i>ormalvi oral tablet 50 mg</i> | Tier 4 | PA; SP; LA |
| AGTS TX NEUROMUSC TRANSMISSION DIS;POT-CHAN BLKR | | |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> | Tier 1 | PA; SP |
| ALZHEIMER'S THERAPY; NMDA RECEPTOR ANTAGONISTS | | |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> | Tier 1 | M |
| <i>memantine oral solution 2 mg/ml</i> | Tier 1 | M |
| <i>memantine oral tablet 10 mg, 5 mg</i> | Tier 1 | M; QL |
| MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG | Tier 3 | QL |
| NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK 5-10 MG | Tier 3 | QL |
| NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR 14 MG, 21 MG, 28 MG | Tier 3 | M |
| ALZHEIMER'S THX; NMDA RECEPTOR ANTAG-CHOLINES INHIB | | |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 28-10 MG | Tier 3 | M |
| AMYLOIDOSIS AGENTS-TRANSTHYRETIN (TTR) SUPPRESSION | | |

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|---|-----------|-----------------------|
| ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML | MB | PA; SP |
| WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML | Tier 4 | PA; SP; LA |
| AMYOTROPHIC LATERAL SCLEROSIS AGENTS | | |
| <i>edaravone intravenous solution 30 mg/100 ml</i> | MB | PA; SP |
| RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML | MB | PA; SP; LA |
| RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML | Tier 4 | PA; SP |
| RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM | Tier 4 | PA; SP |
| CHOLINESTERASE INHIBITORS | | |
| ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR | Tier 3 | PA; M |
| ARICEPT ORAL TABLET 10 MG, 5 MG | Tier 3 | M; QL |
| ARICEPT ORAL TABLET 23 MG | Tier 3 | PA; M; QL |
| <i>donepezil oral tablet 10 mg, 5 mg</i> | Tier 1 | M; QL |
| <i>donepezil oral tablet 23 mg</i> | Tier 1 | PA; M; QL |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i> | Tier 1 | M; QL |
| EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR | Tier 3 | M |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> | Tier 1 | M |
| <i>galantamine oral solution 4 mg/ml</i> | Tier 1 | M; QL |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> | Tier 1 | M; QL |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> | Tier 1 | M; QL |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> | Tier 1 | M |
| DRUGS TO TREAT MOVEMENT DISORDERS | | |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG | Tier 4 | PA; SP |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG | Tier 4 | PA; SP |

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|---|------------------|------------------------------|
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) | Tier 4 | PA; SP; LA |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | Tier 4 | PA; SP; LA |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> | Tier 1 | PA; SP |
| XENAZINE ORAL TABLET 12.5 MG, 25 MG | Tier 4 | PA; SP |
| GENE THERAPY AGENTS - SMN PROTEIN DEFICIENCY | | |
| ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML | MB | PA; SP |
| GENETIC D/O TX - SMN PROTEIN DEFICIENCY TREATMENT | | |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML | Tier 4 | PA; SP |
| SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML | MB | PA; SP |
| GENETIC D/O TX-EXON SKIPPING ANTISENSE OLIGONUCLEO | | |
| EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML | MB | PA; SP; LA |
| LEUKOCYTE ADHESION INHIB;ALPHA4-MEDIAT IGG4K MC AB | | |
| TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML | MB | PA; SP |
| METABOLIC DISEASE ENZYME REPLACEMENT; MOCD | | |
| NULIBRY INTRAVENOUS RECON SOLN 9.5 MG | MB | PA; SP; LA |
| NUCLEAR FACTOR ERYTHROID 2-REL. FACTOR 2 ACTIVATOR | | |
| SKYCLARYS ORAL CAPSULE 50 MG | Tier 4 | PA; SP; LA |
| PSEUDOBLBAR AFFECT (PBA) AGENTS; NMDA ANTAGONISTS | | |
| NUEDEXTA ORAL CAPSULE 20-10 MG | Tier 3 | PA |
| SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATOR | | |
| ZEPOSIA ORAL CAPSULE 0.92 MG | Tier 2 | PA; SP |
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) | Tier 2 | PA; SP |
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) | Tier 2 | PA; SP |
| MISCELLANEOUS OB/GYN | | |
| ABORTIFACIENT-PROGESTERONE RECEPTOR ANTAGONISTS | | |

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|---|-----------|-----------------------|
| MIFEPREX ORAL TABLET 200 MG | Tier 3 | QL |
| ANDROGEN/ESTROGEN PREPS FOR FEMALE SEXUAL DYSFUNC | | |
| INTRAROSA VAGINAL INSERT 6.5 MG | Tier 3 | |
| ANTIFIBRINOLYTIC AGENTS | | |
| <i>tranexamic acid oral tablet 650 mg</i> | Tier 1 | M |
| CONTRACEPTIVES; INTRAVAGINAL; SYSTEMIC | | |
| ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR | Tier 3 | M; QL |
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i> | Tier 1 | M; ACA |
| <i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i> | Tier 1 | M |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> | Tier 1 | M; ACA |
| <i>haloette vaginal ring 0.12-0.015 mg/24 hr</i> | Tier 1 | M |
| NUVARING VAGINAL RING 0.12-0.015 MG/24 HR | Tier 3 | M |
| CONTRACEPTIVES;IMPLANTABLE | | |
| NEXPLANON SUBDERMAL IMPLANT 68 MG | MB | SP; ACA |
| CONTRACEPTIVES;INTRAVAGINAL | | |
| PHEXXI VAGINAL GEL 1.8-1-0.4 % | Tier 2 | |
| VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % | Tier 3 | |
| CONTRACEPTIVES;TRANSDERMAL | | |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> | Tier 1 | M |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR | Tier 3 | M |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i> | Tier 1 | M; ACA |
| <i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i> | Tier 1 | M |
| LHRH (GNRH) ANTAGONIST;ESTROGEN AND PROGESTIN COMB | | |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG | Tier 2 | PA; M |
| ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) | Tier 2 | PA; M |
| MENOPAUSAL SYMPT SUPP-SEL ESTROGEN RECEP MODULATOR | | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| OSPHENA ORAL TABLET 60 MG | Tier 3 | PA; M |
| VAGINAL ANTIBIOTICS | | |
| CLEOCIN VAGINAL CREAM 2 % | Tier 3 | |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG | Tier 3 | |
| <i>clindamycin phosphate vaginal cream 2 %</i> | Tier 1 | |
| CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 % | Tier 2 | |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> | Tier 1 | |
| NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) | Tier 3 | |
| <i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i> | Tier 3 | |
| VAGINAL ANTIFUNGALS | | |
| GYNAZOLE-1 VAGINAL CREAM 2 % | Tier 3 | |
| <i>miconazole-3 vaginal suppository 200 mg</i> | Tier 1 | QL |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | Tier 1 | |
| <i>terconazole vaginal suppository 80 mg</i> | Tier 1 | QL |
| MISCELLANEOUS OPHTHALMOLOGICS | | |
| ARTIFICIAL TEARS | | |
| MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % | Tier 3 | QL |
| EYE ANTIHISTAMINES | | |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i> | Tier 1 | |
| <i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> | Tier 1 | |
| BEPREVE OPHTHALMIC (EYE) DROPS 1.5 % | Tier 3 | |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i> | Tier 1 | |
| <i>olopatadine ophthalmic (eye) drops 0.2 %</i> | Tier 1 | |
| ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 % | Tier 3 | PA |
| EYE LOCAL ANESTHETICS | | |
| ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % | Tier 3 | |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |
| EYE MAST CELL STABILIZERS | | |
| ALOCRILOPHTHALMIC (EYE) DROPS 2 % | Tier 3 | |
| ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % | Tier 2 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>cromolyn ophthalmic (eye) drops 4 %</i> | Tier 1 | |
| OPHTH. VEGF-A RECEPTOR ANTAG. RCMB MC ANTIBODY | | |
| BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML | MB | PA; SP |
| BEVACIZUMAB INTRAVITREAL SYRINGE 2 MG/0.08 ML, 2.75 MG/0.11 ML | MB | |
| BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML | MB | PA; SP |
| CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML | MB | PA; SP |
| LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML | MB | SP |
| OPHTHALMIC (EYE) ANTIPARASITICS | | |
| XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 % | Tier 3 | SP; LA |
| OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE | | |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % | Tier 2 | M |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % | Tier 1 | M |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | Tier 2 | M |
| OPHTHALMIC CYSTINE DEPLETING AGENTS | | |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % | Tier 4 | PA; SP; LA |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % | Tier 4 | PA; SP; LA |
| OPHTHALMIC HUMAN NERVE GROWTH FACTOR (HNGF) | | |
| OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % | Tier 4 | PA; SP |
| OPHTHALMIC VEGF-A AND ANG-2 INHIB; BISPECIFIC AB | | |
| VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML | MB | PA; SP |
| MISCELLANEOUS OTIC PREPARATIONS | | |
| EAR PREPARATIONS ANTI-INFLAMMATORY | | |
| DERMOTIC OIL OTIC (EAR) DROPS 0.01 % | Tier 3 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>flac otic oil otic (ear) drops 0.01 %</i> | Tier 1 | |
| <i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> | Tier 1 | |
| EAR PREPARATIONS; MISC. ANTI-INFECTIVES | | |
| <i>acetic acid otic (ear) solution 2 %</i> | Tier 1 | |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i> | Tier 1 | |
| EAR PREPARATIONS;ANTIBIOTICS | | |
| CETRAXAL OTIC (EAR) DROPPERETTE 0.2 % | Tier 3 | |
| <i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> | Tier 1 | |
| <i>ofloxacin otic (ear) drops 0.3 %</i> | Tier 1 | |
| MISCELLANEOUS UROLOGICALS | | |
| CYSTINE-DEPLETING AGENTS; NEPHROPATHIC CYSTINOSIS | | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | Tier 4 | PA; SP; LA |
| DRUGS TO TREAT ERECTILE DYSFUNCTION (ED) | | |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG | Tier 2 | GENDER; M; QL |
| CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG | Tier 2 | GENDER; M; QL |
| EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG | Tier 2 | GENDER; M; QL |
| <i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | GENDER; M; QL |
| <i>tadalafil oral tablet 10 mg, 20 mg</i> | Tier 1 | GENDER; M; QL |
| OXALOSIS AGENT - OXALATE INHIBITOR; SIRNA BASED | | |
| OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML | MB | PA; SP; LA |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) | Tier 4 | PA; SP; LA |
| RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML | Tier 4 | PA; SP; LA |
| URINARY PH MODIFIERS | | |
| K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG | Tier 3 | |
| ORACIT ORAL SOLUTION 490-640 MG/5 ML | Tier 3 | |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i> | Tier 1 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> | Tier 3 | |
| UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG) | Tier 3 | M |
| UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ | Tier 3 | M |
| URINARY TRACT ANALGESIC AGENTS | | |
| ELMIRON ORAL CAPSULE 100 MG | Tier 2 | QL |
| VASODILATORS;MISCELLANEOUS | | |
| PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML | MB | |
| MULTIPLE SCLEROSIS AGENTS | | |
| AGENTS TO TREAT MULTIPLE SCLEROSIS | | |
| AUBAGIO ORAL TABLET 14 MG, 7 MG | Tier 4 | SP |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | Tier 2 | SP |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | Tier 2 | SP |
| BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML | MB | PA; SP |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML | Tier 2 | SP |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> | Tier 1 | SP |
| <i>fingolimod oral capsule 0.5 mg</i> | Tier 1 | SP |
| GILENYA ORAL CAPSULE 0.25 MG | Tier 4 | SP; LA |
| GILENYA ORAL CAPSULE 0.5 MG | Tier 4 | SP |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | Tier 2 | SP |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG | Tier 4 | PA; SP |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG | Tier 4 | PA; SP |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG | Tier 4 | PA; SP |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG | Tier 4 | PA; SP |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG | Tier 4 | PA; SP |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG | Tier 4 | PA; SP |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG | Tier 4 | PA; SP |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG | Tier 2 | SP |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) | Tier 2 | SP |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | Tier 2 | SP |
| OCREVUS INTRAVENOUS SOLUTION 30 MG/ML | MB | PA; SP |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML | Tier 2 | SP |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) | Tier 2 | SP |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) | Tier 2 | SP |
| TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.5 MG | Tier 4 | SP |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> | Tier 1 | SP |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG | Tier 2 | SP |

MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

ANTI-ANXIETY DRUGS

meprobamate oral tablet 200 mg, 400 mg

Tier 1

CHOLINESTERASE INHIBITORS

MESTINON ORAL SYRUP 60 MG/5 ML

Tier 3

M

MESTINON ORAL TABLET 60 MG

Tier 3

M

MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG

Tier 3

M

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> | Tier 1 | M |
| <i>pyridostigmine bromide oral tablet 60 mg</i> | Tier 1 | M |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i> | Tier 1 | M |
| <i>regonol injection solution 5 mg/ml</i> | MB | PA |
| COMPLEMENT INHIBITORS | | |
| ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML | Tier 4 | PA; SP; LA |
| NEONATAL FC RECEPTOR (FCRN) INHIBITORS | | |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML | MB | PA; SP |
| VYVGART INTRAVENOUS SOLUTION 20 MG/ML | MB | PA; SP |
| SKELETAL MUSCLE RELAXANTS | | |
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 | M |
| BACLOFEN ORAL TABLET 15 MG | Tier 1 | M |
| <i>carisoprodol oral tablet 250 mg, 350 mg</i> | Tier 1 | |
| <i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i> | Tier 1 | |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| DANTRIUM ORAL CAPSULE 25 MG | Tier 3 | M |
| <i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| LORZONE ORAL TABLET 375 MG, 750 MG | Tier 1 | |
| <i>metaxalone oral tablet 400 mg, 800 mg</i> | Tier 1 | |
| <i>methocarbamol injection solution 100 mg/ml</i> | MB | |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | Tier 1 | |
| NORGESIC FORTE ORAL TABLET 50-770-60 MG | Tier 3 | PA |
| NORGESIC ORAL TABLET 25-385-30 MG | Tier 3 | PA |
| <i>orphenadrine citrate injection solution 30 mg/ml</i> | MB | |
| <i>orphenadrine citrate oral tablet extended release 100 mg</i> | Tier 1 | |
| <i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> | Tier 3 | PA |
| <i>orphengestic forte oral tablet 50-770-60 mg</i> | Tier 3 | PA |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ROBAXIN INJECTION SOLUTION 100 MG/ML | MB | PA |
| SOMA ORAL TABLET 250 MG, 350 MG | Tier 3 | |
| <i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> | Tier 1 | M |
| <i>tizanidine oral tablet 2 mg, 4 mg</i> | Tier 1 | M |
| ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG | Tier 3 | M |
| ZANAFLEX ORAL TABLET 4 MG | Tier 3 | M |

NARCOTIC ANALGESICS

ANALGESIC; NON-SALICYLATE AND BARBITURATE COMBINAT

| | | |
|---|--------|--|
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> | Tier 1 | |
| <i>tencon oral tablet 50-325 mg</i> | Tier 1 | |

ANALGESIC; SALICYLATE; BARBITURATE; XANTHINE COMB.

| | | |
|--|--------|--|
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | Tier 1 | |
|--|--------|--|

ANALGESIC;NON-SALICYLATE;BARBITURATE;XANTHINE COMB

| | | |
|--|--------|--|
| <i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i> | Tier 1 | |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> | Tier 1 | |
| ESGIC ORAL CAPSULE 50-325-40 MG | Tier 1 | |
| ESGIC ORAL TABLET 50-325-40 MG | Tier 3 | |
| FIORICET ORAL CAPSULE 50-300-40 MG | Tier 3 | |

OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS

| | | |
|--|--------|--------|
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | Tier 1 | PA |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i> | Tier 1 | PA; QL |
| <i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | Tier 1 | PA; QL |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> | Tier 1 | PA |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | Tier 1 | PA; QL |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | Tier 1 | PA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG | Tier 3 | PA; QL |
| OPIOID ANALGESIC AND NSAID COMBINATION | | |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i> | Tier 1 | PA; QL |
| OPIOID ANALGESIC;NON-SALICYLATE;XANTHINE COMB | | |
| <i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i> | Tier 1 | PA; QL |
| TREZIX ORAL CAPSULE 320.5-30-16 MG | Tier 1 | PA; QL |
| OPIOID ANALGESICS | | |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG | Tier 3 | PA |
| <i>buprenorphine hcl injection solution 0.3 mg/ml</i> | MB | PA |
| <i>buprenorphine hcl injection syringe 0.3 mg/ml</i> | MB | PA |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> | Tier 1 | QL |
| <i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i> | Tier 1 | PA |
| DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML | MB | PA |
| DEMEROL INJECTION SOLUTION 50 MG/ML | MB | PA |
| DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML | MB | PA |
| DILAUDID ORAL LIQUID 1 MG/ML | Tier 3 | PA |
| DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG | Tier 3 | PA |
| <i>diskets oral tablet,soluble 40 mg</i> | Tier 1 | |
| <i>duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml</i> | MB | PA |
| FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 250 MCG/5 ML (50 MCG/ML) | MB | PA |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> | Tier 1 | PA; QL |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | Tier 1 | QL |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i> | Tier 3 | QL |
| FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG | Tier 3 | PA |
| FENTORA BUCCAL TABLET, EFFERVESCENT 200 MCG, 400 MCG, 600 MCG, 800 MCG | Tier 3 | PA; QL |
| <i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i> | Tier 1 | PA |
| <i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | PA |
| HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 30 MG/30 ML (1 MG/ML) | MB | PA |
| <i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i> | MB | PA |
| HYDROMORPHONE (PF) INJECTION SOLUTION 4 MG/ML | MB | PA |
| <i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml</i> | MB | PA |
| <i>hydromorphone injection solution 1 mg/ml, 2 mg/ml</i> | MB | PA |
| HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML | MB | PA |
| <i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i> | MB | PA |
| <i>hydromorphone oral liquid 1 mg/ml</i> | Tier 1 | PA |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> | Tier 1 | PA |
| <i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i> | Tier 1 | PA |
| <i>hydromorphone rectal suppository 3 mg</i> | Tier 1 | PA |
| HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | Tier 3 | PA |
| INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML | MB | PA |
| <i>levorphanol tartrate oral tablet 2 mg</i> | Tier 1 | PA |
| <i>levorphanol tartrate oral tablet 3 mg</i> | Tier 1 | PA |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i> | MB | PA |
| <i>meperidine oral solution 50 mg/5 ml</i> | Tier 1 | PA |
| <i>meperidine oral tablet 50 mg</i> | Tier 1 | PA |
| <i>methadone injection solution 10 mg/ml</i> | MB | |
| <i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i> | Tier 1 | |
| <i>methadone oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>methadone oral tablet,soluble 40 mg</i> | Tier 1 | |
| <i>methadose oral tablet,soluble 40 mg</i> | Tier 1 | |
| MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML | MB | PA |
| MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 25 MG/25 ML (1 MG/ML) | MB | PA |
| <i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i> | MB | PA |
| <i>morphine (pf) in 0.9 % sod chl intravenous syringe 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i> | MB | PA |
| <i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i> | MB | PA |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i> | Tier 1 | PA |
| MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML | MB | PA |
| MORPHINE INJECTION SYRINGE 2 MG/ML | MB | PA |
| <i>morphine injection syringe 4 mg/ml</i> | MB | PA |
| <i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i> | MB | PA |
| MORPHINE INTRAVENOUS SOLUTION 8 MG/ML | MB | PA |
| <i>morphine intravenous syringe 10 mg/ml, 4 mg/ml</i> | MB | PA |
| <i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i> | Tier 1 | QL |
| <i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> | Tier 1 | QL |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i> | Tier 1 | PA |
| <i>morphine oral tablet 15 mg, 30 mg</i> | Tier 1 | PA |
| <i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> | Tier 1 | QL |
| <i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i> | Tier 1 | PA |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG | Tier 3 | QL |
| <i>oxycodone oral capsule 5 mg</i> | Tier 1 | PA |
| <i>oxycodone oral concentrate 20 mg/ml</i> | Tier 1 | PA |
| <i>oxycodone oral solution 5 mg/5 ml</i> | Tier 1 | PA |
| <i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> | Tier 1 | PA |
| OXYCODONE ORAL TABLET, ORAL ONLY 15 MG | Tier 3 | PA |
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG | Tier 3 | QL |
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 40 MG, 60 MG, 80 MG | Tier 3 | |
| <i>oxymorphone oral tablet 10 mg, 5 mg</i> | Tier 1 | PA |
| ROXICODONE ORAL TABLET 15 MG, 30 MG | Tier 3 | PA |
| ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG | Tier 3 | PA |
| XTAMPZA ER ORAL CAP, SPRINKL, ER 12HR (DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG | Tier 3 | PA |
| OPIOID AND SALICYLATE ANALGESICS; BARBIT; XANTHINE | | |
| <i>ascomp with codeine oral capsule 30-50-325-40 mg</i> | Tier 1 | PA; QL |
| <i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> | Tier 1 | PA; QL |
| OPIOID WITHDRAWAL THERAPY AGENTS; OPIOID-TYPE | | |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML | MB | PA; SP |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
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M – Maintenance LA – Limited Availability

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i> | Tier 1 | |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML | MB | PA; SP |
| OPIOID;NON-SALICYL.ANALGESIC;BARBITURATE;XANTHINE | | |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i> | Tier 1 | PA; QL |
| NITRATES | | |
| VASODILATORS;CORONARY | | |
| ISORDIL ORAL TABLET 40 MG | Tier 3 | M |
| ISORDIL TITRADOSE ORAL TABLET 5 MG | Tier 3 | M |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> | Tier 1 | M |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | Tier 1 | M |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i> | Tier 1 | M |
| <i>nitro-bid transdermal ointment 2 %</i> | Tier 2 | M |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR | Tier 3 | M |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> | Tier 1 | M |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> | Tier 1 | M |
| <i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i> | Tier 1 | M |
| NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY | Tier 3 | M |
| NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG | Tier 3 | M |
| NON-INSULIN HYPOGLYCEMIC AGENTS | | |
| ANTIHYPERGLY;INCRETIN MIMETIC(GLP-1 RECEP.AGONIST) | | |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | Tier 2 | PA; M |
| RYBELSUS ORAL TABLET 14 MG, 7 MG | Tier 2 | PA; M |
| RYBELSUS ORAL TABLET 3 MG | Tier 2 | PA |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | Tier 2 | PA; M |
| VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) | Tier 2 | PA; M; QL |
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) | Tier 2 | PA; M; QL |
| ANTIHYPERGLYCEMIC - DOPAMINE RECEPTOR AGONISTS | | |
| CYCLOSET ORAL TABLET 0.8 MG | Tier 3 | PA; M |
| ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION | | |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | Tier 2 | PA; M |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML | Tier 2 | PA |
| ANTIHYPERGLYCEMIC; ALPHA-GLUCOSIDASE INHIBITORS | | |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| ANTIHYPERGLYCEMIC; AMYLIN ANALOG-TYPE | | |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML | Tier 2 | M |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML | Tier 2 | M |
| ANTIHYPERGLYCEMIC; BIGUANIDE TYPE | | |
| <i>metformin oral solution 500 mg/5 ml</i> | Tier 1 | PA; M |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> | Tier 1 | M |
| <i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i> | Tier 1 | M |
| RIOMET ORAL SOLUTION 500 MG/5 ML | Tier 3 | PA; M |
| ANTIHYPERGLYCEMIC; DPP-4 INHIBITORS | | |
| ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG | Tier 3 | PA; M |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | Tier 2 | PA; M; QL |
| ANTIHYPERGLYCEMIC; INSULIN-RELEASE STIMULANT TYPE | | |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> | Tier 1 | M |
| <i>glipizide oral tablet 10 mg, 5 mg</i> | Tier 1 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| GLIPIZIDE ORAL TABLET 2.5 MG | Tier 1 | M; QL |
| <i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | M |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG | Tier 3 | M |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> | Tier 1 | M |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i> | Tier 1 | M |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | Tier 1 | M; QL |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | M; QL |
| ANTIHYPERGLYCEMIC; SGLT-2 AND DPP-4 INHIBITOR COMB | | |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | Tier 3 | PA; M |
| QTERN ORAL TABLET 5-5 MG | Tier 3 | PA; M |
| ANTIHYPERGLYCEMIC; THIAZOLIDINEDIONE AND BIGUANIDE | | |
| ACTOPLUS MET ORAL TABLET 15-850 MG | Tier 3 | M; QL |
| <i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> | Tier 1 | M; QL |
| ANTIHYPERGLYCEMIC; THIAZOLIDINEDIONE-SULFONYLUREA | | |
| DUETACT ORAL TABLET 30-2 MG, 30-4 MG | Tier 3 | M |
| <i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> | Tier 1 | M |
| ANTIHYPERGLYCEMIC;DPP-4 INHIBITOR-BIGUANIDE COMBS. | | |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG | Tier 2 | PA; M; QL |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG | Tier 2 | PA; M; QL |
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i> | Tier 1 | PA; M |
| ANTIHYPERGLYCEMIC;INSULIN-RELEASE STIM.-BIGUANIDE | | |
| <i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> | Tier 1 | M |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | Tier 1 | M |
| ANTIHYPERGLYCEMIC;THIAZOLIDINEDIONE(PPARG AGONIST) | | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG | Tier 3 | M |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> | Tier 1 | M |
| ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR-BIGUANIDE COMBS. | | |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG | Tier 2 | PA; M |
| ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2) INH | | |
| FARXIGA ORAL TABLET 10 MG, 5 MG | Tier 2 | PA; M |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | Tier 2 | PA; M |
| NON-NARCOTIC ANALGESICS | | |
| ANALGESIC/ANTIPYRETICS; SALICYLATES | | |
| <i>diflunisal oral tablet 500 mg</i> | Tier 1 | M |
| <i>salsalate oral tablet 500 mg, 750 mg</i> | Tier 1 | M |
| ANTI-ALCOHOLIC PREPARATIONS | | |
| VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG | MB | SP |
| ANTI-INFLAMMATORY/ANTIARTHRITICS AGENTS; MISC. | | |
| EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) | MB | SP |
| MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML | MB | SP |
| ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML | MB | SP |
| VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML | MB | SP |
| NASAL NSAIDS; COX NON-SELECTIVE;SYSTEMIC ANALGESIC | | |
| SPRIX NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY | Tier 3 | PA; SP; LA |
| NSAIDS(COX NON-SPEC.INHIB)AND PROSTAGLANDIN ANALOG | | |
| ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG | Tier 3 | M |
| <i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i> | Tier 1 | M |
| NSAIDS; CYCLOOXYGENASE INHIBITOR TYPE ANALGESICS | | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| ANAPROX DS ORAL TABLET 550 MG | Tier 3 | M |
| CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML) | MB | |
| DAYPRO ORAL TABLET 600 MG | Tier 3 | M |
| <i>diclofenac potassium oral tablet 50 mg</i> | Tier 1 | M |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> | Tier 1 | M |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i> | Tier 1 | M |
| EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG | Tier 3 | M |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | Tier 1 | M |
| <i>etodolac oral tablet 400 mg, 500 mg</i> | Tier 1 | M |
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i> | Tier 1 | M |
| FENOPROFEN ORAL CAPSULE 200 MG | Tier 3 | PA; M |
| <i>fenoprofen oral capsule 400 mg</i> | Tier 3 | PA; M |
| <i>fenoprofen oral tablet 600 mg</i> | Tier 1 | M |
| <i>flurbiprofen oral tablet 100 mg</i> | Tier 1 | M |
| <i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> | Tier 1 | M |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | Tier 1 | M |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | Tier 1 | M |
| <i>indomethacin oral capsule, extended release 75 mg</i> | Tier 1 | M |
| <i>indomethacin oral suspension 25 mg/5 ml</i> | Tier 1 | M |
| <i>ketoprofen oral capsule 50 mg</i> | Tier 1 | M |
| <i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i> | MB | QL |
| <i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i> | MB | QL |
| <i>ketorolac intramuscular solution 60 mg/2 ml</i> | MB | QL |
| <i>ketorolac intramuscular syringe 60 mg/2 ml</i> | MB | QL |
| <i>ketorolac oral tablet 10 mg</i> | Tier 1 | QL |
| <i>meclofenamate oral capsule 100 mg, 50 mg</i> | Tier 1 | M |
| <i>mefenamic acid oral capsule 250 mg</i> | Tier 1 | |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> | Tier 1 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>nabumetone oral tablet 500 mg, 750 mg</i> | Tier 1 | M |
| NALFON ORAL CAPSULE 400 MG | Tier 3 | PA; M |
| NAPROSYN ORAL SUSPENSION 125 MG/5 ML | Tier 3 | M; QL |
| NAPROSYN ORAL TABLET 500 MG | Tier 3 | M |
| <i>naproxen oral suspension 125 mg/5 ml</i> | Tier 1 | M; QL |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i> | Tier 1 | M |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> | Tier 1 | M |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | Tier 1 | M |
| <i>oxaprozin oral tablet 600 mg</i> | Tier 1 | M |
| <i>piroxicam oral capsule 10 mg, 20 mg</i> | Tier 1 | M |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | Tier 1 | M |
| <i>tolmetin oral capsule 400 mg</i> | Tier 1 | M |
| NSAIDS;CYCLOOXYGENASE-2(COX-2) SELECTIVE INHIBITOR | | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i> | Tier 1 | M; QL |
| <i>celecoxib oral capsule 50 mg</i> | Tier 1 | M |
| OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS | | |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> | Tier 1 | PA; QL |
| OPIOID ANALGESICS | | |
| <i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i> | MB | PA |
| <i>butorphanol nasal spray, non-aerosol 10 mg/ml</i> | Tier 1 | PA; QL |
| <i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i> | MB | PA |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG | Tier 3 | PA |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG | Tier 3 | PA |
| <i>pentazocine-naloxone oral tablet 50-0.5 mg</i> | Tier 1 | PA |
| TRAMADOL ORAL TABLET 100 MG | Tier 1 | PA |
| <i>tramadol oral tablet 50 mg</i> | Tier 1 | PA |
| <i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i> | Tier 1 | QL |
| <i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i> | Tier 1 | QL |
| OPIOID ANTAGONISTS | | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>naloxone injection solution 0.4 mg/ml</i> | Tier 1 | |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i> | Tier 1 | |
| <i>naloxone nasal spray,non-aerosol 4 mg/actuation</i> | Tier 1 | QL |
| <i>naltrexone oral tablet 50 mg</i> | Tier 1 | M |
| NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION | Tier 1 | QL |
| OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION | Tier 2 | QL |
| ZIMHI INJECTION SYRINGE 5 MG/0.5 ML | Tier 2 | |

OPIOID WITHDRAWAL THERAPY AGENTS; OPIOID-TYPE

| | | |
|--|--------|---|
| <i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> | Tier 1 | M |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i> | Tier 1 | M |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG | Tier 3 | M |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG | Tier 3 | M |

TOPICAL ANTI-INFLAMMATORY; NSAIDS

| | | |
|--|--------|--|
| DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 % | Tier 1 | |
| <i>diclofenac sodium topical drops 1.5 %</i> | Tier 1 | |

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

EYE ANTI-INFLAMMATORY AGENTS

| | | |
|---|--------|--|
| ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % | Tier 3 | |
| ACULAR OPHTHALMIC (EYE) DROPS 0.5 % | Tier 3 | |
| ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % | Tier 3 | |
| <i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %</i> | Tier 1 | |
| BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % | Tier 3 | |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i> | Tier 1 | |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i> | Tier 1 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | Tier 3 | |
| <i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i> | Tier 1 | |
| NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | Tier 3 | |

ORAL CONTRACEPTIVES & RELATED AGENTS

CONTRACEPTIVES;ORAL

| | | |
|--|--------|--------|
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i> | Tier 1 | M |
| AFTERA ORAL TABLET 1.5 MG | Tier 1 | ACA |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i> | Tier 1 | M |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> | Tier 1 | M |
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | Tier 1 | M |
| <i>amethyst (28) oral tablet 90-20 mcg (28)</i> | Tier 1 | M |
| <i>apri oral tablet 0.15-0.03 mg</i> | Tier 1 | M; ACA |
| <i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i> | Tier 1 | M |
| <i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | Tier 1 | M |
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i> | Tier 1 | M |
| <i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | Tier 1 | M |
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i> | Tier 1 | M |
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | Tier 1 | M |
| <i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | Tier 1 | M |
| <i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | Tier 1 | M |
| <i>aviane oral tablet 0.1-20 mg-mcg</i> | Tier 1 | M |
| <i>ayuna oral tablet 0.15-0.03 mg</i> | Tier 1 | M |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | Tier 1 | M |
| <i>balziva (28) oral tablet 0.4-35 mg-mcg</i> | Tier 1 | M |
| BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4) | Tier 3 | PA; M |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | Tier 1 | M |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | Tier 1 | M |
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | Tier 1 | M |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i> | Tier 1 | M |
| <i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> | Tier 1 | M |
| <i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | Tier 1 | M |
| <i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i> | Tier 1 | M |
| <i>chateal eq (28) oral tablet 0.15-0.03 mg</i> | Tier 1 | M |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i> | Tier 1 | M |
| <i>curae oral tablet 1.5 mg</i> | Tier 1 | |
| <i>cyred eq oral tablet 0.15-0.03 mg</i> | Tier 1 | M |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> | Tier 1 | M |
| <i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | Tier 1 | M |
| <i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | Tier 1 | M |
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | Tier 1 | M |
| <i>dolishale oral tablet 90-20 mcg (28)</i> | Tier 1 | M |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i> | Tier 1 | M |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i> | Tier 1 | M |
| <i>econtra ez oral tablet 1.5 mg</i> | Tier 1 | ACA |
| <i>econtra one-step oral tablet 1.5 mg</i> | Tier 1 | ACA |
| <i>elinest oral tablet 0.3-30 mg-mcg</i> | Tier 1 | M |
| ELLA ORAL TABLET 30 MG | Tier 2 | ACA; QL |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | Tier 1 | M; ACA |
| <i>enskyce oral tablet 0.15-0.03 mg</i> | Tier 1 | M |
| <i>estarylla oral tablet 0.25-35 mg-mcg</i> | Tier 1 | M |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i> | Tier 1 | M |

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PA – Prior Authorization **QL** – Quantity Limits **SP** – Specialty **ST** – Step Therapy
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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i> | Tier 1 | M |
| <i>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> | Tier 1 | M |
| <i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> | Tier 1 | M |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | Tier 1 | M |
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | Tier 1 | M |
| <i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | Tier 1 | M |
| <i>hailey oral tablet 1.5-30 mg-mcg</i> | Tier 1 | M |
| <i>her style oral tablet 1.5 mg</i> | Tier 1 | |
| <i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i> | Tier 1 | M |
| <i>isibloom oral tablet 0.15-0.03 mg</i> | Tier 1 | M |
| <i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | Tier 1 | M |
| <i>jasmiel (28) oral tablet 3-0.02 mg</i> | Tier 1 | M |
| <i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i> | Tier 1 | M |
| <i>juleber oral tablet 0.15-0.03 mg</i> | Tier 1 | M |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | Tier 1 | M |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i> | Tier 1 | M |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | Tier 1 | M; ACA |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | Tier 1 | M; ACA |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | Tier 1 | M; ACA |
| <i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> | Tier 1 | M |
| <i>kalliga oral tablet 0.15-0.03 mg</i> | Tier 1 | M |
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | Tier 1 | M; ACA |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i> | Tier 1 | M |
| <i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i> | Tier 1 | M |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i> | Tier 1 | M |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
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M – Maintenance LA – Limited Availability

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i> | Tier 1 | M |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | Tier 1 | M |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i> | Tier 1 | M |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | Tier 1 | M |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | Tier 1 | M |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | Tier 1 | M |
| <i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i> | Tier 1 | M |
| <i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i> | Tier 1 | M |
| <i>lessina oral tablet 0.1-20 mg-mcg</i> | Tier 1 | M |
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | Tier 1 | M |
| <i>levonorgestrel oral tablet 1.5 mg</i> | Tier 1 | ACA |
| <i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i> | Tier 1 | M |
| <i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | Tier 1 | M |
| <i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | Tier 1 | M |
| <i>levora-28 oral tablet 0.15-0.03 mg</i> | Tier 1 | M |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) | Tier 3 | M |
| LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | Tier 1 | M |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | Tier 1 | M |
| LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | Tier 1 | M |
| LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | Tier 1 | M |
| <i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> | Tier 1 | M |
| <i>loryna (28) oral tablet 3-0.02 mg</i> | Tier 1 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i> | Tier 1 | M; ACA |
| <i>lo-zumandimine (28) oral tablet 3-0.02 mg</i> | Tier 1 | M |
| <i>lutera (28) oral tablet 0.1-20 mg-mcg</i> | Tier 1 | M |
| <i>marlissa (28) oral tablet 0.15-0.03 mg</i> | Tier 1 | M |
| <i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> | Tier 1 | M |
| <i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> | Tier 1 | M |
| <i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | Tier 1 | M |
| <i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i> | Tier 1 | M |
| <i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | Tier 1 | M |
| <i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | Tier 1 | M |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | Tier 1 | M |
| <i>mili oral tablet 0.25-35 mg-mcg</i> | Tier 1 | M |
| <i>mono-lynyah oral tablet 0.25-35 mg-mcg</i> | Tier 1 | M |
| <i>my choice oral tablet 1.5 mg</i> | Tier 1 | ACA |
| <i>my way oral tablet 1.5 mg</i> | Tier 1 | ACA |
| NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG | Tier 2 | M; ACA |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | Tier 1 | M |
| <i>new day oral tablet 1.5 mg</i> | Tier 1 | ACA |
| NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) | Tier 3 | M |
| <i>nikki (28) oral tablet 3-0.02 mg</i> | Tier 1 | M |
| <i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i> | Tier 1 | M |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | Tier 1 | M |
| <i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> | Tier 1 | M |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i> | Tier 1 | M |
| <i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> | Tier 1 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i> | Tier 1 | M |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | Tier 1 | M |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i> | Tier 1 | M |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> | Tier 1 | M |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | Tier 1 | M |
| <i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> | Tier 1 | M |
| <i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | Tier 1 | M |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i> | Tier 1 | M |
| <i>ocella oral tablet 3-0.03 mg</i> | Tier 1 | M |
| <i>opcicon one-step oral tablet 1.5 mg</i> | Tier 1 | ACA |
| <i>option-2 oral tablet 1.5 mg</i> | Tier 1 | ACA |
| <i>philith oral tablet 0.4-35 mg-mcg</i> | Tier 1 | M |
| <i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | Tier 1 | M |
| PLAN B ONE-STEP ORAL TABLET 1.5 MG | Tier 3 | |
| <i>portia 28 oral tablet 0.15-0.03 mg</i> | Tier 1 | M |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i> | Tier 1 | M |
| <i>rivalsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> | Tier 1 | M |
| SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7) | Tier 3 | M |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | Tier 1 | M |
| <i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | Tier 1 | M |
| <i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | Tier 1 | M |
| SLYND ORAL TABLET 4 MG (28) | Tier 3 | M |
| <i>sprintec (28) oral tablet 0.25-35 mg-mcg</i> | Tier 1 | M; ACA |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i> | Tier 1 | M |
| <i>syeda oral tablet 3-0.03 mg</i> | Tier 1 | M |
| TAKE ACTION ORAL TABLET 1.5 MG | Tier 1 | ACA |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | Tier 1 | M |
| <i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | Tier 1 | M |
| TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) | Tier 3 | M |
| <i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> | Tier 1 | M |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | Tier 1 | M |
| <i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> | Tier 1 | M |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | Tier 1 | M |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | Tier 1 | M |
| <i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | Tier 1 | M |
| <i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | Tier 1 | M |
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | Tier 1 | M |
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | Tier 1 | M |
| <i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | Tier 1 | M |
| <i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | Tier 1 | M; ACA |
| <i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | Tier 1 | M |
| <i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | Tier 1 | M |
| <i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | Tier 1 | M |
| <i>turqoz (28) oral tablet 0.3-30 mg-mcg</i> | Tier 1 | M |
| <i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i> | Tier 1 | M |
| <i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i> | Tier 1 | M; ACA |
| <i>vestura (28) oral tablet 3-0.02 mg</i> | Tier 1 | M |
| <i>vienva oral tablet 0.1-20 mg-mcg</i> | Tier 1 | M |
| <i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | Tier 1 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>volnea</i> (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 | Tier 1 | M |
| <i>vyfemla</i> (28) oral tablet 0.4-35 mg-mcg | Tier 1 | M |
| <i>vylibra</i> oral tablet 0.25-35 mg-mcg | Tier 1 | M |
| <i>wera</i> (28) oral tablet 0.5-35 mg-mcg | Tier 1 | M |
| <i>wymzya fe</i> oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7) | Tier 1 | M |
| YASMIN (28) ORAL TABLET 3-0.03 MG | Tier 3 | M |
| YAZ (28) ORAL TABLET 3-0.02 MG | Tier 3 | M |
| <i>zovia 1-35</i> (28) oral tablet 1-35 mg-mcg | Tier 1 | M |
| <i>zumandimine</i> (28) oral tablet 3-0.03 mg | Tier 1 | M |

ORAL DRUGS FOR GLAUCOMA

CARBONIC ANHYDRASE INHIBITORS

| | | |
|--|--------|---|
| <i>acetazolamide</i> oral capsule, extended release 500 mg | Tier 1 | M |
| <i>acetazolamide</i> oral tablet 125 mg, 250 mg | Tier 1 | M |
| <i>methazolamide</i> oral tablet 25 mg, 50 mg | Tier 1 | M |

OSTEOPOROSIS THERAPY

BONE FORMATION STIMULATING AGTS - PTH REL PEPTIDES

| | | |
|---|--------|--------|
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | Tier 4 | PA; SP |
|---|--------|--------|

BONE RESORPTION INHIBITOR AND VITAMIN D COMBS.

| | | |
|--|--------|-------|
| FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT, 70 MG- 5,600 UNIT | Tier 3 | M; QL |
|--|--------|-------|

BONE RESORPTION INHIBITORS

| | | |
|--|--------|-------|
| ACTONEL ORAL TABLET 150 MG, 35 MG | Tier 3 | M; QL |
| <i>alendronate</i> oral solution 70 mg/75 ml | Tier 1 | M; QL |
| <i>alendronate</i> oral tablet 10 mg, 35 mg, 70 mg | Tier 1 | M; QL |
| ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG | Tier 3 | M; QL |
| BINOSTO ORAL TABLET, EFFERVESCENT 70 MG | Tier 3 | M; QL |
| EVISTA ORAL TABLET 60 MG | Tier 3 | M |
| FOSAMAX ORAL TABLET 70 MG | Tier 3 | M; QL |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>ibandronate intravenous solution 3 mg/3 ml</i> | MB | SP |
| <i>ibandronate intravenous syringe 3 mg/3 ml</i> | MB | SP |
| <i>ibandronate oral tablet 150 mg</i> | Tier 1 | M; QL |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML | MB | PA; SP |
| <i>raloxifene oral tablet 60 mg</i> | Tier 1 | M |
| <i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i> | Tier 1 | M; QL |
| <i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> | Tier 1 | M; QL |

OTHER GLAUCOMA DRUGS

MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS

| | | |
|--|--------|-------|
| AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 % | Tier 3 | M |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i> | Tier 1 | M; QL |
| <i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> | Tier 1 | M |
| <i>brinzolamide ophthalmic (eye) drops, suspension 1 %</i> | Tier 1 | M |
| COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % | Tier 3 | M |
| COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 % | Tier 3 | M |
| COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML | Tier 3 | M; QL |
| DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 % | Tier 3 | M |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i> | Tier 1 | M |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> | Tier 1 | M |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> | Tier 1 | M; QL |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i> | Tier 1 | M; QL |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | Tier 2 | M |
| <i>miostat intraocular solution 0.01 %</i> | MB | PA |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | Tier 3 | ST; M |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | Tier 3 | ST; M |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % | Tier 3 | M |
| <i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> | Tier 1 | M |
| TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 % | Tier 3 | ST; M; QL |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i> | Tier 1 | M; QL |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % | Tier 3 | PA; M |
| XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % | Tier 3 | M |
| ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 % | Tier 3 | ST; M |

OTHER RHEUMATOLOGICALS

ANTI-ARTHRITIC AND CHELATING AGENTS

| | | |
|--|--------|---|
| CUPRIMINE ORAL CAPSULE 250 MG | Tier 3 | M |
| DEPEN TITRATABS ORAL TABLET 250 MG | Tier 3 | M |
| <i>penicillamine oral capsule 250 mg</i> | Tier 1 | M |

ANTI-ARTHRITIC; FOLATE ANTAGONIST AGENTS

| | | |
|---|--------|-------|
| OTREXUP (PF) SUBCUTANEOUS AUTO- INJECTOR 10 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML | Tier 3 | PA; M |
| RASUVO (PF) SUBCUTANEOUS AUTO- INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML | Tier 3 | PA; M |

ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR

| | | |
|---|--------|------------|
| ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML | Tier 2 | PA; SP; QL |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | Tier 2 | PA; SP; QL |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | Tier 2 | PA; SP; QL |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | Tier 2 | PA; SP; QL |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | Tier 2 | PA; SP; QL |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | Tier 2 | PA; SP; QL |
| HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML | Tier 2 | PA; SP; QL |
| HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML | Tier 2 | PA; SP; QL |
| HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML | Tier 2 | PA; SP; QL |
| HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | Tier 2 | PA; SP; QL |
| HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML | Tier 2 | PA; SP; QL |
| HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) | Tier 2 | PA; SP; QL |
| HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML | Tier 2 | PA; SP; QL |
| HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML | Tier 2 | PA; SP; QL |
| HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML | Tier 2 | PA; SP; QL |
| HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML | Tier 2 | PA; SP; QL |
| HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | Tier 2 | PA; SP; QL |
| SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML | MB | PA; SP |
| ANTI-INFLAMMATORY; PYRIMIDINE SYNTHESIS INHIBITOR | | |
| ARAVA ORAL TABLET 10 MG, 20 MG | Tier 3 | M; QL |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> | Tier 1 | M; QL |
| ANTI-INFLAMMATORY;PHOSPHODIESTERASE-4(PDE4) INHIB. | | |
| OTEZLA ORAL TABLET 30 MG | Tier 2 | PA; SP; QL |

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M – Maintenance LA – Limited Availability

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) | Tier 2 | PA; SP; QL |
| ANTINFLAMMATORY; SEL.COSTIM.MOD.;T-CELL INHIBITOR | | |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | MB | PA; SP |
| FIBROMYALGIA AGENTS;SEROTONIN-NOREPINEPH RU INHIB | | |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | Tier 3 | M |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) | Tier 3 | |
| GOLD SALTS | | |
| RIDAURA ORAL CAPSULE 3 MG | Tier 3 | PA; M |
| IMMUNOMODULATOR;B-LYMPHOCYTE STIM(BLYS)-SPEC INHIB | | |
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG | MB | SP |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | Tier 4 | SP |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | Tier 4 | SP |
| INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS | | |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | MB | PA; SP |
| JANUS KINASE (JAK) INHIBITORS | | |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG | Tier 2 | PA; SP; QL |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 45 MG | Tier 2 | PA; SP |
| XELJANZ ORAL SOLUTION 1 MG/ML | Tier 2 | PA; SP; QL |
| XELJANZ ORAL TABLET 10 MG, 5 MG | Tier 2 | PA; SP; QL |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG | Tier 2 | PA; SP; QL |
| OTIC STEROID / ANTIBIOTIC | | |
| EAR PREPARATIONS;ANTIBIOTICS | | |
| CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML | Tier 3 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | Tier 1 | |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i> | Tier 1 | |
| OTIC PREPARATIONS;ANTI-INFLAMMATORY-ANTIBIOTICS | | |
| CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 % | Tier 3 | |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i> | Tier 1 | |
| CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) | Tier 1 | |
| OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) | Tier 3 | |
| OXYTOCICS | | |
| OXYTOCICS | | |
| <i>methylergonovine oral tablet 0.2 mg</i> | Tier 1 | QL |
| PENICILLINS | | |
| PENICILLIN ANTIBIOTICS | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> | Tier 1 | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | Tier 1 | |
| <i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i> | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i> | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg</i> | Tier 1 | |
| <i>ampicillin oral capsule 500 mg</i> | Tier 1 | |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i> | MB | |
| <i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i> | MB | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> | MB | |
| <i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i> | MB | |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML | Tier 3 | |
| BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) | MB | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | MB | |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| <i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i> | MB | |
| <i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i> | MB | |
| <i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i> | MB | |
| <i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i> | MB | |
| PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML | MB | |
| <i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i> | MB | |
| <i>penicillin g sodium injection recon soln 5 million unit</i> | MB | |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| <i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i> | MB | |
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i> | MB | |
| UNASYN INJECTION RECON SOLN 1.5 GRAM, 15 GRAM, 3 GRAM | MB | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML | MB | |

PSYCHOTHERAPEUTIC DRUGS

ADRENERGICS; AROMATIC; NON-CATECHOLAMINE

| | | |
|---|--------|-------|
| ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG | Tier 3 | M; QL |
| ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG | Tier 3 | M; QL |
| <i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> | Tier 1 | M; QL |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i> | Tier 1 | M; QL |
| <i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> | Tier 1 | M |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | Tier 1 | M |
| <i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> | Tier 2 | M; QL |
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> | Tier 1 | M; QL |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | Tier 1 | M; QL |
| <i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> | Tier 1 | M; QL |
| <i>lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | Tier 1 | M; QL |
| <i>methamphetamine oral tablet 5 mg</i> | Tier 1 | PA; M |
| MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG | Tier 2 | M; QL |
| <i>procentra oral solution 5 mg/5 ml</i> | Tier 1 | M |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG | Tier 3 | M; QL |
| VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | Tier 3 | M; QL |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG | Tier 1 | M |

ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i> | Tier 1 | M |
| <i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> | Tier 1 | M; QL |
| REMERON ORAL TABLET 15 MG, 30 MG | Tier 3 | M |
| REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG | Tier 3 | M; QL |
| ANTI-ANXIETY - BENZODIAZEPINES | | |
| <i>alprazolam intensol oral concentrate 1 mg/ml</i> | Tier 2 | |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> | Tier 1 | |
| <i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG | Tier 3 | |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | Tier 1 | |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i> | Tier 1 | |
| <i>diazepam injection solution 5 mg/ml</i> | MB | |
| <i>diazepam injection syringe 5 mg/ml</i> | MB | |
| <i>diazepam intensol oral concentrate 5 mg/ml</i> | Tier 1 | |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> | Tier 1 | |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> | Tier 1 | |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i> | Tier 1 | |
| <i>lorazepam oral concentrate 2 mg/ml</i> | Tier 1 | |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i> | Tier 1 | |
| VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG | Tier 3 | |
| ANTI-ANXIETY DRUGS | | |
| <i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> | Tier 1 | M |
| ANTIDEPRESSANT - NMDA RECEPTOR ANTAGONIST | | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) | MB | PA; SP |
| ANTI-NARCOLEPSY; ANTI-CATAPLEXY; SEDATIVE-TYPE AGENT | | |
| LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM | Tier 2 | PA; SP |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML | Tier 2 | PA; SP |
| ANTIPSYCH; DOPAMINE ANTAG.; DIPHENYLBUTYLPIPERIDINES | | |
| <i>pimozide oral tablet 1 mg, 2 mg</i> | Tier 1 | M |
| ANTIPSYCHOTIC; ATYPICAL; DOPAMINE; SEROTONIN ANTAGONIST | | |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | M |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | Tier 3 | ST; M |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| <i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> | Tier 1 | M |
| CLOZARIL ORAL TABLET 100 MG, 25 MG | Tier 3 | M |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | Tier 3 | ST; M |
| FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) | Tier 3 | ST |
| GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.) | MB | |
| GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG | Tier 3 | ST; M |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML | MB | M |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML | Tier 2 | M |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML | Tier 3 | M |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG | Tier 3 | ST; M |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | Tier 3 | M |
| <i>olanzapine intramuscular recon soln 10 mg</i> | MB | |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | Tier 1 | M |
| <i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> | Tier 1 | M |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i> | Tier 1 | ST; M |
| PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG | MB | M; QL |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | Tier 1 | M |
| QUETIAPINE ORAL TABLET 150 MG | Tier 1 | M |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | Tier 1 | M |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML | Tier 3 | M |
| RISPERDAL ORAL SOLUTION 1 MG/ML | Tier 3 | M |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | Tier 3 | M |
| <i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i> | Tier 1 | M |
| <i>risperidone oral solution 1 mg/ml</i> | Tier 1 | M |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | Tier 1 | M |
| <i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | Tier 1 | M |
| RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML | MB | M |
| SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG | Tier 3 | ST; M |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | Tier 3 | ST; M |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG | Tier 3 | ST; M |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG | Tier 3 | ST; M |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | Tier 3 | M |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | M |
| <i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> | MB | |
| ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG | Tier 2 | PA |
| ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG | Tier 3 | M |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG | MB | M |
| ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG | Tier 3 | M |
| ANTIPSYCHOTIC-ATYPICAL;D3/D2 PARTIAL AG-5HT MIXED | | |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | Tier 3 | ST; M |
| ANTIPSYCHOTICS; ATYP; D2 PARTIAL AGONIST/5HT MIXED | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML | Tier 3 | M |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG | Tier 3 | M |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG | Tier 3 | M |
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG | Tier 3 | ST; M |
| <i>aripiprazole oral solution 1 mg/ml</i> | Tier 1 | M |

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|--|-----------|-----------------------|
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> | Tier 1 | M |
| <i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i> | Tier 1 | M |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML | Tier 3 | |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML | Tier 3 | M |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | Tier 3 | ST; M |
| ANTIPSYCHOTICS; DOPAMINE AND SEROTONIN ANTAGONISTS | | |
| ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG | Tier 3 | |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | Tier 1 | M |
| ANTIPSYCHOTICS;DOPAMINE ANTAGONISTS; THIOXANTHENES | | |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | Tier 1 | M |
| ANTIPSYCHOTICS;DOPAMINE ANTAGONISTS;BUTYROPHENONES | | |
| HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML | Tier 3 | M |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> | Tier 1 | M |
| <i>haloperidol lactate injection solution 5 mg/ml</i> | MB | |
| <i>haloperidol lactate intramuscular syringe 5 mg/ml</i> | MB | |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | Tier 1 | M |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | Tier 1 | M |
| ANTIPSYCHOTICS;DOPAMINE ANTAGONST;DIHYDROINDOLONES | | |
| <i>molindone oral tablet 10 mg, 25 mg, 5 mg</i> | Tier 1 | M |
| ANTIPSYCHOTICS;PHENOTHIAZINES | | |
| <i>chlorpromazine injection solution 25 mg/ml</i> | MB | |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | M |

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|--|------------------|------------------------------|
| <i>fluphenazine decanoate injection solution 25 mg/ml</i> | Tier 1 | M |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i> | MB | |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i> | Tier 1 | M |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i> | Tier 1 | M |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | M |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | Tier 1 | M |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | Tier 1 | M |
| BIPOLAR DISORDER DRUGS | | |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> | Tier 1 | M |
| <i>lithium carbonate oral tablet 300 mg</i> | Tier 1 | M |
| <i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i> | Tier 1 | M |
| <i>lithium citrate oral solution 8 meq/5 ml</i> | Tier 1 | M |
| LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG | Tier 3 | M |
| HYPNOTICS; MELATONIN MT1/MT2 RECEPTOR AGONISTS | | |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML | Tier 4 | PA; SP |
| HETLIOZ ORAL CAPSULE 20 MG | Tier 4 | PA; SP |
| <i>ramelteon oral tablet 8 mg</i> | Tier 1 | |
| <i>tasimelteon oral capsule 20 mg</i> | Tier 4 | PA; SP |
| HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) TX AGENTS | | |
| ADDYI ORAL TABLET 100 MG | Tier 3 | PA |
| VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML | Tier 3 | PA; SP; LA; QL |
| MAOIS -NON-SELECTIVE;IRREVERSIBLE ANTIDEPRESSANTS | | |
| MARPLAN ORAL TABLET 10 MG | Tier 3 | M |
| NARDIL ORAL TABLET 15 MG | Tier 3 | M |
| PARNATE ORAL TABLET 10 MG | Tier 3 | M |
| <i>phenelzine oral tablet 15 mg</i> | Tier 1 | M |
| <i>tranylcypromine oral tablet 10 mg</i> | Tier 1 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| MENOPAUSAL SYMPTOMS SUPPRESSANT - SSRIS | | |
| <i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i> | Tier 3 | M; QL |
| MONOAMINE OXIDASE (MAO) INHIBITOR ANTIDEPRESSANTS | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | Tier 3 | M; QL |
| NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS | | |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> | Tier 1 | M; QL |
| <i>modafinil oral tablet 100 mg, 200 mg</i> | Tier 1 | M; QL |
| SUNOSI ORAL TABLET 150 MG, 75 MG | Tier 3 | PA; M |
| NARCOLEPSY TX-H3-RECEPT.ANTAGONIST/INVERSE AGONIST | | |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG | Tier 2 | PA; SP |
| NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS) | | |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG | Tier 3 | PA; M; QL |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | Tier 1 | M |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> | Tier 1 | M |
| BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG | Tier 1 | M |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> | Tier 1 | M |
| FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG | Tier 3 | M; QL |
| SEDATIVE-HYPNOTICS - BENZODIAZEPINES | | |
| ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML | MB | PA |
| DORAL ORAL TABLET 15 MG | Tier 3 | PA |
| <i>estazolam oral tablet 1 mg, 2 mg</i> | Tier 1 | |
| <i>flurazepam oral capsule 15 mg, 30 mg</i> | Tier 1 | |
| HALCION ORAL TABLET 0.25 MG | Tier 3 | |
| <i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> | MB | |
| <i>lorazepam injection syringe 2 mg/ml</i> | MB | |
| QUAZEPAM ORAL TABLET 15 MG | Tier 1 | PA |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG | Tier 3 | |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> | Tier 1 | |
| <i>triazolam oral tablet 0.125 mg, 0.25 mg</i> | Tier 1 | |
| SEDATIVE-HYPNOTICS;NON-BARBITURATE | | |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | Tier 3 | QL |
| <i>doxepin oral tablet 3 mg, 6 mg</i> | Tier 1 | QL |
| EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG | Tier 3 | PA |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> | Tier 1 | |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | Tier 1 | |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> | Tier 1 | |
| SELECTIVE SEROTONIN 5-HT2A INVERSE AGONISTS (SSIA) | | |
| NUPLAZID ORAL CAPSULE 34 MG | Tier 4 | PA; SP |
| NUPLAZID ORAL TABLET 10 MG | Tier 4 | PA; SP |
| SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS) | | |
| CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG | Tier 3 | M |
| CITALOPRAM ORAL CAPSULE 30 MG | Tier 3 | M |
| <i>citalopram oral solution 10 mg/5 ml</i> | Tier 1 | M |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> | Tier 1 | M |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i> | Tier 1 | M |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 | M |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> | Tier 1 | M |
| <i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i> | Tier 1 | M |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i> | Tier 1 | M |
| <i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i> | Tier 1 | M |
| <i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i> | Tier 1 | M; QL |
| <i>fluvoxamine oral tablet 100 mg, 50 mg</i> | Tier 1 | M; QL |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>fluvoxamine oral tablet 25 mg</i> | Tier 1 | M |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i> | Tier 1 | M |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> | Tier 1 | M |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> | Tier 1 | M; QL |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG | Tier 3 | M; QL |
| PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG | Tier 3 | M |
| SERTRALINE ORAL CAPSULE 150 MG, 200 MG | Tier 3 | M |
| <i>sertraline oral concentrate 20 mg/ml</i> | Tier 1 | M |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| ZOLOFT ORAL CONCENTRATE 20 MG/ML | Tier 3 | M |
| SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS) | | |
| <i>nefazodone oral tablet 100 mg, 50 mg</i> | Tier 1 | M; QL |
| <i>nefazodone oral tablet 150 mg, 200 mg, 250 mg</i> | Tier 1 | M |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i> | Tier 1 | M |
| SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS) | | |
| DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG | Tier 3 | M |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i> | Tier 1 | M; QL |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | Tier 3 | |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | Tier 3 | M |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG | Tier 3 | M |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> | Tier 1 | M; QL |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | Tier 1 | M |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i> | Tier 1 | M |
| SSRI AND 5HT1A PARTIAL AGONIST ANTIDEPRESSANTS | | |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG | Tier 3 | M |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> | Tier 1 | M |
| SSRI; SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANTS | | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | Tier 2 | ST; M |
| SSRI-ANTIPSYCH; ATYPICAL;DOPAMINE;SEROTONIN ANTAG | | |
| <i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> | Tier 1 | M |
| SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG | Tier 3 | M |
| TRICYCLIC ANTIDEPRESSANT-BENZODIAZEPINE COMBINATNS | | |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i> | Tier 1 | M |
| TRICYCLIC ANTIDEPRESSANT-PHENOTHIAZINE COMBINATNS | | |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | Tier 1 | M |
| TRICYCLIC ANTIDEPRESSANTS;REL.NON-SEL.REUPT-INHIB | | |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | Tier 1 | M |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG | Tier 3 | M |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> | Tier 1 | M |
| <i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | Tier 1 | M |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | Tier 1 | M |
| <i>doxepin oral concentrate 10 mg/ml</i> | Tier 1 | M |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | Tier 1 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i> | Tier 1 | M |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> | Tier 1 | M |
| <i>nortriptyline oral solution 10 mg/5 ml</i> | Tier 1 | M |
| PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG | Tier 3 | M |
| <i>protriptyline oral tablet 10 mg, 5 mg</i> | Tier 1 | M |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | M |
| TX FOR ADHD - SELECTIVE ALPHA-2 RECEPTOR AGONIST | | |
| <i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> | Tier 1 | M |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> | Tier 1 | M |
| INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG | Tier 3 | PA; M |
| TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY | | |
| APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | Tier 3 | ST; M; QL |
| CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG | Tier 3 | M; QL |
| COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG | Tier 3 | ST; M; QL |
| DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR | Tier 3 | ST; M; QL |
| <i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> | Tier 1 | M; QL |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | M; QL |
| FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG | Tier 3 | M; QL |
| FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG | Tier 3 | M; QL |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | Tier 3 | M; QL |
| METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML | Tier 3 | M; QL |
| <i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | Tier 1 | ST; M; QL |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | Tier 1 | M; QL |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i> | Tier 1 | M; QL |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> | Tier 1 | M; QL |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 | M; QL |
| <i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i> | Tier 1 | M; QL |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i> | Tier 1 | M; QL |
| METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG | Tier 1 | M; QL |
| <i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | M; QL |
| <i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i> | Tier 1 | ST; M; QL |
| QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG | Tier 3 | M |
| QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML) | Tier 3 | ST; M; QL |
| RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG | Tier 3 | M; QL |
| RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG | Tier 3 | M; QL |
| RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG | Tier 3 | M; QL |
| TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD); NRI-TYPE | | |
| <i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | M; QL |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG | Tier 2 | M; QL |
| VASODILATORS;PERIPHERAL | | |
| <i>ergoloid oral tablet 1 mg</i> | Tier 1 | M |
| PULMONARY AGENTS | | |
| 5-LIPOXYGENASE INHIBITORS | | |
| ZYFLO ORAL TABLET 600 MG | Tier 3 | PA; M |
| ANTICHOLINERGICS; ORALLY INHALED LONG ACTING | | |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | Tier 2 | M |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG | Tier 3 | M |
| <i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> | Tier 1 | M |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION | Tier 3 | M |
| ANTICHOLINERGICS; ORALLY INHALED SHORT ACTING | | |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | Tier 2 | M |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | Tier 1 | M |
| ANTIFIBROTIC THERAPY - PYRIDONE ANALOGS | | |
| ESBRIET ORAL CAPSULE 267 MG | Tier 4 | PA; SP |
| ESBRIET ORAL TABLET 267 MG, 801 MG | Tier 4 | PA; SP |
| <i>pirfenidone oral capsule 267 mg</i> | Tier 4 | PA; SP |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i> | Tier 4 | PA; SP |
| PIRFENIDONE ORAL TABLET 534 MG | Tier 4 | PA; SP; LA |
| BETA-ADRENERGIC AGENTS; INHALED; SHORT ACTING | | |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> | Tier 1 | M |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml</i> | Tier 1 | M; QL |
| <i>albuterol sulfate inhalation solution for nebulization 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i> | Tier 1 | M |

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|---|------------------|------------------------------|
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i> | Tier 1 | M |
| LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION | Tier 1 | M |
| PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION | Tier 3 | M |
| VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION | Tier 3 | M |
| XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION | Tier 2 | M |
| BETA-ADRENERGIC AGENTS; INHALED; ULTRA-LONG ACTING | | |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | Tier 2 | M |
| BETA-ADRENERGIC AGENTS; ORALLY INHALED; LONG ACTING | | |
| <i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> | Tier 1 | PA; M |
| BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML | Tier 3 | PA; M |
| <i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> | Tier 1 | M; QL |
| PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML | Tier 3 | M; QL |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | Tier 2 | M |
| BETA-ADRENERGIC AGENTS | | |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i> | Tier 1 | M |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i> | Tier 1 | M |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i> | Tier 1 | M |
| BETA-ADRENERGIC AND ANTICHOLINERGIC COMBO; INHALED | | |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | Tier 2 | M |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | Tier 2 | M |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | Tier 1 | M; QL |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | Tier 2 | M |
| BETA-ADRENERGIC AND GLUCOCORTICOID COMBO; INHALED | | |
| AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION | Tier 3 | M |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION | Tier 3 | M |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE | Tier 2 | M |
| <i>breynga inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> | Tier 1 | M |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> | Tier 1 | M |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION | Tier 3 | M |
| FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION | Tier 1 | M |
| <i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> | Tier 1 | M |
| FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | Tier 1 | M |
| <i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> | Tier 1 | M |
| BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORT; INHALED | | |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION | Tier 2 | M |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | Tier 2 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| BRADYKININ B2 RECEPTOR ANTAGONISTS | | |
| FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML | Tier 4 | PA; SP |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> | Tier 1 | PA; SP |
| <i>sajazir subcutaneous syringe 30 mg/3 ml</i> | Tier 1 | PA; SP |
| C1 ESTERASE INHIBITORS | | |
| BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) | MB | PA; SP |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) | MB | PA; SP |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT | MB | PA; SP |
| RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT | MB | PA; SP |
| CYSTIC FIBROSIS - INHALED OSMOTIC AGENTS | | |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | Tier 4 | PA; SP |
| CYSTIC FIBROSIS-CFTR POTENTIATOR-CORRECTOR COMBIN. | | |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG | Tier 4 | PA; SP |
| ORKAMBI ORAL TABLET 200-125 MG | Tier 4 | PA; SP |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N) | Tier 4 | PA; SP |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N) | Tier 4 | PA; SP; QL |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | Tier 4 | PA; SP |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) | Tier 4 | PA; SP |
| CYSTIC FIB-TRANSMEMB CONDUCT.REG.(CFTR)POTENTIATOR | | |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG | Tier 4 | PA; SP |
| KALYDECO ORAL TABLET 150 MG | Tier 4 | PA; SP |
| GENERAL INHALATION AGENTS | | |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % | Tier 2 | |

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|--|------------------|------------------------------|
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 7 % | Tier 3 | |
| <i>nebusal inhalation solution for nebulization 3 %</i> | Tier 1 | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % | Tier 2 | |
| <i>pulmosal inhalation solution for nebulization 7 %</i> | Tier 1 | |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i> | Tier 1 | |
| GLUCOCORTICOIDS; ORALLY INHALED | | |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> | Tier 1 | M; QL |
| FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION | Tier 1 | M |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION | Tier 1 | M |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION | Tier 1 | M |
| PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML | Tier 3 | M; QL |
| INTERLEUKIN-5 (IL-5) ANTAGONISTS; MAB | | |
| CINQAIR INTRAVENOUS SOLUTION 10 MG/ML | MB | PA; SP; LA |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | Tier 2 | PA; SP |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | MB | PA; SP |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML | Tier 2 | PA; SP |
| INTERLEUKIN-5(IL-5) RECEPTOR ALPHA ANTAGONIST; MAB | | |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | Tier 2 | PA; SP |
| FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML | MB | PA; SP |

ACA – Affordable Care Act AR – Age Restriction GENDER – Gender Limits MB – Medical Benefit
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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| LEUKOTRIENE RECEPTOR ANTAGONISTS | | |
| ACCOLATE ORAL TABLET 10 MG, 20 MG | Tier 3 | M |
| <i>montelukast oral granules in packet 4 mg</i> | Tier 1 | M |
| <i>montelukast oral tablet 10 mg</i> | Tier 1 | M |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i> | Tier 1 | M |
| SINGULAIR ORAL GRANULES IN PACKET 4 MG | Tier 3 | M |
| SINGULAIR ORAL TABLET 10 MG | Tier 3 | M |
| SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG | Tier 3 | M |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> | Tier 1 | M |
| MAST CELL STABILIZERS; ORALLY INHALED | | |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> | Tier 1 | M |
| MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E (IGE) | | |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | Tier 2 | PA; SP |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | MB | PA; SP |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML | Tier 2 | PA; SP |
| XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | Tier 2 | PA; SP; QL |
| MUCOLYTICS | | |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> | Tier 1 | |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | Tier 2 | PA; SP |
| NASAL ANTIHISTAMINE AND ANTI-INFLAM. STEROID COMB. | | |
| <i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i> | Tier 1 | |
| DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY | Tier 3 | |
| RYALTRIS NASAL SPRAY,NON-AEROSOL 665-25 MCG/SPRAY | Tier 3 | |
| NASAL ANTI-INFLAMMATORY STEROIDS | | |

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|---|------------------|------------------------------|
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i> | Tier 1 | M |
| <i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> | Tier 1 | M |
| <i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> | Tier 1 | M |
| OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG | Tier 3 | ST; M |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION | Tier 2 | M |
| ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION | Tier 3 | ST; M |
| NOSE PREPARATIONS; VASOCONSTRICTORS (RX) | | |
| ADRENALIN NASAL SOLUTION 1 MG/ML | Tier 2 | |
| <i>epinephrine hcl nasal solution 1 mg/ml</i> | Tier 1 | |
| PHOSPHODIESTERASE (PDE) INHIBITORS | | |
| DALIRESP ORAL TABLET 250 MCG | Tier 3 | M; QL |
| DALIRESP ORAL TABLET 500 MCG | Tier 3 | M |
| <i>roflumilast oral tablet 250 mcg</i> | Tier 1 | M; QL |
| <i>roflumilast oral tablet 500 mcg</i> | Tier 1 | M |
| PLASMA KALLIKREIN INHIBITORS | | |
| KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) | MB | PA; SP |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG | Tier 4 | PA; SP; LA |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) | Tier 4 | PA; SP |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) | Tier 4 | PA; SP |
| PULM ANTI-HTN;SOLUBLE GUANYLATE CYCLASE STIMULATOR | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | Tier 4 | PA; SP |
| PULM.ANTI-HTN;SEL.C-GMP PHOSPHODIESTERASE T5 INHIB | | |
| ADCIRCA ORAL TABLET 20 MG | Tier 4 | PA; SP |
| <i>alyq oral tablet 20 mg</i> | Tier 1 | PA; SP; LA |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML | MB | PA; SP |
| REVATIO ORAL TABLET 20 MG | Tier 4 | PA; SP; QL |
| <i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i> | MB | PA; SP |
| <i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i> | Tier 1 | PA; SP |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> | Tier 1 | PA; SP; QL |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> | Tier 1 | PA; SP |
| TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) | Tier 2 | PA; SP |
| PULMONARY ANTI-HTN; ENDOTHELIN RECEPTOR ANTAGONIST | | |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> | Tier 1 | PA; SP |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> | Tier 1 | PA; SP; QL |
| OPSUMIT ORAL TABLET 10 MG | Tier 4 | PA; SP |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG | Tier 2 | PA; SP |
| PULMONARY ANTIHYPERTENSIVES; PROSTACYCLIN-TYPE | | |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG | Tier 2 | PA; SP |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | Tier 2 | PA; SP |
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | Tier 2 | PA; SP |
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML | Tier 2 | PA; SP |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML | Tier 2 | PA; SP; QL |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 20 MCG/ML | Tier 2 | PA; SP |
| PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS | | |
| OFEV ORAL CAPSULE 100 MG, 150 MG | Tier 4 | PA; SP |
| PULMONARY HTN-ENDOTHELIN RECEPT ANTG-CGMP PDE5 INH | | |
| OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG | Tier 4 | PA; SP |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| THYMIC STROMAL LYMPHOPOIETIN (TSLP) INHIBITORS | | |
| TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) | Tier 2 | PA; SP |
| TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML) | MB | PA; SP |
| XANTHINES | | |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML | Tier 1 | M |
| THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG | Tier 3 | M |
| <i>theophylline oral elixir 80 mg/15 ml</i> | Tier 1 | M |
| <i>theophylline oral solution 80 mg/15 ml</i> | Tier 1 | M |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | Tier 1 | M |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i> | Tier 1 | M |
| QUINOLONES | | |
| QUINOLONE ANTIBIOTICS | | |
| AVELOX IN NAACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML | MB | |
| BAXDELA INTRAVENOUS RECON SOLN 300 MG | MB | PA |
| BAXDELA ORAL TABLET 450 MG | Tier 3 | PA |
| CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML | Tier 3 | |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i> | Tier 1 | |
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> | MB | |
| <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i> | MB | |
| <i>levofloxacin intravenous solution 25 mg/ml</i> | MB | |
| <i>levofloxacin oral solution 250 mg/10 ml</i> | Tier 1 | |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | Tier 1 | |
| <i>moxifloxacin oral tablet 400 mg</i> | Tier 1 | |
| MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML | MB | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> | MB | |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i> | Tier 1 | |

SMOKING DETERRENTS

SMOKING DETERRENT AGENTS (GANGLIONIC STIM;OTHERS)

| | | |
|--|--------|-----|
| NICORETTE BUCCAL GUM 2 MG | Tier 3 | |
| <i>nicorette buccal gum 4 mg</i> | Tier 3 | ACA |
| <i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i> | Tier 1 | ACA |
| <i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i> | Tier 1 | ACA |
| <i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> | Tier 1 | ACA |
| <i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> | Tier 1 | ACA |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML | Tier 3 | ACA |
| <i>quit 2 buccal lozenge 2 mg</i> | Tier 1 | ACA |
| <i>quit 4 buccal lozenge 4 mg</i> | Tier 1 | ACA |

SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST

| | | |
|--|--------|-----|
| <i>varenicline oral tablet 0.5 mg, 1 mg</i> | Tier 1 | ACA |
| <i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> | Tier 1 | ACA |

SMOKING DETERRENTS; OTHER

| | | |
|--|--------|-----|
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | Tier 1 | ACA |
|--|--------|-----|

STEROID-ANTIBIOTIC COMBINATIONS

EYE ANTIBIOTIC AND GLUCOCORTICOID COMBINATIONS

| | | |
|--|--------|--|
| MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 % | Tier 3 | |
| MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 % | Tier 3 | |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> | Tier 1 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> | Tier 1 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> | Tier 1 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i> | Tier 1 | |
| <i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> | Tier 1 | |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> | Tier 1 | |
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % | Tier 2 | |

STEROIDS

EYE ANTI-INFLAMMATORY AGENTS

| | | |
|---|--------|--------|
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i> | Tier 1 | |
| <i>difluprednate ophthalmic (eye) drops 0.05 %</i> | Tier 1 | |
| DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % | Tier 3 | |
| EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | Tier 3 | |
| FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | Tier 3 | |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> | Tier 1 | |
| FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | Tier 3 | |
| FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | Tier 3 | |
| ILUVIEN INTRAVITREAL IMPLANT 0.19 MG | MB | PA; SP |
| LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 % | Tier 3 | |
| LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 % | Tier 3 | |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | Tier 2 | |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | Tier 3 | |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> | Tier 1 | |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 0.5 %</i> | Tier 1 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | Tier 3 | |
| OZURDEX INTRAVITREAL IMPLANT 0.7 MG | MB | PA; SP |
| PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | Tier 3 | |
| PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % | Tier 2 | |
| PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | Tier 3 | |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> | Tier 1 | |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i> | Tier 1 | |
| RETISERT INTRAVITREAL IMPLANT 0.59 MG | MB | PA; SP |

STEROID-SULFONAMIDE COMBINATIONS

EYE SULFONAMIDES

| | | |
|---|--------|--|
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> | Tier 1 | |
|---|--------|--|

SULFA'S & RELATED AGENTS

ABSORBABLE SULFONAMIDE ANTIBACTERIAL AGENTS

| | | |
|--|--------|--|
| BACTRIM DS ORAL TABLET 800-160 MG | Tier 3 | |
| BACTRIM ORAL TABLET 400-80 MG | Tier 3 | |
| <i>sulfadiazine oral tablet 500 mg</i> | Tier 1 | |
| <i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i> | MB | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> | Tier 1 | |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i> | Tier 1 | |
| <i>sulfatrim oral suspension 200-40 mg/5 ml</i> | Tier 1 | |

SULFONAMIDES

EYE SULFONAMIDES

| | | |
|---|--------|--|
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> | Tier 1 | |
|---|--------|--|

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i> | Tier 1 | |
| SYMPATHOMIMETICS | | |
| MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS | | |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 % | Tier 3 | M; QL |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |
| <i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> | Tier 1 | M; QL |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i> | Tier 1 | M |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % | Tier 3 | |
| TETRACYCLINES | | |
| PERIODONTAL COLLAGENASE INHIBITORS | | |
| <i>doxycycline hyclate oral tablet 20 mg</i> | Tier 1 | |
| TETRACYCLINE ANTIBIOTICS | | |
| <i>avidoxy oral tablet 100 mg</i> | Tier 1 | |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i> | Tier 1 | |
| DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG | Tier 3 | PA; QL |
| <i>doxy-100 intravenous recon soln 100 mg</i> | MB | |
| <i>doxycycline hyclate intravenous recon soln 100 mg</i> | MB | |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> | Tier 1 | |
| <i>doxycycline hyclate oral tablet 100 mg</i> | Tier 1 | |
| <i>doxycycline hyclate oral tablet 50 mg</i> | Tier 1 | PA |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic 40 mg</i> | Tier 3 | PA |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> | Tier 1 | |
| <i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> | Tier 1 | |

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|--|-----------|-----------------------|
| MINOCIN INTRAVENOUS RECON SOLN 100 MG | MB | |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>mondoxyne nl oral capsule 100 mg</i> | Tier 1 | |
| NUZYRA INTRAVENOUS RECON SOLN 100 MG | MB | PA |
| NUZYRA ORAL TABLET 150 MG | Tier 3 | PA |
| ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG | Tier 3 | PA |
| TARGADOX ORAL TABLET 50 MG | Tier 1 | PA |
| <i>tetracycline oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| VIBRAMYCIN ORAL CAPSULE 100 MG | Tier 3 | |
| XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG | MB | PA |

THERAPY FOR ACNE

ACNE AGENTS;SYSTEMIC

| | | |
|---|--------|--|
| ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG | Tier 3 | |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 3 | |
| <i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | Tier 1 | |
| <i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i> | Tier 1 | |
| <i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | Tier 1 | |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | Tier 1 | |
| <i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | Tier 1 | |

ACNE AGENTS;TOPICAL

| | | |
|---|--------|--|
| ACZONE TOPICAL GEL 5 % | Tier 3 | |
| ACZONE TOPICAL GEL WITH PUMP 7.5 % | Tier 3 | |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i> | Tier 1 | |
| AZELEX TOPICAL CREAM 20 % | Tier 2 | |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i> | Tier 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %</i> | Tier 1 | |
| <i>clindamycin-tretinoin topical gel 1.2-0.025 %</i> | Tier 1 | |
| <i>dapsone topical gel 5 %</i> | Tier 3 | |
| <i>dapsone topical gel with pump 7.5 %</i> | Tier 1 | |
| <i>neuac topical gel 1.2 %(1 % base) -5 %</i> | Tier 1 | |
| ANTIPSORIATICS AGENTS | | |
| <i>tazarotene topical cream 0.1 %</i> | Tier 1 | |
| <i>tazarotene topical gel 0.05 %, 0.1 %</i> | Tier 1 | |
| TAZORAC TOPICAL CREAM 0.05 % | Tier 3 | |
| ROSACEA AGENTS; TOPICAL | | |
| <i>azelaic acid topical gel 15 %</i> | Tier 1 | |
| <i>brimonidine topical gel with pump 0.33 %</i> | Tier 1 | |
| FINACEA TOPICAL FOAM 15 % | Tier 3 | |
| <i>ivermectin topical cream 1 %</i> | Tier 1 | PA |
| METROCREAM TOPICAL CREAM 0.75 % | Tier 3 | |
| METROGEL TOPICAL GEL 1 % | Tier 3 | |
| <i>metronidazole topical cream 0.75 %</i> | Tier 1 | |
| <i>metronidazole topical gel 0.75 %</i> | Tier 1 | QL |
| <i>metronidazole topical gel 1 %</i> | Tier 1 | |
| <i>metronidazole topical gel with pump 1 %</i> | Tier 1 | |
| <i>metronidazole topical lotion 0.75 %</i> | Tier 1 | |
| MIRVASO TOPICAL GEL WITH PUMP 0.33 % | Tier 3 | PA |
| NORITATE TOPICAL CREAM 1 % | Tier 3 | PA |
| RHOFADE TOPICAL CREAM 1 % | Tier 3 | PA |
| TOPICAL ACNE AGENT;RETINOIC ACID RECEPTOR AGONIST | | |
| FABIOR TOPICAL FOAM 0.1 % | Tier 3 | |
| TAZAROTENE TOPICAL FOAM 0.1 % | Tier 3 | |
| TOPICAL ANTIBIOTICS | | |
| BENZAMYCIN TOPICAL GEL 3-5 % | Tier 3 | |
| <i>clindacin etz topical swab 1 %</i> | Tier 1 | |
| <i>clindacin p topical swab 1 %</i> | Tier 1 | |
| <i>clindacin topical foam 1 %</i> | Tier 1 | |

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|--|------------------|------------------------------|
| <i>clindamycin phosphate topical foam 1 %</i> | Tier 1 | |
| <i>clindamycin phosphate topical gel 1 %</i> | Tier 1 | |
| <i>clindamycin phosphate topical gel, once daily 1 %</i> | Tier 1 | |
| <i>clindamycin phosphate topical lotion 1 %</i> | Tier 1 | |
| <i>clindamycin phosphate topical solution 1 %</i> | Tier 1 | |
| <i>clindamycin phosphate topical swab 1 %</i> | Tier 1 | |
| <i>ery pads topical swab 2 %</i> | Tier 1 | |
| <i>erythromycin with ethanol topical gel 2 %</i> | Tier 1 | |
| <i>erythromycin with ethanol topical solution 2 %</i> | Tier 1 | |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> | Tier 1 | |
| VITAMIN A DERIVATIVES | | |
| <i>adapalene topical gel 0.3 %</i> | Tier 1 | |
| <i>adapalene topical gel with pump 0.3 %</i> | Tier 1 | |
| ALTRENO TOPICAL LOTION 0.05 % | Tier 3 | |
| <i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i> | Tier 1 | |
| <i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i> | Tier 1 | |
| THYROID HORMONES | | |
| THYROID HORMONES | | |
| <i>adthya oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> | Tier 2 | M |
| ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG | Tier 2 | M |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG | Tier 2 | M |
| CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG | Tier 3 | M |
| <i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | Tier 1 | M |
| <i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | Tier 1 | M |
| LEVOTHYROXINE INTRAVENOUS SOLUTION 100 MCG/ML | MB | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 1 | M |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | Tier 1 | M |
| <i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | Tier 1 | M |
| <i>liothyronine intravenous solution 10 mcg/ml</i> | MB | PA |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> | Tier 1 | M |
| <i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> | Tier 2 | M |
| <i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> | Tier 2 | M |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 2 | M |
| <i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> | Tier 2 | M |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG | Tier 3 | M |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML | Tier 3 | M; QL |
| <i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | Tier 1 | M |
| TOPICAL ANESTHETICS | | |
| LOCAL ANESTHETICS | | |
| <i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i> | MB | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> | MB | |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> | Tier 1 | |
| <i>lidocaine viscous mucous membrane solution 2 %</i> | Tier 1 | |
| TOPICAL LOCAL ANESTHETICS | | |
| <i>dermacinrx lidocan topical adhesive patch,medicated 5 %</i> | Tier 1 | |
| <i>lidocaine topical adhesive patch,medicated 5 %</i> | Tier 1 | |
| <i>lidocaine topical ointment 5 %</i> | Tier 1 | QL |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i> | Tier 1 | |
| <i>lidocan iii topical adhesive patch,medicated 5 %</i> | Tier 1 | |
| <i>lidocan iv topical adhesive patch,medicated 5 %</i> | Tier 1 | |
| <i>lidocan v topical adhesive patch,medicated 5 %</i> | Tier 1 | |
| <i>tridacaine ii topical adhesive patch,medicated 5 %</i> | Tier 1 | |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % | Tier 2 | |
| TOPICAL ANTIBACTERIALS | | |
| ACNE AGENTS;TOPICAL | | |
| KLARON TOPICAL SUSPENSION 10 % | Tier 3 | PA |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> | Tier 1 | |
| TOPICAL ANTIBIOTIC AND ANTI-INFLAMMATORY STEROID | | |
| NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % | Tier 3 | |
| TOPICAL ANTIBIOTICS | | |
| <i>gentamicin topical cream 0.1 %</i> | Tier 1 | |
| <i>gentamicin topical ointment 0.1 %</i> | Tier 1 | |
| <i>mupirocin calcium topical cream 2 %</i> | Tier 1 | |
| <i>mupirocin topical ointment 2 %</i> | Tier 1 | |
| TOPICAL SULFONAMIDES | | |
| SULFAMYLON TOPICAL CREAM 85 MG/G | Tier 3 | |
| TOPICAL ANTIFUNGALS | | |
| TOPICAL ANTIFUNGAL/ANTI-INFLAMMATORY;STEROID AGENT | | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i> | Tier 1 | |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i> | Tier 1 | |
| TOPICAL ANTIFUNGALS | | |
| <i>ciclodan topical solution 8 %</i> | Tier 1 | |
| <i>ciclopirox topical cream 0.77 %</i> | Tier 1 | |
| <i>ciclopirox topical gel 0.77 %</i> | Tier 1 | QL |
| <i>ciclopirox topical shampoo 1 %</i> | Tier 1 | |
| <i>ciclopirox topical solution 8 %</i> | Tier 1 | |
| <i>ciclopirox topical suspension 0.77 %</i> | Tier 1 | |
| <i>clotrimazole topical solution 1 %</i> | Tier 1 | |
| <i>econazole topical cream 1 %</i> | Tier 1 | |
| ECOZA TOPICAL FOAM 1 % | Tier 3 | |
| ERTACZO TOPICAL CREAM 2 % | Tier 3 | PA |
| JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 % | Tier 3 | PA |
| <i>ketoconazole topical cream 2 %</i> | Tier 1 | |
| <i>ketoconazole topical shampoo 2 %</i> | Tier 1 | |
| <i>klayesta topical powder 100,000 unit/gram</i> | Tier 1 | |
| LUZU TOPICAL CREAM 1 % | Tier 3 | PA |
| <i>naftifine topical cream 1 %, 2 %</i> | Tier 1 | |
| NAFTIN TOPICAL GEL 2 % | Tier 3 | QL |
| <i>nyamyc topical powder 100,000 unit/gram</i> | Tier 1 | |
| <i>nystatin topical cream 100,000 unit/gram</i> | Tier 1 | |
| <i>nystatin topical ointment 100,000 unit/gram</i> | Tier 1 | |
| <i>nystatin topical powder 100,000 unit/gram</i> | Tier 1 | |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i> | Tier 1 | |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i> | Tier 1 | |
| <i>nystop topical powder 100,000 unit/gram</i> | Tier 1 | |
| <i>oxiconazole topical cream 1 %</i> | Tier 1 | QL |
| OXISTAT TOPICAL LOTION 1 % | Tier 3 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>tavaborole topical solution with applicator 5 %</i> | Tier 3 | PA |
| VUSION TOPICAL OINTMENT 0.25-15-81.35 % | Tier 3 | QL |

TOPICAL ANTIVIRALS

TOPICAL ANTIVIRAL AND ANTI-INFLAMMATORY STEROID

| | | |
|----------------------------|--------|--------|
| XERESE TOPICAL CREAM 5-1 % | Tier 3 | PA; QL |
|----------------------------|--------|--------|

TOPICAL ANTIVIRALS

| | | |
|---------------------------------------|--------|----|
| <i>acyclovir topical ointment 5 %</i> | Tier 1 | QL |
| <i>penciclovir topical cream 1 %</i> | Tier 1 | PA |

TOPICAL CORTICOSTEROIDS

ANTIPSORIATICS AGENTS

| | | |
|-------------------------------------|--------|----|
| DUOBRII TOPICAL LOTION 0.01-0.045 % | Tier 3 | QL |
|-------------------------------------|--------|----|

TOPICAL ANTI-INFLAMMATORY STEROIDAL

| | | |
|---|--------|----|
| <i>alclometasone topical cream 0.05 %</i> | Tier 1 | |
| <i>alclometasone topical ointment 0.05 %</i> | Tier 1 | |
| <i>amcinonide topical cream 0.1 %</i> | Tier 1 | QL |
| <i>apexicon e topical cream 0.05 %</i> | Tier 3 | PA |
| <i>betamethasone dipropionate topical cream 0.05 %</i> | Tier 1 | |
| <i>betamethasone dipropionate topical lotion 0.05 %</i> | Tier 1 | |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | Tier 1 | QL |
| <i>betamethasone valerate topical cream 0.1 %</i> | Tier 1 | |
| <i>betamethasone valerate topical foam 0.12 %</i> | Tier 1 | |
| <i>betamethasone valerate topical lotion 0.1 %</i> | Tier 1 | |
| <i>betamethasone valerate topical ointment 0.1 %</i> | Tier 1 | |
| <i>betamethasone, augmented topical cream 0.05 %</i> | Tier 1 | |
| <i>betamethasone, augmented topical gel 0.05 %</i> | Tier 1 | |
| <i>betamethasone, augmented topical lotion 0.05 %</i> | Tier 1 | |
| <i>betamethasone, augmented topical ointment 0.05 %</i> | Tier 1 | |
| BRYHALI TOPICAL LOTION 0.01 % | Tier 3 | QL |
| <i>clobetasol scalp solution 0.05 %</i> | Tier 1 | |
| <i>clobetasol topical cream 0.05 %</i> | Tier 1 | |
| <i>clobetasol topical foam 0.05 %</i> | Tier 1 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>clobetasol topical gel 0.05 %</i> | Tier 1 | |
| <i>clobetasol topical lotion 0.05 %</i> | Tier 1 | |
| <i>clobetasol topical ointment 0.05 %</i> | Tier 1 | QL |
| <i>clobetasol topical shampoo 0.05 %</i> | Tier 1 | |
| <i>clobetasol topical spray,non-aerosol 0.05 %</i> | Tier 1 | |
| <i>clobetasol-emollient topical cream 0.05 %</i> | Tier 1 | |
| <i>clobetasol-emollient topical foam 0.05 %</i> | Tier 1 | |
| CLOBEX TOPICAL SHAMPOO 0.05 % | Tier 3 | |
| CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 % | Tier 3 | |
| <i>clocortolone pivalate topical cream 0.1 %</i> | Tier 1 | |
| <i>clodan topical shampoo 0.05 %</i> | Tier 1 | |
| CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 | Tier 3 | PA |
| DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL 0.01 % | Tier 3 | |
| DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL 0.01 % | Tier 3 | |
| <i>desonide topical cream 0.05 %</i> | Tier 1 | |
| <i>desonide topical lotion 0.05 %</i> | Tier 1 | |
| <i>desonide topical ointment 0.05 %</i> | Tier 1 | |
| <i>desoximetasone topical cream 0.05 %, 0.25 %</i> | Tier 1 | QL |
| <i>desoximetasone topical gel 0.05 %</i> | Tier 1 | QL |
| <i>desoximetasone topical ointment 0.05 %</i> | Tier 1 | |
| <i>desoximetasone topical ointment 0.25 %</i> | Tier 1 | QL |
| <i>diflorasone topical cream 0.05 %</i> | Tier 1 | |
| DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 % | Tier 3 | |
| <i>fluocinolone and shower cap scalp oil 0.01 %</i> | Tier 1 | |
| <i>fluocinolone topical cream 0.01 %, 0.025 %</i> | Tier 1 | |
| <i>fluocinolone topical oil 0.01 %</i> | Tier 1 | |
| <i>fluocinolone topical ointment 0.025 %</i> | Tier 1 | |
| <i>fluocinolone topical solution 0.01 %</i> | Tier 1 | |
| <i>fluocinonide topical cream 0.05 %</i> | Tier 1 | |
| <i>fluocinonide topical cream 0.1 %</i> | Tier 1 | QL |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>fluocinonide topical gel 0.05 %</i> | Tier 1 | |
| <i>fluocinonide topical ointment 0.05 %</i> | Tier 1 | |
| <i>fluocinonide topical solution 0.05 %</i> | Tier 1 | |
| <i>fluocinonide-e topical cream 0.05 %</i> | Tier 1 | |
| <i>flurandrenolide topical cream 0.05 %</i> | Tier 1 | PA |
| <i>fluticasone propionate topical cream 0.05 %</i> | Tier 1 | |
| <i>fluticasone propionate topical lotion 0.05 %</i> | Tier 1 | |
| <i>fluticasone propionate topical ointment 0.005 %</i> | Tier 1 | |
| <i>halobetasol propionate topical cream 0.05 %</i> | Tier 1 | |
| <i>halobetasol propionate topical ointment 0.05 %</i> | Tier 1 | |
| HALOG TOPICAL CREAM 0.1 % | Tier 3 | QL |
| HALOG TOPICAL OINTMENT 0.1 % | Tier 3 | QL |
| <i>hydrocortisone butyrate topical cream 0.1 %</i> | Tier 1 | QL |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i> | Tier 1 | |
| <i>hydrocortisone butyrate topical solution 0.1 %</i> | Tier 1 | |
| <i>hydrocortisone topical cream 2.5 %</i> | Tier 1 | |
| <i>hydrocortisone topical lotion 2.5 %</i> | Tier 1 | |
| <i>hydrocortisone topical ointment 2.5 %</i> | Tier 1 | |
| <i>hydrocortisone valerate topical cream 0.2 %</i> | Tier 1 | |
| <i>hydrocortisone valerate topical ointment 0.2 %</i> | Tier 1 | |
| IMPOYZ TOPICAL CREAM 0.025 % | Tier 3 | QL |
| KENALOG TOPICAL AEROSOL 0.147 MG/GRAM | Tier 3 | |
| LOCOID TOPICAL LOTION 0.1 % | Tier 3 | |
| <i>mometasone topical cream 0.1 %</i> | Tier 1 | |
| <i>mometasone topical ointment 0.1 %</i> | Tier 1 | |
| <i>mometasone topical solution 0.1 %</i> | Tier 1 | |
| PANDEL TOPICAL CREAM 0.1 % | Tier 3 | |
| PROCTOCORT TOPICAL CREAM 1 % | Tier 1 | |
| SYNALAR TOPICAL CREAM 0.025 % | Tier 3 | |
| SYNALAR TOPICAL OINTMENT 0.025 % | Tier 3 | |
| TOPICORT TOPICAL CREAM 0.05 %, 0.25 % | Tier 3 | QL |
| TOPICORT TOPICAL GEL 0.05 % | Tier 3 | QL |
| TOPICORT TOPICAL OINTMENT 0.05 % | Tier 3 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| TOPICORT TOPICAL OINTMENT 0.25 % | Tier 3 | QL |
| TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 % | Tier 3 | QL |
| <i>tovet emollient topical foam 0.05 %</i> | Tier 1 | |
| <i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> | Tier 1 | |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i> | Tier 1 | |
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i> | Tier 1 | |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i> | Tier 1 | |
| <i>triderm topical cream 0.5 %</i> | Tier 1 | |
| VANOS TOPICAL CREAM 0.1 % | Tier 3 | QL |

TOPICAL ENZYMES

TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES

| | | |
|---------------------------------------|--------|----|
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | Tier 3 | QL |
|---------------------------------------|--------|----|

TOPICAL SCABICIDES / PEDICULICIDES

TOPICAL ANTIPARASITICS

| | | |
|--|--------|----|
| <i>crotan topical lotion 10 %</i> | Tier 3 | PA |
| <i>malathion topical lotion 0.5 %</i> | Tier 1 | |
| NATROBA TOPICAL SUSPENSION 0.9 % | Tier 3 | |
| OVIDE TOPICAL LOTION 0.5 % | Tier 3 | |
| <i>permethrin topical cream 5 %</i> | Tier 1 | QL |
| <i>spinosad topical suspension 0.9 %</i> | Tier 1 | |

ULCER THERAPY

ANTI-ULCER PREPARATIONS

| | | |
|---|--------|---|
| CARAFATE ORAL SUSPENSION 100 MG/ML | Tier 3 | M |
| CARAFATE ORAL TABLET 1 GRAM | Tier 3 | M |
| CYTOTEC ORAL TABLET 100 MCG, 200 MCG | Tier 3 | M |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> | Tier 1 | M |
| <i>sucralfate oral suspension 100 mg/ml</i> | Tier 1 | M |
| <i>sucralfate oral tablet 1 gram</i> | Tier 1 | M |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ANTI-ULCER-H.PYLORI AGENTS | | |
| VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84) | Tier 3 | PA |
| VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG | Tier 3 | PA |
| HISTAMINE H2-RECEPTOR INHIBITORS | | |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i> | Tier 1 | M |
| <i>famotidine (pf) intravenous solution 20 mg/2 ml</i> | MB | |
| <i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i> | MB | |
| <i>famotidine intravenous solution 10 mg/ml</i> | MB | |
| <i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i> | Tier 1 | M |
| <i>famotidine oral tablet 20 mg, 40 mg</i> | Tier 1 | M |
| <i>nizatidine oral capsule 150 mg, 300 mg</i> | Tier 1 | M |
| PROTON-PUMP INHIBITORS | | |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i> | Tier 1 | PA; M |
| <i>esomeprazole sodium intravenous recon soln 40 mg</i> | MB | PA |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i> | Tier 1 | M |
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG | Tier 3 | PA; M |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i> | Tier 1 | M |
| <i>pantoprazole intravenous recon soln 40 mg</i> | MB | |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> | Tier 1 | M |
| PROTONIX INTRAVENOUS RECON SOLN 40 MG | MB | |
| PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG | Tier 3 | M; QL |
| <i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> | Tier 1 | M |
| URINARY TRACT AGENTS | | |
| ANTIBIOTIC; ANTIBACTERIAL; MISC. | | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>fosfomycin tromethamine oral packet 3 gram</i> | Tier 1 | QL |
| <i>methenamine hippurate oral tablet 1 gram</i> | Tier 1 | |
| <i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i> | Tier 1 | |
| <i>trimethoprim oral tablet 100 mg</i> | Tier 1 | |
| NITROFURAN DERIVATIVES ANTIBACTERIAL AGENTS | | |
| MACROBID ORAL CAPSULE 100 MG | Tier 3 | |
| MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG | Tier 3 | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> | Tier 1 | |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i> | Tier 1 | |
| NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML | Tier 3 | |
| VACCINES & MISCELLANEOUS IMMUNOLOGICALS | | |
| ANTISERA | | |
| ASCENIV INTRAVENOUS SOLUTION 10 % | MB | PA; SP |
| BIVIGAM INTRAVENOUS SOLUTION 10 % | MB | PA; SP |
| CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % | Tier 4 | PA; SP |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 % | MB | PA; SP; LA |
| GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE | MB | PA; SP |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 % | MB | PA; SP |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM | MB | PA; SP |
| GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) | MB | PA; SP |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % | MB | PA; SP |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| GAMMAPLEX INTRAVENOUS SOLUTION 10 % | MB | PA; SP |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) | MB | PA; SP |
| HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATER THAN 312 UNIT/ML (5 ML) | MB | PA |
| HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML | MB | |
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) | Tier 4 | PA; SP |
| OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % | MB | PA; SP |
| PANZYGA INTRAVENOUS SOLUTION 10 % | MB | PA; SP |
| PRIVIGEN INTRAVENOUS SOLUTION 10 % | MB | PA; SP |
| IMMUNOSUPPRESSIVES | | |
| ATGAM INTRAVENOUS SOLUTION 50 MG/ML | MB | |
| THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG | MB | |
| INFLUENZA VIRUS VACCINES | | |
| AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | Tier 2 | ACA; QL |
| AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML | Tier 2 | ACA; QL |
| FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | Tier 2 | ACA; QL |
| FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | Tier 2 | ACA; QL |
| FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML | Tier 2 | ACA; QL |

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PA – Prior Authorization QL – Quantity Limits SP – Specialty ST – Step Therapy
M – Maintenance LA – Limited Availability

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | Tier 2 | ACA; QL |
| FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML | Tier 2 | ACA; QL |
| FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | Tier 2 | ACA; QL |
| FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML | Tier 2 | ACA; QL |
| FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML | Tier 2 | ACA; QL |
| FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | Tier 2 | ACA; QL |
| FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML | Tier 2 | ACA; QL |
| NEUROMUSCULAR BLOCKING AGENTS | | |
| BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT | MB | PA; SP |
| XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT | MB | PA; SP |
| VANCOMYCIN | | |
| LIPOGLYCOPEPTIDE ANTIBIOTICS | | |
| VIBATIV INTRAVENOUS RECON SOLN 750 MG | MB | PA |
| VANCOMYCIN ANTIBIOTICS AND DERIVATIVES | | |
| FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML | Tier 3 | |
| VANCOCIN ORAL CAPSULE 125 MG, 250 MG | Tier 3 | |
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML | MB | |
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 750 MG/150 ML | MB | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML | MB | |
| <i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg</i> | MB | |
| <i>vancomycin oral capsule 125 mg, 250 mg</i> | Tier 1 | |
| <i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i> | Tier 1 | |
| VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 500 MG/100 ML, 750 MG/150 ML | MB | |

VASOCONSTRICTOR DECONGESTANTS

EYE VASOCONSTRICTORS

| | | |
|---|--------|--|
| <i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i> | Tier 1 | |
|---|--------|--|

MYDRIATICS

| | | |
|---|--------|--|
| CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % | Tier 3 | |
|---|--------|--|

VITAMINS & HEMATINICS

FLUORIDE PREPARATIONS

| | | |
|--|--------|--------|
| <i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i> | Tier 1 | M; ACA |
| <i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> | Tier 1 | M; ACA |

FOLIC ACID PREPARATIONS

| | | |
|--|--------|---|
| <i>folic acid injection solution 5 mg/ml</i> | MB | |
| <i>folic acid oral tablet 1 mg</i> | Tier 1 | M |

IRON REPLACEMENT

| | | |
|---|----|----|
| FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML) | MB | |
| <i>ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)</i> | MB | |
| INFED INJECTION SOLUTION 50 MG/ML | MB | |
| INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML | MB | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML | MB | |
| MULTIVITAMIN PREPARATIONS | | |
| <i>pnv-dha oral capsule 27 mg iron-1 mg -300 mg</i> | Tier 1 | M |
| PEDIATRIC VITAMIN PREPARATIONS | | |
| <i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i> | Tier 1 | M; ACA |
| <i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i> | Tier 1 | M; ACA |
| <i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i> | Tier 1 | M; ACA |
| PRENATAL VITAMIN PREPARATIONS | | |
| <i>m-natal plus oral tablet 27 mg iron- 1 mg</i> | Tier 2 | M |
| NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG | Tier 2 | M |
| <i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i> | Tier 2 | M |
| PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG | Tier 2 | M |
| <i>se-natal-19 oral tablet 29 mg iron- 1 mg</i> | Tier 1 | M |
| <i>trinate oral tablet 28 mg iron- 1 mg</i> | Tier 1 | M |
| <i>westab plus oral tablet 27 mg iron- 1 mg</i> | Tier 2 | M |
| VITAMIN B12 PREPARATIONS | | |
| <i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i> | Tier 1 | M |
| <i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray</i> | Tier 3 | PA; M |
| <i>dodex injection solution 1,000 mcg/ml</i> | Tier 1 | M |
| <i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i> | MB | |
| NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY | Tier 3 | PA; M |
| VITAMIN D PREPARATIONS | | |
| <i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i> | Tier 1 | |
| <i>decara oral capsule 1,250 mcg (50,000 unit)</i> | Tier 1 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> | Tier 1 | M |

Index

- A**
- abacavir*.....57
- abacavir-lamivudine*.....56
- ABECMA.....37
- ABELCET.....20
- ABILIFY.....160
- ABILIFY ASIMTUFII.....160
- ABILIFY MAINTENA.....160
- abiraterone*.....34
- ABRAXANE.....46
- ABSORICA.....181
- ABSORICA LD.....181
- acamprosate*.....96
- acarbose*.....136
- ACCOLATE.....173
- ACCU-CHEK AVIVA PLUS
TEST STRP.....62
- ACCU-CHEK GUIDE
GLUCOSE METER.....84
- ACCU-CHEK GUIDE ME
GLUCOSE MTR.....84
- ACCU-CHEK GUIDE TEST
STRIPS.....62
- ACCU-CHEK SMARTVIEW
TEST STRIP.....63
- ACCUPRIL.....25
- ACCURETIC.....22
- accutane*.....181
- ACCUTREND GLUCOSE
TEST STRIPS.....63
- acebutolol*.....26
- acetaminophen-caff-*
dihydrocod.....131
- acetaminophen-codeine*.....130
- acetazolamide*.....149
- acetic acid*.....99, 126
- acetylcysteine*.....173
- acitretin*.....53
- ACTEMRA.....153
- ACTHAR.....6
- ACTIMMUNE.....90
- ACTIVELLA.....80
- ACTONEL.....149
- ACTOPLUS MET.....137
- ACTOS.....137
- ACULAR.....141
- ACULAR LS.....141
- ACUVAIL (PF).....141
- acyclovir*.....55, 186
- acyclovir sodium*.....55
- ACZONE.....181
- ADAKVEO.....50
- ADALIMUMAB-ADAZ...151
- adapalene*.....183
- adapalene-benzoyl peroxide*
.....181
- ADASUVE.....160
- ADBRY.....108
- ADCETRIS.....45
- ADCIRCA.....174
- ADDERALL.....155
- ADDERALL XR.....155
- ADDYI.....162
- adefovir*.....59
- ADEMPAS.....174
- ADIPEX-P.....7
- ADLARITY.....121
- ADRENALIN.....174
- ADRIAMYCIN.....31
- adrucil*.....35
- adthyza*.....183
- ADTHYZA.....183
- ADVANCED GLUC METER
TEST STRIP.....63
- ADVANCED GLUCOSE
METER.....84
- ADVATE.....69
- ADVOCATE REDI-CODE
PLUS.....63, 84
- ADYNOVATE.....69
- ADZYNMA.....69
- AEROCHAMBER
MECHANICAL VENT...76
- AEROCHAMBER MINI....76
- AEROCHAMBER PLUS
FLOW-VU.....76
- AEROCHAMBER PLUS Z
STAT.....76
- AEROVENT PLUS.....76
- AFINITOR.....38
- AFINITOR DISPERZ.....38
- afirmelle*.....142
- AFLURIA TRIV 2024-2025
.....193
- AFLURIA TRIV 2024-2025
(PF).....193
- AFSTYLA.....69
- AFTERA.....142
- AGAMATRIX AMP GLUC
MONITOR SYS.....84
- AGAMATRIX AMP TEST
STRIPS.....63
- AGRYLIN.....101
- AIRDUO RESPICLICK....170
- AIRSUPRA.....170
- AJOVY AUTOINJECTOR..94
- AJOVY SYRINGE.....94
- AKEEGA.....45
- AKYNZEO
(FOSNETUPITANT).....109
- AKYNZEO (NETUPITANT)
.....109
- albendazole*.....103
- albuterol sulfate*.....168, 169
- ALCAINE.....125
- alclometasone*.....187
- ALDACTONE.....30
- ALDURAZYME.....119
- ALECENSA.....41
- alendronate*.....149
- ALFERON N.....90
- alfuzosin*.....60
- ALIMTA.....35
- ALINIA.....104
- ALIQOPA.....41
- aliskiren*.....31
- ALKERAN (AS HCL).....33
- allopurinol*.....83
- almotriptan malate*.....94
- ALOCRILO.....125
- ALOGLIPTIN.....136
- ALOMIDE.....125
- alosetron*.....113
- ALPHAGAN P.....180
- ALPHANATE.....69
- ALPHANINE SD.....71
- alprazolam*.....156
- alprazolam intensol*.....156
- ALPROLIX.....71
- altavera (28)*.....142
- ALTOPREV.....92
- ALTRENO.....183
- ALTUVIHO.....69
- ALUNBRIG.....41

| | | | | | |
|--|---------|---------------------------------------|-----|--|----------|
| <i>alyacen 1/35 (28)</i> | 142 | <i>apexicon e</i> | 187 | ATELVIA..... | 149 |
| <i>alyacen 7/7/7 (28)</i> | 142 | APHEXDA..... | 61 | <i>atenolol</i> | 27 |
| <i>alyq</i> | 174 | APLENZIN..... | 162 | <i>atenolol-chlorthalidone</i> | 27 |
| <i>amantadine hcl</i> | 54 | <i>apomorphine</i> | 51 | ATGAM..... | 193 |
| AMBISOME..... | 20 | APONVIE..... | 110 | ATIVAN..... | 156, 163 |
| <i>ambrisentan</i> | 175 | <i>apraclonidine</i> | 180 | <i>atomoxetine</i> | 168 |
| <i>amcinonide</i> | 187 | <i>aprepitant</i> | 110 | ATORVALIQ..... | 92 |
| AMELUZ..... | 109 | APRETUDE..... | 59 | <i>atorvastatin</i> | 92 |
| <i>amethyst (28)</i> | 142 | <i>apri</i> | 142 | <i>atovaquone</i> | 104 |
| <i>amikacin</i> | 102 | APTENSIO XR..... | 166 | <i>atovaquone-proguanil</i> | 104 |
| <i>amiloride</i> | 30 | APTIOM..... | 12 | <i>atropine</i> | 19, 75 |
| <i>amiloride-hydrochlorothiazide</i> | 29 | APTIVUS..... | 56 | ATROPINE..... | 75 |
| <i>aminocaproic acid</i> | 69 | ARALAST NP..... | 102 | ATROPINE IN 0.9 % SOD CHLORIDE..... | 19 |
| <i>amiodarone</i> | 8 | <i>aranelle (28)</i> | 142 | ATROPINE SULFATE (PF)..... | 75 |
| AMITIZA..... | 113 | ARANESP (IN POLYSORBATE)..... | 62 | ATROVENT HFA..... | 168 |
| <i>amitriptyline</i> | 165 | ARAVA..... | 152 | AUBAGIO..... | 127 |
| <i>amitriptyline-chlordiazepoxide</i> | 165 | ARCALYST..... | 61 | <i>aubra eq</i> | 142 |
| <i>amlodipine</i> | 28 | <i>arformoterol</i> | 169 | AUGMENTIN..... | 154 |
| <i>amlodipine-atorvastatin</i> | 91 | ARICEPT..... | 121 | AUGTYRO..... | 41 |
| <i>amlodipine-benazepril</i> | 22 | ARIKAYCE..... | 102 | <i>aurovela 1.5/30 (21)</i> | 142 |
| <i>amlodipine-olmesartan</i> | 25 | ARIMIDEX..... | 37 | <i>aurovela 1/20 (21)</i> | 142 |
| <i>amlodipine-valsartan</i> | 25 | <i>aripiprazole</i> | 160 | <i>aurovela 24 fe</i> | 142 |
| <i>amlodipine-valsartan-hcthiazid</i> | 24 | ARISTADA..... | 160 | <i>aurovela fe 1.5/30 (28)</i> | 142 |
| <i>ammonium lactate</i> | 108 | ARISTADA INITIO..... | 160 | <i>aurovela fe 1-20 (28)</i> | 142 |
| <i>amnesteem</i> | 181 | ARIXTRA..... | 72 | AURYXIA..... | 97 |
| <i>amoxapine</i> | 165 | <i>armodafinil</i> | 162 | AUSTEDO..... | 122 |
| <i>amoxicillin</i> | 154 | ARMOUR THYROID..... | 183 | AUSTEDO XR..... | 122 |
| <i>amoxicillin-pot clavulanate</i> | 154 | AROMASIN..... | 37 | AUVI-Q..... | 21 |
| AMPHADASE..... | 102 | <i>arsenic trioxide</i> | 46 | AVALIDE..... | 24 |
| <i>amphetamine sulfate</i> | 155 | ARTHROTEC 50..... | 138 | AVAPRO..... | 26 |
| <i>amphotericin b</i> | 21 | ASCENIV..... | 192 | AVEED..... | 116 |
| <i>amphotericin b liposome</i> | 21 | <i>ascomp with codeine</i> | 134 | AVELOX IN NAACL (ISO- OSMOTIC)..... | 176 |
| <i>ampicillin</i> | 154 | <i>asenapine maleate</i> | 157 | <i>aviane</i> | 142 |
| <i>ampicillin sodium</i> | 154 | <i>ashlyna</i> | 142 | <i>avidoxy</i> | 180 |
| <i>ampicillin-sulbactam</i> | 154 | ASPARLAS..... | 46 | AVODART..... | 60 |
| ANAFRANIL..... | 165 | <i>aspirin-dipyridamole</i> | 74 | AVONEX..... | 127 |
| <i>anagrelide</i> | 101 | ASPRUZYO SPRINKLE..... | 107 | AVYCAZ..... | 67 |
| ANALPRAM-HC..... | 54, 113 | ASSURE 4 STRIPS..... | 63 | <i>ayuna</i> | 142 |
| ANAPROX DS..... | 138 | ASSURE PLATINUM GLUCOSE METER..... | 84 | AYVAKIT..... | 41 |
| <i>anastrozole</i> | 37 | ASSURE PLATINUM TEST STRIP..... | 63 | <i>azacitidine</i> | 35 |
| ANCOBON..... | 19 | ASSURE PRISM MULTI METER..... | 84 | AZACTAM..... | 105 |
| ANDRODERM..... | 115 | ASSURE PRISM MULTI STRIP..... | 63 | AZASAN..... | 48 |
| ANDROGEL..... | 116 | ASTAGRAF XL..... | 48 | AZASITE..... | 9 |
| ANGELIQ..... | 82 | ATACAND..... | 25 | <i>azathioprine</i> | 48 |
| ANNOVERA..... | 123 | ATACAND HCT..... | 24 | <i>azelaic acid</i> | 182 |
| ANORO ELLIPTA..... | 169 | <i>atazanavir</i> | 58 | <i>azelastine</i> | 100, 124 |
| ANUSOL-HC..... | 115 | | | <i>azelastine-fluticasone</i> | 173 |
| ANZEMET..... | 110 | | | AZELEX..... | 181 |
| | | | | AZILECT..... | 51 |

| | | | | | |
|---------------------------------------|--------|---------------------------------------|---------|---------------------------------------|---------------|
| <i>azithromycin</i> | 78 | BESPONSA..... | 39 | BOSULIF | 41 |
| AZOPT | 150 | BESREMI..... | 90 | BOTOX | 194 |
| AZOR..... | 25 | BETADINE OPHTHALMIC | | BRAFTOVI..... | 37 |
| <i>aztreonam</i> | 105 | PREP | 9 | BREATHERITE MDI | |
| AZULFIDINE..... | 112 | <i>betamethasone dipropionate</i> | | SPACER | 76 |
| AZULFIDINE EN-TABS .. | 112 | ..... | 187 | BREO ELLIPTA | 170 |
| <i>azurette (28)</i> | 142 | <i>betamethasone valerate</i> | 187 | BREXAFEMME | 21 |
| B | | <i>betamethasone, augmented</i> | 187 | BREYANZI..... | 37 |
| <i>bacitracin</i> | 9 | BETAPACE | 9 | <i>breyana</i> | 170 |
| <i>bacitracin-polymyxin b</i> | 9 | BETAPACE AF | 9 | BREZTRI AEROSPHERE. | 170 |
| <i>baclofen</i> | 129 | <i>betaxolol</i> | 27, 60 | <i>briellyn</i> | 143 |
| BACLOFEN..... | 129 | <i>bethanechol chloride</i> | 68 | BRILINTA | 74 |
| BACTRIM..... | 179 | BETHKIS | 102 | <i>brimonidine</i> | 180, 182 |
| BACTRIM DS | 179 | BETIMOL | 61 | <i>brimonidine-timolol</i> | 150 |
| <i>balsalazide</i> | 112 | BETOPTIC S..... | 61 | <i>brinzolamide</i> | 150 |
| BALVERSA..... | 41 | BEVACIZUMAB..... | 50, 125 | BRIUMVI..... | 127 |
| <i>balziva (28)</i> | 142 | <i>bexarotene</i> | 31, 51 | BRIVIACT | 12 |
| BANZEL | 12 | BEYAZ..... | 142 | BRIXADI | 134 |
| BAQSIMI..... | 83 | BEYFORTUS..... | 55 | <i>bromfenac</i> | 141 |
| BARACLUDGE | 59, 60 | <i>bicalutamide</i> | 34 | <i>bromocriptine</i> | 51 |
| BAVENCIO | 47 | BICILLIN C-R | 154 | <i>brompheniramine-pseudoeph-</i> | |
| BAXDELA..... | 176 | BICILLIN L-A | 154 | <i>dm</i> | 75 |
| BD INTEGRA NEEDLE | 88 | BICNU..... | 33 | BROMSITE..... | 141 |
| BD MICROTAINER | | BIDIL | 31 | BRONCHITOL | 171 |
| LANCET..... | 88 | BIJUVA..... | 80 | BROVANA | 169 |
| BD SPECIALTY USE | | BIKTARVY | 59 | BRUKINSA..... | 41 |
| NEEDLES | 88 | BILTRICIDE..... | 103 | BRYHALI | 187 |
| BD ULTRA-FINE NANO | | <i>bimatoprost</i> | 150 | <i>budesonide</i> | 112, 115, 172 |
| PEN NEEDLE..... | 88 | BINOSTO..... | 149 | <i>budesonide-formoterol</i> | 170 |
| BELBUCA | 131 | BIONIME RIGHTEST | | <i>bumetanide</i> | 29 |
| BELEODAQ | 33 | GM300 SYSTEM..... | 84 | BUPHENYL..... | 96 |
| BELRAPZO | 33 | BIONIME RIGHTEST TEST | | <i>buprenorphine</i> | 131 |
| BELSOMRA | 163 | STRIPS..... | 63 | <i>buprenorphine hcl</i> | 131, 135 |
| <i>benazepril</i> | 25 | BIOTEL CARE BGM-4 | | <i>buprenorphine-naloxone</i> | 141 |
| <i>benazepril-hydrochlorothiazide</i> | | METER | 84 | <i>bupropion hcl</i> | 162 |
| ..... | 22 | <i>bisoprolol fumarate</i> | 27 | BUPROPION HCL | 162 |
| <i>bendamustine</i> | 33 | <i>bisoprolol-hydrochlorothiazide</i> | | <i>bupropion hcl (smoking deter)</i> | |
| BENDAMUSTINE | 33 | ..... | 27 | ..... | 177 |
| BENDEKA..... | 33 | BIVIGAM | 192 | <i>buspirone</i> | 157 |
| BENEFIX..... | 72 | <i>bleomycin</i> | 31 | <i>busulfan</i> | 33 |
| BENLYSTA | 153 | BLINCYTO..... | 45 | BUSULFEX | 33 |
| BENTYL..... | 18 | <i>blisovi 24 fe</i> | 142 | <i>butalbital-acetaminop-caf-cod</i> | |
| BENZAMYCIN | 182 | <i>blisovi fe 1.5/30 (28)</i> | 142 | ..... | 135 |
| <i>benzonatate</i> | 75 | <i>blisovi fe 1/20 (28)</i> | 142 | <i>butalbital-acetaminophen</i> ... | 130 |
| <i>benzphetamine</i> | 7 | BLOOD GLUCOSE TEST .. | 63 | <i>butalbital-acetaminophen-caff</i> | |
| <i>benztropine</i> | 51 | BLOOD-GLUCOSE METER |  | ..... | 130 |
| BEOVU | 125 | ..... | 84 | <i>butalbital-aspirin-caffeine</i> .. | 130 |
| <i>bepotastine besilate</i> | 124 | BONJESTA | 110 | <i>butorphanol</i> | 140 |
| BEPREVE..... | 124 | <i>bortezomib</i> | 41 | BYOOVIZ..... | 125 |
| BERINERT | 171 | BO RTEZOMIB | 41 | BYSTOLIC..... | 27 |
| BESIVANCE | 9 | <i>bosentan</i> | 175 | | |

| | | |
|--|-------------|--|
| C | | |
| CABENUVA..... | 55 | |
| <i>cabergoline</i> | 120 | |
| CABOMETYX | 42 | |
| CADUET..... | 91 | |
| <i>caffeine citrate</i> | 102 | |
| <i>calcipotriene</i> | 53 | |
| CALCIPOTRIENE | 53 | |
| <i>calcipotriene-betamethasone</i> | 54 | |
| <i>calcitonin (salmon)</i> | 117 | |
| <i>calcitriol</i> | 53, 120 | |
| <i>calcium acetate(phosphat bind)</i> | 77 | |
| CALDOLOR..... | 139 | |
| CALQUENCE (ACALABRUTINIB MAL) | 42 | |
| <i>camila</i> | 79 | |
| CAMPTOSAR | 39 | |
| <i>camrese</i> | 143 | |
| <i>camrese lo</i> | 143 | |
| CAMZYOS | 107 | |
| CANASA | 111 | |
| CANCIDAS | 21 | |
| <i>candesartan</i> | 26 | |
| <i>candesartan-</i> <i>hydrochlorothiazid</i> | 24 | |
| <i>capecitabine</i> | 35 | |
| CAPLYTA | 157 | |
| CAPRELSA | 42 | |
| <i>captopril</i> | 25 | |
| <i>captopril-hydrochlorothiazide</i> | 23 | |
| CARAFATE..... | 190 | |
| <i>carbamazepine</i> | 12 | |
| CARBATROL..... | 12 | |
| <i>carbidopa</i> | 53 | |
| <i>carbidopa-levodopa</i> | 51, 52 | |
| <i>carbidopa-levodopa-</i> <i>entacapone</i> | 52 | |
| <i>carbinoxamine maleate</i> .. | 21, 22 | |
| <i>carboplatin</i> | 33 | |
| CARDIZEM..... | 28 | |
| CARDIZEM CD | 28 | |
| CARDIZEM LA..... | 28 | |
| CARDURA | 23 | |
| CARDURA XL | 23 | |
| CARESENS N..... | 84 | |
| CARESENS N FELIZ GLUCOSE METER..... | 84 | |
| CARESENS N TEST STRIPS | 63 | |
| CARESENS N VOICE | 84 | |
| CARETOUCH GLUCOSE MONITORING | 84 | |
| CARETOUCH TEST STRIP | 63 | |
| <i>carglumic acid</i> | 96 | |
| <i>carisoprodol</i> | 129 | |
| <i>carmustine</i> | 33 | |
| CARMUSTINE | 33 | |
| CARNITOR..... | 100 | |
| CARNITOR (SUGAR-FREE) | 100 | |
| <i>carteolol</i> | 61 | |
| <i>cartia xt</i> | 28 | |
| <i>carvedilol</i> | 23 | |
| <i>carvedilol phosphate</i> | 23 | |
| CARVYKTI | 38 | |
| <i>casprofungin</i> | 21 | |
| CATAPRES-TTS-1 | 26 | |
| CATAPRES-TTS-2..... | 26 | |
| CATAPRES-TTS-3..... | 26 | |
| CAVERJECT | 126 | |
| CAVERJECT IMPULSE .. | 126 | |
| CAYA CONTOURED | 77 | |
| CAYSTON | 105 | |
| <i>cefaclor</i> | 67 | |
| <i>cefadroxil</i> | 66 | |
| <i>cefazolin</i> | 67 | |
| CEFAZOLIN..... | 67 | |
| <i>cefazolin in dextrose (iso-os)</i> | 66 | |
| CEFAZOLIN IN DEXTROSE (ISO-OS) | 66 | |
| <i>cefdinir</i> | 67 | |
| <i>cefepime</i> | 68 | |
| CEFEPIME IN DEXTROSE 5 %..... | 68 | |
| <i>cefepime in dextrose, iso-os</i> | 68 | |
| <i>cefixime</i> | 67 | |
| CEFOTAN..... | 67 | |
| <i>cefotetan</i> | 67 | |
| <i>cefoxitin</i> | 67 | |
| <i>cefoxitin in dextrose, iso-os</i> | 67 | |
| <i>cefpodoxime</i> | 67, 68 | |
| <i>cefprozil</i> | 67 | |
| <i>ceftazidime</i> | 68 | |
| <i>ceftriaxone</i> | 68 | |
| <i>ceftriaxone in dextrose, iso-os</i> | 68 | |
| <i>cefuroxime axetil</i> | 67 | |
| <i>cefuroxime sodium</i> | 67 | |
| <i>celecoxib</i> | 140 | |
| CELEXA | 163 | |
| CELLCEPT | 48 | |
| CELLCEPT INTRAVENOUS | 48 | |
| CELONTIN | 12 | |
| <i>cephalexin</i> | 67 | |
| CEPROTIN (BLUE BAR) .. | 74 | |
| CEPROTIN (GREEN BAR) .. | 74 | |
| CERDELGA..... | 118 | |
| CEREBYX | 12 | |
| CEREZYME..... | 119 | |
| CETRAHAL | 126 | |
| <i>cevimeline</i> | 101 | |
| <i>charlotte 24 fe</i> | 143 | |
| <i>chateal eq (28)</i> | 143 | |
| CHEMET..... | 100 | |
| CHENODAL | 111 | |
| <i>chloramphenicol sod succinate</i> | 106 | |
| <i>chlordiazepoxide hcl</i> | 156 | |
| <i>chlorhexidine gluconate</i> | 97 | |
| <i>chloroquine phosphate</i> | 104 | |
| <i>chlorpromazine</i> | 161 | |
| <i>chlorthalidone</i> | 31 | |
| <i>chlorzoxazone</i> | 129 | |
| CHOLBAM | 111 | |
| <i>cholecalciferol (vitamin d3)</i> | 196 | |
| <i>cholestyramine (with sugar)</i> | 92 | |
| <i>cholestyramine light</i> | 92 | |
| CIBINQO | 108 | |
| <i>ciclodan</i> | 185 | |
| <i>ciclopirox</i> | 185 | |
| <i>cidofovir</i> | 55 | |
| <i>cilostazol</i> | 74 | |
| CIMDUO..... | 56 | |
| CIMERLI..... | 125 | |
| <i>cimetidine</i> | 190 | |
| <i>cinacalcet</i> | 117 | |
| CINQAIR | 172 | |
| CINRYZE..... | 171 | |
| CINVANTI..... | 110 | |
| CIPRO | 176 | |
| CIPRO HC..... | 153 | |
| <i>ciprofloxacin hcl</i> | 9, 126, 176 | |
| <i>ciprofloxacin in 5 % dextrose</i> | 176 | |
| <i>ciprofloxacin-dexamethasone</i> | 153 | |

| | | | | | |
|--|------------------|--|---------|---|---------------|
| CIPROFLOXACIN- FLUOCINOLONE..... | 153 | <i>clodan</i> | 187 | CONTOUR TEST STRIPS.. | 63 |
| <i>cisplatin</i> | 33 | <i>clofarabine</i> | 35 | CONTRAVE..... | 8 |
| <i>citalopram</i> | 163 | <i>clomipramine</i> | 166 | COPAXONE..... | 127 |
| CITALOPRAM..... | 163 | <i>clonazepam</i> | 11 | COPIKTRA..... | 42 |
| <i>cladribine</i> | 35 | <i>clonidine</i> | 26 | CORDRAN TAPE LARGE ROLL..... | 188 |
| <i>claravis</i> | 181 | <i>clonidine hcl</i> | 26, 166 | COREG..... | 23 |
| <i>clarithromycin</i> | 78 | <i>clopidogrel</i> | 74 | COREG CR..... | 23 |
| <i>clemastine</i> | 22 | <i>clorazepate dipotassium</i> | 157 | CORGARD..... | 27 |
| CLEOCIN..... | 106, 124 | <i>clotrimazole</i> | 19, 186 | CORIFACT..... | 72 |
| CLEOCIN HCL..... | 106 | <i>clotrimazole-betamethasone</i> | 185 | CORLANOR..... | 107 |
| CLEOCIN PEDIATRIC..... | 106 | <i>clozapine</i> | 157 | CORTEF..... | 6 |
| CLEVER CHEK BLOOD GLUCOSE..... | 84 | CLOZARIL..... | 157 | CORTENEMA..... | 115 |
| CLEVER CHOICE GLUCOSE MONITOR..... | 84 | COAGADDEX..... | 72 | CORTIFOAM..... | 115 |
| CLEVER CHOICE MICRO | 84 | COARTEM..... | 104 | CORTISPORIN-TC..... | 153 |
| CLEVER CHOICE MICRO TEST STRIP..... | 63 | <i>codeine sulfate</i> | 131 | CORTROPHIN GEL..... | 6 |
| CLEVER CHOICE PRO | 63, 84 | <i>codeine-butalbital-asa-caff</i> | 134 | COSELA..... | 47 |
| CLEVER CHOICE TALK GLUCOSE SYS..... | 84 | <i>colchicine</i> | 83 | COSENTYX..... | 53 |
| CLEVER CHOICE TALK TEST..... | 63 | <i>colesevelam</i> | 92 | COSENTYX (2 SYRINGES) | 53 |
| CLEVER CHOICE TEST STRIPS..... | 63 | COLESTID..... | 92 | COSENTYX PEN..... | 53 |
| CLEVER CHOICE VOICE PLUS TEST..... | 63 | <i>colestipol</i> | 93 | COSENTYX PEN (2 PENS) | 53 |
| CLIMARA..... | 80 | <i>colistin (colistimethate na)</i> | 107 | COSENTYX UNOREADY PEN..... | 53 |
| CLIMARA PRO..... | 80 | COLUMVI..... | 45 | COSMEGEN..... | 31 |
| <i>clindacin</i> | 182 | COLY-MYCIN M PARENTERAL..... | 107 | COSOPT..... | 150 |
| <i>clindacin etz</i> | 182 | COMBIGAN..... | 150 | COSOPT (PF)..... | 150 |
| <i>clindacin p</i> | 182 | COMBIPATCH..... | 80 | COTELLIC..... | 38 |
| <i>clindamycin hcl</i> | 106 | COMBIVENT RESPIMAT | 170 | COTEMPLA XR-ODT..... | 166 |
| CLINDAMYCIN IN 0.9 % SOD CHLOR..... | 106 | COMETRIQ..... | 42 | COZAAR..... | 26 |
| <i>clindamycin in 5 % dextrose</i> | 106 | COMPACT SPACE CHAMBER..... | 76 | CREON..... | 114 |
| <i>clindamycin pediatric</i> | 106 | <i>compro</i> | 110 | CRESEMBA..... | 19 |
| <i>clindamycin phosphate</i> | 106, 124, 182 | CONCERTA..... | 166 | CRINONE..... | 82 |
| <i>clindamycin-benzoyl peroxide</i> | 181 | CONDYLOX..... | 109 | <i>cromolyn</i> | 114, 125, 173 |
| <i>clindamycin-tretinoin</i> | 181 | <i>constulose</i> | 113 | <i>crotan</i> | 190 |
| CLINDESSE..... | 124 | CONTOUR NEXT EZ METER..... | 85 | <i>cryselle (28)</i> | 143 |
| CLINPRO 5000..... | 98 | CONTOUR NEXT GEN METER..... | 85 | CRYSVITA..... | 117 |
| <i>clobazam</i> | 11 | CONTOUR NEXT LINK..... | 85 | CUPRIMINE..... | 151 |
| <i>clobetasol</i> | 187 | CONTOUR NEXT LINK 2.4 | 85 | <i>curae</i> | 143 |
| <i>clobetasol-emollient</i> | 187 | CONTOUR NEXT METER | 85 | <i>curity sterile water</i> | 99 |
| CLOBEX..... | 187 | CONTOUR NEXT ONE METER..... | 85 | CUTAQUIG..... | 192 |
| <i>clocortolone pivalate</i> | 187 | CONTOUR NEXT TEST STRIPS..... | 63 | CUVPOSA..... | 18 |
| | | CONTOUR PLUS BLUE METER..... | 85 | CUVRIOR..... | 100 |
| | | CONTOUR PLUS TEST STRIP..... | 63 | <i>cyanocobalamin (vitamin b-12)</i> | 196 |
| | | | | <i>cyclobenzaprine</i> | 129 |
| | | | | CYCLOGYL..... | 76 |
| | | | | CYCLOMYDRIL..... | 195 |
| | | | | <i>cyclopentolate</i> | 76 |
| | | | | <i>cyclophosphamide</i> | 33 |
| | | | | CYCLOPHOSPHAMIDE..... | 33 |

| | | | | | |
|------------------------------------|----------|--|----------|-------------------------------------|----------|
| CYCLOSERINE | 105 | DEMEROL (PF)..... | 131 | DICLOFENAC EPOLAMINE | |
| CYCLOSET | 136 | <i>denta 5000 plus</i> | 98 | ..... | 141 |
| <i>cyclosporine</i> | 48 | <i>denta 5000 plus sensitive</i> | 98 | <i>diclofenac potassium</i> | 139 |
| <i>cyclosporine modified</i> | 48 | <i>dentagel</i> | 98 | <i>diclofenac sodium</i> | 139, 141 |
| CYKLOKAPRON..... | 69 | DEPAKOTE..... | 12 | <i>diclofenac-misoprostol</i> | 138 |
| <i>cyproheptadine</i> | 22 | DEPAKOTE ER..... | 12 | <i>dicloxacillin</i> | 154 |
| CYRAMZA..... | 39 | DEPAKOTE SPRINKLES.. | 12 | <i>dicyclomine</i> | 18 |
| <i>cyred eq</i> | 143 | DEPEN TITRATABS | 151 | <i>diethylpropion</i> | 7 |
| CYSTADROPS..... | 125 | DEPO-ESTRADIOL | 80 | DIFICID | 78 |
| CYSTAGON | 126 | DEPO-MEDROL | 6 | <i>diflorasone</i> | 188 |
| CYSTARAN | 125 | DEPO-TESTOSTERONE.. | 116 | DIFLUCAN..... | 19 |
| <i>cytarabine</i> | 35 | <i>dermacinrx lidocan</i> | 184 | <i>diflunisal</i> | 138 |
| <i>cytarabine (pf)</i> | 35 | DERMA-SMOOTHIE/FS | | <i>difluprednate</i> | 178 |
| CYTOMEL | 183 | BODY OIL | 188 | <i>digoxin</i> | 66 |
| CYTOTEC | 190 | DERMA-SMOOTHIE/FS | | <i>dihydroergotamine</i> | 94 |
| D | | SCALP OIL | 188 | DILANTIN | 13 |
| <i>dabigatran etexilate</i> | 74 | DERMOTIC OIL | 126 | DILANTIN EXTENDED.... | 12 |
| <i>dacarbazine</i> | 46 | DESCOVY | 56 | DILANTIN INFATABS | 12 |
| <i>dactinomycin</i> | 31 | <i>desipramine</i> | 166 | DILANTIN-125..... | 13 |
| <i>dalfampridine</i> | 120 | <i>desmopressin</i> | 117 | DILAUDID..... | 131 |
| DALIRESP..... | 174 | DESMOPRESSIN | 117 | DILAUDID (PF) | 131 |
| <i>danazol</i> | 120 | <i>desog-e.estradiol/e.estradiol</i> | | <i>diltiazem</i> | 28 |
| DANTRIUM | 129 | ..... | 143 | <i>dilt-xr</i> | 28 |
| <i>dantrolene</i> | 129 | <i>desonide</i> | 188 | <i>dimethyl fumarate</i> | 127 |
| DANYELZA..... | 45 | <i>desoximetasone</i> | 188 | DIOVAN | 26 |
| <i>dapsone</i> | 104, 181 | DESVENLAFAXINE | 164 | DIOVAN HCT | 24 |
| <i>daptomycin</i> | 106 | <i>desvenlafaxine succinate</i> | 164 | DIPENTUM | 112 |
| DAPTOMYCIN | 106 | DETROL | 10 | <i>diphenhydramine hcl</i> | 22 |
| DARAPRIM..... | 104 | DETROL LA..... | 10 | <i>diphenoxylate-atropine</i> | 18 |
| <i>darifenacin</i> | 11 | <i>dexamethasone</i> | 6 | DIPROLENE | |
| <i>darunavir</i> | 56 | <i>dexamethasone intensol</i> | 6 | (AUGMENTED)..... | 188 |
| DARZALEX..... | 35 | <i>dexamethasone sodium phos</i> | | <i>dipyridamole</i> | 74 |
| DARZALEX FASPRO | 35 | (<i>pf</i>) | 6 | <i>diskets</i> | 131 |
| <i>dasetta 1/35 (28)</i> | 143 | <i>dexamethasone sodium</i> | | <i>disopyramide phosphate</i> | 8 |
| <i>dasetta 7/7/7 (28)</i> | 143 | <i>phosphate</i> | 6, 178 | <i>disulfiram</i> | 96 |
| <i>daunorubicin</i> | 31 | <i>dexmethylphenidate</i> | 166, 167 | DIURIL..... | 31 |
| DAURISMO..... | 37 | <i>dextrazoxane hcl</i> | 5 | <i>divalproex</i> | 13 |
| DAYPRO | 139 | <i>dextroamphetamine sulfate</i> . 155 | | DIVIGEL..... | 80 |
| <i>daysee</i> | 143 | <i>dextroamphetamine-</i> | | <i>docetaxel</i> | 46 |
| DAYTRANA | 166 | <i>amphetamine</i> | 155, 156 | DOCIVYX..... | 46 |
| DDAVP | 117 | DHIVY | 52 | <i>dodex</i> | 196 |
| <i>deblitane</i> | 79 | DIACOMIT | 12 | <i>dofetilide</i> | 8 |
| <i>decara</i> | 196 | DIATRUE PLUS BLOOD | | <i>dolishale</i> | 143 |
| <i>decitabine</i> | 35 | GLUCOSE MET | 85 | <i>donepezil</i> | 121 |
| <i>deferasirox</i> | 100 | DIATRUE PLUS TEST STRIP | | DOPTELET (15 TAB PACK) | |
| <i>deferiprone</i> | 100 | ..... | 63 | ..... | 74 |
| <i>deflazacort</i> | 6 | <i>diazepam</i> | 11, 157 | DORAL | 163 |
| DELESTROGEN | 80 | <i>diazepam intensol</i> | 157 | DORYX MPC | 180 |
| DELSTRIGO..... | 59 | DIBENZYLINE | 23 | <i>dorzolamide</i> | 150 |
| <i>demeclocycline</i> | 180 | <i>dichlorphenamide</i> | 120 | DORZOLAMIDE (PF)..... | 150 |
| DEMEROL | 131 | | | <i>dorzolamide-timolol</i> | 150 |

| | | | | |
|---------------------------------------|---------------|---|--------------------------------------|--------|
| <i>dorzolamide-timolol (pf)</i> | 150 | EASY TOUCH GLUCOSE | <i>eletriptan</i> | 94 |
| <i>dotti</i> | 80 | MONITOR | ELFABRIO..... | 119 |
| DOVATO | 55 | EASY TOUCH TEST STRIP | ELIDEL | 109 |
| <i>doxazosin</i> | 23 | ..... | ELIGARD..... | 40 |
| <i>doxepin</i> | 108, 163, 166 | EASY TRAK GLUCOSE | ELIGARD (3 MONTH) | 40 |
| <i>doxercalciferol</i> | 118 | TEST | ELIGARD (4 MONTH) | 40 |
| DOXIL | 31 | EASY TRAK II BLOOD | ELIGARD (6 MONTH) | 40 |
| <i>doxorubicin</i> | 31 | GLUCOSE MTR | <i>elinest</i> | 143 |
| <i>doxorubicin, peg-liposomal</i> .. | 31 | EASY TRAK II TEST STRIP | ELIQUIS..... | 71 |
| <i>doxy-100</i> | 180 | ..... | ELIQUIS DVT-PE TREAT | |
| <i>doxycycline hyclate</i> | 180 | EASYGLUCO | 30D START..... | 71 |
| <i>doxycycline monohydrate</i> ... | 180 | MONITORING SYSTEM | ELITEK | 5 |
| <i>dronabinol</i> | 111 | EASYGLUCO TEST | ELIXOPHYLLIN | 176 |
| <i>droperidol</i> | 111 | EASYMAX | ELLA..... | 143 |
| <i>drospirenone-e.estradiol-lm,fa</i> | | EASYMAX NG | ELLENCES | 32 |
| ..... | 143 | EASYMAX T1 | ELMIRON..... | 127 |
| <i>drospirenone-ethinyl estradiol</i> | | EASYMAX V SPEAKING | ELOCTATE | 70 |
| ..... | 143 | GLUCOSE SYS | ELREXFIO..... | 45 |
| DROXIA | 50 | EC-NAPROSYN | <i>eluryng</i> | 123 |
| <i>droxidopa</i> | 95 | <i>econazole</i> | ELYXYB | 94 |
| DRYSOL DAB-O-MATIC | 108 | <i>econtra ez</i> | ELZONRIS..... | 45 |
| DUAVEE | 82 | <i>econtra one-step</i> | EMBRACE BLOOD | |
| DUETACT | 137 | ECOZA..... | GLUCOSE SYSTEM . | 64, 85 |
| DULERA..... | 170 | <i>edaravone</i> | EMBRACE EVO TEST | |
| <i>duloxetine</i> | 164 | EDARBI..... | STRIPS | 64 |
| DUOBRII | 186 | EDARBYCLOR..... | EMBRACE PRO GLUCOSE | |
| DUOPA | 52 | EDECIN..... | METER..... | 85 |
| DUPIXENT PEN | 108 | EDEX | EMBRACE PRO TEST | |
| DUPIXENT SYRINGE | 108 | EDLUAR..... | STRIPS | 64 |
| <i>duramorph (pf)</i> | 131 | EDURANT | EMBRACE TALK BLOOD | |
| DUREZOL | 178 | <i>efavirenz</i> | GLUCOSE SYS | 85 |
| <i>dutasteride</i> | 60 | <i>efavirenz-lamivu-tenofovir disop</i> | EMBRACE TALK TEST | |
| <i>dutasteride-tamsulosin</i> | 60 | ..... | STRIPS | 64 |
| DYMISTA..... | 173 | <i>effe-k</i> | EMBRACE WAVE PLUS | |
| DYRENIUM | 30 | EFFER-K..... | GLUCOSE MTR..... | 85 |
| E | | EFFIENT | EMEND..... | 110 |
| E.E.S. GRANULES | 78 | EFUDEX | EMEND (FOSAPREPITANT) | |
| EASIVENT HOLDING | | EGRIFTA SV ..... | ..... | 110 |
| CHAMBER | 76 | ELAHERE..... | EMFLAZA | 6 |
| EASY PLUS II TEST | 63 | ELAPRASE..... | EMGALITY PEN..... | 94 |
| EASY STEP | 63 | ELELYSO | EMGALITY SYRINGE . | 94, 95 |
| EASY STEP BLOOD | | ELEMENT COMPACT | EMPAVELI..... | 96 |
| GLUCOSE METER..... | 85 | GLUCOSE METER..... | EMPLICITI | 37 |
| EASY TALK GLUCOSE | | ELEMENT COMPACT TEST | EMSAM | 162 |
| TEST | 63 | STRIPS..... | <i>emtricitabine</i> | 57 |
| EASY TALK PLUS II TEST | | ELEMENT COMPACT V | <i>emtricitabine-tenofovir (tdf)</i> | 56, |
| STRIP | 63 | GLUCOSE MTR..... | 57 | |
| EASY TOUCH BLULINK | | ELEMENT PLUS BLOOD | EMTRIVA..... | 57 |
| GLUC SYST | 85 | GLUCOSE KIT..... | EMVERM..... | 103 |
| EASY TOUCH BLULINK | | ELEMENT TEST STRIPS... | <i>emzahn</i> | 79 |
| TEST STRIP | 63 | ELESTRIN | <i>enalapril maleate</i> | 25 |

| | | | | |
|--|--|----------|---|----------|
| <i>enalapril-hydrochlorothiazide</i> | ERTACZO..... | 186 | EVKEEZA..... | 91 |
| ..... | <i>ertapenem</i> | 105 | EVOLUTION BLOOD | |
| ENBREL..... | <i>ery pads</i> | 183 | GLUCOSE METER..... | 85 |
| ENBREL MINI..... | ERYPED 200..... | 78 | EVOLUTION TEST STRIPS | |
| ENBREL SURECLICK..... | ERYPED 400..... | 78 | ..... | 64 |
| <i>endocet</i> | <i>ery-tab</i> | 79 | EVOMELA..... | 33 |
| ENHERTU..... | ERY-TAB..... | 79 | EVOTAZ..... | 58 |
| <i>enilloring</i> | ERYTHROCIN..... | 79 | EVOXAC..... | 101 |
| ENJAYMO..... | <i>erythrocin (as stearate)</i> | 79 | EVRYSDI..... | 122 |
| <i>enoxaparin</i> | <i>erythromycin</i> | 9, 79 | EXELON PATCH..... | 121 |
| <i>enpresse</i> | <i>erythromycin ethylsuccinate</i> | 79 | <i>exemestane</i> | 37 |
| <i>enskyce</i> | <i>erythromycin lactobionate</i> | 79 | EXFORGE..... | 25 |
| ENSPRYNG..... | <i>erythromycin with ethanol</i> | 183 | EXFORGE HCT..... | 24 |
| ENSTILAR..... | <i>erythromycin-benzoyl peroxide</i> | | EXJADE..... | 100 |
| <i>entacapone</i>..... | ..... | 183 | EXONDYS-51..... | 122 |
| ENTADFI..... | ESBRIET..... | 168 | EXSERVAN..... | 96 |
| <i>entecavir</i> | <i>escitalopram oxalate</i> .. | 163, 164 | EYSUVIS..... | 178 |
| ENTRESTO..... | ESGIC..... | 130 | <i>ezetimibe</i> | 93 |
| ENTYVIO..... | <i>esomeprazole magnesium</i> | 191 | <i>ezetimibe-simvastatin</i> | 91 |
| <i>enulose</i> | <i>esomeprazole sodium</i> | 191 | F | |
| ENVARUSUS XR..... | ESPEROCT..... | 70 | FABHALTA..... | 97 |
| EOHILIA..... | <i>estarylla</i> | 143 | FABIOR..... | 182 |
| EPIDIOLEX..... | <i>estazolam</i> | 163 | FABRAZYME..... | 119 |
| EPIFOAM..... | ESTRACE..... | 80, 82 | <i>falmina (28)</i> | 143 |
| <i>epinastine</i> | <i>estradiol</i> | 81, 82 | <i>famciclovir</i> | 55 |
| <i>epinephrine</i> | <i>estradiol valerate</i> | 81 | <i>famotidine</i> | 190 |
| EPINEPHRINE..... | <i>estradiol-norethindrone acet</i> | 81 | <i>famotidine (pf)</i> | 190 |
| <i>epinephrine hcl</i> | ESTRING..... | 82 | <i>famotidine (pf)-nacl (iso-os)</i> | |
| EPIPEN..... | ESTROGEL..... | 81 | ..... | 190 |
| EPIPEN JR..... | <i>eszopiclone</i> | 163 | FANAPT..... | 157, 158 |
| <i>epirubicin</i> | <i>ethacrynic acid</i> | 29 | FARESTON..... | 50 |
| <i>epitol</i> | <i>ethambutol</i> | 104 | FARXIGA..... | 138 |
| EPIVIR..... | <i>ethosuximide</i> | 13 | FASENRA..... | 173 |
| EPKINLY..... | <i>ethynodiol diac-eth estradiol</i> | | FASENRA PEN..... | 172 |
| <i>eplerenone</i>..... | ..... | 143 | FASLODEX..... | 50 |
| EPOGEN..... | ETHYOL..... | 5 | FC2 FEMALE CONDOM .. | 76 |
| <i>epoprostenol</i> | <i>etodolac</i> | 139 | <i>febuxostat</i> | 83 |
| EPRONTIA..... | <i>etonogestrel-ethinyl estradiol</i> | | FEIBA NF..... | 70 |
| EQUETRO..... | ..... | 123 | <i>felbamate</i> | 13 |
| ERAXIS(WATER DILUENT) | ETOPOPHOS..... | 46 | FELBATOL..... | 13 |
| ..... | <i>etoposide</i> | 46 | <i>felodipine</i> | 28 |
| ERBITUX..... | <i>etravirine</i> | 57 | FEMARA..... | 37 |
| <i>ergocalciferol (vitamin d2)</i> | EUCRISA..... | 109 | FEMCAP..... | 77 |
| <i>ergoloid</i> | EUFLEXXA..... | 138 | FEMRING..... | 83 |
| ERGOMAR..... | EULEXIN..... | 34 | <i>fenofibrate</i> | 93 |
| <i>ergotamine-caffeine</i> | <i>euthyrox</i> | 183 | FENOFIBRATE..... | 93 |
| <i>eribulin</i> | EVAMIST..... | 81 | <i>fenofibrate micronized</i> | 93 |
| ERIVEDGE..... | <i>everolimus (antineoplastic)</i> .. | 38 | <i>fenofibrate nanocrystallized</i> | 93 |
| ERLEADA..... | <i>everolimus</i> | | <i>fenofibric acid</i> | 93 |
| <i>erlotinib</i> | (<i>immunosuppressive</i>)..... | 48 | <i>fenofibric acid (choline)</i> | 93 |
| <i>errin</i> | EVISTA..... | 149 | FENOGLIDE..... | 93 |

| | | | | | |
|--|-----|--|----------|---|--------|
| <i>fenoprofen</i> | 139 | FLUBLOK TRIV 2024-2025 (PF)..... | 193 | FLUZONE TRIV 2024-2025 | 194 |
| FENOPROFEN..... | 139 | FLUCELVAX TRIV 2024- 2025..... | 193 | FLUZONE TRIV 2024-2025 (PF)..... | 193 |
| FENSOLVI..... | 49 | FLUCELVAX TRIV 2024- 2025 (PF)..... | 193 | FML FORTE..... | 178 |
| <i>fantanyl</i> | 132 | <i>fluconazole</i> | 20 | FML LIQUIFILM..... | 178 |
| <i>fantanyl citrate</i> | 131 | <i>fluconazole in nacl (iso-osm)</i> | 20 | FOCALIN..... | 167 |
| FENTANYL CITRATE (PF) | 131 | <i>flucytosine</i> | 20 | FOCALIN XR..... | 167 |
| FENTORA..... | 132 | <i>fludarabine</i> | 35 | <i>folic acid</i> | 195 |
| FERAHEME..... | 195 | <i>fludrocortisone</i> | 7 | FOLOTYN..... | 35 |
| FERRIPROX..... | 100 | FLULAVAL TRIV 2024-2025 (PF)..... | 193 | <i>fondaparinux</i> | 72 |
| FERRIPROX (2 TIMES A DAY)..... | 100 | FLUMIST TRIVALENT 2024-2025..... | 193 | FORA 6 CONNECT GLUCOSE STRIP..... | 64 |
| FERRLECIT..... | 99 | <i>flunisolide</i> | 174 | FORA 6CONN-GTEL-TN'G ADV STRIP..... | 64 |
| <i>ferumoxytol</i> | 195 | <i>fluocinolone</i> | 188 | FORA D15G STRIPS..... | 64 |
| <i>fesoterodine</i> | 10 | <i>fluocinolone acetone oil</i> .. | 126 | FORA D20..... | 64 |
| FETROJA..... | 68 | <i>fluocinolone and shower cap</i> | 188 | FORA D40-G31 TEST STRIPS..... | 64 |
| FETZIMA..... | 165 | <i>fluocinonide</i> | 188 | FORA G20..... | 64, 85 |
| FIASP FLEXTOUCH U-100 INSULIN..... | 89 | <i>fluocinonide-e</i> | 188 | FORA G30A..... | 85 |
| FIASP PENFILL U-100 INSULIN..... | 89 | <i>fluoride (sodium)</i> | 98, 195 | FORA G30-PREMIUM V10 TEST STRP..... | 64 |
| FIASP PUMPCART..... | 89 | FLUORIDEX DAILY DEFENSE..... | 98 | FORA GD50 BLOOD GLUCOSE SYSTEM..... | 85 |
| FIASP U-100 INSULIN..... | 89 | FLUORIDEX SENSITIVITY RELIEF..... | 98 | FORA GD50 TEST STRIPS | 64 |
| FIBRICOR..... | 93 | FLUORIMAX 5000..... | 98 | FORA GTEL GLUCOSE TEST STRIP..... | 64 |
| FIBRYGA..... | 69 | FLUORIMAX 5000 SENSITIVE..... | 98 | FORA GTEL MULTI- FUNCTN MONITOR..... | 85 |
| FINACEA..... | 182 | <i>fluorometholone</i> | 178 | FORA PREMIUM V10 GLUCOSE METER..... | 85 |
| <i>finasteride</i> | 60 | <i>fluorouracil</i> | 35, 109 | FORA TEST N'GO VOICE METER..... | 85 |
| <i>finzala</i> | 143 | FLUOROURACIL..... | 109 | FORA TEST STRIP..... | 64 |
| FIORICET..... | 130 | <i>flouxetine</i> | 164 | FORA TN'G ADVAN PRO TEST STRIP..... | 64 |
| FIRAZYR..... | 171 | <i>fluphenazine decanoate</i> | 161 | FORA TN'G VOICE METER | 85 |
| FIRMAGON KIT W DILUENT SYRINGE..... | 41 | <i>fluphenazine hcl</i> | 161 | FORA TN'G VOICE TEST STRIPS..... | 64 |
| FIRVANQ..... | 194 | <i>flurandrenolide</i> | 188 | FORA V10..... | 64, 85 |
| <i>flac otic oil</i> | 126 | <i>flurazepam</i> | 163 | FORA V10-V12-D10-D20 STRIPS..... | 64 |
| FLAGYL..... | 103 | <i>flurbiprofen</i> | 139 | FORA V12 BLOOD GLUCOSE SYSTEM..... | 85 |
| FLAREX..... | 178 | <i>flurbiprofen sodium</i> | 141 | FORA V12 GLUCOSE..... | 64 |
| <i>flavoxate</i> | 10 | <i>fluticasone propionate</i> | 174, 188 | FORA V20..... | 64, 86 |
| FLEBOGAMMA DIF..... | 192 | FLUTICASONE PROPIONATE..... | 172 | FORA V30A..... | 86 |
| <i>flecainide</i> | 8 | <i>fluticasone propion-salmeterol</i> | 170 | FORACARE GD20..... | 64 |
| FLEXICHAMBER..... | 76 | FLUTICASONE PROPION- SALMETEROL..... | 170 | | |
| FLOLAN..... | 30 | <i>fluvastatin</i> | 92 | | |
| FLOLIPID..... | 92 | <i>fluvoxamine</i> | 164 | | |
| FLOMAX..... | 60 | FLUZONE HIGH-DOSE TRIV 24-25..... | 193 | | |
| <i>floxuridine</i> | 35 | | | | |
| FLUAD TRIV 2024-25(65Y UP)(PF)..... | 193 | | | | |
| FLUARIX TRIV 2024-2025 (PF)..... | 193 | | | | |

| | | |
|---------------------------------------|--------------------------------------|--|
| FORACARE GD20 | GAMMAGARD S-D (IGA < 1 | <i>glipizide-metformin</i>.....137 |
| GLUCOSE METER.....86 | MCG/ML) .....192 | GLUCAGON (HCL) |
| FORACARE GD40 TEST | GAMMAKED .....192 | EMERGENCY KIT.....83 |
| STRIPS.....64 | GAMMAPLEX .....192 | <i>glucagon emergency kit</i> |
| FORACARE GD40A | GAMMAPLEX (WITH | (<i>human</i>).....83 |
| GLUCOSE METER.....86 | SORBITOL) .....192 | GLUCO NAVII TEST STRIP |
| FORACARE GD40B | GAMUNEX-C.....192 |64 |
| GLUCOSE METER.....86 | <i>ganciclovir sodium</i> .....56 | GLUCOCARD 01 METER..86 |
| FORFIVO XL .....162 | GASTROCROM .....114 | GLUCOCARD 01 SENSOR |
| <i>formoterol fumarate</i> .....169 | <i>gatifloxacin</i>.....9 | PLUS .....64 |
| FOSAMAX .....149 | <i>gavilyte-c</i> .....113 | GLUCOCARD EXPRESSION |
| FOSAMAX PLUS D.....149 | <i>gavilyte-g</i> .....113 |64, 86 |
| <i>fosamprenavir</i>.....58 | <i>gavilyte-n</i> .....114 | GLUCOCARD SHINE |
| <i>fosaprepitant</i> .....110 | GAVRETO.....42 | CONNEX METER.....86 |
| <i>foscarnet</i> .....55 | GAZYVA .....32 | GLUCOCARD SHINE |
| FOSCAVIR .....55 | GE100 BLOOD GLUCOSE | EXPRESS METER .....86 |
| <i>fosfomycin tromethamine</i> ...191 | SYSTEM .....86 | GLUCOCARD SHINE |
| <i>fosinopril</i> .....25 | GE100 BLOOD GLUCOSE | METER.....86 |
| <i>fosinopril-hydrochlorothiazide</i> | TEST STRIP.....64 | GLUCOCARD SHINE TEST |
|23 | GE333 BLOOD GLUCOSE | STRIPS .....65 |
| <i>fosphenytoin</i> .....13 | SYSTEM .....86 | GLUCOCARD SHINE XL |
| FOSRENOL .....97 | GE333 BLOOD GLUCOSE | METER.....86 |
| FOTIVDA .....42 | TEST STRIP.....64 | GLUCOCARD VITAL .....86 |
| FRAGMIN .....73 | <i>gefitinib</i>.....42 | GLUCOCARD VITAL |
| FREESTYLE FREEDOM | <i>gemcitabine</i> .....35 | SENSOR.....65 |
| LITE .....86 | GEMCITABINE .....36 | GLUCOCARD VITAL TEST |
| FREESTYLE INSULINX...64 | <i>gemfibrozil</i>.....93 | STRIPS .....65 |
| FREESTYLE INSULINX | <i>gemmily</i> .....143 | GLUCOCOM BLOOD |
| TEST STRIPS .....64 | GEMTESA .....10 | GLUCOSE.....86 |
| FREESTYLE LITE METER86 | <i>generlac</i> .....109 | GLUCOCOM GLUCOSE...65 |
| FREESTYLE LITE STRIPS 64 | <i>gengraf</i>.....48 | GLUCOTROL XL.....137 |
| FREESTYLE PRECISION | GENOTROPIN .....84 | <i>glyburide</i>.....137 |
| NEO METER .....86 | GENOTROPIN MINIQUICK | <i>glyburide micronized</i>.....137 |
| FREESTYLE PRECISION |84 | <i>glyburide-metformin</i> .....137 |
| NEO STRIPS .....64 | <i>gentamicin</i> .....9, 103, 185 | <i>glycopyrrolate</i>.....18 |
| FREESTYLE TEST .....64 | <i>gentamicin in nacl (iso-osm)</i> | GLYXAMBI.....137 |
| <i>frovatriptan</i> .....94 |102 | GM100.....65, 86 |
| FRUZAQLA.....42 | GENTAMICIN IN NAACL | GOJJI BLOOD GLUCOSE |
| <i>fulvestrant</i>.....50 | (ISO-OSM).....102 | TEST STRIP.....65 |
| <i>furosemide</i> .....29 | <i>gentamicin sulfate (ped) (pf)</i> | GRALISE .....18 |
| FUZEON .....57 |103 | <i>granisetron (pf)</i>.....110 |
| FYARRO.....38 | GENVOYA .....59 | <i>granisetron hcl</i>.....110 |
| <i>fyavolv</i> .....81 | GEODON .....158 | <i>griseofulvin microsize</i>.....21 |
| FYCOMPA .....13 | GILENYA .....127 | <i>griseofulvin ultramicrosize</i> ...21 |
| G | GILOTRIF.....42 | <i>guanfacine</i> .....26, 166 |
| <i>gabapentin</i>.....13, 18 | GLASSIA .....102 | GVOKE .....83 |
| GALAFOLD .....120 | GLEOSTINE .....33 | GVOKE HYOPEN 2-PACK |
| <i>galantamine</i>.....122 | GLIADEL WAFER.....33 |83 |
| GAMASTAN .....192 | <i>glimepiride</i>.....136 | GYNAZOLE-1 .....124 |
| GAMIFANT.....48 | <i>glipizide</i> .....136, 137 | H |
| GAMMAGARD LIQUID..192 | GLIPIZIDE.....137 | HADLIMA .....151 |

| | | |
|--|--|--------------------------------------|
| HADLIMA PUSHTOUCH 151 | HUMULIN R U-500 (CONC) | IBRANCE.....42 |
| HADLIMA(CF) 152 | KWIKPEN.....89 | <i>ibu</i> .....139 |
| HADLIMA(CF) | HYCAMTIN 39 | <i>ibuprofen</i>.....139 |
| PUSHTOUCH..... 151 | <i>hydralazine</i> .....26 | <i>icatibant</i> .....171 |
| HAEGARDA 171 | HYDREA 33 | <i>iclevia</i> .....144 |
| <i>hailey</i> 144 | <i>hydrochlorothiazide</i>.....31 | ICLUSIG .....42 |
| <i>hailey 24 fe</i> 144 | <i>hydrocodone bitartrate</i> .....132 | <i>icosapent ethyl</i>.....93 |
| <i>hailey fe 1.5/30 (28)</i> 144 | <i>hydrocodone-acetaminophen</i> | IDAMYCIN PFS .....32 |
| <i>hailey fe 1/20 (28)</i> 144 | 130, 131 | <i>idarubicin</i> .....32 |
| HALAVEN.....38 | <i>hydrocodone-</i> | IDELVION .....72 |
| HALCION..... 163 | <i>chlorpheniramine</i> .....75 | IDHIFA.....45 |
| HALDOL DECANOATE..160 | <i>hydrocodone-homatropine</i> ...75 | IFEX .....34 |
| <i>halobetasol propionate</i> 188 | <i>hydrocodone-ibuprofen</i> .....131 | <i>ifosfamide</i> .....34 |
| <i>haloette</i> 123 | <i>hydrocortisone</i>.....6, 115, 189 | ILARIS (PF) .....61 |
| HALOG..... 188 | <i>hydrocortisone butyrate</i> 189 | ILEVRO 141 |
| <i>haloperidol</i> 161 | <i>hydrocortisone valerate</i>.....189 | ILUVIEN .....178 |
| <i>haloperidol decanoate</i> 160 | <i>hydrocortisone-acetic acid</i> .126 | <i>imatinib</i>.....42 |
| <i>haloperidol lactate</i> 160, 161 | <i>hydrocortisone-pramoxine</i> .113 | IMBRUVICA .....42 |
| HEALTHPRO GLUCOSE | <i>hydromet</i>.....75 | IMCIVREE.....8 |
| MONITOR .....86 | <i>hydromorphone</i> 132 | IMFINZI .....47 |
| HEALTHPRO TEST STRIPS | HYDROMORPHONE 132 | <i>imipenem-cilastatin</i> 105 |
|65 | <i>hydromorphone (pf)</i> 132 | <i>imipramine hcl</i>.....166 |
| <i>heather</i>.....80 | HYDROMORPHONE (PF)132 | <i>imipramine pamoate</i> 166 |
| HECTOROL..... 118 | HYDROMORPHONE (PF) IN | <i>imiquimod</i> .....90 |
| HEMANGEOL 27 | WATER..... 132 | IMITREX STATDOSE PEN94 |
| HEMLIBRA 72 | <i>hydroxocobalamin</i> .....196 | IMITREX STATDOSE |
| HEMOFIL M HIGH 70 | <i>hydroxychloroquine</i> .....104 | REFILL.....94 |
| HEMOFIL M LOW 70 | <i>hydroxyurea</i>.....34 | IMJUDO .....47 |
| HEMOFIL M MID.....70 | <i>hydroxyzine</i>.....22 | IMPAVIDO .....104 |
| HEMOFIL M SUPER HIGH70 | <i>hydroxyzine pamoate</i> .....22 | IMPOYZ.....189 |
| HEPAGAM B 192 | HYFTOR 109 | IMURAN.....48 |
| <i>heparin (porcine)</i> 73 | HYLENEX 102 | IMVEXXY MAINTENANCE |
| <i>heparin (porcine) in 5 % dex</i> 73 | <i>hyoscyamine sulfate</i>.....19 | PACK .....82 |
| <i>heparin (porcine) in nacl (pf)</i> | <i>hyosyne</i> 19 | IMVEXXY STARTER PACK |
| 73 | HYPERRAB (PF).....192 |82 |
| <i>heparin lock flush (porcine)</i> .73 | HYPERSAL .....172 | <i>incassia</i> .....80 |
| <i>heparin lockflush(porcine)(pf)</i> | HYQVIA .....192 | INCRELEX .....99 |
| 73 | HYRIMOZ 152 | <i>indapamide</i> .....31 |
| HEPARIN(PORCINE) IN | HYRIMOZ PEN..... 152 | INDERAL LA .....27 |
| 0.45% NACL.....73 | HYRIMOZ PEN CROHN'S- | <i>indomethacin</i> 139 |
| <i>heparin, porcine (pf)</i> 73 | UC STARTER..... 152 | INFED 195 |
| HEPARIN, PORCINE (PF) .73 | HYRIMOZ PEN PSORIASIS | INFINITY STARTER KIT ..86 |
| <i>her style</i> 144 | STARTER 152 | INFINITY TEST STRIPS ...65 |
| HERCEPTIN HYLECTA 40 | HYRIMOZ(CF)..... 152 | INFLECTRA 111 |
| HERZUMA 40 | HYRIMOZ(CF) PEDI | INFLIXIMAB.....111 |
| HETLIOZ..... 161 | CROHN STARTER 152 | INFUMORPH P/F .....132 |
| HETLIOZ LQ..... 161 | HYRIMOZ(CF) PEN 152 | INGREZZA 122 |
| <i>homatropaire</i> 76 | HYSINGLA ER 132 | INGREZZA INITIATION |
| HUMATE-P 70 | HYZAAR 24 | PK(TARDIV) .....122 |
| HUMULIN R U-500 (CONC) | I | INJECTAFER.....195 |
| INSULIN.....89 | <i>ibandronate</i> 149 | INLYTA .....42 |

| | | | | | |
|--|----------|------------------------------------|----------|--|----------|
| INQOVI..... | 36 | JAZZ WIRELESS 2 METER KIT | 86 | KLARON | 185 |
| INREBIC..... | 42 | JELMYTO..... | 32 | <i>klayesta</i> | 186 |
| INSPRA..... | 30 | JEMPERLI | 44 | KLISYRI | 51 |
| INSULIN SYRINGE- NEEDLE U-100 | 76 | <i>jencycla</i> | 80 | KLONOPIN..... | 11 |
| INTELENCE..... | 57 | JESDUVROQ..... | 99 | <i>klor-con</i> | 78 |
| INTRAROSA | 123 | JEVTANA | 47 | <i>klor-con 10</i> | 77 |
| INTUNIV ER | 166 | <i>jinteli</i> | 81 | <i>klor-con 8</i> | 77 |
| INVEGA HAFYERA..... | 158 | JIVI..... | 70 | <i>klor-con m10</i> | 77 |
| INVEGA SUSTENNA..... | 158 | <i>jolessa</i> | 144 | <i>klor-con m15</i> | 77 |
| INVEGA TRINZA | 158 | JUBLIA | 186 | <i>klor-con m20</i> | 77 |
| IOPIDINE..... | 180 | <i>juleber</i> | 144 | <i>klor-con/ef</i> | 78 |
| <i>ipratropium bromide</i> .. | 101, 168 | JULUCA..... | 55 | KOATE..... | 70 |
| <i>ipratropium-albuterol</i> | 170 | <i>junel 1.5/30 (21)</i> | 144 | KOGENATE FS | 70 |
| <i>irbesartan</i> | 26 | <i>junel 1/20 (21)</i> | 144 | KOSELUGO..... | 38 |
| <i>irbesartan-hydrochlorothiazide</i> | 24 | <i>junel fe 1.5/30 (28)</i> | 144 | <i>kourzeq</i> | 97 |
| IRESSA | 42 | <i>junel fe 1/20 (28)</i> | 144 | KOVALTRY | 70 |
| <i>irinotecan</i> | 39 | <i>junel fe 24</i> | 144 | K-PHOS ORIGINAL | 127 |
| ISENTRESS | 59 | JUST RIGHT 5000..... | 98 | KRAZATI..... | 38 |
| ISENTRESS HD | 59 | JUXTAPID..... | 91 | KRISTALOSE..... | 114 |
| <i>isibloom</i> | 144 | JYLAMVO..... | 36 | KRYSTEXXA | 83 |
| <i>isoniazid</i> | 104 | JYNARQUE..... | 120 | K-TAB..... | 78 |
| ISORDIL | 135 | K | | <i>kurvelo (28)</i> | 144 |
| ISORDIL TITRADOSE..... | 135 | KADCYLA | 45 | KUVAN..... | 120 |
| <i>isosorbide dinitrate</i> | 135 | <i>kaitlib fe</i> | 144 | KYLEENA | 77 |
| <i>isosorbide mononitrate</i> | 135 | KALBITOR..... | 174 | KYMRIAH | 38 |
| <i>isosorbide-hydralazine</i> | 31 | KALETRA | 58 | KYPROLIS..... | 42 |
| <i>isotretinoin</i> | 181 | <i>kalliga</i> | 144 | KYZATREX..... | 116 |
| ISTALOL | 61 | KALYDECO | 171 | L | |
| ISTODAX | 33 | KANJINTI..... | 40 | <i>l norgest/e.estradiol-e.estrad</i> | 144 |
| ISTURISA..... | 115 | KANUMA | 119 | <i>labetalol</i> | 23 |
| <i>itraconazole</i> | 20 | KARBINAL ER | 22 | <i>lacosamide</i> | 13 |
| <i>ivermectin</i> | 103, 182 | <i>kariva (28)</i> | 144 | <i>lactated ringers</i> | 90 |
| IWILFIN..... | 42 | <i>kelnor 1/35 (28)</i> | 144 | <i>lactulose</i> | 109, 114 |
| IXEMPRA..... | 37 | <i>kelnor 1/50 (28)</i> | 144 | LAGEVRIO (EUA)..... | 55 |
| IXINITY | 72 | <i>kemoplat</i> | 34 | LAMICTAL | 14 |
| J | | KENALOG..... | 6, 189 | LAMICTAL ODT | 14 |
| JADENU | 100 | KEPIVANCE | 5 | LAMICTAL ODT STARTER (BLUE)..... | 14 |
| JADENU SPRINKLE | 100 | KEPPRA..... | 13 | LAMICTAL ODT STARTER (GREEN)..... | 14 |
| <i>jaimiess</i> | 144 | KEPPRA XR | 13 | LAMICTAL ODT STARTER (ORANGE)..... | 14 |
| JAKAFI..... | 38 | KERENDIA..... | 30 | LAMICTAL STARTER (BLUE) KIT | 14 |
| <i>jantoven</i> | 69 | KESIMPTA PEN | 128 | LAMICTAL STARTER (GREEN) KIT | 14 |
| JANUMET | 137 | <i>ketoconazole</i> | 20, 186 | LAMICTAL STARTER (ORANGE) KIT | 14 |
| JANUMET XR..... | 137 | <i>ketoprofen</i> | 139 | LAMICTAL XR..... | 14 |
| JANUVIA | 136 | <i>ketorolac</i> | 139, 141 | | |
| JARDIANCE..... | 138 | KEVEYIS..... | 120 | | |
| <i>jasmiel (28)</i> | 144 | KEYTRUDA | 44 | | |
| JATENZO | 116 | KHAPZORY | 5 | | |
| <i>javygtor</i> | 120 | KIMMTRAK..... | 37 | | |
| JAYPIRCA..... | 42 | KISQALI | 42 | | |
| | | KITABIS PAK | 103 | | |

| | | | | | |
|--|--------|--|-----|--|----------|
| LAMICTAL XR STARTER (BLUE)..... | 14 | <i>levobunolol</i> | 61 | LOCOID..... | 189 |
| LAMICTAL XR STARTER (GREEN)..... | 14 | <i>levocarnitine</i> | 100 | LODOCO..... | 107 |
| LAMICTAL XR STARTER (ORANGE)..... | 14 | <i>levocarnitine (with sugar)</i> .. | 100 | LODOSYN..... | 53 |
| <i>lamivudine</i> | 57, 60 | <i>levofloxacin</i> | 176 | LOESTRIN 1.5/30 (21)..... | 145 |
| <i>lamivudine-zidovudine</i> | 56 | <i>levofloxacin in d5w</i> | 176 | LOESTRIN 1/20 (21)..... | 145 |
| <i>lamotrigine</i> | 14, 15 | <i>levoleucovorin calcium</i> | 5 | LOESTRIN FE 1.5/30 (28- DAY)..... | 145 |
| LAMPIT..... | 105 | <i>levonest (28)</i> | 145 | LOESTRIN FE 1/20 (28-DAY) | 145 |
| LANCETS..... | 88 | <i>levonorgestrel</i> | 145 | <i>lojaimiess</i> | 145 |
| LANOXIN..... | 66 | <i>levonorgestrel-ethinyl estrad</i> | 145 | LOKELMA..... | 97 |
| <i>lanreotide</i> | 50 | <i>levonorg-eth estrad triphasic</i> | 145 | LOMOTIL..... | 18 |
| <i>lansoprazole</i> | 191 | <i>levora-28</i> | 145 | LONSURF..... | 36 |
| <i>lanthanum</i> | 97 | <i>levorphanol tartrate</i> | 133 | LOPID..... | 93 |
| LANTUS SOLOSTAR U-100 INSULIN..... | 89 | <i>levo-t</i> | 183 | <i>lopinavir-ritonavir</i> | 58 |
| LANTUS U-100 INSULIN.. | 89 | <i>levothyroxine</i> | 183 | LOPRESSOR..... | 27 |
| <i>lapatinib</i> | 43 | LEVOTHYROXINE..... | 183 | LOQTORZI..... | 44 |
| <i>larin 1.5/30 (21)</i> | 144 | <i>levoxyl</i> | 183 | <i>lorazepam</i> | 157, 163 |
| <i>larin 1/20 (21)</i> | 144 | LEVSIN..... | 19 | <i>lorazepam intensol</i> | 157 |
| <i>larin 24 fe</i> | 145 | LEVSIN/SL..... | 19 | <i>loryna (28)</i> | 145 |
| <i>larin fe 1.5/30 (28)</i> | 145 | LEVULAN..... | 109 | LORZONE..... | 129 |
| <i>larin fe 1/20 (28)</i> | 145 | LIBERVANT..... | 11 | <i>losartan</i> | 26 |
| LASIX..... | 29 | <i>lidocaine</i> | 184 | <i>losartan-hydrochlorothiazide</i> | 24 |
| <i>latanoprost</i> | 150 | <i>lidocaine (pf)</i> | 184 | LOTEMAX..... | 178 |
| LATUDA..... | 158 | <i>lidocaine hcl</i> | 184 | LOTEMAX SM..... | 178 |
| <i>layolis fe</i> | 145 | <i>lidocaine viscous</i> | 184 | LOTENSIN..... | 25 |
| LEDIPASVIR-SOFOSBUVIR | 59 | <i>lidocaine-prilocaine</i> | 185 | LOTENSIN HCT..... | 23 |
| <i>leena 28</i> | 145 | <i>lidocan iii</i> | 185 | <i>loteprednol etabonate</i> | 178 |
| <i>leflunomide</i> | 152 | <i>lidocan iv</i> | 185 | LOTREL..... | 22 |
| LENVIMA..... | 43 | <i>lidocan v</i> | 185 | LOTRONEX..... | 113 |
| LEQVIO..... | 91 | LILETTA..... | 77 | <i>lovastatin</i> | 92 |
| LESCOL XL..... | 92 | LINCOCIN..... | 106 | LOVAZA..... | 93 |
| <i>lessina</i> | 145 | <i>lincomycin</i> | 106 | LOVENOX..... | 73, 74 |
| <i>letrozole</i> | 37 | <i>linezolid</i> | 106 | <i>low-ogestrel (28)</i> | 145 |
| <i>leucovorin calcium</i> | 5 | <i>linezolid in dextrose 5%</i> | 106 | <i>loxapine succinate</i> | 160 |
| LEUKERAN..... | 34 | <i>linezolid-0.9% sodium chloride</i> | 106 | <i>lo-zumandimine (28)</i> | 145 |
| LEUKINE..... | 62 | LINZESS..... | 113 | <i>lubiprostone</i> | 114 |
| <i>leuprolide</i> | 40 | <i>liothyronine</i> | 184 | LUCENTIS..... | 125 |
| <i>levabuterol hcl</i> | 169 | LIPITOR..... | 92 | LUMAKRAS..... | 38 |
| LEVALBUTEROL TARTRATE..... | 169 | LIPOFEN..... | 93 | LUMIGAN..... | 150 |
| LEVBIID..... | 19 | <i>lisdexamfetamine</i> | 156 | LUMIZYME..... | 119 |
| LEVEMIR U-100 INSULIN | 89 | <i>lisinopril</i> | 25 | LUMRYZ..... | 157 |
| <i>levetiracetam</i> | 15 | <i>lisinopril-hydrochlorothiazide</i> | 23 | LUNSUMIO..... | 45 |
| <i>levetiracetam in nacl (iso-os)</i> | 15 | <i>lithium carbonate</i> | 161 | LUPRON DEPOT..... | 41, 49 |
| LEVETIRACETAM IN NAACL (ISO-OS)..... | 15 | <i>lithium citrate</i> | 161 | LUPRON DEPOT (3 MONTH)..... | 40, 49 |
| | | LITHOBID..... | 161 | LUPRON DEPOT (4 MONTH)..... | 41 |
| | | LITHOSTAT..... | 96 | LUPRON DEPOT (6 MONTH)..... | 41 |
| | | LIVTENCITY..... | 56 | | |
| | | LO LOESTRIN FE..... | 145 | | |

| | | |
|----------------------------|---------------------------------------|--|
| LUPRON DEPOT-PED .49, 50 | MEDROL | METHYLPHENIDATE HCL |
| LUPRON DEPOT-PED (3 | MEDROL (PAK) |167 |
| MONTH)..... | <i>medroxyprogesterone</i> | <i>methylprednisolone</i> |
| 49 | 79, 82 | <i>methylprednisolone acetate</i> |
| <i>lurasidone</i> | <i>mefenamic acid</i> | 7 |
| 158 | 139 | <i>metoclopramide hcl</i> |
| <i>lutera</i> (28)..... | <i>mefloquine</i> | 113 |
| 145 | 104 | <i>metolazone</i> |
| LUZU | <i>megestrol</i> | 31 |
| 186 | 47, 51 | <i>metoprolol succinate</i> |
| LYBALVI | MEKINIST | 27 |
| 158 | 38 | <i>metoprolol ta-hydrochlorothiaz</i> |
| <i>lyleq</i> | MEKTOVI..... |27 |
| 80 | 38 | <i>metoprolol tartrate</i> |
| <i>lyllana</i> | <i>meloxicam</i> | 27 |
| 81 | 139 | <i>metro i.v.</i> |
| LYNPARZA..... | <i>melphalan hcl</i> | 103 |
| 43 | 34 | METROCREAM..... |
| LYRICA | <i>memantine</i> | 182 |
| 15 | 121 | METROGEL |
| LYRICA CR..... | MEMANTINE..... | 182 |
| 18 | 121 | <i>metronidazole</i> |
| LYSODREN..... | MENEST | 103, 124, 182 |
| 47 | 81 | <i>metronidazole in nacl (iso-os)</i> |
| LYTGOBI | MENOSTAR |103 |
| 43 | 81 | <i>metyrosine</i> |
| <i>lyza</i> | <i>meperidine</i> | 26 |
| 80 | 133 | <i>mexiletine</i> |
| M | <i>meperidine (pf)</i> | 8 |
| MACROBID | 133 | MIACALCIN |
| 191 | 133 | 117 |
| MACRODANTIN..... | <i>meprobamate</i> | <i>mibelas 24 fe</i> |
| 191 | 129 | 146 |
| MALARONE | MEPRON | <i>micafungin</i> |
| 104 | 105 | 21 |
| MALARONE PEDIATRIC | MEPSEVII..... | MICARDIS..... |
| 104 | 119 | 26 |
| <i>malathion</i> | <i>mercaptopurine</i> | MICARDIS HCT..... |
| 190 | 36 | 24 |
| <i>maraviroc</i> | <i>meropenem</i> | <i>miconazole-3</i> |
| 57 | 105 | 124 |
| MARINOL | MEROPENEM..... | MICRO BLOOD GLUCOSE |
| 111 | 105 |65 |
| <i>marlissa</i> (28) | <i>merzee</i> | MICROCHAMBER |
| 145 | 145 | 76 |
| MARPLAN | <i>mesalamine</i> | MICRODOT BLOOD |
| 162 | 112 | GLUCOSE SYSTEM.65, 86 |
| MATULANE | <i>mesalamine with cleansing</i> | MICRODOT XTRA BLOOD |
| 47 | <i>wipe</i> | GLUCOSE..... |
| <i>matzim la</i> | 112 | 65 |
| 28 | <i>mesna</i> | <i>microgestin 1.5/30 (21)</i> |
| MAVENCLAD (10 TABLET | MESNEX..... | 146 |
| PACK)..... | 5 | <i>microgestin 1/20 (21)</i> |
| 128 | 5 | 146 |
| MAVENCLAD (4 TABLET | MESTINON | <i>microgestin 24 fe</i> |
| PACK)..... | 129 | 146 |
| 128 | MESTINON TIMESPAN .. | <i>microgestin fe 1.5/30 (28)</i> ...146 |
| MAVENCLAD (5 TABLET | 129 | <i>microgestin fe 1/20 (28)</i>.....146 |
| PACK)..... | METADATE CD | MICROSPACER..... |
| 128 | 167 | 76 |
| MAVENCLAD (6 TABLET | <i>metaxalone</i> | <i>midodrine</i> |
| PACK)..... | 129 | 95 |
| 128 | <i>metformin</i> | MIEBO (PF) |
| MAVENCLAD (7 TABLET | 136 | 124 |
| PACK)..... | <i>methadone</i> | MIFEPREX |
| 128 | 133 | 123 |
| MAVENCLAD (8 TABLET | <i>methadose</i> | <i>miglitol</i> |
| PACK)..... | 133 | 136 |
| 128 | <i>methamphetamine</i> | MIGRANAL..... |
| MAVENCLAD (9 TABLET | 156 | 94 |
| PACK)..... | <i>methazolamide</i> | <i>mili</i> |
| 128 | 149 | 146 |
| MAVYRET | <i>methenamine hippurate</i> | <i>mimvey</i> |
| 60 | 191 | 81 |
| MAXIDEX | <i>methenamine mandelate</i> | MINIVELLE |
| 179 | 191 | 81 |
| MAXITROL..... | <i>methimazole</i> | MINOCIN..... |
| 177 | 54 | 180 |
| MAYZENT | <i>methocarbamol</i> | <i>minocycline</i> |
| 128 | 129 | 180 |
| MAYZENT STARTER(FOR | <i>methotrexate sodium</i> | <i>minoxidil</i> |
| 1MG MAINT)..... | 36 | 26 |
| 128 | <i>methotrexate sodium (pf)</i> | <i>miostat</i> |
| MAYZENT STARTER(FOR | 36 | 150 |
| 2MG MAINT)..... | <i>methoxsalen</i> | MIRAPEX ER |
| 128 | 108 | 52 |
| <i>meclizine</i> | <i>methscopolamine</i> | MIRCERA..... |
| 110 | 19 | 62 |
| <i>meclofenamate</i> | <i>methsuximide</i> | |
| 139 | 15 | |
| | <i>methyl dopa</i> | |
| | 26 | |
| | <i>methylergonovine</i> | |
| | 154 | |
| | METHYLIN | |
| | 167 | |
| | <i>methylphenidate</i> | |
| | 167 | |
| | <i>methylphenidate hcl</i> | |
| | 167 | |

| | | | |
|---------------------------------------|----------|--|--|
| MIRENA | 77 | <i>mycophenolate mofetil (hcl)</i> .48 | <i>neomycin-bacitracin-</i> |
| <i>mirtazapine</i> | 156 | <i>mycophenolate sodium</i> | <i>polymyxin</i>.....9 |
| MIRVASO | 182 | MYDAYIS | <i>neomycin-polymyxin b gu</i> ....90 |
| <i>misoprostol</i> | 190 | MYDRIACYL..... | <i>neomycin-polymyxin b-</i> |
| MITIGARE | 83 | MYFEMBREE | <i>dexameth</i>.....177 |
| MITIGO (PF) | 133 | MYGLUCOHEALTH.... | <i>neomycin-polymyxin-</i> |
| <i>mitomycin</i> | 32 | 65, 86 | <i>gramicidin</i>.....9 |
| <i>mitoxantrone</i> | 47 | MYLERAN | <i>neomycin-polymyxin-hc</i> |
| <i>m-natal plus</i> | 195 | 39 | 153, |
| <i>modafinil</i> | 162 | MYLOTARG | 178 |
| <i>moexipril</i> | 25 | MYRBETRIQ | NEONATAL PLUS |
| <i>molindone</i> | 161 | 10 | VITAMIN..... |
| <i>mometasone</i> | 174, 189 | MYSOLINE | 195 |
| <i>mondoxyne nl</i> | 181 | MYTESI..... | <i>neo-polycin</i> |
| MONJUVI..... | 37 | 18 | 10 |
| <i>mono-lynyah</i> | 146 | N | <i>neo-polycin hc</i> |
| MONOVISC..... | 138 | <i>nabumetone</i> | 178 |
| <i>montelukast</i> | 173 | 139 | NEORAL..... |
| <i>morphine</i> | 133, 134 | 27 | 49 |
| MORPHINE | 133 | <i>nadolol</i> | NEO-SYNALAR..... |
| <i>morphine (pf)</i> | 133 | 155 | 185 |
| <i>morphine (pf) in 0.9 % sod chl</i> | 133 | <i>nafcillin</i> | NERLYNX..... |
| ..... | 133 | <i>nafcillin in dextrose iso-osm</i> | 43 |
| MORPHINE (PF) IN 0.9 % |  | ..... | <i>neuac</i> |
| SOD CHL..... | 133 | 154 | 182 |
| <i>morphine concentrate</i> | 133 | <i>naftifine</i> | NEUPRO |
| MOTEGRITY | 113 | 186 | 52 |
| MOTOFEN | 18 | NAFTIN | NEURONTIN..... |
| MOUNJARO..... | 136 | 186 | 15 |
| MOVANTIK..... | 114 | NAGLAZYME..... | NEUTEK 2TEK TEST |
| <i>moxifloxacin</i> | 9, 176 | 119 | STRIPS |
| MOXIFLOXACIN- | | <i>nalbuphine</i> | 65 |
| SOD.ACE,SUL-WATER | | NALFON..... | NEVANAC..... |
| ..... | 176 | 139 | 142 |
| <i>moxifloxacin-sod.chloride(iso)</i> | 177 | <i>naloxone</i> | <i>nevirapine</i> |
| ..... | 177 | 140, 141 | 57 |
| MOZOBIL..... | 61 | <i>naltrexone</i> | <i>new day</i> |
| MS CONTIN..... | 134 | 141 | 146 |
| MULPLETA..... | 74 | NAMENDA TITRATION | NEXIUM PACKET..... |
| MULTAQ..... | 8 | PAK..... | 191 |
| <i>multi-vitamin with fluoride</i> . | 195 | 121 | NEXLETOL |
| <i>mupirocin</i> | 185 | NAMENDA XR..... | 91 |
| <i>mupirocin calcium</i> | 185 | 121 | NEXLIZET |
| MVASI..... | 32 | NAMZARIC..... | 92 |
| <i>my choice</i> | 146 | 121 | NEXPLANON..... |
| <i>my way</i> | 146 | NAPROSYN | 123 |
| MYALEPT | 118 | 140 | NEXTSTELLIS..... |
| MYCAMINE..... | 21 | <i>naproxen</i> | 146 |
| MYCAPSSA | 50 | 140 | NEXVIAZYME |
| MYCOBUTIN..... | 104 | <i>naproxen sodium</i> | 119 |
| <i>mycophenolate mofetil</i> | 48, 49 | 140 | <i>niacin</i> |
| | | 94 | 93 |
| | | NARCAN | <i>nicardipine</i> |
| | | 141 | 28 |
| | | NARDIL..... | <i>nicorette</i> |
| | | 162 | 177 |
| | | NASCOBAL | NICORETTE..... |
| | | 196 | 177 |
| | | NATACYN | <i>nicotine</i> |
| | | 10 | 177 |
| | | NATAZIA | <i>nicotine (polacrilex)</i> |
| | | 146 | 177 |
| | | <i>nateglinide</i> | NICOTROL NS..... |
| | | 137 | 177 |
| | | NATESTO..... | <i>nifedipine</i> |
| | | 116 | 28 |
| | | NATROBA..... | <i>nikki (28)</i> |
| | | 190 | 146 |
| | | NAYZILAM..... | NILANDRON |
| | | 11 | 34 |
| | | <i>nebivolol</i> | <i>nimodipine</i> |
| | | 27 | 28 |
| | | NEBUPENT | NINLARO |
| | | 105 | 43 |
| | | <i>nebusal</i> | NIPENT |
| | | 172 | 36 |
| | | NEBUSAL..... | <i>nisoldipine</i> |
| | | 172 | 28 |
| | | <i>necon 0.5/35 (28)</i> | <i>nitazoxanide</i> |
| | | 146 | 104 |
| | | <i>nefazodone</i> | <i>nitisinone</i> |
| | | 164 | 97 |
| | | <i>neomycin</i> | <i>nitro-bid</i> |
| | | 103 | 135 |
| | | <i>neomycin-bacitracin-poly-hc</i> | NITRO-DUR |
|  |  | ..... | 135 |
| | | 177 | <i>nitrofurantoin</i> |
| | | | 191 |
| | | | NITROFURANTOIN..... |
| | | | 191 |
| | | | <i>nitrofurantoin macrocrystal</i> 191 |

| | | |
|---------------------------------------|--|---|
| <i>nitrofurantoin monohyd/m-</i> | NOVOLOG U-100 INSULIN | <i>omega-3 acid ethyl esters</i> ....93 |
| <i>cryst</i> 191 | ASPART.....89 | <i>omeprazole</i> .....191 |
| <i>nitroglycerin</i> 114, 135 | NOVOSEVEN RT .....70 | OMISIRGE.....96 |
| NITROLINGUAL..... 135 | NOXAFIL .....20 | OMNARIS.....174 |
| NITROSTAT..... 135 | <i>np thyroid</i> .....184 | OMNIPOD 5 G6 INTRO KIT |
| NITYR.....97 | NPLATE.....74 | (GEN 5).....86 |
| <i>niva thyroid</i> 184 | NUBEQA .....34 | OMNIPOD 5 G6 PODS (GEN |
| NIVESTYM .....62 | NUCALA .....172 | 5).....86 |
| <i>nizatidine</i> 190 | NUCYNTA .....140 | OMNIPOD CLASSIC PODS |
| <i>nora-be</i> .....80 | NUCYNTA ER .....140 | (GEN 3).....86 |
| <i>norelgestromin-ethin.estradiol</i> | NUEDEXTA .....123 | OMNIPOD DASH PODS |
| 123 | NULEV .....19 | (GEN 4).....86 |
| <i>noreth-ethinyl estradiol-iron</i> | NULIBRY .....122 | ON CALL EXPRESS METER |
| 146 | NULOJIX .....49 |86 |
| <i>norethindrone (contraceptive)</i> | NUPLAZID.....163 | ON CALL EXPRESS TEST |
|80 | NURTEC ODT.....94 | STRIP .....65 |
| <i>norethindrone acetate</i> .....82 | NUVARING.....123 | ONCASPAR.....47 |
| <i>norethindrone ac-eth estradiol</i> | NUVESSA.....124 | <i>ondansetron</i> .....110 |
|81, 146 | NUWIQ .....70 | <i>ondansetron hcl</i> .....110 |
| <i>norethindrone-e.estradiol-iron</i> | NUZYRA .....181 | <i>ondansetron hcl (pf)</i> .....110 |
| 146 | <i>nyamyc</i>.....186 | ONETOUCH ULTRA TEST |
| NORGESIC.....129 | <i>nylia 1/35 (28)</i> .....147 |65 |
| NORGESIC FORTE .....129 | <i>nylia 7/7/7 (28)</i> .....147 | ONETOUCH ULTRA2 |
| <i>norgestimate-ethinyl estradiol</i> | NYMALIZE .....29 | METER.....87 |
| 146 | <i>nymyo</i>.....147 | ONETOUCH VERIO FLEX |
| NORITATE.....182 | <i>nystatin</i> .....21, 186 | METER.....87 |
| NORLIQVA .....29 | <i>nystatin-triamcinolone</i>.....186 | ONETOUCH VERIO |
| NORPACE .....8 | <i>nystop</i>.....186 | REFLECT METER .....87 |
| NORPACE CR.....8 | NYVEPRIA.....62 | ONETOUCH VERIO TEST |
| NORTHERA .....95 | O | STRIPS .....65 |
| <i>nortrel 0.5/35 (28)</i> 146 | OBIZUR .....71 | ONFI.....11 |
| <i>nortrel 1/35 (21)</i> 146 | OCALIVA .....112 | ONIVYDE.....39 |
| <i>nortrel 1/35 (28)</i> 146 | <i>ocella</i> .....147 | ONPATTRO.....121 |
| <i>nortrel 7/7/7 (28)</i> 147 | OCREVUS .....128 | ONTRUZANT.....40 |
| <i>nortriptyline</i> 166 | OCTAGAM.....192 | ONUREG .....36 |
| NORVASC.....29 | <i>octreotide acetate</i> .....50, 51 | ONZETRA XSAIL.....94 |
| NORVIR .....58 | OCUFLOX .....10 | <i>opcicon one-step</i> .....147 |
| NOVA MAX GLUCOSE | ODEFSEY .....59 | OPDIVO .....44 |
| TEST .....65 | ODOMZO .....37 | OPDUALAG .....45 |
| NOVA MAX PLUS GLUC- | OFEV .....175 | OPFOLDA.....118 |
| KETON METER.....86 | <i>ofloxacin</i> .....10, 126, 177 | OPSUMIT.....175 |
| NOVOEIGHT .....70 | OGSIVEO .....43 | OPSYNVI.....175 |
| NOVOLIN 70-30 FLEXPEN | <i>olanzapine</i> .....158 | OPTICHAMBER DIAMOND |
| U-100.....89 | <i>olanzapine-fluoxetine</i> .....165 | VHC.....76 |
| NOVOLIN N FLEXPEN .....89 | <i>olmesartan</i> .....26 | <i>option-2</i>.....147 |
| NOVOLIN R FLEXPEN .....89 | <i>olmesartan-amlodipin-</i> | OPTIUM EZ.....65 |
| NOVOLOG MIX 70-30 U-100 | <i>hcthiazid</i> .....24 | OPVEE .....141 |
| INSULN .....89 | <i>olmesartan-</i> | ORACEA.....181 |
| NOVOLOG MIX 70- | <i>hydrochlorothiazide</i>.....24 | ORACIT .....127 |
| 30FLEXPEN U-100 .....89 | <i>olopatadine</i> .....100, 125 | <i>oralone</i>.....97 |
| | OLPRUVA .....96 | ORAPRED ODT .....7 |

| | | | | | |
|---------------------------------------|----------|-------------------------------------|-----|---|---------|
| ORAVIG | 20 | <i>oxymorphone</i> | 134 | <i>pentamidine</i> | 105 |
| ORENCIA (WITH | | OZEMPIC | 135 | PENTASA | 112 |
| MALTOSE)..... | 152 | OZURDEX..... | 179 | <i>pentazocine-naloxone</i> | 140 |
| ORENITRAM..... | 30 | P | | <i>pentoxifylline</i> | 72 |
| ORENITRAM MONTH 1 | | <i>pacerone</i> | 8 | PERCOCET..... | 131 |
| TITRATION KT | 30 | <i>paclitaxel</i> | 47 | PERFOROMIST..... | 169 |
| ORENITRAM MONTH 2 | | PACLITAXEL PROTEIN- | | <i>perindopril erbumine</i> | 25 |
| TITRATION KT | 30 | BOUND..... | 47 | <i>perio gard</i> | 97 |
| ORENITRAM MONTH 3 | | PADCEV | 46 | PERJETA | 40 |
| TITRATION KT | 30 | <i>paliperidone</i> | 158 | <i>permethrin</i> | 190 |
| ORFADIN | 97 | <i>palonosetron</i> | 110 | <i>perphenazine</i> | 161 |
| ORGOVYX..... | 41 | PALONOSETRON | 110 | <i>perphenazine-amitriptyline</i> | 165 |
| ORIAHNN | 124 | PAMELOR..... | 166 | PERSERIS..... | 158 |
| ORLISSA..... | 118 | <i>pamidronate</i> | 117 | PERTZYE..... | 115 |
| ORKAMBI..... | 171 | PANCREAZE | 114 | <i>pfizerpen-g</i> | 155 |
| ORLADEYO..... | 174 | PANDEL | 189 | PHARMACIST CHOICE | 65 |
| <i>ormalvi</i> | 120 | PANRETIN | 109 | PHARMACIST CHOICE | |
| <i>orphenadrine citrate</i> ... | 129, 130 | <i>pantoprazole</i> | 191 | GLUCOSE SYS | 87 |
| <i>orphenadrine-asa-caffeine</i> . | 130 | PANZYGA..... | 192 | PHEBURANE | 96 |
| <i>orphengesic forte</i> | 130 | PARAGARD T 380A..... | 77 | <i>phendimetrazine tartrate</i> | 7 |
| ORSERDU | 50 | <i>paraplatin</i> | 34 | <i>phenelzine</i> | 162 |
| ORTHOVISC..... | 138 | <i>paricalcitol</i> | 118 | PHENERGAN..... | 22 |
| <i>oscimim</i> | 19 | PARICALCITOL | 118 | <i>phenobarbital</i> | 17 |
| <i>oscimim sl</i> | 19 | PARNATE..... | 162 | <i>phenoxybenzamine</i> | 23 |
| <i>oseltamivir</i> | 56 | <i>paroex oral rinse</i> | 97 | <i>phentermine</i> | 8 |
| OSPHENA | 124 | <i>paroxetine hcl</i> | 164 | <i>phenylephrine hcl</i> | 194 |
| OTEZLA | 152 | <i>paroxetine</i> | | PHENYTEK..... | 15 |
| OTEZLA STARTER | 152 | <i>mesylate(menop.sym)</i> | 162 | <i>phenytoin</i> | 15 |
| OTOVEL..... | 153 | PARSABIV | 117 | <i>phenytoin sodium</i> | 16 |
| OTREXUP (PF) | 151 | PAXIL | 164 | <i>phenytoin sodium extended</i> ... | 16 |
| OVIDE | 190 | PAXIL CR..... | 164 | PHESGO..... | 40 |
| <i>oxacillin</i> | 155 | PAXLOVID..... | 55 | PHEXXI | 123 |
| <i>oxacillin in dextrose(iso-osm)</i> | | <i>peg 3350-electrolytes</i> | 114 | <i>philith</i> | 147 |
| ..... | 155 | PEGASYS | 90 | PHOSPHOLINE IODIDE | 68 |
| <i>oxaliplatin</i> | 34 | <i>peg-electrolyte soln</i> | 114 | PHOTOFRIN..... | 50 |
| <i>oxaprozin</i> | 140 | PEMAZYRE | 43 | PHYSIOLYTE | 91 |
| <i>oxazepam</i> | 157 | PEMETREXED..... | 36 | PHYSIOSOL IRRIGATION | 91 |
| OXBRYTA | 101 | <i>pemetrexed disodium</i> | 36 | <i>phytonadione (vitamin k1)</i> | 75 |
| <i>oxcarbazepine</i> | 15 | PEMETREXED DISODIUM | | PHYTONADIONE | |
| OXERVATE | 126 | ..... | 36 | (VITAMIN K1) | 74, 75 |
| <i>oxiconazole</i> | 186 | PEMFEXY | 36 | PIFELTRO | 57 |
| OXISTAT..... | 186 | PEMRYDI RTU..... | 36 | <i>pilocarpine hcl</i> | 77, 101 |
| OXLUMO | 126 | PEN NEEDLE, DIABETIC . | 88 | <i>pimecrolimus</i> | 109 |
| OXTELLAR XR | 15 | <i>penciclovir</i> | 186 | <i>pimozide</i> | 157 |
| <i>oxybutynin chloride</i> | 10 | <i>penicillamine</i> | 151 | <i>pimtreea (28)</i> | 147 |
| OXYBUTYNIN CHLORIDE | | PENICILLIN G POT IN | | <i>pindolol</i> | 27 |
| ..... | 10 | DEXTROSE | 155 | <i>pioglitazone</i> | 138 |
| <i>oxycodone</i> | 134 | <i>penicillin g potassium</i> | 155 | <i>pioglitazone-glimepiride</i> | 137 |
| OXYCODONE | 134 | <i>penicillin g sodium</i> | 155 | <i>pioglitazone-metformin</i> | 137 |
| <i>oxycodone-acetaminophen</i> . | 131 | <i>penicillin v potassium</i> | 155 | PIP BLOOD GLUCOSE | |
| OXYCONTIN | 134 | PENTAM..... | 105 | MONITOR | 87 |

| | | | | | |
|--|--------|---|--------|---|--------|
| PIP BLOOD GLUCOSE TEST STRIP | 65 | PREMARIN | 81, 83 | <i>probenecid</i> | 84 |
| <i>piperacillin-tazobactam</i> | 155 | PREMIER BLU GLUCOSE METER | 87 | <i>probenecid-colchicine</i> | 84 |
| PIQRAY | 43 | PREMIER CLASSIC GLUCOSE METER | 87 | PROCARDIA XL | 29 |
| <i>pirfenidone</i> | 168 | PREMIER COMPACT GLUCOSE METER | 87 | <i>procentra</i> | 156 |
| PIRFENIDONE | 168 | PREMIER TEST STRIP | 65 | PROCHAMBER | 76 |
| <i>piroxicam</i> | 140 | PREMIER VOICE GLUCOSE METER | 87 | <i>prochlorperazine</i> | 111 |
| PLAN B ONE-STEP | 147 | PREMIUM BLOOD GLUCOSE MONITOR | 87 | <i>prochlorperazine edisylate</i> | 110 |
| PLAVIX | 74 | PREMIUM V10 | 65, 87 | <i>prochlorperazine maleate</i> | 110 |
| PLENVU | 114 | PREMPHASE | 82 | PROCRT | 62 |
| <i>plerixafor</i> | 61 | PREMPRO | 82 | PROCTOCORT | 189 |
| <i>pnv-dha</i> | 195 | <i>prenatal plus (calcium carb)</i> | 195 | PROCTOFOAM HC | 113 |
| POCKET CHAMBER | 76 | PRENATAL PLUS VITAMIN-MINERAL ... | 196 | <i>procto-med hc</i> | 115 |
| <i>podofilox</i> | 109 | PRESTALIA | 22 | <i>proctosol hc</i> | 115 |
| POKONZA | 78 | PRESTO PRO BLOOD GLUCOSE METER | 87 | <i>proctozone-hc</i> | 115 |
| POLIVY | 46 | PRETOMANID | 105 | PRODIGY AUTOCODE METER | 87 |
| <i>polycin</i> | 10 | <i>prevalite</i> | 93 | PRODIGY AUTOCODE MONITOR SYST | 87 |
| <i>polymyxin b sulfate</i> | 107 | PREVIDENT | 99 | PRODIGY NO CODING | 65 |
| ..... | 10 | PREVIDENT 5000 BOOSTER PLUS | 98 | PRODIGY POCKET METER | 87 |
| POMALYST | 40 | PREVIDENT 5000 ENAMEL PROTECT | 98 | PRODIGY VOICE GLUCOSE METER | 87 |
| POMBILITI | 119 | PREVIDENT 5000 ORTHO DEFENSE | 98 | PROFILNINE | 71 |
| <i>portia 28</i> | 147 | PREVIDENT 5000 PLUS | 99 | <i>progesterone</i> | 82 |
| PORTRAZZA | 40 | PREVIDENT 5000 SENSITIVE | 99 | <i>progesterone micronized</i> | 82 |
| <i>posaconazole</i> | 20 | PREVIDENT KIDS | 99 | PROGLYCEM | 83 |
| POSFREA | 110 | PREVYMIS | 56 | PROGRAF | 49 |
| <i>potassium chloride</i> | 78 | PREZCOBIX | 56 | PROLASTIN-C | 102 |
| <i>potassium citrate</i> | 127 | PREZISTA | 56 | PROLEUKIN | 62 |
| POTELIGEO | 46 | PRIFTIN | 105 | PROLIA | 149 |
| <i>povidone-iodine</i> | 9 | PRIMAXIN IV | 105 | PROMACTA | 74 |
| PRALATREXATE | 36 | <i>primidone</i> | 16 | <i>promethazine</i> | 21, 22 |
| <i>pramipexole</i> | 52 | PRIMIDONE | 16 | <i>promethazine vc</i> | 75 |
| PRAMOSONE | 54 | PRISTIQ | 165 | <i>promethazine-codeine</i> | 75 |
| <i>prasugrel</i> | 74 | PRIVIGEN | 193 | <i>promethazine-dm</i> | 75 |
| <i>pravastatin</i> | 92 | PRO VOICE V8 GLUCOSE MONITOR | 87 | <i>promethgan</i> | 21 |
| <i>praziquantel</i> | 103 | PRO VOICE V8-V9 TEST STRIP | 65 | PROMETRIUM | 82 |
| <i>prazosin</i> | 23 | PRO VOICE V9 GLUCOSE MONITOR | 87 | <i>propafenone</i> | 8 |
| PRECISION XTRA KETONE-GLUCOSE | 87 | PROAIR RESPICLICK | 169 | <i>proparacaine</i> | 125 |
| PRECISION XTRA TEST | 65 | | | <i>propranolol</i> | 27 |
| PRED FORTE | 179 | | | <i>propylthiouracil</i> | 54 |
| PRED MILD | 179 | | | PROSCAR | 60 |
| <i>prednisolone</i> | 7 | | | PROSTIN VR PEDIATRIC | 127 |
| <i>prednisolone acetate</i> | 179 | | | PROTHELIAL | 96 |
| PREDNISOLONE ACETATE (PF) | 179 | | | PROTONIX | 191 |
| <i>prednisolone sodium phosphate</i> | 7, 179 | | | <i>protriptyline</i> | 166 |
| <i>prednisone</i> | 7 | | | PROVERA | 82 |
| <i>prednisone intensol</i> | 7 | | | <i>prudoxin</i> | 108 |
| <i>pregabalin</i> | 16, 18 | | | PULMICORT | 172 |

| | | | | |
|--------------------------------------|-----------------------------|--------|-------------------------------------|----------|
| PULMICORT FLEXHALER | RAYALDEE | 118 | REVATIO..... | 175 |
| ..... | REBIF (WITH ALBUMIN) | | REVLIMID..... | 40 |
| <i>pulmosal</i> ..... | ..... | 128 | REXULTI..... | 160 |
| PULMOZYME | REBIF REBIDOSE | 128 | REYATAZ | 58 |
| PURIXAN..... | REBIF TITRATION PACK | | REZDIFFRA | 102 |
| <i>pyrazinamide</i> ..... | ..... | 128 | REZLIDHIA..... | 45 |
| <i>pyridostigmine bromide</i> | REBINYN | 72 | REZUROCK..... | 50 |
| <i>pyrimethamine</i> | REBLOZYL | 61 | RHOFADE | 182 |
| PYRUKYND..... | RECARBRIO | 105 | RHOPRESSA | 150 |
| Q | RECLAST | 96 | RIABNI | 32 |
| QBRELIS | <i>reclipsen (28)</i> | 147 | RIASTAP | 69 |
| QBREXZA | RECOMBINATE..... | 71 | <i>ribavirin</i> | 60 |
| QELBREE..... | REFUAH PLUS | 65 | RIDAURA..... | 152 |
| QINLOCK..... | REFUAH PLUS GLUCOSE | | <i>rifabutin</i> | 104 |
| QNASL | MONITOR | 87 | RIFADIN..... | 105 |
| QSYMIA | REGLAN..... | 113 | <i>rifampin</i> | 105 |
| QTERN | <i>regonol</i> | 129 | RIGHTEST GM550 SYSTEM | |
| QUALAQUIN..... | REGRANEX | 108 | ..... | 87 |
| QUAZEPAM..... | RELENZA DISKHALER ... | 56 | RIGHTEST GS550 TEST | |
| QUDEXY XR | RELEXXII..... | 167 | STRIPS | 65 |
| QUESTRAN..... | RELION ALL-IN-ONE | | RIGHTEST GT333 | |
| QUESTRAN LIGHT..... | METER | 87 | GLUCOSE METER | 87 |
| <i>quetiapine</i> | RELION CONFIRM | 87 | RIGHTEST GT333 TEST | |
| QUETIAPINE | RELION CONFIRM-MICRO | | STRIP | 65 |
| QUILLICHEW ER..... | ..... | 65 | <i>riluzole</i> | 96 |
| QUILLIVANT XR..... | RELION MICRO GLUCOSE | | <i>rimantadine</i> | 56 |
| <i>quinapril</i> | MONITOR | 87 | <i>ringer's</i> | 91 |
| <i>quinapril-hydrochlorothiazide</i> | RELION NOVOLIN 70/30 .. | 89 | RINVOQ..... | 153 |
| ..... | RELION NOVOLIN N | 89 | RIOMET..... | 136 |
| <i>quinidine gluconate</i> | RELION NOVOLIN R | 90 | <i>risedronate</i> | 96, 149 |
| <i>quinidine sulfate</i> | RELION PRIME METER...87 | | RISPERDAL | 158, 159 |
| <i>quinine sulfate</i> | RELION PRIME TEST | | RISPERDAL CONSTA | 158 |
| QUINTET AC..... | STRIPS..... | 65 | <i>risperidone</i> | 159 |
| QUINTET BLOOD | RELION ULTIMA..... | 65 | <i>risperidone microspheres</i> ... | 159 |
| GLUCOSE METER..... | RELYVRIO..... | 121 | RITALIN | 168 |
| <i>quit 2</i> | REMERON | 156 | RITALIN LA..... | 168 |
| <i>quit 4</i> | REMERON SOLTAB | 156 | RITEFLO AEROCHAMBER | |
| QULIPTA..... | REMODULIN | 30 | ..... | 76 |
| R | RENFLEXIS | 111 | <i>ritonavir</i> | 58 |
| <i>rabeprazole</i> | REVELA | 97, 98 | RITUXAN | 32 |
| RADICAVA..... | <i>repaglinide</i> | 137 | RITUXAN HYCELA | 32 |
| RADICAVA ORS STARTER | REPATHA PUSHTRONEX | 91 | <i>rivastigmine</i> | 122 |
| KIT SUSP..... | REPATHA SURECLICK | 91 | <i>rivastigmine tartrate</i> | 122 |
| <i>raloxifene</i> | REPATHA SYRINGE | 92 | <i>rivelsa</i> | 147 |
| <i>ramelteon</i> | RESTASIS..... | 125 | RIVFLOZA | 127 |
| <i>ramipril</i> | RESTASIS MULTIDOSE . | 125 | RIXUBIS | 72 |
| <i>ranolazine</i> | RESTORIL..... | 163 | <i>rizatriptan</i> | 95 |
| RAPAFLO..... | RETACRIT | 62 | ROBAXIN..... | 130 |
| <i>rasagiline</i> | RETEVMO..... | 43 | ROBINUL | 18 |
| RASUVO (PF) | RETISERT | 179 | ROBINUL FORTE..... | 18 |
| RAVICTI..... | RETROVIR | 58 | ROCALTROL | 120 |

| | | | | | |
|------------------------------------|-----|---------------------------------------|--------------|--|-----|
| ROCKLATAN | 150 | SEROQUEL XR..... | 159 | <i>sodium ferric gluconat-sucrose</i> | |
| <i>roflumilast</i> | 174 | <i>sertraline</i> | 164 | ..... | 99 |
| <i>romidepsin</i> | 33 | SERTRALINE..... | 164 | <i>sodium fluoride 5000 plus</i> ... | 99 |
| <i>ropinirole</i> | 52 | <i>setlakin</i> | 147 | <i>sodium fluoride-pot nitrate</i> ... | 99 |
| <i>rosuvastatin</i> | 92 | <i>sevelamer carbonate</i> | 98 | <i>sodium phenylbutyrate</i> | 96 |
| ROWASA | 112 | <i>sevelamer hcl</i> | 98 | <i>sodium polystyrene sulfonate</i> | 98 |
| <i>roweepra</i> | 16 | <i>sf 99</i> | | <i>sodium,potassium,mag sulfates</i> | |
| ROXICODONE | 134 | <i>sf 5000 plus</i> | 99 | ..... | 114 |
| ROXYBOND | 134 | SFROWASA | 112 | SOFOSBUVIR- | |
| ROZLYTREK | 43 | <i>sharobel</i> | 80 | VELPATASVIR..... | 59 |
| RUCONEST..... | 171 | SIGNIFOR..... | 51 | SOHONOS | 101 |
| <i>rufinamide</i> | 16 | SIGNIFOR LAR..... | 51 | <i>solifenacin</i> | 11 |
| RUKOBIA..... | 57 | SIKLOS | 50 | SOLIQUA 100/33 | 88 |
| RUXIENCE..... | 32 | <i>sildenafil</i> | 126 | SOLIRIS | 97 |
| RYALTRIS | 173 | <i>sildenafil (pulm.hypertension)</i> | | SOLOSEC | 102 |
| RYBELSUS | 135 | ..... | 175 | SOLTAMOX..... | 50 |
| RYBREVANT | 37 | <i>silodosin</i> | 60 | SOLUS V2 AUDIBLE | |
| RYDAPT..... | 43 | SILVADENE..... | 66 | METER..... | 87 |
| RYKINDO | 159 | <i>silver sulfadiazine</i> | 66 | SOLUS V2 TEST STRIPS .. | 66 |
| RYTARY | 52 | SIMBRINZA | 150 | SOMA..... | 130 |
| S | | <i>simliya (28)</i> | 147 | SOMATULINE DEPOT | 51 |
| SABRIL..... | 16 | <i>simpesse</i> | 147 | SOMAVERT | 118 |
| SAFYRAL..... | 147 | SIMPONI ARIA..... | 152 | <i>sorafenib</i> | 43 |
| <i>sajazir</i> | 171 | SIMULECT | 48 | SORILUX..... | 53 |
| SALAGEN (PILOCARPINE) | | <i>simvastatin</i> | 92 | <i>sotalol</i> | 9 |
| ..... | 101 | SINEMET..... | 52 | SOTALOL..... | 9 |
| <i>salsalate</i> | 138 | SINGULAIR | 173 | <i>sotalol af</i> | 9 |
| SAMSCA | 117 | <i>sirolimus</i> | 49 | SOTYLIZE | 9 |
| SANCUSO | 111 | SIRTURO | 105 | SOVUNA | 104 |
| SANDIMMUNE | 49 | SIVEXTRO | 107 | SPACE CHAMBER | 76 |
| SANDOSTATIN LAR | | SKYCLARYS | 122 | SPEVIGO | 53 |
| DEPOT..... | 51 | SKYLA..... | 77 | <i>spinosad</i> | 190 |
| SANTYL..... | 190 | SKYRIZI | 53, 113 | SPINRAZA (PF) | 122 |
| SAPHNELO | 48 | SLYND..... | 147 | SPIRIVA RESPIMAT..... | 168 |
| SAPHRIS | 159 | SMART SENSE | | SPIRIVA WITH | |
| <i>sapropterin</i> | 120 | MONITORING SYSTEM | 87 | HANDHALER..... | 168 |
| SARCLISA | 35 | SMART SENSE TEST | | <i>spironolactone</i> | 30 |
| SAVELLA..... | 152 | STRIPS..... | 65 | <i>spironolacton-</i> | |
| <i>saxagliptin-metformin</i> | 137 | SMARTEST EJECT..... | 87 | <i>hydrochlorothiaz</i> | 29 |
| SAXENDA | 8 | SMARTEST PERSONA | | SPORANOX..... | 20 |
| SCEMBLIX..... | 43 | STARTER | 87 | SPRAVATO | 157 |
| SCENESSE | 108 | SMARTEST PRONTO | | <i>sprintec (28)</i> | 147 |
| <i>scopolamine base</i> | 111 | STARTER | 87 | SPRITAM..... | 16 |
| SECUADO | 159 | SMARTEST PROTEGE | 87 | SPRIX..... | 138 |
| <i>selegiline hcl</i> | 52 | SMARTEST TEST..... | 66 | SPRYCEL..... | 43 |
| <i>selenium sulfide</i> | 54 | SOANZ..... | 29 | <i>sps (with sorbitol)</i> | 98 |
| SELZENTRY | 57 | <i>sodium chloride</i> | 99, 101, 172 | <i>sronyx</i> | 147 |
| <i>se-natal-19</i> | 196 | <i>sodium chloride 0.45 %</i> | 78 | <i>ssd</i> | 66 |
| SENSIPAR..... | 117 | <i>sodium chloride 0.9 %</i> | 101 | STELARA | 54 |
| SEREVENT DISKUS | 169 | <i>sodium citrate-citric acid</i> ... | 127 | STIOLTO RESPIMAT | 170 |
| SEROQUEL..... | 159 | | | STIVARGA..... | 43 |

| | | | | | |
|--|--------|---------------------------------------|---------|--------------------------------------|--------|
| STRENSIQ..... | 119 | T | | <i>temozolomide</i> | 34 |
| STREPTOMYCIN | 103 | TABLOID | 36 | TEMPO SMART BUTTON..... | 88 |
| STRIVERDI RESPIMAT .. | 169 | TABRECTA..... | 43 | TEMPO WELCOME KIT..... | 88 |
| STROMECTOL | 103 | TACLONEX | 54 | <i>temsirolimus</i> | 38 |
| SUBLOCADE..... | 135 | <i>tacrolimus</i> | 49, 109 | <i>tencon</i> | 130 |
| SUBOXONE..... | 141 | <i>tadalafil</i> | 60, 126 | <i>tenofovir disoproxil fumarate</i> | |
| <i>subvenite</i> | 16 | <i>tadalafil (pulm. hypertension)</i> |  | ..... | 58 |
| <i>subvenite starter (blue) kit</i> .. | 16 | ..... | 175 | TENORETIC 50..... | 27 |
| <i>subvenite starter (green) kit</i> . | 16 | TADLIQ | 175 | TENORMIN | 27 |
| <i>subvenite starter (orange) kit</i> | 16 | TAFINLAR | 37 | TEPADINA | 34 |
| SUCRAID | 112 | <i>tafluprost (pf)</i> | 150 | TEPEZZA..... | 118 |
| <i>sucralfate</i> | 190 | TAGRISSE | 43 | TEPMETKO..... | 43 |
| SUFLAVE..... | 114 | TAKE ACTION | 147 | <i>terazosin</i> | 23 |
| SULAR..... | 29 | TAKHZYRO | 174 | <i>terbinafine hcl</i> | 20 |
| <i>sulfacetamide sodium</i> | 179 | TALVEY | 46 | <i>terbutaline</i> | 169 |
| <i>sulfacetamide sodium (acne)</i> | | TAMIFLU | 56 | <i>terconazole</i> | 124 |
| ..... | 185 | <i>tamoxifen</i> | 50 | <i>teriflunomide</i> | 128 |
| <i>sulfacetamide-prednisolone</i> | 179 | <i>tamsulosin</i> | 60 | TEST N'GO BLOOD | |
| <i>sulfadiazine</i> | 179 | TAPERDEX | 7 | GLUCOSE SYSTEM..... | 88 |
| <i>sulfamethoxazole-trimethoprim</i> | | TARCEVA | 43 | TEST N'GO TEST..... | 66 |
| ..... | 179 | TARGADOX..... | 181 | TESTIM..... | 116 |
| SULFAMYLON | 185 | TARGRETIN | 31 | TESTOPEL..... | 116 |
| <i>sulfasalazine</i> | 112 | <i>tarina 24 fe</i> | 147 | <i>testosterone</i> | 116 |
| <i>sulfatrim</i> | 179 | <i>tarina fe 1/20 (28)</i> | 147 | <i>testosterone cypionate</i> | 116 |
| <i>sulindac</i> | 140 | TASCENSO ODT | 128 | <i>testosterone enanthate</i> | 116 |
| <i>sumatriptan</i> | 95 | TASIGNA | 43 | <i>tetrabenazine</i> | 122 |
| <i>sumatriptan succinate</i> | 95 | <i>tasimelteon</i> | 161 | <i>tetracycline</i> | 181 |
| <i>sumatriptan-naproxen</i> | 95 | TASMAR | 52 | TEZSPIRE..... | 176 |
| SUNLENCA..... | 54, 55 | <i>tavaborole</i> | 186 | THALOMID..... | 32 |
| SUNOSI | 162 | TAVNEOS | 97 | THEO-24 | 176 |
| SUPPRELIN LA | 50 | TAYTULLA..... | 147 | <i>theophylline</i> | 176 |
| SUPREP BOWEL PREP KIT | | <i>tazarotene</i> | 182 | THIOLA | 99 |
| ..... | 114 | TAZAROTENE..... | 182 | THIOLA EC | 99 |
| SUSTOL..... | 111 | <i>tazicef</i> | 68 | <i>thioridazine</i> | 161 |
| SUTAB..... | 114 | TAZORAC | 182 | <i>thiotepa</i> | 34 |
| <i>syeda</i> | 147 | TAZVERIK | 39 | <i>thiothixene</i> | 160 |
| SYLVANT | 45 | TECARTUS | 38 | THYMOGLOBULIN | 193 |
| SYMBYAX..... | 165 | TECENTRIQ..... | 47 | <i>thyroid (pork)</i> | 184 |
| SYMDEKO | 171 | TECVAYLI..... | 46 | <i>tiadylt er</i> | 29 |
| SYMFI..... | 59 | TEFLARO | 68 | <i>tiagabine</i> | 16 |
| SYMFI LO | 59 | TEGLUTIK | 96 | TIBSOVO..... | 45 |
| SYMLINPEN 120..... | 136 | TEGRETOL | 16 | TIGAN..... | 111 |
| SYMLINPEN 60..... | 136 | TEGRETOL XR..... | 16 | <i>tigecycline</i> | 106 |
| SYMPAZAN..... | 11 | TEKTURNA | 31 | TIKOSYN..... | 9 |
| SYMITUZA | 55 | TELCARE TEST STRIPS .. | 66 | <i>tilia fe</i> | 147 |
| SYNAGIS | 55 | <i>telmisartan</i> | 26 | <i>timolol maleate</i> | 27, 61 |
| SYNALAR..... | 189 | <i>telmisartan-amlodipine</i> | 25 | <i>timolol maleate (pf)</i> | 61 |
| SYNAREL | 118 | <i>telmisartan-hydrochlorothiazid</i> | | TIMOPTIC OCUDOSE (PF) | |
| SYNDROS | 111 | ..... | 24 | ..... | 61 |
| SYNTHROID..... | 184 | <i>temazepam</i> | 163 | <i>tinidazole</i> | 102 |
| SYPRINE | 100 | TEMODAR | 34 | <i>tiopronin</i> | 99 |

| | | | | | |
|-------------------------------------|---------|---|--------|---------------------------|----------|
| <i>tiotropium bromide</i> | 168 | <i>treprostinil sodium</i> | 30 | TRODELVY..... | 46 |
| TIROSINT..... | 184 | TRESIBA FLEXTOUCH U- | | TROGARZO | 54 |
| TIROSINT-SOL..... | 184 | 100 | 90 | TROKENDI XR | 17 |
| <i>tis-u-sol pentalyte</i> | 91 | TRESIBA FLEXTOUCH U- | | <i>tropicamide</i> | 76 |
| TIVDAK..... | 46 | 200 | 90 | <i>trospium</i> | 11 |
| TIVICAY | 59 | TRESIBA U-100 INSULIN | 90 | TRUDHESA..... | 95 |
| TIVICAY PD | 59 | <i>tretinoin</i> | 183 | TRUE METRIX AIR | |
| <i>tizanidine</i> | 130 | <i>tretinoin (antineoplastic)</i> | 47 | GLUCOSE METER | 88 |
| TLANDO | 116 | TRETTEN | 72 | TRUE METRIX GLUCOSE | |
| TOBI | 103 | TREXALL..... | 36 | METER..... | 88 |
| TOBI PODHALER | 103 | TREZIX..... | 131 | TRUE METRIX GLUCOSE | |
| <i>tobramycin</i> | 10 | <i>triamcinolone acetonide</i> ..7, 97, | | TEST STRIP..... | 66 |
| <i>tobramycin in 0.225 % nacl</i> | 103 | 189 | | TRUE METRIX GO | |
| <i>tobramycin sulfate</i> | 103 | <i>triamterene-hydrochlorothiazid</i> | | GLUCOSE METER | 88 |
| TOBRAMYCIN WITH |  | ..... | 29, 30 | TRUERESULT BLOOD | |
| NEBULIZER..... | 103 | <i>triazolam</i> | 163 | GLUCOSE SYSTM | 88 |
| <i>tobramycin-dexamethasone</i> | 178 | TRIBENZOR..... | 24 | TRUETEST TEST STRIPS | .66 |
| TOBREX..... | 10 | TRICOR | 93 | TRUETRACK BLOOD | |
| <i>tolcapone</i> | 52 | <i>tridacaine ii</i> | 185 | GLUCOSE SYSTEM..... | 88 |
| <i>tolmetin</i> | 140 | <i>triderm</i> | 189 | TRUETRACK SMART | |
| TOLSURA | 20 | TRIENTINE | 100 | SYSTEM | 88 |
| <i>tolterodine</i> | 11 | TRIESENCE (PF) | 6 | TRUETRACK TEST..... | 66 |
| <i>tolvaptan</i> | 117 | <i>tri-estarylla</i> | 148 | TRULANCE..... | 113 |
| TOPICORT | 189 | <i>trifluoperazine</i> | 161 | TRULICITY | 136 |
| <i>topiramate</i> | 16 | <i>trifluridine</i> | 59 | TRUQAP..... | 43 |
| <i>topotecan</i> | 39 | <i>trihexyphenidyl</i> | 51 | TRUXIMA | 32 |
| TOPROL XL..... | 27 | TRIKAFTA | 171 | TUDORZA PRESSAIR | 168 |
| TORISEL | 39 | <i>tri-legest fe</i> | 148 | TUKYSA..... | 44 |
| TORPENZ..... | 39 | TRILEPTAL..... | 16, 17 | TURALIO..... | 44 |
| <i>torseamide</i> | 29 | <i>tri-lynyah</i> | 148 | <i>turqoz (28)</i> | 148 |
| TOTECT..... | 5 | TRILIPIX | 94 | TUXARIN ER..... | 75 |
| <i>tovet emollient</i> | 189 | <i>tri-lo-estarylla</i> | 148 | TWIRLA..... | 124 |
| TOVIAZ..... | 11 | <i>tri-lo-marzia</i> | 148 | TYBOST..... | 59 |
| TRACLEER | 175 | <i>tri-lo-mili</i> | 148 | <i>tydemy</i> | 148 |
| <i>tramadol</i> | 140 | <i>tri-lo-sprintec</i> | 148 | TYGACIL..... | 106 |
| TRAMADOL | 140 | <i>trimethobenzamide</i> | 111 | TYKERB | 44 |
| <i>tramadol-acetaminophen</i> ... | 140 | <i>trimethoprim</i> | 191 | TYMLOS..... | 149 |
| <i>trandolapril</i> | 25 | <i>tri-mili</i> | 148 | TYSABRI | 122 |
| <i>trandolapril-verapamil</i> | 22 | <i>trimipramine</i> | 166 | TYVASO..... | 175 |
| <i>tranexamic acid</i> | 69, 123 | <i>trinate</i> | 196 | TYVASO DPI | 175 |
| TRANSDERM-SCOP..... | 111 | TRINTELLIX..... | 165 | TYVASO REFILL KIT..... | 175 |
| <i>tranylcypromine</i> | 162 | <i>tri-nymyo</i> | 148 | TYVASO STARTER KIT | .175 |
| TRAVATAN Z | 150 | TRIPTODUR..... | 50 | U | |
| <i>travoprost</i> | 150 | TRISENOX | 47 | UBRELVY | 95 |
| TRAZIMERA..... | 40 | <i>tri-sprintec (28)</i> | 148 | UCERIS..... | 112, 115 |
| <i>trazodone</i> | 164 | TRIUMEQ..... | 55 | ULTIMA MONITOR..... | 88 |
| TREANDA..... | 34 | TRIUMEQ PD..... | 55 | ULTOMIRIS | 97 |
| TRECTOR..... | 104 | <i>tri-vitamin with fluoride</i> | 195 | UNASYN | 155 |
| TRELEGY ELLIPTA | 171 | <i>trivora (28)</i> | 148 | UNISTRIP1 TEST STRIP..... | 66 |
| TRELSTAR..... | 41 | <i>tri-vylibra</i> | 148 | <i>unithroid</i> | 184 |
| TREMFYA..... | 53 | <i>tri-vylibra lo</i> | 148 | UNITUXIN..... | 46 |

| | | | | | |
|---------------------------------------|--------|--|-----|--|--------|
| UPLIZNA..... | 32 | VELPHORO..... | 98 | VIVAGUARD INO SMART | |
| UPTRAVI..... | 30, 31 | VELTASSA..... | 98 | GLUC METER..... | 88 |
| UROCIT-K 10..... | 127 | VEMLIDY..... | 60 | VIVAGUARD INO TEST | |
| UROCIT-K 15..... | 127 | VENCLEXTA..... | 44 | STRIP..... | 66 |
| UROXATRAL..... | 60 | VENCLEXTA STARTING | | VIVELLE-DOT..... | 82 |
| URSO FORTE..... | 111 | PACK..... | 44 | VIVIMUSTA..... | 34 |
| <i>ursodiol</i> | 111 | <i>venlafaxine</i> | 165 | VIVITROL..... | 138 |
| V | | VENOFER..... | 195 | VIVJOA..... | 20 |
| VABOMERE..... | 105 | VENTAVIS..... | 175 | VIZIMPRO..... | 44 |
| VABYSMO..... | 126 | VENTOLIN HFA..... | 169 | VOGELXO..... | 116 |
| VAGIFEM..... | 83 | <i>verapamil</i> | 29 | <i>volnea</i> (28)..... | 148 |
| <i>valacyclovir</i> | 56 | VERELAN PM..... | 29 | VONVENDI..... | 71 |
| VALCHLOR..... | 109 | VERQUVO..... | 108 | VOQUEZNA DUAL PAK..... | 190 |
| VALCYTE..... | 56 | VERSACLOZ..... | 159 | VOQUEZNA TRIPLE PAK | |
| <i>valganciclovir</i> | 56 | VERZENIO..... | 44 | ..... | 190 |
| VALIUM..... | 157 | VESICARE LS..... | 11 | VORAXAZE..... | 5 |
| <i>valproate sodium</i> | 17 | <i>vestura</i> (28)..... | 148 | <i>voriconazole</i> | 20 |
| <i>valproic acid</i> | 17 | VFEND..... | 20 | VORTEX HOLDING | |
| <i>valproic acid (as sodium salt)</i> | | VFEND IV..... | 20 | CHAMBER..... | 76 |
| ..... | 17 | VIBATIV..... | 194 | VOXZOGO..... | 119 |
| <i>valsartan</i> | 26 | VIBERZI..... | 113 | VOYDEYA..... | 97 |
| VALSARTAN..... | 26 | VIBRAMYCIN..... | 181 | VPRIV..... | 119 |
| <i>valsartan-hydrochlorothiazide</i> | | VICTOZA 2-PAK..... | 136 | VRAYLAR..... | 159 |
| ..... | 24 | VICTOZA 3-PAK..... | 136 | VUMERITY..... | 128 |
| VALTOCO..... | 11 | VIDAZA..... | 36 | VUSION..... | 186 |
| VANCOGIN..... | 194 | <i>vienna</i> | 148 | VYEPTI..... | 95 |
| <i>vancomycin</i> | 194 | <i>vigabatrin</i> | 17 | <i>vyfemla</i> (28)..... | 148 |
| VANCOMYCIN IN 0.9 % | | <i>vigadrone</i> | 17 | VYJUVEK..... | 108 |
| SODIUM CHL..... | 194 | VIGAMOX..... | 10 | VYLEESI..... | 162 |
| VANCOMYCIN IN | | VIIBRYD..... | 165 | <i>vylibra</i> | 148 |
| DEXTROSE 5 %..... | 194 | VIJOICE..... | 51 | VYNDAMAX..... | 107 |
| VANCOMYCIN-DILUENT | | <i>vilazodone</i> | 165 | VYTORIN 10-10..... | 91 |
| COMBO NO.1..... | 194 | VIMIZIM..... | 119 | VYTORIN 10-20..... | 91 |
| <i>vandazole</i> | 124 | VIMPAT..... | 17 | VYTORIN 10-40..... | 91 |
| VANFLYTA..... | 44 | <i>vinblastine</i> | 39 | VYTORIN 10-80..... | 91 |
| VANOS..... | 189 | <i>vincasar pfs</i> | 39 | VYVANSE..... | 156 |
| VAPRISOL IN 5 % | | <i>vincristine</i> | 39 | VYVGART..... | 129 |
| DEXTROSE..... | 117 | <i>vinorelbine</i> | 39 | VYVGART HYTRULO..... | 129 |
| <i>varenicline</i> | 177 | VIOKACE..... | 115 | VYXEOS..... | 35 |
| VARUBI..... | 111 | <i>viorele</i> (28)..... | 148 | VYZULTA..... | 150 |
| VASCEPA..... | 94 | VIRACEPT..... | 58 | W | |
| VASERETIC..... | 23 | VIREAD..... | 58 | WAINUA..... | 121 |
| VASOTEC..... | 25 | VISCO-3..... | 138 | WAKIX..... | 162 |
| VCF CONTRACEPTIVE GEL | | VISTARIL..... | 22 | <i>warfarin</i> | 69 |
| | 123 | <i>vitamin k</i> | 75 | <i>water for irrigation, sterile</i> ... <td>99</td> | 99 |
| VECTIBIX..... | 40 | <i>vitamin k1</i> | 75 | WAVESENSE AMP..... | 88 |
| VECTICAL..... | 53 | <i>vitamins a,c,d and fluoride</i> | 195 | WAVESENSE JAZZ..... | 66 |
| VELCADE..... | 44 | VITRAKVI..... | 44 | WAVESENSE PRESTO..... | 66, 88 |
| <i>veletri</i> | 31 | VIVAGUARD INO | | WEGOVY..... | 8 |
| <i>velivet triphasic regimen</i> (28) | | GLUCOSE METER..... | 88 | WELCHOL..... | 93 |
| ..... | 148 | | | WELIREG..... | 45 |

| | | | | | |
|-----------------------------|--------|--------------------------------|-----|---|---------|
| <i>wera</i> (28) | 148 | XYOSTED | 116 | ZIOPTAN (PF) | 151 |
| <i>westab plus</i> | 196 | XYWAV | 157 | <i>ziprasidone hcl</i> | 159 |
| WIDE-SEAL DIAPHRAGM | 77 | Y | | <i>ziprasidone mesylate</i> | 159 |
| WILATE | 71 | YASMIN (28) | 149 | ZIRABEV | 32 |
| <i>wixela inhub</i> | 170 | YAZ (28) | 149 | ZIRGAN | 59 |
| <i>wymzya fe</i> | 148 | YERVOY | 48 | ZITHROMAX | 79 |
| X | | YESCARTA | 38 | ZITHROMAX TRI-PAK | 79 |
| XADAGO | 52 | YONDELIS | 34 | ZITHROMAX Z-PAK | 79 |
| XALKORI | 44 | YONSA | 35 | ZOCOR | 92 |
| XARELTO | 71 | <i>yuvafem</i> | 83 | ZOKINVY | 102 |
| XARELTO DVT-PE TREAT | | Z | | ZOLADEX | 41 |
| 30D START | 71 | <i>zafemy</i> | 124 | <i>zoledronic acid</i> | 117 |
| XATMEP | 36 | <i>zafirlukast</i> | 173 | <i>zoledronic acid-mannitol-water</i> | 96, 117 |
| XCOPRI | 17 | <i>zaleplon</i> | 163 | ZOLEDRONIC AC- | |
| XCOPRI MAINTENANCE | | ZALTRAP | 39 | MANNITOL-0.9NACL | 117 |
| PACK | 17 | ZANAFLEX | 130 | ZOLGENSMA | 122 |
| XCOPRI TITRATION PACK | 17 | ZARONTIN | 17 | ZOLINZA | 33 |
| XDEMVY | 125 | ZEGALOGUE | | <i>zolmitriptan</i> | 95 |
| XELJANZ | 153 | AUTOINJECTOR | 83 | ZOLOFT | 164 |
| XELJANZ XR | 153 | ZEGALOGUE SYRINGE | 83 | <i>zolpidem</i> | 163 |
| XELODA | 36 | ZEJULA | 44 | ZOMIG | 95 |
| XELPROS | 151 | ZELAPAR | 52 | ZONALON | 108 |
| XENAZINE | 122 | ZELBORAF | 37 | ZONEGRAN | 17 |
| XENPOZYME | 100 | ZEMAIRA | 102 | ZONISADE | 17 |
| XEOMIN | 194 | ZEMBRACE SYMTOUCH | 95 | <i>zonisamide</i> | 17 |
| XERAVA | 181 | ZEMDRI | 103 | ZONTIVITY | 74 |
| XERESE | 186 | ZEMPLAR | 118 | ZORTRESS | 49 |
| XERMELO | 32 | <i>zenatane</i> | 181 | ZOSYN IN DEXTROSE (ISO- | |
| XGEVA | 5 | ZENPEP | 115 | OSM) | 155 |
| XIFAXAN | 107 | ZENZEDI | 156 | <i>zovia 1-35</i> (28) | 149 |
| XIGDUO XR | 138 | ZEPOSIA | 123 | ZTLIDO | 185 |
| XIIDRA | 125 | ZEPOSIA STARTER KIT (28- | | ZUBSOLV | 141 |
| XIPERE (PF) | 6 | DAY) | 123 | <i>zumandimine</i> (28) | 149 |
| XOFLUZA | 56 | ZEPOSIA STARTER PACK | | ZYCLARA | 90 |
| XOLAIR | 173 | (7-DAY) | 123 | ZYDELIG | 44 |
| XOPENEX HFA | 169 | ZEPZELCA | 34 | ZYFLO | 168 |
| XOSPATA | 44 | ZERBAXA | 68 | ZYKADIA | 44 |
| XPHOZAH | 98 | ZERVIAE | 125 | ZYLET | 178 |
| XPOVIO | 47 | ZESTORETIC | 23 | ZYNLONTA | 46 |
| XTAMPZA ER | 134 | ZESTRIL | 25 | ZYNYZ | 44 |
| XTANDI | 34, 35 | ZETIA | 94 | ZYPREXA | 159 |
| <i>xulane</i> | 124 | ZETONNA | 174 | ZYPREXA RELPREVV | 159 |
| XULTOPHY 100/3.6 | 88 | ZEVALIN (Y-90) | 46 | ZYPREXA ZYDIS | 159 |
| XURIDEN | 101 | ZIAGEN | 58 | ZYTIGA | 35 |
| XYNTHA | 71 | <i>zidovudine</i> | 58 | ZYVOX | 107 |
| XYNTHA SOLOFUSE | 71 | ZIEXTENZO | 62 | | |
| | | ZILBRYSQ | 129 | | |
| | | ZIMHI | 141 | | |