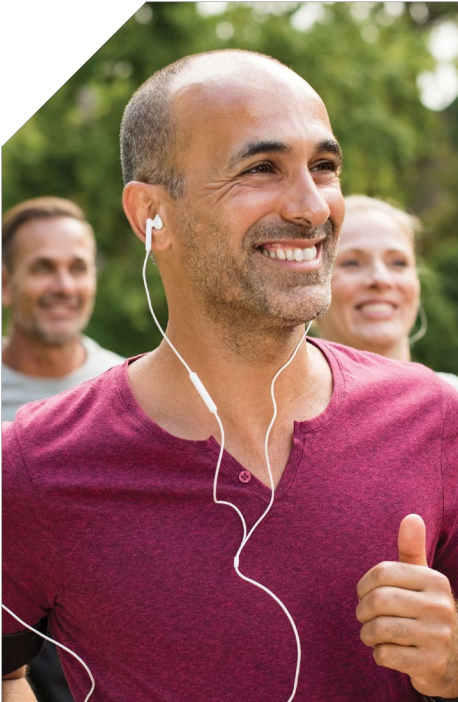




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# 2025 FORMULARY

EFFECTIVE JANUARY 1, 2025



[Ambetter.NHhealthyfamilies.com](https://Ambetter.NHhealthyfamilies.com)

# Formulary Introduction

## FORMULARY

The Ambetter from NH Health Families Formulary, or Prescription Drug List, is a guide to available brand and generic drugs that are approved by the Food and Drug Administration (FDA) and covered through your prescription drug benefit. Generic drugs have the same active ingredients as their brand name counterparts and should be considered the first line of treatment. The FDA requires generics to be safe and work the same as brand name drugs. If there is no generic available, there may be more than one brand name drug to treat a condition. Preferred brand name drugs are listed on Tier 2 to help identify brand drugs that are clinically appropriate, safe, and cost-effective treatment options, if a generic medication on the formulary is not suitable for your condition.

Please note, the Formulary is not meant to be a complete list of the drugs covered under your prescription benefit. Not all dosage forms or strengths of a drug may be covered. This list is periodically reviewed and updated and may be subject to change. Drugs may be added or removed, or additional requirements may be added in order to approve continued usage of a specific drug.

Specific prescription benefit plan designs may not cover certain products or categories, regardless of their appearance in this document. Please check your benefits for coverage limitations and your share of cost for your drugs.

### Drug List Key:

Brand name drugs are listed in CAPS and generic drugs are lower case.

Drugs are covered under different copay tiers depending on your benefit:

- Tier 0** - No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age limits may apply.
- Tier 1<sub>A</sub>** - Lowest copayment for select drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.
- Tier 1<sub>B</sub>** - Low copayment for those drugs that offer great value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.
- Tier 2** - Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.
- Tier 3** - High copayment covers higher cost brand name and non-preferred generic drugs. This tier may also cover non-specialty drugs that are not on the Prescription Drug List but approval has been granted for coverage.
- Tier 4** - **Highest copayment is for “specialty” drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management.** Prescription drugs covered under the specialty tier may require fulfillment at a pharmacy that participates in Ambetter's "specialty" or "hemophilia" networks. For additional information on which pharmacies are within our "specialty" or "hemophilia" networks, please consult Ambetter website's pharmacy information section.

### Prior Authorization for Non-Formulary Drugs

To obtain prior authorization for a non-formulary drug, your provider must fill out the Prior Authorization form. Services will respond via fax or phone within 24 hours of receipt of all necessary information for urgent requests, and within 72 hours for non-urgent requests, unless state law requires faster response. If the request is disapproved, the notice of disapproval will contain a clear explanation of the specific reasons for disapproving the prior authorization request, or if the request was incomplete, the explanation will identify the missing material information that is necessary to complete the request.

### Formulary Abbreviations:

Abbreviation	Term	What it means
AL	Age Limit	Some drugs are only covered for certain ages.
QL	Quantity Limit	Some drugs are only covered for a certain amount.
PA	Prior Authorization	Your doctor must ask for approval from Ambetter before some drugs will be covered.
ST	Step Therapy	In some cases, you must first try certain drugs before Ambetter covers another drug for your medical condition. For example, if Drug A and Drug B both treat your medical condition, Ambetter may not cover Drug B unless you try Drug A first.
NF	Non-formulary	This product is not covered unless you or your provider request an exception. Alternative medications are listed next to non-covered product
RX/OTC	Prescription and OTC	These drugs are made in both prescription form and Over-the-counter (OTC) form.
SP	Specialty Drug	These products are Specialty Drugs that may have special fill requirements.
SF	Split Fill	Initially, certain medications may only be available in 15-day-supply increments until you are stabilized on the medication. After you have been taking the medication for 90 days, this restriction may no longer apply.

### Opioid Medications:

Medications identified on the formulary by "**New starts limited to 7 day supply**" allow up to two 7 day fills during any 28 day period and up to a total of 28 day non-consecutive supply in any 90 day period. This limit applies cumulatively to all opioid medications filled. For fills exceeding these limits, your providers may submit a Prior Authorization request.

# Introducción al Formulario

## FORMULARIO

El Formulario de Ambetter from NH Health Families, o la Lista de medicamentos recetados, es una guía de los medicamentos de marca y genéricos disponibles que están aprobados por la Administración de Alimentos y Medicamentos (FDA) y que están cubiertos a través de su beneficio de medicamentos recetados. Los medicamentos genéricos tienen los mismos principios activos que los de marca y deben considerarse la primera línea de tratamiento. La FDA exige que los medicamentos genéricos sean seguros y funcionen igual que los medicamentos de marca. Si no hay un genérico disponible, podría haber más de un medicamento de marca para tratar una condición. Los medicamentos de marca preferidos figuran en el nivel 2 para ayudar a identificar los medicamentos de marca que son opciones de tratamiento clínicamente adecuadas, seguras y rentables, si un medicamento genérico del Formulario no es adecuado para su condición.

Tenga en cuenta que el Formulario no pretende ser una lista completa de los medicamentos cubiertos por su beneficio de medicamentos recetados. Es posible que no estén cubiertas todas las formas farmacéuticas o concentraciones de un medicamento. Esta lista se revisa y actualiza periódicamente y puede estar sujeta a cambios. Se pueden agregar o eliminar medicamentos, o se pueden incorporar requisitos adicionales para aprobar el uso continuado de un medicamento específico.

Es posible que determinados diseños de planes de beneficios de medicamentos recetados no cubran algunos productos o categorías, independientemente de que figuren en este documento. Revise sus beneficios para conocer las limitaciones de la cobertura y la parte que le corresponde pagar por sus medicamentos.

Clave de la lista de medicamentos:

Los medicamentos de marca aparecen en MAYÚSCULAS y los medicamentos genéricos aparecen en minúsculas.

Los medicamentos están cubiertos por diferentes niveles de copago en función de su beneficio:

- Nivel 0** - Sin copago para aquellos medicamentos que se usan para prevención y son obligatorios según la Ley de Cuidado de Salud Asequible. Los anticonceptivos orales seleccionados, la vitamina D, el ácido fólico para mujeres en edad fértil, las aspirinas de venta libre (OTC) y los productos para dejar de fumar pueden estar cubiertos en este nivel. Es posible que se apliquen ciertos límites de edad.
- Nivel 1<sub>A</sub>** - El copago más bajo para medicamentos seleccionados que ofrecen el mayor valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.
- Nivel 1<sub>B</sub>** - Copago bajo para aquellos medicamentos que ofrecen un gran valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.
- Nivel 2** - El copago medio cubre los medicamentos de marca que suelen ser más asequibles o que pueden ser preferidos en comparación con otros medicamentos para tratar las mismas condiciones.
- Nivel 3** - El copago alto cubre los medicamentos de marca de costo más alto y medicamentos genéricos no preferidos. Este nivel también puede cubrir medicamentos no especializados que no figuran en la Lista de medicamentos recetados, pero cuya cobertura ha sido aprobada.
- Nivel 4** - El copago más alto es para medicamentos “de especialidad” usados para tratar condiciones crónicas complejas que pueden requerir una manipulación, almacenamiento o administración clínica especiales. Los medicamentos recetados cubiertos en el nivel de especialidad pueden tener que ser surtidos en una farmacia que participe de las redes de “especialidad” o de “hemofilia” de Ambetter. Para obtener información adicional sobre qué farmacias están dentro de nuestras redes de “especialidad” o “hemofilia”, debe consultar la sección de información farmacéutica del sitio web de Ambetter.

### Autorización previa para medicamentos no incluidos en el Formulario

Para obtener autorización previa para un medicamento no incluido en el Formulario, su proveedor debe completar el formulario de autorización previa. Los servicios responderán por fax o teléfono en un plazo de 24 horas a partir de la recepción de toda la información necesaria para las solicitudes urgentes, y en un plazo de 72 horas en caso de solicitudes no urgentes, a menos que la legislación estatal exija una respuesta más rápida. Si la solicitud es denegada, el aviso de la denegación incluirá una explicación clara de los motivos específicos para denegar la solicitud de autorización previa o, si la autorización estaba incompleta, la explicación identificará la información material faltante necesaria para completar la solicitud.

### Abreviaturas del Formulario:

Abreviatura	Término	Significado
AL	Límite de edad	Algunos medicamentos solo están cubiertos para determinadas edades.
QL	Límite de cantidad	Algunos medicamentos solo están cubiertos para determinadas cantidades.
PA	Autorización previa	Su médico debe solicitar la aprobación de Ambetter antes de que algunos medicamentos tengan cobertura.
ST	Terapia escalonada	En algunos casos, usted primero debe probar un medicamento determinado antes de que Ambetter cubra otro medicamento para su condición médica. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su condición médica, Ambetter podría no cubrir el medicamento B a menos que usted pruebe primero el medicamento A.
NF	No incluido en el Formulario	Este producto no está cubierto a menos que usted o su proveedor soliciten una excepción. Hay medicamentos alternativos que figuran a continuación del producto no cubierto.
RX/OTC	Medicamentos recetados y OTC	Estos medicamentos se fabrican tanto como medicamento recetado como de venta libre (OTC).
SP	Medicamento de especialidad	Estos productos son medicamentos de especialidad que pueden tener requisitos de surtido especiales.
SF	Surtido dividido	Al principio es posible que ciertos medicamentos solo estén disponibles en suministros incrementales cada 15 días hasta que usted se estabilice con el medicamento. Una vez transcurridos 90 días desde que comenzó a tomar este medicamento, es posible que esta restricción ya no se aplique.

### Medicamentos opioides:

Los medicamentos identificados en el Formulario como “**Nuevos pedidos limitados a suministro de 7 días**” permiten hasta dos surtidos de 7 días durante cualquier periodo de 28 días y hasta un total de 28 días no consecutivos en un periodo de 90 días. Este límite se aplica de forma acumulativa a todos los medicamentos opioides surtidos. Para surtidos que superen estos límites, sus proveedores pueden presentar una solicitud de autorización previa.



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>					
<b>Amphetamines</b>					
<i>amphetamine sulfate TABS</i>	3	PA	<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	1B	
<i>amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i>	1B		<i>lisdexamfetamine dimesylate CAPS</i>	1B	QL(1 ea daily); ST
<i>amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1B	QL(2 ea daily)	<i>lisdexamfetamine dimesylate CHEW</i>	1B	QL(1 ea daily); ST
<i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG</i>	1B	QL(1 ea daily)	<i>methamphetamine hcl</i>	1B	QL(5 ea daily); AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG</i>	1B	QL(3 ea daily)	<b>Anorexiants Non-Amphetamine</b>		
<i>amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1B	QL(2 ea daily)	<i>phendimetrazine tartrate TABS</i>	1B	PA
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 ea daily)	<i>phentermine hcl CAPS</i>	1B	PA
<i>dextroamphetamine sulfate CP24 5 MG</i>	1B		<b>Anti-Obesity Agents</b>		
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)	<i>CONTRAVE</i>	3	QL(4 ea daily); PA
			<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		
			<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
			<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
			<i>clonidine hcl (adhd) TB12</i>	1B	
			<i>guanfacine hcl (adhd)</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
			<b>Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)</b>		
			<i>SUNOSI 150 MG</i>	3	QL(1 ea daily); PA
			<i>SUNOSI 75 MG</i>	3	QL(2 ea daily); PA
			<b>Stimulants - Misc.</b>		
			<i>armodafinil</i>	1B	QL(1 ea daily); AL(At least 17 yrs old); PA
			<i>dexmethylphenidate hcl CP24</i>	1B	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl TABS</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)	<i>modafinil 100 MG</i>	1B	QL(1 ea daily); PA
<i>methylphenidate hcl CHEW 5 MG</i>	1B	QL(6 ea daily)	<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<i>methylphenidate hcl CHEW 2.5 MG</i>	1B	QL(2 ea daily)	Allergenic Extracts		
<i>methylphenidate hcl CHEW 10 MG</i>	1B	QL(5 ea daily)	<i>GRASTEK SUBL</i>	3	PA
<i>methylphenidate hcl CP24 30 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)	<b>AMEBICIDES</b>		
<i>methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)	Amebicides		
<i>methylphenidate hcl CP24</i>	1B	QL(1 ea daily)	<i>SOLOSEC</i>	3	PA
<i>methylphenidate hcl CPCR</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)	<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<i>methylphenidate hcl SOLN</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)	Aminoglycosides		
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	1B	QL(5 ea daily); AL(At least 6 yrs old)	<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1B	
<i>methylphenidate hcl TABS 5 MG</i>	1B	QL(6 ea daily); AL(At least 6 yrs old)	<i>ARIKAYCE</i>	4	PA
<i>methylphenidate hcl TB24 36 MG, 54 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)	<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i>	1B	
<i>methylphenidate hcl TB24 18 MG, 27 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)	<i>gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML</i>	1B	
<i>methylphenidate hcl TBCR 18 MG, 27 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)	<i>neomycin sulfate TABS</i>	1B	
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)	<i>streptomycin sulfate SOLR</i>	3	
<i>methylphenidate hcl TBCR 36 MG, 54 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)	<i>tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML</i>	1B	
<i>methylphenidate PTCH</i>	1B	QL(1 ea daily); PA	<i>tobramycin NEBU</i>	4	QL(280 ml per 56 day(s) retail; 280 ml per 56 days mail); PA
<i>modafinil 200 MG</i>	1B	QL(2 ea daily); PA	<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
			Antirheumatic - Enzyme Inhibitors		
			<i>RINVOQ TB24</i>	4	QL(1 ea daily); PA
			<i>XELJANZ XR TB24</i>	4	QL(1 ea daily); PA
			<i>XELJANZ SOLN</i>	4	QL(20 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XELJANZ TABS 5 MG	4	QL(2 ea daily); SP; PA	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
XELJANZ TABS 10 MG	4	QL(2 ea daily); PA			
Antirheumatic Antimetabolites					
METHOTREXATE	4	QL(1.714 ea daily); SP; PA	HUMIRA PEN PNKT 80 MG/0.8ML	4	QL(0.072 ea daily); PA
Anti-TNF-alpha - Monoclonal Antibodies					
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	HUMIRA PEN PNKT	4	QL(0.143 ea daily); PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	QL(0.215 ea daily); PA	HUMIRA PEN-PS/UV STARTER PNKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	HUMIRA PSKT	4	QL(0.143 ea daily); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	4	QL(0.143 ea daily); PA	SIMPONI ARIA SOLN	4	PA
CYLTEZO AJKT	4	QL(0.072 ea daily); PA	YUFLYMA 1-PEN KIT AJKT	4	QL(0.143 ea daily); PA
CYLTEZO AJKT	4	QL(0.215 ea daily); PA	YUFLYMA 2-PEN KIT AJKT	4	QL(0.29 ea daily); PA
CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML	4	QL(0.072 ea daily); PA	YUFLYMA 2-SYRINGE KIT PSKT	4	QL(0.143 ea daily); PA
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	QL(0.215 ea daily); PA	YUFLYMA CD/UC/HS STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	Gold Compounds		
HUMIRA PEN-CD/UC/HS STARTER PNKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	RIDAURA	3	QL(3 ea daily)
Interleukin-1 Blockers					
			ARCALYST	4	QL(0.286 ea daily); SP; PA
Interleukin-6 Receptor Inhibitors					
			KEVZARA SOAJ	4	QL(0.082 ml daily); PA
			KEVZARA SOSY	4	QL(0.082 ml daily); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)					
			<i>celecoxib</i>	1B	QL(2 ea daily)
			<i>diclofenac potassium TABS 50 MG</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium TB24</i>	1B		OTEZLA TABS	4	QL(2 ea daily); PA
<i>diclofenac sodium TBEC</i>	1B		OTEZLA TBPk	4	1 package(s) per 180 day(s) retail; PA
<i>diclofenac w/ misoprostol TBEC</i>	1B		OTEZLA TBPk	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<i>etodolac CAPS</i>	1B		<b>Pyrimidine Synthesis Inhibitors</b>		
<i>etodolac TABS</i>	1B		<i>leflunomide</i>	1B	QL(1 ea daily)
<i>fenoprofen calcium TABS</i>	1B	QL(4 ea daily); ST	<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
<i>flurbiprofen TABS</i>	1B		ENBREL MINI SOCT	4	QL(0.146 ml daily); PA
<i>ibuprofen SUSP 100 MG/5ML</i>	1B	RX/OTC	ENBREL SURECLICK SOAJ	4	QL(0.146 ml daily); PA
<i>ibuprofen TABS 400 MG, 600 MG</i>	1A		ENBREL SOLN	4	QL(0.146 ml daily); PA
<i>ibuprofen TABS 800 MG</i>	1B		ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ml daily); PA
<i>indomethacin CAPS 25 MG, 50 MG</i>	1B		ENBREL SOSY 50 MG/ML	4	QL(0.286 ml daily); SP; PA
<i>indomethacin CPCR</i>	1B		<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<i>ketoprofen CAPS 50 MG</i>	1B		<b>Analgesic Combinations</b>		
<i>ketorolac tromethamine TABS</i>	1B	QL(0.667 ea daily)	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1B	QL(6 ea daily)
<i>meclofenamate sodium CAPS</i>	1B		<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1B	
<i>mefenamic acid CAPS</i>	1B	Must try ibuprofen. ; QL(5 ea daily); ST	<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	QL(6 ea daily)
<i>meloxicam TABS</i>	1A	QL(1 ea daily)	<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1B	QL(6 ea daily)
<i>nabumetone</i>	1B		<i>butalbital-aspirin-caffeine CAPS</i>	1B	QL(4 ea daily)
<i>naproxen sodium TABS 550 MG</i>	1B		<b>Salicylates</b>		
<i>naproxen SUSP</i>	1B	PA			
<i>naproxen TABS</i>	1B				
<i>naproxen TBEC 500 MG</i>	1B	QL(3 ea daily)			
<i>oxaprozin TABS</i>	1B				
<i>piroxicam CAPS</i>	1B				
<i>sulindac TABS</i>	1B				
<i>tolmetin sodium CAPS</i>	1B				
<i>tolmetin sodium TABS 600 MG</i>	1B				
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ml per fill retail)
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B	
<i>aspirin TBEC 325 MG</i>	1A		<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>diflunisal TABS</i>	1B		<i>methadone hcl CONC</i>	1B	QL(10 ml daily)
<i>salsalate</i>	1B		<i>methadone hcl SOLN OR 10 MG/5ML</i>	1B	QL(50 ml daily)
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>					
<b>Opioid Agonists</b>					
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply	<i>methadone hcl SOLN OR 5 MG/5ML</i>	1B	QL(100 ml daily)
CODEINE SULFATE TABS	1B	New starts limited to 7 day supply	<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B	
<i>fentanyl citrate LPOP</i>	1B	QL(4 ea daily); PA	METHADONE HCL SOLN IJ	1B	
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1B	QL(0.34 ea daily)	<i>methadone hcl TABS 10 MG</i>	1B	QL(10 ea daily)
<i>hydrocodone bitartrate CP12</i>	3	QL(2 ea daily); PA	<i>methadone hcl TABS 5 MG</i>	1B	QL(4 ea daily)
<i>hydrocodone bitartrate T24A</i>	3	QL(2 ea daily); PA	<i>methadone hcl TBSO</i>	1B	QL(2 ea daily)
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1B	QL(2 ea daily); PA
<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B		<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B	
<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)	<i>morphine sulfate SOLN OR 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ml daily)
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 ea daily); PA	<i>morphine sulfate SOLN OR 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ml daily)
<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 ea daily); PA	<i>morphine sulfate TABS</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate TBCR</i>	1B	QL(2 ea daily)	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	New starts limited to 7 day supply; PA
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	3	QL(2 ea daily); PA	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1B	New starts limited to 7 day supply
<i>oxycodone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>oxymorphone hcl TABS</i>	1B	QL(12 ea daily); PA	<i>butalbital-aspirin-caffeine w/cod</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>oxymorphone hcl TB12 40 MG</i>	1B	QL(4 ea daily); PA	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1B	New starts limited to 7 day supply; QL(180 ml daily)
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	QL(2 ea daily); PA	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
SUBSYS LIQD 100 MCG	3	QL(3 ea daily); PA	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	3	QL(8 ea daily); PA	<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1B	New starts limited to 7 day supply; QL(5 ea daily)
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	QL(4 ea daily); PA	<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1B	PA
<i>tramadol hcl TABS 50 MG</i>	1A	New starts limited to 7 day supply; QL(8 ea daily)	<i>oxycodone w/acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
<i>tramadol hcl TB24</i>	1B	QL(1 ea daily)	<i>oxycodone w/acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
<b>Opioid Combinations</b>					
<i>acetaminophen w/codeine SOLN</i>	1A	New starts limited to 7 day supply; QL(75 ml daily)			
<i>acetaminophen w/codeine TABS 60 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)			
<i>acetaminophen w/codeine TABS 15 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)			
<i>acetaminophen w/codeine TABS 30 MG-300 MG</i>	1A	New starts limited to 7 day supply; QL(12 ea daily)			
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1B	New starts limited to 7 day supply			

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol-acetaminophen</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)
<b>Opioid Partial Agonists</b>		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1B	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl SOLN</i>	1B	
<i>buprenorphine hcl SUBL</i>	1B	QL(3 ea daily)
<i>buprenorphine PTWK</i>	1B	QL(0.143 ea daily); PA
<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ml daily); PA
<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1B	
<i>nalbuphine hcl</i>	1B	QL(8 ml daily)
<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
<i>oxandrolone</i>	1B	
<b>Androgens</b>		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 ea daily); PA
<i>danazol CAPS</i>	1B	
METHITEST TABS	3	
<i>testosterone cypionate SOLN IM</i>	1B	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone enanthate SOLN IM</i>	1B	
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
<i>budesonide (intrarectal)</i>	4	QL(3.2 gm daily); PA
<i>hydrocortisone (intrarectal)</i>	1B	
<b>Rectal Steroids</b>		
<i>hydrocortisone (rectal) EX</i>	1B	RX/OTC
<i>hydrocortisone acetate (rectal)</i>	1B	
<b>Vasodilating Agents</b>		
<i>nitroglycerin (intra-anal)</i>	1B	QL(2 gm daily)
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
<i>albendazole</i>	1B	PA
EMVERM CHEW	2	QL(2 ea daily; 6 ea per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail
<i>ivermectin</i>	1B	QL(9 ea per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail
<i>praziquantel</i>	1B	PA
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Antianginals-Other</b>		
<i>ranolazine TB12 1000 MG</i>	1B	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine TB12 500 MG</i>	1B	QL(3 ea daily)
<b>Nitrates</b>		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate TABS</i>	1B	
<i>isosorbide mononitrate TB24</i>	1B	
NITRO-BID OINT	3	
<i>nitroglycerin CPR</i>	1B	QL(4 ea daily)
<i>nitroglycerin PT24</i>	1B	
NITROGLYCERIN SOLN IV	1B	
<i>nitroglycerin SUBL</i>	1B	
<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<i>buspirone hcl 5 MG</i>	1A	
<i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B	
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	1B	
<i>hydroxyzine hcl SYRP</i>	1B	
<i>hydroxyzine hcl TABS</i>	1B	
<i>hydroxyzine pamoate CAPS</i>	1B	
<i>meprobamate</i>	1B	QL(6 ea daily)
<b>Benzodiazepines</b>		
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	QL(4 ea daily)
<i>alprazolam TABS 2 MG</i>	1B	QL(4 ea daily)
<i>alprazolam TB24</i>	1B	
<i>alprazolam TBDP</i>	1B	
<i>chlordiazepoxide hcl CAPS</i>	1B	
<i>clorazepate dipotassium TABS</i>	1B	
<i>diazepam CONC</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam SOLN OR 5 MG/5ML</i>	1B	
<i>diazepam TABS</i>	1A	QL(4 ea daily)
<i>lorazepam CONC</i>	1B	
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 ea daily)
<i>lorazepam TABS 1 MG</i>	1A	QL(4 ea daily)
<i>oxazepam CAPS</i>	1B	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate CAPS</i>	1B	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl</i>	1B	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl CP12</i>	1B	
<i>propafenone hcl TABS</i>	1B	
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl SOLN 50 MG/ML</i>	1B	
<i>amiodarone hcl TABS</i>	1B	
<i>dofetilide</i>	1B	
<b>ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Antiasthmatic - Monoclonal Antibodies</b>		
FASENRA PEN SOAJ	4	QL(0.036 ml daily); PA
FASENRA SOSY 30 MG/ML	4	QL(0.036 ml daily); PA
NUCALA SOAJ	4	QL(0.1073 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NUCALA SOLR	4	QL(0.1073 ea daily); PA	Steroid Inhalants		
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ml daily); PA	ALVESCO	3	PA
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ml daily); PA	ARNUITY ELLIPTA	2	
XOLAIR SOAJ 75 MG/0.5ML	4	QL(0.036 ml daily); PA	<i>budesonide (inhalation) SUSP</i>	1B	QL(4 ml daily); PA
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA	<i>fluticasone propionate (inhalation) AEPB</i>	1B	
XOLAIR SOLR	4	QL(0.286 ea daily); PA	<i>fluticasone propionate hfa</i>	1B	QL(0.8 gm daily)
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA	PULMICORT FLEXHALER AEPB	2	
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 ml daily); PA	QVAR REDIHALER	2	
Anti-Inflammatory Agents			Sympathomimetics		
<i>cromolyn sodium NEBU</i>	1B	QL(8 ml daily)	AIRDUO DIGIHALER 113/14	3	
Bronchodilators - Anticholinergics			AIRDUO DIGIHALER 232/14	3	
ATROVENT HFA	3	QL(0.44 gm daily)	AIRDUO DIGIHALER 55/14	3	
INCRUSE ELLIPTA	2	QL(1 ea daily)	AIRSUPRA	3	
<i>ipratropium bromide SOLN 0.02 %</i>	1B	QL(15 ml daily)	<i>albuterol sulfate AERS</i>	1B	
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)	<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1B	
<i>tiotropium bromide monohydrate CAPS</i>	1B	QL(1 ea daily)	<i>albuterol sulfate SYRP</i>	1B	
Leukotriene Modulators			<i>albuterol sulfate TABS</i>	1B	
<i>montelukast sodium CHEW</i>	1B	QL(1 ea daily)	ANORO ELLIPTA	2	QL(2 ea daily)
<i>montelukast sodium PACK</i>	1B	QL(1 ea daily)	<i>arformoterol tartrate</i>	1B	QL(4 ml daily)
<i>montelukast sodium TABS</i>	1B	QL(1 ea daily)	BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )	2	
<i>zafirlukast</i>	1B	QL(2 ea daily)	BREO ELLIPTA	2	
<i>zileuton TB12</i>	3	QL(4 ea daily); PA	BREZTRI AEROSPHERE	2	QL(0.38 gm daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors			<i>budesonide-formoterol fumarate dihydrate</i>	1B	
<i>roflumilast</i>	3	QL(1 ea daily)	DULERA	2	
			<i>fluticasone furoate-vilanterol</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol</i> AEPB	1B		XARELTO SUSR	2	QL(900 ml per 30 day(s) retail; 900 ml per 30 days mail)
<i>fluticasone-salmeterol</i> AERO	1B		XARELTO TABS 2.5 MG, 15 MG	2	QL(2 ea daily)
<i>formoterol fumarate</i> NEBU	1B	QL(4 ml daily)	XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
<i>ipratropium-albuterol</i> SOLN	1B	QL(18 ml daily)	<b>Heparins And Heparinoid-Like Agents</b>		
<i>levalbuterol hcl</i>	1B		<i>enoxaparin sodium SOLN</i> IJ 300 MG/3ML	4	QL(6 ml daily)
<i>levalbuterol tartrate</i>	1B	QL(0.5 gm daily)	<i>enoxaparin sodium SOSY</i> 60 MG/0.6ML	4	QL(1.2 ml daily; 30 Day(s) limit); SP
PROAIR DIGIHALER	3		<i>enoxaparin sodium SOSY</i> 40 MG/0.4ML	4	QL(0.8 ml daily; 30 Day(s) limit); SP
PROAIR RESPICLICK AEPB	3		<i>enoxaparin sodium SOSY</i> 30 MG/0.3ML	4	QL(0.6 ml daily); SP
SEREVENT DISKUS	2		<i>enoxaparin sodium SOSY</i> 100 MG/ML, 150 MG/ML	4	QL(2 ml daily)
STIOLTO RESPIMAT	2		<i>enoxaparin sodium SOSY</i> 80 MG/0.8ML, 120 MG/0.8ML	4	QL(1.6 ml daily)
STRIVERDI RESPIMAT	2		<i>fondaparinux sodium</i> 10 MG/0.8ML	4	QL(7.2 ml per 180 day(s) retail; 7 ml per 180 days mail); SP
<i>terbutaline sulfate SOLN</i>	1B		<i>fondaparinux sodium</i> 7.5 MG/0.6ML	4	QL(5.4 ml per 180 day(s) retail; 5 ml per 180 days mail); SP
<i>terbutaline sulfate TABS</i>	1B		<i>fondaparinux sodium</i> 5 MG/0.4ML	4	QL(3.6 ml per 180 day(s) retail; 4 ml per 180 days mail); SP
TRELEGY ELLIPTA	2	QL(2 ea daily)	<i>fondaparinux sodium</i> 2.5 MG/0.5ML	4	QL(4.5 ml per 180 day(s) retail; 4 ml per 180 days mail); SP
<b>Xanthines</b>			FRAGMIN SOSY	4	SP; PA
<i>aminophylline SOLN</i>	1B				
<i>theophylline ELIX</i>	1B				
<i>theophylline SOLN</i>	1B	QL(56 ml daily)			
<i>theophylline TB12</i>	1B				
<i>theophylline TB24</i>	1B				
<b>ANTICOAGULANTS - Blood Thinners</b>					
<b>Coumarin Anticoagulants</b>					
<i>warfarin sodium TABS</i>	1B				
<b>Direct Factor Xa Inhibitors</b>					
ELIQUIS STARTER PACK TBPK	2	QL(2.47 ea daily); 1 max fill(s) per 180 day(s) retail			
ELIQUIS TABS	2	QL(2 ea daily)			
XARELTO STARTER PACK TBPK	2	1 max fill(s) per 365 day(s) retail			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B		VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	1B		Anticonvulsants - Misc.		
Thrombin Inhibitors			APTIOM	3	QL(2 ea daily); ST
<i>dabigatran etexilate mesylate CAPS</i>	1B		BANZEL TABS 200 MG ( <i>rufinamide</i> )	2	QL(2 ea daily); PA
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>			BANZEL TABS 400 MG ( <i>rufinamide</i> )	2	QL(8 ea daily); PA
AMPA Glutamate Receptor Antagonists			BRIVIACT SOLN OR 10 MG/ML	3	QL(20 ml daily); PA
FYCOMPA TABS 6 MG	3	QL(2 ea daily); PA	BRIVIACT TABS	3	QL(2 ea daily); PA
FYCOMPA TABS 4 MG	3	QL(3 ea daily); PA	<i>carbamazepine CHEW</i>	1B	
FYCOMPA TABS 2 MG	3	QL(6 ea daily); PA	<i>carbamazepine CP12 300 MG</i>	1B	QL(4 ea daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); PA	<i>carbamazepine CP12 200 MG</i>	1B	QL(6 ea daily)
Anticonvulsants - Benzodiazepines			<i>carbamazepine CP12 100 MG</i>	1B	
<i>clobazam SUSP</i>	1B	QL(16 ml daily); PA	<i>carbamazepine SUSP</i>	1B	
<i>clobazam TABS</i>	1B	QL(2 ea daily); PA	<i>carbamazepine TABS</i>	1B	
<i>clonazepam TABS</i>	1A		<i>carbamazepine TB12 200 MG</i>	1B	QL(6 ea daily)
<i>diazepam (anticonvulsant) GEL</i>	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail	<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 ea daily)
NAYZILAM	3	QL(10 ea per 30 day(s) retail); PA	DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA	DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA
VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA	DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA
VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA	DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA
			EPIDIOLEX	3	PA
			<i>gabapentin CAPS</i>	1B	
			<i>gabapentin SOLN</i>	1B	QL(60 ml daily)
			<i>gabapentin TABS 600 MG, 800 MG</i>	1B	
			<i>lacosamide SOLN IV 200 MG/20ML</i>	1B	QL(40 ml daily)
			<i>lacosamide TABS</i>	1B	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 ea daily)
<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 ea daily)
<i>lamotrigine TABS</i>	1B	
<i>lamotrigine TBDP</i>	1B	QL(1 ea daily)
<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ml daily)
<i>levetiracetam TABS 500 MG</i>	1B	QL(6 ea daily)
<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 ea daily)
<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 ea daily)
<i>levetiracetam TB24</i>	1B	QL(4 ea daily)
<i>oxcarbazepine SUSP</i>	1B	QL(40 ml daily)
<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 ea daily)
<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1B	QL(3 ea daily)
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 ea daily); PA
<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 ea daily); PA
<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA
<i>primidone 50 MG, 250 MG</i>	1B	
<i>rufinamide SUSP</i>	1B	QL(80 ml daily); PA
<i>rufinamide TABS 400 MG</i>	1B	QL(8 ea daily); PA
<i>rufinamide TABS 200 MG</i>	1B	QL(2 ea daily); PA
<i>TEGRETOL SUSP (carbamazepine)</i>	2	
<i>TEGRETOL TABS (carbamazepine)</i>	2	
<i>topiramate CPSP 15 MG</i>	1B	QL(6 ea daily)
<i>topiramate CPSP 25 MG</i>	1B	QL(8 ea daily)
<i>topiramate CS24</i>	3	PA
<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate TABS 200 MG</i>	1B	QL(2 ea daily)
<i>topiramate TABS 50 MG</i>	1B	QL(6 ea daily)
<i>zonisamide CAPS</i>	1B	QL(6 ea daily)
<b>Carbamates</b>		
<i>felbamate SUSP</i>	1B	QL(30 ml daily)
<i>felbamate TABS 400 MG</i>	1B	QL(9 ea daily)
<i>felbamate TABS 600 MG</i>	1B	QL(6 ea daily)
<b>GABA Modulators</b>		
<i>tiagabine hcl</i>	1B	
<i>vigabatrin PACK</i>	4	QL(6 ea daily); SP; PA
<i>vigabatrin TABS</i>	4	QL(6 ea daily); SP; PA
<b>Hydantoins</b>		
<i>DILANTIN</i>	2	
<i>DILANTIN (phenytoin sodium extended)</i>	2	
<i>DILANTIN INFATABS CHEW (phenytoin)</i>	2	
<i>DILANTIN-125 SUSP (phenytoin)</i>	2	
<i>fosphenytoin sodium</i>	1B	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1B	
<i>phenytoin sodium SOLN</i>	1B	
<i>phenytoin CHEW</i>	1B	
<i>phenytoin SUSP</i>	1B	
<b>Succinimides</b>		
<i>ethosuximide CAPS</i>	1B	QL(6 ea daily)
<i>ethosuximide SOLN</i>	1B	QL(30 ml daily)
<i>methsuximide</i>	1B	QL(4 ea daily)
<i>ZARONTIN CAPS (ethosuximide)</i>	2	QL(6 ea daily)
<b>Valproic Acid</b>		
<i>divalproex sodium TB24</i>	1B	
<i>divalproex sodium TBEC</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML</i>	1B		<i>citalopram hydrobromide SOLN</i>	1B	QL(20 ml daily)
<i>valproic acid CAPS</i>	1B		<i>citalopram hydrobromide TABS 40 MG</i>	1B	#; QL(1 ea daily)
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>					
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>					
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	1B	QL(1 ea daily)	<i>citalopram hydrobromide TABS 10 MG</i>	1B	#; QL(4 ea daily)
<i>mirtazapine TABS 15 MG</i>	1B	QL(3 ea daily)	<i>citalopram hydrobromide TABS 20 MG</i>	1B	#; QL(2 ea daily)
<i>mirtazapine TABS 30 MG</i>	1B	QL(1.5 ea daily)	<i>escitalopram oxalate SOLN</i>	1B	QL(20 ml daily)
<i>mirtazapine TBDP 15 MG</i>	1B	QL(3 ea daily)	<i>escitalopram oxalate TABS 20 MG</i>	1B	+; QL(1 ea daily)
<i>mirtazapine TBDP 45 MG</i>	1B	QL(1 ea daily)	<i>escitalopram oxalate TABS 5 MG</i>	1B	+; QL(4 ea daily)
<i>mirtazapine TBDP 30 MG</i>	1B	QL(1.5 ea daily)	<i>escitalopram oxalate TABS 10 MG</i>	1B	+; QL(2 ea daily)
<b>Antidepressants - Misc.</b>					
<i>bupropion hcl TABS</i>	1B	+; QL(3 ea daily)	<i>fluoxetine hcl CAPS 10 MG</i>	1A	#; QL(1 ea daily)
<i>bupropion hcl TB12 150 MG</i>	1B	+; QL(3 ea daily)	<i>fluoxetine hcl CAPS 40 MG</i>	1B	#; QL(2 ea daily)
<i>bupropion hcl TB12 200 MG</i>	1B	+; QL(2 ea daily)	<i>fluoxetine hcl CAPS 20 MG</i>	1B	#; QL(3 ea daily)
<i>bupropion hcl TB12 100 MG</i>	1B	+; QL(4 ea daily)	<i>fluoxetine hcl CPDR</i>	1B	
<i>bupropion hcl TB24 300 MG</i>	1B	QL(1 ea daily)	<i>fluoxetine hcl SOLN</i>	1B	QL(20 ml daily)
<i>bupropion hcl TB24 150 MG</i>	1B	QL(3 ea daily)	<i>fluoxetine hcl TABS 10 MG, 60 MG</i>	1B	QL(1 ea daily)
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>					
EMSAM	3	QL(1 ea daily)	<i>fluoxetine hcl TABS 20 MG</i>	1B	QL(3 ea daily)
MARPLAN	2	QL(6 ea daily)	<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1B	+; QL(2 ea daily)
<i>phenelzine sulfate</i>	1B		<i>fluvoxamine maleate TABS 100 MG</i>	1B	+; QL(3 ea daily)
<i>tranylcypromine sulfate</i>	1B		<i>paroxetine hcl SUSP</i>	1B	QL(30 ml daily)
<b>N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists</b>					
SPRAVATO 56MG DOSE	4	PA	<i>paroxetine hcl TABS 20 MG</i>	1B	#; QL(3 ea daily)
SPRAVATO 84MG DOSE	4	PA	<i>paroxetine hcl TABS 10 MG</i>	1B	#; QL(6 ea daily)
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>					
			<i>paroxetine hcl TABS 40 MG</i>	1B	#; QL(1 ea daily)
			<i>paroxetine hcl TABS 30 MG</i>	1B	#; QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl TB24 25 MG, 37.5 MG</i>	1B	QL(2 ea daily)
<i>paroxetine hcl TB24 12.5 MG</i>	1B	QL(1 ea daily)
<i>sertraline hcl CONC</i>	1B	QL(10 ml daily)
<i>sertraline hcl TABS 25 MG, 50 MG</i>	1B	#; QL(4 ea daily)
<i>sertraline hcl TABS 100 MG</i>	1B	#; QL(2 ea daily)
<b>Serotonin Modulators</b>		
<i>nefazodone hcl</i>	1B	
<i>trazodone hcl TABS</i>	1B	
TRINTELLIX	3	QL(1 ea daily); PA
VIIBRYD STARTER PACK KIT	3	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail
<i>vilazodone hcl TABS</i>	1B	QL(1 ea daily)
<b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>		
<i>desvenlafaxine succinate 100 MG</i>	1B	QL(4 ea daily)
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1B	QL(1 ea daily)
<i>duloxetine hcl CPEP 40 MG</i>	1B	#
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1B	#; QL(2 ea daily)
FETZIMA TITRATION PACK C4PK	3	PA
FETZIMA CP24	3	QL(1 ea daily); PA
<i>venlafaxine hcl CP24 75 MG</i>	1B	+; QL(5 ea daily)
<i>venlafaxine hcl CP24 37.5 MG</i>	1B	+; QL(4 ea daily)
<i>venlafaxine hcl CP24 150 MG</i>	1B	+; QL(2 ea daily)
<i>venlafaxine hcl TABS</i>	1B	#; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	1B	QL(1 ea daily)
<i>venlafaxine hcl TB24 150 MG</i>	1B	QL(2 ea daily)
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl TABS</i>	1B	#
<i>amoxapine</i>	1B	
<i>clomipramine hcl</i>	1B	
<i>desipramine hcl TABS</i>	1B	
<i>doxepin hcl CAPS</i>	1B	
<i>doxepin hcl CONC</i>	1B	
<i>imipramine hcl TABS</i>	1B	+
<i>imipramine pamoate</i>	1B	
<i>nortriptyline hcl CAPS</i>	1B	
<i>nortriptyline hcl SOLN</i>	1B	
<i>protriptyline hcl</i>	1B	
<i>trimipramine maleate CAPS</i>	1B	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose</i>	1B	QL(3 ea daily)
<i>miglitol</i>	1B	QL(3 ea daily)
<b>Antidiabetic Combinations</b>		
<i>alogliptin-metformin hcl</i>	1B	QL(2 ea daily); PA
<i>alogliptin-pioglitazone 30 MG-12.5 MG</i>	1B	QL(2 ea daily); PA
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1B	QL(1 ea daily); PA
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 ea daily)
<i>glipizide-metformin hcl 500 MG-5 MG</i>	1B	+; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl</i> 250 MG-2.5 MG, 500 MG-2.5 MG	1B	+; QL(2 ea daily)	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 ea daily)
<i>glyburide-metformin</i> 500 MG-2.5 MG, 500 MG-5 MG	1B	+; QL(4 ea daily)	XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> )	2	QL(2 ea daily)
<i>glyburide-metformin</i> 250 MG-1.25 MG	1B	+; QL(2 ea daily)	XULTOPHY 100/3.6	2	QL(0.5 ml daily); PA
GLYXAMBI	2	QL(1 ea daily)	<b>Biguanides</b>		
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)	<i>metformin hcl</i> TABS 1000 MG	1B	+; QL(2.5 ea daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)	<i>metformin hcl</i> TABS 500 MG	1B	+; QL(5 ea daily)
JANUMET TABS	2	QL(2 ea daily)	<i>metformin hcl</i> TABS 850 MG	0	QL(3 ea daily)
<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 ea daily)	<i>metformin hcl</i> TB24 750 MG	1B	+; QL(3 ea daily)
<i>pioglitazone hcl-metformin hcl</i> TABS	1B	QL(2 ea daily)	<i>metformin hcl</i> TB24 500 MG	1B	+; QL(4 ea daily)
<i>saxagliptin-metformin hcl</i> 1000 MG-5 MG, 500 MG-5 MG	1B	QL(1 ea daily)	<b>Diabetic Other</b>		
<i>saxagliptin-metformin hcl</i> 1000 MG-2.5 MG	1B	QL(2 ea daily)	<i>diazoxide</i>	3	
SOLIQUA 100/33	2	QL(0.5 ml daily); PA	<i>glucagon (rdna)</i>	1B	+; QL(0.035 ea daily)
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 ea daily)	<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)	<i>alogliptin benzoate</i>	1B	QL(1 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)	JANUVIA	2	QL(1 ea daily)
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 ea daily)	<i>saxagliptin hcl</i>	1B	QL(1 ea daily)
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 ea daily)	<b>Incretin Mimetic Agents</b>		
XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> )	2	QL(1 ea daily)	OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily); PA
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)	OZEMPIC SOPN	2	QL(0.108 ml daily); PA
			RYBELSUS TABS	2	QL(1 ea daily); PA
			TRULICITY	2	QL(0.143 ml daily); PA
			VICTOZA 18 MG/3ML ( <i>liraglutide</i> )	2	QL(0.3 ml daily); PA
			<b>Insulin</b>		
			APIDRA SOLOSTAR SOPN	3	PA

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Drug Name	Drug Tier	Requirements/Limits
APIDRA SOLN	3	PA
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	#: QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	#: QL(1.34 ml daily)
INSULIN ASPART FLEXPEN SOPN	1B	#
INSULIN ASPART PENFILL SOCT	1B	#
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	1B	#
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	1B	#
INSULIN ASPART SOLN IJ	1B	#
INSULIN DEGLUDEC FLEXTOUCH SOPN	2	#
INSULIN DEGLUDEC SOLN	2	#
INSULIN LISPRO SOLN IJ	2	
NOVOLIN 70/30 FLEXPEN SUPN	2	#
NOVOLIN 70/30 SUSP	2	#
NOVOLIN N FLEXPEN SUPN	2	#
NOVOLIN N SUSP	2	#
NOVOLIN R FLEXPEN SOPN IJ	2	#
NOVOLIN R SOLN IJ	2	#
REZVOGLAR KWIKPEN	3	PA
Insulin Sensitizing Agents		
<i>pioglitazone hcl</i>	1B	+: QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	1B	QL(3 ea daily)
<i>repaglinide 2 MG</i>	1B	QL(8 ea daily)
<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	2	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
FARXIGA ( <i>dapagliflozin propanediol</i> )	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
<i>glimepiride 4 MG</i>	1B	+: QL(2 ea daily)
<i>glimepiride 1 MG, 2 MG</i>	1B	+: QL(4 ea daily)
<i>glipizide TABS 5 MG, 10 MG</i>	1B	+: QL(4 ea daily)
<i>glipizide TB24</i>	1B	+: QL(2 ea daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	+: QL(4 ea daily)
<i>glyburide TABS</i>	1B	+: QL(4 ea daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1B	
<i>diphenoxylate w/ atropine TABS</i>	1B	
<i>loperamide hcl CAPS</i>	1B	RX/OTC
MOTOFEN	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	SP; PA
<i>deferasirox TBSO</i>	4	SP; PA
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl LIQD</i>	1B	QL(2 ea per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1B	
<i>naltrexone hcl</i>	1B	
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
<i>ANZEMET TABS 50 MG</i>	3	QL(0.167 ea daily); PA
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B	
<i>granisetron hcl TABS</i>	1B	QL(0.34 ea daily)
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B	
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1B	QL(3.34 ml daily)
<i>ondansetron hcl SOSY</i>	1B	
<i>ondansetron hcl TABS 24 MG</i>	1B	QL(0.143 ea daily)
<i>ondansetron hcl TABS 4 MG</i>	1B	QL(4 ea daily; 60 ea per fill retail; 60 per fill mail)
<i>ondansetron hcl TABS 8 MG</i>	1B	QL(3 ea daily; 45 ea per fill retail; 45 per fill mail)
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 ea daily)
<i>ondansetron TBDP 8 MG</i>	1B	
<i>palonosetron hcl SOLN</i>	1B	
<b>Antiemetics - Anticholinergic</b>		
<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC
<i>meclizine hcl TABS 12.5 MG</i>	1A	RX/OTC
<i>scopolamine</i>	1B	QL(0.34 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>trimethobenzamide hcl CAPS</i>	1B	
<b>Antiemetics - Miscellaneous</b>		
<i>AKYNZEO</i>	3	PA
<i>doxylamine-pyridoxine TBEC</i>	1B	QL(4 ea daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA
<i>dronabinol CAPS</i>	1B	
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 ea daily)
<i>aprepitant CAPS</i>	1B	PA
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 ea daily)
<i>aprepitant MISC</i>	1B	PA
<i>VARUBI TBPK</i>	3	PA
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungal - Glucan Synthesis Inhibitors</b>		
<i>casprofungin acetate</i>	1B	
<i>ERAXIS</i>	3	
<i>micafungin sodium</i>	1B	PA
<b>Antifungals</b>		
<i>ABELCET</i>	3	
<i>amphotericin b IV</i>	3	
<i>amphotericin b liposome</i>	3	
<i>flucytosine</i>	1B	
<i>griseofulvin microsize SUSP</i>	1B	AL(At least 2 yrs old)
<i>griseofulvin microsize TABS</i>	1B	
<i>griseofulvin ultramicrosize</i>	1B	
<i>nystatin TABS</i>	1B	
<i>terbinafine hcl TABS</i>	1B	QL(1 ea daily)
<b>Imidazole-Related Antifungals</b>		

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Drug Name	Drug Tier	Requirements/Limits
CRESEMBA CAPS 186 MG	3	PA
<i>fluconazole SUSR</i>	1B	
<i>fluconazole TABS</i>	1B	
<i>itraconazole CAPS</i>	1B	QL(4 ea daily); PA
<i>itraconazole SOLN</i>	1B	QL(20 ml daily); PA
<i>ketoconazole</i>	1B	
<i>posaconazole SUSP</i>	3	QL(20 ml daily)
TOLSURA CAPS	4	PA
<i>voriconazole TABS</i>	1B	QL(4 ea daily)
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
Antihistamines - Alkylamines		
<i>dexchlorpheniramine maleate SOLN</i>	1B	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1B	
<i>carbinoxamine maleate TABS 4 MG</i>	1B	
<i>clemastine fumarate SYRP</i>	1B	
<i>clemastine fumarate TABS 2.68 MG</i>	1B	
<i>diphenhydramine hcl CAPS 50 MG</i>	1A	
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B	
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1B	QL(20 ml daily)
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1B	
Antihistamines - Non-Sedating		
<i>cetirizine hcl TABS</i>	1A	QL(1 ea daily)
<i>desloratadine TABS</i>	1B	QL(1 ea daily)
<i>desloratadine TBDP 2.5 MG</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride SOLN</i>	1B	QL(10 ml daily); RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	1B	QL(1 ea daily); RX/OTC
<i>loratadine CAPS</i>	1B	
<i>loratadine CHEW</i>	1B	
<i>loratadine SOLN</i>	1B	
<i>loratadine TABS</i>	1A	
<i>loratadine TBDP</i>	1B	
QUZYTIR SOLN IV	3	PA
Antihistamines - Phenothiazines		
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1B	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 ea daily)
<i>promethazine hcl SUPP 50 MG</i>	1B	
<i>promethazine hcl TABS</i>	1B	
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1B	
<i>cyproheptadine hcl TABS</i>	1B	
<b>ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol</b>		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl 1 GM</i>	1B	QL(4 ea daily); PA
<i>omega-3-acid ethyl esters</i>	1B	+; QL(4 ea daily)
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1B	QL(6 ea daily)
<i>cholestyramine light POWD</i>	1B	QL(24 gm daily)
<i>cholestyramine PACK</i>	1B	QL(6 ea daily)
<i>cholestyramine POWD</i>	1B	QL(25.2 gm daily)

Drug Name	Drug Tier	Requirements/Limits
<i>colesevelam hcl PACK</i>	1B	QL(1 ea daily); PA
<i>colesevelam hcl TABS</i>	1B	QL(7 ea daily)
<i>colestipol hcl GRAN</i>	1B	QL(6 gm daily)
<i>colestipol hcl PACK</i>	1B	QL(6 ea daily)
<i>colestipol hcl TABS</i>	1B	QL(16 ea daily)
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	1B	+; QL(1 ea daily)
<i>fenofibrate micronized 43 MG, 130 MG</i>	1B	QL(1 ea daily)
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1B	+; QL(1 ea daily)
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	+; QL(1 ea daily)
<i>gemfibrozil TABS</i>	1B	+; QL(2 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1B	+; QL(1 ea daily)
<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 ea daily)
<i>fluvastatin sodium CAPS 40 MG</i>	1B	QL(2 ea daily)
<i>lovastatin TABS 10 MG, 20 MG</i>	1B	+; QL(1 ea daily); PV
<i>lovastatin TABS 40 MG</i>	1B	+; QL(2 ea daily); PV
<i>pravastatin sodium</i>	1B	+; QL(1 ea daily)
<i>rosuvastatin calcium TABS</i>	3	QL(1 ea daily)
<i>simvastatin TABS</i>	1B	+; QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1B	+; QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1B	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9		

Drug Name	Drug Tier	Requirements/Limits
Inhibitors		
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(0.25 ml daily); PA
REPATHA SURECLICK SOAJ	4	QL(0.0714 ml daily); PA
REPATHA SOSY	4	QL(0.0714 ml daily); PA
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
ACE Inhibitors		
<i>benazepril hcl</i>	1B	+
<i>captopril 12.5 MG</i>	1B	
<i>captopril 25 MG, 50 MG, 100 MG</i>	1B	QL(3 ea daily)
<i>enalapril maleate TABS</i>	1B	+
<i>fosinopril sodium</i>	1B	+
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1B	+
<i>moexipril hcl</i>	1B	QL(2 ea daily)
<i>perindopril erbumine 2 MG, 8 MG</i>	1B	QL(2 ea daily)
<i>perindopril erbumine 4 MG</i>	1B	
<i>quinapril hcl 5 MG, 10 MG</i>	1B	QL(2 ea daily)
<i>quinapril hcl 20 MG, 40 MG</i>	1B	
<i>ramipril CAPS</i>	1B	+
<i>trandolapril 4 MG</i>	1B	+; QL(2 ea daily)
<i>trandolapril 1 MG, 2 MG</i>	1B	+; QL(1 ea daily)
Agents for Pheochromocytoma		
<i>phenoxybenzamine hcl</i>	3	PA
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1B	QL(1 ea daily)
EDARBI	3	QL(1 ea daily); ST
<i>irbesartan</i>	1B	+; QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium</i>	1B	+; QL(1 ea daily)	<i>enalapril maleate &amp; hydrochlorothiazide 12.5 MG-5 MG</i>	1B	QL(2 ea daily)
<i>olmesartan medoxomil</i>	1B	+; QL(1 ea daily)	<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>telmisartan</i>	1B	QL(1 ea daily)	<i>irbesartan-hydrochlorothiazide</i>	1B	+
<i>valsartan TABS</i>	1B	+; QL(1 ea daily)	<i>lisinopril &amp; hydrochlorothiazide</i>	1B	+
<b>Antiadrenergic Antihypertensives</b>			<i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-50 MG</i>	1B	+; QL(2 ea daily)
<i>clonidine</i>	3	QL(0.15 ea daily)	<i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1B	+; QL(1 ea daily)
<i>clonidine hcl TABS</i>	1B	+; QL(8 ea daily)	<i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B	
<i>doxazosin mesylate</i>	1B		<i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-50 MG</i>	1B	QL(1 ea daily)
<i>guanfacine hcl</i>	1B		<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST
<i>methyldopa TABS</i>	1B	QL(6 ea daily)	<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B	
<i>prazosin hcl CAPS</i>	1B	QL(4 ea daily)	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1B	QL(3 ea daily)
<i>terazosin hcl</i>	1B		<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 ea daily)
<b>Antihypertensive Combinations</b>			<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1B	QL(4 ea daily)
<i>amlodipine besylate-benazepril hcl</i>	1B		<i>telmisartan-amlodipine</i>	1B	QL(1 ea daily)
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST	<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>amlodipine besylate-valsartan</i>	1B	QL(1 ea daily)	<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 ea daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	3				
<i>atenolol &amp; chlorthalidone</i>	1B				
<i>benazepril &amp; hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1B	QL(1 ea daily)			
<i>benazepril &amp; hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1B				
<i>bisoprolol &amp; hydrochlorothiazide</i>	1B	QL(2 ea daily)			
<i>candesartan cilexetil-hydrochlorothiazide</i>	1B				
<i>enalapril maleate &amp; hydrochlorothiazide 25 MG-10 MG</i>	1B				

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl</i> 180 MG-2 MG, 240 MG-1 MG	3	
<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1B	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1B	
Vasodilators		
<i>hydralazine hcl SOLN</i>	1B	
<i>hydralazine hcl TABS</i>	1B	+
<i>minoxidil 2.5 MG, 10 MG</i>	1B	+
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
Anti-infective Agents - Misc.		
<i>bacitracin</i>	3	
IMPAVIDO	3	QL(3 ea daily); PA
<i>metronidazole TABS</i>	1B	
<i>trimethoprim TABS</i>	1B	
XIFAXAN 200 MG	3	QL(3 ea daily; 9 ea per 3 day(s) retail; 9 ea per 3 days mail); AL(At least 12 yrs old); PA
XIFAXAN 550 MG	3	QL(3 ea daily); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
Antiprotozoal Agents		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	
<i>nitazoxanide TABS</i>	1B	PA
Carbapenems		
<i>ertapenem sodium IJ</i>	1B	
<i>imipenem-cilastatin IV</i>	1B	
<i>meropenem</i>	1B	
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	4	SP; PA
Cyclic Lipopeptides		
<i>daptomycin 500 MG</i>	1B	
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1B	QL(4 ea daily; 40 ea per fill retail)
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1B	QL(300 ml per fill retail)
<i>vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG</i>	1B	
Leprostatics		
<i>dapsone</i>	1B	
Lincosamides		
<i>clindamycin hcl</i>	1B	
<i>clindamycin palmitate hydrochloride</i>	1B	
<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	1B	
<i>lincomycin hcl</i>	1B	
Monobactams		

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Drug Name	Drug Tier	Requirements/Limits
<i>aztreonam 1 GM</i>	1B	
CAYSTON	4	QL(3 ml daily); PA
<b>Oxazolidinones</b>		
<i>linezolid SUSR</i>	1B	
<i>linezolid TABS</i>	1B	QL(2 ea daily); PA
SIVEXTRO TABS	3	PA
<b>Polymyxins</b>		
<i>polymyxin b sulfate SOLR</i>	1B	
<b>Urinary Anti-infectives</b>		
<i>fosfomycin tromethamine</i>	1B	
<i>methenamine hippurate</i>	1B	
<i>nitrofurantoin</i>	1B	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	
<i>nitrofurantoin monohyd macro</i>	1B	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail

Drug Name	Drug Tier	Requirements/Limits
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 ea per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<b>Antimalarials</b>		
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 ea daily)
<i>hydroxychloroquine sulfate 400 MG</i>	1B	QL(1 ea daily)
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 ea daily)
<i>hydroxychloroquine sulfate 100 MG</i>	1B	QL(4 ea daily)
KRINTAFEL	3	QL(2 ea per 30 day(s) retail)
<i>mefloquine hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>primaquine phosphate TABS</i>	3	
<i>pyrimethamine</i>	1B	QL(3 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1B	PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
FIRDAPSE	4	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>neostigmine methylsulfate SOSY</i>	3	PA	GLEOSTINE 40 MG, 100 MG	4	PA
<i>pyridostigmine bromide SOLN OR</i>	1B		GLEOSTINE 10 MG	4	SP; PA
<i>pyridostigmine bromide TABS 60 MG</i>	1B		<i>ifosfamide SOLN 1 GM/20ML</i>	4	SP; PA
<i>pyridostigmine bromide TBCR</i>	1B		<i>ifosfamide SOLR</i>	4	SP; PA
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>			LEUKERAN	4	SP; PA
Antimycobacterial Agents			<i>melfhalan</i>	1B	
<i>cycloserine</i>	1B	QL(4 ea daily)	<i>melfhalan hcl IV</i>	1B	
<i>ethambutol hcl TABS</i>	1B		MYLERAN TABS	4	SP; PA
<i>isoniazid SOLN</i>	1B		<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	4	SP; PA
<i>isoniazid SYRP</i>	1B		TEMODAR SOLR	4	
<i>isoniazid TABS</i>	1B		<i>temozolomide CAPS</i>	4	SP; PA
PASER PACK	3	QL(3 ea daily)	<i>thiotepa 15 MG</i>	4	SP; PA
PRIFTIN	3		ZANOSAR	4	SP; PA
<i>pyrazinamide</i>	1B		<b>Antimetabolites</b>		
<i>rifabutin</i>	1B	PA	<i>azacitidine SUSR</i>	4	SP; PA
<i>rifampin CAPS</i>	1B		<i>capecitabine</i>	4	SP; PA
<i>rifampin SOLR</i>	1B		<i>clofarabine</i>	4	SP; PA
SIRTURO	3	PA	<i>cytarabine SOLN</i>	4	SP; PA
TRECTOR	3	QL(4 ea daily)	<i>decitabine</i>	4	SP; PA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>			<i>floxuridine</i>	4	SP; PA
Alkylating Agents			<i>fludarabine phosphate SOLN</i>	4	SP; PA
<i>bendamustine hcl SOLR</i>	4	SP; PA	<i>fludarabine phosphate SOLR</i>	4	SP; PA
<i>busulfan SOLN</i>	4	SP; PA	<i>fluorouracil 500 MG/10ML</i>	4	SP; PA
<i>carboplatin SOLN 50 MG/5ML</i>	4	SP; PA	<i>gemcitabine hcl SOLR 2 GM, 200 MG</i>	4	SP; PA
<i>carmustine</i>	4	SP; PA	<i>mercaptopurine TABS</i>	1B	
<i>cisplatin SOLN 100 MG/100ML</i>	4	SP; PA	<i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i>	1B	
<i>cyclophosphamide CAPS</i>	1B	PA	<i>methotrexate sodium SOLR</i>	1B	SP
<i>cyclophosphamide SOLR IJ</i>	4		<i>methotrexate sodium TABS 2.5 MG</i>	1B	SP
			<i>nelarabine</i>	4	SP; PA

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Drug Name	Drug Tier	Requirements/Limits
<i>pemetrexed disodium SOLR 500 MG</i>	4	SP; PA
<i>pralatrexate 20 MG/ML</i>	4	SP; PA
TABLOID	4	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	SP; PA
<b>Antineoplastic - Angiogenesis Inhibitors</b>		
INLYTA	4	QL(2 ea daily); SP; PA
LENVIMA 10 MG DAILY DOSE	4	QL(1 ea daily); PA
LENVIMA 12MG DAILY DOSE	4	QL(3 ea daily); PA
LENVIMA 14 MG DAILY DOSE	4	QL(2 ea daily); PA
LENVIMA 18 MG DAILY DOSE	4	QL(3 ea daily); PA
LENVIMA 20 MG DAILY DOSE	4	QL(2 ea daily); PA
LENVIMA 24 MG DAILY DOSE	4	QL(3 ea daily); PA
LENVIMA 4 MG DAILY DOSE	4	QL(1 ea daily); PA
LENVIMA 8 MG DAILY DOSE	4	QL(2 ea daily); PA
MVASI	4	PA
ZALTRAP 100 MG/4ML	4	SP; PA
ZIRABEV	4	PA
<b>Antineoplastic - Antibodies</b>		
ADCETRIS	4	SP; PA
ARZERRA	4	SP; PA
RUXIENCE	4	PA
TRUXIMA	4	PA
YERVOY	4	SP; PA
<b>Antineoplastic - Anti-HER2 Agents</b>		
KANJINTI	4	PA
OGIVRI	4	PA
PERJETA	4	SP; PA
TRAZIMERA	4	PA

Drug Name	Drug Tier	Requirements/Limits
TUKYSA	4	PA
<b>Antineoplastic - EGFR Inhibitors</b>		
ERBITUX	4	SP; PA
<i>erlotinib hcl</i>	4	QL(1 ea daily); SP; PA
<i>gefitinib</i>	4	QL(2 ea daily); PA
GILOTRIF	4	QL(1 ea daily); PA
TAGRISSEO 80 MG	4	QL(1 ea daily); PA
TAGRISSEO 40 MG	4	QL(2 ea daily); PA
VECTIBIX 100 MG/5ML	4	SP; PA
VIZIMPRO	4	QL(1 ea daily); PA
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
DAURISMO	4	PA
ERIVEDGE	4	QL(1 ea daily); SP; PA
ODOMZO	4	QL(1 ea daily); PA
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>abiraterone acetate 250 MG</i>	4	QL(4 ea daily); SP; PA
<i>abiraterone acetate 500 MG</i>	4	QL(2 ea daily); PA
<i>anastrozole</i>	1B	QL(1 ea daily)
<i>bicalutamide</i>	1B	QL(1 ea daily); SP
ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP; PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 ea daily); SP; PA
EMCYT	4	SP; PA
ERLEADA 240 MG	4	QL(1 ea daily); PA
ERLEADA 60 MG	4	QL(4 ea daily); PA
<i>exemestane</i>	4	QL(1 ea daily); SP
FIRMAGON	4	QL(0.143 ea daily); SP; PA

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Drug Name	Drug Tier	Requirements/Limits
<i>flutamide</i>	4	QL(6 ea daily); SP; PA
<i>fulvestrant SOSY</i>	4	QL(0.357 ml daily); SP; PA
<i>letrozole</i>	1B	
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0358 ea daily); SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 ea daily); SP; PA
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 ea daily); SP; PA
LYSODREN	4	SP; PA
<i>megestrol acetate SUSP</i>	1B	
<i>megestrol acetate TABS</i>	1B	
<i>nilutamide</i>	1B	QL(2 ea daily)
NUBEQA	4	QL(4 ea daily); PA
<i>tamoxifen citrate TABS</i>	0	
<i>toremifene citrate</i>	1B	
TRELSTAR MIXJECT	4	SP; PA
XTANDI CAPS	4	QL(4 ea daily); SP; PA
XTANDI TABS 40 MG	4	QL(4 ea daily); PA
XTANDI TABS 80 MG	4	QL(2 ea daily); PA
YONSA	4	QL(4 ea daily); PA
ZOLADEX 10.8 MG	4	QL(0.0119 ea daily); SP; PA
ZOLADEX 3.6 MG	4	QL(0.0357 ea daily); SP; PA
Antineoplastic - Immunomodulators		
POMALYST	4	QL(1 ea daily); PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	4	QL(1 ea daily); PA
Antineoplastic - XPO1 Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
XPOVIO	4	PA
XPOVIO 60 MG TWICE WEEKLY	4	PA
XPOVIO 80 MG TWICE WEEKLY	4	PA
Antineoplastic Antibiotics		
<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA
<i>dactinomycin</i>	4	SP; PA
<i>doxorubicin hcl liposomal</i>	4	SP; PA
<i>doxorubicin hcl SOLN</i>	4	SP; PA
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA
<i>idarubicin hcl 20 MG/20ML</i>	4	PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA
<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA
<i>mitoxantrone hcl 2 MG/ML</i>	4	SP; PA
<i>valrubicin</i>	4	SP; PA
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE	4	QL(2 ea daily); PA
KISQALI FEMARA 400 DOSE	4	QL(2.5 ea daily); PA
KISQALI FEMARA 600 DOSE	4	QL(3.25 ea daily); PA
Antineoplastic Enzyme Inhibitors		
ALECENSA	4	QL(4 ea daily); PA
ALUNBRIG TABS	4	QL(1 ea daily); PA
ALUNBRIG TBPK	4	QL(1 ea daily); PA
BALVERSA	4	PA
<i>bortezomib SOLR IJ</i>	4	SP; PA
BORTEZOMIB SOLR IV 3.5 MG	4	PA
BOSULIF TABS 100 MG, 500 MG	4	QL(1 ea daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BOSULIF TABS 400 MG	4	QL(1 ea daily); PA	KOSELUGO	4	PA
BRAFTOVI 75 MG	4	QL(6 ea daily); SP; PA	KYPROLIS	4	PA
BRUKINSA	4	PA	<i>lapatinib ditosylate</i>	4	QL(6 ea daily); SP; PA
CABOMETYX TABS	4	QL(1 ea daily); PA	LORBRENA	4	QL(1 ea daily); PA
CALQUENCE	4	QL(2 ea daily); PA	LYNPARZA TABS	4	QL(4 ea daily); PA
CALQUENCE	4	QL(2 ea daily); PA	MEKINIST SOLR	4	QL(40 ml daily); PA
CAPRELSA	4	QL(1 ea daily); SP; PA	MEKINIST TABS 2 MG	4	QL(1 ea daily); PA
COMETRIQ KIT	4	QL(2 ea daily); SP; PA	MEKINIST TABS 0.5 MG	4	QL(3 ea daily); PA
COMETRIQ KIT	4	QL(3 ea daily); SP; PA	MEKTOVI	4	QL(6 ea daily); SP; PA
COMETRIQ KIT	4	QL(4 ea daily); SP; PA	NINLARO	4	QL(0.143 ea daily); PA
COPIKTRA	4	PA	<i>pazopanib hcl</i>	4	QL(4 ea daily); SP; PA
<i>dasatinib 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG</i>	4	QL(1 ea daily); SP; PA	PEMAZYRE	4	QL(1 ea daily); PA
<i>everolimus TABS</i>	4	QL(1 ea daily); SP; PA	PIQRAY 200MG DAILY DOSE	4	QL(1 ea daily); PA
IBRANCE CAPS	4	QL(1 ea daily); PA	PIQRAY 250MG DAILY DOSE	4	QL(1 ea daily); PA
IBRANCE TABS	4	QL(1 ea daily); PA	PIQRAY 300MG DAILY DOSE	4	QL(1 ea daily); PA
ICLUSIG	4	QL(1 ea daily); PA	QINLOCK	4	PA
<i>imatinib mesylate</i>	4	QL(2 ea daily); SP; PA	RETEVMO CAPS	4	PA
IMBRUVICA CAPS 140 MG	4	QL(3 ea daily); PA	<i>romidepsin SOLR</i>	4	SP; PA
IMBRUVICA CAPS 70 MG	4	QL(1 ea daily); PA	ROZLYTREK CAPS	4	PA
IMBRUVICA SUSP	4	QL(8 ml daily); PA	RUBRACA	4	QL(4 ea daily); PA
IMBRUVICA TABS	4	QL(1 ea daily); PA	SCEMBLIX 100 MG	4	QL(4 ea daily); PA
INREBIC	4	PA	SCEMBLIX 20 MG, 40 MG	4	QL(2 ea daily); PA
JAKAFI	4	QL(2 ea daily); SP; PA	<i>sorafenib tosylate</i>	4	QL(4 ea daily); SP; PA
KISQALI	4	QL(2 ea daily); PA	SPRYCEL 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG ( <i>dasatinib</i> )	4	QL(1 ea daily); SP; PA
KISQALI	4	QL(2.5 ea daily); PA	STIVARGA	4	QL(4 ea daily); SP; PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 ea daily); SP; PA
<i>sunitinib malate 37.5 MG</i>	4	QL(1 ea daily); PA
TABRECTA	4	PA
TAFINLAR CAPS	4	QL(4 ea daily); PA
TAFINLAR TBSO	4	QL(30 ea daily); PA
TALZENNA	4	QL(1 ea daily); PA
TASIGNA 50 MG	4	QL(4 ea daily); PA
TASIGNA 150 MG, 200 MG	4	QL(4 ea daily); SP; PA
TAZVERIK	4	PA
<i>temsirolimus</i>	4	QL(0.143 ml daily); SP; PA
TIBSOVO	4	PA
TURALIO	4	PA
VERZENIO	4	QL(2 ea daily); PA
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
XALKORI CAPS	4	QL(2 ea daily); SP; PA
XOSPATA	4	PA
ZEJULA CAPS	4	QL(3 ea daily); PA
ZEJULA TABS 100 MG	4	QL(3 ea daily); PA
ZEJULA TABS 200 MG, 300 MG	4	QL(1 ea daily); PA
ZELBORAF	4	QL(8 ea daily); SP; PA
ZOLINZA	4	QL(4 ea daily); SP; PA
ZYDELIG	4	QL(2 ea daily); PA
<b>Antineoplastic Enzymes</b>		
ONCASPAR	4	SP; PA
<b>Antineoplastics Misc.</b>		
ACTIMMUNE 100 MCG/0.5ML	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
<i>bexarotene</i>	4	SP; PA
<i>dacarbazine SOLR 200 MG</i>	4	SP; PA
<i>hydroxyurea</i>	1B	
MATULANE	4	SP; PA
NIPENT	4	SP; PA
PHOTOFRIN	4	SP; PA
PROLEUKIN	4	SP; PA
SYNRIBO	4	SP; PA
<i>tretinoin (chemotherapy)</i>	1B	
UVADEX	4	SP; PA
<b>Chemotherapy Adjuncts</b>		
KEPIVANCE 6.25 MG	4	SP; PA
<b>Chemotherapy Rescue/Antidote/Protective Agents</b>		
<i>leucovorin calcium SOLR</i>	1B	
<i>leucovorin calcium TABS</i>	1B	
VORAXAZE	4	SP; PA
<b>Mitotic Inhibitors</b>		
<i>docetaxel CONC 20 MG/ML</i>	4	SP; PA
<i>docetaxel SOLN 20 MG/2ML</i>	4	SP; PA
<i>eribulin mesylate</i>	4	SP; PA
ETOPOPHOS	4	SP; PA
<i>etoposide CAPS</i>	4	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	PA
HALAVEN ( <i>eribulin mesylate</i> )	4	SP; PA
IXEMPRA KIT 15 MG	4	SP; PA
JEVTANA	4	SP; PA
<i>paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML</i>	4	SP; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel protein-bound particles</i>	4	SP; PA	<i>carbidopa-levodopa TABS</i>	1B	
<i>vincristine sulfate</i>	4	SP; PA	<i>carbidopa-levodopa TBCR</i>	1B	
<i>vinorelbine tartrate 10 MG/ML</i>	4	SP; PA	<i>carbidopa-levodopa TBDP</i>	1B	
Topoisomerase I Inhibitors			NEUPRO	2	
HYCAMTIN CAPS	4	SP; PA	<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1B	QL(4 ea daily)
<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	4	SP; PA	<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1B	
<i>topotecan hcl SOLN</i>	4		<i>ropinirole hydrochloride TABS</i>	1B	
<i>topotecan hcl SOLR</i>	4		<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1B	QL(2 ea daily); ST
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>			<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 ea daily); ST
Antiparkinson Adjunctive Therapy			Antiparkinson Monoamine Oxidase Inhibitors		
<i>carbidopa</i>	1B		<i>rasagiline mesylate</i>	1B	QL(1 ea daily); PA
Antiparkinson Anticholinergics			<i>selegiline hcl CAPS</i>	1B	
<i>benztropine mesylate SOLN</i>	1B		<i>selegiline hcl TABS</i>	1B	
<i>benztropine mesylate TABS</i>	1B		<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<i>trihexyphenidyl hcl SOLN</i>	1B		Antimanic Agents		
<i>trihexyphenidyl hcl TABS</i>	1B		<i>lithium</i>	1B	
Antiparkinson COMT Inhibitors			<i>lithium carbonate CAPS</i>	1B	
<i>entacapone</i>	1B	QL(8 ea daily)	<i>lithium carbonate TABS</i>	1B	
<i>tolcapone</i>	1B		<i>lithium carbonate TBCR</i>	1B	
Antiparkinson Dopaminergics			Antipsychotics - Misc.		
<i>amantadine hcl CAPS</i>	1B		EQUETRO 300 MG	3	QL(4 ea daily); ST
<i>amantadine hcl SOLN</i>	1B		EQUETRO 100 MG	3	QL(2 ea daily); ST
<i>amantadine hcl TABS</i>	1B		EQUETRO 200 MG	3	QL(8 ea daily); ST
<i>apomorphine hydrochloride SOCT</i>	4	PA	<i>lurasidone hcl 80 MG</i>	1B	QL(2 ea daily)
<i>bromocriptine mesylate CAPS</i>	1B		<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	1B	QL(1 ea daily)
<i>bromocriptine mesylate TABS 2.5 MG</i>	1B				
<i>carbidopa-levodopa-entacapone</i>	1B				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)	<i>olanzapine TBDP 20 MG</i>	1B	QL(1 ea daily)
<b>Benzisoxazoles</b>			<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1B	QL(2 ea daily)
FANAPT	2	QL(2 ea daily); PA	<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	1B	QL(4 ea daily); AL(At least 10 yrs old)
FANAPT TITRATION PACK	2	PA	<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1B	QL(2 ea daily); AL(At least 10 yrs old)
<i>paliperidone 6 MG</i>	1B	QL(2 ea daily)	<i>quetiapine fumarate TB24 50 MG, 150 MG, 200 MG</i>	1B	QL(1 ea daily)
<i>paliperidone 1.5 MG, 3 MG, 9 MG</i>	1B	QL(1 ea daily)	<i>quetiapine fumarate TB24 300 MG, 400 MG</i>	1B	QL(2 ea daily)
PERSERIS PRSY	2	QL(0.072 ea daily); PA	<b>Phenothiazines</b>		
<i>risperidone microspheres</i>	1B	QL(0.072 ea daily); PA	<i>chlorpromazine hcl SOLN</i>	3	
<i>risperidone SOLN</i>	1B	QL(8 ml daily)	<i>chlorpromazine hcl TABS</i>	1B	
<i>risperidone TABS</i>	1B	QL(4 ea daily)	<i>fluphenazine hcl CONC</i>	1B	
<i>risperidone TBDP</i>	1B	QL(4 ea daily)	<i>fluphenazine hcl ELIX</i>	1B	
<b>Butyrophenones</b>			<i>fluphenazine hcl SOLN</i>	1B	
<i>haloperidol decanoate</i>	1B	QL(0.036 ml daily)	<i>fluphenazine hcl TABS</i>	1B	
<i>haloperidol lactate CONC</i>	1B		<i>perphenazine TABS</i>	1B	
<i>haloperidol lactate SOLN</i>	1B		<i>prochlorperazine</i>	1B	
<i>haloperidol TABS</i>	1B		<i>prochlorperazine maleate TABS</i>	1B	
<b>Dibenzapines</b>			<i>thioridazine hcl</i>	1B	
<i>asenapine maleate 2.5 MG</i>	1B	QL(4 ea daily); PA	<i>trifluoperazine hcl TABS</i>	1B	
<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 ea daily); PA	<b>Quinolinone Derivatives</b>		
<i>clozapine TABS</i>	1B		<i>aripiprazole SOLN OR</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)
<i>clozapine TBDP 100 MG</i>	1B	QL(9 ea daily)	<i>aripiprazole TABS</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>clozapine TBDP 25 MG</i>	1B	QL(3 ea daily)	REXULTI	3	PA
<i>clozapine TBDP 12.5 MG, 150 MG</i>	1B	QL(6 ea daily)	<b>Thioxanthenes</b>		
<i>loxapine succinate</i>	1B		<i>thiothixene</i>	1B	
<i>olanzapine SOLR</i>	1B	QL(0.215 ea daily)	<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<i>olanzapine TABS 2.5 MG, 5 MG</i>	1B	QL(4 ea daily)	<b>Antiretrovirals</b>		
<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	1B	QL(32 ml daily)
<i>abacavir sulfate TABS</i>	1B	QL(2 ea daily)
APTIVUS CAPS	3	QL(4 ea daily)
<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 ea daily)
<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 ea daily)
BIKTARVY	3	QL(1 ea daily)
CIMDUO	3	QL(1 ea daily); ST
COMPLERA	3	QL(1 ea daily)
<i>darunavir TABS</i>	1B	
DELSTRIGO	3	QL(1 ea daily)
DOVATO	3	QL(1 ea daily)
EDURANT	3	QL(1 ea daily)
<i>efavirenz CAPS 50 MG</i>	1B	QL(3 ea daily)
<i>efavirenz CAPS 200 MG</i>	1B	QL(2 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>efavirenz TABS</i>	1B	QL(1 ea daily)
<i>emtricitabine CAPS</i>	1B	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 ea daily)
EMTRIVA SOLN	3	QL(24 ml daily)
<i>etravirine 100 MG</i>	1B	QL(4 ea daily)
<i>etravirine 200 MG</i>	1B	QL(2 ea daily)
EVOTAZ	3	QL(1 ea daily)
<i>fosamprenavir calcium TABS</i>	1B	QL(4 ea daily)
FUZEON SOLR	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
GENVOYA	3	QL(1 ea daily)
INTELENCE 25 MG	3	QL(8 ea daily)
ISENTRESS HD TABS	3	QL(2 ea daily)
ISENTRESS CHEW	3	QL(6 ea daily)
ISENTRESS TABS	3	QL(2 ea daily)
JULUCA	3	QL(1 ea daily)
<i>lamivudine SOLN</i>	1B	QL(30 ml daily)
<i>lamivudine TABS 300 MG</i>	1B	QL(1 ea daily)
<i>lamivudine TABS 150 MG</i>	1B	QL(2 ea daily)
<i>lamivudine-zidovudine</i>	1B	QL(2 ea daily)
LEXIVA SUSP	3	QL(56 ml daily)
<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ml daily)
<i>lopinavir-ritonavir TABS</i>	1B	QL(4 ea daily)
<i>maraviroc TABS 150 MG</i>	1B	QL(2 ea daily)
<i>maraviroc TABS 300 MG</i>	1B	QL(4 ea daily)
<i>nevirapine SUSP</i>	1B	QL(40 ml daily)
<i>nevirapine TABS</i>	1B	QL(2 ea daily)
<i>nevirapine TB24 400 MG</i>	1B	QL(1 ea daily)
<i>nevirapine TB24 100 MG</i>	1B	QL(3 ea daily)
NORVIR CAPS	2	QL(12 ea daily)
NORVIR PACK	3	QL(12 ea daily)
NORVIR SOLN	3	QL(15 ml daily)
ODEFSEY	3	QL(1 ea daily)
PIFELTRO	3	QL(1 ea daily)
PREZCOBIX	3	QL(1 ea daily)
PREZISTA SUSP	3	QL(12 ml daily)
PREZISTA TABS 75 MG, 150 MG	3	QL(2 ea daily)
RETROVIR IV INFUSION SOLN	3	
<i>ritonavir TABS</i>	1B	QL(12 ea daily)
SELZENTRY SOLN	3	QL(30 ml daily)
SELZENTRY TABS 25 MG, 75 MG	3	QL(2 ea daily)
<i>stavudine CAPS</i>	1B	QL(2 ea daily)
STRIBILD	3	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate</i> TABS	1B	
TIVICAY TABS	3	QL(2 ea daily)
TRIUMEQ TABS	3	QL(1 ea daily)
TRIZIVIR	3	QL(2 ea daily)
TYBOST	3	QL(1 ea daily)
VIRACEPT TABS 250 MG	3	QL(10 ea daily)
VIRACEPT TABS 625 MG	3	QL(4 ea daily)
VIREAD POWD	3	QL(7.5 gm daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 ea daily)
<i>zidovudine</i> CAPS	1B	QL(6 ea daily)
<i>zidovudine</i> SYRP	1B	QL(60 ml daily)
<i>zidovudine</i> TABS	1B	QL(2 ea daily)
<b>CMV Agents</b>		
<i>cidofovir</i>	3	
<i>ganciclovir sodium</i> SOLR	1B	
<i>valganciclovir hcl</i> TABS	1B	QL(4 ea daily); PA
<b>Hepatitis Agents</b>		
<i>adefovir dipivoxil</i>	4	QL(1 ea daily); SP
<i>entecavir</i> TABS	4	QL(1 ea daily); SP
EPIVIR HBV SOLN	4	QL(60 ml daily); SP; PA
<i>lamivudine (hbv)</i> TABS	1B	QL(3 ea daily); SP
PEGASYS SOLN	4	QL(0.0714 ml daily); SP; PA
PEGASYS SOSY	4	QL(0.072 ml daily); PA
<i>ribavirin (hepatitis c)</i> CAPS	1B	QL(7 ea daily)
<i>ribavirin (hepatitis c)</i> TABS 200 MG	1B	QL(7 ea daily)
SOFOSBUVIR/VELPATA SVIR TABS	1B	QL(1 ea daily); PA
SOVALDI TABS 200 MG	4	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
SOVALDI TABS 400 MG	4	QL(1 ea daily); SP; PA
VOSEVI	4	PA
<b>Herpes Agents</b>		
<i>acyclovir</i> CAPS	1A	QL(5 ea daily; 50 ea per fill retail; 50 per fill mail)
<i>acyclovir</i> SUSP	1B	QL(13.34 ml daily)
<i>acyclovir</i> TABS OR	1B	QL(5 ea daily)
<i>famciclovir</i> 125 MG, 250 MG	1B	QL(3 ea daily)
<i>famciclovir</i> 500 MG	1B	QL(4 ea daily)
<i>valacyclovir hcl</i> 1 GM, 1000 MG	1B	QL(4 ea daily)
<i>valacyclovir hcl</i> 500 MG	1B	QL(2 ea daily)
<b>Influenza Agents</b>		
<i>oseltamivir phosphate</i> CAPS	1B	Limit 1 fill every 90 days.; QL(10 ea per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>oseltamivir phosphate</i> SUSR	1B	Limit 1 fill every 90 days.; QL(125 ml per fill retail); 1 max fill(s) per 90 day(s) retail
RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail
<i>rimantadine hydrochloride</i> TABS	1B	QL(2 ea daily)
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol</i>	1B	+
<i>carvedilol phosphate</i>	3	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl SOLN</i>	1B	
<i>labetalol hcl TABS 100 MG, 200 MG</i>	1B	+
<i>labetalol hcl TABS 300 MG</i>	1B	+; QL(8 ea daily)
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl CAPS</i>	1B	
<i>atenolol TABS</i>	1B	+
<i>betaxolol hcl</i>	1B	
<i>bisoprolol fumarate</i>	1B	+
<i>metoprolol succinate TB24 200 MG</i>	1B	+; QL(2 ea daily)
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1B	+
<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1B	
<i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>	1B	+
<i>nebivolol hcl 20 MG</i>	3	QL(2 ea daily)
<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 ea daily)
<b>Beta Blockers Non-Selective</b>		
<i>HEMANGEOL SOLN OR</i>	4	QL(75 ml daily); PA
<i>nadolol TABS 80 MG</i>	1B	
<i>nadolol TABS 40 MG</i>	1B	QL(6 ea daily)
<i>nadolol TABS 20 MG</i>	1B	QL(3 ea daily)
<i>pindolol TABS</i>	1B	
<i>propranolol hcl CP24</i>	1B	QL(2 ea daily)
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1B	
<i>propranolol hcl TABS</i>	1B	
<i>sotalol hcl (afib/afI)</i>	1B	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 ea daily)
<i>sotalol hcl TABS 240 MG</i>	1B	
<i>timolol maleate TABS</i>	1B	

**CALCIUM CHANNEL BLOCKERS - Drugs to Treat**

Drug Name	Drug Tier	Requirements/Limits
<b>High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
<i>amlodipine besylate TABS</i>	1B	+
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 ea daily)
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	1B	+
<i>diltiazem hcl extended release beads 420 MG</i>	1B	
<i>diltiazem hcl CP12</i>	1B	QL(2 ea daily)
<i>diltiazem hcl CP24</i>	1B	+
<i>diltiazem hcl SOLN 50 MG/10ML</i>	1B	
<i>DILTIAZEM HCL SOLR</i>	1B	
<i>diltiazem hcl TABS</i>	1B	+
<i>diltiazem hcl TB24</i>	1B	
<i>felodipine</i>	1B	+
<i>isradipine CAPS</i>	1B	
<i>nicardipine hcl CAPS</i>	1B	
<i>nicardipine hcl SOLN</i>	1B	
<i>nifedipine CAPS 10 MG</i>	1B	
<i>nifedipine CAPS 20 MG</i>	1B	QL(9 ea daily)
<i>nifedipine TB24 90 MG</i>	1B	+; QL(1 ea daily)
<i>nifedipine TB24 60 MG</i>	1B	+; QL(2 ea daily)
<i>nifedipine TB24</i>	1B	
<i>nifedipine TB24 30 MG</i>	1B	+
<i>nimodipine CAPS</i>	1B	
<i>nisoldipine</i>	1B	
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	1B	QL(1 ea daily)
<i>verapamil hcl SOLN 2.5 MG/ML</i>	1B	
<i>verapamil hcl TABS</i>	1B	+
<i>verapamil hcl TBCR</i>	1B	+

### CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm

#### Cardiac Glycosides

<i>digoxin SOLN OR 0.05 MG/ML</i>	1B	
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1B	
LANOXIN SOLN IJ ( <i>digoxin</i> )	2	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG ( <i>digoxin</i> )	2	

### CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions

#### Cardiovascular Agents Misc. - Combinations

<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 ea daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1B	

#### Impotence Agents

<i>sildenafil citrate</i>	1B	QL(0.1334 ea daily); PA
STENDRA	3	QL(0.134 ea daily)
<i>tadalafil 5 MG</i>	1B	BPH Only; QL(1 ea daily); PA

#### Prostaglandin Vasodilators

<i>epoprostenol sodium</i>	4	PA
ORENITRAM TBCR	4	PA
<i>treprostinil SOLN IJ</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
TYVASO REFILL KIT SOLN IN	4	PA
TYVASO STARTER KIT SOLN IN	4	PA
TYVASO SOLN IN	4	PA

### Pulmonary Hypertension - Endothelin Receptor Antagonists

<i>ambrisentan</i>	4	QL(1 ea daily); SP; PA
<i>bosentan TABS 62.5 MG</i>	4	QL(2 ea daily); PA
<i>bosentan TABS 125 MG</i>	4	QL(2 ea daily); SP; PA
OPSUMIT	4	QL(1 ea daily); PA
TRACLEER TBSO	4	QL(2 ea daily); SP; PA

### Pulmonary Hypertension - Phosphodiesterase Inhibitors

<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ml daily); SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ml daily); PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 ea daily); SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 ea daily); SP; PA

### Pulmonary Hypertension - Prostacyclin Receptor Agonist

UPTRAVI TITRATION PACK TBPk	4	1 max fill(s) per 180 day(s) retail; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
UPTRAVI TABS 200 MCG	4	PA

### Pulmonary Hypertension - Sol Guanylate Cyclase

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Drug Name	Drug Tier	Requirements/Limits
<b>Stimulator</b>		
ADEMPAS	4	QL(3 ea daily); PA
<b>Sinus Node Inhibitors</b>		
<i>ivabradine hcl TABS</i>	3	QL(2 ea daily); PA
<b>Transthyretin Stabilizers</b>		
VYNDAMAX	4	QL(1 ea daily); PA
VYNDAQEL	4	QL(4 ea daily); PA
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil CAPS</i>	1B	
<i>cefadroxil SUSR</i>	1B	
<i>cefadroxil TABS</i>	1B	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	1B	
<i>cephalexin CAPS</i>	1B	
<i>cephalexin SUSR</i>	1B	
<b>Cephalosporins - 2nd Generation</b>		
<i>cefaclor CAPS</i>	1B	
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1B	
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1B	
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	1B	
<i>cefprozil SUSR</i>	1B	
<i>cefprozil TABS</i>	1B	
<i>cefuroxime axetil TABS</i>	1B	
<i>cefuroxime sodium IJ 750 MG</i>	1B	
<b>Cephalosporins - 3rd Generation</b>		
<i>cefdinir CAPS</i>	1B	
<i>cefdinir SUSR</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>cefixime CAPS</i>	1B	
<i>cefixime SUSR</i>	1B	ST
<i>cefotaxime sodium IJ 1 GM, 2 GM</i>	1B	
<i>cefpodoxime proxetil SUSR</i>	1B	
<i>cefpodoxime proxetil TABS</i>	1B	
<i>ceftazidime IJ 1 GM, 6 GM</i>	1B	
<i>ceftriaxone sodium IJ 250 MG</i>	1A	
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG</i>	1B	
<b>Cephalosporins - 4th Generation</b>		
<i>cefepime hcl SOLR IV 2 GM</i>	1B	
<b>Cephalosporins - 5th Generation</b>		
TEFLARO	3	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
<i>desogestrel &amp; ethinyl estradiol</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	
<i>ethynodiol diacet &amp; eth estrad</i>	0	
<i>levonorgestrel &amp; eth estradiol TABS</i>	0	
<i>levonorgestrel-eth estradiol (triphasic)</i>	0	

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Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	
<i>levonorgestrel-ethinyl estradiol-iron</i>	0	
LO LOESTRIN FE TABS	0	
NATAZIA	0	
NEXTSTELLIS	0	
<i>norethin acet &amp; estrad-fe CAPS</i>	0	
<i>norethin acet &amp; estrad-fe CHEW</i>	0	
<i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0	
<i>norethindrone &amp; eth estradiol</i>	0	
<i>norethindrone &amp; ethinyl estradiol-fe</i>	0	
<i>norethindrone acet &amp; eth estra</i>	0	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	
<i>norethindrone-eth estradiol (triphasic)</i>	0	
<i>norgestimate-ethinyl estradiol</i>	0	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	
<i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>	0	
TYBLUME CHEW	0	
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	0	
TWIRLA	0	QL(3 ea per 28 day(s) retail; 9 ea per 84 days mail)

Drug Name	Drug Tier	Requirements/ Limits
Combination Contraceptives - Vaginal		
ANNOVERA	0	
<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 ea daily)
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	0	
Emergency Contraceptives		
ELLA	0	
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	
Progestin Contraceptives - Implants		
NEXPLANON	0	
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSY SC	0	
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	QL(1 ml per 90 day(s) retail)
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	QL(90 Day(s) limit ; 1 ml per 90 day(s) retail)
Progestin Contraceptives - IUD		
KYLEENA	0	
LILETTA 20.1 MCG/DAY	0	
MIRENA	0	
SKYLA	0	
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	0	
OPILL	0	
SLYND	0	QL(1 ea daily)
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
Glucocorticosteroids		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>budesonide CPEP</i>	1B	QL(3 ea daily)	<i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>deflazacort SUSP</i>	4	PA	<i>prednisone TABS 1 MG, 5 MG</i>	1B	
<i>deflazacort TABS</i>	4	PA	<i>prednisone TBPk</i>	1B	
DEPO-MEDROL SUSP	3		SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
DEXAMETHASONE INTENSOL CONC	1B		SOLU-CORTEF 250 MG	3	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1B		SOLU-MEDROL 2 GM	3	
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1B		<i>triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	1B	
<i>dexamethasone ELIX</i>	1B		<b>Mineralocorticoids</b>		
<i>dexamethasone SOLN</i>	1B		<i>fludrocortisone acetate TABS</i>	1B	
<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B		<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A		<b>Antitussives</b>		
EMFLAZA SUSP 22.75 MG/ML ( <i>deflazacort</i> )	4	PA	<i>benzonatate 200 MG</i>	1B	QL(3 ea daily)
<i>hydrocortisone TABS</i>	1B		<i>benzonatate 150 MG</i>	1B	QL(4 ea daily)
MEDROL TABS	3		<i>benzonatate 100 MG</i>	1B	QL(6 ea daily)
<i>methylprednisolone acetate SUSP</i>	1B		<b>Cough/Cold/Allergy Combinations</b>		
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B		<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B	
<i>methylprednisolone TABS</i>	1B		TUZISTRA XR	2	PA
<i>methylprednisolone TBPk</i>	1B		<b>Misc. Respiratory Inhalants</b>		
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1B		HYPERSAL NEBU	1B	
<i>prednisolone sodium phosphate TBPk</i>	3		NEBUSAL NEBU	1B	
<i>prednisolone SOLN</i>	1B		<i>sodium chloride (inhalant) NEBU 7 %</i>	1B	
<i>prednisolone TABS</i>	1B		<b>Mucolytics</b>		
<i>prednisone SOLN</i>	1B		<i>acetylcysteine SOLN</i>	1B	
			<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
			<b>Acne Products</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1B	AL(At least 12 yrs old); ST	<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST
<i>adapalene CREA</i>	1B	AL(At least 12 yrs old); ST	DIFFERIN LOTN	2	AL(At least 12 yrs old); ST
<i>adapalene GEL</i>	1B	AL(At least 12 yrs old); ST; RX/OTC	<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)
AZELEX	3	QL(50 gm per 30 day(s) retail; 50 gm per 30 days mail); AL(At least 12 yrs old); ST	<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old); RX/OTC	<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA
<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA	PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1B	AL(At least 12 yrs old); RX/OTC	<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)	<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old)	<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide LIQD 4 %, 7 %, 10 %</i>	1B	AL(At least 12 yrs old)	<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST
<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA	<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 gm daily)	<i>tretinoin microsphere 0.1 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)	<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ml daily); AL(At least 12 yrs old)	<i>tretinoin GEL 0.01 %, 0.025 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)	<b>Agents for External Genital and Perianal Warts</b>		
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA	VEREGEN	3	QL(1 gm daily)
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA	<b>Antibiotics - Topical</b>		
			ALTABAX	2	QL(15 gm per 30 day(s) retail; 15 gm per 30 days mail)

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 gm daily)
<i>gentamicin sulfate (topical) OINT</i>	1B	
<i>mupirocin OINT</i>	1B	QL(6 gm daily)
NEO-SYNALAR	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); PA
<b>Antifungals - Topical</b>		
<i>butenafine hcl</i>	1B	QL(6 gm daily); RX/OTC
<i>ciclopirox olamine CREA</i>	1B	QL(90 gm per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciclopirox olamine SUSP</i>	1B	
<i>ciclopirox GEL</i>	1B	QL(3.35 gm daily)
<i>ciclopirox SHAM</i>	1B	QL(10 ml daily)
<i>ciclopirox SOLN</i>	1B	QL(0.22 ml daily)
<i>clotrimazole (topical) CREA</i>	1B	QL(4.5 gm daily); RX/OTC
<i>clotrimazole (topical) SOLN</i>	1B	QL(10 ml daily); RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	1B	QL(8 gm daily)
<i>clotrimazole w/ betamethasone LOTN</i>	1B	
<i>econazole nitrate CREA</i>	1B	QL(85 gm per fill retail; 85 per fill mail)
ERTACZO	3	QL(2.15 gm daily)
<i>ketoconazole (topical) CREA</i>	1B	QL(10 gm daily)
<i>ketoconazole (topical) SHAM 2 %</i>	1B	QL(20 ml daily)
<i>luliconazole</i>	1B	PA

Drug Name	Drug Tier	Requirements/Limits
<i>naftifine hcl CREA 1 %</i>	1B	QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>naftifine hcl CREA 2 %</i>	1B	QL(2 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>nystatin (topical) CREA</i>	1B	QL(10 gm daily)
<i>nystatin (topical) OINT</i>	1B	QL(6 gm daily)
<i>nystatin (topical) POWD EX</i>	1B	QL(10 gm daily)
<i>nystatin-triamcinolone CREA</i>	1B	QL(10 gm daily)
<i>nystatin-triamcinolone OINT</i>	1B	QL(4 gm daily)
<i>oxiconazole nitrate CREA</i>	1B	Limit 1 Fill per 180 days; QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
OXISTAT LOTN	2	Limit 1 Fill per 180 days; QL(2 ml daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>sulconazole nitrate CREA</i>	1B	
<i>sulconazole nitrate SOLN</i>	1B	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>tavaborole</i>	1B	PA
<b>Anti-inflammatory Agents - Topical</b>		
<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 gm daily); RX/OTC	COSENTYX SOSY 150 MG/ML	4	QL(0.072 ml daily); PA
Antineoplastic or Premalignant Lesion Agents - Topical			COSENTYX SOSY 150 MG/ML	4	QL(0.036 ml daily); PA
<i>bexarotene (topical)</i>	4	SP; PA	<i>methoxsalen rapid</i>	1B	QL(4 ea daily)
<i>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 gm daily); PA	SKYRIZI PEN SOAJ	4	QL(0.025 ml daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 gm daily)	SKYRIZI PSKT	4	QL(0.025 ea daily); PA
<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ml daily)	SKYRIZI SOSY	4	QL(0.025 ml daily); PA
PANRETIN	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)	STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ml daily); PA
Antipruritics - Topical			STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ml daily); PA
<i>doxepin hcl (antipruritic)</i>	3	Limit 1 fill every 180 days; QL(45 gm per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	STELARA SOSY 90 MG/ML	4	QL(0.018 ml daily); SP; PA
Antipsoriatics			<i>tazarotene CREA</i>	1B	QL(1 gm daily)
<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 ea daily)	TREMFYA SOPN	4	QL(0.018 ml daily); PA
<i>acitretin 25 MG</i>	1B	QL(2 ea daily)	TREMFYA SOSY	4	QL(0.018 ml daily); PA
<i>calcipotriene CREA</i>	1B	QL(4 gm daily); PA	Antiseborrheic Products		
<i>calcipotriene OINT</i>	1B	QL(4 gm daily); PA	<i>selenium sulfide LOTN 2.5 %</i>	1B	
<i>calcipotriene SOLN</i>	1B	QL(4 ml daily); PA	Antivirals - Topical		
<i>calcitriol (topical)</i>	1B	QL(3.34 gm daily)	<i>acyclovir topical CREA</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ml daily); PA	<i>acyclovir topical OINT</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail
COSENTYX UNOREADY SOAJ	4	QL(0.072 ml daily); PA	<i>penciclovir</i>	3	QL(0.18 gm daily)
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ml daily); PA	Burn Products		
			<i>mafenide acetate PACK</i>	3	
			<i>silver sulfadiazine</i>	1B	QL(20 gm daily)
			SULFAMYLON CREA	3	
			Corticosteroids - Topical		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone dipropionate CREA</i>	1B	QL(2 gm daily)	<i>calcipotriene-betamethasone dipropionate SUSP</i>	1B	ST
<i>alclometasone dipropionate OINT</i>	1B	QL(3 gm daily)	<i>clobetasol propionate emollient base 0.05 %</i>	1B	QL(1 gm daily); PA
<i>amcinonide CREA</i>	1B	QL(60 gm per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail	<i>clobetasol propionate CREA 0.05 %</i>	1B	QL(3 gm daily); PA
<i>amcinonide LOTN</i>	3		<i>clobetasol propionate FOAM</i>	1B	QL(3 gm daily); ST
<i>amcinonide OINT</i>	3		<i>clobetasol propionate GEL 0.05 %</i>	1B	QL(2 gm daily); ST
<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 gm daily)	<i>clobetasol propionate OINT 0.05 %</i>	1B	QL(1 gm daily); PA
<i>betamethasone dipropionate (topical) LOTN</i>	1B		<i>clobetasol propionate SOLN 0.05 %</i>	1B	QL(3.34 ml daily); PA
<i>betamethasone dipropionate (topical) OINT</i>	1B	QL(3 gm daily)	<i>clocortolone pivalate</i>	3	QL(3 gm daily)
<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 gm daily)	CORDRAN TAPE	3	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ml daily)	<i>desonide CREA</i>	1B	QL(4 gm daily)
<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 gm daily)	<i>desonide LOTN</i>	1B	QL(4 ml daily)
<i>betamethasone valerate CREA</i>	1B	QL(2.5 gm daily)	<i>desonide OINT</i>	1B	QL(3 gm daily)
<i>betamethasone valerate FOAM</i>	1B	QL(1.67 gm daily)	<i>desoximetasone CREA 0.25 %</i>	1B	QL(4 gm daily)
<i>betamethasone valerate LOTN</i>	1B	QL(5 ml daily)	<i>desoximetasone GEL</i>	1B	QL(3 gm daily)
<i>betamethasone valerate OINT</i>	1B	QL(3 gm daily)	<i>desoximetasone OINT 0.25 %</i>	1B	QL(4 gm daily)
<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST	<i>diflorasone diacetate CREA</i>	1B	PA
			<i>diflorasone diacetate OINT</i>	1B	PA
			<i>fluocinolone acetonide CREA 0.01 %</i>	1B	
			<i>fluocinolone acetonide CREA 0.025 %</i>	1B	QL(4 gm daily)
			<i>fluocinolone acetonide OIL</i>	1B	QL(8 ml daily)
			<i>fluocinolone acetonide OINT</i>	1B	QL(4 gm daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide SOLN</i>	1B	QL(4 ml daily)
<i>fluocinonide emulsified base</i>	1B	QL(2 gm daily)
<i>fluocinonide CREA 0.05 %</i>	1B	QL(2 gm daily)
<i>fluocinonide CREA 0.1 %</i>	1B	QL(4 gm daily)
<i>fluocinonide GEL</i>	1B	
<i>fluocinonide OINT</i>	1B	QL(2 gm daily)
<i>fluocinonide SOLN</i>	1B	QL(2 ml daily)
<i>flurandrenolide CREA</i>	2	QL(2 gm daily)
<i>flurandrenolide LOTN</i>	2	QL(2 ml daily)
<i>fluticasone propionate CREA 0.05 %</i>	1B	QL(4 gm daily)
<i>fluticasone propionate LOTN</i>	1B	QL(6 ml daily)
<i>fluticasone propionate OINT</i>	1B	QL(4 gm daily)
<i>halcinonide CREA</i>	1B	PA
<i>halobetasol propionate CREA</i>	1B	QL(3.5 gm daily)
<i>halobetasol propionate OINT</i>	1B	QL(3.5 gm daily)
HALOG OINT	3	PA
<i>hydrocortisone (topical) CREA 1 %, 2.5 %</i>	1B	QL(15.15 gm daily); RX/OTC
<i>hydrocortisone (topical) LOTN 2.5 %</i>	1B	
<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	1B	QL(15.15 gm daily); RX/OTC
<i>hydrocortisone butyrate CREA</i>	1B	QL(3 gm daily)
<i>hydrocortisone butyrate OINT</i>	1B	QL(3 gm daily)
<i>hydrocortisone butyrate SOLN</i>	1B	QL(5 ml daily)
<i>hydrocortisone valerate CREA</i>	1B	
<i>hydrocortisone valerate OINT</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate CREA</i>	1B	QL(3 gm daily)
<i>mometasone furoate OINT</i>	1B	QL(4 gm daily)
<i>mometasone furoate SOLN</i>	1B	QL(5 ml daily)
<i>prednicarbate OINT</i>	1B	
<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1B	QL(5 gm daily)
<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1B	QL(15.15 gm daily)
<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1B	QL(3.34 gm daily)
<i>triamcinolone acetonide (topical) LOTN 0.025 %</i>	1B	
<i>triamcinolone acetonide (topical) LOTN 0.1 %</i>	1B	QL(6 ml daily)
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1B	QL(15.15 gm daily)
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 gm daily)
<b>Eczema Agents</b>		
DUPIXENT SOPN 200 MG/1.14ML	4	QL(0.082 ml daily); PA
DUPIXENT SOPN 300 MG/2ML	4	QL(0.29 ml daily); PA
DUPIXENT SOSY 100 MG/0.67ML	4	QL(0.048 ml daily); PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ml daily); PA
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ml daily); PA
<b>Emollients</b>		
<i>lactic acid (ammonium lactate) CREA</i>	1B	QL(12.9 gm daily); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1B	RX/OTC
<b>Enzymes - Topical</b>		
SANTYL OINT	3	PA

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Drug Name	Drug Tier	Requirements/Limits
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1B	QL(12 ea per fill retail; 12 per fill mail)
Immunosuppressive Agents - Topical		
<i>pimecrolimus</i>	1B	QL(3 gm daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT</i>	1B	AL(At least 2 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox SOLN</i>	1B	
Local Anesthetics - Topical		
<i>lidocaine hcl GEL 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl PRSY</i>	1B	QL(4 ml daily)
<i>lidocaine hcl SOLN</i>	1B	QL(10 ml daily)
<i>lidocaine-prilocaine CREA</i>	1B	QL(1 gm daily)
<i>lidocaine PTCH 5 %</i>	1B	PA
SYNERA PTCH	3	QL(10 ea per fill retail; 10 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 gm daily); PA
Rosacea Agents		
<i>azelaic acid GEL</i>	1B	QL(1.67 gm daily)
<i>brimonidine tartrate (topical)</i>	3	QL(1 gm daily); PA
<i>metronidazole (topical) CREA</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) GEL 1 %</i>	1B	QL(5 gm daily)
<i>metronidazole (topical) GEL 0.75 %</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) LOTN</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	1B	PA
<i>ivermectin (pediculicide)</i>	1B	PA; RX/OTC
<i>malathion</i>	1B	
<i>permethrin CREA</i>	1B	
<i>permethrin LIQD EX</i>	1B	
<i>spinosad</i>	1B	PA
Wound Care Products		
REGRANEX	3	QL(0.5 gm daily)
<b>DIAGNOSTIC PRODUCTS</b>		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC	3	QL(0.035 ea daily)
THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
Diagnostic Tests		
CHEMSTRIP-K STRP	1B	#
FORA GTEL BLOOD KETONE TEST STRIPS	1B	#
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	1B	#
GOJJI BLOOD KETONE TEST STRIPS	1B	#
KETONE TEST STRIPS STRP	1B	#
KETONE STRP	1B	#
KETOSTIX STRP	1B	#
NOVA MAX PLUS KETONE TESTSTRIPS	1B	#
PRECISION XTRA	1B	#
RELION KETONE TEST STRIPS STRP	1B	#

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Drug Name	Drug Tier	Requirements/Limits
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1B	#, QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1B	#, QL(3.34 ea daily); RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	1B	#, QL(3.34 ea daily); RX/OTC

### DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes

Digestive Enzymes		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	Non-FDA approved uses require Prior Authorization
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2	

### DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

Carbonic Anhydrase Inhibitors		
<i>acetazolamide sodium</i>	1B	
<i>acetazolamide CP12</i>	1B	QL(2 ea daily)
<i>acetazolamide TABS 250 MG</i>	1B	QL(4 ea daily)
<i>acetazolamide TABS 125 MG</i>	1B	QL(8 ea daily)
<i>dichlorphenamide</i>	4	QL(4 ea daily); PA
<i>methazolamide TABS</i>	1B	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Diuretic Combinations		
<i>amiloride &amp; hydrochlorothiazide</i>	1B	
<i>spironolactone &amp; hydrochlorothiazide</i>	1B	
<i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1B	
<i>triamterene &amp; hydrochlorothiazide TABS</i>	1B	
Loop Diuretics		
<i>bumetanide SOLN 0.25 MG/ML</i>	1B	
<i>bumetanide TABS</i>	1B	QL(5 ea daily)
<i>ethacrynic acid</i>	1B	QL(16 ea daily)
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1B	
<i>furosemide TABS</i>	1B	
<i>torseamide TABS</i>	1B	
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1B	
<i>spironolactone TABS</i>	1B	
<i>triamterene CAPS</i>	1B	QL(3 ea daily)
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1B	
DIURIL SUSP	2	QL(20 ml daily)
<i>hydrochlorothiazide CAPS</i>	1B	QL(2 ea daily)
<i>hydrochlorothiazide TABS 12.5 MG</i>	1B	QL(2 ea daily)
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1A	QL(2 ea daily)
<i>indapamide TABS 1.25 MG</i>	1B	QL(1 ea daily)
<i>indapamide TABS 2.5 MG</i>	1B	QL(2 ea daily)
<i>metolazone</i>	1B	QL(2 ea daily)

### ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate

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Drug Name	Drug Tier	Requirements/Limits
<b>Hormones</b>		
<b>Bone Density Regulators</b>		
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1B	QL(0.143 ea daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1B	QL(1 ea daily)
<i>calcitonin (salmon) NA</i>	1B	QL(0.14 ml daily)
FOSAMAX PLUS D	3	QL(0.143 ea daily); PA
<i>ibandronate sodium SOLN</i>	4	SP; PA
<i>ibandronate sodium TABS</i>	1B	QL(0.036 ea daily)
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	4	SP; PA
PAMIDRONATE DISODIUM SOLN	4	SP; PA
PROLIA SOSY	4	1 max fill(s) per 180 day(s) retail; SP; PA
<i>risedronate sodium TABS 150 MG</i>	1B	QL(0.036 ea daily); PA
<i>risedronate sodium TABS 35 MG</i>	1B	QL(0.143 ea daily); PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1B	QL(1 ea daily); PA
<i>risedronate sodium TBEC</i>	1B	PA
<i>teriparatide (recombinant) SOPN</i>	4	QL(0.09 ml daily); SP; PA
TYMLOS	4	PA
XGEVA SOLN	4	SP; PA
<i>zoledronic acid CONC</i>	4	SP; PA
<i>zoledronic acid SOLN</i>	4	SP; PA
<b>Corticotropin</b>		
ACTHAR GEL	3	PA
<b>Fertility Regulators</b>		
CHORIONIC GONADOTROPIN IM	4	PA
<i>clomiphene citrate TABS</i>	3	PA

Drug Name	Drug Tier	Requirements/Limits
<b>GnRH/LHRH Antagonists</b>		
<i>ganirelix acetate</i>	4	PA
ORLISSA	2	PA
<b>Growth Hormone Releasing Hormones (GHRH)</b>		
EGRIFTA 2 MG	4	PA
EGRIFTA SV	4	PA
<b>Growth Hormones</b>		
GENOTROPIN MINIQUICK PRSY	4	PA
GENOTROPIN CART SC	4	PA
HUMATROPE CART IJ	4	SP; PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
ZORBTIVE SC	4	SP; PA
<b>Hormone Receptor Modulators</b>		
OSPHENA	3	PA
<i>raloxifene hcl</i>	0	QL(1 ea daily)
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX	4	SP; PA
<b>LHRH/GnRH Agonist Analog Pituitary Suppressants</b>		
FENSOLVI SC	4	SP; PA
LUPRON DEPOT-PED (1-MONTH)	4	SP; PA
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP; PA
SYNAREL	4	SP; PA
<b>Metabolic Modifiers</b>		
ALDURAZYME	4	SP; PA
<i>betaine</i>	4	SP; PA
<i>calcitriol CAPS</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol SOLN IV</i>	1B	
<i>cinacalcet hcl</i>	4	QL(4 ea daily); SP; PA
<i>doxercalciferol CAPS</i>	1B	
<i>doxercalciferol SOLN</i>	1B	
ELAPRASE	4	SP; PA
LUMIZYME	4	SP; PA
MYALEPT	4	PA
<i>nitisinone CAPS</i>	4	PA
<i>paricalcitol CAPS</i>	1B	
<i>paricalcitol SOLN</i>	1B	
PHEBURANE PLLT	4	PA
<i>sapropterin dihydrochloride PACK</i>	4	PA
<i>sapropterin dihydrochloride TABS</i>	4	PA
<i>sodium phenylbutyrate POWD</i>	1B	PA
<i>sodium phenylbutyrate TABS</i>	1B	PA
STRENSIQ	4	PA
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1B	
<i>desmopressin acetate spray refrigerated</i>	1B	
<i>desmopressin acetate SOLN IJ</i>	1B	PA
DESMOPRESSIN ACETATE SOLN NA	4	SP; PA
<i>desmopressin acetate TABS 0.2 MG</i>	1B	QL(8 ea daily)
<i>desmopressin acetate TABS 0.1 MG</i>	1B	QL(6 ea daily)
STIMATE SOLN NA	4	SP; PA
Prolactin Inhibitors		
<i>cabergoline</i>	1B	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	4	SP; PA
<i>tolvaptan TABS</i>	4	QL(2 ea daily); SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG ( <i>estradiol &amp; norethindrone acetate</i> )	3	
ANGELIQ	3	
BIJUVA	3	
CLIMARA PRO	3	
COMBIPATCH PTTW	3	
DUAVEE	3	
<i>esterified estrogens &amp; methyltestosterone</i>	3	
<i>estradiol &amp; norethindrone acetate TABS</i>	3	
<i>norethindrone acetate-ethinyl estradiol</i>	1B	
PREFEST	3	
PREMPHASE	2	
PREMPRO	2	QL(1 ea daily)
Estrogens		
DEPO-ESTRADIOL	3	
ELESTRIN GEL	3	
<i>estradiol valerate</i>	1B	
<i>estradiol GEL 0.06 %</i>	3	
<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM</i>	1B	
<i>estradiol PTTW</i>	1B	QL(0.286 ea daily)
<i>estradiol PTWK</i>	1B	
<i>estradiol TABS</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
ESTROGEL GEL (estradiol)	3	
EVAMIST SOLN	3	
MENEST	3	
MENOSTAR PTWK	3	
PREMARIN SOLR	2	
PREMARIN TABS	2	QL(1 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
Fluoroquinolones		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
ciprofloxacin hcl TABS	1B	
ciprofloxacin in d5w 5 %-200 MG/100ML	3	
ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	1B	2 max fill(s) per 30 day(s) retail
levofloxacin in d5w 5 %-500 MG/100ML	1B	
levofloxacin SOLN OR	1B	
levofloxacin TABS 250 MG, 750 MG	1B	
levofloxacin TABS 500 MG	1A	
moxifloxacin hcl in sodium chloride	1B	
moxifloxacin hcl TABS	1B	
ofloxacin 300 MG, 400 MG	1B	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
Bile Acid Synthesis Disorder Agents		
CHOLBAM	4	SP; PA
Gallstone Solubilizing Agents		
ursodiol CAPS	1B	QL(3 ea daily)
ursodiol TABS	1B	
Gastrointestinal Chloride Channel Activators		

Drug Name	Drug Tier	Requirements/Limits
lubiprostone	1B	QL(2 ea daily)
Gastrointestinal Stimulants		
metoclopramide hcl SOLN IJ 5 MG/ML	1B	
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	1B	QL(60 ml daily)
metoclopramide hcl TABS	1A	QL(6 ea daily)
Inflammatory Bowel Agents		
balsalazide disodium CAPS	1B	QL(9 ea daily)
DIPENTUM	2	
INFLECTRA SOLR	4	PA
mesalamine CP24	1B	
mesalamine CPDR	1B	
mesalamine ENEM	3	
mesalamine SUPP	3	
mesalamine TBEC 1.2 GM	3	
mesalamine TBEC 800 MG	3	QL(6 ea daily)
RENFLEXIS	4	PA
SKYRIZI SOCT	4	QL(0.043 ml daily); PA
SKYRIZI SOLN	4	QL(0.36 ml daily); PA
STELARA 130 MG/26ML	4	QL(3.47 ml daily); PA
sulfasalazine TABS	1B	
sulfasalazine TBEC	1B	
Intestinal Acidifiers		
lactulose (encephalopathy)	1B	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	1B	QL(2 ea daily)
LINZESS	2	QL(1 ea daily)
Peripheral Opioid Receptor Antagonists		
alvimopan	1B	

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Drug Name	Drug Tier	Requirements/Limits
MOVANTIK	3	QL(1 ea daily); PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	1B	
<i>calcium acetate (phosphate binder) TABS</i>	1B	RX/OTC
<i>lanthanum carbonate CHEW</i>	1B	
<i>sevelamer carbonate PACK</i>	1B	
<i>sevelamer carbonate TABS</i>	1B	
VELPHORO	3	PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	1B	
<i>sodium citrate &amp; citric acid</i>	1B	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid 0.25 %</i>	1B	
<i>glycine (gu irrigant) SOLN 1.5 %</i>	1B	
<i>sodium chloride (gu irrigant) 0.9 %</i>	1B	
SORBITOL 3 %	1B	
SORBITOL/MANNITOL IRRIGATION	1B	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1B	QL(1 ea daily)
<i>dutasteride</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride-tamsulosin hcl</i>	3	PA
<i>finasteride</i>	1B	5 mg only
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	1B	
Urinary Stone Agents		
THIOLA EC TBEC 300 MG ( <i>tiopronin</i> )	3	QL(10 ea daily); PA
THIOLA EC TBEC 100 MG ( <i>tiopronin</i> )	3	QL(3 ea daily); PA
<i>tiopronin TBEC 300 MG</i>	3	QL(10 ea daily); PA
<i>tiopronin TBEC 100 MG</i>	3	QL(3 ea daily); PA
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1B	
Gout Agents		
<i>allopurinol</i>	1B	
<i>colchicine TABS</i>	1B	QL(1 ea daily)
<i>febuxostat</i>	1B	QL(1 ea daily); PA
Uricosurics		
<i>probenecid</i>	1B	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	PA
AFSTYLA	4	PA
ALPROLIX	4	PA
ALTUVIIIIO	4	PA
BENEFIX KIT	4	PA
ELOCTATE	4	PA

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Drug Name	Drug Tier	Requirements/Limits
ESPEROCT	4	PA
IDELVION	4	PA
JIVI	4	PA
KOGENATE FS KIT	4	PA
KOVALTRY	4	PA
NOVOEIGHT	4	PA
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOLN</i>	4	QL(9 ml daily); PA
<i>icatibant acetate SOSY</i>	4	QL(9 ml daily); PA
Complement Inhibitors		
GOHIBIC	4	PA
HAEGARDA SOLR SC	4	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	4	QL(2 ea daily); SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1B	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
ORLADEYO	4	PA
TAKHZYRO SOLN	4	PA
TAKHZYRO SOSY	4	PA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	1B	
<i>aspirin-dipyridamole</i>	1B	QL(2 ea daily); PA
BRILINTA	2	QL(2 ea daily)
<i>cilostazol</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 ea daily)
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>dipyridamole</i>	1B	
<i>prasugrel hcl</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZONTIVITY	3	PA
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 ea daily); PA
CEREZYME 400 UNIT	4	SP; PA
<i>miglustat</i>	4	QL(3 ea daily); SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1B	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid TABS</i>	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP; PA
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA
DOPTELET	4	QL(3 ea daily); PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
LEUKINE SOLR IJ	4	SP; PA
MIRCERA	4	PA
MULPLETA	4	QL(1 ea daily); PA
NYVEPRIA	4	PA

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 40000 UNIT/ML	4	SP; PA
PROMACTA PACK	4	QL(1 ea daily); PA
PROMACTA TABS	4	QL(1 ea daily); PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid</i>	1B	QL(1 ea daily)
Iron		
<i>ferrous sulfate SOLN 15 MG/ML</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	0	
<i>ferrous sulfate TBEC 325 MG</i>	0	
Stem Cell Mobilizers		
<i>plerixafor</i>	4	SP; PA
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
Hemostatics - Systemic		
<i>aminocaproic acid TABS</i>	1B	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
<i>tranexamic acid TABS</i>	1B	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		

Drug Name	Drug Tier	Requirements/Limits
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1B	
<i>phenobarbital TABS</i>	1B	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1B	QL(1 ea daily); PA
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1B	
<i>eszopiclone</i>	1B	QL(1 ea daily); AL(At least 18 yrs old); ST
<i>flurazepam hcl</i>	1B	PA
<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 ea daily)
<i>temazepam 7.5 MG, 22.5 MG</i>	1B	QL(1 ea daily)
<i>triazolam</i>	1B	
<i>zaleplon 10 MG</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon 5 MG</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TABS</i>	1A	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TBCR</i>	1B	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	3	PA
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
<b>LAXATIVES - Bowel Treatment Drugs</b>		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	1B	
Laxative Combinations		

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Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	1B	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	0	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1B	PA
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1B	
<b>Laxatives - Miscellaneous</b>		
<i>lactulose SOLN</i>	1B	
<b>Saline Laxatives</b>		
OSMOPREP	3	PA
<b>Stimulant Laxatives</b>		
<i>bisacodyl SUPP</i>	1A	
<i>bisacodyl TBEC</i>	1A	
<b>Surfactant Laxatives</b>		
<i>docusate calcium</i>	1A	QL(1 ea daily)
<i>docusate sodium CAPS 250 MG</i>	1A	
<i>docusate sodium CAPS 100 MG</i>	1A	QL(4 ea daily)
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		
<b>Local Anesthetics - Amides</b>		
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i>	1B	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
<i>azithromycin PACK</i>	1B	
<i>azithromycin SOLR</i>	1B	
<i>azithromycin SUSR</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin TABS 500 MG</i>	1B	QL(4 ea per fill retail; 4 per fill mail)
<i>azithromycin TABS 600 MG</i>	1B	QL(0.286 ea daily)
<i>azithromycin TABS 250 MG</i>	1B	QL(6 ea per fill retail; 6 per fill mail)
<b>Clarithromycin</b>		
<i>clarithromycin SUSR</i>	1B	
<i>clarithromycin TABS</i>	1B	
<i>clarithromycin TB24</i>	1B	
<b>Erythromycins</b>		
<i>erythromycin base CPEP</i>	3	
<i>erythromycin base TABS</i>	3	
<i>erythromycin base TBEC</i>	1B	
<i>erythromycin ethylsuccinate SUSR</i>	1B	
<i>erythromycin ethylsuccinate TABS</i>	3	
<b>Fidaxomicin</b>		
DIFICID TABS	2	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Contraceptives</b>		
AIMSCO LUBRICATED MISC	0	
CAYA DPRH	0	
DUREX EXTRA SENSITIVE THIN DEVI	0	
DUREX EXTRA SENSITIVE THIN MISC	0	
DUREX TROPICAL MISC	0	
FANTASY LUBRICATED/SPERMICI DE MISC	0	
FANTASY LUBRICATED MISC	0	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FC2 FEMALE CONDOM	0	QL(12 ea per fill retail; 12 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail	OMNIFLEX DIAPHRAGM	0	
			REALITY LATEX CONDOMS/LUBRICATED MISC	0	
			REALITY LATEX/ULTRA TEXTURED DEVI	0	
FEMCAP DEVI	0		REALITY LATEX/ULTRA THIN DEVI	0	
KAMELEON LUBRICATED MISC	0		TRUE COVER DEVI	0	
KIMONO COLORS DEVI	0		TRUSTEX COLOR CONDOMS + LUBE MISC	0	
KIMONO LUBRICATED MISC	0		TRUSTEX LUBRICATED EXTRALARGE MISC	0	
KIMONO MAXX/LARGE FLARE MISC	0		TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0		TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC	0	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0		TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0		TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	
KIMONO PS LUBRICATED MISC	0		TRUSTEX LUBRICATED/SPERMICIDE MISC	0	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0		TRUSTEX LUBRICATED MISC	0	
KIMONO SENSATION LUBRICATED MISC	0		TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0		TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED MISC	0	
KIMONO SPECIAL DEVI	0		TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0		TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	
K-Y ME & YOU INTENSE DEVI	0				
MAXX LUBRICATED MISC	0				
MAXX PLUS SPERMICIDE LUBRICATED MISC	0				

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Drug Name	Drug Tier	Requirements/Limits
TRUSTEX/RIA LUBRICATED MISC	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	0	
<b>Diabetic Supplies</b>		
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	3	PA
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	3	PA
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	3	PA

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH DELICA SAFETY LANCING DEVICE	1B	#, RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	1B	#, RX/OTC
RELION 2-IN-1 LANCET DEVICES 30G	1B	#, RX/OTC
RELION 2-IN-1 LANCING DEVICE 25G	1B	#, RX/OTC
RELION 2-IN-1 LANCING DEVICE 30G	1B	#, RX/OTC
SELECT LANCETS	1B	6.66/day
SELECT LANCETS	1	6.66/day
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B	#
<b>Parenteral Therapy Supplies</b>		
SELECT INSULIN SYRINGES	1B	5/day
SELECT INSULIN SYRINGES	1	5/day
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antag</b>		
AIMOVIG	2	QL(0.04 ml daily); PA
EMGALITY SOAJ	2	QL(0.07 ml daily); PA
EMGALITY SOSY 100 MG/ML	2	QL(0.1 ml daily); PA
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily); PA
UBRELVY	3	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail); ST
<b>Migraine Combinations</b>		
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan-naproxen sodium</i>	3	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)
<b>Migraine Products</b>		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ml daily)
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B	
ERGOMAR SUBL	3	QL(0.667 ea daily)
<b>Serotonin Agonists</b>		
<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 ea daily); AL(At least 12 yrs old); ST
<i>eletriptan hydrobromide</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old); ST
<i>frovatriptan succinate</i>	1B	QL(0.4 ea daily); AL(At least 18 yrs old); ST
<i>naratriptan hcl</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate TABS</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>zolmitriptan SOLN</i>	1B	QL(0.2 ea daily); AL(At least 12 yrs old); ST
<i>zolmitriptan TABS</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
<i>zolmitriptan TBDP</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Bicarbonates</b>		
<i>sodium acetate SOLN</i>	1B	
SODIUM ACETATE SOLN ( <i>sodium acetate</i> )	1B	
<b>Calcium</b>		
<i>calcium chloride (dihydrate) SOLN</i>	1B	
<b>Electrolyte Mixtures</b>		
<i>dextrose in lactated ringers</i>	1B	
<i>electrolyte-148</i>	1B	
<i>electrolyte-a</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IONOSOL-MB/DEXTROSE 5%	1B		<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	0	QL(1 ea daily)
ISOLYTE-P/DEXTROSE 5%	1B		<b>Magnesium</b>		
ISOLYTE-S	1B		<i>magnesium sulfate IJ 50 %</i>	1B	
KCL 0.3%/D5W/NACL 0.9% ( <i>potassium chloride in dextrose &amp; sodium chloride</i> )	1B		<b>Phosphate</b>		
<i>lactated ringer's</i>	1B		<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	1B	
NORMOSOL-M/D5W	1B		<b>Potassium</b>		
NORMOSOL-R	1B		<i>potassium acetate SOLN 2 MEQ/ML</i>	1B	
PLASMA-LYTE A ( <i>electrolyte-a</i> )	1B		<i>potassium bicarbonate TBEF</i>	1B	
PLASMA-LYTE-148 ( <i>electrolyte-148</i> )	1B		<i>potassium chloride microencapsulated crystals er</i>	1B	
<i>potassium chloride in dextrose 5 %-20 MEQ/L</i>	1B		<i>potassium chloride CPCR</i>	1B	
<i>potassium chloride in dextrose &amp; sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	1B		<i>potassium chloride PACK OR 20 MEQ</i>	1B	PA
<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	1B		<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1B		POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML ( <i>potassium chloride</i> )	1B	
POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % ( <i>potassium chloride in nacl</i> )	1B		<i>potassium chloride TBCR</i>	1B	
<i>ringer's</i>	1B		<b>Sodium</b>		
Fluoride			<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B	
			<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
			<b>Chelating Agents</b>		
			<i>penicillamine CAPS</i>	1B	PA
			<i>penicillamine TABS</i>	1B	QL(8 ea daily)
			<i>trientine hcl 250 MG</i>	4	QL(8 ea daily); SP; PA
			<b>Immunomodulators</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide 20 MG</i>	4	QL(1 ea daily); PA	<i>irrigation solutions, physiological</i>	1B	
<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily); SP; PA	<i>lactated ringer's (irrigation)</i>	1B	
THALOMID	4	QL(3 ea daily); SP; PA	<i>ringer's irrigation</i>	1B	
Immunosuppressive Agents			<i>water for irrigation, sterile</i>	1B	
ATGAM	4	SP; PA	Potassium Removing Agents		
AZATHIOPRINE	1B		LOKELMA	3	QL(1 ea daily); PA
<i>azathioprine TABS</i>	1B		<i>sodium polystyrene sulfonate POWD</i>	1B	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1B		<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	1B	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1B		<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cyclosporine CAPS</i>	1B		Anesthetics Topical Oral		
<i>cyclosporine SOLN IV 50 MG/ML</i>	1B		<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ml daily)
ENSPRYNG	4	PA	<i>lidocaine hcl (mouth-throat) 4 %</i>	1B	
<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 ea daily); PA	Anti-infectives - Throat		
<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 ea daily); SP; PA	<i>clotrimazole</i>	1B	
<i>mycophenolate mofetil CAPS</i>	1B		<i>nystatin (mouth-throat)</i>	1B	
<i>mycophenolate mofetil TABS</i>	1B		Antiseptics - Mouth/Throat		
<i>mycophenolate sodium</i>	1B		<i>chlorhexidine gluconate (mouth-throat)</i>	1B	
NULOJIX	4	SP; PA	DEBACTEROL	2	
PROGRAF PACK	2	PA	Dental Products		
PROGRAF SOLN	2		<i>stannous fluoride CONC</i>	0	RX/OTC
SIMULECT	3		Steroids - Mouth/Throat/Dental		
<i>sirolimus TABS</i>	1B		<i>triamcinolone acetonide (mouth)</i>	1B	
<i>tacrolimus CAPS</i>	1B		Throat Products - Misc.		
THYMOGLOBULIN	4	SP; PA	<i>cevimeline hcl</i>	1B	
Irrigation Solutions			<i>pilocarpine hcl (oral)</i>	1B	
<b>MULTIVITAMINS</b>					
Ped MV w/ Fluoride					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pediatric multivitamins w/fl CHEW</i>	1A	RX/OTC	PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
Prenatal Vitamins			PRENATAL PLUS VITAMIN AND MINERAL TABS	2	QL(1 ea daily); RX/OTC
CLASSIC PRENATAL TABS	2	QL(1 ea daily)	PRENATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	2	QL(1 ea daily)	PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)	PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
GNP PRENATAL TABS	2	QL(1 ea daily)	PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)	PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 ea daily)
MASONATAL TABS	2	QL(1 ea daily)	PRENATAL VITAMIN TABS	2	QL(1 ea daily)
M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC	PRENATAL TABS	2	QL(1 ea daily)
MULTI PRENATAL TABS	2	QL(1 ea daily)	PRENATRIX TABS	2	QL(1 ea daily); RX/OTC
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	QL(1 ea daily); RX/OTC	PRENATRYL TABS	2	QL(1 ea daily); RX/OTC
NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC	PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
NEONATAL PRENATAL VITAMIN TABS	2	QL(1 ea daily)	QC PRENATAL TABS	2	QL(1 ea daily)
NEONATAL VITAMIN TABS	2	QL(1 ea daily)	RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC	RA PRENATAL TABS	2	QL(1 ea daily)
ONE VITE WOMENS PRENATAL VITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC	SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
ONE VITE WOMENS PRENATAL VITAMIN TABS	2	QL(1 ea daily)	THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)	TRICARE TABS	2	QL(1 ea daily); RX/OTC
			VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
			WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC
<b>MUSCULOSKELETAL THERAPY AGENTS -</b>					

Drug Name	Drug Tier	Requirements/Limits
<b>Drugs to Treat Spasms</b>		
Central Muscle Relaxants		
<i>baclofen TABS 10 MG, 20 MG</i>	1B	
<i>carisoprodol TABS</i>	1B	
<i>chlorzoxazone TABS 500 MG</i>	1B	QL(6 ea daily)
<i>chlorzoxazone TABS 750 MG</i>	1B	QL(4 ea daily)
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1A	QL(3 ea daily)
<i>metaxalone 800 MG</i>	1B	QL(4 ea daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	1B	
<i>orphenadrine citrate TB12</i>	1B	QL(2 ea daily)
<i>tizanidine hcl CAPS</i>	1B	
<i>tizanidine hcl TABS</i>	1B	
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1B	QL(4 ea daily)
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
Nasal Antiallergy		
<i>azelastine hcl</i>	1B	RX/OTC
<i>olopatadine hcl (nasal)</i>	1B	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.03 %</i>	1B	QL(1 ml daily)
<i>ipratropium bromide (nasal) 0.06 %</i>	1B	
Nasal Steroids		
<i>budesonide (nasal)</i>	1B	
<i>flunisolide (nasal) 0.025 %</i>	1B	1 package(s) per fill retail
<i>fluticasone propionate (nasal) SUSP</i>	1B	Limit 2 inhalers per month; QL(32 ml per 30 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate (nasal) SUSP</i>	1B	QL(1.14 gm daily); PA; RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1B	
XHANCE EXHU	3	PA
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
ALS Agents		
<i>riluzole TABS</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
XEOMIN	3	PA
Nondepolarizing Muscle Relaxants		
<i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i>	3	PA
<b>NUTRIENTS</b>		
Proteins		
CLINIMIX 4.25%/DEXTROSE 10%	3	
CLINIMIX 4.25%/DEXTROSE 5%	3	
CLINIMIX E 5%/DEXTROSE 20%	3	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	1B	
<i>brimonidine tartrate-timolol maleate</i>	1B	
<i>carteolol hcl (ophth)</i>	1B	
<i>dorzolamide hcl-timolol maleate</i>	1B	
<i>levobunolol hcl 0.5 %</i>	1B	
<i>timolol maleate (ophth) SOLG</i>	1B	
<i>timolol maleate (ophth) SOLN</i>	1B	
Cycloplegic Mydriatics		

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Drug Name	Drug Tier	Requirements/Limits
<i>tropicamide SOLN 0.5 %</i>	1B	QL(2.5 ml daily)
<i>tropicamide SOLN 1 %</i>	1B	
<b>Miotics</b>		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1B	
<b>Ophthalmic Adrenergic Agents</b>		
<i>apraclonidine hcl</i>	1B	
<i>brimonidine tartrate 0.15 %, 0.2 %</i>	1B	
IOPIDINE	3	
<b>Ophthalmic Anti-infectives</b>		
<i>bacitracin (ophthalmic)</i>	3	
BESIVANCE	3	PA
<i>ciprofloxacin hcl (ophth) SOLN</i>	1B	
<i>erythromycin (ophth)</i>	1B	
<i>gatifloxacin (ophth)</i>	1B	
<i>gentamicin sulfate (ophth) OINT</i>	1B	
<i>gentamicin sulfate (ophth) SOLN</i>	1B	
<i>levofloxacin (ophth) 0.5 %</i>	1B	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1B	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1B	
<i>ofloxacin (ophth)</i>	1B	
<i>polymyxin b-trimethoprim</i>	1B	
<i>sulfacetamide sodium (ophth) SOLN</i>	1B	
<i>tobramycin (ophth) SOLN</i>	1B	
<i>trifluridine</i>	1B	
ZIRGAN GEL	2	
<b>Ophthalmic Immunomodulators</b>		
<i>cyclosporine (ophth) EMUL</i>	3	PA

Drug Name	Drug Tier	Requirements/Limits
<b>Ophthalmic Local Anesthetics</b>		
<i>proparacaine hcl</i>	1B	
<b>Ophthalmic Steroids</b>		
ALREX SUSP ( <i>loteprednol etabonate</i> )	3	PA
<i>dexamethasone sodium phosphate (ophth)</i>	1B	QL(0.4 ml daily)
<i>difluprednate</i>	1B	PA
<i>fluorometholone (ophth) SUSP</i>	1B	
FML FORTE SUSP	3	PA
FML OINT	3	PA
LOTEMAX OINT	3	PA
<i>loteprednol etabonate GEL</i>	1B	PA
<i>loteprednol etabonate SUSP</i>	1B	PA
MAXIDEX SUSP OP	3	PA
<i>neomycin-polymy-dexameth OINT</i>	1B	
<i>neomycin-polymy-dexameth SUSP</i>	1B	
<i>neomycin-polymyxin-hc (ophth)</i>	1B	QL(2.5 ml daily)
PRED MILD	3	PA
PRED-G SUSP	3	PA
<i>prednisolone acetate (ophth)</i>	1B	
PREDNISOLONE SODIUM PHOSPHATE	3	
<i>sulfacetamide sod-prednisolone SOLN</i>	3	PA
<i>tobramycin-dexamethasone SUSP</i>	1B	
ZYLET	3	PA
<b>Ophthalmic Surgical Aids</b>		
HEALON PRO SOSY	3	PA
PROVISC SOSY	3	PA
<b>Ophthalmics - Misc.</b>		

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Drug Name	Drug Tier	Requirements/Limits
ALOCRIIL	3	PA
ALOMIDE	3	PA
<i>azelastine hcl (ophth)</i>	1B	
<i>bepotastine besilate</i>	3	PA
<i>brinzolamide</i>	1B	
<i>bromfenac sodium (ophth)</i>	1B	
<i>cromolyn sodium (ophth)</i>	1B	
CYSTARAN	2	QL(2.143 ml daily); PA
<i>diclofenac sodium (ophth)</i>	1B	
<i>dorzolamide hcl</i>	1B	
<i>epinastine hcl (ophth)</i>	1B	
<i>flurbiprofen sodium</i>	1B	
<i>ketorolac tromethamine (ophth)</i>	1B	
<i>ketotifen fumarate (ophth) 0.035 %</i>	1B	
LASTACAFT	3	PA
NEVANAC	3	QL(0.2 ml daily); ST
<i>olopatadine hcl 0.1 %</i>	1B	QL(0.34 ml daily); RX/OTC
<i>olopatadine hcl 0.2 %</i>	1B	RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	3	
<i>latanoprost SOLN</i>	1B	
<i>tafluprost</i>	1B	
<i>travoprost SOLN</i>	1B	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1B	QL(0.5 ml daily)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1B	
<i>ofloxacin (otic)</i>	1B	
Otic Combinations		
<i>ciprofloxacin-dexamethasone</i>	1B	PA

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-fluocinolone acetamide</i>	1B	QL(0.5 ea daily); PA
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1B	QL(2 ml daily)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1B	
Otic Steroids		
<i>fluocinolone acetamide (otic)</i>	1B	
<i>hydrocortisone w/acetic acid</i>	1B	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
Immune Serums		
GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMMAGARD LIQUID 30 GM/300ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMUNEX-C	4	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1A	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1B	
<i>amoxicillin SUSR 125 MG/5ML</i>	1A	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<i>amoxicillin TABS</i>	1B	
<i>ampicillin sodium IJ 1 GM</i>	1B	
<i>ampicillin CAPS 500 MG</i>	1B	
<b>Natural Penicillins</b>		
<i>penicillin g potassium 5000000 UNIT</i>	1B	
<b>PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML</b>	1B	
<b>PENICILLIN G PROCAINE</b>	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium SOLR</i>	1B	
<i>penicillin v potassium TABS</i>	1B	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate CHEW</i>	1B	
<i>amoxicillin &amp; pot clavulanate SUSR</i>	1B	
<i>amoxicillin &amp; pot clavulanate TABS</i>	1B	
<i>amoxicillin &amp; pot clavulanate TB12</i>	1B	
<i>ampicillin &amp; sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i>	1B	
<i>piperacillin sodium-tazobactam sodium</i>	1B	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium</i>	1B	
<i>nafcillin sodium IV 10 GM</i>	1B	
<i>oxacillin sodium IV 10 GM</i>	1B	
<b>PROGESTINS - Hormone Replacement/Modifying</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Drugs</b>		
<b>Progestins</b>		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	
<i>medroxyprogesterone acetate 10 MG</i>	1A	
<i>megestrol acetate (appetite)</i>	1B	PA
<i>norethindrone acetate TABS</i>	0	
<i>progesterone CAPS</i>	1B	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium</i>	1B	
<i>disulfiram</i>	1B	
<i>lofexidine hcl 0.18 MG</i>	1B	QL(224 ea per 14 day(s) retail); PA
<b>LUCEMYRA 0.18 MG (lofexidine hcl)</b>	3	QL(224 ea per 14 day(s) retail); PA
<b>Antidementia Agents</b>		
<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride TBDP 5 MG</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride TBDP 10 MG</i>	1B	QL(2 ea daily)
<i>galantamine hydrobromide CP24</i>	1B	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1B	QL(6 ml daily)
<i>galantamine hydrobromide TABS</i>	1B	QL(2 ea daily)
<i>memantine hcl TABS</i>	1B	
<i>memantine hcl TABS</i>	1B	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate CAPS</i>	1B	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	1B	
<i>perphenazine-amitriptyline</i>	1B	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA
SAVELLA TABS	2	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
AUSTEDO PATIENT TITRATION KIT TBPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
AUSTEDO XR PATIENT TITRATION KIT TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
AUSTEDO XR TB24	4	QL(1 ea daily); PA
AUSTEDO TABS	4	QL(4 ea daily); PA
INGREZZA CAPS	4	QL(1 ea daily); PA
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; PA
INGREZZA CPSP	4	QL(1 ea daily); PA
<i>tetrabenazine</i>	4	QL(3 ea daily); SP; PA
Multiple Sclerosis Agents		
AVONEX PEN AJKT	4	QL(0.0714 ml daily); SP; PA
AVONEX PSKT	4	QL(0.0714 ml daily); SP; PA
BETASERON KIT	4	QL(0.5 ea daily); SP; PA
<i>dalfampridine</i>	4	QL(2 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate CDPK</i>	1B	QL(2 ea daily)
<i>dimethyl fumarate CPDR</i>	1B	QL(2 ea daily)
<i> fingolimod hcl</i>	4	QL(1 ea daily)
<i>glatiramer acetate SOSY 20 MG/ML</i>	4	QL(1 ml daily)
<i>glatiramer acetate SOSY 40 MG/ML</i>	4	QL(0.43 ml daily)
LEMTRADA	4	QL(1.2 ml daily); PA
PLEGRIDY STARTER PACK SOPN	4	QL(0.036 ml daily); PA
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily); PA
PLEGRIDY SOPN	4	QL(0.036 ml daily); PA
PLEGRIDY SOSY SC	4	QL(0.036 ml daily); PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ml daily); SP; PA
REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF SOSY	4	QL(0.214 ml daily); SP; PA
<i>teriflunomide</i>	4	QL(1 ea daily)
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 ea daily); PA
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 ea daily); PA
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	3	QL(2 ea daily); PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1B	
<i>pimozide</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<b>Smoking Deterrents</b>		
<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 ea daily)
<i>nicotine polacrilex GUM</i>	0	
<i>nicotine polacrilex LOZG</i>	0	
NICOTINE TRANSDERMAL SYSTEM KIT	0	
<i>nicotine MISC XX</i>	0	QL(1 ea daily)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 ea daily)
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
<i>varenicline tartrate TABS</i>	0	QL(2 ea daily)
<i>varenicline tartrate TBPK</i>	0	
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 ea daily); SP; PA
ORKAMBI PACK	4	QL(2 ea daily); PA
ORKAMBI TABS	4	QL(4 ea daily); PA
PULMOZYME	4	QL(2.5 ml daily); SP; PA
TRIKAFTA TBPK	4	QL(3 ea daily); PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 ea daily); PA
<i>pirfenidone CAPS</i>	4	QL(1 ea daily); PA
<i>pirfenidone TABS 267 MG, 801 MG</i>	4	QL(1 ea daily); PA
<i>pirfenidone TABS 534 MG</i>	4	QL(3 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
Sulfonamides		
<i>sulfadiazine TABS</i>	1B	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
Fluorocyclines		
XERAVA	4	PA
Glycylcyclines		
<i>tigecycline</i>	1B	
Tetracyclines		
<i>demeclocycline hcl TABS</i>	1B	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) CAPS 75 MG</i>	1B	
<i>doxycycline (monohydrate) TABS 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i>	1B	
<i>doxycycline hyclate CAPS</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate SOLR</i>	1B	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>minocycline hcl CAPS</i>	1B	QL(3 ea daily)
<i>minocycline hcl TABS</i>	1B	QL(3 ea daily)
<i>tetracycline hcl CAPS</i>	1B	QL(8 ea daily)
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
Antithyroid Agents		
<i>methimazole TABS</i>	1B	
<i>propylthiouracil</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<b>Thyroid Hormones</b>		
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2	
ARMOUR THYROID TABS	2	QL(1 ea daily)
<i>levothyroxine sodium</i> TABS	1B	
<i>liothyronine sodium</i> SOLN	1B	
<i>liothyronine sodium</i> TABS	1B	
NP THYROID 120 TABS	1B	QL(1 ea daily)
NP THYROID 15 TABS	1B	QL(1 ea daily)
NP THYROID 30 TABS	1B	QL(1 ea daily)
NP THYROID 60 TABS	1B	QL(1 ea daily)
NP THYROID 90 TABS	1B	QL(1 ea daily)
SYNTHROID TABS ( <i>levothyroxine sodium</i> )	2	
<b>TOXOIDS</b>		
<b>Toxoid Combinations</b>		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
BOOSTRIX SUSY	0	
DAPTACEL	0	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	
INFANRIX	0	
KINRIX SUSY	0	
PEDIARIX SUSY	0	
PENTACEL	0	
QUADRACEL SUSP	0	
QUADRACEL SUSY	0	
TDVAX SUSP	0	
TENIVAC INJ	0	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>and Stomach Conditions</b>		
<b>Antispasmodics</b>		
<i>atropine sulfate</i> SOLN IJ 0.4 MG/ML, 1 MG/ML	1B	
<i>atropine sulfate</i> SOSY IJ 0.25 MG/5ML	1B	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B	
<i>dicyclomine hcl</i> CAPS	1B	
<i>dicyclomine hcl</i> SOLN OR	1B	
<i>dicyclomine hcl</i> TABS	1B	
<i>glycopyrrolate</i> SOLN IJ 0.2 MG/ML, 4 MG/20ML	1B	
<i>glycopyrrolate</i> TABS 2 MG	1B	QL(6 ea daily)
<i>glycopyrrolate</i> TABS 1 MG	1B	
<i>methscopolamine bromide</i>	1B	
<b>H-2 Antagonists</b>		
<i>cimetidine</i> TABS	1B	RX/OTC
<i>famotidine in nacl</i> SOLN	1B	
<i>famotidine</i> SOLN 40 MG/4ML, 200 MG/20ML	1B	
<i>famotidine</i> SOLN 20 MG/2ML	1A	
<i>famotidine</i> SUSR	1B	QL(10 ml daily)
<i>famotidine</i> TABS 20 MG, 40 MG	1B	RX/OTC
<i>nizatidine</i> CAPS	1B	
<i>ranitidine hcl</i> TABS 150 MG	1B	
<b>Misc. Anti-Ulcer</b>		
<i>sucralfate</i> SUSP	1B	QL(40 ml daily)
<i>sucralfate</i> TABS	1B	QL(4 ea daily)
<b>Proton Pump Inhibitors</b>		
<i>dexlansoprazole</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium</i> CPDR 20 MG	1B	QL(2 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium TBEC</i>	1B	QL(2 ea daily)
<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 ea daily); RX/OTC
<i>lansoprazole CPDR 30 MG</i>	1B	
<b>NEXIUM 24HR TBEC (esomeprazole magnesium)</b>	1B	QL(2 ea daily)
<i>omeprazole magnesium CPDR</i>	1B	QL(4 ea daily)
<i>omeprazole CPDR</i>	1B	QL(2 ea daily)
<i>omeprazole TBEC</i>	1B	QL(2 ea daily)
<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 ea daily)
<i>pantoprazole sodium TBEC 40 MG</i>	1B	
<i>rabeprazole sodium TBEC</i>	3	QL(1 ea daily)
<b>Ulcer Drugs - Prostaglandins</b>		
<i>misoprostol</i>	1B	QL(4 ea daily)
<b>Ulcer Therapy Combinations</b>		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1B	14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1B	QL(1 ea daily); RX/OTC
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics (Anticholinergic)</b>		
<i>darifenacin hydrobromide</i>	1B	QL(1 ea daily)
<i>fesoterodine fumarate</i>	1B	QL(1 ea daily); PA
<i>oxybutynin chloride SOLN</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride TABS 5 MG</i>	1B	
<i>oxybutynin chloride TB24</i>	1B	
<i>solifenacin succinate TABS</i>	1B	QL(1 ea daily); PA
<i>tolterodine tartrate CP24</i>	1B	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1B	
<i>tropium chloride CP24</i>	1B	QL(1 ea daily)
<i>tropium chloride TABS</i>	1B	QL(3 ea daily)
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 ea daily)
<i>bethanechol chloride 25 MG</i>	1B	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl</i>	1B	
<b>VACCINES</b>		
<b>Bacterial Vaccines</b>		
ACTHIB SOLR IM	0	
BEXSERO	0	
HIBERIX SOLR IJ	0	
MENACTRA	0	
MENQUADFI	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	
PNEUMOVAX 23	0	
PNEUMOVAX 23/1 DOSE	0	
PREVNAR 13	0	
PREVNAR 20	0	1 max fill(s) per 999 day(s) retail
TRUMENBA	0	
VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail
<b>Viral Vaccines</b>		
ABRYSVO	0	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AFLURIA 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail	FLUAD 2024-2025	0	1 max fill(s) per 180 day(s) retail
AFLURIA 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUAD QUADRIVALENT 2022-2023	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUAD QUADRIVALENT 2023-2024	0	1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUARIX 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUARIX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AFLURIA QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUARIX QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AREXVY	0		FLUBLOK 2024-2025 SOSY	0	1 max fill(s) per 180 day(s) retail
COMIRNATY 2023-24 SUSP	0		FLUBLOK QUADRIVALENT 2022-2023	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
COMIRNATY 2023-24 SUSY	0		FLUBLOK QUADRIVALENT 2023-2024	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
COMIRNATY 2024-25 SUSY 30 MCG/0.3ML	0		FLUCELVAX 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail
COMIRNATY SUSP	0		FLUCELVAX 2024-2025 SUSY	0	1 max fill(s) per 180 day(s) retail
ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail	FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
ENGERIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE PF 2022-2023	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE PF 2023-2024	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLULAVAL 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLULAVAL QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLULAVAL QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUMIST NASAL VACCINE 2024-2025	0	1 max fill(s) per 180 day(s) retail	GARDASIL 9 SUSP	0	3 max fill(s) per 365 day(s) retail
FLUMIST QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	GARDASIL 9 SUSY	0	3 max fill(s) per 365 day(s) retail
FLUZONE 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail	HAVRIX	0	
FLUZONE 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	HEPLISAV-B SOSY	0	2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail
FLUZONE HIGH-DOSE 2024-2025 SUSY	0	1 max fill(s) per 180 day(s) retail	IPOL INACTIVATED IPV	0	
			M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail
			MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	0	
			MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY 25 MCG/0.25ML	0	

Drug Name	Drug Tier	Requirements/Limits
MODERNA COVID-19 VACCINE6MO-5Y SUSP	0	
MODERNA COVID-19 VACCINE SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP 10 MCG/0.3ML	0	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP 3 MCG/0.3ML	0	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE SUSP	0	
PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail
PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
RECOMBIVAX HB SUSP	0	
RECOMBIVAX HB SUSY	0	
ROTARIX SUSP	0	
ROTARIX SUSR	0	
ROTATEQ SOLN	0	

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	0	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	0	
SPIKEVAX COVID-19 VACCINE/2024-25 SUSY 50 MCG/0.5ML	0	
SPIKEVAX COVID-19 VACCINE SUSP	0	
TWINRIX SUSY	0	
VAQTA	0	
VARIVAX INJ	0	2 max fill(s) per 365 day(s) retail

#### VAGINAL AND RELATED PRODUCTS

##### Spermicides

TODAY SPONGE MISC	0	
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##### Vaginal Anti-infectives

<i>clindamycin phosphate vaginal CREA</i>	1B	
<i>clotrimazole vaginal CREA 1 %</i>	1B	
GYNAZOLE-1	3	QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail)
<i>metronidazole vaginal</i>	1B	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal SUPP</i>	1B	

##### Vaginal Anti-inflammatory Agents

<i>hydrocortisone vaginal</i>	1B	QL(15.15 gm daily)
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##### Vaginal Contraceptive - pH Modulators

Drug Name	Drug Tier	Requirements/Limits
PHEXXI	0	PV
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	1B	QL(2 gm daily)
<i>estradiol vaginal TABS</i>	1B	
ESTRING RING	3	
FEMRING	3	
PREMARIN	2	QL(1.5 gm daily)
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	2	QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>	1B	QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
Vasopressors		
<i>midodrine hcl</i>	1B	
<b>VITAMINS</b>		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT</i>	1A	
<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	0	
<i>ergocalciferol CAPS</i>	0	
<i>ergocalciferol SOLN OR</i>	1B	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
Water Soluble Vitamins		

Drug Name	Drug Tier	Requirements/Limits
<i>ascorbic acid SOLN IJ</i>	3	QL(0.4 ml daily)
NIACIN TR TBCR	1B	
<i>niacinamide TABS 100 MG</i>	1B	
<i>niacinamide TABS 500 MG</i>	1A	
<i>niacin CPCR 250 MG, 500 MG</i>	1A	
<i>niacin TABS</i>	1A	
<i>niacin TBCR</i>	1A	

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	BREO ELLIPTA ..... 9	

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ceftazidime IJ 1 GM, 6 GM .....	34	cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT .....	68	citalopram hydrobromide SOLN ...	13
ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG .....	34	cholecalciferol TABS 10 MCG, 400 UNIT .....	68	citalopram hydrobromide TABS 10 MG .....	13
ceftriaxone sodium IJ 250 MG ....	34	cholestyramine light PACK .....	18	citalopram hydrobromide TABS 20 MG .....	13
cefuroxime axetil TABS .....	34	cholestyramine light POWD .....	18	citalopram hydrobromide TABS 40 MG .....	13
cefuroxime sodium IJ 750 MG ....	34	cholestyramine PACK .....	18	clarithromycin SUSR .....	50
celecoxib .....	3	cholestyramine POWD .....	18	clarithromycin TABS .....	50
cephalexin CAPS .....	34	choline fenofibrate .....	19	clarithromycin TB24 .....	50
cephalexin SUSR .....	34	CHORIONIC GONADOTROPIN IM 44		CLASSIC PRENATAL TABS .....	56
CERDELGA .....	48	ciclopirox GEL .....	38	clemastine fumarate SYRP .....	18
CEREZYME 400 UNIT .....	48	ciclopirox olamine CREA .....	38	clemastine fumarate TABS 2.68 MG . 18	
cetirizine hcl TABS .....	18	ciclopirox olamine SUSP .....	38	CLIMARA PRO .....	45
cevimeline hcl .....	55	ciclopirox SHAM .....	38	clindamycin hcl .....	21
CHEMET .....	16	ciclopirox SOLN .....	38	clindamycin palmitate hydrochloride . 21	
CHEMSTRIP-K STRP .....	42	cidofovir .....	31	clindamycin phosphate (topical) FOAM .....	37
chloramphenicol sodium succinate 21		cilostazol .....	48	clindamycin phosphate (topical) GEL 37	
chlordiazepoxide hcl CAPS .....	8	CIMDUO .....	30		
chlordiazepoxide hcl-clidinium bromide .....	63	cimetidine TABS .....	63		
chlordiazepoxide-amitriptyline ....	61	cinacalcet hcl .....	45		
chlorhexidine gluconate (mouth- throat) .....	55				

clindamycin phosphate (topical) LOTN .....	37	clofarabine .....	23	colestipol hcl PACK .....	19
clindamycin phosphate (topical) SOLN .....	37	clomiphene citrate TABS .....	44	colestipol hcl TABS .....	19
clindamycin phosphate (topical) SWAB .....	37	clomipramine hcl .....	14	COMBIPATCH PTTW .....	45
clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML .....	21	clonazepam TABS .....	11	COMETRIQ KIT .....	26
clindamycin phosphate vaginal CREA .....	67	clonidine .....	20	COMIRNATY 2023-24 SUSP .....	65
clindamycin phosphate-benzoyl peroxide (refrigerate) .....	37	clonidine hcl (adhd) TB12 .....	1	COMIRNATY 2023-24 SUSY .....	65
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % .....	37	clonidine hcl TABS .....	20	COMIRNATY 2024-25 SUSY 30 MCG/0.3ML .....	65
clindamycin phosphate-tretinoin ..	37	clopidogrel bisulfate 300 MG .....	48	COMIRNATY SUSP .....	65
CLINIMIX 4.25%/DEXTROSE 10% 57		clopidogrel bisulfate 75 MG .....	48	COMPLERA .....	30
CLINIMIX 4.25%/DEXTROSE 5% 57		clorazepate dipotassium TABS .....	8	CONTRACE .....	1
CLINIMIX E 5%/DEXTROSE 20% 57		clotrimazole (topical) CREA .....	38	COPIKTRA .....	26
clobazam SUSP .....	11	clotrimazole (topical) SOLN .....	38	CORDRAN TAPE .....	40
clobazam TABS .....	11	clotrimazole .....	55	CORTISPORIN-TC .....	59
clobetasol propionate CREA 0.05 % . 40		clotrimazole vaginal CREA 1 % ...	67	COSENTYX SENSOREADY PEN SOAJ .....	39
clobetasol propionate emollient base 0.05 % .....	40	clotrimazole w/ betamethasone CREA .....	38	COSENTYX SOSY 150 MG/ML ...	39
clobetasol propionate FOAM .....	40	clotrimazole w/ betamethasone LOTN .....	38	COSENTYX SOSY 75 MG/0.5ML .	39
clobetasol propionate GEL 0.05 % 40		clozapine TABS .....	29	COSENTYX UNOREADY SOAJ ..	39
clobetasol propionate OINT 0.05 % 40		clozapine TBDP 100 MG .....	29	CREON CPEP .....	43
clobetasol propionate SOLN 0.05 % . 40		clozapine TBDP 12.5 MG, 150 MG 29		CRESEMBA CAPS 186 MG .....	18
clocortolone pivalate .....	40	clozapine TBDP 25 MG .....	29	cromolyn sodium (ophth) .....	59
		COARTEM .....	22	cromolyn sodium NEBU .....	9
		codeine sulfate TABS 30 MG .....	5	crotamiton LOTN .....	42
		CODEINE SULFATE TABS .....	5	CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG- 263 MG-11 UNIT-4000 UNIT .....	56
		colchicine TABS .....	47	cyanocobalamin SOLN IJ 1000 MCG/ML .....	48
		colchicine w/ probenecid .....	47	cyclobenzaprine hcl TABS 5 MG, 10 MG .....	57
		colesevelam hcl PACK .....	19		
		colesevelam hcl TABS .....	19		
		colestipol hcl GRAN .....	19		

cyclophosphamide CAPS .....	23	dantrolene sodium CAPS .....	57	DESMOPRESSIN ACETATE SOLN NA .....	45
cyclophosphamide SOLR IJ .....	23	dapagliflozin propanediol .....	16	desmopressin acetate spray .....	45
cycloserine .....	23	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG .....	14	desmopressin acetate spray refrigerated .....	45
cyclosporine (ophth) EMUL .....	58	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG .....	14	desmopressin acetate TABS 0.1 MG 45	
cyclosporine CAPS .....	55	dapsone .....	21	desmopressin acetate TABS 0.2 MG 45	
cyclosporine modified (for microemulsion) CAPS .....	55	DAPTACEL .....	63	desogestrel & ethinyl estradiol ....	34
cyclosporine modified (for microemulsion) SOLN .....	55	daptomycin 500 MG .....	21	desogestrel-ethinyl estradiol (biphasic) .....	34
cyclosporine SOLN IV 50 MG/ML .	55	darifenacin hydrobromide .....	64	desogestrel-ethinyl estradiol (triphasic) .....	34
CYLTEZO AJKT .....	3	darunavir TABS .....	30	desonide CREA .....	40
CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML .....	3	dasatinib 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG .....	26	desonide LOTN .....	40
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML .....	3	DAURISMO .....	24	desonide OINT .....	40
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT .....	3	DEBACTEROL .....	55	desoximetasone CREA 0.25 % ....	40
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT .....	3	decitabine .....	23	desoximetasone GEL .....	40
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT ...	3	deferasirox PACK .....	16	desoximetasone OINT 0.25 % ....	40
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT ...	3	deferasirox TABS .....	16	desvenlafaxine succinate 100 MG .	14
cyproheptadine hcl SYRP .....	18	deferasirox TBSO .....	16	desvenlafaxine succinate 25 MG, 50 MG .....	14
cyproheptadine hcl TABS .....	18	deflazacort SUSP .....	36	dexamethasone ELIX .....	36
CYSTAGON CAPS .....	47	deflazacort TABS .....	36	DEXAMETHASONE INTENSOL CONC .....	36
CYSTARAN .....	59	DELSTRIGO .....	30	dexamethasone sodium phosphate (ophth) .....	58
cytarabine SOLN .....	23	demeclocycline hcl TABS .....	62	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML .....	36
dabigatran etexilate mesylate CAPS . 11		DEPO-ESTRADIOL .....	45	dexamethasone sodium phosphate SOSY IJ 4 MG/ML .....	36
dacarbazine SOLR 200 MG .....	27	DEPO-MEDROL SUSP .....	36	dexamethasone SOLN .....	36
dactinomycin .....	25	DEPO-SUBQ PROVERA 104 SUSY SC .....	35		
dalfampridine .....	61	desipramine hcl TABS .....	14		
danazol CAPS .....	7	desloratadine TABS .....	18		
		desloratadine TBDP 2.5 MG .....	18		
		desmopressin acetate SOLN IJ ...	45		

dexamethasone TABS 0.5 MG, 0.75 MG .....	36	diclofenac sodium (ophth) .....	59	MG, 240 MG .....	32
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG .....	36	diclofenac sodium (topical) GEL EX 39		diltiazem hcl CP12 .....	32
dexchlorpheniramine maleate SOLN . 18		diclofenac sodium TB24 .....	4	diltiazem hcl CP24 .....	32
dexlansoprazole .....	63	diclofenac sodium TBEC .....	4	diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG .....	32
dexmethylphenidate hcl CP24 .....	1	diclofenac w/ misoprostol TBEC ....	4	diltiazem hcl extended release beads 420 MG .....	32
dexmethylphenidate hcl TABS .....	2	dicloxacillin sodium .....	60	diltiazem hcl SOLN 50 MG/10ML ..	32
dextroamphetamine sulfate CP24 10 MG, 15 MG .....	1	dicyclomine hcl CAPS .....	63	DILTIAZEM HCL SOLR .....	32
dextroamphetamine sulfate CP24 5 MG .....	1	dicyclomine hcl SOLN OR .....	63	diltiazem hcl TABS .....	32
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1		dicyclomine hcl TABS .....	63	diltiazem hcl TB24 .....	32
dextroamphetamine sulfate TABS 5 MG, 10 MG .....	1	DIFFERIN LOTN .....	37	dimethyl fumarate CDPK .....	61
dextrose in lactated ringers .....	53	DIFICID TABS .....	50	dimethyl fumarate CPDR .....	61
DIACOMIT CAPS 250 MG .....	11	diflorasone diacetate CREA .....	40	DIPENTUM .....	46
DIACOMIT CAPS 500 MG .....	11	diflorasone diacetate OINT .....	40	diphenhydramine hcl CAPS 50 MG 18	
DIACOMIT PACK 250 MG .....	11	diflunisal TABS .....	5	diphenhydramine hcl ELIX 12.5 MG/5ML .....	18
DIACOMIT PACK 500 MG .....	11	difluprednate .....	58	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML .....	18
diazepam (anticonvulsant) GEL ...	11	digoxin SOLN OR 0.05 MG/ML ...	33	diphenhydramine hcl SOLN 50 MG/ML .....	18
diazepam CONC .....	8	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG .....	33	diphenoxylate w/ atropine LIQD ...	16
diazepam SOLN OR 5 MG/5ML ....	8	dihydroergotamine mesylate SOLN IJ 1 MG/ML .....	53	diphenoxylate w/ atropine TABS ...	16
diazepam TABS .....	8	dihydroergotamine mesylate SOLN NA 4 MG/ML .....	53	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ...	63
diazoxide .....	15	DILANTIN (phenytoin sodium extended) .....	12	dipyridamole .....	48
dichlorphenamide .....	43	DILANTIN .....	12	disopyramide phosphate CAPS ....	8
diclofenac epolamine PTCH EX ...	38	DILANTIN INFATABS CHEW (phenytoin) .....	12	disulfiram .....	60
diclofenac potassium TABS 50 MG .	3	DILANTIN-125 SUSP (phenytoin) .	12	DIURIL SUSP .....	43
diclofenac sodium (actinic keratoses) EX .....	39	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG .....	32	divalproex sodium TB24 .....	12
		diltiazem hcl coated beads CP24 180			



divalproex sodium TBEC .....	12	doxycycline (monohydrate) CAPS 75 MG .....	62	dutasteride .....	47
docetaxel CONC 20 MG/ML .....	27	doxycycline (monohydrate) TABS 100 MG .....	62	dutasteride-tamsulosin hcl .....	47
docetaxel SOLN 20 MG/2ML .....	27	doxycycline (monohydrate) TABS 50 MG, 75 MG .....	62	econazole nitrate CREA .....	38
docusate calcium .....	50	doxycycline hyclate CAPS .....	62	EDARBI .....	19
docusate sodium CAPS 100 MG ..	50	doxycycline hyclate SOLR .....	62	EDURANT .....	30
docusate sodium CAPS 250 MG ..	50	doxycycline hyclate TABS 20 MG, 100 MG .....	62	efavirenz CAPS 200 MG .....	30
dofetilide .....	8	doxylamine-pyridoxine TBEC .....	17	efavirenz CAPS 50 MG .....	30
donepezil hydrochloride TABS 10 MG .....	60	dronabinol CAPS .....	17	efavirenz TABS .....	30
donepezil hydrochloride TABS 5 MG, 23 MG .....	60	drospirenone-ethinyl estradiol .....	34	efavirenz-emtricitabine-tenofovir disoproxil fumarate .....	30
donepezil hydrochloride TBDP 10 MG .....	60	drospirenone-ethinyl estradiol-levomefolate calcium .....	34	efavirenz-lamivudine-tenofovir disoproxil fumarate .....	30
donepezil hydrochloride TBDP 5 MG 60 .....	60	DROXIA CAPS .....	48	EGRIFTA 2 MG .....	44
DOPTELET .....	48	DUAVEE .....	45	EGRIFTA SV .....	44
dorzolamide hcl .....	59	DULERA .....	9	ELAPRASE .....	45
dorzolamide hcl-timolol maleate ..	57	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG .....	14	electrolyte-148 .....	53
DOVATO .....	30	duloxetine hcl CPEP 40 MG .....	14	electrolyte-a .....	53
doxazosin mesylate .....	20	DUPIXENT SOPN 200 MG/1.14ML 41 .....	41	ELESTRIN GEL .....	45
doxepin hcl (antipruritic) .....	39	DUPIXENT SOPN 300 MG/2ML ..	41	eletriptan hydrobromide .....	53
doxepin hcl (sleep) .....	49	DUPIXENT SOSY 100 MG/0.67ML 41 .....	41	ELIGARD KIT SC 7.5 MG .....	24
doxepin hcl CAPS .....	14	DUPIXENT SOSY 200 MG/1.14ML 41 .....	41	ELIGARD SC 22.5 MG, 30 MG, 45 MG .....	24
doxepin hcl CONC .....	14	DUPIXENT SOSY 300 MG/2ML ..	41	ELIQUIS STARTER PACK TBPK ..	10
doxercalciferol CAPS .....	45	DUREX EXTRA SENSITIVE THIN DEVI .....	50	ELIQUIS TABS .....	10
doxercalciferol SOLN .....	45	DUREX EXTRA SENSITIVE THIN MISC .....	50	ELLA .....	35
doxorubicin hcl liposomal .....	25	DUREX TROPICAL MISC .....	50	ELMIRON CAPS .....	47
doxorubicin hcl SOLN .....	25			ELOCTATE .....	47
doxorubicin hcl SOLR 10 MG, 50 MG .....	25			EMCYT .....	24
doxycycline (monohydrate) CAPS 50 MG, 100 MG .....	62			EMFLAZA SUSP 22.75 MG/ML (deflazacort) .....	36
				EMGALITY SOAJ .....	52

EMGALITY SOSY 100 MG/ML	52	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	10	ERLEADA 60 MG	24
EMGALITY SOSY 120 MG/ML	52	ENSPRYNG	55	erlotinib hcl	24
EMSAM	13	entacapone	28	ERTACZO	38
emtricitabine CAPS	30	entecavir TABS	31	ertapenem sodium IJ	21
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	30	EPIDIOLEX	11	erythromycin (acne aid) PADS	37
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	30	epinastine hcl (ophth)	59	erythromycin (acne aid) SOLN	37
EMTRIVA SOLN	30	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	68	erythromycin (ophth)	58
EMVERM CHEW	7	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	68	erythromycin base CPEP	50
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 20		EPIVIR HBV SOLN	31	erythromycin base TABS	50
enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20		eplerenone	21	erythromycin base TBEC	50
enalapril maleate TABS	19	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	48	erythromycin ethylsuccinate SUSR 50	
ENBREL MINI SOCT	4	epoprostenol sodium	33	erythromycin ethylsuccinate TABS	50
ENBREL SOLN	4	EQL PRENATAL FORMULA TABS	56	escitalopram oxalate SOLN	13
ENBREL SOSY 25 MG/0.5ML	4	EQUETRO 100 MG	28	escitalopram oxalate TABS 10 MG 13	
ENBREL SOSY 50 MG/ML	4	EQUETRO 200 MG	28	escitalopram oxalate TABS 20 MG 13	
ENBREL SURECLICK SOAJ	4	EQUETRO 300 MG	28	escitalopram oxalate TABS 5 MG	13
ENGERIX-B SUSP 20 MCG/ML	65	ERAXIS	17	esomeprazole magnesium CPDR 20 MG	63
ENGERIX-B SUSY	65	ERBITUX	24	esomeprazole magnesium CPDR 40 MG	64
enoxaparin sodium SOLN IJ 300 MG/3ML	10	ergocalciferol CAPS	68	esomeprazole magnesium TBEC	64
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	10	ergocalciferol SOLN OR	68	ESPEROCT	48
enoxaparin sodium SOSY 30 MG/0.3ML	10	ergoloid mesylates TABS	61	estazolam	49
enoxaparin sodium SOSY 40 MG/0.4ML	10	ERGOMAR SUBL	53	esterified estrogens & methyltestosterone	45
enoxaparin sodium SOSY 60 MG/0.6ML	10	ergotamine w/ caffeine TABS	52	estradiol & norethindrone acetate TABS	45
		eribulin mesylate	27	estradiol GEL 0.06 %	45
		ERIVEDGE	24	estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1	
		ERLEADA 240 MG	24		

MG/GM, 1.25 MG/1.25GM	45	EVOTAZ	30	fenofibrate micronized 43 MG, 130 MG	19
estradiol PTTW	45	exemestane	24	fenofibrate micronized 67 MG, 134 MG, 200 MG	19
estradiol PTWK	45	ezetimibe	19	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	19
estradiol TABS	45	ezetimibe-simvastatin	18	fenoprofen calcium TABS	4
estradiol vaginal CREA	68	famciclovir 125 MG, 250 MG	31	FENSOLVI SC	44
estradiol vaginal TABS	68	famciclovir 500 MG	31	fenentanyl citrate LPOP	5
estradiol valerate	45	famotidine in nacl SOLN	63	fenentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	5
ESTRING RING	68	famotidine SOLN 20 MG/2ML	63	ferrous fumarate-folic acid	49
ESTROGEL GEL (estradiol)	46	famotidine SOLN 40 MG/4ML, 200 MG/20ML	63	ferrous sulfate SOLN 15 MG/ML	49
eszopiclone	49	famotidine SUSR	63	ferrous sulfate TABS 65 MG, 325 MG	49
ethacrynic acid	43	famotidine TABS 20 MG, 40 MG	63	ferrous sulfate TBEC 325 MG	49
ethambutol hcl TABS	23	FANAPT	29	fesoterodine fumarate	64
ethosuximide CAPS	12	FANAPT TITRATION PACK	29	FETZIMA CP24	14
ethosuximide SOLN	12	FANTASY LUBRICATED MISC	50	FETZIMA TITRATION PACK C4PK	14
ethynodiol diacet & eth estrad	34	FANTASY LUBRICATED/SPERMICIDE MISC	50	finasteride	47
etodolac CAPS	4	FARXIGA (dapagliflozin propanediol)	16	fingolimod hcl	61
etodolac TABS	4	FARXIGA	16	FIRDAPSE	22
etonogestrel-ethinyl estradiol	35	FASENRA PEN SOAJ	8	FIRMAGON	24
ETOPOPHOS	27	FASENRA SOSY 30 MG/ML	8	flavoxate hcl	64
etoposide CAPS	27	FC2 FEMALE CONDOM	51	flecainide acetate	8
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	27	febuxostat	47	floxuridine	23
etravirine 100 MG	30	felbamate SUSP	12	FLUAD 2024-2025	65
etravirine 200 MG	30	felbamate TABS 400 MG	12	FLUAD QUADRIVALENT 2022-2023	65
EUCRISA	42	felbamate TABS 600 MG	12	FLUAD QUADRIVALENT 2023-2024	65
EVAMIST SOLN	46	felodipine	32		
everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	55	FEMCAP DEVI	51		
everolimus (immunosuppressant) 1 MG	55	FEMRING	68		
everolimus TABS	26				

FLUARIX 2024-2025 SUSY .....	65	flunisolide (nasal) 0.025 % .....	57	flurandrenolide CREA .....	41
FLUARIX QUADRIVALENT 2022-2023 SUSY .....	65	fluocinolone acetonide (otic) .....	59	flurandrenolide LOTN .....	41
FLUARIX QUADRIVALENT 2023-2024 SUSY .....	65	fluocinolone acetonide CREA 0.01 % 40		flurazepam hcl .....	49
FLUBLOK 2024-2025 SOSY .....	65	fluocinolone acetonide CREA 0.025 % .....	40	flurbiprofen sodium .....	59
FLUBLOK QUADRIVALENT 2022-2023 .....	65	fluocinolone acetonide OIL .....	40	flurbiprofen TABS .....	4
FLUBLOK QUADRIVALENT 2023-2024 .....	65	fluocinolone acetonide OINT .....	40	flutamide .....	25
FLUCELVAX 2024-2025 SUSP ...	65	fluocinolone acetonide SOLN .....	41	fluticasone furoate-vilanterol .....	9
FLUCELVAX 2024-2025 SUSY ...	65	fluocinonide CREA 0.05 % .....	41	fluticasone propionate (inhalation) AEPB .....	9
FLUCELVAX QUADRIVALENT 2022-2023 SUSP .....	65	fluocinonide CREA 0.1 % .....	41	fluticasone propionate (nasal) SUSP .	57
FLUCELVAX QUADRIVALENT 2022-2023 SUSY .....	66	fluocinonide emulsified base .....	41	fluticasone propionate CREA 0.05 %	41
FLUCELVAX QUADRIVALENT 2023-2024 SUSP .....	66	fluocinonide GEL .....	41	fluticasone propionate hfa .....	9
FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....	66	fluocinonide OINT .....	41	fluticasone propionate LOTN .....	41
FLUCELVAX QUADRIVALENT 2023-2024 SUSP .....	66	fluocinonide SOLN .....	41	fluticasone propionate OINT .....	41
FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....	66	fluorometholone (ophth) SUSP ...	58	fluticasone-salmeterol AEPB .....	10
fluconazole SUSR .....	18	fluorouracil (topical) CREA 5 % ...	39	fluticasone-salmeterol AERO .....	10
fluconazole TABS .....	18	fluorouracil (topical) SOLN .....	39	fluvastatin sodium CAPS 20 MG ...	19
flucytosine .....	17	fluorouracil 500 MG/10ML .....	23	fluvastatin sodium CAPS 40 MG ...	19
fludarabine phosphate SOLN .....	23	fluoxetine hcl CAPS 10 MG .....	13	fluvoxamine maleate TABS 100 MG .	13
fludarabine phosphate SOLR .....	23	fluoxetine hcl CAPS 20 MG .....	13	fluvoxamine maleate TABS 25 MG,	13
fludrocortisone acetate TABS .....	36	fluoxetine hcl CAPS 40 MG .....	13	50 MG .....	13
FLULAVAL 2024-2025 SUSY .....	66	fluoxetine hcl CAPS .....	13	FLUZONE 2024-2025 SUSP .....	66
FLULAVAL QUADRIVALENT 2022-2023 SUSY .....	66	fluoxetine hcl SOLN .....	13	FLUZONE 2024-2025 SUSY .....	66
FLULAVAL QUADRIVALENT 2023-2024 SUSY .....	66	fluoxetine hcl TABS 10 MG, 60 MG	13	FLUZONE HIGH-DOSE 2024-2025	66
FLUMIST NASAL VACCINE 2024-2025 .....	66	13		SUSY .....	66
FLUMIST QUADRIVALENT .....	66	fluoxetine hcl TABS 20 MG .....	13	FLUZONE HIGH-DOSE PF 2022-2023 .....	66
		fluphenazine hcl CONC .....	29	FLUZONE HIGH-DOSE PF 2023-2024 .....	66
		fluphenazine hcl ELIX .....	29	FLUZONE HIGH-DOSE PF 2023-2024 .....	66
		fluphenazine hcl SOLN .....	29	FLUZONE QUADRIVALENT 2022-	
		fluphenazine hcl TABS .....	29		

2023 SUSP .....	66	DAY/SENSOR/FLASH MONITORING SYSTEM .....	52	GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....	59
FLUZONE QUADRIVALENT 2022-2023 SUSY .....	66	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM .....	52	GAMMAGARD LIQUID 30 GM/300ML .....	59
FLUZONE QUADRIVALENT 2023-2024 SUSP .....	66	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....	52	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR .....	59
FLUZONE QUADRIVALENT 2023-2024 SUSY .....	66	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM .....	52	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....	59
FML FORTE SUSP .....	58	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....	52	GAMUNEX-C .....	59
FML OINT .....	58	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....	52	ganciclovir sodium SOLR .....	31
folic acid TABS .....	48	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM .....	52	ganirelix acetate .....	44
fondaparinux sodium 10 MG/0.8ML 10		FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM .....	52	GARDASIL 9 SUSP .....	66
fondaparinux sodium 2.5 MG/0.5ML . 10		frovatriptan succinate .....	53	GARDASIL 9 SUSY .....	66
fondaparinux sodium 5 MG/0.4ML .10		fulvestrant SOSY .....	25	gatifloxacin (ophth) .....	58
fondaparinux sodium 7.5 MG/0.6ML . 10		furosemide SOLN OR 10 MG/ML, 40 MG/5ML .....	40 43	gefitinib .....	24
FORA GTEL BLOOD KETONE TEST STRIPS .....	42	furosemide TABS .....	43	gemcitabine hcl SOLR 2 GM, 200 MG .....	23
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT ..	42	FUZEON SOLR .....	30	gemfibrozil TABS .....	19
formoterol fumarate NEBU .....	10	FYCOMPA TABS 2 MG .....	11	GENOTROPIN CART SC .....	44
FOSAMAX PLUS D .....	44	FYCOMPA TABS 4 MG .....	11	GENOTROPIN MINIQUICK PRSY 44	
fosamprenavir calcium TABS .....	30	FYCOMPA TABS 6 MG .....	11	gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 % .....	2
fosfomycin tromethamine .....	22	FYCOMPA TABS 8 MG, 10 MG, 12 MG .....	11	gentamicin sulfate (ophth) OINT ...	58
fosinopril sodium & hydrochlorothiazide .....	20	gabapentin CAPS .....	11	gentamicin sulfate (ophth) SOLN ..	58
fosinopril sodium .....	19	gabapentin SOLN .....	11	gentamicin sulfate (topical) CREA .	38
fosphenytoin sodium .....	12	gabapentin TABS 600 MG, 800 MG 11		gentamicin sulfate (topical) OINT ..	38
FRAGMIN SOSY .....	10	galantamine hydrobromide CP24 ..	60	gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML .....	2
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM .....	52	galantamine hydrobromide SOLN ..	60	GENVOYA .....	30
FREESTYLE LIBRE 14		galantamine hydrobromide TABS ..	60	GILOTRIF .....	24

glatiramer acetate SOSY 20 MG/ML . 61	granisetron hcl SOLN IV 1 MG/ML 17	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML ..... 3
glatiramer acetate SOSY 40 MG/ML . 61	granisetron hcl TABS ..... 17	HUMIRA PEN PNKT 80 MG/0.8ML .3
GLEOSTINE 10 MG ..... 23	GRASTEK SUBL ..... 2	HUMIRA PEN PNKT ..... 3
GLEOSTINE 40 MG, 100 MG ..... 23	griseofulvin microsize SUSP ..... 17	HUMIRA PEN-CD/UC/HS STARTER PNKT ..... 3
glimepiride 1 MG, 2 MG ..... 16	griseofulvin microsize TABS ..... 17	
glimepiride 4 MG ..... 16	griseofulvin ultramicrosize ..... 17	HUMIRA PEN-PS/UV STARTER PNKT ..... 3
glipizide TABS 5 MG, 10 MG ..... 16	guanfacine hcl (adhd) ..... 1	HUMIRA PSKT ..... 3
glipizide TB24 ..... 16	guanfacine hcl ..... 20	HUMULIN R U-500 (CONCENTRATED) SOLN SC .... 16
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG ..... 15	GYNAZOLE-1 ..... 67	HUMULIN R U-500 KWIKPEN SOPN SC ..... 16
glipizide-metformin hcl 500 MG-5 MG ..... 14	HAEGARDA SOLR SC ..... 48	HYCANTIN CAPS ..... 28
GLUCAGEN DIAGNOSTIC ..... 42	HALAVEN (eribulin mesylate) .... 27	hydralazine hcl SOLN ..... 21
glucagon (rdna) ..... 15	halcinonide CREA ..... 41	hydralazine hcl TABS ..... 21
glyburide micronized 1.5 MG, 3 MG, 6 MG ..... 16	halobetasol propionate CREA .... 41	hydrochlorothiazide CAPS ..... 43
glyburide TABS ..... 16	halobetasol propionate OINT ..... 41	hydrochlorothiazide TABS 12.5 MG 43
glyburide-metformin 250 MG-1.25 MG ..... 15	HALOG OINT ..... 41	hydrochlorothiazide TABS 25 MG, 50 MG ..... 43
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG ..... 15	haloperidol decanoate ..... 29	hydrocodone bitartrate CP12 ..... 5
glycine (gu irrigant) SOLN 1.5 % .. 47	haloperidol lactate CONC ..... 29	hydrocodone bitartrate T24A ..... 5
glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML ..... 63	haloperidol lactate SOLN ..... 29	hydrocodone polistirex- chlorpheniramine polistirex SUER .36
glycopyrrolate TABS 1 MG ..... 63	haloperidol TABS ..... 29	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML ..... 6
glycopyrrolate TABS 2 MG ..... 63	HAVRIX ..... 66	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG ..... 6
GLYXAMBI ..... 15	HEALON PRO SOSY ..... 58	
GNP PRENATAL TABS ..... 56	HEMANGEOL SOLN OR ..... 32	
GOHIBIC ..... 48	heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML ..... 11	
GOJJI BLOOD KETONE TEST STRIPS ..... 42	HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML 11	
	HEPLISAV-B SOSY ..... 66	
	HIBERIX SOLR IJ ..... 64	
	HUMATROPE CART IJ ..... 44	

hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	6	hydroxychloroquine sulfate 200 MG 22	IMBRUVICA SUSP .....	26	
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG .....	6	hydroxychloroquine sulfate 400 MG 22	IMBRUVICA TABS .....	26	
hydrocodone-ibuprofen 7.5 MG-200 MG .....	6	hydroxyurea .....	imipenem-cilastatin IV .....	21	
hydrocortisone (intrarectal) .....	7	hydroxyzine hcl SOLN 50 MG/ML ..	8	imipramine hcl TABS .....	14
hydrocortisone (rectal) EX .....	7	hydroxyzine hcl SYRP .....	8	imipramine pamoate .....	14
hydrocortisone (topical) CREA 1 %, 2.5 % .....	41	hydroxyzine hcl TABS .....	8	imiquimod 5 % .....	42
hydrocortisone (topical) LOTN 2.5 % . 41		hydroxyzine pamoate CAPS .....	8	IMPAVIDO .....	21
hydrocortisone (topical) OINT 1 %, 2.5 % .....	41	HYPERSAL NEBU .....	36	INCRELEX .....	44
hydrocortisone acetate (rectal) .....	7	HYQVIA .....	59	INCRUSE ELLIPTA .....	9
hydrocortisone butyrate CREA .....	41	ibandronate sodium SOLN .....	44	indapamide TABS 1.25 MG .....	43
hydrocortisone butyrate OINT .....	41	ibandronate sodium TABS .....	44	indapamide TABS 2.5 MG .....	43
hydrocortisone butyrate SOLN .....	41	IBRANCE CAPS .....	26	indomethacin CAPS 25 MG, 50 MG 4	
hydrocortisone TABS .....	36	IBRANCE TABS .....	26	indomethacin CPR .....	4
hydrocortisone vaginal .....	67	ibuprofen SUSP 100 MG/5ML .....	4	INFANRIX .....	63
hydrocortisone valerate CREA .....	41	ibuprofen TABS 400 MG, 600 MG ..	4	INFLECTRA SOLR .....	46
hydrocortisone valerate OINT .....	41	ibuprofen TABS 800 MG .....	4	INGREZZA CAPS .....	61
hydrocortisone w/acetic acid .....	59	icatibant acetate SOLN .....	48	INGREZZA CPPK .....	61
hydromorphone hcl LIQD .....	5	icatibant acetate SOSY .....	48	INGREZZA CPSP .....	61
hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 5		ICLUSIG .....	26	INLYTA .....	24
hydromorphone hcl TABS .....	5	icosapent ethyl 1 GM .....	18	INREBIC .....	26
hydromorphone hcl TB24 32 MG ...	5	idarubicin hcl 20 MG/20ML .....	25	INSULIN ASPART FLEXPEN SOPN . 16	
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG .....	5	idarubicin hcl 5 MG/5ML, 10 MG/10ML .....	25	INSULIN ASPART PENFILL SOCT 16	
hydroxychloroquine sulfate 100 MG 22		IDELVION .....	48	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN .....	16
		ifosfamide SOLN 1 GM/20ML .....	23	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP .....	16
		ifosfamide SOLR .....	23	INSULIN ASPART SOLN IJ .....	16
		imatinib mesylate .....	26	INSULIN DEGLUDEC FLEXTOUCH	
		IMBRUVICA CAPS 140 MG .....	26		
		IMBRUVICA CAPS 70 MG .....	26		

SOPN .....	16	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG .....	37	KETONE TEST STRIPS STRP ....	42
INSULIN DEGLUDEC SOLN .....	16	isradipine CAPS .....	32	ketoprofen CAPS 50 MG .....	4
INSULIN LISPRO SOLN IJ .....	16	itraconazole CAPS .....	18	ketorolac tromethamine (ophth) ...	59
INTELENCE 25 MG .....	30	itraconazole SOLN .....	18	ketorolac tromethamine TABS .....	4
IONOSOL-MB/DEXTROSE 5% ...	54	ivabradine hcl TABS .....	34	KETOSTIX STRP .....	42
IOPIDINE .....	58	ivermectin (pediculicide) .....	42	ketotifen fumarate (ophth) 0.035 %	59
IPOL INACTIVATED IPV .....	66	ivermectin .....	7	KEVZARA SOAJ .....	3
ipratropium bromide (nasal) 0.03 %	57	IXEMPRA KIT 15 MG .....	27	KEVZARA SOSY .....	3
ipratropium bromide (nasal) 0.06 %	57	JAKAFI .....	26	KIMONO COLORS DEVI .....	51
ipratropium bromide SOLN 0.02 % .	9	JANUMET TABS .....	15	KIMONO LUBRICATED MISC ....	51
ipratropium-albuterol SOLN .....	10	JANUMET XR TB24 1000 MG-100 MG .....	15	KIMONO MAXX/LARGE FLARE MISC .....	51
irbesartan .....	19	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG .....	15	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	51
irbesartan-hydrochlorothiazide ....	20	JANUVIA .....	15	51	
irinotecan hcl 40 MG/2ML, 100 MG/5ML .....	28	JARDIANCE .....	16	KIMONO PLUS SPERMICIDE LUBRICATED MISC .....	51
irrigation solutions, physiological ..	55	JEVTANA .....	27	KIMONO PLUS SPERMICIDE/LUBRICATED MISC	51
ISENTRESS CHEW .....	30	JIVI .....	48	51	
ISENTRESS HD TABS .....	30	JULUCA .....	30	KIMONO PS LUBRICATED MISC .	51
ISENTRESS TABS .....	30	JYNARQUE TBPK .....	45	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	51
ISOLYTE-P/DEXTROSE 5% .....	54	KALYDECO TABS .....	62	51	
ISOLYTE-S .....	54	KAMELEON LUBRICATED MISC .	51	KIMONO SENSATION LUBRICATED MISC .....	51
isoniazid SOLN .....	23	KANJINTI .....	24	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	51
isoniazid SYRP .....	23	KCL 0.3%/D5W/NAACL 0.9% (potassium chloride in dextrose & sodium chloride) .....	54	51	
isoniazid TABS .....	23	KEPIVANCE 6.25 MG .....	27	KIMONO SPECIAL DEVI .....	51
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG .....	8	ketoconazole (topical) CREA .....	38	KINRIX SUSY .....	63
isosorbide dinitrate-hydralazine hcl	33	ketoconazole (topical) SHAM 2 % .	38	KISQALI .....	26
isosorbide mononitrate TABS .....	8	ketoconazole .....	18	KISQALI FEMARA 200 DOSE ....	25
isosorbide mononitrate TB24 .....	8	KETONE STRP .....	42		



KISQALI FEMARA 400 DOSE	25	lamivudine-zidovudine	30	LEUKINE SOLR IJ	48
KISQALI FEMARA 600 DOSE	25	lamotrigine CHEW 25 MG	12	leuprolide acetate KIT IJ 1 MG/0.2ML	25
KOGENATE FS KIT	48	lamotrigine CHEW 5 MG	12	levabuterol hcl	10
KOSELUGO	26	lamotrigine TABS	12	levabuterol tartrate	10
KOVALTRY	48	lamotrigine TBDP	12	levetiracetam SOLN IV 500 MG/5ML	12
KP PRENATAL MULTIVITAMINS		LANOXIN SOLN IJ (digoxin)	33	levetiracetam TABS 1000 MG	12
TABS	56	LANOXIN TABS 62.5 MCG, 125		levetiracetam TABS 250 MG, 750	12
KRINTAFEL	22	MCG, 250 MCG (digoxin)	33	levetiracetam TABS 500 MG	12
K-Y ME & YOU EXTRA		lansoprazole CPDR 15 MG	64	levetiracetam TB24	12
LUBRICATED DEVI	51	lansoprazole CPDR 30 MG	64	levobunolol hcl 0.5 %	57
K-Y ME & YOU INTENSE DEVI	51	lanthanum carbonate CHEW	47	levocetirizine dihydrochloride SOLN	18
KYLEENA	35	lapatinib ditosylate	26	levocetirizine dihydrochloride TABS	18
KYPROLIS	26	LASTACAFT	59	levofloxacin (ophth) 0.5 %	58
labetalol hcl SOLN	32	latanoprost SOLN	59	levofloxacin in d5w 5 %-500	46
labetalol hcl TABS 100 MG, 200 MG	32	leflunomide	4	MG/100ML	46
labetalol hcl TABS 300 MG	32	LEMTRADA	61	levofloxacin SOLN OR	46
lacosamide SOLN IV 200 MG/20ML	11	lenalidomide 2.5 MG, 5 MG, 10 MG,		levofloxacin TABS 250 MG, 750 MG	46
lacosamide TABS	11	15 MG, 25 MG	55	levofloxacin TABS 500 MG	46
lactated ringer's (irrigation)	55	lenalidomide 20 MG	55	levonorgestrel & eth estradiol TABS	34
lactated ringer's	54	LENVIMA 10 MG DAILY DOSE	24	levonorgestrel (emergency oc) 1.5	35
lactic acid (ammonium lactate) CREA		LENVIMA 12MG DAILY DOSE	24	MG	
lactic acid (ammonium lactate) LOTN		LENVIMA 14 MG DAILY DOSE	24	levonorgestrel-eth estradiol	
12 %	41	LENVIMA 18 MG DAILY DOSE	24	(triphasic)	34
lactulose (encephalopathy)	46	LENVIMA 20 MG DAILY DOSE	24	levonorgestrel-ethinyl estradiol (91-	
lactulose SOLN	50	LENVIMA 24 MG DAILY DOSE	24	day) 0.03 MG-0.15 MG	35
lamivudine (hbv) TABS	31	LENVIMA 4 MG DAILY DOSE	24	levonorgestrel-ethinyl estradiol	
lamivudine SOLN	30	LENVIMA 8 MG DAILY DOSE	24	(continuous)	35
lamivudine TABS 150 MG	30	letrozole	25		
lamivudine TABS 300 MG	30	leucovorin calcium SOLR	27		
		leucovorin calcium TABS	27		
		LEUKERAN	23		

levonorgestrel-ethinyl estradiol-iron 35	LO LOESTRIN FE TABS ..... 35	LUMIZYME ..... 45
levorphanol tartrate TABS 2 MG .....5	lofexidine hcl 0.18 MG ..... 60	LUPRON DEPOT (1-MONTH) KIT IM .....25
levothyroxine sodium TABS ..... 63	LOKELMA ..... 55	LUPRON DEPOT (3-MONTH) KIT IM .....25
LEXIVA SUSP ..... 30	loperamide hcl CAPS ..... 16	LUPRON DEPOT (4-MONTH) IM . 25
lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 % .....50	lopinavir-ritonavir SOLN ..... 30	LUPRON DEPOT (6-MONTH) IM . 25
lidocaine hcl (mouth-throat) 2 % ...55	lopinavir-ritonavir TABS .....30	LUPRON DEPOT-PED (1-MONTH) . 44
lidocaine hcl (mouth-throat) 4 % ...55	loratadine CAPS ..... 18	LUPRON DEPOT-PED (3-MONTH) 11.25 MG ..... 44
lidocaine hcl GEL 2 % ..... 42	loratadine CHEW .....18	LUPRON DEPOT-PED (3-MONTH) 30 MG .....44
lidocaine hcl PRSY ..... 42	loratadine SOLN ..... 18	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG ..... 28
lidocaine hcl SOLN ..... 42	loratadine TABS .....18	lurasidone hcl 80 MG ..... 28
lidocaine PTCH 5 % ..... 42	loratadine TBDP ..... 18	LYNPARZA TABS ..... 26
lidocaine-prilocaine CREA ..... 42	lorazepam CONC ..... 8	LYSODREN ..... 25
LILETTA 20.1 MCG/DAY ..... 35	lorazepam TABS 0.5 MG, 2 MG ... 8	mafenide acetate PACK ..... 39
lincomycin hcl ..... 21	lorazepam TABS 1 MG ..... 8	magnesium sulfate IJ 50 % ..... 54
linezolid SUSR ..... 22	LORBRENA ..... 26	malathion ..... 42
linezolid TABS ..... 22	losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG ..... 20	maraviroc TABS 150 MG ..... 30
LINZESS ..... 46	losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 20	maraviroc TABS 300 MG ..... 30
liothyronine sodium SOLN ..... 63	losartan potassium ..... 20	MARPLAN ..... 13
liothyronine sodium TABS ..... 63	LOTEMAX OINT ..... 58	MASONATAL TABS ..... 56
lisdexamphetamine dimesylate CAPS 1	loteprednol etabonate GEL ..... 58	MATULANE ..... 27
lisdexamphetamine dimesylate CHEW . 1	loteprednol etabonate SUSP ..... 58	MAXIDEX SUSP OP ..... 58
lisinopril & hydrochlorothiazide ... 20	lovastatin TABS 10 MG, 20 MG ... 19	MAXX LUBRICATED MISC ..... 51
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG ..... 19	lovastatin TABS 40 MG ..... 19	MAXX PLUS SPERMICIDE LUBRICATED MISC ..... 51
lithium ..... 28	loxapine succinate ..... 29	meclizine hcl TABS 12.5 MG ..... 17
lithium carbonate CAPS ..... 28	lubiprostone ..... 46	meclizine hcl TABS 25 MG ..... 17
lithium carbonate TABS ..... 28	LUCEMYRA 0.18 MG (lofexidine hcl) 60	
lithium carbonate TBCR ..... 28	luliconazole ..... 38	

meclofenamate sodium CAPS .....	4	meperidine hcl TABS 50 MG .....	5	methocarbamol TABS 500 MG, 750 MG .....	57
MEDROL TABS .....	36	meprobamate .....	8	METHOTREXATE .....	3
medroxyprogesterone acetate (contraceptive) SUSP IM .....	35	mercaptapurine TABS .....	23	methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML .....	23
medroxyprogesterone acetate (contraceptive) SUSY IM .....	35	meropenem .....	21	methotrexate sodium SOLR .....	23
medroxyprogesterone acetate 10 MG .....	60	mesalamine CP24 .....	46	methotrexate sodium TABS 2.5 MG 23	
medroxyprogesterone acetate 2.5 MG, 5 MG .....	60	mesalamine CPDR .....	46	methoxsalen rapid .....	39
mefenamic acid CAPS .....	4	mesalamine ENEM .....	46	methscopolamine bromide .....	63
mefloquine hcl .....	22	mesalamine SUPP .....	46	methsuximide .....	12
megestrol acetate (appetite) .....	60	mesalamine TBEC 1.2 GM .....	46	methyl dopa TABS .....	20
megestrol acetate SUSP .....	25	mesalamine TBEC 800 MG .....	46	methylphenidate hcl CHEW 10 MG .2	
megestrol acetate TABS .....	25	metaxalone 800 MG .....	57	methylphenidate hcl CHEW 2.5 MG 2	
MEKINIST SOLR .....	26	metformin hcl TABS 1000 MG .....	15	methylphenidate hcl CHEW 5 MG ..2	
MEKINIST TABS 0.5 MG .....	26	metformin hcl TABS 500 MG .....	15	methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG .....	2
MEKINIST TABS 2 MG .....	26	metformin hcl TABS 850 MG .....	15	methylphenidate hcl CP24 30 MG ..2	
MEKTOVI .....	26	metformin hcl TB24 500 MG .....	15	methylphenidate hcl CP24 .....	2
meloxicam TABS .....	4	metformin hcl TB24 750 MG .....	15	methylphenidate hcl CP24 .....	2
melphalan .....	23	methadone hcl CONC .....	5	methylphenidate hcl CP24 .....	2
melphalan hcl IV .....	23	methadone hcl SOLN IJ 10 MG/ML .5		methylphenidate hcl CP24 .....	2
memantine hcl TABS .....	60	METHADONE HCL SOLN IJ .....	5	methylphenidate hcl CPCR .....	2
MENACTRA .....	64	methadone hcl SOLN OR 10 MG/5ML .....	5	methylphenidate hcl SOLN .....	2
MENEST .....	46	methadone hcl SOLN OR 5 MG/5ML 5		methylphenidate hcl TABS 10 MG, 20 MG .....	2
MENOSTAR PTWK .....	46	methadone hcl TABS 10 MG .....	5	methylphenidate hcl TABS 5 MG ...2	
MENQUADFI .....	64	methadone hcl TABS 5 MG .....	5	methylphenidate hcl TB24 18 MG, 27 MG .....	2
MENVEO SOLR .....	64	methadone hcl TBSO .....	5	methylphenidate hcl TB24 36 MG, 54 MG .....	2
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML .....	5	methamphetamine hcl .....	1	methylphenidate hcl TB24 36 MG, 54 MG .....	2
meperidine hcl SOLN OR 50 MG/5ML .....	5	methazolamide TABS .....	43	methylphenidate hcl TBCR 10 MG, 20 MG .....	2
		methenamine hippurate .....	22	methylphenidate hcl TBCR 18 MG, 27 MG .....	2
		methimazole TABS .....	62	methylphenidate hcl TBCR 36 MG,	
		METHITEST TABS .....	7		

54 MG .....	2	micafungin sodium .....	17	MODERNA COVID-19 VACCINE6MO-5Y SUSP .....	67
methylphenidate PTCH .....	2	miconazole nitrate vaginal SUPP MG .....	67	moexipril hcl .....	19
methylprednisolone acetate SUSP	36	midodrine hcl .....	68	mometasone furoate (nasal) SUSP 57	
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG .....	36	miglitol .....	14	mometasone furoate CREA .....	41
methylprednisolone TABS .....	36	miglustat .....	48	mometasone furoate OINT .....	41
methylprednisolone TBPK .....	36	minocycline hcl CAPS .....	62	mometasone furoate SOLN .....	41
metoclopramide hcl SOLN IJ 5 MG/ML .....	46	minocycline hcl TABS .....	62	montelukast sodium CHEW .....	9
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML .....	46	minoxidil 2.5 MG, 10 MG .....	21	montelukast sodium PACK .....	9
metoclopramide hcl TABS .....	46	MIRCERA .....	48	montelukast sodium TABS .....	9
metolazone .....	43	MIRENA .....	35	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG .....	5
metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG .....	20	mirtazapine TABS 15 MG .....	13	morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML .....	5
metoprolol & hydrochlorothiazide TABS 25 MG-50 MG .....	20	mirtazapine TABS 30 MG .....	13	morphine sulfate SOLN OR 10 MG/5ML .....	5
metoprolol succinate TB24 200 MG 32		mirtazapine TABS 7.5 MG, 45 MG	13	morphine sulfate SOLN OR 20 MG/5ML .....	5
metoprolol succinate TB24 25 MG, 50 MG, 100 MG .....	32	mirtazapine TBDP 15 MG .....	13	morphine sulfate TABS .....	5
metoprolol tartrate SOLN IV 5 MG/5ML .....	32	mirtazapine TBDP 30 MG .....	13	morphine sulfate TBCR .....	6
metoprolol tartrate TABS 25 MG, 50 MG, 100 MG .....	32	mirtazapine TBDP 45 MG .....	13	MOTOFEN .....	16
metronidazole (topical) CREA .....	42	misoprostol .....	64	MOVANTIK .....	47
metronidazole (topical) GEL 0.75 %	42	mitomycin SOLR IV 20 MG .....	25	moxifloxacin hcl (ophth) SOLN OP	58
metronidazole (topical) GEL 1 % ..	42	mitoxantrone hcl 2 MG/ML .....	25	moxifloxacin hcl in sodium chloride 46	
metronidazole (topical) LOTN .....	42	M-M-R II SOLR .....	66	moxifloxacin hcl TABS .....	46
metronidazole TABS .....	21	M-NATAL PLUS TABS .....	56	MULPLETA .....	48
metronidazole vaginal .....	67	modafinil 100 MG .....	2	MULTI PRENATAL TABS .....	56
mexiletine hcl .....	8	modafinil 200 MG .....	2	mupirocin OINT .....	38
		MODERNA COVID-19 VACCINE SUSP .....	67	MVASI .....	24
		MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	66	MYALEPT .....	45
		MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY 25 MCG/0.25ML .....	66		

mycophenolate mofetil CAPS	55	neomycin sulfate TABS	2	niacin TABS	68
mycophenolate mofetil TABS	55	neomycin-bacitracin zn-polymyxin	58	niacin TBCR	68
mycophenolate sodium	55	neomycin-polymy-dexameth OINT	58	NIACIN TR TBCR	68
MYLERAN TABS	23	neomycin-polymy-dexameth SUSP	58	niacinamide TABS 100 MG	68
nabumetone	4	58		niacinamide TABS 500 MG	68
nadolol TABS 20 MG	32	neomycin-polymyxin-hc (ophth)	58	nicardipine hcl CAPS	32
nadolol TABS 40 MG	32	neomycin-polymyxin-hc (otic) SOLN	59	nicardipine hcl SOLN	32
nadolol TABS 80 MG	32	59		nicotine MISC XX	62
nafcillin sodium IV 10 GM	60	neomycin-polymyxin-hc (otic) SUSP	59	nicotine polacrilex GUM	62
naftifine hcl CREA 1 %	38	NEONATAL COMPLETE TABS 120		nicotine polacrilex LOZG	62
naftifine hcl CREA 2 %	38	MG-10 MG-9.2 MG-1000 MCG-10		nicotine PT24 TD 7 MG/24HR, 14	
nalbuphine hcl	7	MCG-12 MCG-3 MG-5 MG-20 MG-		MG/24HR, 21 MG/24HR	62
naloxone hcl LIQD	17	27 MG-200 MG-1.84 MG-25 MG-2		NICOTINE TRANSDERMAL	
naloxone hcl SOLN 0.4 MG/ML, 4		MG-1200 MCG-2 MG-0.2 MG	56	SYSTEM KIT	62
MG/10ML	17	NEONATAL PLUS TABS	56	NICOTROL INHALER INHA	62
naltrexone hcl	17	NEONATAL PRENATAL VITAMIN		NICOTROL NS SOLN	62
naproxen sodium TABS 550 MG	4	TABS	56	nifedipine CAPS 10 MG	32
naproxen SUSP	4	NEONATAL VITAMIN TABS	56	nifedipine CAPS 20 MG	32
naproxen TABS	4	neostigmine methylsulfate SOSY	23	nifedipine TB24 30 MG	32
naproxen TBEC 500 MG	4	NEO-SYNALAR	38	nifedipine TB24 60 MG	32
naratriptan hcl	53	NEUPRO	28	nifedipine TB24 90 MG	32
NATACYN	58	NEVANAC	59	nifedipine TB24	32
NATAZIA	35	nevirapine SUSP	30	nilutamide	25
nateglinide	16	nevirapine TABS	30	nimodipine CAPS	32
NAYZILAM	11	nevirapine TB24 100 MG	30	NINLARO	26
nebivolol hcl 2.5 MG, 5 MG, 10 MG	32	nevirapine TB24 400 MG	30	NIPENT	27
32		NEXIUM 24HR TBEC (esomeprazole		nisoldipine	32
nebivolol hcl 20 MG	32	magnesium)	64	nitazoxanide TABS	21
NEBUSAL NEBU	36	NEXPLANON	35	nitisinone CAPS	45
nefazodone hcl	14	NEXTSTELLIS	35	NITRO-BID OINT	8
nelarabine	23	niacin (antihyperlipidemic) TBCR	19	nitrofurantoin	22
		niacin CPCR 250 MG, 500 MG	68		

nitrofurantoin macrocrystal 50 MG, 100 MG .....	22	norgestimate-ethinyl estradiol (triphasic) .....	35	NUEDEXTA .....	61
nitrofurantoin monohyd macro .....	22	norgestimate-ethinyl estradiol .....	35	NULOJIX .....	55
nitroglycerin (intra-anal) .....	7	norgestrel & ethinyl estradiol 30 MCG-0.3 MG .....	35	nystatin (mouth-throat) .....	55
nitroglycerin CPCR .....	8	NORMOSOL-M/D5W .....	54	nystatin (topical) CREA .....	38
nitroglycerin PT24 .....	8	NORMOSOL-R .....	54	nystatin (topical) OINT .....	38
NITROGLYCERIN SOLN IV .....	8	nortriptyline hcl CAPS .....	14	nystatin (topical) POWD EX .....	38
nitroglycerin SUBL .....	8	nortriptyline hcl SOLN .....	14	nystatin TABS .....	17
NIVA-PLUS TABS .....	56	NORVIR CAPS .....	30	nystatin-triamcinolone CREA .....	38
nizatidine CAPS .....	63	NORVIR PACK .....	30	nystatin-triamcinolone OINT .....	38
NORDITROPIN FLEXPLO SOPN 30 MG/3ML .....	44	NORVIR SOLN .....	30	NYVEPRIA .....	48
NORDITROPIN FLEXPLO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML .....	44	NOVA MAX PLUS KETONE TESTSTRIPS .....	42	octreotide acetate SOLN .....	45
norelgestromin-ethinyl estradiol ...	35	NOVOEIGHT .....	48	ODEFSEY .....	30
norethin acet & estrad-fe CAPS ...	35	NOVOLIN 70/30 FLEXPEN SUPN	16	ODOMZO .....	24
norethin acet & estrad-fe CHEW ...	35	NOVOLIN 70/30 SUSP .....	16	OFEV .....	62
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	35	NOVOLIN N FLEXPEN SUPN .....	16	ofloxacin (ophth) .....	58
norethindrone & eth estradiol .....	35	NOVOLIN N SUSP .....	16	ofloxacin (otic) .....	59
norethindrone & ethinyl estradiol-fe 35		NOVOLIN R FLEXPEN SOPN IJ ..	16	ofloxacin 300 MG, 400 MG .....	46
norethindrone (contraceptive) .....	35	NOVOLIN R SOLN IJ .....	16	OGIVRI .....	24
norethindrone acet & eth estra ...	35	NP THYROID 120 TABS .....	63	olanzapine SOLR .....	29
norethindrone acetate TABS .....	60	NP THYROID 15 TABS .....	63	olanzapine TABS 2.5 MG, 5 MG ..	29
norethindrone acetate-ethinyl estradiol .....	45	NP THYROID 30 TABS .....	63	olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG .....	29
norethindrone acetate-ethinyl estradiol-fe .....	35	NP THYROID 60 TABS .....	63	olanzapine TBDP 20 MG .....	29
norethindrone-eth estradiol (triphasic) .....	35	NP THYROID 90 TABS .....	63	olanzapine TBDP 5 MG, 10 MG, 15 MG .....	29
		NUBEQA .....	25	olmesartan medoxomil .....	20
		NUCALA SOAJ .....	8	olmesartan medoxomil-amlodipine- hydrochlorothiazide .....	20
		NUCALA SOLR .....	9	olmesartan medoxomil- hydrochlorothiazide .....	20
		NUCALA SOSY 100 MG/ML .....	9	olopatadine hcl (nasal) .....	57
		NUCALA SOSY 40 MG/0.4ML .....	9		

olopatadine hcl 0.1 %	59	ORKAMBI PACK	62	325 MG-2.5 MG	6
olopatadine hcl 0.2 %	59	ORKAMBI TABS	62	oxymorphone hcl TABS	6
omega-3-acid ethyl esters	18	ORLADEYO	48	oxymorphone hcl TB12 40 MG	6
omeprazole CPDR	64	orphenadrine citrate TB12	57	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG	6
omeprazole magnesium CPDR	64	oseltamivir phosphate CAPS	31	OZEMPIC SOPN 2 MG/1.5ML	15
omeprazole TBEC	64	oseltamivir phosphate SUSR	31	OZEMPIC SOPN	15
omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG	64	OSMOPREP	50	paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML	27
OMNIFLEX DIAPHRAGM	51	OSPHENA	44	paclitaxel protein-bound particles	28
ONCASPAR	27	OTEZLA TABS	4	paliperidone 1.5 MG, 3 MG, 9 MG	29
ondansetron hcl SOLN IJ 4 MG/2ML	17	OTEZLA TBPK	4	paliperidone 6 MG	29
ondansetron hcl SOLN OR 4 MG/5ML	17	oxacillin sodium IV 10 GM	60	palonosetron hcl SOLN	17
ondansetron hcl SOSY	17	oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	23	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	44
ondansetron hcl TABS 24 MG	17	oxandrolone	7	PAMIDRONATE DISODIUM SOLN	44
ondansetron hcl TABS 4 MG	17	oxaprozin TABS	4	PANRETIN	39
ondansetron hcl TABS 8 MG	17	oxazepam CAPS	8	pantoprazole sodium TBEC 20 MG	64
ondansetron TBP 4 MG	17	oxcarbazepine SUSP	12	pantoprazole sodium TBEC 40 MG	64
ondansetron TBP 8 MG	17	oxcarbazepine TABS 150 MG, 300 MG	12	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	35
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	56	oxcarbazepine TABS 600 MG	12	paricalcitol CAPS	45
ONE VITE WOMENS PRENATALVITAMIN TABS	56	oxiconazole nitrate CREA	38	paricalcitol SOLN	45
ONETOUCH DELICA SAFETY LANCING DEVICE	52	OXISTAT LOTN	38	paroxetine hcl SUSP	13
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	52	oxybutynin chloride SOLN	64	paroxetine hcl TABS 10 MG	13
OPILL	35	oxybutynin chloride TABS 5 MG	64	paroxetine hcl TABS 20 MG	13
OPSUMIT	33	oxybutynin chloride TB24	64	paroxetine hcl TABS 30 MG	13
ORENITRAM TBCR	33	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	6	paroxetine hcl TABS 40 MG	13
ORLISSA	44	oxycodone hcl TABS	6	paroxetine hcl TB24 12.5 MG	14
		oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	6		
		oxycodone w/ acetaminophen TABS			

paroxetine hcl TB24 25 MG, 37.5 MG .....14	pentazocine w/ naloxone hcl ..... 7	phenelzine sulfate .....13
PASER PACK .....23	pentoxifylline .....48	phenobarbital ELIX .....49
pazopanib hcl .....26	perindopril erbumine 2 MG, 8 MG .19	phenobarbital TABS .....49
PEDIARIX SUSY .....63	perindopril erbumine 4 MG ..... 19	phenoxybenzamine hcl .....19
pediatric multivitamins w/fl CHEW .56	PERJETA .....24	phentermine hcl CAPS .....1
PEDVAX HIB SUSP .....64	permethrin CREA .....42	phenytoin CHEW .....12
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....50	permethrin LIQD EX .....42	phenytoin sodium extended 100 MG, 200 MG, 300 MG .....12
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM- 2.97 GM-5.86 GM-22.74 GM-236 GM .....50	perphenazine TABS .....29	phenytoin sodium SOLN .....12
peg 3350-potassium chloride-sod bicarbonate-sod chloride .....50	perphenazine-amitriptyline .....61	phenytoin SUSP .....12
PEGASYS SOLN .....31	PERSERIS PRSY .....29	PHEXXI .....68
PEGASYS SOSY .....31	PFIZER-BIONTECH COVID- 19VACCINE SUSP .....67	PHOTOFRIN .....27
PEMAZYRE .....26	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y SUSP .....67	PIFELTRO .....30
pemetrexed disodium SOLR 500 MG 24	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2023-24 SUSP 67	pilocarpine hcl (oral) .....55
pengiclovir .....39	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2024-25 SUSP 10 MCG/0.3ML .....67	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 58
penicillamine CAPS .....54	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y SUSP .....67	pimecrolimus .....42
penicillamine TABS .....54	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP .....67	pimozide .....61
penicillin g potassium 5000000 UNIT 60	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2024-25 SUSP 3 MCG/0.3ML .....67	pindolol TABS .....32
PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML .....60	PFIZER-BIONTECH COVID- 19VACCINE/ADULT RTU SUSP ..67	pioglitazone hcl .....16
PENICILLIN G PROCAINE .....60	PHEBURANE PLLT .....45	pioglitazone hcl-glimepiride .....15
penicillin g sodium .....60	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG .....47	pioglitazone hcl-metformin hcl TABS . 15
penicillin v potassium SOLR .....60	phendimetrazine tartrate TABS .....1	piperacillin sodium-tazobactam sodium .....60
penicillin v potassium TABS .....60		PIQRAY 200MG DAILY DOSE ...26
PENTACEL .....63		PIQRAY 250MG DAILY DOSE ...26
		PIQRAY 300MG DAILY DOSE ...26
		pirfenidone CAPS .....62
		pirfenidone TABS 267 MG, 801 MG 62
		pirfenidone TABS 534 MG .....62



piroxicam CAPS .....	4	potassium chloride microencapsulated crystals er ....	54	PRED-G SUSP .....	58
PLASMA-LYTE A (electrolyte-a) ..	54	potassium chloride PACK OR 20 MEQ .....	54	prednicarbate OINT .....	41
PLASMA-LYTE-148 (electrolyte-148) .....	54	POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 54		prednisolone acetate (ophth) .....	58
PLEGRIDY SOPN .....	61	potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML .....	54	PREDNISOLONE SODIUM PHOSPHATE .....	58
PLEGRIDY SOSY SC .....	61	potassium chloride TBCR .....	54	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 36	
PLEGRIDY STARTER PACK SOPN . 61		POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS .....	54	prednisolone sodium phosphate TBDP .....	36
PLEGRIDY STARTER PACK SOSY SC .....	61	POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl) .....	54	prednisolone SOLN .....	36
plerixafor .....	49	potassium citrate (alkalinizer) TBCR . 47		prednisolone TABS .....	36
PNEUMOVAX 23 .....	64	potassium phosphates 236 MG/ML- 224 MG/ML .....	54	prednisone SOLN .....	36
PNEUMOVAX 23/1 DOSE .....	64	PR BENZOYL PEROXIDE WASH LIQD .....	37	prednisone TABS 1 MG, 5 MG ....	36
podofilox SOLN .....	42	pralatrexate 20 MG/ML .....	24	prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG .....	36
polymyxin b sulfate SOLR .....	22	pramipexole dihydrochloride TABS 0.125 MG .....	28	prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG .....	36
polymyxin b-trimethoprim .....	58	pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG .....	28	prednisone TBPB .....	36
POMALYST .....	25	prasugrel hcl .....	48	PREFEST .....	45
posaconazole SUSP .....	18	pravastatin sodium .....	19	pregabalin (once-daily) 330 MG ...	61
potassium acetate SOLN 2 MEQ/ML . 54		praziquantel .....	7	pregabalin (once-daily) 82.5 MG, 165 MG .....	61
potassium bicarbonate TBEF .....	54	PRECISION XTRA .....	42	pregabalin CAPS 225 MG, 300 MG 12	
potassium chloride CPCR .....	54	PRED MILD .....	58	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	12
potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 % .....	54			pregabalin SOLN .....	12
potassium chloride in dextrose 5 %- 20 MEQ/L .....	54			PREHEVBRIO .....	67
potassium chloride in nacl 20 MEQ/L- 0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L- 0.9 % .....	54			PREMARIN .....	68
				PREMARIN SOLR .....	46
				PREMARIN TABS .....	46
				PREMPHASE .....	45
				PREMPRO .....	45

PRENATAL MULTIVITAMIN TABS 56	8	PULMOZYME .....	62
PRENATAL ONE DAILY TABS ....	56	PX PRENATAL MULTIVITAMINS TABS .....	56
PRENATAL PLUS TABS .....	56	pyrazinamide .....	23
PRENATAL PLUS VITAMIN ANDMINERAL TABS .....	56	pyridostigmine bromide SOLN OR	23
PRENATAL TABS .....	56	pyridostigmine bromide TABS 60 MG .....	23
PRENATAL VITAMIN & MINERAL TABS .....	56	pyridostigmine bromide TBCR .....	23
PRENATAL VITAMIN TABS .....	56	pyrimethamine .....	22
PRENATAL VITAMIN/IRON TABS	56	QC PRENATAL TABS .....	56
PRENATAL VITAMINS PLUS LOW IRON TABS .....	56	QINLOCK .....	26
PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT .....	56	QUADRACEL SUSP .....	63
PRENATRIX TABS .....	56	QUADRACEL SUSY .....	63
PRENATRYL TABS .....	56	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG .....	29
PREVNAR 13 .....	64	quetiapine fumarate TABS 300 MG, 400 MG .....	29
PREVNAR 20 .....	64	quetiapine fumarate TB24 300 MG, 400 MG .....	29
PREZCOBIX .....	30	quetiapine fumarate TB24 50 MG, 150 MG, 200 MG .....	29
PREZISTA SUSP .....	30	quinapril hcl 20 MG, 40 MG .....	19
PREZISTA TABS 75 MG, 150 MG	30	quinapril hcl 5 MG, 10 MG .....	19
PRIFTIN .....	23	quinapril-hydrochlorothiazide 12.5 MG-10 MG .....	20
primaquine phosphate TABS .....	22	quinapril-hydrochlorothiazide 12.5 MG-20 MG .....	20
primidone 50 MG, 250 MG .....	12	quinapril-hydrochlorothiazide 25 MG- 20 MG .....	20
PRIORIX SUSR .....	67	quinidine sulfate TABS .....	8
PROAIR DIGIHALER .....	10	quinine sulfate CAPS 324 MG .....	22
PROAIR RESPICLICK AEPB .....	10	QUZYTIR SOLN IV .....	18
probenecid .....	47	QVAR REDIHALER .....	9
procainamide hcl SOLN 500 MG/ML .			
prochlorperazine .....	29		
prochlorperazine maleate TABS ..	29		
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	49		
PROCRIT 40000 UNIT/ML .....	49		
progesterone CAPS .....	60		
PROGRAF PACK .....	55		
PROGRAF SOLN .....	55		
PROLASTIN-C SOLN .....	62		
PROLEUKIN .....	27		
PROLIA SOSY .....	44		
PROMACTA PACK .....	49		
PROMACTA TABS .....	49		
promethazine hcl SOLN OR 6.25 MG/5ML .....	18		
promethazine hcl SUPP 12.5 MG, 25 MG .....	18		
promethazine hcl SUPP 50 MG ...	18		
promethazine hcl TABS .....	18		
propafenone hcl CP12 .....	8		
propafenone hcl TABS .....	8		
proparacaine hcl .....	58		
propranolol hcl CP24 .....	32		
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML .....	32		
propranolol hcl TABS .....	32		
propylthiouracil .....	62		
protriptyline hcl .....	14		
PROVISC SOSY .....	58		
PULMICORT FLEXHALER AEPB ..	9		

RA PRENATAL FORMULA/FOLICACID TABS	56	STRP	42	risedronate sodium TBEC	44
RA PRENATAL TABS	56	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	43	risperidone microspheres	29
rabeprazole sodium TBEC	64	RENFLEXIS	46	risperidone SOLN	29
raloxifene hcl	44	repaglinide 0.5 MG, 1 MG	16	risperidone TABS	29
ramelteon	49	repaglinide 2 MG	16	risperidone TBDP	29
ramipril CAPS	19	REPATHA PUSHTRONEX SYSTEM SOCT	19	ritonavir TABS	30
ranitidine hcl TABS 150 MG	63	REPATHA SOSY	19	rivastigmine tartrate CAPS	61
ranolazine TB12 1000 MG	7	REPATHA SURECLICK SOAJ	19	rizatriptan benzoate TABS 10 MG	53
ranolazine TB12 500 MG	8	RETACRIT	49	rizatriptan benzoate TABS 5 MG	53
rasagiline mesylate	28	RETEVMO CAPS	26	rizatriptan benzoate TBDP 10 MG	53
REALITY LATEX CONDOMS/LUBRICATED MISC	51	RETROVIR IV INFUSION SOLN	30	rizatriptan benzoate TBDP 5 MG	53
REALITY LATEX/ULTRA TEXTURED DEVI	51	REXULTI	29	roflumilast	9
REALITY LATEX/ULTRA THIN DEVI 51	51	REZVOGLAR KWIKPEN	16	romidepsin SOLR	26
REBIF REBIDOSE SOAJ	61	ribavirin (hepatitis c) CAPS	31	ropinirole hydrochloride TABS	28
REBIF REBIDOSE TITRATIONPACK SOAJ	61	ribavirin (hepatitis c) TABS 200 MG 31	31	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG	28
REBIF SOSY	61	RIDAURA	3	ropinirole hydrochloride TB24 8 MG, 12 MG	28
REBIF TITRATION PACK SOSY	61	rifabutin	23	rosuvastatin calcium TABS	19
RECOMBIVAX HB SUSP	67	rifampin CAPS	23	ROTARIX SUSP	67
RECOMBIVAX HB SUSY	67	rifampin SOLR	23	ROTARIX SUSR	67
REGRANEX	42	riluzole TABS	57	ROTATEQ SOLN	67
RELENZA DISKHALER	31	rimantadine hydrochloride TABS	31	ROZLYTREK CAPS	26
RELION 2-IN-1 LANCET DEVICES 30G	52	ringer's	54	RUBRACA	26
RELION 2-IN-1 LANCING DEVICE 25G	52	ringer's irrigation	55	rufinamide SUSP	12
RELION 2-IN-1 LANCING DEVICE 30G	52	RINVOQ TB24	2	rufinamide TABS 200 MG	12
RELION KETONE TEST STRIPS		risedronate sodium TABS 150 MG	44	rufinamide TABS 400 MG	12
		risedronate sodium TABS 35 MG	44	RUXIENCE	24
		risedronate sodium TABS 5 MG, 30 MG	44	RYBELSUS TABS	15
				salsalate	5
				SANTYL OINT	41

sapropterin dihydrochloride PACK .45	sildenafil citrate (pulmonary hypertension) SUSR .....33	sodium phenylbutyrate POWD .... 45
sapropterin dihydrochloride TABS .45	sildenafil citrate (pulmonary hypertension) TABS .....33	sodium phenylbutyrate TABS ..... 45
SAVELLA TABS ..... 61	sildenafil citrate .....33	sodium polystyrene sulfonate POWD 55
SAVELLA TITRATION PACK MISC 61	silodosin ..... 47	sodium polystyrene sulfonate SUSP OR 15 GM/60ML .....55
saxagliptin hcl ..... 15	silver sulfadiazine ..... 39	sodium sulfate-potassium sulfate-magnesium sulfate .....50
saxagliptin-metformin hcl 1000 MG-2.5 MG ..... 15	SIMPONI ARIA SOLN .....3	SOFOSBUVIR/VELPATASVIR TABS .....31
saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG .....15	SIMULECT ..... 55	solifenacin succinate TABS .....64
SCSEMBLIX 100 MG .....26	simvastatin TABS .....19	SOLQUA 100/33 .....15
SCSEMBLIX 20 MG, 40 MG ..... 26	sirolimus TABS .....55	SOLOSEC .....2
scopolamine .....17	SIRTURO .....23	SOLU-CORTEF 100 MG, 500 MG, 1000 MG .....36
SELECT INSULIN SYRINGES ....52	SIVEXTRO TABS .....22	SOLU-CORTEF 250 MG .....36
SELECT LANCETS .....52	SKYLA .....35	SOLU-MEDROL 2 GM .....36
selegiline hcl CAPS .....28	SKYRIZI PEN SOAJ .....39	sorafenib tosylate .....26
selegiline hcl TABS .....28	SKYRIZI PSKT .....39	SORBITOL 3 % .....47
selenium sulfide LOTN 2.5 % .....39	SKYRIZI SOCT .....46	SORBITOL/MANNITOL IRRIGATION .....47
SELZENTRY SOLN .....30	SKYRIZI SOLN .....46	sotalol hcl (afib/afI) .....32
SELZENTRY TABS 25 MG, 75 MG 30	SKYRIZI SOSY .....39	sotalol hcl TABS 240 MG .....32
SEREVENT DISKUS .....10	SLYND .....35	sotalol hcl TABS 80 MG, 120 MG, 160 MG .....32
sertraline hcl CONC .....14	SM PRENATAL VITAMINS TABS .56	SOVALDI TABS 200 MG .....31
sertraline hcl TABS 100 MG .....14	SODIUM ACETATE SOLN (sodium acetate) .....53	SOVALDI TABS 400 MG .....31
sertraline hcl TABS 25 MG, 50 MG 14	sodium acetate SOLN .....53	SPIKEVAX COVID-19 VACCINE SUSP .....67
sevelamer carbonate PACK .....47	sodium chloride (gu irrigant) 0.9 % 47	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP .....67
sevelamer carbonate TABS .....47	sodium chloride (inhalant) NEBU 7 % .....36	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY .....67
SHINGRIX .....67	sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 % .....54	
SIGNIFOR .....45	sodium citrate & citric acid .....47	
sildenafil citrate (pulmonary hypertension) SOLN .....33	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG .....54	

SPIKEVAX COVID-19 VACCINE/2024-25 SUSY 50 MCG/0.5ML	67	sucralfate SUSP	63	sumatriptan succinate TABS	53
spinosad	42	sucralfate TABS	63	sumatriptan-naproxen sodium	53
SPIRIVA RESPIMAT AERS	9	sulconazole nitrate CREA	38	sunitinib malate 12.5 MG, 25 MG, 50 MG	27
spironolactone & hydrochlorothiazide	43	sulconazole nitrate SOLN	38	sunitinib malate 37.5 MG	27
spironolactone TABS	43	sulfacetamide sodium (acne)	37	SUNOSI 150 MG	1
SPRAVATO 56MG DOSE	13	sulfacetamide sodium (ophth) SOLN	58	SUNOSI 75 MG	1
SPRAVATO 84MG DOSE	13	sulfacetamide sodium w/ sulfur CREA 10 %-5 %	37	SYNAREL	44
SPRYCEL 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG (dasatinib)	26	sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	37	SYNERA PTCH	42
stannous fluoride CONC	55	sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %	37	SYNJARDY TABS	15
stavudine CAPS	30	sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	37	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	15
STELARA 130 MG/26ML	46	sulfacetamide sodium-prednisolone SOLN	58	SYNJARDY XR TB24 1000 MG-25 MG	15
STELARA SOLN 45 MG/0.5ML	39	sulfadiazine TABS	62	SYNRIBO	27
STELARA SOSY 45 MG/0.5ML	39	sulfamethoxazole-trimethoprim SOLN	21	SYNTHROID TABS (levothyroxine sodium)	63
STELARA SOSY 90 MG/ML	39	sulfamethoxazole-trimethoprim SUSP	21	TABLOID	24
STENDRA	33	sulfamethoxazole-trimethoprim TABS	21	TABRECTA	27
STIMATE SOLN NA	45	SULFAMILYLON CREA	39	tacrolimus (topical) OINT	42
STIOLTO RESPIMAT	10	sulfasalazine TABS	46	tacrolimus CAPS	55
STIVARGA	26	sulfasalazine TBEC	46	tadalafil (pulmonary hypertension) TABS	33
STRENSIQ	45	sulindac TABS	4	tadalafil 5 MG	33
streptomycin sulfate SOLR	2	sumatriptan	53	TAFINLAR CAPS	27
STRIBILD	30	sumatriptan succinate SOAJ	53	TAFINLAR TBSO	27
STRIVERDI RESPIMAT	10	sumatriptan succinate SOCT	53	tafluprost	59
SUBSYS LIQD 100 MCG	6	sumatriptan succinate SOLN 6 MG/0.5ML	53	TAGRISSE 40 MG	24
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	6			TAGRISSE 80 MG	24
SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	6			TAKHZYRO SOLN	48
				TAKHZYRO SOSY	48

TALZENNA .....	27	terconazole vaginal SUPP .....	67	timolol maleate TABS .....	32
tamoxifen citrate TABS .....	25	teriflunomide .....	61	tiopronin TBEC 100 MG .....	47
tamsulosin hcl .....	47	teriparatide (recombinant) SOPN ..	44	tiopronin TBEC 300 MG .....	47
TASIGNA 150 MG, 200 MG .....	27	TESTOSTERONE CYPIONATE		tiotropium bromide monohydrate	
TASIGNA 50 MG .....	27	SOLN IJ 200 MG/ML .....	7	CAPS .....	9
tavorole .....	38	testosterone cypionate SOLN IM ...	7	TIVICAY TABS .....	31
TAVALISSE .....	48	testosterone enanthate SOLN IM ...	7	tizanidine hcl CAPS .....	57
tazarotene CREA .....	39	TETANUS/DIPHTHERIA TOXOIDS-		tizanidine hcl TABS .....	57
TAZVERIK .....	27	ADSORBED ADULT SUSP .....	63	tobramycin (ophth) SOLN .....	58
TDVAX SUSP .....	63	tetrabenazine .....	61	tobramycin NEBU .....	2
TEFLARO .....	34	tetracycline hcl CAPS .....	62	tobramycin sulfate SOLN IJ 10	
TEGRETOL SUSP (carbamazepine) .		THALOMID .....	55	MG/ML, 40 MG/ML, 80 MG/2ML ...	2
12		theophylline ELIX .....	10	tobramycin-dexamethasone SUSP	
TEGRETOL TABS (carbamazepine) .		theophylline SOLN .....	10	58	
12		theophylline TB12 .....	10	TODAY SPONGE MISC .....	67
telmisartan .....	20	theophylline TB24 .....	10	tolcapone .....	28
telmisartan-amlodipine .....	20	THERANATAL CORE NUTRITION		tolmetin sodium CAPS .....	4
telmisartan-hydrochlorothiazide ..	20	TABS .....	56	tolmetin sodium TABS 600 MG ....	4
temazepam 15 MG, 30 MG .....	49	THIOLA EC TBEC 100 MG		TOLSURA CAPS .....	18
temazepam 7.5 MG, 22.5 MG .....	49	(tiopronin) .....	47	tolterodine tartrate CP24 .....	64
TEMODAR SOLR .....	23	THIOLA EC TBEC 300 MG		tolterodine tartrate TABS .....	64
temozolomide CAPS .....	23	(tiopronin) .....	47	tolvaptan TABS .....	45
temsirolimus .....	27	thioridazine hcl .....	29	topiramate CPSP 15 MG .....	12
TENIVAC INJ .....	63	thiotepa 15 MG .....	23	topiramate CPSP 25 MG .....	12
tenofovir disoproxil fumarate TABS		thiothixene .....	29	topiramate CS24 .....	12
31		THYMOGLOBULIN .....	55	topiramate TABS 200 MG .....	12
terazosin hcl .....	20	THYROGEN 0.9 MG .....	42	topiramate TABS 25 MG, 100 MG .	12
terbinafine hcl TABS .....	17	tiagabine hcl .....	12	topiramate TABS 50 MG .....	12
terbutaline sulfate SOLN .....	10	TIBSOVO .....	27	topotecan hcl SOLN .....	28
terbutaline sulfate TABS .....	10	tigecycline .....	62	topotecan hcl SOLR .....	28
terconazole vaginal CREA .....	67	timolol maleate (ophth) SOLG ....	57	toremifene citrate .....	25
		timolol maleate (ophth) SOLN ....	57		

torseamide TABS .....	43	triamcinolone acetonide (nasal) AERO .....	57	TRIKAFTA TBPB .....	62
TRACLEER TBSO .....	33	triamcinolone acetonide (topical) CREA 0.025 % .....	41	trimethobenzamide hcl CAPS .....	17
tramadol hcl TABS 50 MG .....	6	triamcinolone acetonide (topical) CREA 0.1 % .....	41	trimethoprim TABS .....	21
tramadol hcl TB24 .....	6	triamcinolone acetonide (topical) CREA 0.5 % .....	41	trimipramine maleate CAPS .....	14
tramadol-acetaminophen .....	7	triamcinolone acetonide (topical) LOTN 0.025 % .....	41	TRINTELLIX .....	14
trandolapril 1 MG, 2 MG .....	19	triamcinolone acetonide (topical) LOTN 0.1 % .....	41	TRIUMEQ TABS .....	31
trandolapril 4 MG .....	19	triamcinolone acetonide (topical) LOTN 0.1 % .....	41	TRIZIVIR .....	31
trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG .....	21	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % .....	41	tropicamide SOLN 0.5 % .....	58
trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG .....	20	triamcinolone acetonide (topical) OINT 0.5 % .....	41	tropicamide SOLN 1 % .....	58
tranexamic acid SOLN 1000 MG/10ML .....	49	triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML .....	36	tropium chloride CP24 .....	64
tranexamic acid TABS .....	49	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	43	tropium chloride TABS .....	64
tranylcypromine sulfate .....	13	triamterene & hydrochlorothiazide TABs .....	43	TRUE COVER DEVI .....	51
travoprost SOLN .....	59	triamterene CAPS .....	43	TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP ..	43
TRAZIMERA .....	24	triazolam .....	49	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN .....	52
trazodone hcl TABS .....	14	TRICARE TABS .....	56	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP 43	
TRECTOR .....	23	trientine hcl 250 MG .....	54	TRULICITY .....	15
TRELEGY ELLIPTA .....	10	trifluoperazine hcl TABS .....	29	TRUMENBA .....	64
TRELSTAR MIXJECT .....	25	trifluridine .....	58	TRUSTEX COLOR CONDOMS + LUBE MISC .....	51
TREMFYA SOPN .....	39	trihexyphenidyl hcl SOLN .....	28	TRUSTEX LUBRICATED EXTRALARGE MISC .....	51
TREMFYA SOSY .....	39	trihexyphenidyl hcl TABS .....	28	TRUSTEX LUBRICATED EXTRASTRENGTH MISC .....	51
treprostinil SOLN IJ .....	33	TRIJARDY XR 1000 MG-2.5 MG- 12.5 MG, 1000 MG-2.5 MG-5 MG	15	TRUSTEX LUBRICATED MISC ...	51
tretinoin (chemotherapy) .....	27	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG .....	15	TRUSTEX LUBRICATED/RIBBED/STUDED MISC .....	51
tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....	37			TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	51
tretinoin GEL 0.01 %, 0.025 % .....	37				
tretinoin microsphere 0.1 % .....	37				
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....	24				
triamcinolone acetonide (mouth) ..	55				

TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC .....51	UPTRAVI TABS 200 MCG .....33	VAXNEUVANCE ..... 64
TRUSTEX LUBRICATED/SPERMICIDE MISC 51	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG ..... 33	VECAMYL .....21
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC .....51	UPTRAVI TITRATION PACK TBPK 33	VECTIBIX 100 MG/5ML ..... 24
TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC .....51	ursodiol CAPS ..... 46	VELPHORO .....47
TRUSTEX/RIA LUBRICATED MISC . 52	ursodiol TABS .....46	venlafaxine hcl CP24 150 MG ..... 14
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC ..... 51	UVADEX .....27	venlafaxine hcl CP24 37.5 MG .... 14
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 51	valacyclovir hcl 1 GM, 1000 MG ...31	venlafaxine hcl CP24 75 MG ..... 14
TRUXIMA .....24	valacyclovir hcl 500 MG .....31	venlafaxine hcl TB24 150 MG ..... 14
TUKYSA .....24	valganciclovir hcl TABS .....31	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG ..... 14
TURALIO .....27	valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML ..... 13	verapamil hcl CP24 100 MG, 200 MG, 300 MG ..... 32
TUZISTRA XR .....36	valproic acid CAPS ..... 13	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG ..... 33
TWINRIX SUSY .....67	valrubicin ..... 25	verapamil hcl SOLN 2.5 MG/ML ...33
TWIRLA ..... 35	valsartan TABS ..... 20	verapamil hcl TABS .....33
TYBLUME CHEW .....35	valsartan-hydrochlorothiazide ....21	verapamil hcl TBCR .....33
TYBOST .....31	VALTOCO 10 MG DOSE LIQD ...11	VEREGEN .....37
TYMLOS .....44	VALTOCO 15 MG DOSE LQPK ...11	VERZENIO .....27
TYVASO REFILL KIT SOLN IN ...33	VALTOCO 20 MG DOSE LQPK ...11	VICTOZA 18 MG/3ML (liraglutide) .15
TYVASO SOLN IN .....33	VALTOCO 5 MG DOSE LIQD ..... 11	vigabatrin PACK ..... 12
TYVASO STARTER KIT SOLN IN 33	vancomycin hcl CAPS ..... 21	vigabatrin TABS .....12
UBRELVY ..... 52	vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG .....21	VIIBRYD STARTER PACK KIT ....14
UDENYCA ONBODY SOSY .....49	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML .21	vilazodone hcl TABS .....14
UDENYCA SOAJ .....49	VAQTA ..... 67	vincristine sulfate .....28
UDENYCA SOSY .....49	varenicline tartrate TABS ..... 62	vinorelbine tartrate 10 MG/ML .....28
	varenicline tartrate TBPK ..... 62	VIRACEPT TABS 250 MG .....31
	VARIVAX INJ ..... 67	VIRACEPT TABS 625 MG .....31
	VARUBI TBPK ..... 17	VIREAD POWD .....31
		VIREAD TABS 150 MG, 200 MG,



250 MG .....	31	10	25
VISTOGARD .....	16	XARELTO SUSR .....	10
VITAMIN D2 TABS 400 UNIT .....	68	XARELTO TABS 10 MG, 20 MG ..	10
VITATHELY/GINGER TABS .....	56	XARELTO TABS 2.5 MG, 15 MG ..	10
VITRAKVI CAPS .....	27	XELJANZ SOLN .....	2
VITRAKVI SOLN .....	27	XELJANZ TABS 10 MG .....	3
VIZIMPRO .....	24	XELJANZ TABS 5 MG .....	3
VORAXAZE .....	27	XELJANZ XR TB24 .....	2
voriconazole TABS .....	18	XEOMIN .....	57
VOSEVI .....	31	XERAVA .....	62
VYNDAMAX .....	34	XGEVA SOLN .....	44
VYNDAQEL .....	34	XHANCE EXHU .....	57
warfarin sodium TABS .....	10	XIFAXAN 200 MG .....	21
water for irrigation, sterile .....	55	XIFAXAN 550 MG .....	21
WESTAB PLUS TABS .....	56	XIGDUO XR (dapagliflozin propanediol-metformin hcl) .....	15
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 .....	52	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG .....	15
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 .....	52	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG .....	15
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 .....	52	XOLAIR SOAJ 150 MG/ML, 300 MG/2ML .....	9
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 .....	52	XOLAIR SOAJ 75 MG/0.5ML .....	9
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 .....	52	XOLAIR SOLR .....	9
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 .....	52	XOLAIR SOSY 150 MG/ML, 300 MG/2ML .....	9
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 .....	52	XOLAIR SOSY 75 MG/0.5ML .....	9
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 .....	52	XOSPATA .....	27
XALKORI CAPS .....	27	XPOVIO .....	25
XARELTO STARTER PACK TBPK		XPOVIO 60 MG TWICE WEEKLY 25	
		XPOVIO 80 MG TWICE WEEKLY	
		XTANDI CAPS .....	25
		XTANDI TABS 40 MG .....	25
		XTANDI TABS 80 MG .....	25
		XULTOPHY 100/3.6 .....	15
		XYNTHA .....	48
		XYNTHA SOLOFUSE .....	48
		YERVOY .....	24
		YONSA .....	25
		YUFLYMA 1-PEN KIT AJKT .....	3
		YUFLYMA 2-PEN KIT AJKT .....	3
		YUFLYMA 2-SYRINGE KIT PSKT ..	3
		YUFLYMA CD/UC/HS STARTER AJKT .....	3
		zafirlukast .....	9
		zaleplon 10 MG .....	49
		zaleplon 5 MG .....	49
		ZALTRAP 100 MG/4ML .....	24
		ZANOSAR .....	23
		ZARONTIN CAPS (ethosuximide) ..	12
		ZARXIO .....	49
		ZEJULA CAPS .....	27
		ZEJULA TABS 100 MG .....	27
		ZEJULA TABS 200 MG, 300 MG ..	27
		ZELBORAF .....	27
		ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT- 15000 UNIT, 84000 UNIT-63000	

UNIT-20000 UNIT .....	43
ZENPEP CPEP 252600 UNIT- 189600 UNIT-60000 UNIT .....	43
zidovudine CAPS .....	31
zidovudine SYRP .....	31
zidovudine TABS .....	31
zileuton TB12 .....	9
ziprasidone hcl .....	29
ZIRABEV .....	24
ZIRGAN GEL .....	58
ZOLADEX 10.8 MG .....	25
ZOLADEX 3.6 MG .....	25
zoledronic acid CONC .....	44
zoledronic acid SOLN .....	44
ZOLINZA .....	27
zolmitriptan SOLN .....	53
zolmitriptan TABS .....	53
zolmitriptan TBDP .....	53
zolpidem tartrate TABS .....	49
zolpidem tartrate TBCR .....	49
zonisamide CAPS .....	12
ZONTIVITY .....	48
ZORBTIVE SC .....	44
ZYDELIG .....	27
ZYLET .....	58

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