



**Select
Health**

Select Health Medicare | 2025 Essential Formulary

LIST OF COVERED DRUGS

This formulary was updated on 03/01/2025

For more recent information or other questions, please contact Select Health Member Services at **855-442-9900** (TTY users should call **711**), during the following dates and times:

October 1 to March 31:

Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.

April 1 to September 30:

Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.

Outside these hours of operation, please leave a message. Your call will be returned within one business day, or visit **selecthealth.org/medicare**.

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Select Health Medicare 2025 Essential Formulary List of Covered Drugs

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE
DRUGS WE COVER IN THIS PLAN**

Select Health is an HMO, PPO, SNP plan sponsor with a Medicare contract. Enrollment in Select Health Medicare depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Select Health Medicare + Kroger pharmacy network includes limited lower-cost, preferred pharmacies in Bonneville County in Idaho. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call **800-442-9900 (TTY 711)** or consult the online pharmacy directory at **selecthealth.org/medicare/pharmacy**.

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Multi-Language Interpreter Services

1-855-442-9900 (TTY:711)

Select Health obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status. This information is available for free in other languages and alternate formats by contacting Select Health Medicare at **855-442-9900 (TTY: 711)**

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-855-442-9900**. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-855-442-9900**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 **1-855-442-9900**。我们的中文工作人员很乐意帮助您。这是一项免费服务

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 **1-855-442-9900**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-855-442-9900**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-855-442-9900**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-855-442-9900** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Unsere Dolmetscher erreichen Sie unter **1-855-442-9900**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-855-442-9900** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-855-442-9900**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية لإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-855-442-9900**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-855-442-9900** पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-855-442-9900**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-855-442-9900**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-855-442-9900**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-855-442-9900**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-855-442-9900** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Form CMS-10802 (Expires 12/31/2025)

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Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Select Health. When it refers to “plan” or “our plan,” it means Select Health Medicare.

This document includes a list of the drugs (formulary) for our plan **which is current as of March 1, 2025** . For an updated formulary, please contact us. Our contact information, along with the dates we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the Select Health Medicare Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Select Health in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Select Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Select Health Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (Drug List) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: selecthealth.org/medicare/pharmacy.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- > **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “*How do I request an exception to the Select Health Medicare Formulary?*”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars ”

- > **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- > **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier we must notify affected members of the change at least **30 days** before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 60-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “*How do I request a e e t o t e Select Health Medicare ormulary?*”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 03/01/2025 To get updated information about the drugs covered by Select Health Medicare, please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes throughout the plan year, Select Health may make changes via errata sheets mailed to you. Additionally, you may visit selecthealth.org/medicare for a link to the errata sheet.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on **page 1**. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Drugs/Hypotensive Agents. If you know what your drug is used for, look for the category name in the list that begins on **page 1**. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on **page 121**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Select Health Medicare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic

drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussions of drug types, please see the Evidence of Coverage, Chapter 5, Section 1.3, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- > **Prior Authorization:** Select Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Select Health before you fill your prescriptions. If you don't get approval, Select Health may not cover the drug.
- > **Quantity Limits:** For certain drugs, Select Health limits the amount of the drug that Select Health will cover. For example, Select Health provides 60 tablets per prescription for lovastatin. This may be in addition to a standard one-month or three-month supply.
- > **Step Therapy:** In some cases, Select Health 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, Select Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Select Health will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on **page 1**. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents

that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Select Health to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, *“How do I request an exception to the Select Health Medicare formulary?”* on **page vi** for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs not normally covered by a Medicare Prescription Drug Plan. Select Health pays for certain OTC drugs through your Select Health Medicare Flexible Benefits Mastercard. Please see your *Evidence of Coverage* for additional details on your OTC drug coverage. The cost to Select Health will not count towards your total Part D drug costs.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Select Health Medicare does not cover your drug, you have two options:

- > You can ask Member Services for a list of similar drugs that are covered by Select Health Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Select Health Medicare.
- > You can ask Select Health to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Select Health Medicare Formulary?

You can ask Select Health to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- > You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- > You can ask us to waive a coverage restriction including prior authorizations, step therapy, or a quantity limits on your drug. For example, for certain drugs, Select Health

limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Select Health will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse medical effects.

You or your prescriber should contact us to ask us for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.**

Generally, we must make our decision within **72 hours** of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to **72 hours** for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than **24 hours** after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first **90 days** you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary **30-day** supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum **30-day** supply of medication. If coverage is not approved, after your first **30-day** supply, we will not pay for these drugs, even if you have been a member of the plan less than **90-days**.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a **31-day** emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a one-time temporary supply for up to **30 days** (or 31 days if you are a long-term care resident) when you use a network pharmacy. During this period, you should

use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your Select Health Medicare prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Select Health, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE** (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call **1-877-486-2048**. Or, visit <http://www.medicare.gov>.

Select Health Medicare Formulary

The formulary that begins on **page 1** provides coverage information about the drugs covered by Select Health Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on **page 121**.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., ADVAIR) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

The second column of the chart lists the Drug Tier. The Drug Tier column lets you know the type of copayment or coinsurance you will be responsible for at the pharmacy.

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

- PA** We require you or your physician to get prior authorization for certain drugs before you fill your prescriptions.
- QL** We limit the amount of the drug covered in a specific time period.
- ST** We require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
- LA** This drug requires special handling or has special dispensing requirements. This prescription may be available only at certain pharmacies. For more information, consult your *Provider and Pharmacy Directory* or call Member Services toll-free at **855-442-9900**. TTY users should call **711**.
- NM** This drug is not available through our mail order pharmacy.
- HI** This prescription drug is covered under our medical benefit. For more information, call Member Services at **855-442-9900**, Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m. TTY users should call **711**.
- BvsD** This drug may be covered under the Part B or Part D Medicare benefit.
- GC** We provide additional coverage of this prescription drug in the coverage gap. Please refer to our *Evidence of Coverage* for more information about this coverage.
- IC** You won't pay more than _____ for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Please refer to your *Evidence of Coverage* for more information regarding how much you will pay for your prescription drugs. The tables below tell you the annual deductible and copayment/coinsurance amount for drugs in each tier by service area/plan name.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole 200 mg tab</i>	2	
<i>ivermectin 3 mg tab</i>	3	NM (Non-Mail Order)
<i>praziquantel 600 mg tab</i>	3	NM (Non-Mail Order)
ANTIBACTERIALS		
<i>amikacin sulfate 500 mg/2ml solution</i>	2	HI
AMOXICILL-CLARITHRO- LANSOPRAZ --500 & 500 & 30 MG THER PACK	3	QL (122 PER 14 DAYS), NM (Non-Mail Order)
<i>amoxicillin 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	2	
<i>amoxicillin amoxicillin 125 mg chew tab, amoxicillin 500 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg cap, amoxicillin 500 mg tab, amoxicillin 875 mg tab</i>	2	
<i>amoxicillin-pot clavulanate -200-28.5 mg/5ml, - 400-57 mg/5ml, -600-42.9 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate amoxicillin-pot clavulanate 400-57 mg chew tab, amoxicillin- pot clavulanate 250-125 mg tab, amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 500-125 mg tab, amoxicillin-pot clavulanate 875-125 mg tab</i>	2	
<i>ampicillin 500 mg cap</i>	2	
AMPICILLIN SODIUM AMPICILLIN SODIUM 1 GM RECON SOLN, AMPICILLIN SODIUM 10 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN	2	HI
<i>ampicillin-sulbactam sodium -1.5 (1-0.5) gm soln, -3 (2-1) gm soln, -15 (10-5) gm soln</i>	2	HI
ARIKAYCE 590 MG/8.4ML SUSPENSION	5	QL (252 PER 30 DAYS), BVD (INHALATION)

PA: Prior authorization, QL: Quantity Limitations, ST: Step Therapy

LA: Limited Access, HI: Home Infusion, NM: Non-Mail Order

BvD: This drug may be covered under Part B or Part D

You can find information on what the symbols and abbreviations on this table
mean by going to page ix

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>azithromycin 100 mg/5ml, 200 mg/5ml</i>	2	NM (Non-Mail Order)
<i>azithromycin 250 mg tab</i>	2	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>azithromycin 500 mg recon soln</i>	2	HI, NM (Non-Mail Order)
<i>azithromycin 500 mg tab, 600 mg tab</i>	2	NM (Non-Mail Order)
<i>aztreonam 1 gm soln, 2 gm soln</i>	2	HI, BVD (INJECTABLE/INFUSIBLE), NM (Non-Mail Order)
BAXDELA 300 MG RECON SOLN	5	QL (28 PER 14 DAYS), HI, BVD (INJECTABLE/INFUSIBLE), NM (Non-Mail Order)
BAXDELA 450 MG TAB	5	QL (28 PER 14 DAYS), NM (Non-Mail Order)
BICILLIN C-R -1200000 UNIT/2ML SUSPENSION	4	BVD (INJECTABLE/INFUSIBLE), NM (Non-Mail Order)
BICILLIN C-R 900/300 -900000-300000 UNIT/2ML SUSPENSION	4	BVD (INJECTABLE/INFUSIBLE), NM (Non-Mail Order)
BICILLIN L-A -600000 UNIT/MSUSP PRSYR, -1200000 UNIT/2MSUSP PRSYR, -2400000 UNIT/4MSUSP PRSYR	4	BVD (INJECTABLE/INFUSIBLE), NM (Non-Mail Order)
CAYSTON 75 MG RECON SOLN	5	PA, QL (280 PER 30 DAYS), NM (Non-Mail Order)
CEFACLOR 250 MG CAP, 500 MG CAP	2	NM (Non-Mail Order)
CEFACLOR ER 500 MG TAB 12H	2	NM (Non-Mail Order)
<i>cefadroxil cefadroxil 500 mg/5ml recon susp, cefadroxil 1 gm tab, cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap</i>	2	NM (Non-Mail Order)
<i>cefazolin sodium 1 gm soln, 10 gm soln, 500 mg soln</i>	2	HI, NM (Non-Mail Order)
<i>cefdinir 125 mg/5ml, 250 mg/5ml</i>	2	NM (Non-Mail Order)
<i>cefdinir 300 mg cap</i>	2	NM (Non-Mail Order)
<i>cefepime hcl 1 gm soln, 2 gm soln</i>	2	HI, NM (Non-Mail Order)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>cefixime 100 mg/5ml, 200 mg/5ml</i>	3	NM (Non-Mail Order)
<i>cefixime 400 mg cap</i>	3	QL (60 PER 30 DAYS)
<i>cefoxitin sodium 1 gm soln, 2 gm soln, 10 gm soln</i>	2	HI, NM (Non-Mail Order)
<i>cefpodoxime proxetil 50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab</i>	3	NM (Non-Mail Order)
<i>cefprozil 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab</i>	2	NM (Non-Mail Order)
<i>ceftazidime 1 gm soln, 2 gm soln, 6 gm soln</i>	2	HI, BVD (INJECTABLE/INFUSIBLE), NM (Non-Mail Order)
<i>ceftriaxone sodium 1 gm soln, 2 gm soln, 10 gm soln, 250 mg soln, 500 mg soln</i>	2	HI, NM (Non-Mail Order)
<i>cefuroxime axetil 250 mg tab, 500 mg tab</i>	3	NM (Non-Mail Order)
<i>cefuroxime sodium 1.5 gm soln, 750 mg soln</i>	3	HI, NM (Non-Mail Order)
<i>cephalexin 125 mg/5ml, 250 mg/5ml</i>	2	NM (Non-Mail Order)
<i>cephalexin 250 mg cap, 250 mg tab, 500 mg cap, 500 mg tab</i>	2	NM (Non-Mail Order)
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	2	NM (Non-Mail Order)
<i>ciprofloxacin in d5w ciprofloxacin in d5w 200 mg/100ml solution, ciprofloxacin in d5w 200 mg/100ml solution</i>	2	HI, NM (Non-Mail Order)
<i>clarithromycin clarithromycin 250 mg/5ml recon susp, clarithromycin 250 mg tab, clarithromycin 500 mg tab, clarithromycin 125 mg/5ml recon susp</i>	2	NM (Non-Mail Order)
<i>clarithromycin er 500 mg tab 24h</i>	3	NM (Non-Mail Order)
<i>clindamycin hcl 75 mg cap, 150 mg cap, 300 mg cap</i>	2	NM (Non-Mail Order)
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	3	NM (Non-Mail Order)
<i>clindamycin phosphate in d5w 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	2	HI, BVD (INJECTABLE/INFUSIBLE), NM (Non-Mail Order)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>colistimethate sodium (cba) 150 mg recon soln</i>	2	HI, NM (Non-Mail Order)
DALVANCE 500 MG RECON SOLN	4	HI, NM (Non-Mail Order)
<i>daptomycin 500 mg recon soln</i>	2	QL (150 PER 30 DAYS), HI, NM (Non-Mail Order)
<i>daptomycin 350 mg recon soln, aptomycin 350 mg recon soln</i>	2	HI, NM (Non-Mail Order)
<i>dicloxacillin sodium 250 mg cap, 500 mg cap</i>	3	NM (Non-Mail Order)
DIFICID 200 MG TAB	5	ST, QL (20 PER 10 DAYS), NM (Non-Mail Order)
DIFICID 40 MG/ML RECON SUSP	5	ST, QL (136 PER 10 DAYS), NM (Non-Mail Order)
<i>doxy 100 mg recon soln</i>	4	HI, BVD (INJECTABLE/INFUSIBLE), NM (Non-Mail Order)
<i>doxycycline hyclate 20 mg tab</i>	2	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>doxycycline hyclate 50 mg cap, 100 mg cap, 100 mg tab</i>	2	NM (Non-Mail Order)
<i>doxycycline monohydrate 25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab</i>	2	NM (Non-Mail Order)
<i>ertapenem sodium 1 gm recon soln</i>	2	HI, NM (Non-Mail Order)
<i>erythrocin lactobionate erythrocin lactobionate 500 mg recon soln, erythrocin lactobionate 500 mg recon soln</i>	2	HI, NM (Non-Mail Order)
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	4	NM (Non-Mail Order)
<i>erythromycin base 250 mg tab, 500 mg tab</i>	2	NM (Non-Mail Order)
<i>erythromycin base erythromycin base 500 mg tab dr, erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr</i>	4	NM (Non-Mail Order)
<i>erythromycin ethylsuccinate 200 mg/5ml recon susp</i>	2	NM (Non-Mail Order)
<i>erythromycin ethylsuccinate 400 mg/5ml recon susp</i>	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>erythromycin lactobionate 500 mg recon soln</i>	2	
FIRVANQ 25 MG/ML RECON SOLN	3	QL (450 PER 30 DAYS)
FIRVANQ 50 MG/ML RECON SOLN	3	QL (450 PER 30 DAYS)
GENTAMICIN IN SALINE GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION	2	HI, NM (Non-Mail Order)
<i>gentamicin sulfate 40 mg/ml solution</i>	2	HI, NM (Non-Mail Order)
<i>imipenem-cilastatin imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln</i>	4	HI, NM (Non-Mail Order)
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	2	NM (Non-Mail Order)
<i>levofloxacin in d5w in 500 mg/100ml, in 750 mg/150ml</i>	2	HI, NM (Non-Mail Order)
<i>linezolid 100 mg/5ml recon susp</i>	3	NM (Non-Mail Order)
<i>linezolid 600 mg tab</i>	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>linezolid 600 mg/300ml solution</i>	3	HI, NM (Non-Mail Order)
<i>meropenem 1 gm soln, 500 mg soln</i>	2	HI, NM (Non-Mail Order)
<i>minocycline hcl 50 mg cap, 75 mg cap, 100 mg cap</i>	2	NM (Non-Mail Order)
<i>moxifloxacin hcl 400 mg tab</i>	3	NM (Non-Mail Order)
MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION	3	HI, BVD (INJECTABLE/INFUSIBLE), NM (Non-Mail Order)
<i>nafcillin sodium 1 gm soln, 2 gm soln, 10 gm soln</i>	2	HI, NM (Non-Mail Order)
<i>neomycin sulfate 500 mg tab</i>	2	NM (Non-Mail Order)
NUZYRA 100 MG RECON SOLN	4	QL (15 PER 14 DAYS), HI, BVD (INJECTABLE/INFUSIBLE), NM (Non-Mail Order)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
NUZYRA 150 MG TAB	4	QL (30 PER 14 DAYS), NM (Non-Mail Order)
<i>ofloxacin ofloxacin 300 mg tab, ofloxacin 400 mg tab</i>	3	NM (Non-Mail Order)
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION	2	HI, NM (Non-Mail Order)
<i>penicillin g potassium 20000000 unit recon soln</i>	2	HI, NM (Non-Mail Order)
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	2	HI, BVD (INJECTABLE/INFUSIBLE), NM (Non-Mail Order)
<i>penicillin v potassium penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 500 mg tab</i>	2	NM (Non-Mail Order)
<i>piperacillin sod-tazobactam so -13.5 (12-1.5) gm recon ln</i>	2	HI, NM (Non-Mail Order)
<i>piperacillin sod-tazobactam so -3-0.375 gm ln, -40.5 (36-4.5) gm ln, -2.25 (2-0.25) gm ln, -3.375 (3-0.375) gm ln, -4-0.5 gm ln, -4.5 (4-0.5) gm ln</i>	2	HI, NM (Non-Mail Order)
SIVEXTRO 200 MG RECON SOLN	4	QL (6 PER 30 OVER TIME), HI, NM (Non-Mail Order)
SIVEXTRO 200 MG TAB	4	QL (6 PER 30 OVER TIME), NM (Non-Mail Order)
STREPTOMYCIN SULFATE 1 GM RECON SOLN	2	PA, BVD (INJECTABLE/INFUSIBLE), NM (Non-Mail Order)
<i>sulfadiazine 500 mg tab</i>	2	NM (Non-Mail Order)
<i>sulfamethoxazole-trimethoprim -200-40 mg/5ml suspension, -800-160 mg/20ml suspension</i>	2	NM (Non-Mail Order)
<i>sulfamethoxazole-trimethoprim -400-80 mg tab, -800-160 mg tab</i>	2	NM (Non-Mail Order)
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	2	NM (Non-Mail Order)
TEFLARO 400 MG RECON SOLN, 600 MG RECON SOLN	4	HI, NM (Non-Mail Order)

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<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	3	NM (Non-Mail Order)
<i>tigecycline 50 mg recon soln</i>	2	QL (28 PER 14 DAYS), HI, NM (Non-Mail Order)
<i>tobramycin 300 mg/5ml nebu soln</i>	5	PA, BVD (Inhalation), NM (Non-Mail Order)
<i>tobramycin sulfate tobramycin sulfate 1.2 gm/30ml solution, tobramycin sulfate 10 mg/ml solution, tobramycin sulfate 1.2 gm recon soln, tobramycin sulfate 80 mg/2ml solution</i>	2	HI, NM (Non-Mail Order)
<i>vancomycin hcl 1 gm soln, 10 gm soln, 500 mg soln, 750 mg soln</i>	3	HI, NM (Non-Mail Order)
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	3	QL (120 PER 30 DAYS), NM (Non-Mail Order)
<i>vancomycin hcl 25 mg/ml recon soln</i>	3	QL (450 PER 30 DAYS)
<i>vancomycin hcl 50 mg/ml soln, 250 mg/5ml soln</i>	3	QL (450 PER 30 DAYS), NM (Non-Mail Order)
XIFAXAN 200 MG TAB	4	PA, QL (180 PER 30 DAYS), NM (Non-Mail Order)
XIFAXAN 550 MG TAB	5	PA, QL (90 PER 30 DAYS), NM (Non-Mail Order)

ANTIFUNGALS

AMPHOTERICIN B 50 MG RECON SOLN	4	HI
<i>amphotericin b liposome 50 mg recon susp</i>	4	HI
<i>caspofungin acetate 50 mg soln, 70 mg soln</i>	4	HI, NM (Non-Mail Order)
<i>fluconazole 10 mg/ml, 40 mg/ml</i>	3	NM (Non-Mail Order)
<i>fluconazole 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	2	NM (Non-Mail Order)
<i>fluconazole in sodium chloride in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%</i>	2	HI, NM (Non-Mail Order)
<i>flucytosine 250 mg cap, 500 mg cap</i>	2	NM (Non-Mail Order)
<i>griseofulvin microsize 125 mg/5ml suspension, 500 mg tab</i>	3	NM (Non-Mail Order)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	3	NM (Non-Mail Order)
<i>itraconazole 10 mg/ml solution</i>	3	NM (Non-Mail Order)
<i>itraconazole 100 mg cap</i>	3	QL (126 PER 30 DAYS), NM (Non-Mail Order)
<i>ketoconazole 200 mg tab</i>	2	NM (Non-Mail Order)
<i>micafungin sodium 50 mg soln, 100 mg soln</i>	2	PA, BVD (INJECTABLE/INFUSIBLE)
NOXAFIL 300 MG PACKET	5	PA, QL (31 PER 30 DAYS), NM (Non-Mail Order)
<i>nystatin 100000 unit/ml suspension</i>	2	NM (Non-Mail Order)
<i>nystatin 500000 unit tab</i>	2	NM (Non-Mail Order)
<i>posaconazole 100 mg tab dr</i>	5	PA, QL (240 PER 30 DAYS)
<i>posaconazole 40 mg/ml suspension</i>	5	PA, NM (Non-Mail Order)
<i>terbinafine hcl 250 mg tab</i>	2	QL (90 PER 30 DAYS), NM (Non-Mail Order)
VIVJOA 150 MG CAP THPK	4	PA, QL (21 PER 180 OVER TIME), NM (Non-Mail Order)
<i>voriconazole 200 mg tab</i>	3	QL (90 PER 30 DAYS), NM (Non-Mail Order)
<i>voriconazole 40 mg/ml recon susp</i>	3	QL (450 PER 30 DAYS), NM (Non-Mail Order)
<i>voriconazole 50 mg tab</i>	3	QL (360 PER 30 DAYS), NM (Non-Mail Order)
<i>voriconazole voriconazole 200 mg recon soln, voriconazole 200 mg recon soln</i>	3	HI, NM (Non-Mail Order)

ANTIMYCOBACTERIALS

<i>dapsone 25 mg tab, 100 mg tab</i>	3	
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	2	NM (Non-Mail Order)
<i>isoniazid 100 mg tab, 300 mg tab</i>	2	NM (Non-Mail Order)
PRETOMANID 200 MG TAB	3	PA, QL (30 PER 30 DAYS)
PRIFTIN 150 MG TAB	4	QL (32 PER 28 DAYS), NM (Non-Mail Order)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>pyrazinamide 500 mg tab</i>	2	NM (Non-Mail Order)
<i>rifabutin 150 mg cap</i>	2	NM (Non-Mail Order)
<i>rifampin 150 mg cap, 300 mg cap</i>	3	NM (Non-Mail Order)
<i>rifampin 600 mg recon soln</i>	3	HI, NM (Non-Mail Order)
SIRTURO 100 MG TAB	5	PA, QL (188 PER 180 OVER TIME), NM (Non-Mail Order)
SIRTURO 20 MG TAB	5	PA, QL (940 PER 180 OVER TIME), NM (Non-Mail Order)
TRECTOR 250 MG TAB	4	NM (Non-Mail Order)

ANTIPROTOZOALS

<i>atovaquone 750 mg/5ml suspension</i>	4	NM (Non-Mail Order)
<i>atovaquone-proguanil hcl -62.5-25 mg tab, -250-100 mg tab</i>	3	NM (Non-Mail Order)
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	2	NM (Non-Mail Order)
COARTEM 20-120 MG TAB	4	QL (24 PER 30 OVER TIME), NM (Non-Mail Order)
<i>hydroxychloroquine sulfate 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab</i>	2	NM (Non-Mail Order)
IMPAVIDO 50 MG CAP	4	PA, QL (84 PER 28 DAYS), NM (Non-Mail Order)
KRINTAFEL 150 MG TAB	4	QL (4 PER 30 OVER TIME), NM (Non-Mail Order)
LAMPIT 30 MG TAB, 120 MG TAB	4	PA, NM (Non-Mail Order)
<i>mefloquine hcl 250 mg tab</i>	2	QL (5 PER 30 OVER TIME), NM (Non-Mail Order)
<i>metronidazole 250 mg tab, 375 mg cap</i>	2	NM (Non-Mail Order)
<i>metronidazole 500 mg tab</i>	2	NM (Non-Mail Order)
<i>metronidazole metronidazole 500 mg/100ml solution, metronidazole 500 mg/100ml solution</i>	2	HI, BVD (INJECTABLE/INFUSIBLE), NM (Non-Mail Order)
<i>nitazoxanide nitazoxanide 500 mg tab, nitazoxanide 500 mg tab</i>	4	QL (20 PER 10 DAYS), NM (Non-Mail Order)

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<i>pentamidine isethionate 300 mg recon soln</i>	2	PA, HI, BVD (INHALATION), NM (Non-Mail Order)
<i>primaquine phosphate primaquine phosphate 26.3 base) mg tab, primaquine phosphate 26.3 base) mg tab</i>	2	NM (Non-Mail Order)
<i>pyrimethamine 25 mg tab</i>	5	
<i>quinine sulfate 324 mg cap</i>	3	NM (Non-Mail Order)
<i>tinidazole 250 mg tab, 500 mg tab</i>	2	NM (Non-Mail Order)

ANTIVIRALS

<i>abacavir sulfate 20 mg/ml solution</i>	4	
<i>abacavir sulfate 300 mg tab</i>	4	QL (180 PER 30 DAYS)
<i>abacavir sulfate-lamivudine -600-300 mg tab</i>	4	QL (30 PER 30 DAYS)
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	1	
<i>acyclovir 200 mg/5ml suspension</i>	2	
<i>acyclovir sodium 50 mg/ml solution</i>	2	HI, BVD (INJECTABLE/INFUSIBLE)
<i>adefovir dipivoxil 10 mg tab</i>	3	QL (30 PER 30 DAYS)
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>amantadine hcl 50 mg/5ml solution</i>	2	QL (1200 PER 30 DAYS)
APTIVUS 250 MG CAP	5	QL (120 PER 30 DAYS)
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)
BARACLUDE 0.05 MG/ML SOLUTION	4	NM (Non-Mail Order)
BIKTARVY 30-120-15 MG TAB, 50-200-25 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
CIMDUO 300-300 MG TAB	5	QL (30 PER 30 DAYS)
COMPLERA 200-25-300 MG TAB	5	NM (Non-Mail Order)
<i>darunavir 600 mg tab</i>	5	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>darunavir 800 mg tab</i>	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)

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DELSTRIGO 100-300-300 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
DESCOVY 120-15 MG TAB, 200-25 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
DOVATO 50-300 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
EDURANT 25 MG TAB	5	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>efavirenz 600 mg tab</i>	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>efavirenz-emtricitab-tenofo df --600-200-300 mg</i>	4	QL (30 PER 30 DAYS), NM (Non-Mail Order)
<i>efavirenz-lamivudine-tenofovir --400-300-300 mg tab, --600-300-300 mg tab</i>	4	QL (30 PER 30 DAYS), NM (Non-Mail Order)
<i>emtricitabine 200 mg cap</i>	4	QL (30 PER 30 DAYS), NM (Non-Mail Order)
<i>emtricitabine-tenofovir df -100-150 mg tab, -133-200 mg tab, -167-250 mg tab, -200-300 mg tab</i>	4	QL (30 PER 30 DAYS), NM (Non-Mail Order)
EMTRIVA 10 MG/ML SOLUTION	4	QL (720 PER 30 DAYS), NM (Non-Mail Order)
<i>entecavir 0.5 mg tab, 1 mg tab</i>	4	QL (30 PER 30 DAYS), NM (Non-Mail Order)
<i>etravirine 100 mg tab, 200 mg tab</i>	4	NM (Non-Mail Order)
EVOTAZ 300-150 MG TAB	4	QL (30 PER 30 DAYS), NM (Non-Mail Order)
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	2	NM (Non-Mail Order)
<i>fosamprenavir calcium 700 mg tab</i>	4	NM (Non-Mail Order)
FUZEON 90 MG RECON SOLN	5	QL (60 PER 30 DAYS), NM (Non-Mail Order)
GENVOYA 150-150-200-10 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
INTELENCE 25 MG TAB	4	NM (Non-Mail Order)

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ISENTRESS 100 MG CHEW TAB	5	QL (180 PER 30 DAYS), NM (Non-Mail Order)
ISENTRESS 100 MG PACKET	5	QL (60 PER 30 DAYS), NM (Non-Mail Order)
ISENTRESS 25 MG CHEW TAB	4	QL (180 PER 30 DAYS), NM (Non-Mail Order)
ISENTRESS 400 MG TAB	5	QL (60 PER 30 DAYS), NM (Non-Mail Order)
ISENTRESS HD 600 MG TAB	5	QL (60 PER 30 DAYS), NM (Non-Mail Order)
JULUCA 50-25 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
<i>lamivudine 10 mg/ml solution</i>	4	NM (Non-Mail Order)
<i>lamivudine 100 mg tab, 150 mg tab, 300 mg tab</i>	4	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>lamivudine-zidovudine -150-300 mg tab</i>	4	NM (Non-Mail Order)
LEDIPASVIR-SOFOSBUVIR -90-400 MG TAB	5	PA, QL (168 PER 365 OVER TIME)
LIVTENCITY 200 MG TAB	5	PA, QL (336 PER 28 DAYS)
<i>lopinavir-ritonavir -100-25 mg tab</i>	4	QL (300 PER 30 DAYS), NM (Non-Mail Order)
<i>lopinavir-ritonavir -200-50 mg tab</i>	4	QL (120 PER 30 DAYS), NM (Non-Mail Order)
<i>lopinavir-ritonavir -400-100 mg/5ml solution</i>	4	QL (390 PER 30 DAYS), NM (Non-Mail Order)
<i>maraviroc 150 mg tab, 300 mg tab</i>	3	QL (120 PER 30 DAYS), NM (Non-Mail Order)
MAVYRET 100-40 MG TAB	5	PA, QL (84 PER 28 DAYS)
MAVYRET 50-20 MG PACKET	5	PA, QL (140 PER 28 DAYS)
<i>nevirapine 200 mg tab</i>	4	QL (60 PER 30 DAYS), NM (Non-Mail Order)
NEVIRAPINE 50 MG/5ML SUSPENSION	4	QL (1200 PER 30 DAYS), NM (Non-Mail Order)
<i>nevirapine er 400 mg tab 24h</i>	4	QL (30 PER 30 DAYS), NM (Non-Mail Order)

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NORVIR 100 MG PACKET	4	QL (360 PER 30 DAYS), NM (Non-Mail Order)
ODEFSEY 200-25-25 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
<i>oseltamivir phosphate 30 mg cap</i>	3	QL (84 PER 180 OVER TIME), NM (Non-Mail Order)
<i>oseltamivir phosphate 45 mg cap</i>	3	QL (42 PER 180 OVER TIME), NM (Non-Mail Order)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	3	NM (Non-Mail Order)
<i>oseltamivir phosphate 75 mg cap</i>	3	QL (42 PER 180 OVER TIME), NM (Non-Mail Order)
PAXLOVID (150/100) MG & 0MG TAB THPK	3	QL (30 PER 5 DAYS), NM (Non-Mail Order)
PAXLOVID (300/100) 20 150 MG & 0MG TAB THPK	3	QL (30 PER 5 DAYS), NM (Non-Mail Order)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	5	PA, QL (4 PER 30 OVER TIME), NM (Non-Mail Order)
PEGASYS 180 MCG/ML SOLUTION	5	PA, QL (4 PER 28 OVER TIME), NM (Non-Mail Order)
PIFELTRO 100 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
PREVYMIS 240 MG TAB, 480 MG TAB	5	PA, QL (100 PER 365 OVER TIME)
PREZCOBIX 800-150 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
PREZISTA 100 MG/ML SUSPENSION	5	QL (360 PER 30 DAYS), NM (Non-Mail Order)
PREZISTA 150 MG TAB	5	QL (180 PER 30 DAYS), NM (Non-Mail Order)
PREZISTA 75 MG TAB	5	QL (60 PER 30 DAYS), NM (Non-Mail Order)
RELENZA DISKHALER 5 MG/ACT AER POW BA	4	QL (60 PER 30 DAYS), NM (Non-Mail Order)
REYATAZ 50 MG PACKET	5	QL (240 PER 30 DAYS), NM (Non-Mail Order)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
RIBAVIRIN 200 MG CAP	3	QL (210 PER 30 DAYS), NM (Non-Mail Order)
RIBAVIRIN 200 MG TAB	3	QL (210 PER 30 DAYS), NM (Non-Mail Order)
<i>ritonavir 100 mg tab</i>	4	QL (450 PER 30 DAYS), NM (Non-Mail Order)
RUKOBIA 600 MG TAB ER 12H	5	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML SOLUTION	5	QL (1800 PER 30 DAYS), NM (Non-Mail Order)
SOFOSBUVIR-VELPATASVIR -400-100 MG TAB	5	PA, QL (30 PER 30 DAYS)
STRIBILD 150-150-200-300 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
SUNLENCA 4 X 300 MG TAB THPK	5	QL (4 PER 180 OVER TIME), NM (Non-Mail Order)
SUNLENCA 5 X 300 MG TAB THPK	5	QL (5 PER 180 OVER TIME), NM (Non-Mail Order)
SYMTUZA 800-150-200-10 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
<i>tenofovir disoproxil fumarate 300 mg tab</i>	3	QL (30 PER 30 DAYS), NM (Non-Mail Order)
TIVICAY 50 MG TAB	5	QL (60 PER 30 DAYS), NM (Non-Mail Order)
TIVICAY PD 5 MG TAB SOL	5	QL (180 PER 30 DAYS)
TRIUMEQ 600-50-300 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
TRIUMEQ PD 60-5-30 MG TAB SOL	5	QL (180 PER 30 DAYS)
TYBOST 150 MG TAB	3	QL (30 PER 30 DAYS), NM (Non-Mail Order)
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	2	QL (120 PER 30 DAYS), NM (Non-Mail Order)
<i>valganciclovir hcl 450 mg tab</i>	3	QL (90 PER 30 DAYS), NM (Non-Mail Order)
<i>valganciclovir hcl 50 mg/ml recon soln</i>	3	NM (Non-Mail Order)

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VEMLIDY 25 MG TAB	5	PA, QL (30 PER 30 DAYS)
VIRACEPT 250 MG TAB, 625 MG TAB	5	NM (Non-Mail Order)
VIREAD 150 MG TAB, 200 MG TAB, 250 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order)
VIREAD 40 MG/GM POWDER	5	NM (Non-Mail Order)
VOSEVI 400-100-100 MG TAB	5	PA, QL (28 PER 28 DAYS)
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	4	QL (8 PER 365 OVER TIME), NM (Non-Mail Order)
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	4	QL (8 PER 365 OVER TIME), NM (Non-Mail Order)
XOFLUZA (80 MG DOSE) OFLUZA 2 40 TAB THPK	4	QL (8 PER 365 OVER TIME), NM (Non-Mail Order)
<i>zidovudine 50 mg/5ml syrup, 100 mg cap, 300 mg tab</i>	4	NM (Non-Mail Order)

URINARY ANTI-INFECTIVES

<i>fosfomycin tromethamine 3 gm packet</i>	3	NM (Non-Mail Order)
<i>methenamine hippurate 1 gm tab</i>	3	NM (Non-Mail Order)
<i>nitrofurantoin 25 mg/5ml suspension, 50 mg/10ml suspension</i>	3	PA, NM (Non-Mail Order)
<i>nitrofurantoin macrocrystal 25 mg cap, 50 mg cap, 100 mg cap</i>	3	NM (Non-Mail Order)
<i>nitrofurantoin monohyd macro 100 mg cap</i>	3	NM (Non-Mail Order)
<i>polymyxin b-trimethoprim -10000-0.1 unit/ml-% solution</i>	2	
<i>trimethoprim trimethoprim 100 mg tab, trimethoprim 100 mg tab</i>	2	NM (Non-Mail Order)

ANTIHISTAMINE DRUGS

FIRST GENERATION ANTIHISTAMINES

<i>cyproheptadine hcl 2 mg/5ml syrup</i>	2	QL (4500 PER 30 DAYS)
<i>cyproheptadine hcl 4 mg tab</i>	3	QL (450 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>promethazine hcl 12.5 mg suppos, 25 mg suppos</i>	3	
<i>promethazine hcl 6.25 mg/5ml solution, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	2	BVD (ORAL ANTIEMETICS)
PROMETHEGAN PROMETHEGAN 50 MG SUPPOS, PROMETHEGAN 25 MG SUPPOS	3	

SECOND GENERATION ANTIHISTAMINES

<i>cetirizine hcl 1 mg/ml, 5 mg/5ml</i>	2	QL (300 PER 30 DAYS)
<i>desloratadine 5 mg tab</i>	2	QL (30 PER 30 DAYS)
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	2	
<i>levocetirizine dihydrochloride 5 mg tab</i>	2	QL (30 PER 30 DAYS)

ANTINEOPLASTIC AGENTS

<i>abiraterone acetate 250 mg tab</i>	3	QL (120 PER 30 DAYS)
AKEEGA 50-500 MG TAB, 100-500 MG TAB	5	PA, QL (60 PER 30 DAYS)
ALECENSA 150 MG CAP	5	PA, QL (240 PER 30 DAYS)
ALUNBRIG 30 MG TAB	5	PA, QL (180 PER 30 DAYS)
ALUNBRIG 90 & 180 MG TAB THPK	5	PA, QL (30 PER 180 OVER TIME)
ALUNBRIG 90 MG TAB, 180 MG TAB	5	PA, QL (30 PER 30 DAYS)
AUGTYRO 160 MG CAP	5	PA, QL (60 PER 30 DAYS)
AUGTYRO 40 MG CAP	5	PA, QL (240 PER 30 DAYS)
AYVAKIT 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB	5	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TAB, 4 MG TAB, 5 MG TAB	5	PA, QL (84 PER 28 DAYS)
<i>bexarotene 75 mg cap</i>	5	PA
<i>bicalutamide 50 mg tab</i>	2	QL (30 PER 30 DAYS)
BOSULIF 100 MG CAP, 100 MG TAB	5	PA, QL (180 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
BOSULIF 400 MG TAB, 500 MG TAB	5	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAP	5	PA, QL (210 PER 30 DAYS)
BRAFTOVI 75 MG CAP	5	PA, QL (180 PER 30 DAYS)
BRUKINSA 80 MG CAP	5	PA, QL (120 PER 30 DAYS)
CABOMETYX 20 MG TAB, 40 MG TAB, 60 MG TAB	5	PA, QL (30 PER 30 DAYS)
CALQUENCE 100 MG CAP, 100 MG TAB	5	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TAB, 300 MG TAB	5	PA, QL (30 PER 30 DAYS)
COMETRIQ (100 MG DAILY DOSE) 80 & 20 KIT	5	PA
COMETRIQ (140 MG DAILY DOSE) 3 X 20 & 80 KIT	5	PA
COMETRIQ (60 MG DAILY DOSE) 20 KIT	5	PA
COPIKTRA 15 MG CAP, 25 MG CAP	5	PA, QL (60 PER 30 DAYS)
COTELLIC 20 MG TAB	5	PA, LA, QL (63 PER 28 DAYS)
CYCLOPHOSPHAMIDE CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB	2	PA, BvD (Immunosuppressant/Oral Chemo)
DANZITEN 71 MG TAB, 95 MG TAB	5	PA, QL (120 PER 30 DAYS)
<i>dasatinib 100 mg tab</i>	5	PA, QL (30 PER 30 DAYS)
<i>dasatinib 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab, 140 mg tab</i>	5	PA, QL (60 PER 30 DAYS)
DAURISMO 100 MG TAB	5	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TAB	5	PA, QL (90 PER 30 DAYS)
ERIVEDGE 150 MG CAP	5	PA, QL (30 PER 30 DAYS)
ERLEADA 240 MG TAB	5	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TAB	5	PA, QL (120 PER 30 DAYS)

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<i>erlotinib hcl 100 mg tab, 150 mg tab</i>	3	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tab</i>	3	PA, QL (60 PER 30 DAYS)
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab</i>	5	PA, QL (120 PER 30 DAYS), BVD (IMMUNOSUPPRESSANTS)
<i>everolimus 2 mg tab, 3 mg tab, 5 mg tab</i>	5	PA, QL (60 PER 30 DAYS)
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab</i>	5	PA, QL (30 PER 30 DAYS)
FOTIVDA 0.89 MG CAP, 1.34 MG CAP	5	PA, QL (21 PER 28 OVER TIME)
FRUZAQLA 1 MG CAP	5	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAP	5	PA, QL (21 PER 28 DAYS)
GAVRETO 100 MG CAP	5	PA, QL (120 PER 30 DAYS)
<i>gefitinib 250 mg tab</i>	5	PA, QL (30 PER 30 DAYS)
GILOTRIF 20 MG TAB, 30 MG TAB, 40 MG TAB	5	PA, QL (30 PER 30 DAYS)
GLEOSTINE 10 MG CAP	4	PA, QL (26 PER 42 OVER TIME)
GLEOSTINE 100 MG CAP	5	PA, QL (3 PER 42 OVER TIME)
GLEOSTINE 40 MG CAP	5	PA, QL (7 PER 42 OVER TIME)
<i>hydroxyurea 500 mg cap</i>	2	
IBRANCE 75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB	5	PA, QL (21 PER 28 OVER TIME)
ICLUSIG 10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB	5	PA, QL (30 PER 30 DAYS)
IDHIFA 50 MG TAB, 100 MG TAB	5	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	3	QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	3	QL (60 PER 30 DAYS)
IMBRUVICA 140 MG CAP	5	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB	5	PA, QL (30 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL (216 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
IMKELDI 80 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
INLYTA 1 MG TAB	5	PA, QL (600 PER 30 DAYS)
INLYTA 5 MG TAB	5	PA, QL (120 PER 30 DAYS)
INQOVI 35-100 MG TAB	5	PA, QL (5 PER 28 OVER TIME)
INREBIC 100 MG CAP	5	PA, QL (120 PER 30 DAYS)
ITOVEBI 3 MG TAB	5	PA, QL (60 PER 30 DAYS)
ITOVEBI 9 MG TAB	5	PA, QL (30 PER 30 DAYS)
IWILFIN 192 MG TAB	5	PA, QL (240 PER 30 DAYS)
JAKAFI 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB	5	PA, QL (60 PER 30 DAYS), BVD (IMMUNOSUPPRESSANTS)
JAYPIRCA 100 MG TAB	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TAB	5	PA, QL (30 PER 30 DAYS)
KISQALI (200 MG DOSE) (TAB THPK	5	PA, QL (63 PER 28 DAYS)
KISQALI (400 MG DOSE) 200 TAB THPK	5	PA, QL (63 PER 28 DAYS)
KISQALI (600 MG DOSE) 200 TAB THPK	5	PA, QL (63 PER 28 DAYS)
KISQALI FEMARA (200 MG DOSE) (& 2.5 TAB THPK	5	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 TAB THPK	5	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 TAB THPK	5	PA, QL (91 PER 28 DAYS)
KOSELUGO 10 MG CAP, 25 MG CAP	5	PA, QL (120 PER 30 DAYS)
KRAZATI 200 MG TAB	5	PA, QL (180 PER 30 DAYS)
<i>lapatinib ditosylate 250 mg tab</i>	5	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TAB	5	PA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TAB	5	PA, QL (60 PER 30 DAYS)
<i>lenalidomide 2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap</i>	5	PA, LA, QL (28 PER 28 DAYS)
LENVIMA (10 MG DAILY DOSE) CAP THPK	5	PA, QL (90 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
LENVIMA (12 MG DAILY DOSE) 3 X 4 CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (14 MG DAILY DOSE) (110 & CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (18 MG DAILY DOSE) 10 & 2 X 4 CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (20 MG DAILY DOSE) (0 X 10 CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (24 MG DAILY DOSE) (X 10 & CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (4 MG DAILY DOSE) (CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (8 MG DAILY DOSE) 2 X 4 CAP THPK	5	PA, QL (90 PER 30 DAYS)
LONSURF 15-6.14 MG TAB, 20-8.19 MG TAB	5	PA, QL (80 PER 28 DAYS)
LORBRENA 100 MG TAB	5	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TAB	5	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TAB	5	PA, QL (240 PER 30 DAYS)
LUMAKRAS 240 MG TAB	5	PA, QL (120 PER 30 DAYS)
LUMAKRAS 320 MG TAB	5	PA, QL (90 PER 30 DAYS)
LYNPARZA 100 MG TAB, 150 MG TAB	5	PA, QL (120 PER 30 DAYS)
LYSODREN 500 MG TAB	3	
LYTGOBI (12 MG DAILY DOSE) 4 TAB THPK	5	PA, QL (150 PER 30 DAYS)
LYTGOBI (16 MG DAILY DOSE) 4 TAB THPK	5	PA, QL (150 PER 30 DAYS)
LYTGOBI (20 MG DAILY DOSE) 4 TAB THPK	5	PA, QL (150 PER 30 DAYS)
MATULANE 50 MG CAP	5	
MEKINIST 0.05 MG/ML RECON SOLN	5	PA, QL (1200 PER 30 DAYS)

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MEKINIST 0.5 MG TAB	5	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TAB	5	PA, QL (30 PER 30 DAYS)
MEKTOVI 15 MG TAB	5	PA, QL (180 PER 30 DAYS)
<i>mercaptopurine 50 mg tab</i>	2	
<i>methotrexate sodium (pf) methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 50 mg/2ml solution, methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 1000 mg/40ml solution</i>	2	PA, BVD (INJ/INFUSIBLE CHEMO)
<i>methotrexate sodium 2.5 mg tab</i>	2	BVD (ORAL CHEMO)
METHOTREXATE SODIUM 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION	2	PA, BVD (INJ/INFUSIBLE CHEMO)
NERLYNX 40 MG TAB	5	PA, QL (180 PER 30 DAYS)
<i>nilutamide 150 mg tab</i>	5	
NINLARO 2.3 MG CAP, 3 MG CAP, 4 MG CAP	5	PA, QL (3 PER 28 OVER TIME)
NUBEQA 300 MG TAB	5	PA, QL (120 PER 30 DAYS)
ODOMZO 200 MG CAP	5	PA, LA, QL (30 PER 30 DAYS)
OGSIVEO 100 MG TAB, 150 MG TAB	5	PA, QL (60 PER 30 DAYS)
OGSIVEO 50 MG TAB	5	PA, QL (180 PER 30 DAYS)
OJEMDA 100 MG TAB	5	PA, QL (24 PER 28 OVER TIME)
OJEMDA 25 MG/ML RECON SUSP	5	PA, QL (96 PER 28 OVER TIME)
OJJAARA 100 MG TAB, 150 MG TAB, 200 MG TAB	5	PA, QL (30 PER 30 DAYS)
ONUREG 200 MG TAB, 300 MG TAB	5	PA, QL (14 PER 28 OVER TIME)
ORSERDU 345 MG TAB	5	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TAB	5	PA, QL (90 PER 30 DAYS)
<i>pazopanib hcl 200 mg tab</i>	5	PA
PEMAZYRE 4.5 MG TAB, 9 MG TAB, 13.5 MG TAB	5	PA
PIQRAY (200 MG DAILY DOSE) (TAB THPK	5	PA, QL (30 PER 30 DAYS)

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PIQRAY (250 MG DAILY DOSE) 200 & TAB THPK	5	PA, QL (60 PER 30 DAYS)
PIQRAY (300 MG DAILY DOSE) 2 X 150 TAB THPK	5	PA, QL (60 PER 30 DAYS)
POMALYST 1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP	5	PA, QL (21 PER 28 OVER TIME)
PURIXAN 2000 MG/100ML SUSPENSION	5	PA, QL (300 PER 30 DAYS), NM (Non-Mail Order)
QINLOCK 50 MG TAB	5	PA, QL (90 PER 30 DAYS)
RASUVO RSUVO 10 MG/0.2ML SOLN -INJ	3	ST, QL (0.8 PER 28 OVER TIME)
RASUVO RSUVO 12.5 MG/0.25ML SOLN -INJ	3	ST, QL (1 PER 28 OVER TIME)
RASUVO RSUVO 15 MG/0.3ML SOLN -INJ	3	ST, QL (1.2 PER 28 OVER TIME)
RASUVO RSUVO 17.5 MG/0.35ML SOLN -INJ	3	ST, QL (1.4 PER 28 OVER TIME)
RASUVO RSUVO 20 MG/0.4ML SOLN -INJ	3	ST, QL (1.6 PER 28 OVER TIME)
RASUVO RSUVO 22.5 MG/0.45ML SOLN -INJ	3	ST, QL (1.8 PER 28 OVER TIME)
RASUVO RSUVO 25 MG/0.5ML SOLN -INJ	3	ST, QL (2 PER 28 OVER TIME)
RASUVO RSUVO 30 MG/0.6ML SOLN -INJ	3	ST, QL (2.4 PER 28 OVER TIME)
RASUVO RSUVO 7.5 MG/0.15ML SOLN -INJ	3	ST, QL (0.6 PER 28 OVER TIME)
RETEVMO 120 MG TAB, 160 MG TAB	5	PA, QL (60 PER 30 DAYS)
RETEVMO 40 MG CAP, 40 MG TAB	5	PA, QL (180 PER 30 DAYS)
RETEVMO 80 MG CAP, 80 MG TAB	5	PA, QL (120 PER 30 DAYS)
REVLIMID 2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP	5	PA, LA, QL (28 PER 28 DAYS)

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REVUFORJ 110 MG TAB, 160 MG TAB	5	PA, QL (60 PER 30 DAYS)
REZLIDHIA 150 MG CAP	5	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAP	5	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAP	5	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PACKET	5	PA, QL (360 PER 30 DAYS)
RUBRACA 200 MG TAB, 250 MG TAB, 300 MG TAB	5	PA, QL (120 PER 30 DAYS)
RYDAPT 25 MG CAP	5	PA, QL (240 PER 30 DAYS)
SCSEMBLIX 100 MG TAB	5	PA, QL (120 PER 30 DAYS)
SCSEMBLIX 20 MG TAB	5	PA, QL (60 PER 30 DAYS)
SCSEMBLIX 40 MG TAB	5	PA, QL (300 PER 30 DAYS)
<i>sorafenib tosylate 200 mg tab</i>	5	PA, QL (120 PER 30 DAYS)
STIVARGA 40 MG TAB	5	PA, QL (84 PER 21 DAYS)
<i>sunitinib malate 12.5 mg cap</i>	5	PA, QL (90 PER 30 DAYS)
<i>sunitinib malate 25 mg cap, 37.5 mg cap, 50 mg cap</i>	5	PA, QL (30 PER 30 DAYS)
TABRECTA 150 MG TAB, 200 MG TAB	5	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TAB SOL	5	PA, QL (900 PER 30 DAYS)
TAFINLAR 50 MG CAP, 75 MG CAP	5	PA, QL (120 PER 30 DAYS)
TAGRISSE 40 MG TAB, 80 MG TAB	5	PA, LA, QL (30 PER 30 DAYS)
TALZENNA 0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP	5	PA, QL (30 PER 30 DAYS)
TALZENNA 0.25 MG CAP	5	PA, QL (90 PER 30 DAYS)
TASIGNA 150 MG CAP, 200 MG CAP	5	PA, QL (120 PER 30 DAYS)
TASIGNA 50 MG CAP	5	PA, QL (120 PER 30 DAYS)
TAZVERIK 200 MG TAB	5	PA, QL (240 PER 30 DAYS)
TEPMETKO 225 MG TAB	5	PA, QL (60 PER 30 DAYS)

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TIBSOVO 250 MG TAB	5	PA, QL (60 PER 30 DAYS)
<i>torpenz 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab</i>	5	PA, QL (30 PER 30 DAYS)
<i>tretinoin 10 mg cap</i>	5	QL (360 PER 30 DAYS)
TREXALL 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB	3	BVD (ORAL CHEMO)
TRUQAP 160 MG TAB, 200 MG TAB	5	PA, QL (64 PER 28 OVER TIME)
TUKYSA 50 MG TAB, 150 MG TAB	5	PA, QL (120 PER 30 DAYS)
TURALIO 125 MG CAP	5	PA, QL (120 PER 30 DAYS)
VANFLYTA 17.7 MG TAB	5	PA, QL (30 PER 30 DAYS)
VANFLYTA 26.5 MG TAB	5	PA, QL (60 PER 30 DAYS)
VENCLEXTA 10 MG TAB	4	PA, QL (120 PER 30 DAYS)
VENCLEXTA 100 MG TAB	5	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TAB	5	PA, QL (120 PER 30 DAYS)
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	5	PA, QL (120 PER 30 DAYS)
VERZENIO 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	5	PA, QL (60 PER 30 DAYS)
VIJOICE 200 & 50 MG TAB THPK	5	PA, QL (56 PER 28 DAYS)
VIJOICE 50 MG PACKET	5	PA, QL (30 PER 30 DAYS)
VIJOICE 50 MG TAB THPK, 125 MG TAB THPK	5	PA, QL (28 PER 28 DAYS)
VITRAKVI 100 MG CAP	5	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAP	5	PA, QL (180 PER 30 DAYS)
VIZIMPRO 15 MG TAB, 30 MG TAB, 45 MG TAB	5	PA, QL (30 PER 30 DAYS)
VONJO 100 MG CAP	5	PA, QL (120 PER 30 DAYS)
VORANIGO 10 MG TAB	5	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TAB	5	PA, QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
WELIREG 40 MG TAB	5	PA, QL (90 PER 30 DAYS)
XALKORI 150 MG CAP SPRINK	5	PA, QL (180 PER 30 DAYS)
XALKORI 20 MG CAP SPRINK, 50 MG CAP SPRINK	5	PA, QL (120 PER 30 DAYS)
XALKORI 200 MG CAP, 250 MG CAP	5	PA, QL (60 PER 30 DAYS)
XOSPATA 40 MG TAB	5	PA, QL (90 PER 30 DAYS)
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	5	PA, QL (8 PER 28 OVER TIME)
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	5	PA, QL (4 PER 28 OVER TIME)
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	5	PA, QL (8 PER 28 OVER TIME)
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	5	PA, QL (4 PER 28 OVER TIME)
XPOVIO (60 MG TWICE WEEKLY) 20 TAB THPK	5	PA, QL (24 PER 28 OVER TIME)
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	5	PA, QL (8 PER 28 OVER TIME)
XPOVIO (80 MG TWICE WEEKLY) 20 TAB THPK	5	PA, QL (32 PER 28 OVER TIME)
XTANDI 40 MG CAP, 40 MG TAB, 80 MG TAB	5	PA, QL (120 PER 30 DAYS)
ZEJULA 100 MG TAB, 200 MG TAB, 300 MG TAB	5	PA, QL (30 PER 30 DAYS)
ZELBORAF 240 MG TAB	5	PA, QL (240 PER 30 DAYS)
ZOLINZA 100 MG CAP	5	PA, QL (120 PER 30 DAYS)
ZYDELIG 100 MG TAB, 150 MG TAB	5	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TAB	5	PA, QL (150 PER 30 DAYS)

ANTITOXINS, IMMUNE GLOBULINS, TOXOIDS, AND VACCINES

ANTITOXINS AND IMMUNE GLOBULINS

BIVIGAM 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION	5	PA, BVD (IVIG)
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GAMMAGARD 1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION	5	PA, BVD (IVIG)
GAMMAGARD S/D LESS IGA 5 GM RECON SOLN, 10 GM RECON SOLN	5	PA, BVD (IVIG)
GAMMAKED 1 GM/10ML SOLUTION	5	PA, BVD (IVIG)
GAMMAPLEX 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION	5	PA, BVD (IVIG)
GAMUNEX-C -1 GM/10ML SOLUTION	5	PA, BVD (IVIG)
OCTAGAM 1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 25 GM/500ML SOLUTION	5	PA, BVD (IVIG)
OCTAGAM 30 GM/300ML SOLUTION	5	PA, BVD (IVIG)
PRIVIGEN 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION	5	PA, BVD (IVIG)
TOXOIDS		
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	3	BVD (Vaccine - Tetanus), \$0 (PREVENTIVE)
BOOSTRIX 5-2.5-18.5 -MCG/0.5 SUSP PRSYR, 5-2.5-18.5 -MCG/0.5 SUSPENSION	3	BVD (Vaccine - Tetanus), \$0 (PREVENTIVE)
DAPTACEL 23-15-5 SUSPENSION	3	BVD (Vaccine - Tetanus), \$0 (PREVENTIVE)
INFANRIX 25-58-10 SUSPENSION	3	BVD (Vaccine - Tetanus), \$0 (PREVENTIVE)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
KINRIX 0.5 ML SUSP PRSYR	3	BVD (Vaccine - Tetanus), \$0 (PREVENTIVE)
PEDIARIX SUSP PRSYR	3	BVD (Vaccine - Tetanus)
PENTACEL RECON SUSP	3	BVD (Vaccine - Tetanus)
QUADRACEL 0.5 ML SUSP PRSYR	3	\$0 (PREVENTIVE)
QUADRACEL SUSPENSION	3	BVD (Vaccine - Tetanus)
TENIVAC 5-2 LFU INJECTABLE	3	BVD (Vaccine - Tetanus), \$0 (PREVENTIVE)

VACCINES

ABRYSV0 120 MCG/0.5ML RECON SOLN	3	\$0 (PREVENTIVE)
ACTHIB RECON SOLN	3	
AREXVY 120 MCG/0.5ML RECON SUSP	3	\$0 (PREVENTIVE)
BCG VACCINE 50 MG RECON SOLN	3	\$0 (PREVENTIVE)
BEXSERO SUSP PRSYR	3	\$0 (PREVENTIVE)
ENGRIX-B -10 MCG/0.5ML SUSP PRSYR, -20 MCG/ML SUSP PRSYR, -20 MCG/ML SUSPENSION	3	PA, BVD (VACCINE - HEP B), \$0 (PREVENTIVE)
GARDASIL 9 9 SUSP PRSYR, 9 SUSPENSION	3	\$0 (PREVENTIVE)
HAVRIX 720 U/0.5ML SUSPENSION, 1440 U/ML SUSPENSION	3	\$0 (PREVENTIVE)
HEPLISAV-B -20 MCG/0.5ML SOLN PRSYR	3	PA, BVD (VACCINE - HEP B), \$0 (PREVENTIVE)
HIBERIX 10 MCG RECON SOLN	3	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	3	\$0 (PREVENTIVE)
IPOLE INJECTABLE	3	\$0 (PREVENTIVE)
IXCHIQ RECON SOLN	3	PA, \$0 (PREVENTIVE)
IXIARO SUSPENSION	3	\$0 (PREVENTIVE)
JYNNEOS 0.5 ML SUSPENSION	3	\$0 (PREVENTIVE)

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M-M-R II -- ECON SOLN	3	\$0 (PREVENTIVE)
MENACTRA SOLUTION	3	\$0 (PREVENTIVE)
MENQUADFI SOLUTION	3	\$0 (PREVENTIVE)
MENVEO RECON SOLN	3	\$0 (PREVENTIVE)
MENVEO SOLUTION	3	\$0 (PREVENTIVE)
MRESVIA 50 MCG/0.5ML SUSP PRSYR	3	\$0 (PREVENTIVE)
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	3	
PENBRAYA RECON SUSP	3	\$0 (PREVENTIVE)
PRIORIX RECON SUSP	3	\$0 (PREVENTIVE)
PROQUAD RECON SUSP	3	\$0 (PREVENTIVE)
RABAVERT RECON SUSP	3	\$0 (PREVENTIVE)
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION	3	PA, BVD (VACCINE - HEP B), \$0 (PREVENTIVE)
ROTARIX SUSPENSION	3	\$0 (PREVENTIVE)
ROTATEQ SOLUTION	3	\$0 (PREVENTIVE)
SHINGRIX 50 MCG/0.5ML RECON SUSP	3	\$0 (PREVENTIVE)
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR, 2.4 MCG/0.5ML SUSP PRSYR	3	\$0 (PREVENTIVE)
TRUMENBA SUSP PRSYR	3	\$0 (PREVENTIVE)
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	3	PA, BVD (VACCINE - HEP B), \$0 (PREVENTIVE)
TYPHIM VI 25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION	3	\$0 (PREVENTIVE)
VAQTA 25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION	3	\$0 (PREVENTIVE)

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VARIVAX 1350 PFU/0.5ML RECON SUSP	3	\$0 (Preventive)
VAXCHORA RECON SUSP	3	PA, \$0 (PREVENTIVE)
YF-VAX - INJECTABLE	3	\$0 (PREVENTIVE)

AUTONOMIC DRUGS

ANTICHOLINERGIC AGENTS

ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
ATROVENT HFA 17 MCG/ACT AERO SOLN	4	
BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL	4	ST, QL (10.7 PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	3	QL (10.7 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	3	QL (8 PER 30 DAYS)
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	2	QL (240 PER 30 DAYS)
<i>dicyclomine hcl 10 mg/5ml solution</i>	2	QL (2400 PER 30 DAYS)
<i>diphenoxylate-atropine -2.5-0.025 mg tab</i>	2	
DIPHENOXYLATE-ATROPINE -2.5-0.025 MG/5ML LIQUID	2	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	2	
<i>glycopyrrolate 1 mg/5ml solution</i>	3	
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	4	ST, QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	2	PA, BVD (INHALATION)
<i>ipratropium-albuterol -0.5-2.5 (3) mg/3ml solution</i>	2	PA, BVD (INHALATION)
<i>methscopolamine bromide 2.5 mg tab</i>	2	
<i>methscopolamine bromide 5 mg tab</i>	2	
<i>scopolamine 1 mg/3days patch 72hr</i>	3	QL (10 PER 28 OVER TIME)

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SPIRIVA HANDIHALER 18 MCG CAP	3	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	3	QL (4 PER 30 DAYS)
SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN	3	QL (4 PER 30 DAYS)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	3	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)

AUTONOMIC DRUGS, MISCELLANEOUS

NICOTROL NS 10 MG/ML SOLUTION	5	PA, QL (360 PER 30 DAYS)
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	3	QL (106 PER 365 OVER TIME)
<i>varenicline tartrate 0.5 mg tab</i>	3	QL (336 PER 365 OVER TIME)
<i>varenicline tartrate 1 mg tab</i>	3	QL (336 PER 365 OVER TIME)
<i>varenicline tartrate(continue) 1 mg tab</i>	3	QL (336 PER 365 OVER TIME)

PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

<i>bethanechol chloride 5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab</i>	2	
<i>cevimeline hcl 30 mg cap</i>	3	
<i>donepezil hcl 5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp, 23 mg tab</i>	2	
<i>galantamine hydrobromide 4 mg tab, 8 mg tab, 12 mg tab</i>	2	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	3	
<i>galantamine hydrobromide er er 8 mg cap er, er 16 mg cap er, er 24 mg cap er</i>	3	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	3	
<i>pyridostigmine bromide er 180 mg tab</i>	3	

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<i>pyridostigmine bromide pyridostigmine bromide 30 mg tab, pyridostigmine bromide 60 mg tab, pyridostigmine bromide 60 mg/5ml solution</i>	3	
<i>rivastigmine 4.6 mg/patch, 9.5 mg/patch, 13.3 mg/patch</i>	3	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	2	

SKELETAL MUSCLE RELAXANTS

<i>baclofen 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
<i>carisoprodol 350 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>cyclobenzaprine hcl 5 mg tab, 7.5 mg tab, 10 mg tab</i>	2	
<i>dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap</i>	2	
<i>metaxalone 400 mg tab, 800 mg tab</i>	3	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	2	
SOHONOS 1 MG CAP, 1.5 MG CAP, 2.5 MG CAP	5	PA, QL (30 PER 30 DAYS)
SOHONOS 10 MG CAP	5	PA, QL (60 PER 30 DAYS)
SOHONOS 5 MG CAP	5	PA, QL (30 PER 30 DAYS), BVD (INJECTABLE/INFUSIBLE)
<i>tizanidine hcl 2 mg cap</i>	2	ST, QL (540 PER 30 DAYS)
<i>tizanidine hcl 2 mg tab</i>	2	QL (540 PER 30 DAYS)
<i>tizanidine hcl 4 mg cap</i>	2	ST, QL (270 PER 30 DAYS)
<i>tizanidine hcl 4 mg tab</i>	2	QL (270 PER 30 DAYS)
<i>tizanidine hcl 6 mg cap</i>	2	ST, QL (180 PER 30 DAYS)

SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS

<i>alfuzosin hcl er 10 mg tab 24h</i>	2	QL (30 PER 30 DAYS)
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	3	PA
<i>dutasteride-tamsulosin hcl -0.5-0.4 mg cap</i>	3	QL (30 PER 30 DAYS)
<i>phenoxybenzamine hcl 10 mg cap</i>	5	PA, QL (3600 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>silodosin 4 mg cap, 8 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>tamsulosin hcl 0.4 mg cap</i>	1	QL (60 PER 30 DAYS)
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
<i>albuterol sulfate 0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln</i>	2	PA, BVD (INHALATION)
<i>albuterol sulfate 2 mg tab, 2 mg/5ml syrup, 4 mg tab</i>	2	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	2	QL (17 PER 30 OVER TIME)
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN	2	QL (36 PER 30 OVER TIME)
<i>arformoterol tartrate 15 mcg/2ml nebu soln</i>	3	PA, QL (120 PER 30 DAYS), BVD (INHALATION)
AUVI-Q UVI-0.1 MG/0.1ML SOLN -INJ	3	
AUVI-Q UVI-0.15 MG/0.15ML SOLN -INJ, UVI-0.3 MG/0.3ML SOLN -INJ	3	
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
BREO ELLIPTA 50-25 MCG/INH AER POW BA, 200-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
<i>breyna 80-4.5 mcg/act, 160-4.5 mcg/act</i>	4	QL (20.4 PER 30 DAYS)
<i>budesonide-formoterol fumarate -80-4.5 mcg/act, -160-4.5 mcg/act</i>	4	QL (20.4 PER 30 DAYS)
<i>droxidopa 100 mg cap, 200 mg cap, 300 mg cap</i>	4	PA, QL (180 PER 30 DAYS)
EPINEPHRINE 0.15 MG/0.15ML SOLN -INJ, 0.3 MG/0.3ML SOLN -INJ	3	QL (2 PER 30 OVER TIME)
<i>epinephrine 0.15 mg/0.3ml soln, 0.3 mg/0.3ml soln</i>	3	
<i>fluticasone-salmeterol -100-50 mcg/act, -250-50 mcg/act, -500-50 mcg/act</i>	3	QL (60 PER 30 DAYS)
FLUTICASONE-SALMETEROL -45-21 MCG/ACT AEROSOL, -115-21 MCG/ACT AEROSOL, -230-21 MCG/ACT AEROSOL	3	QL (12 PER 30 DAYS)

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FLUTICASONE-SALMETEROL -55-14 MCG/ACT AER POW BA, -113-14 MCG/ACT AER POW BA, -232-14 MCG/ACT AER POW BA	3	QL (1 PER 30 DAYS)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	4	PA, QL (120 PER 30 DAYS), BVD (INHALATION)
<i>levalbuterol hcl 0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln</i>	2	PA, BVD (INHALATION)
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	2	
<i>lofexidine hcl 0.18 mg tab</i>	5	PA, QL (150 PER 30 DAYS)
<i>midodrine hcl 2.5 mg tab, 5 mg tab, 10 mg tab</i>	3	
SEREVENT DISKUS 50 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	3	QL (4 PER 30 DAYS)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	2	
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN	3	QL (36 PER 30 DAYS)
<i>wixela inhub 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	3	QL (60 PER 30 DAYS)

BLOOD FORMATION, COAGULATION, AND THROMBOSIS AGENTS

ANTIHEMORRHAGIC AGENTS

<i>tranexamic acid 650 mg tab</i>	2	QL (30 PER 30 DAYS)
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ANTITHROMBOTIC AGENTS

<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	2	
BRILINTA 60 MG TAB, 90 MG TAB	3	QL (60 PER 30 DAYS)
CABLIVI 11 MG KIT	5	PA, QL (31 PER 30 DAYS)
<i>cilostazol 50 mg tab, 100 mg tab</i>	2	
<i>clopidogrel bisulfate 75 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>dabigatran etexilate mesylate 75 mg cap, 110 mg cap, 150 mg cap</i>	2	QL (60 PER 30 DAYS)

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ELIQUIS 2.5 MG TAB	3	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TAB	3	QL (74 PER 30 DAYS)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	3	QL (74 PER 180 OVER TIME)
<i>enoxaparin sodium 30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln</i>	3	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4	QL (30 PER 30 DAYS)
<i>fondaparinux sodium 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	5	QL (30 PER 30 DAYS)
<i>heparin sodium (porcine) 1000 unit/ml solution</i>	3	BVD (HEPARIN), ESRD
<i>heparin sodium (porcine) 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	3	BVD (HEPARIN), ESRD
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	3	BVD (HEPARIN), ESRD
<i>jantoven 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab</i>	3	
<i>pentoxifylline er 400 mg tab</i>	2	
<i>prasugrel hcl 5 mg tab, 10 mg tab</i>	2	QL (30 PER 30 DAYS)
SAVAYSA 15 MG TAB, 30 MG TAB, 60 MG TAB	4	QL (30 PER 30 DAYS)
TAVALISSE 100 MG TAB, 150 MG TAB	5	PA, QL (60 PER 30 DAYS)
<i>warfarin sodium 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab</i>	1	
XARELTO 1 MG/ML RECON SUSP	3	QL (600 PER 30 DAYS)
XARELTO 10 MG TAB, 20 MG TAB	3	QL (30 PER 30 DAYS)
XARELTO 15 MG TAB	3	QL (42 PER 30 DAYS)
XARELTO 2.5 MG TAB	3	QL (60 PER 30 DAYS)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	3	QL (102 PER 365 OVER TIME)

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HEMATOPOIETIC AGENTS		
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR	3	PA, BVD (EPO), ESRD
ARANESP (ALBUMIN FREE) 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR	5	PA, BVD (EPO), ESRD
ARANESP (ALBUMIN FREE) 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION	3	PA, BVD (EPO), ESRD
DOPTELET 20 MG TAB	5	PA, QL (60 PER 30 DAYS)
EPOGEN 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION	4	PA, BVD (EPO), ESRD
FULPHILA 6 MG/0.6ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE)
FYLNETRA 6 MG/0.6ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE)
GRANIX 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION	5	PA, BVD (Injectable/Infusible)
LEUKINE 250 MCG RECON SOLN	5	PA, BVD (INJECTABLE/INFUSIBLE)
MULPLETA 3 MG TAB	5	PA, QL (7 PER 30 OVER TIME)
NEULASTA 6 MG/0.6ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE)
NEUPOGEN 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION	5	PA, BVD (INJECTABLE/INFUSIBLE)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
NIVESTYM 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE)
NIVESTYM 300 MCG/ML SOLUTION, 480 MCG/1.6ML SOLUTION	5	PA, BVD (INJECTABLE)
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE)
PROMACTA 12.5 MG PACKET	5	PA, QL (180 PER 30 DAYS)
PROMACTA 12.5 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB	5	PA, QL (30 PER 30 DAYS)
PROMACTA 25 MG PACKET	5	PA, QL (90 PER 30 DAYS)
RELEUKO 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE)
RETACRIT 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION	3	PA, BVD (EPO), ESRD
RETACRIT 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	3	PA, BVD (EPO), ESRD
STIMUFEND 6 MG/0.6ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE)
UDENYCA 6 MG/0.6ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE)
UDENYCA UDENYC6 MG/0.6ML SOLN -INJ	5	PA, BVD (Inj/Infusible Chemo)
ZARXIO 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	5	PA, BVD (Injectable/Infusible)
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	2	
<i>terazosin hcl 1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap</i>	1	QL (60 PER 30 DAYS)
ANTILIPEMIC AGENTS		
ALTOPREV 20 MG TAB ER 24H, 40 MG TAB ER 24H, 60 MG TAB ER 24H	4	QL (30 PER 30 DAYS)
<i>amlodipine-atorvastatin -10-20 mg tab, -2.5-20 mg tab, -5-10 mg tab, -10-10 mg tab, -2.5-10 mg tab, -5-20 mg tab, -5-40 mg tab, -5-80 mg tab, -10-40 mg tab, -10-80 mg tab, -2.5-40 mg tab</i>	1	ST, QL (30 PER 30 DAYS)
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>cholestyramine 4 gm packet, 4 gm/dose powder</i>	3	QL (720 PER 30 DAYS)
<i>cholestyramine light 4 gm packet, 4 gm/dose powder</i>	3	QL (1195 PER 30 DAYS)
<i>colesevelam hcl 3.75 gm packet</i>	4	QL (180 PER 30 DAYS)
<i>colesevelam hcl 625 mg tab</i>	3	QL (180 PER 30 DAYS)
<i>colestipol hcl 1 gm tab</i>	3	QL (480 PER 30 DAYS)
<i>colestipol hcl 5 gm granules, 5 gm packet</i>	3	QL (900 PER 30 DAYS)
<i>ezetimibe 10 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin -10-10 mg tab, -10-20 mg tab, -10-40 mg tab, -10-80 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>fenofibrate 48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>fenofibrate micronized 43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap</i>	1	QL (60 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>fenofibric acid 45 mg cap dr, 135 mg cap dr</i>	3	QL (60 PER 30 DAYS)
<i>fluvastatin sodium 20 mg cap</i>	1	QL (120 PER 30 DAYS)
<i>fluvastatin sodium 40 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>gemfibrozil 600 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>icosapent ethyl 0.5 gm cap, 1 gm cap</i>	3	QL (120 PER 30 DAYS)
JUXTAPID 5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP	5	PA, QL (90 PER 30 DAYS)
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	QL (60 PER 30 DAYS)
NEXLETOL 180 MG TAB	3	PA, QL (30 PER 30 DAYS)
NEXLIZET 180-10 MG TAB	3	PA, QL (30 PER 30 DAYS)
<i>niacin er (antihyperlipidemic) er 500 mg tab er, er 750 mg tab er, er 1000 mg tab er</i>	2	QL (120 PER 30 DAYS)
<i>omega-3-acid ethyl esters --1 gm cap</i>	3	QL (120 PER 30 DAYS)
<i>pitavastatin calcium 1 mg tab, 2 mg tab, 4 mg tab</i>	1	ST, QL (30 PER 30 DAYS)
<i>pravastatin sodium 10 mg tab, 20 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>pravastatin sodium 40 mg tab, 80 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>prevalite 4 gm packet, 4 gm/dose powder</i>	3	QL (1195 PER 30 DAYS)
REPATHA 140 MG/ML SOLN PRSYR	3	PA, QL (3 PER 30 OVER TIME)
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	3	PA, QL (3.5 PER 30 OVER TIME)
REPATHA SURECLICK REPTH140 MG/ML SOLN -INJ	3	PA, QL (3 PER 30 OVER TIME)
<i>rosuvastatin calcium 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>simvastatin 10 mg tab, 20 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>simvastatin 5 mg tab, 40 mg tab, 80 mg tab</i>	1	QL (30 PER 30 DAYS)

BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl 200 mg cap</i>	2	QL (120 PER 30 DAYS)
<i>acebutolol hcl 400 mg cap</i>	2	QL (90 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>atenolol 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
<i>atenolol-chlorthalidone -50-25 mg tab, -100-25 mg tab</i>	2	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	2	
<i>bisoprolol fumarate 5 mg tab, 10 mg tab</i>	2	
<i>bisoprolol-hydrochlorothiazide -5-6.25 mg tab, -10-6.25 mg tab, -2.5-6.25 mg tab</i>	2	
CARTEOLOL HCL 1 % SOLUTION	2	
<i>carvedilol 3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab</i>	1	
<i>carvedilol phosphate er er 10 mg cap er, er 20 mg cap er, er 40 mg cap er, er 80 mg cap er</i>	3	
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	1	
<i>metoprolol succinate er er 25 mg tab er, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er</i>	1	
<i>metoprolol tartrate 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab</i>	1	
<i>metoprolol-hydrochlorothiazide -50-25 mg tab, -100-25 mg tab, -100-50 mg tab</i>	3	
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	3	
<i>nebivolol hcl 10 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>nebivolol hcl 2.5 mg tab, 5 mg tab, 20 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>pindolol 5 mg tab, 10 mg tab</i>	2	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	
PROPRANOLOL HCL 20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION	2	
<i>propranolol hcl er er 60 mg cap er, er 80 mg cap er, er 120 mg cap er, er 160 mg cap er</i>	2	
<i>sotalol hcl (af) 80 mg tab, 120 mg tab, 160 mg tab</i>	2	
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab</i>	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>sotalol hcl 80 mg tab</i>	2	
<i>timolol maleate 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besy-benazepril hcl -5-10 mg cap, -5-40 mg cap, -10-40 mg cap, -2.5-10 mg cap, -5-20 mg cap, -10-20 mg cap</i>	1	
<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	
<i>amlodipine besylate-valsartan -5-160 mg tab, -5-320 mg tab, -10-160 mg tab, -10-320 mg tab</i>	1	
<i>amlodipine-olmesartan -5-20 mg tab, -5-40 mg tab, -10-20 mg tab, -10-40 mg tab</i>	1	
<i>cartia xt 120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er</i>	3	
<i>dilt-xr -120 mg cap er, -180 mg cap er, -240 mg cap er</i>	3	
<i>diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab</i>	2	
<i>diltiazem hcl er beads er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er, er 420 mg cap er</i>	2	
<i>diltiazem hcl er coated beads er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er</i>	2	
<i>diltiazem hcl er er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 180 mg cap er 24h, er 180 mg tab er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h</i>	2	
<i>felodipine er er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er</i>	2	
<i>isradipine 2.5 mg cap, 5 mg cap</i>	2	
<i>matzim la 180 mg tab er, 240 mg tab er, 300 mg tab er, 360 mg tab er, 420 mg tab er</i>	3	

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<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	2	
<i>nifedipine 10 mg cap, 20 mg cap</i>	1	
<i>nifedipine er er 30 mg tab er, er 60 mg tab er, er 90 mg tab er</i>	1	
<i>nifedipine er osmotic release er 30 mg tab er, er 60 mg tab er, er 90 mg tab er</i>	1	
<i>nimodipine 30 mg cap</i>	2	
<i>nisoldipine er nisoldipine er 34 mg tab er 24h, nisoldipine er 20 mg tab er 24h, nisoldipine er 25.5 mg tab er 24h, nisoldipine er 30 mg tab er 24h, nisoldipine er 40 mg tab er 24h, nisoldipine er 8.5 mg tab er 24h, nisoldipine er 17 mg tab er 24h</i>	2	
<i>olmesartan-amlodipine-hctz --20-5-12.5 mg tab, --40-10-12.5 mg tab, --40-10-25 mg tab, --40-5-12.5 mg tab, --40-5-25 mg tab</i>	1	
TELMISARTAN-AMLODIPINE -40-10 MG TAB, -40-5 MG TAB, -80-10 MG TAB, -80-5 MG TAB	1	
<i>tiadylt er er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er, er 420 mg cap er</i>	3	
TRANDOLAPRIL-VERAPAMIL HCL ER -ER 1-240 MG TAB ER, -ER 2-180 MG TAB ER, -ER 2-240 MG TAB ER, -ER 4-240 MG TAB ER	1	
<i>verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab</i>	1	
<i>verapamil hcl er er 120 mg cap er, er 180 mg cap er, er 240 mg cap er</i>	2	
<i>verapamil hcl er er 120 mg tab er, er 180 mg tab er, er 240 mg tab er</i>	1	
CARDIAC DRUGS		
<i>amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab</i>	1	
CORLANOR 5 MG/5ML SOLUTION	4	ST, QL (450 PER 30 DAYS)

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<i>digoxin 125 mcg tab, 250 mcg tab</i>	2	
<i>digoxin 62.5 mcg tab</i>	3	
<i>digoxin digoxin 0.05 mg/ml solution, digoxin 0.05 mg/ml solution</i>	2	
<i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>	3	
<i>flecainide acetate 50 mg tab, 100 mg tab, 150 mg tab</i>	2	
<i>ivabradine hcl 5 mg tab, 7.5 mg tab</i>	4	ST, QL (60 PER 30 DAYS)
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	3	
MULTAQ 400 MG TAB	4	
NORPACE CR 100 MG CAP ER 12H, 150 MG CAP ER 12H	4	
<i>pacerone 100 mg tab, 200 mg tab, 400 mg tab</i>	3	
<i>propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab</i>	2	
<i>propafenone hcl er er 225 mg cap er, er 325 mg cap er, er 425 mg cap er</i>	3	
QUINIDINE SULFATE 200 MG TAB, 300 MG TAB	2	NM (Non-Mail Order)
<i>ranolazine er er 500 mg tab er, er 1000 mg tab er</i>	3	QL (120 PER 30 DAYS)
VYNDAMAX 61 MG CAP	5	PA, QL (30 PER 30 DAYS)
VYNDAQEL 20 MG CAP	5	PA, QL (120 PER 30 DAYS)

HYPOTENSIVE AGENTS

<i>clonidine 0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk</i>	3	
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	
<i>clonidine hcl er 0.1 mg tab 12h</i>	1	QL (120 PER 30 DAYS)
<i>furosemide 10 mg/ml solution</i>	2	BVD (INJECTABLE/INFUSIBLE)
<i>hydralazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>minoxidil 2.5 mg tab, 10 mg tab</i>	2	
NYMALIZE 6 MG/ML SOLUTION	5	QL (1800 PER 30 DAYS)
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>aliskiren fumarate 150 mg tab, 300 mg tab</i>	2	ST, QL (30 PER 30 DAYS)
<i>benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>benazepril-hydrochlorothiazide -5-6.25 mg tab, -10-12.5 mg tab, -20-12.5 mg tab, -20-25 mg tab</i>	1	
<i>candesartan cilexetil 4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab</i>	1	
<i>candesartan cilexetil-hctz -16-12.5 mg tab, -32-12.5 mg tab, -32-25 mg tab</i>	1	
<i>captopril 12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
EDARBYCLOR 40-12.5 MG TAB, 40-25 MG TAB	4	ST
<i>enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	1	
<i>enalapril-hydrochlorothiazide -5-12.5 mg tab, -10-25 mg tab</i>	1	
ENTRESTO 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	3	QL (60 PER 30 DAYS)
ENTRESTO 6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK	3	QL (240 PER 30 DAYS)
<i>eplerenone 25 mg tab, 50 mg tab</i>	3	
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>fosinopril sodium-hctz -10-12.5 mg tab, -20-12.5 mg tab</i>	1	
<i>irbesartan 75 mg tab, 150 mg tab, 300 mg tab</i>	1	
<i>irbesartan-hydrochlorothiazide -150-12.5 mg tab, -300-12.5 mg tab</i>	1	

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KERENDIA 10 MG TAB, 20 MG TAB	4	PA, QL (30 PER 30 DAYS)
<i>lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	
<i>lisinopril-hydrochlorothiazide -10-12.5 mg tab, -20-12.5 mg tab, -20-25 mg tab</i>	1	
<i>losartan potassium 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>losartan potassium-hctz -50-12.5 mg tab, -100-12.5 mg tab, -100-25 mg tab</i>	1	
<i>moexipril hcl 7.5 mg tab, 15 mg tab</i>	1	
<i>olmesartan medoxomil 5 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>olmesartan medoxomil-hctz -20-12.5 mg tab, -40-12.5 mg tab, -40-25 mg tab</i>	1	
PERINDOPRIL ERBUMINE PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB, PERINDOPRIL ERBUMINE 4 MG TAB	1	
<i>quinapril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>ramipril 1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap</i>	1	
<i>spironolactone 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
<i>spironolactone-hctz -25-25 mg tab</i>	2	
<i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i>	1	
<i>telmisartan-hctz -40-12.5 mg tab, -80-12.5 mg tab, -80-25 mg tab</i>	1	
<i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i>	1	
<i>valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab</i>	1	
<i>valsartan-hydrochlorothiazide -80-12.5 mg tab, -160-12.5 mg tab, -160-25 mg tab, -320-12.5 mg tab, -320-25 mg tab</i>	1	

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VASODILATING AGENTS		
<i>aspirin-dipyridamole er -25-200 mg cap 12h</i>	3	QL (60 PER 30 DAYS)
<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	2	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	2	
<i>isosorbide mononitrate er er 30 mg tab er, er 60 mg tab er, er 120 mg tab er</i>	2	
NITRO-BID -2 % OINTMENT	4	
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	2	
<i>nitroglycerin 0.4 % ointment</i>	4	QL (30 PER 30 OVER TIME)
<i>nitroglycerin 0.4 mg/spray solution</i>	3	
NITROLINGUAL 0.4 MG/SPRAY SOLUTION	3	
RECTIV 0.4 % OINTMENT	4	QL (30 PER 30 DAYS)
<i>sildenafil citrate 10 mg/ml recon susp</i>	3	PA, QL (180 PER 30 DAYS)
<i>sildenafil citrate 20 mg tab</i>	3	PA, QL (90 PER 30 DAYS)
<i>tadalafil (pah) 20 mg tab</i>	3	PA, QL (60 PER 30 DAYS)
<i>tadalafil 5 mg tab</i>	3	PA, QL (30 PER 30 DAYS)
TADLIQ 20 MG/5ML SUSPENSION	5	PA, QL (300 PER 30 DAYS)
VERQUVO 2.5 MG TAB, 5 MG TAB, 10 MG TAB	3	PA, QL (30 PER 30 DAYS)

CENTRAL NERVOUS SYSTEM AGENTS

ANALGESICS AND ANTIPYRETICS

<i>acetaminophen-codeine -300-15 mg tab, -300-30 mg tab, -300-60 mg tab</i>	3	QL (390 PER 30 DAYS)
<i>ascomp-codeine -50-325-40-30 mg cap</i>	3	QL (180 PER 30 DAYS), NM (Non-Mail Order)

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<i>bac 50-325-40 mg tab</i>	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>buprenorphine 5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk</i>	3	QL (4 PER 28 OVER TIME), NM (Non-Mail Order)
<i>buprenorphine hcl 2 mg sl tab</i>	3	QL (210 PER 30 DAYS), NM (Non-Mail Order)
<i>buprenorphine hcl 8 mg sl tab</i>	3	QL (120 PER 30 DAYS), NM (Non-Mail Order)
<i>buprenorphine hcl-naloxone hcl -2-0.5 mg tab, -8-2 mg tab</i>	2	QL (120 PER 30 DAYS), NM (Non-Mail Order)
<i>buprenorphine hcl-naloxone hcl -2-0.5 mg, -4-1 mg, -8-2 mg, -12-3 mg</i>	2	QL (120 PER 30 DAYS), NM (Non-Mail Order)
<i>butalbital-apap-caff-cod ---50-300-40-30 mg cap, ---50-325-40-30 mg cap</i>	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>butalbital-apap-caffeine --50-300-40 mg cap, --50-325-40 mg cap, --50-325-40 mg tab</i>	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>butalbital-asa-caff-codeine ---50-325-40-30 mg cap</i>	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>butalbital-aspirin-caffeine --50-325-40 mg cap</i>	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>celecoxib 100 mg cap</i>	2	QL (240 PER 30 DAYS)
<i>celecoxib 200 mg cap</i>	2	QL (120 PER 30 DAYS)
<i>celecoxib 400 mg cap</i>	2	QL (60 PER 30 DAYS)
<i>celecoxib 50 mg cap</i>	2	QL (480 PER 30 DAYS)
<i>diclofenac potassium 50 mg tab</i>	2	
<i>diclofenac potassium(migraine) 50 mg packet</i>	3	ST, QL (9 PER 30 OVER TIME)
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	2	
<i>diclofenac sodium er 100 mg tab 24h</i>	2	
<i>diflunisal 500 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>etodolac 200 mg cap, 400 mg tab, 500 mg tab</i>	2	
<i>etodolac er 600 mg tab 24h</i>	2	QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>etodolac er er 400 mg tab er, er 500 mg tab er</i>	2	QL (60 PER 30 DAYS)
<i>fenoprofen calcium 400 mg cap</i>	2	
<i>fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch</i>	3	PA, QL (10 PER 30 OVER TIME), NM (Non-Mail Order)
<i>flurbiprofen 100 mg tab</i>	2	
HYDROCODONE-ACETAMINOPHEN -2.5-325 MG TAB	3	QL (240 PER 30 DAYS), NM (Non-Mail Order)
<i>hydrocodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -7.5-325 mg tab</i>	3	QL (240 PER 30 DAYS)
<i>hydromorphone hcl 2 mg tab, 4 mg tab, 8 mg tab</i>	3	QL (120 PER 30 DAYS), NM (Non-Mail Order)
<i>ibu 600 mg tab, 800 mg tab</i>	2	
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	2	
<i>indomethacin 25 mg cap</i>	2	QL (240 PER 30 DAYS)
<i>indomethacin 50 mg cap</i>	2	QL (120 PER 30 DAYS)
MECLOFENAMATE SODIUM 100 MG CAP	2	QL (120 PER 30 DAYS)
MECLOFENAMATE SODIUM 50 MG CAP	2	QL (240 PER 30 DAYS)
<i>meloxicam 7.5 mg tab, 15 mg tab</i>	2	
<i>methadone hcl 5 mg tab, 10 mg tab</i>	3	QL (90 PER 30 DAYS), NM (Non-Mail Order)
<i>morphine sulfate er 15 mg tab</i>	3	QL (90 PER 30 DAYS), NM (Non-Mail Order)
<i>morphine sulfate er er 30 mg tab er, er 60 mg tab er, er 100 mg tab er, er 200 mg tab er</i>	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>morphine sulfate morphine sulfate 30 mg tab, morphine sulfate 15 mg tab, morphine sulfate 30 mg tab, morphine sulfate 15 mg tab</i>	3	QL (120 PER 30 DAYS), NM (Non-Mail Order)
<i>nabumetone 500 mg tab, 750 mg tab</i>	2	
<i>naproxen 125 mg/5ml suspension, 250 mg tab, 375 mg tab, 500 mg tab</i>	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	2	
<i>oxycodone hcl 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	3	QL (120 PER 30 DAYS), NM (Non-Mail Order)
<i>oxycodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -2.5-325 mg tab, -7.5-325 mg tab</i>	3	QL (180 PER 30 DAYS)
<i>piroxicam 10 mg cap, 20 mg cap</i>	2	
<i>sulindac 150 mg tab, 200 mg tab</i>	2	
<i>tramadol hcl 100 mg tab</i>	3	QL (120 PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	3	QL (240 PER 30 DAYS)
<i>tramadol hcl er 100 mg tab 24h</i>	3	QL (120 PER 30 DAYS)
<i>tramadol hcl er 200 mg tab 24h</i>	3	QL (60 PER 30 DAYS)
<i>tramadol hcl er 300 mg tab 24h</i>	3	QL (30 PER 30 DAYS)
<i>tramadol-acetaminophen -37.5-325 mg tab</i>	3	QL (120 PER 30 DAYS)

ANOREXIGENIC AGENTS AND RESPIRATORY AND CNS STIMULANTS

<i>amphetamine-dextroamphetamine er -er 5 mg cap er, -er 10 mg cap er, -er 15 mg cap er, -er 20 mg cap er, -er 25 mg cap er, -er 30 mg cap er</i>	3	QL (60 PER 30 DAYS)
<i>amphetamine-dextroamphetamine -dextro5 mg tab, -dextro7.5 mg tab, -dextro10 mg tab, -dextro12.5 mg tab, -dextro15 mg tab, -dextro20 mg tab, -dextro30 mg tab</i>	3	QL (60 PER 30 DAYS)
<i>armodafinil 50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab</i>	3	QL (90 PER 30 DAYS)
<i>dexmethylphenidate hcl er er 5 mg cap er, er 10 mg cap er, er 15 mg cap er, er 20 mg cap er, er 25 mg cap er, er 30 mg cap er, er 35 mg cap er, er 40 mg cap er</i>	3	QL (60 PER 30 DAYS)
<i>dextroamphetamine sulfate 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	3	QL (60 PER 30 DAYS)
<i>dextroamphetamine sulfate er 5 mg cap 24h</i>	3	QL (60 PER 30 DAYS)
<i>dextroamphetamine sulfate er er 10 mg cap er, er 15 mg cap er</i>	3	QL (120 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>lisdexamphetamine dimesylate 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap</i>	3	ST, QL (30 PER 30 DAYS)
<i>methylphenidate 10 mg/9hr patch, 15 mg/9hr patch, 20 mg/9hr patch, 30 mg/9hr patch</i>	4	ST, QL (30 PER 30 DAYS)
<i>methylphenidate hcl 10 mg/5ml solution</i>	3	QL (900 PER 30 DAYS)
<i>methylphenidate hcl 2.5 mg chew tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	3	QL (90 PER 30 DAYS)
<i>methylphenidate hcl 5 mg chew tab, 10 mg chew tab</i>	3	QL (180 PER 30 DAYS)
<i>methylphenidate hcl 5 mg/5ml solution</i>	3	QL (1800 PER 30 DAYS)
<i>methylphenidate hcl er (cd) 10 mg cap</i>	3	QL (180 PER 30 DAYS)
<i>methylphenidate hcl er (cd) er 20 mg cap er, er 50 mg cap er, er 60 mg cap er</i>	3	QL (30 PER 30 DAYS)
<i>methylphenidate hcl er (cd) er 30 mg cap er, er 40 mg cap er</i>	3	QL (60 PER 30 DAYS)
<i>methylphenidate hcl er (la) er 10 mg cap er, er 20 mg cap er, er 30 mg cap er, er 40 mg cap er, er 60 mg cap er</i>	3	QL (60 PER 30 DAYS)
<i>methylphenidate hcl er (osm) er 18 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er, er 72 mg tab er</i>	3	QL (60 PER 30 DAYS)
<i>methylphenidate hcl er 10 mg tab</i>	3	QL (120 PER 30 DAYS)
<i>methylphenidate hcl er 20 mg tab</i>	3	QL (90 PER 30 DAYS)
<i>methylphenidate hcl er methylphenidate hcl er 18 mg tab er, methylphenidate hcl er 27 mg tab er, methylphenidate hcl er 36 mg tab er, methylphenidate hcl er 54 mg tab er, methylphenidate hcl er 18 mg tab er 24h</i>	3	QL (60 PER 30 DAYS)
<i>modafinil 100 mg tab, 200 mg tab</i>	3	QL (90 PER 30 DAYS)
WAKIX 4.45 MG TAB, 17.8 MG TAB	5	PA, QL (60 PER 30 DAYS)
ZEPBOUND 2.5 MG/0.5ML SOLN - INJ, 5 MG/0.5ML SOLN -INJ, 7.5 MG/0.5ML SOLN -INJ, 10 MG/0.5ML SOLN -INJ, 12.5 MG/0.5ML SOLN - INJ, 15 MG/0.5ML SOLN -INJ	5	PA, QL (2 PER 28 OVER TIME)

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ANTICONVULSANTS		
APTIOM 200 MG TAB, 400 MG TAB	5	ST, QL (30 PER 30 DAYS)
APTIOM 600 MG TAB, 800 MG TAB	5	ST, QL (60 PER 30 DAYS)
BRIVIACT 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	5	ST, QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML SOLUTION	5	ST, QL (600 PER 30 DAYS)
<i>carbamazepine 100 mg chew tab</i>	2	QL (480 PER 30 DAYS)
<i>carbamazepine 100 mg/5ml suspension, 200 mg/10ml suspension</i>	2	QL (2400 PER 30 DAYS)
<i>carbamazepine 200 mg tab</i>	2	QL (240 PER 30 DAYS)
<i>carbamazepine er 300 mg cap 12h</i>	3	QL (150 PER 30 DAYS)
<i>carbamazepine er 400 mg tab 12h</i>	3	QL (120 PER 30 DAYS)
<i>carbamazepine er er 100 mg cap er, er 100 mg tab er</i>	3	QL (480 PER 30 DAYS)
<i>carbamazepine er er 200 mg cap er, er 200 mg tab er</i>	3	QL (240 PER 30 DAYS)
<i>clobazam 10 mg tab, 20 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	2	QL (480 PER 30 DAYS)
<i>clonazepam 0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp</i>	3	QL (300 PER 30 DAYS)
<i>clonazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	QL (300 PER 30 DAYS)
DIACOMIT 250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET	4	PA, QL (300 PER 30 DAYS)
DILANTIN 100 MG CAP	4	QL (300 PER 30 DAYS)
DILANTIN 125 MG/5ML SUSPENSION	4	QL (750 PER 30 DAYS)
DILANTIN 30 MG CAP	4	QL (600 PER 30 DAYS)
DILANTIN INFATABS 50 MG CHEW	4	QL (600 PER 30 DAYS)
DILANTIN-125 -MG/5ML SUSPENSION	4	QL (750 PER 30 DAYS)

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<i>divalproex sodium 125 mg cap dr</i>	2	QL (1080 PER 30 DAYS)
<i>divalproex sodium 125 mg tab dr</i>	2	QL (600 PER 30 DAYS)
<i>divalproex sodium 250 mg tab dr</i>	2	QL (510 PER 30 DAYS)
<i>divalproex sodium 500 mg tab dr</i>	2	QL (270 PER 30 DAYS)
<i>divalproex sodium er 250 mg tab 24h</i>	2	QL (510 PER 30 DAYS)
<i>divalproex sodium er 500 mg tab 24h</i>	2	QL (270 PER 30 DAYS)
EPIDIOLEX 100 MG/ML SOLUTION	5	PA, QL (900 PER 30 DAYS)
<i>epitol 200 mg tab</i>	2	QL (240 PER 30 DAYS)
EPRONTIA 25 MG/ML SOLUTION	4	QL (480 PER 30 DAYS)
EQUETRO 100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H	4	ST, QL (180 PER 30 DAYS)
<i>ethosuximide 250 mg cap</i>	2	
<i>ethosuximide 250 mg/5ml solution</i>	2	QL (1200 PER 30 DAYS)
<i>felbamate 400 mg tab</i>	3	QL (270 PER 30 DAYS)
<i>felbamate 600 mg tab</i>	3	QL (180 PER 30 DAYS)
<i>felbamate 600 mg/5ml suspension</i>	3	QL (900 PER 30 DAYS)
FINTEPLA 2.2 MG/ML SOLUTION	5	PA, QL (360 PER 30 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	5	ST, QL (720 PER 30 DAYS)
FYCOMPA 2 MG TAB	4	ST, QL (30 PER 30 DAYS)
FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	5	ST, QL (30 PER 30 DAYS)
<i>gabapentin 100 mg cap</i>	2	QL (960 PER 30 DAYS)
<i>gabapentin 250 mg/5ml, 300 mg/6ml</i>	2	QL (2160 PER 30 DAYS)
<i>gabapentin 300 mg cap</i>	2	QL (330 PER 30 DAYS)
<i>gabapentin 400 mg cap</i>	2	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tab</i>	2	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>lacosamide 10 mg/ml, 50 mg/5ml, 100 mg/10ml</i>	4	QL (1200 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>lacosamide 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	2	QL (60 PER 30 DAYS)
LAMICTAL ODT 100 MG TAB DISP	4	QL (60 PER 30 DAYS)
LAMICTAL ODT 200 MG TAB DISP	4	QL (90 PER 30 DAYS)
<i>lamotrigine 100 mg tab</i>	2	QL (180 PER 30 DAYS)
<i>lamotrigine 100 mg tab disp</i>	3	QL (60 PER 30 DAYS)
<i>lamotrigine 150 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>lamotrigine 200 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>lamotrigine 200 mg tab disp</i>	3	QL (90 PER 30 DAYS)
<i>lamotrigine 21 x 25 mg & 7 x 50 mg kit</i>	4	QL (28 PER 180 OVER TIME)
<i>lamotrigine 25 & 50 & 100 mg kit</i>	4	QL (70 PER 365 OVER TIME)
<i>lamotrigine 25 mg tab</i>	2	QL (720 PER 30 DAYS)
<i>lamotrigine 25 mg tab disp</i>	3	QL (210 PER 30 DAYS)
<i>lamotrigine 42 x 50 mg & 14x100 mg kit</i>	4	QL (56 PER 365 OVER TIME)
<i>lamotrigine 5 mg chew tab, 25 mg chew tab</i>	2	QL (600 PER 30 DAYS)
<i>lamotrigine 50 mg tab disp</i>	3	QL (120 PER 30 DAYS)
<i>lamotrigine er 25 mg tab 24h</i>	3	QL (60 PER 30 DAYS)
<i>lamotrigine er 50 mg tab 24h</i>	3	QL (30 PER 30 DAYS)
<i>lamotrigine er er 100 mg tab er, er 200 mg tab er, er 250 mg tab er, er 300 mg tab er</i>	3	QL (90 PER 30 DAYS)
<i>lamotrigine starter kit-blue -35 x 25 mg</i>	4	QL (70 PER 365 OVER TIME)
<i>lamotrigine starter kit-green -84 x 25 mg & 14x100 mg</i>	4	QL (196 PER 365 OVER TIME)
<i>lamotrigine starter kit-orange -42 x 25 mg & 7 x 100 mg</i>	4	QL (98 PER 365 OVER TIME)
<i>levetiracetam 100 mg/ml, 500 mg/5ml</i>	3	QL (900 PER 30 DAYS)
<i>levetiracetam 250 mg tab</i>	2	QL (480 PER 30 DAYS)
<i>levetiracetam 500 mg tab</i>	2	QL (240 PER 30 DAYS)
<i>levetiracetam 750 mg tab, 1000 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>levetiracetam er er 500 mg tab er, er 750 mg tab er</i>	3	QL (120 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
LIBERVANT 5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM	4	QL (10 PER 30 OVER TIME)
<i>magnesium sulfate 50 % solution</i>	2	HI, BVD (INJECTABLE/INFUSIBLE)
<i>methsuximide 300 mg cap</i>	4	QL (120 PER 30 DAYS)
<i>oxcarbazepine 150 mg tab</i>	2	QL (600 PER 30 DAYS)
<i>oxcarbazepine 300 mg tab</i>	2	QL (300 PER 30 DAYS)
<i>oxcarbazepine 300 mg/5ml suspension</i>	3	QL (1200 PER 30 DAYS)
<i>oxcarbazepine 600 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>oxcarbazepine er 150 mg tab 24h</i>	4	ST, QL (480 PER 30 DAYS)
<i>oxcarbazepine er 300 mg tab 24h</i>	4	ST, QL (240 PER 30 DAYS)
<i>oxcarbazepine er 600 mg tab 24h</i>	4	ST, QL (120 PER 30 DAYS)
<i>phenobarbital 15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab</i>	2	
<i>phenytek 200 mg cap</i>	2	QL (180 PER 30 DAYS)
<i>phenytek 300 mg cap</i>	2	QL (120 PER 30 DAYS)
<i>phenytoin 100 mg/4ml suspension, 125 mg/5ml suspension</i>	2	QL (750 PER 30 DAYS)
<i>phenytoin 50 mg chew tab</i>	2	QL (600 PER 30 DAYS)
<i>phenytoin infatabs infas 50 mg chew</i>	2	QL (600 PER 30 DAYS)
<i>phenytoin sodium extended 100 mg cap</i>	2	QL (300 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap</i>	2	
PRIMIDONE 125 MG TAB	2	QL (480 PER 30 DAYS)
<i>primidone 250 mg tab</i>	2	QL (240 PER 30 DAYS)
<i>primidone 50 mg tab</i>	2	QL (1200 PER 30 DAYS)
<i>rufinamide 200 mg tab</i>	4	PA, QL (120 PER 30 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	5	PA, QL (2400 PER 30 DAYS)

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<i>rufinamide 400 mg tab</i>	5	PA, QL (240 PER 30 DAYS)
SPRITAM 250 MG TAB	4	
SPRITAM 500 MG TAB, 750 MG TAB, 1000 MG TAB	4	ST, QL (90 PER 30 DAYS)
SYMPAZAN 5 MG FILM, 10 MG FILM, 20 MG FILM	5	PA, QL (60 PER 30 DAYS)
<i>tiagabine hcl 12 mg tab</i>	4	QL (120 PER 30 DAYS)
<i>tiagabine hcl 16 mg tab</i>	4	QL (90 PER 30 DAYS)
<i>tiagabine hcl 2 mg tab</i>	4	QL (840 PER 30 DAYS)
<i>tiagabine hcl 4 mg tab</i>	4	QL (420 PER 30 DAYS)
<i>topiramate 100 mg tab</i>	2	QL (180 PER 30 DAYS)
<i>topiramate 15 mg cap, 25 mg cap</i>	2	QL (480 PER 30 DAYS)
<i>topiramate 200 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>topiramate 25 mg tab</i>	2	QL (720 PER 30 DAYS)
<i>topiramate 50 mg tab</i>	2	QL (360 PER 30 DAYS)
<i>valproic acid 250 mg cap</i>	2	QL (540 PER 30 DAYS)
<i>valproic acid 250 mg/5ml, 500 mg/10ml</i>	2	QL (3000 PER 30 DAYS)
<i>vigabatrin 500 mg packet</i>	5	PA, QL (9000 PER 30 DAYS)
<i>vigabatrin 500 mg tab</i>	5	PA, QL (180 PER 30 DAYS)
<i>vigadrone 500 mg packet</i>	5	PA, QL (180 PER 30 DAYS)
VIGAFYDE 100 MG/ML SOLUTION	5	PA, QL (750 PER 30 OVER TIME)
<i>vigpoder 500 mg packet</i>	5	PA, QL (180 PER 30 DAYS)
XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK	5	QL (56 PER 28 DAYS)
XCOPRI (350 MG DAILY DOSE) 150 & 200 TAB THPK	5	QL (56 PER 28 DAYS)
XCOPRI 25 MG TAB, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	5	QL (60 PER 30 DAYS)
XCOPRI COPRI 14 12.5 MG 14 25 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK	5	QL (28 PER 28 DAYS)

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ZONISADE 100 MG/5ML SUSPENSION	5	PA
<i>zonisamide 100 mg cap</i>	2	QL (180 PER 30 DAYS)
<i>zonisamide 25 mg cap</i>	2	QL (720 PER 30 DAYS)
<i>zonisamide 50 mg cap</i>	2	QL (360 PER 30 DAYS)
ZTALMY 50 MG/ML SUSPENSION	5	PA, QL (1080 PER 30 DAYS)

ANTIMIGRAINE AGENTS

AJOVY 225 MG/1.5ML SOLN PRSYR	3	ST, QL (4.5 PER 84 OVER TIME)
AJOVY JOVY 225 MG/1.5ML SOLN - INJ	3	ST, QL (4.5 PER 84 OVER TIME)
<i>eletriptan hydrobromide 20 mg tab</i>	2	QL (9 PER 30 OVER TIME)
<i>eletriptan hydrobromide 40 mg tab</i>	2	QL (9 PER 30 OVER TIME)
EMGALITY (300 MG DOSE) 100 /ML SOLN PRSYR	4	PA, QL (3 PER 30 OVER TIME)
EMGALITY 120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR	4	PA, QL (4 PER 84 OVER TIME)
<i>frovatriptan succinate 2.5 mg tab</i>	4	ST, QL (12 PER 30 OVER TIME)
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	3	QL (9 PER 30 OVER TIME)
NURTEC 75 MG TAB DISP	3	PA, QL (8 PER 30 OVER TIME)
QULIPTA 10 MG TAB, 30 MG TAB, 60 MG TAB	4	PA, QL (30 PER 30 DAYS)
REYVOW 50 MG TAB, 100 MG TAB	4	PA, QL (8 PER 30 OVER TIME)
<i>rizatriptan benzoate 5 mg tab</i>	2	QL (18 PER 30 OVER TIME)
<i>rizatriptan benzoate 5 mg tab disp, 10 mg tab, 10 mg tab disp</i>	2	QL (18 PER 30 OVER TIME)
<i>sumatriptan 5 mg/act, 20 mg/act</i>	3	ST, QL (12 PER 30 OVER TIME)
<i>sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab</i>	2	QL (9 PER 30 OVER TIME)
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution</i>	3	QL (4 PER 30 OVER TIME)
<i>sumatriptan succinate refill 4 mg/0.5ml soln cart</i>	3	QL (4 PER 30 OVER TIME)

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UBRELVY 50 MG TAB, 100 MG TAB	3	PA, QL (16 PER 30 OVER TIME)
zolmitriptan 2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp	3	QL (9 PER 30 OVER TIME)
zolmitriptan 5 mg solution, zolmitriptan 2.5 mg solution	4	ST, QL (8 PER 30 OVER TIME)

ANTIPARKINSONIAN AGENTS

apomorphine hcl 30 mg/3ml soln cart	5	PA
benztropine mesylate 0.5 mg tab, 1 mg tab	2	QL (90 PER 30 DAYS)
benztropine mesylate 2 mg tab	2	
bromocriptine mesylate 2.5 mg tab, 5 mg cap	3	
cabergoline 0.5 mg tab	2	QL (60 PER 30 DAYS)
carbidopa 25 mg tab	2	
CARBIDOPA-LEVODOPA CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA- LEVODOPA 25-250 MG TAB DISP, CARBIDOPA-LEVODOPA 10-100 MG TAB, CARBIDOPA-LEVODOPA 25- 100 MG TAB, CARBIDOPA- LEVODOPA 25-250 MG TAB	2	
carbidopa-levodopa er -er 25-100 mg tab er, - er 50-200 mg tab er	2	QL (360 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>carbidopa-levodopa-entacapone carbidopa-levodopa-entacapone 18.75-75-200 mg tab, carbidopa-levodopa-entacapone 50-200-200 mg tab, carbidopa-levodopa-entacapone 12.5-50-200 mg tab, carbidopa-levodopa-entacapone 18.75-75-200 mg tab, carbidopa-levodopa-entacapone 37.5-150-200 mg tab, carbidopa-levodopa-entacapone 12.5-50-200 mg tab, carbidopa-levodopa-entacapone 25-100-200 mg tab, carbidopa-levodopa-entacapone 31.25-125-200 mg tab, carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>	3	
<i>entacapone 200 mg tab</i>	3	
<i>pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>pramipexole dihydrochloride er er 0.375 mg tab er, er 2.25 mg tab er, er 3 mg tab er, er 3.75 mg tab er, er 4.5 mg tab er</i>	3	ST, QL (30 PER 30 DAYS)
<i>pramipexole dihydrochloride er er 0.75 mg tab er, er 1.5 mg tab er</i>	3	ST, QL (90 PER 30 DAYS)
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	3	
<i>ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab</i>	2	
<i>ropinirole hcl er er 2 mg tab er, er 4 mg tab er, er 6 mg tab er, er 8 mg tab er, er 12 mg tab er</i>	3	QL (90 PER 30 DAYS)
RYTARY 23.75-95 MG CAP ER	3	ST, QL (750 PER 30 DAYS)
RYTARY 36.25-145 MG CAP ER	3	ST, QL (480 PER 30 DAYS)
RYTARY 48.75-195 MG CAP ER	3	ST, QL (360 PER 30 DAYS)
RYTARY 61.25-245 MG CAP ER	3	ST, QL (300 PER 30 DAYS)
<i>selegiline hcl 5 mg cap, 5 mg tab</i>	3	
<i>tolcapone 100 mg tab</i>	5	PA, QL (180 PER 30 DAYS)
TRIHXYPHENIDYL HCL 0.4 MG/ML SOLUTION	2	
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	2	QL (150 PER 30 DAYS)
ZELAPAR 1.25 MG TAB DISP	5	PA, QL (60 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp</i>	3	QL (150 PER 30 DAYS)
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	QL (150 PER 30 DAYS)
<i>alprazolam er er 0.5 mg tab er, er 1 mg tab er, er 2 mg tab er, er 3 mg tab er</i>	3	QL (90 PER 30 DAYS)
ALPRAZOLAM INTENSOL 1 MG/ML CONC	2	QL (300 PER 30 DAYS)
<i>alprazolam xr 0.5 mg tab er, 1 mg tab er, 2 mg tab er, 3 mg tab er</i>	3	QL (90 PER 30 DAYS)
BELSOMRA 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	4	ST, QL (30 PER 30 DAYS)
<i>buspirone hcl 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab</i>	2	
<i>clorazepate dipotassium 15 mg tab</i>	3	QL (180 PER 30 DAYS)
<i>clorazepate dipotassium 3.75 mg tab, 7.5 mg tab</i>	3	QL (90 PER 30 DAYS)
<i>diazepam 2 mg tab, 5 mg tab, 10 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>diazepam 5 mg/5ml solution</i>	2	QL (1200 PER 30 DAYS)
<i>diazepam 5 mg/ml conc</i>	2	QL (240 PER 30 DAYS)
<i>diazepam diazepam 2.5 mg gel, diazepam 10 mg gel, diazepam 20 mg gel</i>	2	
<i>diazepam intensol 5 mg/ml conc</i>	2	QL (240 PER 30 DAYS)
<i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>	2	QL (30 PER 30 DAYS)
HETLIOZ LQ 4 MG/ML SUSPENSION	5	PA, QL (150 PER 30 DAYS)
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	2	
<i>hydroxyzine pamoate hydroxyzine pamoate 50 mg cap, hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate 25 mg cap</i>	2	
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	QL (150 PER 30 DAYS)
<i>lorazepam 2 mg/ml conc</i>	2	QL (150 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>lorazepam intensol 2 mg/ml conc</i>	2	QL (150 PER 30 DAYS)
NAYZILAM 5 MG/0.1ML SOLUTION	4	QL (10 PER 30 OVER TIME)
<i>ramelteon 8 mg tab</i>	2	QL (30 PER 30 DAYS)
<i>tasimelteon 20 mg cap</i>	5	PA, QL (30 PER 30 DAYS)
<i>temazepam 15 mg cap</i>	2	QL (60 PER 30 DAYS)
<i>temazepam 30 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>triazolam 0.125 mg tab, 0.25 mg tab</i>	3	QL (30 PER 30 DAYS)
VALTOCO 10 MG DOSE /0.1ML LIQUID	4	QL (10 PER 30 OVER TIME)
VALTOCO 15 MG DOSE 7.5 /0.1ML LIQD THPK	4	QL (10 PER 30 OVER TIME)
VALTOCO 20 MG DOSE 10 /0.1ML LIQD THPK	4	QL (10 PER 30 OVER TIME)
VALTOCO 5 MG DOSE /0.1ML LIQUID	4	QL (10 PER 30 OVER TIME)
<i>zaleplon 5 mg cap, 10 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab, 10 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>zolpidem tartrate er er 6.25 mg tab er, er 12.5 mg tab er</i>	2	QL (30 PER 30 DAYS)

CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS

<i>atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap, 100 mg cap</i>	3	QL (30 PER 30 DAYS)
<i>guanfacine hcl er er 1 mg tab er, er 2 mg tab er, er 3 mg tab er, er 4 mg tab er</i>	2	
<i>memantine hcl 2 mg/ml, 10 mg/5ml</i>	3	
<i>memantine hcl 28 x 5 mg & 21 x 10 mg tab</i>	2	QL (49 PER 28 DAYS)
<i>memantine hcl 5 mg tab, 10 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>memantine hcl er er 7 mg cap er, er 14 mg cap er, er 21 mg cap er, er 28 mg cap er</i>	2	QL (30 PER 30 DAYS)
QELBREE 100 MG CAP ER 24H	4	ST, QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
QELBREE 150 MG CAP ER 24H	4	ST, QL (60 PER 30 DAYS)
QELBREE 200 MG CAP ER 24H	4	ST, QL (90 PER 30 DAYS)
RADICAVA ORS 105 MG/5ML SUSPENSION	5	PA, QL (70 PER 28 DAYS)
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	5	PA, QL (70 PER 28 DAYS)
<i>riluzole 50 mg tab</i>	3	
SUNOSI 75 MG TAB, 150 MG TAB	4	ST, QL (30 PER 30 DAYS)
OPIATE ANTAGONISTS		
NALOXONE HCL 0.4 MG/ML SOLN PRSYR	2	QL (2 PER 30 OVER TIME)
<i>naloxone hcl naloxone hcl 2 mg/2ml soln prsy, naloxone hcl 0.4 mg/ml soln cart, naloxone hcl 0.4 mg/ml solution, naloxone hcl 4 mg/10ml solution</i>	2	QL (2 PER 30 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
<i>naltrexone hcl 50 mg tab</i>	2	
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5	PA, QL (2.4 PER 56 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5	PA, QL (3.2 PER 56 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
ABILIFY MAINTENA 300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER	5	PA, QL (2 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	2	
<i>amoxapine 25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab</i>	2	
APLENZIN 174 MG TAB ER 24H, 348 MG TAB ER 24H, 522 MG TAB ER 24H	4	ST, QL (30 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	2	QL (900 PER 30 DAYS)
<i>aripiprazole 10 mg tab disp, 15 mg tab disp</i>	2	QL (60 PER 30 DAYS)

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<i>aripiprazole 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	2	
ARISTADA 1064 MG/3.9ML PRSYR	5	PA, QL (3.9 PER 56 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
ARISTADA 441 MG/1.6ML PRSYR	5	PA, QL (1.6 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
ARISTADA 662 MG/2.4ML PRSYR	5	PA, QL (2.4 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
ARISTADA 882 MG/3.2ML PRSYR	5	PA, QL (3.2 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
ARISTADA INITIO 675 MG/2.4ML PRSYR	5	PA, QL (2.4 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
<i>asenapine maleate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	3	ST, QL (60 PER 30 DAYS)
AUVELITY 45-105 MG TAB ER	5	ST, QL (60 PER 30 DAYS)
<i>bupropion hcl 75 mg tab, 100 mg tab</i>	2	
<i>bupropion hcl er (smoking det) 150 mg tab 12h</i>	2	
<i>bupropion hcl er (sr) er 100 mg tab er, er 150 mg tab er, er 200 mg tab er</i>	2	
<i>bupropion hcl er (xl) er 150 mg tab er, er 300 mg tab er</i>	2	
CAPLYTA 10.5 MG CAP, 21 MG CAP, 42 MG CAP	5	PA, QL (30 PER 30 DAYS)
<i>chlorpromazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	2	
CHLORPROMAZINE HCL 30 MG/ML CONC, 100 MG/ML CONC	3	
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>citalopram hydrobromide 10 mg/5ml solution</i>	2	
CITALOPRAM HYDROBROMIDE 30 MG CAP	3	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	3	ST

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<i>clozapine 100 mg tab, 150 mg tab disp, 200 mg tab disp</i>	3	QL (180 PER 30 DAYS)
<i>clozapine 200 mg tab</i>	3	QL (135 PER 30 DAYS)
<i>clozapine 25 mg tab, 50 mg tab</i>	3	QL (90 PER 30 DAYS)
<i>clozapine clozapine 12.5 mg tab disp, clozapine 25 mg tab disp, clozapine 100 mg tab disp</i>	3	QL (270 PER 30 DAYS)
COBENFY 50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP	5	PA, QL (60 PER 30 DAYS)
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	5	PA, QL (56 PER 180 OVER TIME)
<i>compro 25 mg suppos</i>	2	
<i>desipramine hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	2	
DESVENLAFAXINE ER ER 50 MG TAB ER 24H, ER 100 MG TAB ER 24H	2	
<i>desvenlafaxine succinate er er 25 mg tab er, er 50 mg tab er, er 100 mg tab er</i>	2	
<i>doxepin hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	2	
<i>doxepin hcl 10 mg/ml conc</i>	2	
DRIZALMA SPRINKLE 20 MG CAP DR, 30 MG CAP DR, 40 MG CAP DR, 60 MG CAP DR	4	ST, QL (60 PER 30 DAYS)
<i>duloxetine hcl 20 mg dr, 30 mg dr, 60 mg dr</i>	2	
<i>duloxetine hcl 40 mg cp dr part</i>	2	QL (60 PER 30 DAYS)
EMSAM 6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR	5	ST, QL (30 PER 30 DAYS)
<i>escitalopram oxalate 5 mg tab, 10 mg tab, 20 mg tab</i>	1	
<i>escitalopram oxalate 5 mg/5ml solution</i>	2	
FANAPT 1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	5	PA, QL (60 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	4	PA, QL (8 PER 30 OVER TIME)
FETZIMA 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H	4	ST, QL (30 PER 30 DAYS)
FETZIMA TITRATION 20 & 40 MG CP24 THPK	4	ST, QL (30 PER 30 DAYS)
FLUOXETINE HCL (PMDD) 10 MG TAB, 20 MG TAB	3	
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap</i>	1	
<i>fluoxetine hcl 20 mg/5ml solution</i>	2	
FLUOXETINE HCL 90 MG CAP DR	3	QL (4 PER 28 OVER TIME)
<i>fluoxetine hcl fluoxetine hcl 10 mg tab, fluoxetine hcl 20 mg tab, fluoxetine hcl 60 mg tab, fluoxetine hcl 60 mg tab</i>	3	
<i>fluphenazine decanoate 25 mg/ml solution</i>	3	PA, BVD (INJECTABLE/INFUSIBLE)
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	3	PA, BVD (INJECTABLE/INFUSIBLE)
<i>fluphenazine hcl fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 2.5 mg/5ml elixir</i>	3	
<i>fluvoxamine maleate 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
<i>fluvoxamine maleate er er 100 mg cap er, er 150 mg cap er</i>	3	
<i>haloperidol 0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
<i>haloperidol decanoate 50 mg/ml, 100 mg/ml</i>	2	PA, BVD (INJECTABLE/INFUSIBLE)
<i>haloperidol lactate 2 mg/ml conc</i>	2	
<i>haloperidol lactate 5 mg/ml solution</i>	2	PA, BVD (INJECTABLE/INFUSIBLE)

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<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	2	
<i>imipramine pamoate 75 mg cap, 100 mg cap, 125 mg cap, 150 mg cap</i>	2	
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	PA, QL (3.5 PER 180 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	PA, QL (5 PER 180 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	PA, BVD (INJECTABLE/INFUSIBLE)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR, 117 MG/0.75ML SUSP PRSYR, 156 MG/ML SUSP PRSYR, 234 MG/1.5ML SUSP PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5	PA, QL (0.88 PER 90 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5	PA, QL (1.32 PER 90 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5	PA, QL (1.75 PER 90 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5	PA, QL (2.63 PER 90 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
<i>lithium 8 meq/5ml solution</i>	2	
<i>lithium carbonate er er 300 mg tab er, er 450 mg tab er</i>	2	
<i>lithium carbonate lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab, lithium carbonate 600 mg cap, lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap</i>	2	
<i>loxapine succinate 5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap</i>	2	

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<i>lurasidone hcl 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab, 120 mg tab</i>	2	
LYBALVI 5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB	4	PA, QL (30 PER 30 DAYS)
MARPLAN 10 MG TAB	4	
<i>mirtazapine 15 mg tab disp, 30 mg tab disp, 45 mg tab disp</i>	2	QL (30 PER 30 DAYS)
<i>mirtazapine 7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab</i>	2	
MOLINDONE HCL 5 MG TAB, 10 MG TAB, 25 MG TAB	2	QL (270 PER 30 DAYS)
NEFAZODONE HCL 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB	3	
<i>nortriptyline hcl 10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap</i>	2	
NUPLAZID 10 MG TAB, 34 MG CAP	5	PA, QL (60 PER 30 DAYS)
<i>olanzapine 10 mg recon soln</i>	2	PA, BVD (INJECTABLE/INFUSIBLE)
<i>olanzapine 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab</i>	2	
<i>olanzapine 5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp</i>	3	QL (30 PER 30 DAYS)
<i>olanzapine-fluoxetine hcl -3-25 mg cap, -6-25 mg cap, -6-50 mg cap, -12-25 mg cap, -12-50 mg cap</i>	4	
<i>paliperidone er 6 mg tab 24h</i>	3	QL (60 PER 30 DAYS)
<i>paliperidone er er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er</i>	3	QL (30 PER 30 DAYS)
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	2	
<i>paroxetine hcl 10 mg/5ml suspension</i>	2	QL (900 PER 30 DAYS)
<i>paroxetine hcl er 25 mg tab 24h</i>	2	QL (90 PER 30 DAYS)
<i>paroxetine hcl er er 12.5 mg tab er, er 37.5 mg tab er</i>	2	QL (30 PER 30 DAYS)

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<i>perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab</i>	2	
PERSERIS 90 MG PRSYR, 120 MG PRSYR	5	PA, QL (1 PER 30 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
<i>phenelzine sulfate phenelzine sulfate 15 mg tab, phenelzine sulfate 15 mg tab</i>	2	
PIMOZIDE 1 MG TAB, 2 MG TAB	2	QL (150 PER 30 DAYS)
<i>prochlorperazine 25 mg suppos</i>	3	BVD (ORAL ANTIEMETICS)
<i>prochlorperazine maleate 5 mg tab, 10 mg tab</i>	2	BVD (ORAL ANTIEMETICS)
<i>protriptyline hcl 5 mg tab, 10 mg tab</i>	4	ST
<i>quetiapine fumarate er er 50 mg tab er, er 150 mg tab er, er 200 mg tab er, er 300 mg tab er, er 400 mg tab er</i>	3	
<i>quetiapine fumarate quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 150 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab</i>	2	
REXULTI 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB	4	PA, QL (30 PER 30 DAYS)
<i>risperidone 0.25 mg tab</i>	2	
RISPERIDONE 0.25 MG TAB DISP	2	QL (30 PER 30 DAYS)
<i>risperidone 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp</i>	2	QL (60 PER 30 DAYS)
<i>risperidone 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab</i>	2	
<i>risperidone 1 mg/ml solution</i>	2	QL (240 PER 30 DAYS)
<i>risperidone microspheres er er 12.5 mg, er 25 mg</i>	4	PA, BVD (INJECTABLE/INFUSIBLE)
<i>risperidone microspheres er er 37.5 mg, er 50 mg</i>	5	PA, BVD (INJECTABLE/INFUSIBLE)
SECUADO 3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR	5	ST, QL (30 PER 30 DAYS)

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<i>sertraline hcl 20 mg/ml conc</i>	2	QL (300 PER 30 DAYS)
<i>sertraline hcl 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
<i>thiothixene 1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap</i>	2	
<i>tranylcypromine sulfate 10 mg tab</i>	3	
<i>trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab</i>	1	
<i>trifluoperazine hcl 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab</i>	2	
<i>trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cap</i>	4	ST
TRINTELLIX 5 MG TAB, 10 MG TAB, 20 MG TAB	4	ST, QL (30 PER 30 DAYS)
UZEDY 100 MG/0.28ML SUSP PRSYR	5	PA, QL (0.28 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
UZEDY 125 MG/0.35ML SUSP PRSYR	5	PA, QL (0.35 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
UZEDY 150 MG/0.42ML SUSP PRSYR	5	PA, QL (0.42 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
UZEDY 200 MG/0.56ML SUSP PRSYR	5	PA, QL (0.56 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
UZEDY 250 MG/0.7ML SUSP PRSYR	5	PA, QL (0.7 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
UZEDY 50 MG/0.14ML SUSP PRSYR	5	PA, QL (0.14 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
UZEDY 75 MG/0.21ML SUSP PRSYR	5	PA, QL (0.21 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
VENLAFAXINE BESYLATE ER 112.5 MG TAB 24H	4	ST

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>venlafaxine hcl 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab</i>	2	
<i>venlafaxine hcl er 37.5 mg cap er, 75 mg cap er, 150 mg cap er</i>	2	
VERSACLOZ 50 MG/ML SUSPENSION	5	PA, QL (600 PER 30 DAYS)
<i>vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab</i>	3	
VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	5	PA, QL (30 PER 30 DAYS)
<i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	2	
<i>ziprasidone mesylate 20 mg recon soln</i>	2	PA, BVD (INJECTABLE/INFUSIBLE)
ZURZUVAE 20 MG CAP, 25 MG CAP, 30 MG CAP	5	PA, QL (28 PER 14 DAYS)

VESICULAR MONOAMINE TRANSPORTER 2 (VMAT2) INHIBITORS

AUSTEDO 6 MG TAB, 9 MG TAB, 12 MG TAB	5	PA, QL (120 PER 30 DAYS)
AUSTEDO XR 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H	5	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TAB ER 24H	5	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TAB ER 24H, 12 MG TAB ER 24H	5	PA, QL (90 PER 30 DAYS)
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	5	PA, QL (28 PER 180 OVER TIME)
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	5	PA, QL (42 PER 180 OVER TIME)
<i>tetrabenazine 12.5 mg tab</i>	2	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tab</i>	5	PA, QL (120 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
AMMONIA DETOXICANTS		
<i>carglumic acid 200 mg tab sol</i>	5	PA
<i>constulose 10 gm/15ml solution</i>	2	
<i>enulose 10 gm/15ml solution</i>	2	
<i>generlac 10 gm/15ml solution</i>	3	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	2	
<i>lactulose lactulose 10 gm packet, lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution</i>	2	
<i>sodium phenylbutyrate 3 gm/tsp powder</i>	5	
CALORIC AGENTS		
CLINIMIX E/DEXTROSE (2.75/5) % SOLUTION	3	HI
CLINIMIX E/DEXTROSE (4.25/10) % SOLUTION	3	HI
CLINIMIX E/DEXTROSE (4.25/5) % SOLUTION	3	HI
CLINIMIX E/DEXTROSE (5/15) % SOLUTION	3	HI
CLINIMIX E/DEXTROSE (5/20) (/20) % SOLUTION	3	HI
CLINIMIX E/DEXTROSE (8/10) % SOLUTION	3	BVD (TPN)
CLINIMIX E/DEXTROSE (8/14) (/14) % SOLUTION	3	BVD (TPN)
CLINIMIX/DEXTROSE (4.25/10) % SOLUTION	3	HI
CLINIMIX/DEXTROSE (4.25/5) % SOLUTION	3	HI
CLINIMIX/DEXTROSE (5/15) % SOLUTION	3	HI

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
CLINIMIX/DEXTROSE (5/20) (/20) % SOLUTION	3	HI
CLINIMIX/DEXTROSE (6/5) (/5) % SOLUTION	3	BVD (TPN)
CLINIMIX/DEXTROSE (8/10) % SOLUTION	3	BVD (TPN)
CLINIMIX/DEXTROSE (8/14) (/14) % SOLUTION	3	BVD (TPN)
<i>clinisol sf 15 % solution</i>	2	HI
<i>dextrose dextrose 10 % solution, dextrose 10 % solution</i>	2	HI
<i>dextrose dextrose 5 % solution, dextrose 5 % solution</i>	2	HI
ISOLYTE-P IN D5W -IN SOLUTION	3	HI
NUTRILIPID 20 % EMULSION	3	HI
<i>plenamine 15 % solution</i>	2	HI
PREMASOL 10 % SOLUTION	3	HI
PROSOL 20 % SOLUTION	3	HI
TRAVASOL 10 % SOLUTION	3	HI
TROPHAMINE 10 % SOLUTION	3	HI

DIURETICS

<i>amiloride hcl 5 mg tab</i>	2	
AMILORIDE-HYDROCHLOROTHIAZIDE -5-50 MG TAB	2	
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	2	
DIURIL 250 MG/5ML SUSPENSION	3	
<i>ethacrynic acid 25 mg tab</i>	4	PA, QL (480 PER 30 DAYS)
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	
FUROSEMIDE FUROSEMIDE 10 MG/ML SOLUTION, FUROSEMIDE 8 MG/ML SOLUTION	2	

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<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	
<i>indapamide 1.25 mg tab, 2.5 mg tab</i>	1	
JYNARQUE 15 MG TAB THPK, 30 & 15 MG TAB THPK	5	PA, QL (60 PER 30 DAYS)
JYNARQUE 15 MG TAB, 30 MG TAB	5	PA, QL (120 PER 30 DAYS)
JYNARQUE 45 15 MG TAB THPK, 60 30 MG TAB THPK, 90 30 MG TAB THPK	5	PA, QL (60 PER 30 DAYS)
<i>metolazone 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	
<i>tolvaptan 30 mg tab</i>	5	QL (120 PER 30 DAYS)
<i>tolvaptan tolvaptan 15 mg tab, tolvaptan 15 mg tab</i>	5	QL (30 PER 30 DAYS)
<i>torsemide 5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab</i>	2	
<i>triamterene 50 mg cap, 100 mg cap</i>	3	QL (90 PER 30 DAYS)
<i>triamterene-hctz -37.5-25 mg cap, -37.5-25 mg tab, -75-50 mg tab</i>	1	
ION-REMOVING AGENTS		
<i>kionex 15 gm/60ml suspension</i>	3	
LOKELMA 10 GM PACKET	3	QL (90 PER 30 DAYS)
LOKELMA 5 GM PACKET	3	QL (30 PER 30 DAYS)
<i>sodium polystyrene sulfonate powder</i>	3	
SPS (SODIUM POLYSTYRENE SULF) SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION, SPS (SODIUM POLYSTYRENE SULF) 15 GM/60ML SUSPENSION	3	
VELTASSA 1 GM PACKET	5	PA, QL (120 PER 30 DAYS)
VELTASSA 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET	5	PA, QL (30 PER 30 DAYS)

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REPLACEMENT PREPARATIONS		
<i>dextrose-sodium chloride 5-0.225 % solution, dextrose-sodium chloride 10-0.2 % solution, dextrose-sodium chloride 10-0.45 % solution, dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution, dextrose-sodium chloride 2.5-0.45 % solution</i>	2	HI
ISOLYTE-S PH 7.4 IOLYTE- OLUTION	3	HI
<i>kcl in dextrose-nacl in -10-5-0.45 meq/l-%-%, in -20-5-0.2 meq/l-%-%, in -20-5-0.225 meq/l-%-%, in -20-5-0.45 meq/l-%-%, in -20-5-0.9 meq/l-%-%, in -30-5-0.45 meq/l-%-%, in -40-5-0.45 meq/l-%-%, in -40-5-0.9 meq/l-%-%</i>	2	HI
KCL-LACTATED RINGERS-D5W --20 MEQ/L SOLUTION	2	HI
<i>klor-con -8 tab er, -20 packet</i>	3	
<i>klor-con 10 -meq tab er</i>	3	
<i>klor-con m10 -meq tab er</i>	3	
<i>klor-con m15 -meq tab er</i>	4	
<i>klor-con m20 -meq tab er</i>	3	
MULTIPLE ELECTRO TYPE 1 PH 5.5 SOLUTION	3	HI
PLASMA-LYTE 148 - SOLUTION	3	HI
PLASMA-LYTE A PLSM- SOLUTION	3	HI
<i>potassium chloride 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	3	
<i>potassium chloride 2 meq/ml solution</i>	3	HI
<i>potassium chloride 20 meq packet</i>	3	
<i>potassium chloride crys er er 10 tab er, er 15 tab er, er 20 tab er</i>	1	

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<i>potassium chloride er potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 15 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er</i>	1	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	2	HI
<i>potassium chloride in nacl potassium chloride in nacl 20-0.45 meq/l-% solution, potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution, potassium chloride in nacl 20-0.45 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution</i>	3	HI
<i>potassium chloride potassium chloride 40 meq/100ml solution, potassium chloride 10 meq/100ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution</i>	3	HI
<i>potassium citrate er er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er</i>	3	
<i>sodium chloride (pf) 0.9 % solution</i>	2	HI
<i>sodium chloride 0.45 %, 3 %, 5 %</i>	2	HI
<i>sodium chloride 0.9 % solution</i>	2	PA, HI, BVD (INJECTABLE/INFUSIBLE)
SODIUM CHLORIDE 0.9 % SOLUTION	2	PA, BVD (INJECTABLE/INFUSIBLE)
TPN ELECTROLYTES CONC	2	HI
URICOSURIC AGENTS		
<i>colchicine-probenecid -0.5-500 mg tab</i>	3	
<i>probenecid 500 mg tab</i>	3	
ENZYMES		
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR, 10 MG/0.5ML SOLN PRSYR, 20 MG/ML SOLN PRSYR	5	PA, QL (60 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
REVCovi 2.4 MG/1.5ML SOLUTION	5	PA
SUCRAID 8500 UNIT/ML SOLUTION	5	PA, LA, QL (354 PER 30 DAYS)

EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

ANTI-INFECTIVES

<i>ak-poly-bac --500-10000 unit/gm ointment</i>	2	
AZASITE 1 % SOLUTION	4	QL (10 PER 30 OVER TIME)
<i>bacitra-neomycin-polymyxin-hc ---1 % ointment</i>	2	
BACITRACIN 500 UNIT/GM OINTMENT	2	
<i>bacitracin-polymyxin b acitracin-500-10000 unit/gm ointment</i>	2	
BESIVANCE 0.6 % SUSPENSION	4	QL (15 PER 30 OVER TIME)
<i>chlorhexidine gluconate 0.12 % solution</i>	2	
CILOXAN 0.3 % OINTMENT	4	QL (17.5 PER 30 OVER TIME)
CIPRO HC 0.2-1 % SUSPENSION	3	
<i>ciprofloxacin hcl 0.3 % solution</i>	3	
<i>ciprofloxacin-dexamethasone -0.3-0.1 % suspension</i>	3	
<i>erythromycin 5 mg/gm ointment</i>	2	
<i>gatifloxacin 0.5 % solution</i>	3	QL (15 PER 30 OVER TIME)
<i>gentamicin sulfate 0.3 % solution</i>	2	
<i>moxifloxacin hcl 0.5 % solution</i>	2	QL (15 PER 30 OVER TIME)
<i>neomycin-bacitracin zn-polymyx --3.5-400-10000, --5-400-10000</i>	2	
<i>neomycin-polymyxin-dexameth --3.5-10000-0.1 ointment, --3.5-10000-0.1 suspension</i>	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN --1.75-10000-.025 SOLUTION	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>neomycin-polymyxin-hc neomycin-polymyxin-hc 1 % solution, neomycin-polymyxin-hc 3.5-10000-1 solution, neomycin-polymyxin-hc 3.5-10000-1 suspension, neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	3	
<i>ofloxacin 0.3 % solution</i>	2	
<i>periogard 0.12 % solution</i>	2	
<i>sulfacetamide sodium sulfacetamide sodium 10 % ointment, sulfacetamide sodium 10 % solution</i>	2	
SULFACETAMIDE-PREDNISOLONE - 10-0.23 % SOLUTION	2	
TOBRADEX 0.3-0.1 % OINTMENT	4	
<i>tobramycin 0.3 % solution</i>	2	
<i>tobramycin-dexamethasone -0.3-0.1 % suspension</i>	3	
TOBREX 0.3 % OINTMENT	4	
TRIFLURIDINE 1 % SOLUTION	3	
XDEMVIY 0.25 % SOLUTION	5	PA
ZIRGAN 0.15 % GEL	4	
ZYLET 0.5-0.3 % SUSPENSION	4	
ANTI-INFLAMMATORY AGENTS		
ARNIITY ELLIPTA 50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA	3	QL (30 PER 30 DAYS)
<i>bromfenac sodium (once-daily) -0.09 % solution</i>	3	
<i>cyclosporine 0.05 % emulsion</i>	3	QL (60 PER 30 DAYS)
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	3	
<i>diclofenac sodium 0.1 % solution</i>	2	
<i>difluprednate 0.05 % emulsion</i>	3	QL (15 PER 30 OVER TIME)
FLAREX 0.1 % SUSPENSION	4	

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<i>flunisolide 25 mcg/act (0.025%) solution</i>	3	QL (50 PER 30 OVER TIME)
<i>fluocinolone acetonide 0.01 % oil</i>	3	
<i>fluorometholone 0.1 % suspension</i>	3	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	3	
<i>fluticasone propionate 50 mcg/act suspension</i>	2	QL (16 PER 30 OVER TIME)
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	3	QL (240 PER 30 DAYS)
FLUTICASONE PROPIONATE DISKUS 50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	3	QL (12 PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	3	QL (24 PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	3	QL (10.6 PER 30 DAYS)
FML FORTE 0.25 % SUSPENSION	4	
<i>hydrocortisone-acetic acid -1-2 % solution</i>	3	
ILEVRO 0.3 % SUSPENSION	4	QL (15 PER 30 OVER TIME)
<i>ketorolac tromethamine 0.4 %, 0.5 %</i>	2	
<i>kourzeq 0.1 % paste</i>	2	
LOTEMAX 0.5 % OINTMENT	4	QL (15 PER 30 OVER TIME)
LOTEMAX SM 0.38 % GEL	4	QL (15 PER 30 OVER TIME)
<i>loteprednol etabonate 0.2 % suspension</i>	4	QL (15 PER 30 OVER TIME)
<i>loteprednol etabonate 0.5 % gel, 0.5 % suspension</i>	3	QL (15 PER 30 OVER TIME)
MAXIDEX 0.1 % SUSPENSION	4	
<i>mometasone furoate 50 mcg/act suspension</i>	3	QL (34 PER 30 OVER TIME)
NEVANAC 0.1 % SUSPENSION	4	QL (15 PER 30 OVER TIME)
OMNARIS 50 MCG/ACT SUSPENSION	4	ST, QL (12.5 PER 30 OVER TIME)

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<i>prednisolone acetate 1 % suspension</i>	3	QL (30 PER 30 DAYS)
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
QNASL 80 MCG/ACT AERO SOLN	4	ST, QL (10.6 PER 30 OVER TIME)
QNASL CHILDRENS 40 MCG/ACT AERO SOLN	4	ST, QL (10.6 PER 30 OVER TIME)
<i>triamcinolone acetonide 0.1 % paste</i>	2	
TYRVAYA 0.03 MG/ACT SOLUTION	3	QL (8.4 PER 30 OVER TIME)
XHANCE 93 MCG/ACT EXHU	4	PA
XIIDRA 5 % SOLUTION	3	QL (60 PER 30 DAYS)
ANTIALLERGIC AGENTS		
<i>azelastine hcl 0.05 % solution</i>	3	
<i>azelastine hcl 0.1 %, 137 mcg/spray</i>	2	QL (60 PER 30 DAYS)
<i>bepotastine besilate 1.5 % solution</i>	3	QL (15 PER 30 OVER TIME)
<i>olopatadine hcl 0.6 % solution</i>	3	ST, QL (30.5 PER 30 OVER TIME)
ANTIGLAUCOMA AGENTS		
ALPHAGAN P ALHAGAN 0.1 % SOLUTION	3	QL (15 PER 30 OVER TIME)
BETAXOLOL HCL 0.5 % SOLUTION	2	
BETOPTIC-S -0.25 % UPENION	4	
<i>bimatoprost 0.03 % solution</i>	3	QL (7.5 PER 30 OVER TIME)
<i>brimonidine tartrate 0.2 % solution</i>	2	
<i>brinzolamide 1 % suspension</i>	3	QL (15 PER 30 OVER TIME)
COMBIGAN 0.2-0.5 % SOLUTION	3	QL (10 PER 30 OVER TIME)
<i>dorzolamide hcl 2 % solution</i>	2	
<i>dorzolamide hcl-timolol mal -22.3-6.8 mg/ml solution</i>	3	
<i>dorzolamide hcl-timolol mal pf -2-0.5 % solution</i>	3	

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<i>latanoprost 0.005 % solution</i>	2	
LEVOBUNOLOL HCL 0.5 % SOLUTION	2	
LUMIGAN 0.01 % SOLUTION	3	QL (5 PER 30 OVER TIME)
<i>methazolamide 25 mg tab, 50 mg tab</i>	3	
<i>pilocarpine hcl 1 %, 2 %, 4 %</i>	3	
RHOPRESSA 0.02 % SOLUTION	4	ST, QL (60 PER 30 DAYS)
ROCKLATAN 0.02-0.005 % SOLUTION	4	ST, QL (5 PER 30 OVER TIME)
SIMBRINZA 1-0.2 % SUSPENSION	3	QL (16 PER 30 OVER TIME)
<i>timolol maleate (once-daily) -0.5 % solution</i>	3	
<i>timolol maleate 0.25 % gel f soln, 0.5 % (daily) solution, 0.5 % gel f soln</i>	3	
<i>timolol maleate 0.25 %, 0.5 %</i>	2	
<i>timolol maleate ocudose 0.5 % solution</i>	2	
<i>timolol maleate pf 0.25 %, 0.5 %</i>	2	
VYZULTA 0.024 % SOLUTION	4	ST

EENT DRUGS, MISCELLANEOUS

<i>acetic acid 2 % solution</i>	2	
APRACLONIDINE HCL 0.5 % SOLUTION	2	
CYSTADROPS 0.37 % SOLUTION	5	PA, QL (20 PER 30 OVER TIME)
CYSTARAN 0.44 % SOLUTION	5	PA, QL (60 PER 30 DAYS)
IOPIDINE 1 % SOLUTION	4	
<i>ipratropium bromide 0.03 %, 0.06 %</i>	2	

GASTROINTESTINAL DRUGS

ANTI-INFLAMMATORY AGENTS

<i>alosetron hcl 0.5 mg tab, 1 mg tab</i>	4	QL (60 PER 30 DAYS)
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<i>balsalazide disodium 750 mg cap</i>	3	
<i>budesonide er 9 mg tab 24h</i>	5	ST, QL (30 PER 30 DAYS)
DIPENTUM 250 MG CAP	4	
<i>mesalamine 1.2 gm tab dr</i>	3	QL (120 PER 30 DAYS)
<i>mesalamine 4 gm enema</i>	3	
<i>mesalamine er 0.375 gm cap 24h</i>	3	QL (120 PER 30 DAYS)
ROWASA 4 GM KIT	4	

ANTIDIARRHEA AGENTS

<i>loperamide hcl 2 mg cap</i>	2	
XERMELO 250 MG TAB	5	PA, QL (90 PER 30 DAYS)

ANTIEMETICS

<i>aprepitant 125 mg cap</i>	3	PA, QL (3 PER 30 OVER TIME), BVD (ORAL EMEND)
<i>aprepitant 40 mg cap</i>	3	PA, QL (1 PER 30 OVER TIME), BVD (ORAL EMEND)
<i>aprepitant 80 125 mg cap, 80 125 mg misc</i>	3	PA, QL (9 PER 30 OVER TIME), BVD (ORAL EMEND)
<i>aprepitant 80 mg cap</i>	3	PA, QL (6 PER 30 OVER TIME), BVD (ORAL EMEND)
<i>dronabinol 2.5 mg cap, 5 mg cap, 10 mg cap</i>	3	PA, QL (60 PER 30 DAYS), BVD (ORAL ANTIEMETICS)
<i>granisetron hcl 1 mg tab</i>	3	PA, BVD (ORAL ANTIEMETICS)
<i>ondansetron 4 mg tab disp, 8 mg tab disp</i>	2	PA, QL (240 PER 30 DAYS), BVD (ORAL ANTIEMETICS)
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	2	PA, QL (240 PER 30 DAYS), BVD (ORAL ANTIEMETICS)
<i>ondansetron hcl 4 mg/5ml solution</i>	2	PA, BVD (ORAL ANTIEMETICS)
VARUBI (180 MG DOSE) 2 X 90 TAB THPK	4	PA, QL (4 PER 28 OVER TIME), BVD (ORAL ANTIEMETICS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>bis subcit-metronid-tetracyc --140-125-125 mg cap</i>	4	NM (Non-Mail Order)
<i>bismuth/metronidaz/tetracyclin 140-125-125 mg cap</i>	4	NM (Non-Mail Order)
<i>cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab</i>	2	
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	2	
<i>famotidine 20 mg tab</i>	2	
<i>famotidine 40 mg tab</i>	2	
<i>famotidine 40 mg/5ml recon susp</i>	3	
<i>lansoprazole 15 mg cap dr, 30 mg cap dr</i>	2	
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	2	
NIZATIDINE NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP	2	
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	2	
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	2	
<i>pantoprazole sodium 40 mg packet</i>	3	QL (60 PER 30 DAYS)
<i>rabeprazole sodium 20 mg tab dr</i>	3	QL (60 PER 30 DAYS)
<i>sucralfate 1 gm tab</i>	2	
<i>sucralfate 1 gm/10ml suspension</i>	3	

CATHARTICS AND LAXATIVES

CLENPIQ 10-3.5-12 MG-GM - GM/175ML SOLUTION	3	
GAVILYTE-C -240 GM REON SOLN	2	
<i>gavilyte-g -236 m recon soln</i>	2	
<i>gavilyte-n with flavor pack -420 gm recosol</i>	2	
<i>na sulfate-k sulfate-mg sulf --17.5-3.13-1.6 gm/177ml solution</i>	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>peg 3350-kcl-na bicarb-nacl ---cl 420 gm recon soln</i>	2	
<i>peg-3350/electrolytes -236 gm recon soln</i>	2	
<i>peg-3350/electrolytes/ascorbat -100 gm recon soln</i>	3	
<i>peg-kcl-nacl-nasulf-na asc-c -kl-l-sulf--100 gm reon soln</i>	3	
PLENVU 140 GM RECON SOLN	4	ST
SUPREP BOWEL PREP KIT SU17.5-3.13-1.6 GM/177ML SOLUTION	3	
CHOLELITHOLYTIC AGENTS		
CHENODAL 250 MG TAB	4	QL (240 PER 30 DAYS)
<i>ursodiol 250 mg tab, 300 mg cap, 500 mg tab</i>	3	
DIGESTANTS		
CREON 3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART	3	
PANCREAZE 2600-8800 CP DR PART, 4200-14200 CP DR PART, 10500-35500 CP DR PART, 16800-56800 CP DR PART, 21000-54700 CP DR PART, 37000-97300 CP DR PART	3	
PERTZYE 16000 CP DR PART, 16000-57500 CP DR PART, 24000-86250 CP DR PART	5	
PERTZYE 4000 CP DR PART, 4000-14375 CP DR PART, 8000 CP DR PART	4	
VIOKACE 10440-39150 UNIT TAB	4	
VIOKACE 20880 TAB, 20880-78300 TAB	5	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ZENPEP 3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000- 32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000- 189600 CP DR PART	3	

GI DRUGS, MISCELLANEOUS

CHOLBAM 50 MG CAP, 250 MG CAP	5	PA, QL (120 PER 30 DAYS)
LINZESS 72 MCG CAP, 145 MCG CAP, 290 MCG CAP	3	QL (30 PER 30 DAYS)
<i>lubiprostone 8 mcg cap, 24 mcg cap</i>	2	QL (60 PER 30 DAYS)
MOVANTIK 12.5 MG TAB, 25 MG TAB	3	QL (30 PER 30 DAYS)
REZDIFFRA 60 MG TAB, 80 MG TAB, 100 MG TAB	5	PA, QL (30 PER 30 DAYS)
SYMPROIC 0.2 MG TAB	3	

PROKINETIC AGENTS

METOCLOPRAMIDE HCL 5 MG TAB DISP	4	
<i>metoclopramide hcl 5 mg tab, 10 mg tab</i>	2	
<i>metoclopramide hcl 5 mg/5ml, 10 mg/10ml</i>	3	
MOTEGRITY 1 MG TAB, 2 MG TAB	4	

HEAVY METAL ANTAGONISTS

CHEMET 100 MG CAP	4	
<i>deferasirox 125 mg tab sol</i>	4	QL (720 PER 30 DAYS)
<i>deferasirox 180 mg tab</i>	5	QL (450 PER 30 DAYS)
<i>deferasirox 250 mg tab sol</i>	5	PA, QL (360 PER 30 DAYS)
<i>deferasirox 360 mg tab</i>	3	QL (120 PER 30 DAYS)
<i>deferasirox 500 mg tab sol</i>	5	PA, QL (180 PER 30 DAYS)
<i>deferasirox 90 mg packet, 180 mg packet, 360 mg packet</i>	5	PA, QL (120 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>deferiasirox 90 mg tab</i>	4	QL (240 PER 30 DAYS)
<i>deferiasirox granules 90 mg packet, 180 mg packet, 360 mg packet</i>	5	PA, QL (120 PER 30 DAYS)
<i>deferiprone 500 mg tab, 1000 mg tab</i>	5	
FERRIPROX 100 MG/ML SOLUTION	5	QL (2970 PER 30 DAYS)
<i>penicillamine 250 mg tab</i>	5	
TRIENTINE HCL TRIENTINE HCL 250 MG CAP, TRIENTINE HCL 500 MG CAP	5	PA

HORMONES AND SYNTHETIC SUBSTITUTES

ADRENALS

ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	3	QL (1 PER 30 DAYS)
ASMANEX (30 METERED DOSES) 110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA	3	QL (1 PER 30 DAYS)
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	3	QL (1 PER 30 DAYS)
ASMANEX HFA 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL	3	QL (13 PER 30 DAYS)
ASMANEX HFA 50 MCG/ACT AEROSOL	3	QL (13 PER 30 DAYS)
<i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension</i>	3	PA, QL (240 PER 30 DAYS), BVD (INHALATION)
<i>budesonide 3 mg cp dr part</i>	3	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab</i>	2	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	2	
<i>fludrocortisone acetate 0.1 mg tab</i>	2	
HEMADY 20 MG TAB	4	PA, QL (60 PER 30 DAYS)
<i>hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab</i>	2	

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INTRAROSA 6.5 MG INSERT	4	QL (30 PER 30 DAYS)
<i>methylprednisolone 4 mg tab thpk</i>	2	
<i>methylprednisolone 4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab</i>	2	
<i>prednisolone 15 mg/5ml solution</i>	3	
<i>prednisolone sodium phosphate 20 mg/5ml solution</i>	3	
<i>prednisolone sodium phosphate prednisolone sodium phosphate 10 mg/5ml solution, prednisolone sodium phosphate 15 mg tab disp, prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate 10 mg tab disp, prednisolone sodium phosphate 15 mg tab disp, prednisolone sodium phosphate 30 mg tab disp, prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate 30 mg tab disp, prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 10 mg tab disp</i>	3	
<i>prednisone 1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	2	
PREDNISONE INTENSOL 5 MG/ML CONC	2	
TARPEYO 4 MG CAP DR	5	PA, QL (120 PER 30 DAYS)

ANDROGENS

<i>danazol 50 mg cap, 100 mg cap, 200 mg cap</i>	2	
<i>depo-testosterone depo-testosterone 200 mg/ml solution, depo-testosterone 100 mg/ml solution, depo-testosterone 200 mg/ml solution</i>	4	PA, QL (10 PER 30 OVER TIME), BvD (INJECTABLE/INFUSIBLE)
<i>testosterone 1.62 % gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel</i>	3	QL (150 PER 30 DAYS)
<i>testosterone 30 mg/act solution</i>	3	PA, QL (180 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>testosterone cypionate 100 mg/ml, 200 mg/ml</i>	3	QL (10 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	3	QL (10 PER 28 OVER TIME)
<i>testosterone testosterone 10 mg/act (2%) gel, testosterone 10 mg/act (2%) gel</i>	3	PA, QL (120 PER 30 DAYS)
<i>testosterone testosterone 12.5 mg/act (1%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel, testosterone 12.5 mg/act (1%) gel, testosterone 50 mg/5gm (1%) gel</i>	3	QL (300 PER 30 DAYS)

ANTIDIABETIC AGENTS

<i>acarbose 25 mg tab, 50 mg tab, 100 mg tab</i>	1	QL (90 PER 30 DAYS)
ALOGLIPTIN BENZOATE 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB	1	QL (30 PER 30 DAYS)
ALOGLIPTIN-METFORMIN HCL - 12.5-1000 MG TAB, -12.5-500 MG TAB	1	QL (60 PER 30 DAYS)
ALOGLIPTIN-PIOGLITAZONE -12.5-30 MG TAB, -25-15 MG TAB, -25-30 MG TAB, -25-45 MG TAB	1	QL (30 PER 30 DAYS)
FARXIGA 5 MG TAB, 10 MG TAB	3	QL (30 PER 30 DAYS)
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	
<i>glipizide er er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er</i>	1	
<i>glipizide glipizide 2.5 mg tab, glipizide 5 mg tab, glipizide 10 mg tab</i>	1	
<i>glipizide xl 2.5 mg tab er, 5 mg tab er, 10 mg tab er</i>	1	
<i>glipizide-metformin hcl -2.5-250 mg tab, -2.5-500 mg tab, -5-500 mg tab</i>	1	
<i>glyburide-metformin -1.25-250 mg tab, -2.5-500 mg tab, -5-500 mg tab</i>	1	QL (120 PER 30 DAYS)
GLYXAMBI 10-5 MG TAB, 25-5 MG TAB	3	QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
HUMALOG 100 UNIT/ML SOLN CART, 100 UNIT/ML SOLUTION	3	\$35 (\$35/30), BVD (INSULIN)
HUMALOG JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	3	\$35 (\$35/30), BVD (INSULIN)
HUMALOG KWIKPEN KWIK100 UNIT/ML SOLN	3	\$35 (\$35/30), BVD (INSULIN)
HUMALOG KWIKPEN KWIK200 UNIT/ML SOLN	3	\$35 (\$35/30), BVD (INSULIN)
HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION	3	\$35 (\$35/30), BVD (INSULIN)
HUMALOG MIX 50/50 KWIKPEN KWIK(50-50) 100 UNIT/ML SUSP	3	\$35 (\$35/30)
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	3	\$35 (\$35/30), BVD (INSULIN)
HUMALOG MIX 75/25 KWIKPEN KWIK(75-25) 100 UNIT/ML SUSP	3	\$35 (\$35/30), BVD (INSULIN)
HUMULIN R U-500 (CONCENTRATED) HMLIN - (CONCENTATED) NIT/ML SOLTION	3	\$35 (\$35/30), BVD (INSULIN)
HUMULIN R U-500 KWIKPEN HMLIN -KWIKNIT/ML SOLN	3	\$35 (\$35/30)
INSULIN ASP PROT & ASP FLEXPEN FLEX(70-30) 100 UNIT/ML SUSP	3	\$35 (\$35/30), BVD (INSULIN)
INSULIN ASPART 100 UNIT/ML SOLUTION	3	\$35 (\$35/30), BVD (INSULIN)
INSULIN ASPART FLEXPEN FLEX100 UNIT/ML SOLN	3	\$35 (\$35/30), BVD (INSULIN)
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	3	\$35 (\$35/30), BVD (INSULIN)
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	3	\$35 (\$35/30), BVD (INSULIN)
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION	4	PA, QL (120 PER 30 DAYS), \$35 (\$35/30)
INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN	4	PA, QL (120 PER 30 DAYS), \$35 (\$35/30)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN	3	\$35 (\$35/30), BVD (INSULIN)
INSULIN LISPRO 100 UNIT/ML SOLUTION	3	\$35 (\$35/30), BVD (INSULIN)
INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	3	\$35 (\$35/30), BVD (INSULIN)
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	3	\$35 (\$35/30), BVD (INSULIN)
JANUMET 50-1000 MG TAB, 50-500 MG TAB	3	QL (60 PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	3	QL (30 PER 30 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	3	QL (60 PER 30 DAYS)
JANUVIA 25 MG TAB, 50 MG TAB, 100 MG TAB	3	QL (30 PER 30 DAYS)
JARDIANCE 10 MG TAB, 25 MG TAB	3	QL (30 PER 30 DAYS)
JENTADUETO 2.5-1000 MG TAB	3	QL (60 PER 30 DAYS)
JENTADUETO 2.5-500 MG TAB	3	QL (120 PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3	QL (60 PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	3	QL (30 PER 30 DAYS)
LANTUS 100 UNIT/ML SOLUTION	3	QL (120 PER 30 DAYS), \$35 (\$35/30)
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	3	QL (120 PER 30 DAYS), \$35 (\$35/30)
<i>metformin hcl 500 mg tab, 500 mg/5ml solution, 850 mg tab, 1000 mg tab</i>	1	
<i>metformin hcl er er 500 mg tab er, er 750 mg tab er</i>	1	
<i>mifepristone 300 mg tab</i>	5	PA, QL (120 PER 30 DAYS)
MIGLITOL 25 MG TAB, 50 MG TAB, 100 MG TAB	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
MOUNJARO MOUNJRO 2.5 MG/0.5ML SOLN -INJ, MOUNJRO 5 MG/0.5ML SOLN -INJ, MOUNJRO 7.5 MG/0.5ML SOLN -INJ, MOUNJRO 10 MG/0.5ML SOLN -INJ, MOUNJRO 12.5 MG/0.5ML SOLN -INJ, MOUNJRO 15 MG/0.5ML SOLN -INJ	3	PA, QL (2 PER 28 OVER TIME)
<i>nateglinide 60 mg tab, 120 mg tab</i>	1	
NOVOLOG 100 UNIT/ML SOLUTION	3	\$35 (\$35/30), BVD (INSULIN)
NOVOLOG 70/30 FLEXPEN RELION FLEX(70-30) 100 UNIT/ML SUSP	3	\$35 (\$35/30), BVD (INSULIN)
NOVOLOG FLEXPEN FLEX100 UNIT/ML SOLN	3	\$35 (\$35/30), BVD (INSULIN)
NOVOLOG FLEXPEN RELION FLEX100 UNIT/ML SOLN	3	\$35 (\$35/30), BVD (INSULIN)
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	3	\$35 (\$35/30), BVD (INSULIN)
NOVOLOG MIX 70/30 FLEXPEN FLEX(70-30) 100 UNIT/ML SUSP	3	\$35 (\$35/30), BVD (INSULIN)
NOVOLOG MIX 70/30 RELION (70- 30) 100 UNIT/ML SUSPENSION	3	\$35 (\$35/30), BVD (INSULIN)
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	3	\$35 (\$35/30), BVD (INSULIN)
NOVOLOG RELION 100 UNIT/ML SOLUTION	3	\$35 (\$35/30), BVD (INSULIN)
<i>pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone hcl-glimepiride -30-2 mg tab, -30-4 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone hcl-metformin hcl -15-500 mg tab, -15-850 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	
<i>saxagliptin hcl 2.5 mg tab, 5 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er -2.5-1000 mg tab 24h</i>	1	QL (60 PER 30 DAYS)
<i>saxagliptin-metformin er -er 5-1000 mg tab er, - er 5-500 mg tab er</i>	1	QL (30 PER 30 DAYS)

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SEGLUROMET 2.5-1000 MG TAB, 2.5-500 MG TAB, 7.5-1000 MG TAB, 7.5-500 MG TAB	4	ST, QL (60 PER 30 DAYS)
SITAGLIPTIN 25 MG TAB, 50 MG TAB, 100 MG TAB	1	QL (30 PER 30 DAYS)
SITAGLIPTIN BASE-METFORMIN HCL -50-1000 MG TAB, -50-500 MG TAB	1	QL (60 PER 30 DAYS)
SOLIQUA 100-33 UNT-MCG/ML SOLN PEN	3	ST, QL (18 PER 30 OVER TIME), \$35 (\$35/30)
STEGLATRO 5 MG TAB, 15 MG TAB	4	ST, QL (30 PER 30 DAYS)
SYMLINPEN 120 SYMLIN2700 MCG/2.7ML SOLN	5	ST, QL (10.8 PER 30 OVER TIME)
SYMLINPEN 60 SYMLIN1500 MCG/1.5ML SOLN	5	ST, QL (10.8 PER 30 OVER TIME)
SYNJARDY 5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5- 500 MG TAB	3	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	3	QL (30 PER 30 DAYS)
SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5- 1000 MG TAB ER 24H	3	QL (60 PER 30 DAYS)
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	3	QL (30 PER 30 DAYS), \$35 (\$35/30)
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	3	QL (45 PER 30 DAYS), \$35 (\$35/30)
TRADJENTA 5 MG TAB	3	QL (30 PER 30 DAYS)
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, 10-5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H, 25-5- 1000 MG TAB ER 24H	3	
TRULICITY 0.75 MG/0.5ML SOLN - INJ, 1.5 MG/0.5ML SOLN -INJ, 3 MG/0.5ML SOLN -INJ, 4.5 MG/0.5ML SOLN -INJ	3	PA, QL (4 PER 28 OVER TIME)

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WEGOVY 0.25 MG/0.5ML SOLN -INJ, 0.5 MG/0.5ML SOLN -INJ, 1 MG/0.5ML SOLN -INJ	5	PA, QL (2 PER 28 OVER TIME)
WEGOVY 1.7 MG/0.75ML SOLN -INJ, 2.4 MG/0.75ML SOLN -INJ	5	PA, QL (3 PER 28 OVER TIME)
XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	3	QL (60 PER 30 DAYS)
XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	3	QL (30 PER 30 DAYS)

ANTIHYPOGLYCEMIC AGENTS

BAQSIMI ONE PACK 3 MG/DOSE POWDER	3	
BAQSIMI TWO PACK 3 MG/DOSE POWDER	3	
<i>diazoxide 50 mg/ml suspension</i>	2	
GLUCAGON EMERGENCY 1 MG KIT	3	

CONTRACEPTIVES

<i>apri 0.15-30 mg-mcg tab</i>	2	
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	2	
<i>aviane 0.1-20 mg-mcg tab</i>	2	
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	2	
<i>balziva 0.4-35 mg-mcg tab</i>	2	
<i>blisovi fe 1.5/30 /-mg-mcg tab</i>	2	
<i>briellyn 0.4-35 mg-mcg tab</i>	2	
<i>camila 0.35 mg tab</i>	2	
<i>cryselle-28 -0.3-30 mg-mcg tab</i>	2	
<i>desogestrel-ethinyl estradiol -0.15-0.02/0.01 mg (21/5) tab</i>	2	
<i>dolishale 90-20 mcg tab</i>	2	
<i>drospiren-eth estrad-levomefol --3-0.02-0.451 mg tab</i>	2	

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<i>drospirenone-ethinyl estradiol -3-0.02 mg tab, -3-0.03 mg tab</i>	2	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	3	QL (1 PER 28 OVER TIME)
<i>enilloring 0.12-0.015 mg/24hr</i>	3	QL (1 PER 28 OVER TIME)
<i>errin 0.35 mg tab</i>	2	
<i>estarylla 0.25-35 mg-mcg tab</i>	2	
<i>estradiol-norethindrone acet -0.5-0.1 mg tab, -1-0.5 mg tab</i>	3	
<i>ethynodiol diac-eth estradiol ynodiol -1-35 mg-mcg tab, ynodiol -1-50 mg-mcg tab</i>	2	
<i>etonogestrel-ethinyl estradiol -0.12-0.015 mg/24hr ring</i>	2	QL (1 PER 28 OVER TIME)
<i>fyavolv 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab</i>	3	
<i>gallifrey 5 mg tab</i>	2	
<i>hailey 24 fe 1-20 mg-mcg() tab</i>	2	
<i>haloette 0.12-0.015 mg/24hr ring</i>	3	QL (1 PER 28 OVER TIME)
<i>heather 0.35 mg tab</i>	2	
<i>iclevia 0.15-0.03 mg tab</i>	2	QL (91 PER 91 DAYS)
<i>introvale 0.15-0.03 mg tab</i>	2	QL (91 PER 91 DAYS)
<i>jasmiel 3-0.02 mg tab</i>	2	
<i>jinteli 1-5 mg-mcg tab</i>	3	
<i>junel 1.5/30 /-mg-mcg tab</i>	2	
<i>junel 1/20 /-mg-mcg tab</i>	2	
<i>junel fe 1.5/30 /-mg-mcg tab</i>	2	
<i>junel fe 1/20 /-mg-mcg tab</i>	2	
<i>junel fe 24 1-20 mg-mcg() tab</i>	2	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	2	
<i>kelnor 1/35 /-mg-mcg tab</i>	2	
<i>kelnor 1/50 /-mg-mcg tab</i>	2	
<i>lessina 0.1-20 mg-mcg tab</i>	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	2	
<i>levonorg-eth estrad triphasic -50-30/75-40/ 125-30 mcg tab</i>	2	
<i>levonorgest-eth estrad 91-day --0.15-0.03 &0.01 mg tab</i>	2	
<i>levonorgest-eth estrad 91-day --0.15-0.03 mg tab</i>	2	QL (91 PER 91 DAYS)
<i>levonorgestrel-ethinyl estrad -90-20 mcg tab</i>	2	
<i>levora 0.15/30 (28) /-mg-mcg tab</i>	2	
LILETTA (52 MG) 20.1 MCG/DAY IUD	3	PA, QL (1 PER 365 OVER TIME), BVD (PHYSICIAN ADMINISTRATION)
LO LOESTRIN FE ESTRIN 1 MG-10 MCG / 10 MCG TAB	4	
<i>loestrin 1.5/30 (21) /-mg-mcg tab</i>	4	
<i>loestrin 1/20 (21) /-mg-mcg tab</i>	4	
<i>loestrin fe 1.5/30 /-mg-mcg tab</i>	4	
<i>loestrin fe 1/20 /-mg-mcg tab</i>	4	
<i>loryna 3-0.02 mg tab</i>	2	
<i>lutra 0.1-20 mg-mcg tab</i>	2	
<i>lyleq 0.35 mg tab</i>	2	
<i>marlissa 0.15-30 mg-mcg tab</i>	2	
<i>merzee 1-20 mg-mcg(24) cap</i>	2	
<i>microgestin 1.5/30 /-mg-mcg tab</i>	2	
<i>microgestin 1/20 /-mg-mcg tab</i>	2	
<i>microgestin fe 1.5/30 /-mg-mcg tab</i>	2	
<i>microgestin fe 1/20 /-mg-mcg tab</i>	2	
<i>mili 0.25-35 mg-mcg tab</i>	2	
<i>mimvey 1-0.5 mg tab</i>	3	
<i>necon 0.5/35 (28) /-mg-mcg tab</i>	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
NEXPLANON 68 MG IMPLANT	3	PA, QL (1 PER 365 OVER TIME)
<i>norelgestromin-eth estradiol -150-35 mcg/24hr patch wk</i>	2	QL (4 PER 28 OVER TIME)
<i>norethin ace-eth estrad-fe norin --1-20 mg-mcg tab</i>	2	
<i>norethindron-ethinyl estrad-fe --1-20/1-30/1-35 mg-mcg tab</i>	2	
<i>norethindrone 0.35 mg tab</i>	2	
<i>norethindrone acet-ethinyl est -1-20 mg-mcg tab</i>	2	
<i>norethindrone acetate 5 mg tab</i>	2	
<i>norethindrone-eth estradiol -0.5-2.5 mg-mcg tab, -1-5 mg-mcg tab</i>	3	
<i>norgestim-eth estrad triphasic -0.18/0.215/0.25 mg-25 mcg tab, -0.18/0.215/0.25 mg-35 mcg tab</i>	2	
<i>norgestimate-eth estradiol -0.25-35 mg-mcg tab</i>	2	
<i>nortrel 0.5/35 (28) /-mg-mcg tab</i>	2	
<i>nortrel 1/35 (21) /-mg-mcg tab</i>	2	
<i>nortrel 1/35 (28) /-mg-mcg tab</i>	2	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	2	
<i>nylia 1/35 /-mg-mcg tab</i>	2	
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	2	
<i>portia-28 -0.15-30 mg-mcg tab</i>	2	
<i>reclipsen 0.15-30 mg-mcg tab</i>	2	
SAFYRAL 3-0.03-0.451 MG TAB	4	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	2	
<i>sronyx 0.1-20 mg-mcg tab</i>	2	
<i>tarina 24 fe 1-20 mg-mcg() tab</i>	2	
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	2	

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<i>tri-estarylla -0.18/0.215/0.25 mg-35 mcg tab</i>	2	
<i>tri-legest fe -1-20/1-30/1-35 mg-mcg tab</i>	2	
<i>tri-lo-estarylla --0.18/0.215/0.25 mg-25 mcg tab</i>	2	
<i>tri-lo-sprintec --0.18/0.215/0.25 mg-25 mcg tab</i>	2	
<i>tri-sprintec -0.18/0.215/0.25 mg-35 mcg tab</i>	2	
<i>tri-vylibra lo -0.18/0.215/0.25 mg-25 mcg tab</i>	2	
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	2	
<i>turqoz 0.3-30 mg-mcg tab</i>	2	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	2	
<i>vestura 3-0.02 mg tab</i>	2	
<i>vienva 0.1-20 mg-mcg tab</i>	2	
<i>vylibra 0.25-35 mg-mcg tab</i>	2	
<i>xulane 150-35 mcg/24hr patch wk</i>	2	QL (4 PER 28 OVER TIME)
<i>zovia 1/35 (28) /-mg-mcg tab</i>	2	
<i>zovia 1/35e (28) /e -mg-mcg tab</i>	2	

ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS

<i>anastrozole 1 mg tab</i>	2	QL (30 PER 30 DAYS)
DEPO-ESTRADIOL -5 MG/ML OIL	4	
<i>dotti 0.025 mg/24hr patch tw</i>	3	
<i>dotti 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw</i>	3	
DUAVEE 0.45-20 MG TAB	3	QL (30 PER 30 DAYS)
<i>estradiol 0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk</i>	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>estradiol 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk</i>	3	
<i>estradiol 0.1 mg/gm cream</i>	3	QL (127.5 PER 30 OVER TIME)
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	3	QL (450 PER 30 DAYS)
<i>estradiol 10 mcg tab</i>	3	QL (30 PER 30 DAYS)
<i>exemestane 25 mg tab</i>	3	QL (60 PER 30 DAYS)
FEMRING 0.05 MG/24HR RING, 0.1 MG/24HR RING	4	ST, QL (1 PER 90 OVER TIME)
IMVEXXY MAINTENANCE PACK PACK 4 MCG INSERT, PACK 10 MCG INSERT	4	ST, QL (30 PER 30 DAYS)
IMVEXXY STARTER PACK PACK 4 MCG INSERT, PACK 10 MCG INSERT	4	ST, QL (30 PER 30 DAYS)
<i>letrozole 2.5 mg tab</i>	2	QL (30 PER 30 DAYS)
<i>lyllana 0.025 mg/24hr patch tw</i>	3	
<i>lyllana 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw</i>	3	
ORIAHNN 300-1-0.5 & 300 MG CAP THPK	5	PA, QL (60 PER 30 DAYS)
OSPHENA 60 MG TAB	4	QL (30 PER 30 DAYS)
PREMARIN 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	3	QL (30 PER 30 DAYS)
PREMARIN 0.625 MG/GM CREAM	3	ST, QL (60 PER 30 DAYS)
PREMPHASE 0.625-5 MG TAB	3	
PREMPRO 0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB	3	
<i>raloxifene hcl 60 mg tab</i>	2	QL (30 PER 30 DAYS)

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SOLTAMOX 10 MG/5ML SOLUTION	4	
<i>tamoxifen citrate 10 mg tab</i>	2	QL (30 PER 30 DAYS)
<i>tamoxifen citrate 20 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>toremifene citrate 60 mg tab</i>	5	PA, QL (30 PER 30 DAYS)
<i>yuvaferm 10 mcg tab</i>	3	QL (30 PER 30 DAYS)

GONADOTROPINS AND ANTIGONADOTROPINS

ELIGARD 7.5 MG KIT, 22.5 MG KIT, 30 MG KIT	4	PA, BVD (INJECTABLE/INFUSIBLE)
FIRMAGON (240 MG DOSE) 120 /VIAL RECON SOLN	5	PA, BVD (INJ/INFUSIBLE CHEMO)
FIRMAGON 80 MG RECON SOLN	4	PA, BVD (INJ/INFUSIBLE CHEMO)
<i>leuprolide acetate 1 mg/0.2ml kit</i>	4	BVD (INJ/INFUSIBLE CHEMO)
LEUPROLIDE ACETATE 22.5 MG INJECTABLE	4	PA, BVD (INJ/INFUSIBLE CHEMO)
LUPRON DEPOT (1-MONTH) -3.75 MG KIT, -7.5 MG KIT	5	PA, BVD (INJ/INFUSIBLE CHEMO)
LUPRON DEPOT (3-MONTH) -11.25 MG KIT, -22.5 MG KIT	5	PA, BVD (INJ/INFUSIBLE CHEMO)
LUPRON DEPOT (4-MONTH) -30 MG KIT	5	PA, BVD (INJ/INFUSIBLE CHEMO)
LUPRON DEPOT (6-MONTH) -45 MG KIT	5	PA, BVD (INJ/INFUSIBLE CHEMO)
LUPRON DEPOT-PED (1-MONTH) -- 7.5 MG KIT	5	PA, BVD (INJ/INFUSIBLE CHEMO)
LUPRON DEPOT-PED (3-MONTH) -- 11.25 MG () KIT	5	PA, BVD (INJ/INFUSIBLE CHEMO)
MYFEMBREE 40-1-0.5 MG TAB	5	PA, QL (30 PER 30 DAYS)
ORGOVYX 120 MG TAB	5	PA, QL (32 PER 30 DAYS)
ORILISSA 150 MG TAB	5	PA, QL (30 PER 30 DAYS)
ORILISSA 200 MG TAB	5	PA, QL (60 PER 30 DAYS)
SYNAREL 2 MG/ML SOLUTION	4	PA

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
TRELSTAR MIXJECT 3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP	4	PA, BVD (INJECTABLE/INFUSIBLE)

PARATHYROID AND ANTIPARATHYROID AGENTS

<i>calcitonin (salmon) 200 unit/act solution</i>	2	ESRD
<i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	4	QL (120 PER 30 DAYS), ESRD
YORVIPATH 168 MCG/0.56ML SOLN PEN, 294 MCG/0.98ML SOLN PEN, 420 MCG/1.4ML SOLN PEN	5	PA, QL (2 PER 28 OVER TIME)

PITUITARY

<i>desmopressin ace spray refrig 0.01 % solution</i>	3	QL (15 PER 30 OVER TIME)
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	3	QL (180 PER 30 DAYS)
GENOTROPIN MINIQUEL 0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR	5	PA
OMNITROPE 5.8 MG RECON SOLN	5	PA

PROGESTINS

CRINONE 4 % GEL	4	PA
DEPO-SUBQ PROVERA 104 - MG/0.65ML SUSP PRSYR	3	QL (1 PER 90 OVER TIME)
<i>medroxyprogesterone acetate 150 mg/ml susp prsy, 150 mg/ml suspension</i>	2	QL (1 PER 90 OVER TIME)
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	2	
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	2	
<i>megestrol acetate megestrol acetate 40 mg/ml suspension, megestrol acetate 625 mg/5ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 625 mg/5ml suspension, megestrol acetate 800 mg/20ml suspension</i>	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>progesterone 100 mg cap, 200 mg cap</i>	3	
SOMATOSTATIN AGONISTS AND ANTAGONISTS		
<i>octreotide acetate 50 mcg/ml, 100 mcg/ml, 200 mcg/ml</i>	4	PA, BVD (INJECTABLE/INFUSIBLE)
<i>octreotide acetate 500 mcg/ml, 1000 mcg/ml</i>	5	PA, BVD (INJECTABLE/INFUSIBLE)
SIGNIFOR 0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION	5	PA, QL (60 PER 30 DAYS)
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
GENOTROPIN 5 MG CARTRIDGE, 12 MG CARTRIDGE	5	PA
INCRELEX 40 MG/4ML SOLUTION	5	PA
OMNITROPE 5 MG/1.5ML SOLN CART, 10 MG/1.5ML SOLN CART	5	PA
SOMAVERT 10 MG RECON SOLN	5	PA, QL (90 PER 30 DAYS)
SOMAVERT 15 MG RECON SOLN, 20 MG RECON SOLN	5	PA, QL (60 PER 30 DAYS)
SOMAVERT 25 MG RECON SOLN, 30 MG RECON SOLN	5	PA, QL (30 PER 30 DAYS)
THYROID AND ANTITHYROID AGENTS		
<i>euthyrox 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab</i>	3	
<i>levothyroxine sodium 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab</i>	1	
<i>levoxyl 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab</i>	3	
<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	2	QL (90 PER 30 DAYS)

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<i>methimazole 5 mg tab, 10 mg tab</i>	1	
<i>propylthiouracil 50 mg tab</i>	2	
SYNTHROID 25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB	3	QL (90 PER 30 DAYS)
TIROSINT-SOL -SOL 13 MCG/ML SOLUTION, -SOL 25 MCG/ML SOLUTION, -SOL 37.5 MCG/ML SOLUTION, -SOL 44 MCG/ML SOLUTION, -SOL 50 MCG/ML SOLUTION, -SOL 62.5 MCG/ML SOLUTION, -SOL 75 MCG/ML SOLUTION, -SOL 88 MCG/ML SOLUTION, -SOL 100 MCG/ML SOLUTION, -SOL 112 MCG/ML SOLUTION, -SOL 125 MCG/ML SOLUTION, -SOL 137 MCG/ML SOLUTION, -SOL 150 MCG/ML SOLUTION, -SOL 175 MCG/ML SOLUTION, -SOL 200 MCG/ML SOLUTION	3	

MISCELLANEOUS THERAPEUTIC AGENTS

5-ALPHA-REDUCTASE INHIBITORS

<i>dutasteride 0.5 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tab</i>	1	QL (30 PER 30 DAYS)

ALCOHOL DETERRENTS

<i>acamprosate calcium 333 mg tab dr</i>	3	QL (180 PER 30 DAYS)
<i>disulfiram 250 mg tab, 500 mg tab</i>	3	

ANTIDOTES

<i>acetylcysteine 10 % solution</i>	2	PA, BVD (Inhalation)
<i>acetylcysteine 20 % solution</i>	2	PA, BVD (Inhalation)

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<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	3	
ANTIGOUT AGENTS		
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	
<i>colchicine 0.6 mg tab</i>	3	QL (120 PER 30 DAYS)
<i>febuxostat 40 mg tab, 80 mg tab</i>	2	QL (30 PER 30 DAYS)
BONE ANABOLIC AGENTS		
EVENITY 105 MG/1.17ML SOLN PRSYR	5	PA, QL (2.4 PER 30 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	5	PA, BVD (INJECTABLE/INFUSIBLE)
TYMLOS 3120 MCG/1.56ML SOLN PEN	5	PA, QL (1.56 PER 30 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
BONE RESORPTION INHIBITORS		
<i>alendronate sodium 10 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>alendronate sodium 35 mg tab, 70 mg tab</i>	1	QL (4 PER 28 OVER TIME)
<i>ibandronate sodium 150 mg tab</i>	2	QL (1 PER 28 OVER TIME)
PROLIA 60 MG/ML SOLN PRSYR	4	PA, QL (1 PER 180 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
<i>risedronate sodium 150 mg tab</i>	2	QL (1 PER 28 OVER TIME)
<i>risedronate sodium 30 mg tab</i>	3	QL (30 PER 30 DAYS)
<i>risedronate sodium 35 mg tab</i>	2	QL (4 PER 28 OVER TIME)
<i>risedronate sodium 35 mg tab</i>	3	QL (4 PER 28 OVER TIME)
<i>risedronate sodium 5 mg tab</i>	2	QL (30 PER 30 DAYS)
XGEVA 120 MG/1.7ML SOLUTION	5	PA, BVD (INJECTABLE/INFUSIBLE)
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide 125 mg tab, 250 mg tab</i>	2	
<i>acetazolamide er 500 mg cap 12h</i>	2	

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KEVEYIS 50 MG TAB	5	PA, QL (120 PER 30 DAYS)
COMPLEMENT INHIBITORS		
HAEGARDA 2000 RECON SOLN, 3000 RECON SOLN	5	PA, QL (16 PER 28 OVER TIME)
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	5	PA, QL (18 PER 30 OVER TIME)
ORLADEYO 110 MG CAP, 150 MG CAP	5	PA, QL (30 PER 30 DAYS)
TAVNEOS 10 MG CAP	5	PA, QL (180 PER 30 DAYS)
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
AMJEVITA 20 MG/0.2ML SOLN PRSYR	5	PA, QL (0.8 PER 28 OVER TIME)
AMJEVITA 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR	5	PA, QL (3.2 PER 28 OVER TIME)
AMJEVITA 80 MG/0.8ML SOLN -INJ	5	PA, QL (2.4 PER 28 OVER TIME)
HADLIMA 40 MG/0.4ML SOLN PRSYR, 40 MG/0.8ML SOLN PRSYR	5	PA, QL (8 PER 28 OVER TIME)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN -INJ, 40 MG/0.8ML SOLN -INJ	5	PA, QL (8 PER 28 OVER TIME)
<i>leflunomide 10 mg tab, 20 mg tab</i>	3	
RIDAURA 3 MG CAP	5	
STELARA 45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION	5	PA, QL (2 PER 84 OVER TIME)
STELARA 90 MG/ML SOLN PRSYR	5	PA, QL (3 PER 84 OVER TIME)
TALTZ 80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR	5	PA, QL (3 PER 28 OVER TIME)
TYENNE 162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR	5	PA, QL (3.6 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
XELJANZ 5 MG TAB, 10 MG TAB	5	PA, QL (60 PER 30 DAYS)
XELJANZ XR 11 MG TAB ER 24H, 22 MG TAB ER 24H	5	PA, QL (30 PER 30 DAYS)

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IMMUNOMODULATORY AGENTS		
ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION	5	PA, BVD (INJECTABLE/INFUSIBLE)
BESREMI 500 MCG/ML SOLN PRSYR	5	PA, QL (2 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	3	QL (60 PER 30 DAYS)
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	3	QL (60 PER 30 DAYS)
<i> fingolimod hcl 0.5 mg cap</i>	3	QL (30 PER 30 DAYS)
<i> glatiramer acetate 20 mg/ml soln prsy</i>	5	QL (30 PER 30 DAYS)
<i> glatiramer acetate 40 mg/ml soln prsy</i>	5	QL (12 PER 28 OVER TIME)
<i> glatopa 20 mg/ml soln prsy</i>	5	QL (30 PER 30 DAYS)
<i> glatopa 40 mg/ml soln prsy</i>	5	QL (12 PER 28 OVER TIME)
<i> teriflunomide 7 mg tab, 14 mg tab</i>	3	QL (30 PER 30 DAYS)
THALOMID 50 MG CAP, 100 MG CAP	5	QL (30 PER 30 DAYS)
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL 0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H	4	PA, ST, BVD (IMMUNOSUPPRESSANTS)
<i> azathioprine 50 mg tab, 75 mg tab, 100 mg tab</i>	2	PA, BVD (IMMUNOSUPPRESSANTS)
BENLYSTA 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE)
<i> cyclosporine 25 mg cap, 100 mg cap</i>	2	PA, BVD (IMMUNOSUPPRESSANTS)
<i> cyclosporine modified 25 mg cap, 100 mg cap, 100 mg/ml solution</i>	2	PA, BVD (IMMUNOSUPPRESSANTS)
<i> cyclosporine modified 50 mg cap</i>	2	PA, BVD (IMMUNOSUPPRESSANTS)
ENSPRYNG 120 MG/ML SOLN PRSYR	5	PA, QL (7 PER 168 OVER TIME)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ENVARUSUS XR 0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H	4	PA, ST, BVD (IMMUNOSUPPRESSANTS)
<i>gengraf 25 mg cap, 100 mg cap, 100 mg/ml solution</i>	3	PA, BVD (IMMUNOSUPPRESSANTS)
LUPKYNIS 7.9 MG CAP	5	PA, QL (180 PER 30 DAYS)
<i>mycophenolate mofetil 200 mg/ml recon susp, 250 mg cap, 500 mg tab</i>	3	PA, BVD (IMMUNOSUPPRESSANTS)
<i>mycophenolate sodium 180 mg tab dr</i>	3	PA, QL (240 PER 30 DAYS), BVD (IMMUNOSUPPRESSANTS)
<i>mycophenolate sodium 360 mg tab dr</i>	3	PA, QL (120 PER 30 DAYS), BVD (IMMUNOSUPPRESSANTS)
<i>mycophenolic acid 180 mg tab dr</i>	3	PA, QL (240 PER 30 DAYS), BVD (IMMUNOSUPPRESSANTS)
<i>mycophenolic acid 360 mg tab dr</i>	3	PA, QL (120 PER 30 DAYS), BVD (IMMUNOSUPPRESSANTS)
PROGRAF 0.2 MG PACKET, 1 MG PACKET	4	PA, BVD (IMMUNOSUPPRESSANTS)
REZUROCK 200 MG TAB	5	PA, QL (30 PER 30 DAYS), BVD (IMMUNOSUPPRESSANTS)
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	4	PA, BVD (IMMUNOSUPPRESSANTS)
<i>sirolimus 1 mg/ml solution</i>	5	PA, BVD (IMMUNOSUPPRESSANTS)
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	2	PA, BVD (IMMUNOSUPPRESSANTS)
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
AQNEURSA 1 GM PACKET	5	PA, QL (120 PER 30 DAYS)
ARCALYST 220 MG RECON SOLN	5	PA, BVD (INJECTABLE/INFUSIBLE)
<i>betaine powder</i>	5	
CYSTAGON 50 MG CAP, 150 MG CAP	4	PA
<i>dalfampridine er 10 mg tab 12h</i>	3	QL (60 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
FILSPARI 200 MG TAB, 400 MG TAB	5	PA, QL (30 PER 30 DAYS)
FIRDAPSE 10 MG TAB	5	PA, QL (240 PER 30 DAYS)
ISTURISA 1 MG TAB	5	PA, QL (240 PER 30 DAYS)
ISTURISA 5 MG TAB	5	PA, QL (360 PER 30 DAYS)
<i>L-glutamine -glutamine 5 gm packet</i>	5	PA, QL (180 PER 30 DAYS)
<i>metirosine 250 mg cap</i>	5	PA
MYALEPT 11.3 MG RECON SOLN	5	PA, QL (67.8 PER 30 DAYS)
<i>nitisinone 2 mg cap, 5 mg cap, 10 mg cap, 20 mg cap</i>	5	PA, QL (600 PER 30 DAYS)
NITYR 2 MG TAB, 5 MG TAB, 10 MG TAB	5	PA, QL (600 PER 30 DAYS)
ORFADIN 4 MG/ML SUSPENSION	5	PA, QL (1500 PER 30 DAYS)
PYRUKYND 5 MG TAB, 20 MG TAB, 50 MG TAB	5	PA, QL (56 PER 28 DAYS)
PYRUKYND TAPER PACK PACK 5 MG TAB THPK, PACK 7 20 MG & 7 5 MG TAB THPK, PACK 7 50 MG & 7 20 MG TAB THPK	5	PA, QL (56 PER 28 DAYS)
<i>sapropterin dihydrochloride 100 mg packet, 100 mg tab, 500 mg packet</i>	5	PA
VOXZOGO 0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN	5	PA, QL (30 PER 30 DAYS), BVD (INJECTABLE/INFUSIBLE)
PROTECTIVE AGENTS		
ELMIRON 100 MG CAP	4	
MESNEX 400 MG TAB	5	
NONHORMONAL CONTRACEPTIVES		
PHEXXI 1.8-1-0.4 % GEL	4	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	3	
CROMOLYN SODIUM 4 % SOLUTION	3	
FASENRA 10 MG/0.5ML SOLN PRSYR	5	PA, QL (0.5 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
FASENRA 30 MG/ML SOLN PRSYR	5	PA, QL (2 PER 56 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
FASENRA PEN 30 MG/ML SOLN -INJ	5	PA, QL (2 PER 56 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
<i>montelukast sodium 4 mg chew tab, 5 mg chew tab, 10 mg tab</i>	1	QL (60 PER 30 DAYS)
<i>montelukast sodium 4 mg packet</i>	1	QL (30 PER 30 DAYS)
XOLAIR 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ	5	PA, QL (6 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
XOLAIR 150 MG/ML SOLN PRSYR	5	PA, QL (6 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
XOLAIR 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	5	PA, QL (8 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
XOLAIR 75 MG/0.5ML SOLN PRSYR	5	PA, QL (4 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
XOLAIR XOLIR 75 MG/0.5ML SOLN - INJ	5	PA, QL (4 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
<i>zafirlukast 10 mg tab, 20 mg tab</i>	3	QL (60 PER 30 DAYS)
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
<i>azelastine-fluticasone -137-50 mcg/act suspension</i>	4	ST, QL (23 PER 30 OVER TIME)
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	3	PA, BVD (INHALATION)
ANTIFIBROTIC AGENTS		
OFEV 100 MG CAP, 150 MG CAP	5	PA, QL (60 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>pirfenidone 267 mg cap, 267 mg tab</i>	5	PA, QL (270 PER 30 DAYS)
PIRFENIDONE 534 MG TAB	5	PA, QL (90 PER 30 DAYS)
<i>pirfenidone 801 mg tab</i>	5	PA, QL (90 PER 30 DAYS)

CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR MODULATORS

KALYDECO 5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB	5	PA, QL (60 PER 30 DAYS)
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	5	PA, QL (120 PER 30 DAYS)
ORKAMBI 75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET	5	PA, QL (60 PER 30 DAYS)

MUCOLYTIC AGENTS

BRONCHITOL 40 MG CAP	5	PA, QL (600 PER 30 DAYS)
BRONCHITOL TOLERANCE TEST 40 MG CAP	5	PA, QL (600 PER 30 DAYS)
PULMOZYME 2.5 MG/2.5ML SOLUTION	5	PA, QL (150 PER 30 DAYS), BVD (INHALATION)

VASODILATING AGENTS

ADEMPAS 0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB	5	PA, QL (90 PER 30 DAYS)
<i>ambrisentan 5 mg tab, 10 mg tab</i>	5	PA, LA, QL (30 PER 30 DAYS)
<i>bosentan 62.5 mg tab, 125 mg tab</i>	5	PA, QL (60 PER 30 DAYS)
OPSUMIT 10 MG TAB	5	PA, QL (30 PER 30 DAYS)
WINREVAIR 2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT	5	PA, BVD (INJECTABLE/INFUSIBLE)

SKIN AND MUCOUS MEMBRANE AGENTS

ANTI-INFECTIVES

<i>acyclovir 5 % ointment</i>	3	
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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>benzoyl peroxide-erythromycin -5-3 % gel</i>	3	
<i>ciclopirox 0.77 % gel, 1 % shampoo</i>	3	
<i>ciclopirox 8 % solution</i>	3	NM (Non-Mail Order)
<i>ciclopirox olamine 0.77 % cream, 0.77 % suspension</i>	3	
CLEOCIN 100 MG SUPPOS	4	
<i>clindamycin phos-benzoyl perox -1-5 % gel</i>	3	ST
<i>clindamycin phos-benzoyl perox -1.2-2.5 % gel</i>	2	ST
<i>clindamycin phos-benzoyl perox -1.2-5 % gel</i>	2	
<i>clindamycin phosphate 1 % gel, 1 % lotion, 1 % solution, 1 % swab, 2 % cream</i>	3	
<i>clotrimazole 1 % cream, 1 % solution</i>	2	
<i>clotrimazole 10 mg troche</i>	2	
<i>clotrimazole-betamethasone clotrimazole-betamethasone 1-0.05 % lotion, clotrimazole-betamethasone 1-0.05 % cream, clotrimazole-betamethasone 1-0.05 % lotion</i>	3	
<i>econazole nitrate 1 % cream</i>	3	
ERY 2 % PAD	2	
<i>erythromycin 2 % gel, 2 % solution</i>	2	
<i>gentamicin sulfate 0.1 % cream, 0.1 % ointment</i>	3	
<i>ivermectin 1 % cream</i>	3	ST, QL (45 PER 30 OVER TIME)
<i>ketconazole 2 % cream, 2 % shampoo</i>	3	
<i>klayesta 100000 unit/gm powder</i>	2	
<i>metronidazole 0.75 % cream, 0.75 % gel, 0.75 % lotion</i>	3	
<i>metronidazole 1 % gel</i>	3	QL (60 PER 30 DAYS)
MICONAZOLE 3 200 MG SUPPOS	4	
<i>mupirocin 2 % ointment</i>	3	
<i>mupirocin calcium 2 % cream</i>	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>naftifine hcl 2 % cream</i>	3	
<i>nyamyc 100000 unit/gm powder</i>	2	
<i>nystatin 100000 unit/gm cream, 100000 unit/gm ointment</i>	2	
<i>nystatin 100000 unit/gm powder</i>	2	
<i>nystatin-triamcinolone -100000-0.1 unit/gm-% cream, -100000-0.1 unit/gm-% ointment</i>	3	
<i>nystop 100000 unit/gm powder</i>	2	
<i>oxiconazole nitrate 1 % cream</i>	3	
<i>penciclovir 1 % cream</i>	4	
<i>permethrin 5 % cream</i>	3	
<i>silver sulfadiazine 1 % cream</i>	2	
SPINOSAD 0.9 % SUSPENSION	4	
<i>ssd 1 % cream</i>	2	
<i>sulfacetamide sodium (acne) 10 % lotion</i>	3	
<i>terconazole 0.4 %, 0.8 %</i>	3	
<i>terconazole 80 mg suppos</i>	3	
VANDAZOLE 0.75 % GEL	3	

ANTI-INFLAMMATORY AGENTS

<i>alclometasone dipropionate alclometasone dipropionate 0.05 % ointment, alclometasone dipropionate 0.05 % cream, alclometasone dipropionate 0.05 % ointment</i>	3	
<i>betamethasone dipropionate 0.05 % cream, 0.05 % lotion, 0.05 % ointment</i>	3	
<i>betamethasone dipropionate aug 0.05 % cream, 0.05 % lotion, 0.05 % ointment</i>	3	
<i>betamethasone valerate 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam</i>	3	
<i>calcipotriene-betameth diprop -0.005-0.064 % ointment</i>	4	

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<i>calcipotriene-betameth diprop -0.005-0.064 % suspension</i>	3	
<i>clobetasol prop emollient base 0.05 % cream</i>	3	
<i>clobetasol propionate 0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution</i>	3	
<i>clobetasol propionate 0.05 % liquid</i>	3	QL (125 PER 14 OVER TIME)
<i>clobetasol propionate e clobetasol propionate 0.05 % cream</i>	3	
<i>desonide 0.05 % cream, 0.05 % lotion, 0.05 % ointment</i>	3	
<i>desoximetasone 0.25 % cream, 0.25 % ointment</i>	4	
<i>diclofenac sodium 1.5 % solution</i>	3	QL (450 PER 30 DAYS)
<i>diclofenac sodium 3 % gel</i>	3	
ENSTILAR 0.005-0.064 % FOAM	5	
EUCRISA 2 % OINTMENT	3	QL (60 PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % solution</i>	3	
<i>fluocinolone acetonide 0.025 % ointment</i>	3	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	3	
<i>fluocinonide emulsified base 0.05 % cream</i>	3	
<i>fluocinonide fluocinonide 0.1 % cream, fluocinonide 0.05 % gel, fluocinonide 0.05 % cream, fluocinonide 0.05 % gel, fluocinonide 0.05 % ointment, fluocinonide 0.05 % solution</i>	3	
<i>fluticasone propionate 0.005 % ointment, 0.05 % cream</i>	2	
<i>halobetasol propionate 0.05 % cream, 0.05 % ointment</i>	3	
<i>hydrocortisone (perianal) 1 %, 2.5 %</i>	2	
<i>hydrocortisone 100 mg/60ml enema</i>	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>hydrocortisone hydrocortisone 1 % cream, hydrocortisone 1 % ointment, hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment, hydrocortisone 2.5 % lotion, hydrocortisone 2.5 % lotion</i>	2	
<i>mometasone furoate 0.1 % cream, 0.1 % ointment, 0.1 % solution</i>	2	
<i>procto-med hc -2.5 % cream</i>	2	
<i>proctosol hc 2.5 % cream</i>	2	
<i>proctozone-hc -2.5 % cream</i>	2	
<i>triamcinolone acetonide 0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment</i>	2	
<i>triderm 0.5 % cream</i>	2	
KERATOLYTIC AGENTS		
<i>adapalene-benzoyl peroxide -0.1-2.5 % gel</i>	2	ST
<i>ammonium lactate 12 % cream</i>	2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acutane 10 mg cap, 20 mg cap, 40 mg cap</i>	3	
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	4	QL (60 PER 30 DAYS)
<i>adapalene 0.1 % cream, 0.3 % gel</i>	3	ST
ADBRY 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ	5	PA, QL (6 PER 28 OVER TIME)
ALTRENO 0.05 % LOTION	4	QL (45 PER 30 OVER TIME)
<i>amnesteeem 10 mg cap, 20 mg cap, 40 mg cap</i>	3	
<i>azelaic acid 15 % gel</i>	3	QL (50 PER 30 OVER TIME)
AZELEX 20 % CREAM	4	ST
<i>bexarotene 1 % gel</i>	5	PA

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<i>calcipotriene calcipotriene 0.005 % ointment, calcipotriene 0.005 % solution, calcipotriene 0.005 % cream, calcipotriene 0.005 % solution</i>	3	
CALCITRIOL 3 MCG/GM OINTMENT	3	
CIBINQO 50 MG TAB, 100 MG TAB, 200 MG TAB	5	PA, QL (30 PER 30 DAYS)
<i>claravis 10 mg cap, 20 mg cap, 40 mg cap</i>	3	
<i>claravis 30 mg cap</i>	3	
<i>dapsone 5 % gel</i>	3	ST
DUPIXENT 300 MG/2ML SOLN A-INJ	5	PA, QL (8 PER 28 OVER TIME)
DUPIXENT 300 MG/2ML SOLN PRSYR	5	PA, QL (8 PER 28 OVER TIME)
FILSUVEZ 10 % GEL	5	PA
FINACEA 15 % FOAM	4	
<i>fluorouracil fluorouracil 5 % cream, fluorouracil 2 % solution, fluorouracil 5 % solution</i>	3	
HYFTOR 0.2 % GEL	5	PA
<i>imiquimod 5 % cream</i>	3	
<i>isotretinoin 10 mg cap, 20 mg cap, 40 mg cap</i>	3	
<i>isotretinoin 30 mg cap</i>	3	
METHOXSALEN RAPID 10 MG CAP	5	
PANRETIN 0.1 % GEL	5	PA, QL (60 PER 30 DAYS)
<i>pimecrolimus 1 % cream</i>	4	ST
PODOFILOX 0.5 % SOLUTION	2	
SANTYL 250 UNIT/GM OINTMENT	4	
<i>tacrolimus 0.03 %, 0.1 %</i>	3	QL (100 PER 30 OVER TIME)
<i>tazarotene 0.05 % cream</i>	4	ST
<i>tazarotene 0.05 % gel, 0.1 % gel</i>	4	
<i>tazarotene 0.1 % cream</i>	3	ST
<i>tretinoin 0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream</i>	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>tretinoin 0.05 % gel</i>	3	ST
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	4	ST
<i>tretinoin microsphere pump pump 0.04 % gel, pump 0.1 % gel</i>	4	ST
VALCHLOR 0.016 % GEL	5	PA, QL (120 PER 30 DAYS)
VTAMA 1 % CREAM	4	ST, QL (60 PER 30 DAYS)
<i>zenatane 10 mg cap, 20 mg cap, 40 mg cap</i>	3	
<i>zenatane 30 mg cap</i>	3	
ZORYVE 0.15 % CREAM	4	ST, QL (60 PER 30 OVER TIME)
ZORYVE 0.3 % CREAM	4	ST, QL (60 PER 30 DAYS)
ZORYVE 0.3 % FOAM	4	ST, QL (60 PER 30 DAYS)

SKIN AND MUCOUS MEMBRANE PREPARATIONS

ANTIPRURITICS AND LOCAL ANESTHETICS

<i>agoneaze 2.5-2.5 % kit</i>	3	
<i>dermacinrx empricaine 2.5-2.5 % kit</i>	3	
<i>dermacinrx prizopak 2.5-2.5 % kit</i>	3	
HYDROCORTISONE ACE-PRAMOXINE -1-1 % CREAM	3	
<i>lidocaine 5 % patch</i>	3	
<i>lidocaine viscous hcl 2 % solution</i>	3	
<i>lidocaine-prilocaine -2.5-2.5 % cream</i>	3	
<i>lidocaine-prilocaine -2.5-2.5 % kit</i>	3	
<i>lidocan 5 % patch</i>	3	
<i>livixil pak 2.5-2.5 % kit</i>	3	
<i>prilovix 2.5-2.5 % kit</i>	3	
<i>prilovix lite 2.5-2.5 % kit</i>	3	
<i>prilovix lite plus 2.5-2.5 % kit</i>	3	
<i>prilovix plus 2.5-2.5 % kit</i>	3	

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<i>prilovix ultralite 2.5-2.5 % kit</i>	3	
<i>prilovix ultralite plus 2.5-2.5 % kit</i>	3	
<i>tridacaine ii 5 % patch</i>	3	

SMOOTH MUSCLE RELAXANTS

GENITOURINARY SMOOTH MUSCLE RELAXANTS

<i>darifenacin hydrobromide er er 7.5 mg tab er, er 15 mg tab er</i>	3	QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er er 4 mg tab er, er 8 mg tab er</i>	2	QL (30 PER 30 DAYS)
<i>flavoxate hcl 100 mg tab</i>	2	
GEMTESA 75 MG TAB	4	ST, QL (30 PER 30 DAYS)
MYRBETRIQ 25 MG TAB ER 24H, 50 MG TAB ER 24H	3	QL (30 PER 30 DAYS)
MYRBETRIQ 8 MG/ML SRER	3	QL (300 PER 30 DAYS)
<i>oxybutynin chloride 5 mg tab</i>	1	QL (120 PER 30 DAYS)
<i>oxybutynin chloride 5 mg/5ml solution</i>	2	QL (473 PER 23 DAYS)
<i>oxybutynin chloride er er 5 mg tab er, er 10 mg tab er, er 15 mg tab er</i>	1	QL (60 PER 30 DAYS)
<i>solifenacin succinate 5 mg tab, 10 mg tab</i>	2	QL (30 PER 30 DAYS)
<i>tolterodine tartrate 1 mg tab, 2 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er er 2 mg cap er, er 4 mg cap er</i>	3	QL (30 PER 30 DAYS)
<i>trospium chloride 20 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>trospium chloride er 60 mg cap 24h</i>	3	QL (30 PER 30 DAYS)

RESPIRATORY SMOOTH MUSCLE RELAXANTS

<i>roflumilast 250 mcg tab, 500 mcg tab</i>	3	QL (30 PER 30 DAYS)
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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>theophylline er theophylline er 400 mg tab er 24h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 300 mg tab er 12h, theophylline er 200 mg tab er 12h</i>	3	

SUPPLIES

AQ INSULIN SYRINGE 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)
AQINJECT PEN NEEDLE PEN 31G 5 MISC, PEN 32G 4 MISC	2	QL (200 PER 30 DAYS)
ASSURE ID INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	2	QL (200 PER 30 DAYS)
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	2	QL (200 PER 30 DAYS)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	2	QL (200 PER 30 DAYS)
DROPSAFE SAFETY SYRINGE/NEEDLE 29G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)
ESSENTRA WIPES 9X9" 70 % SHEET	2	
INSULIN SYRINGE-NEEDLE U-100 -- 100 27G 1/2" 0.5 ML MISC, --100 28G 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
INSULIN SYRINGE-NEEDLE U-100 -- 100 28G 1/2" 1 ML MISC, --100 29G 1/2" 0.5 ML MISC, --100 29G 1/2" 1 ML MISC, --100 30G 1/2" 1 ML MISC, --100 30G 5/16" 0.5 ML MISC, --100 31G 5/16" 0.5 ML MISC, --100 31G 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)
MAGELLAN INSULIN SAFETY SYR 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC	2	QL (200 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
MARATHON MEDICAL PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	2	QL (200 PER 30 DAYS)
MONOJECT INSULIN SYRINGE 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
MONOJECT ULTRA COMFORT SYRINGE 28G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
PEN NEEDLES PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	2	QL (200 PER 30 DAYS)
PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	2	QL (200 PER 30 DAYS)
PRO COMFORT PEN NEEDLES PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC	2	QL (200 PER 30 DAYS)
SURE COMFORT PEN NEEDLES PEN 31G 6 MISC, PEN 32G 4 MISC	2	QL (200 PER 30 DAYS)
ULTICARE INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	2	QL (200 PER 30 DAYS)
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	2	QL (200 PER 30 DAYS)

VITAMINS

VITAMIN D

<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	2	ESRD
<i>calcitriol 1 mcg/ml solution</i>	2	ESRD

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>doxercalciferol doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap, doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap</i>	2	ESRD
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	3	ESRD
ATABEX EC AEX 29-1 MG DR	3	
AZESCHEW PRENATAL/POSTNATAL 13-1 MG TAB	3	
AZESCO 13-1 MG TAB	3	
C-NATE DHA -28-1-200 MG AP	3	
CITRANATAL 90 DHA -1 & 300 MG MISC	3	
CITRANATAL ASSURE 35-1 & 300 MG MISC	3	
CITRANATAL B-CALM -20-1 MG & 2 X 25 MG MISC	3	
CITRANATAL DHA 27-1 & 250 MG MISC	3	
CITRANATAL HARMONY 27-1-260 MG CAP	3	
CITRANATAL RX 27-1 MG TAB	3	
CO-NATAL FA - TAB	3	
COMPLETE NATAL DHA 29-1-200 & 200 MG MISC	3	
COMPLETENATE 29-1 MG CHEW TAB	3	
DERMACINRX PRETRATE 1 MG TAB	3	
DUET DHA 400 25-1 & MG MISC	3	
DUET DHA BALANCED 25-1 & 267 MG MISC	3	
INATAL GT TAB	3	
KOSHER PRENATAL PLUS IRON 30- 1 MG TAB	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
M-NATAL PLUS -27-1 G TAB	3	
MULTI-MAC -15-0.75-1 MG TAB	3	
<i>nafrinse 2.2 (1 f) mg chew tab</i>	2	
NATACHEW NATA28-1 MG TAB	3	
NATALVIT TAB	3	
NEONATAL + DHA 29-1 & 200 MG MISC	3	
NEONATAL COMPLETE 29-1 MG TAB	3	
NEONATAL PLUS 27-1 MG TAB	3	
NESTABS DHA 32-1 MG MISC	3	
NESTABS NESS 32-1 MG	3	
OB COMPLETE ONE 50-1-476 MG CAP	3	
OB COMPLETE PETITE 35-5-1-200 MG CAP	3	
OB COMPLETE PREMIER 30-20-1 MG TAB	3	
OB COMPLETE/DHA 30-10-1-200 MG CAP	3	
OBSTETRIX DHA 29-1 & 387 MG MISC	3	
OBSTETRIX EC 29-1 MG TAB	3	
PNV OB+DHA 27-1 & 250 MG MISC	3	
PNV PRENATAL PLUS MULTIVIT+DHA 27-1 & 312 MG MISC	3	
PNV TABS 29-1 S --MG	3	
PNV-DHA+DOCUSATE -27-1.25-300 MG CAP	3	
PNV-SELECT -27-0.6-0.4 MG TAB	3	
PREGEN DHA 28-1-35 MG CAP	3	
PRENA 1 TRUE 30-.4 & 300 MG MISC	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
PRENA1 1.4 MG CHEW TAB	3	
PRENA1 PEARL 30-1.4-200 MG CAP ER	3	
PRENAISSANCE 29-1.25-325 MG CAP	3	
PRENAISSANCE PLUS 28-1-250 MG CAP	3	
PRENATAL 19 19 CHEW TAB, 19 29-1 MG CHEW TAB, 19 29-1 MG TAB	3	
PRENATAL 27-1 MG TAB	3	
PRENATAL PLUS 27-1 MG TAB	3	
PRENATAL PLUS IRON 29-1 MG TAB	3	
PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB	3	
PRENATAL VITAMIN PLUS LOW IRON 27-1 MG TAB	3	
PRENATE DHA 18-0.6-0.4-300 MG CAP	3	
PRENATE ELITE 20-0.6-0.4 MG TAB	3	
PRENATE ENHANCE 28-0.6-0.4-400 MG CAP	3	
PRENATE MINI 18-0.6-0.4-350 MG CAP	3	
PRENATE PIXIE 10-0.6-0.4-200 MG CAP	3	
PRENATE RESTORE 27-0.6-0.4-400 MG CAP	3	
PRENATRIX 27-1 MG TAB	3	
PRENATRYL 27-1 MG TAB	3	
PREPLUS 27-1 MG TAB	3	
PRETAB PRE29-1 MG	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
PRIMACARE 30-1-470 MG CAP	3	
PROVIDA OB 20-20-1.25 MG CAP	3	
SE-NATAL 19 -19 29-1 MG CHEW TAB, -19 29-1 MG TAB	3	
SELECT-OB -29-0.6-0.4 MG CHEW TAB, -29-1 MG CHEW TAB	3	
SELECT-OB+DHA -29-1 & 250 MG MISC	3	
SODIUM FLUORIDE SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB, SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB, SODIUM FLUORIDE 1.1 (0.5 F) MG TAB, SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB, SODIUM FLUORIDE 2.2 (1 F) MG TAB	2	
THRIVITE RX 29-1 MG TAB	3	
TRICARE TAB	3	
TRINATAL RX 1 60-MG TAB	3	
TRINATE TAB	3	
TRINAZ 12-1 MG TAB	3	
TRISTART DHA 31-0.6-0.4-200 MG CAP	3	
TRIVEEN-DUO DHA -29-1-200 & 300 MG MISC	3	
VINATE II 29-1 MG TAB	3	
VINATE ONE 60-1 MG TAB	3	
VIRT-NATE DHA -28-1-200 MG CAP	3	
VITAFOL FE+ 90-0.6-0.4-200 MG CAP	3	
VITAFOL GUMMIES 3.33-0.333-34.8 MG CHEW TAB	3	
VITAFOL ULTRA 29-0.6-0.4-200 MG CAP	3	

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VITAFOL-NANO -18-0.6-0.4 MG TAB	3	
VITAFOL-OB - TAB	3	
VITAFOL-OB+DHA -65-1 & 250 MG MISC	3	
VITAFOL-ONE -29-1-200 MG CAP	3	
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 MG CAP	3	
VITAMEDMD REDICHEW RX 1.4 MG TAB	3	
VITAPEARL 30-1.4-200 MG CAP ER	3	
VITATRUE 30-1.4 & 300 MG MISC	3	
VIVA DHA 28-1-200 MG CAP	3	
VP-PNV-DHA --28-1-215.8 MG CAP	3	
WESNATAL DHA COMPLETE 29-1- 200 & 200 MG MISC	3	
WESNATE DHA 28-1-200 MG CAP	3	
WESTAB PLUS WES27-1 MG	3	
WESTGEL DHA 31-0.6-0.4-200 MG CAP	3	
ZALVIT 13-1 MG TAB	3	
ZIPHEX 13-1 MG TAB	3	

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Appendix

A		aliskiren fumarate.....	43	amphetamine-		
		allopurinol.....	100	dextroamphetamine.....	48	
	abacavir sulfate.....	10	ALOGLIPTIN BENZOATE.....	85	AMPHOTERICIN B.....	7
	abacavir sulfate-lamivudine.....	10	ALOGLIPTIN-METFORMIN		amphotericin b liposome.....	7
	ABILIFY ASIMTUFII.....	60	HCL.....	85	ampicillin.....	1
	ABILIFY MAINTENA.....	60	ALOGLIPTIN-		AMPICILLIN SODIUM.....	1
	abiraterone acetate.....	16	PIOGLITAZONE.....	85	ampicillin-sulbactam sodium.....	1
	ABRYSVO.....	27	alosetron hcl.....	78	anagrelide hcl.....	33
	acamprosate calcium.....	99	ALPHAGAN P.....	77	anastrozole.....	94
	acarbose.....	85	alprazolam.....	58	ANORO ELLIPTA.....	29
	accutane.....	110	alprazolam er.....	58	APLENZIN.....	60
	acebutolol hcl.....	38	ALPRAZOLAM INTENSOL.....	58	apomorphine hcl.....	56
	acetaminophen-codeine.....	45	alprazolam xr.....	58	APRACLONIDINE HCL.....	78
	acetazolamide.....	100	ALTOPREV.....	37	aprepitant.....	79
	acetazolamide er.....	100	ALTRENO.....	110	apri.....	90
	acetic acid.....	78	ALUNBRIG.....	16	APTIOM.....	50
	acetylcysteine.....	99	amantadine hcl.....	10	APTIVUS.....	10
	acitretin.....	110	ambrisentan.....	106	AQ INSULIN SYRINGE.....	114
	ACTHIB.....	27	amikacin sulfate.....	1	AQINJECT PEN NEEDLE.....	114
	ACTIMMUNE.....	102	amiloride hcl.....	70	AQNEURSA.....	103
	acyclovir.....	10,106	AMILORIDE-		aranelle.....	90
	acyclovir sodium.....	10	HYDROCHLOROTHIAZIDE.....	70	ARANESP (ALBUMIN FREE).....	35
	ADACEL.....	26	amiodarone hcl.....	41	ARCALYST.....	103
	adapalene.....	110	amitriptyline hcl.....	60	AREXVY.....	27
	adapalene-benzoyl		AMJEVITA.....	101	arformoterol tartrate.....	32
	peroxide.....	110	amlodipine besy-benazepril		ARIKAYCE.....	1
	ADBRY.....	110	hcl.....	40	aripiprazole.....	60,61
	adefovir dipivoxil.....	10	amlodipine besylate.....	40	ARISTADA.....	61
	ADEMPAS.....	106	amlodipine besylate-valsartan	40	ARISTADA INITIO.....	61
	agoneaze.....	112	amlodipine-atorvastatin.....	37	armodafinil.....	48
	AJOVY.....	55	amlodipine-olmesartan.....	40	ARNUITY ELLIPTA.....	75
	ak-poly-bac.....	74	ammonium lactate.....	110	ascomp-codeine.....	45
	AKEEGA.....	16	amnestem.....	110	asenapine maleate.....	61
	albendazole.....	1	amoxapine.....	60	ASMANEX (120 METERED	
	albuterol sulfate.....	32	AMOXICILL-CLARITHRO-		DOSES).....	83
	albuterol sulfate hfa.....	32	LANSOPRAZ.....	1	ASMANEX (30 METERED	
	ALBUTEROL SULFATE HFA32		amoxicillin.....	1	DOSES).....	83
	alclometasone dipropionate	108	amoxicillin-pot clavulanate.....	1	ASMANEX (60 METERED	
	ALECENSA.....	16	amphetamine-dextroamphet		DOSES).....	83
	alendronate sodium.....	100	er.....	48	ASMANEX HFA.....	83
	alfuzosin hcl er.....	31			aspirin-dipyridamole er.....	45

ASSURE ID INSULIN SAFETY	balsalazide disodium	79	bis subcit-metronid-tetracyc	80
SYR	BALVERSA	114	bismuth/metronidaz/tetracyclin	80
ASTAGRAF XL	balziva	102	bisoprolol fumarate	39
ATABEX EC	BAQSIMI ONE PACK	116	bisoprolol-hydrochlorothiazide	39
atazanavir sulfate	BAQSIMI TWO PACK	10	BIVIGAM	25
atenolol	BARACLUDE	39	blisovi fe 1.5/30	90
atenolol-chlorthalidone	BAXDELA	39	BOOSTRIX	26
atomoxetine hcl	BCG VACCINE	59	bosentan	106
atorvastatin calcium	BD PEN NEEDLE NANO	37	BOSULIF	16,17
atovaquone	U/F	9	BRAFTOVI	17
atovaquone-proguanil hcl	BD SAFETYGLIDE INSULIN	9	BREO ELLIPTA	32
ATROVENT HFA	SYRINGE	29	breyana	32
AUGTYRO	BELSOMRA	16	BREZTRI AEROSPHERE	29
AUSTEDO	benazepril hcl	68	briellyn	90
AUSTEDO XR	benazepril-	68	BRILINTA	33
AUSTEDO XR PATIENT	hydrochlorothiazide		brimonidine tartrate	77
TITRATION	BENLYSTA	68	brinzolamide	77
AUVELITY	benzoyl peroxide-	61	BRIVIACT	50
AUVI-Q	erythromycin	32	bromfenac sodium (once-daily)	75
aviane	benztropine mesylate	90	bromocriptine mesylate	56
AYVAKIT	bepotastine besilate	16	BRONCHITOL	106
AZASITE	BESIVANCE	74	BRONCHITOL TOLERANCE	
azathioprine	BESREMI	102	TEST	106
azelaic acid	betaine	110	BRUKINSA	17
azelastine hcl	betamethasone dipropionate	77	budesonide	83
azelastine-fluticasone	betamethasone dipropionate	105	budesonide er	79
AZELEX	aug	110	budesonide-formoterol	
AZESCHEW	betamethasone valerate		fumarate	32
PRENATAL/POSTNATAL	betaxolol hcl	116	bumetanide	70
AZESCO	BETAXOLOL HCL	116	buprenorphine	46
azithromycin	bethanechol chloride	2	buprenorphine hcl	46
aztreonam	BETOPTIC-S	2	buprenorphine hcl-naloxone	
azurette	BEVESPI AEROSPHERE	90	hcl	46
	bexarotene		bupropion hcl	61
	BEXSERO	16,110	bupropion hcl er (smoking det)	61
bac	bicalutamide	46	bupropion hcl er (sr)	61
bacitra-neomycin-polymyxin-	BICILLIN C-R		bupropion hcl er (xl)	61
hc	BICILLIN C-R 900/300	74	buspirone hcl	58
BACITRACIN	BICILLIN L-A	74	butalbital-apap-caff-cod	46
bacitracin-polymyxin b	BIKTARVY	74	butalbital-apap-caffeine	46
baclofen	bimatoprost	31	butalbital-asa-caff-codeine	46

butalbital-aspirin-caffeine	46	cefixime	3	CITRANATAL HARMONY	116
C		cefoxitin sodium	3	CITRANATAL RX	116
C-NATE DHA	116	cefpodoxime proxetil	3	claravis	111
cabergoline	56	cefprozil	3	clarithromycin	3
CABLIVI	33	ceftazidime	3	clarithromycin er	3
CABOMETYX	17	ceftriaxone sodium	3	CLENPIQ	80
calcipotriene	111	cefuroxime axetil	3	CLEOCIN	107
calcipotriene-betameth		cefuroxime sodium	3	clindamycin hcl	3
diprop	108,109	celecoxib	46	clindamycin palmitate hcl	3
calcitonin (salmon)	97	cephalexin	3	clindamycin phos-benzoyl	
CALCITRIOL	111	cetirizine hcl	16	perox	107
calcitriol	115	cevimeline hcl	30	clindamycin phosphate	107
CALQUENCE	17	CHEMET	82	clindamycin phosphate in d5w	3
camila	90	CHENODAL	81	CLINIMIX E/DEXTROSE	
candesartan cilexetil	43	chlorhexidine gluconate	74	(2.75/5)	69
candesartan cilexetil-hctz	43	chloroquine phosphate	9	CLINIMIX E/DEXTROSE	
CAPLYTA	61	chlorpromazine hcl	61	(4.25/10)	69
CAPRELSA	17	CHLORPROMAZINE HCL	61	CLINIMIX E/DEXTROSE	
captopril	43	chlorthalidone	70	(4.25/5)	69
carbamazepine	50	CHOLBAM	82	CLINIMIX E/DEXTROSE	
carbamazepine er	50	cholestyramine	37	(5/15)	69
carbidopa	56	cholestyramine light	37	CLINIMIX E/DEXTROSE	
CARBIDOPA-LEVODOPA	56	CIBINQO	111	(5/20)	69
carbidopa-levodopa er	56	ciclopirox	107	CLINIMIX E/DEXTROSE	
carbidopa-levodopa-		ciclopirox olamine	107	(8/10)	69
entacapone	57	cilostazol	33	CLINIMIX E/DEXTROSE	
carglumic acid	69	CILOXAN	74	(8/14)	69
carisoprodol	31	CIMDUO	10	CLINIMIX/DEXTROSE	
CARTEOLOL HCL	39	cimetidine	80	(4.25/10)	69
cartia xt	40	cinacalcet hcl	97	CLINIMIX/DEXTROSE (4.25/5)	69
carvedilol	39	CIPRO HC	74	CLINIMIX/DEXTROSE (5/15)	69
carvedilol phosphate er	39	ciprofloxacin hcl	3,74	CLINIMIX/DEXTROSE (5/20)	70
caspofungin acetate	7	ciprofloxacin in d5w	3	CLINIMIX/DEXTROSE (6/5)	70
CAYSTON	2	ciprofloxacin-dexamethasone	74	CLINIMIX/DEXTROSE (8/10)	70
CEFACLOR	2	citalopram hydrobromide	61	CLINIMIX/DEXTROSE (8/14)	70
CEFACLOR ER	2	CITALOPRAM		clinisol sf	70
cefadroxil	2	HYDROBROMIDE	61	clobazam	50
cefazolin sodium	2	CITRANATAL 90 DHA	116	clobetasol prop emollient	
cefdinir	2	CITRANATAL ASSURE	116	base	109
cefepime hcl	2	CITRANATAL B-CALM	116	clobetasol propionate	109
		CITRANATAL DHA	116	clobetasol propionate e	109

clomipramine hcl.....	61	cyclobenzaprine hcl.....	31	DESVENLAFAXINE ER.....	62
clonazepam.....	50	CYCLOPHOSPHAMIDE.....	17	desvenlafaxine succinate er....	62
clonidine.....	42	cyclosporine.....	75,102	dexamethasone.....	83
clonidine hcl.....	42	cyclosporine modified.....	102	DEXAMETHASONE.....	83
clonidine hcl er.....	42	cyproheptadine hcl.....	15	DEXAMETHASONE SODIUM	
clopidogrel bisulfate.....	33	CYSTADROPS.....	78	PHOSPHATE.....	75
clorazepate dipotassium.....	58	CYSTAGON.....	103	dexmethylphenidate hcl er....	48
clotrimazole.....	107	CYSTARAN.....	78	dextroamphetamine sulfate....	48
clotrimazole-				dextroamphetamine sulfate er.	48
betamethasone.....	107	D		dextrose.....	70
clozapine.....	62	dabigatran etexilate mesylate.	33	dextrose-sodium chloride.....	72
CO-NATAL FA.....	116	dalfampridine er.....	103	DIACOMIT.....	50
COARTEM.....	9	DALVANCE.....	4	diazepam.....	58
COBENFY.....	62	danazol.....	84	diazepam intensol.....	58
COBENFY STARTER PACK.....	62	dantrolene sodium.....	31	diazoxide.....	90
colchicine.....	100	DANZITEN.....	17	diclofenac potassium.....	46
colchicine-probenecid.....	73	dapsone.....	8,111	diclofenac potassium(migraine)	46
colesevelam hcl.....	37	DAPTACEL.....	26	diclofenac sodium.....	46,75,109
colestipol hcl.....	37	daptomycin.....	4	diclofenac sodium er.....	46
colistimethate sodium (cba)...	4	darifenacin hydrobromide er.	113	dicloxacillin sodium.....	4
COMBIGAN.....	77	darunavir.....	10	dicyclomine hcl.....	29
COMBIVENT RESPIMAT.....	29	dasatinib.....	17	DIFICID.....	4
COMETRIQ (100 MG DAILY		DAURISMO.....	17	diflunisal.....	46
DOSE).....	17	deferasirox.....	82,83	difluprednate.....	75
COMETRIQ (140 MG DAILY		deferasirox granules.....	83	digoxin.....	42
DOSE).....	17	deferiprone.....	83	dihydroergotamine mesylate....	31
COMETRIQ (60 MG DAILY		DELSTRIGO.....	11	DILANTIN.....	50
DOSE).....	17	DEPO-ESTRADIOL.....	94	DILANTIN INFATABS.....	50
COMPLERA.....	10	DEPO-SUBQ PROVERA.....	104,97	DILANTIN-125.....	50
COMPLETE NATAL DHA.....	116	depo-testosterone.....	84	dilt-xr.....	40
COMPLETENATE.....	116	dermacinrx empricaine.....	112	diltiazem hcl.....	40
compro.....	62	DERMACINRX PRETRATE.....	116	diltiazem hcl er.....	40
constulose.....	69	dermacinrx prizopak.....	112	diltiazem hcl er beads.....	40
COPIKTRA.....	17	DESCOVY.....	11	diltiazem hcl er coated beads..	40
CORLANOR.....	41	desipramine hcl.....	62	dimethyl fumarate.....	102
COTELLIC.....	17	desloratadine.....	16	dimethyl fumarate starter	
CREON.....	81	desmopressin ace spray refrig	97	pack.....	102
CRINONE.....	97	desmopressin acetate.....	97	DIPENTUM.....	79
cromolyn sodium.....	105	desogestrel-ethinyl estradiol..	90	diphenoxylate-atropine.....	29
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fluocinonide	109	FYLNETRA	35	glycopyrrolate	29
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fluorouracil	111	GALANTAMINE		griseofulvin microsize	7
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JANUMET.....	87	klayesta.....	107	LENVIMA (14 MG DAILY DOSE).....	20
JANUMET XR.....	87	klor-con.....	72	LENVIMA (18 MG DAILY DOSE).....	20
JANUVIA.....	87	klor-con 10.....	72	LENVIMA (20 MG DAILY DOSE).....	20
JARDIANCE.....	87	klor-con m10.....	72	LENVIMA (24 MG DAILY DOSE).....	20
jasmiel.....	91	klor-con m15.....	72	LENVIMA (4 MG DAILY DOSE).....	20
JAYPIRCA.....	19	klor-con m20.....	72	DOSE).....	20
JENTADUETO.....	87	KOSELUGO.....	19	LENVIMA (8 MG DAILY DOSE).....	20
JENTADUETO XR.....	87	KOSHER PRENATAL PLUS.....	116	DOSE).....	20
jinteli.....	91	IRON.....	76	DOSE).....	20
JULUCA.....	12	kourzeq.....	19	DOSE).....	20
junel 1.5/30.....	91	KRAZATI.....	9	DOSE).....	20
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junel fe 24.....	91	letrozole.....	95	DOSE).....	20
JUXTAPID.....	38	leucovorin calcium.....	100	DOSE).....	20
JYNARQUE.....	71	l-glutamine.....	104	DOSE).....	20
JYNNEOS.....	27	labetalol hcl.....	39	DOSE).....	20
K		lacosamide.....	51,52	DOSE).....	20
KALYDECO.....	106	lactulose.....	69	DOSE).....	20
kariva.....	91	lactulose encephalopathy.....	69	DOSE).....	20
kcl in dextrose-nacl.....	72	LAMICTAL ODT.....	52	DOSE).....	20
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kelnor 1/35.....	91	lamivudine-zidovudine.....	12	DOSE).....	20
kelnor 1/50.....	91	lamotrigine.....	52	DOSE).....	20
KERENDIA.....	44	lamotrigine er.....	52	DOSE).....	20
ketoconazole.....	8,107	lamotrigine starter kit-blue.....	52	DOSE).....	20
ketorolac tromethamine.....	76	lamotrigine starter kit-green.....	52	DOSE).....	20
KEVEYIS.....	101	lamotrigine starter kit-orange.....	52	DOSE).....	20
KINRIX.....	27	LAMPIT.....	9	DOSE).....	20
kionex.....	71	lansoprazole.....	80	DOSE).....	20
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		lapatinib ditosylate.....	19	DOSE).....	20
		latanoprost.....	78	DOSE).....	20

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lidocaine-prilocaine	112	LUPRON DEPOT (4-MONTH)	96	meloxicam	47
lidocan	112	LUPRON DEPOT (6-MONTH)	96	memantine hcl	59
LILETTA (52 MG)	92	LUPRON DEPOT-PED (1-MONTH)	96	memantine hcl er	59
linezolid	5	LUPRON DEPOT-PED (3-MONTH)	96	MENACTRA	28
LINZESS	82	lurasidone hcl	65	MENQUADFI	28
liothyronine sodium	98	lutera	92	MENVEO	28
lisdexamfetamine dimesylate	49	LYBALVI	65	mercaptopurine	21
lisinopril	44	lyleq	92	meropenem	5
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lithium	64	LYNPARZA	20	mesalamine	79
lithium carbonate	64	LYSODREN	20	mesalamine er	79
lithium carbonate er	64	LYTGOBI (12 MG DAILY DOSE)	20	MESNEX	104
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loestrin 1/20 (21)	92	M-NATAL PLUS	117	methazolamide	78
loestrin fe 1.5/30	92	MAGELLAN INSULIN SAFETY SYR	114	methenamine hippurate	15
loestrin fe 1/20	92	magnesium sulfate	53	methimazole	99
lofexidine hcl	33	MARATHON MEDICAL		methocarbamol	31
LOKELMA	71	PENTIPS	115	methotrexate sodium	21
LONSURF	20	maraviroc	12	METHOTREXATE SODIUM	21
loperamide hcl	79	marlissa	92	methotrexate sodium (pf)	21
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lorazepam	58	MATULANE	20	methscopolamine bromide	29
lorazepam intensol	59	matzim la	40	methsuximide	53
LORBRENA	20	MAVYRET	12	methylphenidate	49
loryna	92	MAXIDEX	76	methylphenidate hcl	49
losartan potassium	44	MECLOFENAMATE SODIUM	47	methylphenidate hcl er	49
losartan potassium-hctz	44	medroxyprogesterone acetate	97	methylphenidate hcl er (cd)	49
LOTEMAX	76	mefloquine hcl	9	methylphenidate hcl er (la)	49
LOTEMAX SM	76			methylphenidate hcl er (osm)	49
loteprednol etabonate	76			methylprednisolone	84
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loxapine succinate	64			metoclopramide hcl	82
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mimvey.....	92	nafcillin sodium.....	NICOTROL NS.....	30
minocycline hcl.....	5	nafrinse.....	nifedipine.....	41
minoxidil.....	43	naftifine hcl.....	nifedipine er.....	41
mirtazapine.....	65	NALOXONE HCL.....	nifedipine er osmotic release...	41
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modafinil.....	49	naltrexone hcl.....	nimodipine.....	41
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MOLINDONE HCL.....	65	naproxen sodium.....	nisoldipine er.....	41
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NOVOLOG FLEXPEN	88	olanzapine	65	PAXLOVID (150/100)	13	
NOVOLOG FLEXPEN		olanzapine-fluoxetine hcl	65	PAXLOVID (300/100)	13	
RELION	88	olmesartan medoxomil	44	pazopanib hcl	21	
NOVOLOG MIX 70/30	88	olmesartan medoxomil-hctz	44	PEDIARIX	27	
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NOVOLOG PENFILL	88	OMNARIS	76	peg-kcl-nacl-nasulf-na asc-c	81	
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