



# 2025 FORMULARY

EFFECTIVE JANUARY 1, 2025



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

# Formulary Introduction

## SUMMARY OF FORMULARY BENEFITS

The information in this document is designed to help you understand the prescription drug benefits offered under this plan and to compare these benefits to those offered by other plans. Information contained in this summary is designed to help you compare both the value and scope of formulary benefits.

## HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS

To find the cost of your prescription please visit

<https://ambetter.superiorhealthplan.com/resources/pharmacy-resources.html>. In the Drug Cost tool please select the plan in which you are participating (planning to participate) and enter medications that you are taking. The tool will provide you an approximate cost of your prescriptions and actual allowed cost for branded products. If the total medication cost is less than the co-pay that you would pay for that Tier, you will be responsible only for the lesser off amount.

## FORMULARY BY HEALTH BENEFIT PLAN

<b>Plan</b>	<b>Formulary</b>	<b>Summary of Benefits and Coverage</b>
Clear VALUE Silver	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Complete Gold	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Complete Gold + Vision + Adult Dental	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Complete Silver	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Complete Silver + Vision + Adult Dental	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Complete VALUE Gold	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Elite Gold	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Everyday Gold	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Everyday Gold + Vision + Adult Dental	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>

<b>Plan</b>	<b>Formulary</b>	<b>Summary of Benefits and Coverage</b>
Everyday VALUE Gold	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Focused Silver	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Focused Silver + Vision + Adult Dental	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Focused VALUE Silver	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Focused VALUE Silver + Vision + Adult Dental	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Gold 201 HSA	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Gold 202	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Silver 201 HSA	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Silver 203	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Standard Gold	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Standard Gold + Vision + Adult Dental	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Standard Gold VALUE	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Standard Silver	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Standard Silver VALUE	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Standard Silver VALUE + Vision + Adult Dental	Standard Formulary	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>

## DRUG BY COST-SHARING TIER

Tier	Percent of drugs in each cost-sharing tier:
0	4.44%
1a	10.68%
1b	77.13%
2	1.62%
3	2.35%
4	3.76%

## HOW PRESCRIPTION DRUGS ARE COVERED UNDER THE PLAN

### A. FORMULARY COMPOSITION:

Ambetter formulary is guided by the principle of offering widest possible access to drugs at the lowest cost. With that in mind, we start with the Affordable Care Act mandated benchmark. We then review the formulary for addition of other clinically necessary and appropriate drugs. Ambetter's formulary is considered a closed formulary. This means that any drug not found in the formulary requires prior authorization. To make sure that our members have access to appropriate drugs, we review and update our formulary monthly.

### B. RIGHT TO APPEAL

If we deny your request for Prior Authorization, you have 180 days from being denied coverage for a drug to file an appeal and your appeal will be resolved within 30 days. In the event that your appeal is successful, non-specialty non-formulary drugs will be covered at your Tier 3 cost-share (co-pay or co-insurance) and specialty non-formulary drugs will be covered at your Tier 4 cost-share (co-pay or co-insurance). Please consult your individual Summary of Benefits and Coverage for additional information on your cost-share. All other provisions of your benefit, such as deductibles and maximum out of pockets, apply to formulary and non-formulary drugs that have been provided through an appeal.

### C. CONTINUATION OF COVERAGE

Ambetter does not make changes to our formulary requiring a continuation of coverage. However, if a formulary change is made requiring continuation of coverage, you would have the right to continue receiving drug at the coverage level or tier at which the drug was covered at the beginning of the plan year, until your plan is renewed.

### D. OFF-LABEL DRUG USE

We provide coverage for off-label drugs use. Off-label use indicates medications use that has not been FDA approved for that condition. Coverage of a product under off-label use policy requires that the following must be true:

- a. Use must be diagnosis specific as defined by ICD-10 code AND
- b. Off-label use must be supported by one major multi-site study or three smaller studies published in a reputable medical journal, peer reviewed specialty medical journal, or listed in reputable compendia.

#### E. COSTSHARING

Cost sharing is your monetary participation in your care. You will need to know few items to determine the cost-share you are responsible for. Knowing the following items will help you estimate the cost you'll be responsible for at any given time: how much of your deductible you have already paid, how much deductible remains, what drug you are prescriber, and your maximum out of pocket allowance. All those items, with the exception of the tier, can be obtained from the Summary of Benefits and Coverage (see links above). To obtain the tier for your drug please consult the Formulary. To determine your cost share please follow steps below:

- a. Determine the tier that the drug/product you are filling is listed under by consulting the Formulary.
- b. Once you have determined the tier, utilize the Summary of Benefits and Coverage (SBC) document to determine what cost-share will apply to your selected drug/product.
- c. If you have not met your deductible, you will be responsible for the full cost of the drug until you meet your deductible.
- d. If you have met your deductible, but not your Maximum Out of Pocket, you will be charged a copay for drugs that are assigned a copay under your SBC and co-insurance for drugs that are assigned a co-insurance under your SBC. Generally, you will pay one (1) co-pay for each 30-day supply of medication. Two co-pays will be charged for 2-month supply and three co-pays for 3-month supply of your medication, respectively.
- e. To determine the cost for co-insurance drugs/products, please utilize our online drug search tool. Please see section: "HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS" above.

Please be aware that pharmacy claims will only process if you present your prescription to an in-network pharmacy. Out-of-network claims will not be covered. To find an in-network pharmacy close to you please consult our Find a Provider tool available on our website under Pharmacy Resources.

Your cost share for maintenance medication obtained through either Mail Order or at retail pharmacies participating in our Extended Day's supply retail network will be calculated based on the day supply that you obtain. For up to 30-day supply you will be charged one (1) copay or co-insurance, 31-60 days supply you will be responsible for two (2) copays or co-insurance and for day supply greater than 60 but less than 91 you will be charged three (3) copays or co-insurance. Some benefit designs may offer lower copays or co-insurance for 61 but less than 91 day supply at Mail Order. Please consult your Summary of Benefit and Coverage (SBC) for further details.

#### D. MEDICAL MANAGEMENT REQUIREMENTS

**Prior Authorization (PA)** – Drugs that have PA indication on the formulary require Prior Authorization. You or your provider must request an authorization from us to use this drug/product prior to filling a prescription for the drug/product.

**Step Therapy (ST)** - Drugs that have a ST indication on the formulary require that you try and fail other formulary products before you can obtain drug/product. When you provider does not feel that trying another product is appropriate your provider or you can submit a

regular Prior Authorization to obtain the Step Therapy drug/product.

**Quantity Limit (QL)** – Drugs that have QL indication on the Formulary are limited to the quantity indicated. Those quantity limits are based on FDA approved maximum doses. If your provider would like to request exception to those limits, he/she may submit a Prior Authorization request. All requests for quantity limit exception will be processed under our Off-Label policy.

**Non-Formulary Drugs** – Drugs not found on this formulary are considered non-formulary drugs. To obtain non-formulary drugs your provider would have to submit a regular Prior Authorization request. All request for Non-Formulary Drugs will be reviewed under our Non-Formulary Drug Request Policy.

## STANDARD FORMULARY

The Ambetter from Superior HealthPlan 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. Pharmacy 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

## RESUMEN DE BENEFICIOS DEL FORMULARIO

La información de este documento está diseñada para ayudarlo a comprender los beneficios de medicamentos recetados que ofrece este plan y a comparar esos beneficios con los que ofrecen otros planes. La información contenida en este resumen está diseñada para ayudarlo a comparar tanto el valor como el alcance de los beneficios del Formulario.

## CÓMO ENCONTRAR INFORMACIÓN SOBRE EL COSTO DE LOS MEDICAMENTOS RECETADOS

Para encontrar el costo de su medicamento recetado, ingrese a

<https://ambetter.superiorhealthplan.com/resources/pharmacy-resources.html>. En la herramienta de Costo del medicamento, seleccione el plan del cual participa (o tiene previsto participar) e introduzca los medicamentos que está tomando. La herramienta le brindará un costo aproximado de sus medicamentos recetados y el costo real permitido para los productos de marca. Si el costo total del medicamento es inferior al copago que le correspondería pagar en ese nivel, sólo será responsable del monto inferior.

## FORMULARIO POR PLAN DE BENEFICIOS DE SALUD

<b>Plan</b>	<b>Formulario</b>	<b>Resumen de beneficios y cobertura</b>
Clear VALUE Silver	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Complete Gold	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Complete Gold + Vision + Adult Dental	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Complete Silver	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Complete Silver + Vision + Adult Dental	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Complete VALUE Gold	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Elite Gold	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Everyday Gold	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Everyday Gold + Vision + Adult Dental	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Everyday VALUE Gold	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Focused Silver	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>

<b>Plan</b>	<b>Formulario</b>	<b>Resumen de beneficios y cobertura</b>
Focused Silver + Vision + Adult Dental	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Focused VALUE Silver	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Focused VALUE Silver + Vision + Adult Dental	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Gold 201 HSA	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Gold 202	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Silver 201 HSA	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Silver 203	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Standard Gold	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Standard Gold + Vision + Adult Dental	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Standard Gold VALUE	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Standard Silver	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Standard Silver VALUE	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>
Standard Silver VALUE + Vision + Adult Dental	Formulario estándar	<a href="https://ambetter.superiorhealthplan.com/2025-brochures.html">https://ambetter.superiorhealthplan.com/2025-brochures.html</a>

## MEDICAMENTO POR NIVEL DE COSTO COMPARTIDO

Nivel	Porcentaje de medicamentos en cada nivel de costo compartido:
0	4.44 %
1a	10.68 %
1b	77.13 %
2	1.62 %
3	2.35 %
4	3.76 %

## CÓMO CUBRE EL PLAN LOS MEDICAMENTOS RECETADOS

### A. COMPOSICIÓN DEL FORMULARIO:

El Formulario de Ambetter se guía por los principios de ofrecer el mayor acceso posible a medicamentos al costo más bajo. Con esto en mente, comenzamos con el punto de referencia obligatorio de la Ley de Cuidado de Salud Asequible. Luego revisamos el Formulario para agregar otros medicamentos clínicamente necesarios y adecuados. El Formulario de Ambetter se considera un formulario cerrado. Esto significa que cualquier medicamento que no esté en el Formulario requiere una autorización previa. Para asegurarnos de que nuestros miembros tengan acceso a medicamentos apropiados, revisamos y actualizamos nuestro Formulario mensualmente.

### B. DERECHO A APELAR

Si denegamos su solicitud de autorización previa, usted cuenta con 180 días a partir de que hayamos denegado la cobertura de un medicamento para presentar una apelación, y su apelación se resolverá en un plazo de 30 días. En caso de que su apelación prospere, los medicamentos no especializados y no incluidos en el Formulario se cubrirán al costo compartido de su nivel 3 (copago o coseguro) y los medicamentos de especialidad no incluidos en el Formulario se cubrirán al costo compartido de su nivel 4 (copago o coseguro). Consulte su Resumen de beneficios y cobertura individual para obtener información adicional sobre su costo compartido. Todas las otras disposiciones de su beneficio, como los deducibles y los gastos de bolsillo máximos, se aplican a los medicamentos del Formulario y no incluidos en el Formulario que hayan sido brindados a través de una apelación.

### C. CONTINUACIÓN DE COBERTURA

Ambetter no hace cambios en su Formulario que requieran una continuación de cobertura. Sin embargo, si se hace un cambio en el Formulario que requiera una continuación de cobertura, usted tendrá derecho a continuar recibiendo el medicamento al nivel o grado de cobertura en el que estaba cubierto al comienzo del año del plan, hasta que su plan se renueve.

### D. USO DE MEDICAMENTOS FUERA DE LO INDICADO

Brindamos cobertura para el uso de medicamentos fuera de lo indicado. Uso fuera de lo indicado es el uso de medicamentos que no han sido aprobados por la FDA para esa condición. La cobertura de un producto bajo la política de uso fuera de lo indicado requiere que se cumplan los siguientes requisitos:

- a. El uso debe ser específico para el diagnóstico según lo definido por el código ICD-10.
- b. El uso fuera de lo indicado debe estar respaldado por un estudio multicéntrico importante o tres estudios más pequeños publicados en una revista médica acreditada, una revista médica especializada revisada por pares o citada en compendios prestigiosos.

#### E. COSTO COMPARTIDO

El costo compartido es su participación monetaria en su atención médica. Deberá conocer algunos puntos para determinar el costo compartido que le corresponde. Conocer los siguientes elementos lo ayudará a estimar el costo del que será responsable en un momento dado: qué parte del deducible ya ha pagado, cuánto le queda de deducible, qué medicamento le han recetado y la cantidad máxima que puede pagar de su bolsillo. Todos estos datos, a excepción del nivel, se pueden obtener en el Resumen de beneficios y cobertura (ver los enlaces anteriores). Para obtener información del nivel de su medicamento, consulte el Formulario. Para determinar su costo compartido, siga los siguientes pasos:

- a. Consulte el Formulario para determinar el nivel en el que figura el medicamento o producto que está surtiendo.
- b. Una vez que haya determinado el nivel, utilice el Resumen de beneficios y cobertura (SBC) para determinar qué costo compartido se aplicará a su medicamento o producto seleccionado.
- c. Si no ha alcanzado su deducible, será responsable del costo total del medicamento hasta que alcance el deducible.
- d. Si ha alcanzado su deducible pero no su gasto de bolsillo máximo, le cobrarán un copago por medicamentos que tengan un copago asignado según su SBC y un coseguro por medicamentos que tengan un coseguro asignado en su SBC. Por lo general, pagará un (1) copago por cada suministro de medicamentos para 30 días. Se cobrarán dos copagos por el suministro para 2 meses y tres copagos por el suministro para 3 meses de sus medicamentos respectivamente.
- e. Para determinar el costo de medicamentos o productos de coseguro, utilice nuestra herramienta de búsqueda de medicamentos en línea. Consulte la sección: “CÓMO ENCONTRAR INFORMACIÓN SOBRE EL COSTO DE LOS MEDICAMENTOS RECETADOS” anterior.

Tenga presente que los reclamos de farmacia solo se procesarán si presenta su receta en una farmacia de la red. Los reclamos fuera de la red no estarán cubiertos. Para encontrar una farmacia de la red cercana a usted, consulte nuestra herramienta Find a Provider (Encuentre un proveedor) disponible en nuestro sitio web bajo Recursos de farmacia.

Su costo compartido de los medicamentos de mantenimiento obtenidos a través de pedidos por correo o en las farmacias minoristas que participan en nuestra red de suministro de día extendido se calculará basado en el suministro diario que obtenga. Por un suministro de hasta 30 días le cobrarán un (1) copago o coseguro; por un suministro de 31-60 días usted será responsable de hacer dos (2) copagos o coseguros, y por un suministro de más de 60 días pero menos de 91 le cobrarán tres (3) copagos o coseguros. Algunos diseños de beneficios pueden ofrecer copagos o coseguros más bajos para el suministro de 61 días pero menos de 91 en la venta por correo. Consulte su Resumen de beneficios y cobertura (SBC) para conocer más detalles.

#### D. REQUISITOS DE ADMINISTRACIÓN MÉDICA

**Autorización previa (PA):** Los medicamentos que tienen una indicación PA en el Formulario requieren autorización previa. Usted o su proveedor deben solicitarnos una autorización para usar este medicamento o producto antes de surtir una receta para el producto o medicamento.

**Terapia escalonada (ST):** Los medicamentos que tienen una indicación ST en el Formulario requieren que usted pruebe y fracase con otros productos del Formulario antes de poder obtener el medicamento o producto. Cuando su proveedor considera que no es adecuado para usted probar otro producto, su proveedor o usted pueden presentar una autorización previa regular para obtener el medicamento o producto de terapia escalonada.

**Límite de cantidad (QL):** Los medicamentos que tienen una indicación QL en el Formulario están limitados a la cantidad indicada. Esos límites de cantidad se basan en las dosis máximas aprobadas por la FDA. Si su proveedor desea solicitar una excepción a esos límites, puede presentar una solicitud de autorización previa. Todas las solicitudes de excepción de límite de cantidad se procesarán bajo nuestra política de medicamentos fuera de lo indicado.

**Medicamentos fuera del Formulario:** Los medicamentos que no figuran en este Formulario se consideran medicamentos fuera del Formulario. Para obtener estos medicamentos, su proveedor debe presentar una solicitud de autorización previa regular. Todas las solicitudes de medicamentos fuera del Formulario serán revisadas bajo nuestra política de solicitud de medicamentos fuera del Formulario.

## FORMULARIO ESTÁNDAR

El Formulario de Ambetter from Superior HealthPlan, o 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 puede 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. Pueden aplicarse ciertos límites de edad.
- Nivel 1a** - 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 1b** - 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 de farmacia 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
<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>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>amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i>	1B	
<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>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, 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)
<i>amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1B	QL(2 ea daily)
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 ea daily)
<i>dextroamphetamine sulfate CP24 5 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	1B	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)
<i>lisdexamfetamine dimesylate CAPS</i>	1B	QL(1 ea daily); ST
<i>lisdexamfetamine dimesylate CHEW</i>	1B	QL(1 ea daily); ST
<i>methamphetamine hcl</i>	1B	QL(5 ea daily); AL(At least 6 yrs old)
<b>Anorexiants Non-Amphetamine</b>		
<i>phendimetrazine tartrate TABS</i>	1B	PA
<i>phentermine hcl CAPS</i>	1B	PA
<b>Anti-Obesity Agents</b>		
CONTRAVE	3	QL(4 ea daily); PA
<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1B	QL(1 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>		
SUNOSI 150 MG	3	QL(1 ea daily); PA
SUNOSI 75 MG	3	QL(2 ea daily); PA
<b>Stimulants - Misc.</b>		

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>dexmethylphenidate hcl TABS</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CHEW 2.5 MG</i>	1B	QL(2 ea daily)
<i>methylphenidate hcl CHEW 5 MG</i>	1B	QL(6 ea daily)
<i>methylphenidate hcl CHEW 10 MG</i>	1B	QL(5 ea daily)
<i>methylphenidate hcl CP24 30 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24</i>	1B	QL(1 ea daily)
<i>methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CPCR</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl SOLN</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	1B	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 5 MG</i>	1B	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 18 MG, 27 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 36 MG, 54 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 18 MG, 27 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 36 MG, 54 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate PTCH</i>	1B	QL(1 ea daily); PA
<i>modafinil 200 MG</i>	1B	QL(2 ea daily); PA
<i>modafinil 100 MG</i>	1B	QL(1 ea daily); PA
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
Allergenic Extracts		
GRASTEK SUBL	3	PA
<b>AMEBICIDES</b>		
Amebicides		
SOLOSEC	3	PA
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1B	
ARIKAYCE	4	PA
<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>gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML</i>	1B	
<i>neomycin sulfate TABS</i>	1B	
<i>streptomycin sulfate SOLR</i>	3	
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML</i>	1B	
<i>tobramycin NEBU 300 MG/5ML</i>	4	QL(280 ml per 56 day(s) retail; 280 ml per 56 days mail); PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
Antirheumatic - Enzyme Inhibitors		
RINVOQ TB24	4	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TB24	4	QL(1 ea daily); PA	HUMIRA PEN AJKT SC 80 MG/0.8ML	4	QL(0.072 ea daily); PA
XELJANZ SOLN	4	QL(20 ml daily); PA	HUMIRA PEN-CD/UC/HS STARTER AJKT SC	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
XELJANZ TABS 5 MG	4	QL(2 ea daily); SP; PA			
XELJANZ TABS 10 MG	4	QL(2 ea daily); PA			
<b>Antirheumatic Antimetabolites</b>			HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT SC	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
METHOTREXATE	4	QL(1.714 ea daily); SP; PA			
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>			HUMIRA PEN-PS/UV STARTER AJKT SC	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT 40 MG/0.4ML	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA			
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT 40 MG/0.8ML	4	QL(0.215 ea daily); PA	HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	4	QL(0.143 ea daily); 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	SIMPONI ARIA SOLN	4	PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	4	QL(0.143 ea daily); PA	YUFLYMA 1-PEN KIT AJKT	4	QL(0.143 ea daily); PA
CYLTEZO AJKT 40 MG/0.8ML	4	QL(0.215 ea daily); PA	YUFLYMA 2-PEN KIT AJKT	4	QL(0.29 ea daily); PA
CYLTEZO AJKT 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
CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML	4	QL(0.072 ea daily); 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	<b>Gold Compounds</b>		
HUMIRA PEN AJKT SC 40 MG/0.4ML, 40 MG/0.8ML	4	QL(0.143 ea daily); PA	RIDAURA	3	QL(3 ea daily)
			<b>Interleukin-1 Blockers</b>		
			ARCALYST	4	QL(0.286 ea daily); SP; PA
			<b>Interleukin-6 Receptor Inhibitors</b>		
			KEVZARA SOAJ	4	QL(0.082 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits
KEVZARA SOSY	4	QL(0.082 ml daily); PA
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
<i>celecoxib</i>	1B	QL(2 ea daily)
<i>diclofenac potassium TABS 50 MG</i>	1B	
<i>diclofenac sodium TB24 100 MG</i>	1B	
<i>diclofenac sodium TBEC</i>	1B	
<i>diclofenac w/ misoprostol TBEC</i>	1B	
<i>etodolac CAPS</i>	1B	
<i>etodolac TABS</i>	1B	
<i>fenoprofen calcium TABS</i>	1B	QL(4 ea daily); ST
<i>flurbiprofen TABS</i>	1B	
<i>ibuprofen SUSP 100 MG/5ML</i>	1B	RX/OTC
<i>ibuprofen TABS 400 MG, 600 MG</i>	1A	
<i>ibuprofen TABS 800 MG</i>	1B	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1B	
<i>indomethacin CPCR</i>	1B	
<i>ketoprofen CAPS 50 MG</i>	1B	
<i>ketorolac tromethamine TABS</i>	1B	QL(0.667 ea daily)
<i>meclofenamate sodium CAPS</i>	1B	
<i>mefenamic acid CAPS</i>	1B	Must try ibuprofen. ; QL(5 ea daily); ST
<i>meloxicam TABS 7.5 MG, 15 MG</i>	1A	QL(1 ea daily)
<i>nabumetone</i>	1B	
<i>naproxen sodium TABS 550 MG</i>	1B	
<i>naproxen SUSP</i>	1B	PA
<i>naproxen TABS</i>	1B	
<i>naproxen TBEC 500 MG</i>	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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>		
OTEZLA TABS	4	QL(2 ea daily); PA
OTEZLA TBPk	4	1 package(s) per 180 day(s) retail; PA
OTEZLA TBPk	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<b>Pyrimidine Synthesis Inhibitors</b>		
<i>leflunomide</i>	1B	QL(1 ea daily)
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SOCT	4	QL(0.146 ml daily); PA
ENBREL SURECLICK SOAJ	4	QL(0.146 ml daily); PA
ENBREL SOLN	4	QL(0.146 ml daily); PA
ENBREL SOSY 50 MG/ML	4	QL(0.286 ml daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ml daily); PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1B	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	QL(6 ea daily)	<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1B	QL(6 ea daily)	<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)
<i>butalbital-aspirin-caffeine CAPS</i>	1B	QL(4 ea daily)	<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 ea daily); PA
<b>Salicylates</b>			<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 ea daily); PA
<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>			<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B	
<b>Opioid Agonists</b>			<i>methadone hcl SOLN OR 5 MG/5ML</i>	1B	QL(100 ml daily)
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply	<b>METHADONE HCL SOLN IJ</b>	1B	
<b>CODEINE SULFATE TABS</b>	1B	New starts limited to 7 day supply	<i>methadone hcl TABS 5 MG</i>	1B	QL(4 ea daily)
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG, 1600 MCG</i>	1B	QL(4 ea daily); PA	<i>methadone hcl TABS 10 MG</i>	1B	QL(10 ea daily)
<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 TBSO</i>	1B	QL(2 ea daily)
<i>hydrocodone bitartrate CP12</i>	3	QL(2 ea daily); PA	<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>hydrocodone bitartrate T24A</i>	3	QL(2 ea daily); PA	<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B	
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply			

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1B	New starts limited to 7 day supply; QL(5 ea daily)
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1B	PA
<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)
<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-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 3 MG-12 MG</i>	1B	QL(2 ea daily)
<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 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 IJ 1 MG/ML, 2 MG/ML</i>	1B	
<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ml daily); PA
<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>		

Drug Name	Drug Tier	Requirements/Limits
<b>Anabolic Steroids</b>		
<i>oxandrolone</i>	1B	
<b>Androgens</b>		
<i>ANDRODERM PT24 2 MG/24HR, 4 MG/24HR</i>	2	QL(1 ea daily); PA
<i>danazol CAPS</i>	1B	
<i>METHITEST TABS</i>	3	
<i>testosterone cypionate SOLN IM 100 MG/ML, 200 MG/ML</i>	1B	
<i>TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML</i>	1B	
<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



Drug Name	Drug Tier	Requirements/Limits
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>		
Antianginals-Other		
<i>ranolazine TB12 1000 MG</i>	1B	QL(2 ea daily)
<i>ranolazine TB12 500 MG</i>	1B	QL(3 ea daily)
Nitrates		
<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>ANTIANGIETY AGENTS - Drugs to Treat Anxiety</b>		
Antianxiety Agents - Misc.		
<i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B	
<i>buspirone hcl 5 MG</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
<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)
Benzodiazepines		
<i>alprazolam TABS 2 MG</i>	1B	QL(4 ea daily)
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	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	
<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 1 MG</i>	1A	QL(4 ea daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 ea daily)
<i>oxazepam CAPS</i>	1B	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1B	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		

Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate</i>	1B	
<i>propafenone hcl CP12</i>	1B	
<i>propafenone hcl TABS</i>	1B	
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 50 MG/ML</i>	1B	
<i>amiodarone hcl TABS</i>	1B	
<i>dofetilide</i>	1B	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
Antiasthmatic - Monoclonal Antibodies		
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
NUCALA SOLR	4	QL(0.1073 ea daily); PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ml daily); PA
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ml daily); PA
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA
XOLAIR SOAJ 75 MG/0.5ML	4	QL(0.036 ml daily); PA
XOLAIR SOLR	4	QL(0.286 ea daily); PA
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 ml daily); PA
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1B	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	3	QL(0.44 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide SOLN 0.02 %</i>	1B	QL(15 ml daily)
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
<i>tiotropium bromide monohydrate CAPS</i>	1B	QL(1 ea daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1B	QL(1 ea daily)
<i>montelukast sodium PACK</i>	1B	QL(1 ea daily)
<i>montelukast sodium TABS</i>	1B	QL(1 ea daily)
<i>zafirlukast</i>	1B	QL(2 ea daily)
<i>zileuton TB12</i>	3	QL(4 ea daily); PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	3	QL(1 ea daily)
Steroid Inhalants		
ALVESCO	3	PA
ARNUITY ELLIPTA	2	
<i>budesonide (inhalation) SUSP</i>	1B	QL(4 ml daily); PA
<i>fluticasone propionate (inhalation) AEPB</i>	1B	
<i>fluticasone propionate hfa</i>	1B	QL(0.8 gm daily)
PULMICORT FLEXHALER AEPB	2	
QVAR REDHALER	2	
Sympathomimetics		
AIRDUO DIGIHALER 113/14	3	
AIRDUO DIGIHALER 232/14	3	
AIRDUO DIGIHALER 55/14	3	
AIRSUPRA	3	
<i>albuterol sulfate AERS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1B	
<i>albuterol sulfate SYRP</i>	1B	
<i>albuterol sulfate TABS</i>	1B	
ANORO ELLIPTA	2	QL(2 ea daily)
<i>arformoterol tartrate</i>	1B	QL(4 ml daily)
BREO ELLIPTA	2	
BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )	2	
BREZTRI AEROSPHERE	2	QL(0.38 gm daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1B	
DULERA	2	
<i>fluticasone furoate-vilanterol</i>	1B	
<i>fluticasone-salmeterol AEPB</i>	1B	
<i>fluticasone-salmeterol AERO</i>	1B	
<i>formoterol fumarate NEBU</i>	1B	QL(4 ml daily)
<i>ipratropium-albuterol SOLN</i>	1B	QL(18 ml daily)
<i>levalbuterol hcl</i>	1B	
<i>levalbuterol tartrate</i>	1B	QL(0.5 gm daily)
PROAIR DIGIHALER	3	
PROAIR RESPICLICK AEPB	3	
SEREVENT DISKUS	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate SOLN</i>	1B	
<i>terbutaline sulfate TABS</i>	1B	
TRELEGY ELLIPTA	2	QL(2 ea daily)
Xanthines		

Drug Name	Drug Tier	Requirements/Limits
<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>		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	1B	
Direct Factor Xa Inhibitors		
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
XARELTO SUSR	2	QL(900 ml per 30 day(s) retail; 900 ml per 30 days mail)
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 ea daily)
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	4	QL(6 ml daily)
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	4	QL(0.8 ml daily; 30 Day(s) limit); SP
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	4	QL(0.6 ml daily); SP
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	4	QL(2 ml daily)
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	4	QL(1.2 ml daily; 30 Day(s) limit); SP
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ml per 180 day(s) retail; 5 ml per 180 days mail); SP
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ml per 180 day(s) retail; 4 ml per 180 days mail); SP
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(7.2 ml per 180 day(s) retail; 7 ml per 180 days mail); SP
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3.6 ml per 180 day(s) retail; 4 ml per 180 days mail); SP
FRAGMIN SOSY	4	SP; PA
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B	
HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	1B	
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS</i>	1B	
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 6 MG	3	QL(2 ea daily); PA
FYCOMPA TABS 2 MG	3	QL(6 ea daily); PA
FYCOMPA TABS 4 MG	3	QL(3 ea daily); PA
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); PA
Anticonvulsants - Benzodiazepines		
<i>clobazam SUSP</i>	1B	QL(16 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam TABS</i>	1B	QL(2 ea daily); PA
<i>clonazepam TABS</i>	1A	
<i>diazepam (anticonvulsant) GEL</i>	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
NAYZILAM	3	QL(10 ea per 30 day(s) retail); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
Anticonvulsants - Misc.		
APTIOM	3	QL(2 ea daily); ST
BANZEL TABS 200 MG ( <i>rufinamide</i> )	2	QL(2 ea daily); PA
BANZEL TABS 400 MG ( <i>rufinamide</i> )	2	QL(8 ea daily); PA
BRIVIACT SOLN OR 10 MG/ML	3	QL(20 ml daily); PA
BRIVIACT TABS	3	QL(2 ea daily); PA
<i>carbamazepine CHEW</i>	1B	
<i>carbamazepine CP12 300 MG</i>	1B	QL(4 ea daily)
<i>carbamazepine CP12 100 MG</i>	1B	
<i>carbamazepine CP12 200 MG</i>	1B	QL(6 ea daily)
<i>carbamazepine SUSP</i>	1B	
<i>carbamazepine TABS</i>	1B	
<i>carbamazepine TB12 200 MG</i>	1B	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 ea daily)	<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA
DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA	<i>primidone 50 MG, 250 MG</i>	1B	
DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA	<i>rufinamide SUSP</i>	1B	QL(80 ml daily); PA
DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA	<i>rufinamide TABS 200 MG</i>	1B	QL(2 ea daily); PA
DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA	<i>rufinamide TABS 400 MG</i>	1B	QL(8 ea daily); PA
EPIDIOLEX	3	PA	TEGRETOL SUSP ( <i>carbamazepine</i> )	2	
<i>gabapentin CAPS</i>	1B		TEGRETOL TABS ( <i>carbamazepine</i> )	2	
<i>gabapentin SOLN</i>	1B	QL(60 ml daily)	<i>topiramate CPSP 25 MG</i>	1B	QL(8 ea daily)
<i>gabapentin TABS 600 MG, 800 MG</i>	1B		<i>topiramate CPSP 15 MG</i>	1B	QL(6 ea daily)
<i>lacosamide SOLN IV 200 MG/20ML</i>	1B	QL(40 ml daily)	<i>topiramate CS24</i>	3	PA
<i>lacosamide TABS</i>	1B	QL(2 ea daily)	<i>topiramate TABS 200 MG</i>	1B	QL(2 ea daily)
<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 ea daily)	<i>topiramate TABS 50 MG</i>	1B	QL(6 ea daily)
<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 ea daily)	<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 ea daily)
<i>lamotrigine TABS</i>	1B		<i>zonisamide CAPS</i>	1B	QL(6 ea daily)
<i>lamotrigine TBDP</i>	1B	QL(1 ea daily)	<b>Carbamates</b>		
<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ml daily)	<i>felbamate SUSP</i>	1B	QL(30 ml daily)
<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 ea daily)	<i>felbamate TABS 400 MG</i>	1B	QL(9 ea daily)
<i>levetiracetam TABS 500 MG</i>	1B	QL(6 ea daily)	<i>felbamate TABS 600 MG</i>	1B	QL(6 ea daily)
<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 ea daily)	<b>GABA Modulators</b>		
<i>levetiracetam TB24</i>	1B	QL(4 ea daily)	<i>tiagabine hcl</i>	1B	
<i>oxcarbazepine SUSP</i>	1B	QL(40 ml daily)	<i>vigabatrin PACK</i>	4	QL(6 ea daily); SP; PA
<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1B	QL(3 ea daily)	<i>vigabatrin TABS</i>	4	QL(6 ea daily); SP; PA
<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 ea daily)	<b>Hydantoins</b>		
<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 ea daily); PA	DILANTIN	2	
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 ea daily); PA	DILANTIN ( <i>phenytoin sodium extended</i> )	2	
			DILANTIN INFATABS CHEW ( <i>phenytoin</i> )	2	
			DILANTIN-125 SUSP ( <i>phenytoin</i> )	2	

Drug Name	Drug Tier	Requirements/Limits
<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)
ZARONTIN CAPS ( <i>ethosuximide</i> )	2	QL(6 ea daily)
<b>Valproic Acid</b>		
<i>divalproex sodium TB24</i>	1B	
<i>divalproex sodium TBEC</i>	1B	
<i>valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML</i>	1B	
<i>valproic acid CAPS</i>	1B	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine TABS 30 MG</i>	1B	QL(1.5 ea daily)
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	1B	QL(1 ea daily)
<i>mirtazapine TABS 15 MG</i>	1B	QL(3 ea daily)
<i>mirtazapine TBDP 15 MG</i>	1B	QL(3 ea daily)
<i>mirtazapine TBDP 45 MG</i>	1B	QL(1 ea daily)
<i>mirtazapine TBDP 30 MG</i>	1B	QL(1.5 ea daily)
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl TABS 75 MG, 100 MG</i>	1B	+; QL(3 ea daily)
<i>bupropion hcl TB12 100 MG</i>	1B	+; QL(4 ea daily)
<i>bupropion hcl TB12 150 MG</i>	1B	+; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl TB12 200 MG</i>	1B	+; QL(2 ea daily)
<i>bupropion hcl TB24 150 MG</i>	1B	QL(3 ea daily)
<i>bupropion hcl TB24 300 MG</i>	1B	QL(1 ea daily)
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM	3	QL(1 ea daily)
MARPLAN	2	QL(6 ea daily)
<i>phenelzine sulfate</i>	1B	
<i>tranylcypromine sulfate</i>	1B	
<b>N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists</b>		
SPRAVATO 56MG DOSE	4	PA
SPRAVATO 84MG DOSE	4	PA
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
<i>citalopram hydrobromide SOLN</i>	1B	QL(20 ml daily)
<i>citalopram hydrobromide TABS 10 MG</i>	1B	#; QL(4 ea daily)
<i>citalopram hydrobromide TABS 40 MG</i>	1B	#; QL(1 ea daily)
<i>citalopram hydrobromide TABS 20 MG</i>	1B	#; QL(2 ea daily)
<i>escitalopram oxalate SOLN</i>	1B	QL(20 ml daily)
<i>escitalopram oxalate TABS 20 MG</i>	1B	+; QL(1 ea daily)
<i>escitalopram oxalate TABS 5 MG</i>	1B	+; QL(4 ea daily)
<i>escitalopram oxalate TABS 10 MG</i>	1B	+; QL(2 ea daily)
<i>fluoxetine hcl CAPS 20 MG</i>	1B	#; QL(3 ea daily)
<i>fluoxetine hcl CAPS 10 MG</i>	1A	#; QL(1 ea daily)
<i>fluoxetine hcl CAPS 40 MG</i>	1B	#; QL(2 ea daily)
<i>fluoxetine hcl CPDR</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl SOLN</i>	1B	QL(20 ml daily)
<i>fluoxetine hcl TABS 10 MG, 60 MG</i>	1B	QL(1 ea daily)
<i>fluoxetine hcl TABS 20 MG</i>	1B	QL(3 ea daily)
<i>fluvoxamine maleate TABS 100 MG</i>	1B	+; QL(3 ea daily)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1B	+; QL(2 ea daily)
<i>paroxetine hcl SUSP</i>	1B	QL(30 ml daily)
<i>paroxetine hcl TABS 40 MG</i>	1B	#; QL(1 ea daily)
<i>paroxetine hcl TABS 20 MG</i>	1B	#; QL(3 ea daily)
<i>paroxetine hcl TABS 30 MG</i>	1B	#; QL(2 ea daily)
<i>paroxetine hcl TABS 10 MG</i>	1B	#; QL(6 ea daily)
<i>paroxetine hcl TB24 12.5 MG</i>	1B	QL(1 ea daily)
<i>paroxetine hcl TB24 25 MG, 37.5 MG</i>	1B	QL(2 ea daily)
<i>sertraline hcl CONC</i>	1B	QL(10 ml daily)
<i>sertraline hcl TABS 100 MG</i>	1B	#; QL(2 ea daily)
<i>sertraline hcl TABS 25 MG, 50 MG</i>	1B	#; QL(4 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>		

Drug Name	Drug Tier	Requirements/Limits
<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 20 MG, 30 MG, 60 MG</i>	1B	#; QL(2 ea daily)
<i>duloxetine hcl CPEP 40 MG</i>	1B	#
FETZIMA TITRATION PACK C4PK	3	PA
FETZIMA CP24	3	QL(1 ea daily); PA
<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 CP24 75 MG</i>	1B	+; QL(5 ea daily)
<i>venlafaxine hcl TABS</i>	1B	#; QL(3 ea daily)
<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>		



Drug Name	Drug Tier	Requirements/Limits
<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)
<i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>	1B	+; QL(2 ea daily)
<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1B	+; QL(4 ea daily)
<i>glyburide-metformin 250 MG-1.25 MG</i>	1B	+; QL(2 ea daily)
GLYXAMBI	2	QL(1 ea daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
JANUMET TABS	2	QL(2 ea daily)
<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl TABS</i>	1B	QL(2 ea daily)
<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1B	QL(1 ea daily)
<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SOLQUA 100/33	2	QL(0.5 ml daily); PA
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 ea daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 ea daily)
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 ea daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> )	2	QL(2 ea daily)
XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> )	2	QL(1 ea daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 ea daily)
XULTOPHY 100/3.6	2	QL(0.5 ml daily); PA
<b>Biguanides</b>		
<i>metformin hcl TABS 850 MG</i>	0	QL(3 ea daily)
<i>metformin hcl TABS 1000 MG</i>	1B	+; QL(2.5 ea daily)
<i>metformin hcl TABS 500 MG</i>	1B	+; QL(5 ea daily)
<i>metformin hcl TB24 750 MG</i>	1B	+; QL(3 ea daily)
<i>metformin hcl TB24 500 MG</i>	1B	+; QL(4 ea daily)
<b>Diabetic Other</b>		
<i>diazoxide</i>	3	
<i>glucagon (rdna)</i>	1B	+; QL(0.035 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			INSULIN LISPRO SOLN IJ	2	
<i>alogliptin benzoate</i>	1B	QL(1 ea daily)	NOVOLIN 70/30 FLEXPEN SUPN	2	#
JANUVIA	2	QL(1 ea daily)	NOVOLIN 70/30 SUSP	2	#
<i>saxagliptin hcl</i>	1B	QL(1 ea daily)	NOVOLIN N FLEXPEN SUPN	2	#
Incretin Mimetic Agents			NOVOLIN N SUSP	2	#
OZEMPIC SOPN 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	QL(0.108 ml daily); PA	NOVOLIN R FLEXPEN SOPN IJ	2	#
OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily); PA	NOVOLIN R SOLN IJ	2	#
RYBELSUS TABS	2	QL(1 ea daily); PA	REZVOGLAR KWIKPEN	3	PA
TRULICITY SC	2	QL(0.143 ml daily); PA	SEMGLEE SOLN	2	#
VICTOZA ( <i>liraglutide</i> )	2	QL(0.3 ml daily); PA	SEMGLEE SOPN	2	#
Insulin			Insulin Sensitizing Agents		
APIDRA SOLOSTAR SOPN	3	PA	<i>pioglitazone hcl</i>	1B	+; QL(1 ea daily)
APIDRA SOLN	3	PA	Meglitinide Analogues		
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	#; QL(1.34 ml daily)	<i>nateglinide</i>	1B	QL(3 ea daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	#; QL(1.34 ml daily)	<i>repaglinide 2 MG</i>	1B	QL(8 ea daily)
INSULIN ASPART FLEXPEN SOPN	1B	#	<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 ea daily)
INSULIN ASPART PENFILL SOCT	1B	#	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	1B	#	<i>dapagliflozin propanediol</i>	2	QL(1 ea daily)
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	1B	#	FARXIGA	2	QL(1 ea daily)
INSULIN ASPART SOLN IJ	1B	#	FARXIGA ( <i>dapagliflozin propanediol</i> )	2	QL(1 ea daily)
INSULIN DEGLUDEC FLEXTOUCH SOPN	2	#	JARDIANCE	2	QL(1 ea daily)
INSULIN DEGLUDEC SOLN	2	#	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)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>glyburide TABS</i>	1B	+; QL(4 ea daily)	<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1B	QL(3.34 ml daily)
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>					
Antiperistaltic Agents					
<i>diphenoxylate w/ atropine LIQD</i>	1B		<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B	
<i>diphenoxylate w/ atropine TABS</i>	1B		<i>ondansetron hcl SOSY</i>	1B	
<i>loperamide hcl CAPS 2 MG</i>	1B	RX/OTC	<i>ondansetron hcl TABS 8 MG</i>	1B	QL(3 ea daily; 45 ea per fill retail; 45 per fill mail)
MOTOFEN	3		<i>ondansetron hcl TABS 4 MG</i>	1B	QL(4 ea daily; 60 ea per fill retail; 60 per fill mail)
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>					
Antidotes - Chelating Agents					
CHEMET	3		<i>ondansetron hcl TABS 24 MG</i>	1B	QL(0.143 ea daily)
<i>deferasirox PACK</i>	4	PA	<i>ondansetron TBDP 4 MG</i>	1B	QL(1 ea daily)
<i>deferasirox TABS</i>	4	SP; PA	<i>ondansetron TBDP 8 MG</i>	1B	
<i>deferasirox TBSO</i>	4	SP; PA	<i>palonosetron hcl SOLN</i>	1B	
Antidotes and Specific Antagonists					
VISTOGARD	4	PA	Antiemetics - Anticholinergic		
Opioid Antagonists					
<i>naloxone hcl LIQD</i>	1B	QL(2 ea per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC	<i>meclizine hcl TABS 12.5 MG</i>	1A	RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1B		<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC
<i>naltrexone hcl</i>	1B		<i>scopolamine</i>	1B	QL(0.34 ea daily)
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>					
5-HT3 Receptor Antagonists					
ANZEMET TABS 50 MG	3	QL(0.167 ea daily); PA	<i>trimethobenzamide hcl CAPS</i>	1B	
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B		Antiemetics - Miscellaneous		
<i>granisetron hcl TABS</i>	1B	QL(0.34 ea daily)	AKYNZEO	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	
			Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
			<i>aprepitant CAPS</i>	1B	PA
			<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 ea daily)
<i>aprepitant MISC</i>	1B	PA
VARUBI TBPB	3	PA
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
Antifungal - Glucan Synthesis Inhibitors		
<i>caspofungin acetate</i>	1B	
ERAXIS	3	
<i>micafungin sodium</i>	1B	PA
Antifungals		
ABELCET	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)
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	3	PA
<i>fluconazole SUSP</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		

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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 40 MG</i>	1B	QL(2 ea daily)
<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 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 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 5 MG, 10 MG, 20 MG, 40 MG</i>	1B	+
<i>captopril 25 MG, 50 MG, 100 MG</i>	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>captopril 12.5 MG</i>	1B	
<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 20 MG, 40 MG</i>	1B	
<i>quinapril hcl 5 MG, 10 MG</i>	1B	QL(2 ea daily)
<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)
<i>losartan potassium</i>	1B	+; QL(1 ea daily)
<i>olmesartan medoxomil</i>	1B	+; QL(1 ea daily)
<i>telmisartan</i>	1B	QL(1 ea daily)
<i>valsartan TABS</i>	1B	+; QL(1 ea daily)
Antiadrenergic Antihypertensives		
<i>clonidine</i>	3	QL(0.15 ea daily)
<i>clonidine hcl TABS</i>	1B	+; QL(8 ea daily)
<i>doxazosin mesylate</i>	1B	
<i>guanfacine hcl</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>methyldopa TABS</i>	1B	QL(6 ea daily)
<i>prazosin hcl CAPS</i>	1B	QL(4 ea daily)
<i>terazosin hcl</i>	1B	
Antihypertensive Combinations		
<i>amlodipine besylate-benazepril hcl</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST
<i>amlodipine besylate-valsartan</i>	1B	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 12.5 MG-5 MG</i>	1B	QL(2 ea daily)
<i>enalapril maleate &amp; hydrochlorothiazide 25 MG-10 MG</i>	1B	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide</i>	1B	+
<i>lisinopril &amp; hydrochlorothiazide</i>	1B	+
<i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1B	+; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-50 MG</i>	1B	+; QL(2 ea daily)
<i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-50 MG</i>	1B	QL(1 ea daily)
<i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B	
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1B	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1B	QL(4 ea daily)
<i>telmisartan-amlodipine</i>	1B	QL(1 ea daily)
<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3	
<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 ea daily)
<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)		

Drug Name	Drug Tier	Requirements/Limits
<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 550 MG	3	QL(3 ea daily); AL(At least 12 yrs old); PA
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
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	
<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	

Drug Name	Drug Tier	Requirements/Limits
<b>Chloramphenicols</b>		
<i>chloramphenicol sodium succinate</i>	4	SP; PA
<b>Cyclic Lipopeptides</b>		
<i>daptomycin 500 MG</i>	1B	
<b>Glycopeptides</b>		
<i>vancomycin hcl CAPS</i>	1B	QL(4 ea daily; 40 ea per fill retail)
<i>vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG</i>	1B	
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1B	QL(300 ml per fill retail)
<b>Leprostatics</b>		
<i>dapsone</i>	1B	
<b>Lincosamides</b>		
<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	
<b>Monobactams</b>		
<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	

Drug Name	Drug Tier	Requirements/Limits
<b>Urinary Anti-infectives</b>		
<i>fosfomicin 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 100 MG</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
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 250 MG</i>	1B	QL(3 ea daily)
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>hydroxychloroquine sulfate 100 MG</i>	1B	QL(4 ea daily)



Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate 400 MG</i>	1B	QL(1 ea daily)
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 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
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	PA
<i>neostigmine methylsulfate SOSY</i>	3	PA
<i>pyridostigmine bromide SOLN OR</i>	1B	
<i>pyridostigmine bromide TABS 60 MG</i>	1B	
<i>pyridostigmine bromide TBCR</i>	1B	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	1B	QL(4 ea daily)
<i>ethambutol hcl TABS</i>	1B	
<i>isoniazid SOLN</i>	1B	
<i>isoniazid SYRP</i>	1B	
<i>isoniazid TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
PASER PACK	3	QL(3 ea daily)
PRIFTIN	3	
<i>pyrazinamide</i>	1B	
<i>rifabutin</i>	1B	PA
<i>rifampin CAPS</i>	1B	
<i>rifampin SOLR</i>	1B	
SIRTURO	3	PA
TRECTOR	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>bendamustine hcl SOLR</i>	4	SP; PA
<i>busulfan SOLN</i>	4	SP; PA
<i>carboplatin SOLN 50 MG/5ML</i>	4	SP; PA
<i>carmustine</i>	4	SP; PA
<i>cisplatin SOLN 100 MG/100ML</i>	4	SP; PA
<i>cyclophosphamide CAPS</i>	1B	PA
<i>cyclophosphamide SOLR IJ</i>	4	
GLEOSTINE 10 MG	4	SP; PA
GLEOSTINE 40 MG, 100 MG	4	PA
<i>ifosfamide SOLN 1 GM/20ML</i>	4	SP; PA
<i>ifosfamide SOLR</i>	4	SP; PA
LEUKERAN	4	SP; PA
<i>melphalan</i>	1B	
<i>melphalan hcl IV</i>	1B	
MYLERAN TABS	4	SP; PA
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	4	SP; PA
TEMODAR SOLR	4	
<i>temozolomide CAPS</i>	4	SP; PA
<i>thiotepa 15 MG</i>	4	SP; PA
ZANOSAR	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Antimetabolites</b>			LENVIMA 20 MG DAILY DOSE	4	QL(2 ea daily); PA
<i>azacitidine SUSR</i>	4	SP; PA	LENVIMA 24 MG DAILY DOSE	4	QL(3 ea daily); PA
<i>capecitabine</i>	4	SP; PA	LENVIMA 4 MG DAILY DOSE	4	QL(1 ea daily); PA
<i>clofarabine</i>	4	SP; PA	LENVIMA 8 MG DAILY DOSE	4	QL(2 ea daily); PA
<i>cytarabine SOLN</i>	4	SP; PA	MVASI	4	PA
<i>decitabine</i>	4	SP; PA	ZALTRAP 100 MG/4ML	4	SP; PA
<i>floxuridine</i>	4	SP; PA	ZIRABEV	4	PA
<i>fludarabine phosphate SOLN</i>	4	SP; PA	<b>Antineoplastic - Antibodies</b>		
<i>fludarabine phosphate SOLR</i>	4	SP; PA	ADCETRIS	4	SP; PA
<i>fluorouracil 500 MG/10ML</i>	4	SP; PA	ARZERRA	4	SP; PA
<i>gemcitabine hcl SOLR 2 GM, 200 MG</i>	4	SP; PA	RUXIENCE	4	PA
<i>mercaptopurine TABS</i>	1B		TRUXIMA	4	PA
<i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i>	1B		YERVOY	4	SP; PA
<i>methotrexate sodium SOLR</i>	1B	SP	<b>Antineoplastic - Anti-HER2 Agents</b>		
<i>methotrexate sodium TABS 2.5 MG</i>	1B	SP	KANJINTI	4	PA
<i>nelarabine</i>	4	SP; PA	OGIVRI	4	PA
<i>pemetrexed disodium SOLR 500 MG</i>	4	SP; PA	PERJETA	4	SP; PA
<i>pralatrexate 20 MG/ML</i>	4	SP; PA	TRAZIMERA	4	PA
TABLOID	4	SP; PA	TUKYSA	4	PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	SP; PA	<b>Antineoplastic - EGFR Inhibitors</b>		
<b>Antineoplastic - Angiogenesis Inhibitors</b>			ERBITUX	4	SP; PA
INLYTA	4	QL(2 ea daily); SP; PA	<i>erlotinib hcl</i>	4	QL(1 ea daily); SP; PA
LENVIMA 10 MG DAILY DOSE	4	QL(1 ea daily); PA	<i>gefitinib</i>	4	QL(2 ea daily); PA
LENVIMA 12MG DAILY DOSE	4	QL(3 ea daily); PA	GILOTRIF	4	QL(1 ea daily); PA
LENVIMA 14 MG DAILY DOSE	4	QL(2 ea daily); PA	TAGRISO 40 MG	4	QL(2 ea daily); PA
LENVIMA 18 MG DAILY DOSE	4	QL(3 ea daily); PA	TAGRISO 80 MG	4	QL(1 ea daily); PA
			VECTIBIX 100 MG/5ML	4	SP; PA
			VIZIMPRO	4	QL(1 ea daily); PA
			<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DAURISMO	4	PA	<i>megestrol acetate TABS</i>	1B	
ERIVEDGE	4	QL(1 ea daily); SP; PA	<i>nilutamide</i>	1B	QL(2 ea daily)
ODOMZO	4	QL(1 ea daily); PA	NUBEQA	4	QL(4 ea daily); PA
<b>Antineoplastic - Hormonal and Related Agents</b>			<i>tamoxifen citrate TABS</i>	0	
<i>abiraterone acetate 250 MG</i>	4	QL(4 ea daily); SP; PA	<i>toremifene citrate</i>	1B	
<i>abiraterone acetate 500 MG</i>	4	QL(2 ea daily); PA	TRELSTAR MIXJECT	4	SP; PA
<i>anastrozole</i>	1B	QL(1 ea daily)	XTANDI CAPS	4	QL(4 ea daily); SP; PA
<i>bicalutamide</i>	1B	QL(1 ea daily); SP	XTANDI TABS 80 MG	4	QL(2 ea daily); PA
ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP; PA	XTANDI TABS 40 MG	4	QL(4 ea daily); PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 ea daily); SP; PA	YONSA	4	QL(4 ea daily); PA
EMCYT	4	SP; PA	ZOLADEX 10.8 MG	4	QL(0.0119 ea daily); SP; PA
ERLEADA 60 MG	4	QL(4 ea daily); PA	ZOLADEX 3.6 MG	4	QL(0.0357 ea daily); SP; PA
ERLEADA 240 MG	4	QL(1 ea daily); PA	<b>Antineoplastic - Immunomodulators</b>		
<i>exemestane</i>	4	QL(1 ea daily); SP	POMALYST	4	QL(1 ea daily); PA
FIRMAGON 80 MG, 120 MG/VIAL	4	QL(0.143 ea daily); SP; PA	<b>Antineoplastic - PDGFR-alpha Inhibitors</b>		
<i>flutamide</i>	4	QL(6 ea daily); SP; PA	AYVAKIT	4	QL(1 ea daily); PA
<i>fulvestrant SOSY</i>	4	QL(0.357 ml daily); SP; PA	<b>Antineoplastic - XPO1 Inhibitors</b>		
<i>letrozole</i>	1B		XPOVIO	4	PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA	XPOVIO 60 MG TWICE WEEKLY	4	PA
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0358 ea daily); SP; PA	XPOVIO 80 MG TWICE WEEKLY	4	PA
LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA	<b>Antineoplastic Antibiotics</b>		
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 ea daily); SP; PA	<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 ea daily); SP; PA	<i>dactinomycin</i>	4	SP; PA
LYSODREN	4	SP; PA	<i>doxorubicin hcl liposomal IV</i>	4	SP; PA
<i>megestrol acetate SUSP</i>	1B		<i>doxorubicin hcl SOLN</i>	4	SP; PA
			<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA
			<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>idarubicin hcl 20 MG/20ML</i>	4	PA	COMETRIQ KIT	4	QL(3 ea daily); SP; PA
<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA	COPIKTRA	4	PA
<i>mitoxantrone hcl 2 MG/ML</i>	4	SP; PA	<i>dasatinib</i>	4	QL(1 ea daily); SP; PA
<i>valrubicin</i>	4	SP; PA	<i>everolimus TABS</i>	4	QL(1 ea daily); SP; PA
Antineoplastic Combinations			IBRANCE CAPS	4	QL(1 ea daily); PA
KISQALI FEMARA 200 DOSE	4	QL(2 ea daily); PA	IBRANCE TABS	4	QL(1 ea daily); PA
KISQALI FEMARA 400 DOSE	4	QL(2.5 ea daily); PA	ICLUSIG	4	QL(1 ea daily); PA
KISQALI FEMARA 600 DOSE	4	QL(3.25 ea daily); PA	<i>imatinib mesylate</i>	4	QL(2 ea daily); SP; PA
Antineoplastic Enzyme Inhibitors			IMBRUVICA CAPS 70 MG	4	QL(1 ea daily); PA
ALECENSA	4	QL(4 ea daily); PA	IMBRUVICA CAPS 140 MG	4	QL(3 ea daily); PA
ALUNBRIG TABS	4	QL(1 ea daily); PA	IMBRUVICA SUSP	4	QL(8 ml daily); PA
ALUNBRIG TBPK	4	QL(1 ea daily); PA	IMBRUVICA TABS	4	QL(1 ea daily); PA
BALVERSA	4	PA	INREBIC	4	PA
<i>bortezomib SOLR IJ</i>	4	SP; PA	JAKAFI	4	QL(2 ea daily); SP; PA
BORTEZOMIB SOLR IV 3.5 MG	4	PA	KISQALI	4	QL(2.5 ea daily); PA
BOSULIF TABS 100 MG, 500 MG	4	QL(1 ea daily); SP; PA	KISQALI	4	QL(2 ea daily); PA
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 0.5 MG	4	QL(3 ea daily); PA
COMETRIQ KIT	4	QL(4 ea daily); SP; PA	MEKINIST TABS 2 MG	4	QL(1 ea daily); PA
COMETRIQ KIT	4	QL(2 ea daily); SP; PA	MEKTOVI	4	QL(6 ea daily); SP; PA
			NINLARO	4	QL(0.143 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pazopanib hcl</i>	4	QL(4 ea daily); SP; PA	TURALIO	4	PA
PEMAZYRE	4	QL(1 ea daily); PA	VERZENIO	4	QL(2 ea daily); PA
PIQRAY 200MG DAILY DOSE	4	QL(1 ea daily); PA	VITRAKVI CAPS	4	PA
PIQRAY 250MG DAILY DOSE	4	QL(1 ea daily); PA	VITRAKVI SOLN	4	PA
PIQRAY 300MG DAILY DOSE	4	QL(1 ea daily); PA	XALKORI CAPS	4	QL(2 ea daily); SP; PA
QINLOCK	4	PA	XOSPATA	4	PA
RETEVMO CAPS	4	PA	ZEJULA CAPS	4	QL(3 ea daily); PA
<i>romidepsin SOLR</i>	4	SP; PA	ZEJULA TABS 100 MG	4	QL(3 ea daily); PA
ROZLYTREK CAPS	4	PA	ZEJULA TABS 200 MG, 300 MG	4	QL(1 ea daily); PA
RUBRACA	4	QL(4 ea daily); PA	ZELBORAF	4	QL(8 ea daily); SP; PA
SCEMBLIX 100 MG	4	QL(4 ea daily); PA	ZOLINZA	4	QL(4 ea daily); SP; PA
SCEMBLIX 20 MG, 40 MG	4	QL(2 ea daily); PA	ZYDELIG	4	QL(2 ea daily); PA
<i>sorafenib tosylate</i>	4	QL(4 ea daily); SP; PA	Antineoplastic Enzymes		
SPRYCEL ( <i>dasatinib</i> )	4	QL(1 ea daily); SP; PA	ONCASPAR	4	SP; PA
STIVARGA	4	QL(4 ea daily); SP; PA	Antineoplastics Misc.		
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 ea daily); SP; PA	ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
<i>sunitinib malate 37.5 MG</i>	4	QL(1 ea daily); PA	<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
TABRECTA	4	PA	<i>bexarotene</i>	4	SP; PA
TAFINLAR CAPS	4	QL(4 ea daily); PA	<i>dacarbazine SOLR 200 MG</i>	4	SP; PA
TAFINLAR TBSO	4	QL(30 ea daily); PA	<i>hydroxyurea</i>	1B	
TALZENNA	4	QL(1 ea daily); PA	MATULANE	4	SP; PA
TASIGNA 50 MG	4	QL(4 ea daily); PA	NIPENT	4	SP; PA
TASIGNA 150 MG, 200 MG	4	QL(4 ea daily); SP; PA	PHOTOFRIN	4	SP; PA
TAZVERIK	4	PA	PROLEUKIN	4	SP; PA
<i>temsirolimus</i>	4	QL(0.143 ml daily); SP; PA	SYNRIBO	4	SP; PA
TIBSOVO	4	PA	<i>tretinoin (chemotherapy)</i>	1B	
			UVADEX	4	SP; PA
			Chemotherapy Adjuncts		
			KEPIVANCE 6.25 MG	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium SOLR</i>	1B	
<i>leucovorin calcium TABS</i>	1B	
VORAXAZE	4	SP; PA
Mitotic Inhibitors		
<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
<i>paclitaxel protein-bound particles</i>	4	SP; PA
<i>vincristine sulfate</i>	4	SP; PA
<i>vinorelbine tartrate 10 MG/ML</i>	4	SP; PA
Topoisomerase I Inhibitors		
HYCANTIN CAPS	4	SP; PA
<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	4	SP; PA
<i>topotecan hcl SOLN</i>	4	
<i>topotecan hcl SOLR</i>	4	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	1B	
<i>benztropine mesylate TABS</i>	1B	
<i>trihexyphenidyl hcl SOLN</i>	1B	
<i>trihexyphenidyl hcl TABS</i>	1B	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1B	QL(8 ea daily)
<i>tolcapone</i>	1B	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1B	
<i>amantadine hcl SOLN</i>	1B	
<i>amantadine hcl TABS</i>	1B	
<i>apomorphine hydrochloride SOCT</i>	4	PA
<i>bromocriptine mesylate CAPS</i>	1B	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1B	
<i>carbidopa-levodopa-entacapone</i>	1B	
<i>carbidopa-levodopa TABS</i>	1B	
<i>carbidopa-levodopa TBCR</i>	1B	
<i>carbidopa-levodopa TBDP</i>	1B	
NEUPRO	2	
<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1B	QL(4 ea daily)
<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1B	
<i>ropinirole hydrochloride TABS</i>	1B	
<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1B	QL(2 ea daily); ST
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 ea daily); ST

Drug Name	Drug Tier	Requirements/Limits
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1B	QL(1 ea daily); PA
<i>selegiline hcl CAPS</i>	1B	
<i>selegiline hcl TABS</i>	1B	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
Antimanic Agents		
<i>lithium</i>	1B	
<i>lithium carbonate CAPS</i>	1B	
<i>lithium carbonate TABS</i>	1B	
<i>lithium carbonate TBCR</i>	1B	
Antipsychotics - Misc.		
EQUETRO 200 MG	3	QL(8 ea daily); ST
EQUETRO 300 MG	3	QL(4 ea daily); ST
EQUETRO 100 MG	3	QL(2 ea daily); ST
<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	1B	QL(1 ea daily)
<i>lurasidone hcl 80 MG</i>	1B	QL(2 ea daily)
<i>ziprasidone hcl</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT	2	QL(2 ea daily); PA
FANAPT TITRATION PACK	2	PA
<i>paliperidone 6 MG</i>	1B	QL(2 ea daily)
<i>paliperidone 1.5 MG, 3 MG, 9 MG</i>	1B	QL(1 ea daily)
PERSERIS PRSY	2	QL(0.072 ea daily); PA
<i>risperidone microspheres</i>	1B	QL(0.072 ea daily); PA
<i>risperidone SOLN</i>	1B	QL(8 ml daily)
<i>risperidone TABS</i>	1B	QL(4 ea daily)
<i>risperidone TBDP</i>	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Butyrophenones		
<i>haloperidol decanoate</i>	1B	QL(0.036 ml daily)
<i>haloperidol lactate CONC</i>	1B	
<i>haloperidol lactate SOLN</i>	1B	
<i>haloperidol TABS</i>	1B	
Dibenzapines		
<i>asenapine maleate 2.5 MG</i>	1B	QL(4 ea daily); PA
<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 ea daily); PA
<i>clozapine TABS</i>	1B	
<i>clozapine TBDP 25 MG</i>	1B	QL(3 ea daily)
<i>clozapine TBDP 100 MG</i>	1B	QL(9 ea daily)
<i>clozapine TBDP 12.5 MG, 150 MG</i>	1B	QL(6 ea daily)
<i>loxapine succinate</i>	1B	
<i>olanzapine SOLR</i>	1B	QL(0.215 ea daily)
<i>olanzapine TABS 2.5 MG, 5 MG</i>	1B	QL(4 ea daily)
<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 ea daily)
<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1B	QL(2 ea daily)
<i>olanzapine TBDP 20 MG</i>	1B	QL(1 ea daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	1B	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1B	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TB24 50 MG, 150 MG, 200 MG</i>	1B	QL(1 ea daily)
<i>quetiapine fumarate TB24 300 MG, 400 MG</i>	1B	QL(2 ea daily)
Phenothiazines		
<i>chlorpromazine hcl SOLN</i>	3	
<i>chlorpromazine hcl TABS</i>	1B	
<i>fluphenazine hcl CONC</i>	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl ELIX</i>	1B		<i>efavirenz CAPS 50 MG</i>	1B	QL(3 ea daily)
<i>fluphenazine hcl SOLN</i>	1B		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>fluphenazine hcl TABS</i>	1B		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>perphenazine TABS</i>	1B		<i>efavirenz TABS</i>	1B	QL(1 ea daily)
<i>prochlorperazine</i>	1B		<i>emtricitabine CAPS</i>	1B	QL(1 ea daily)
<i>prochlorperazine maleate TABS</i>	1B		<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 ea daily)
<i>thioridazine hcl</i>	1B		<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 ea daily)
<i>trifluoperazine hcl TABS</i>	1B		EMTRIVA SOLN	3	QL(24 ml daily)
<b>Quinolinone Derivatives</b>			<i>etravirine 100 MG</i>	1B	QL(4 ea daily)
<i>aripiprazole SOLN OR</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)	<i>etravirine 200 MG</i>	1B	QL(2 ea daily)
<i>aripiprazole TABS</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)	EVOTAZ	3	QL(1 ea daily)
REXULTI	3	PA	<i>fosamprenavir calcium TABS</i>	1B	QL(4 ea daily)
<b>Thioxanthenes</b>			FUZEON SOLR	4	SP; PA
<i>thiothixene</i>	1B		GENVOYA	3	QL(1 ea daily)
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>			INTELENCE 25 MG	3	QL(8 ea daily)
<b>Antiretrovirals</b>			ISENTRESS HD TABS	3	QL(2 ea daily)
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 ea daily)	ISENTRESS CHEW	3	QL(6 ea daily)
<i>abacavir sulfate SOLN</i>	1B	QL(32 ml daily)	ISENTRESS TABS	3	QL(2 ea daily)
<i>abacavir sulfate TABS</i>	1B	QL(2 ea daily)	JULUCA	3	QL(1 ea daily)
APTIVUS CAPS	3	QL(4 ea daily)	<i>lamivudine SOLN</i>	1B	QL(30 ml daily)
<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 ea daily)	<i>lamivudine TABS 300 MG</i>	1B	QL(1 ea daily)
<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 ea daily)	<i>lamivudine TABS 150 MG</i>	1B	QL(2 ea daily)
BIKTARVY	3	QL(1 ea daily)	<i>lamivudine-zidovudine</i>	1B	QL(2 ea daily)
CIMDUO	3	QL(1 ea daily); ST	LEXIVA SUSP	3	QL(56 ml daily)
COMPLERA	3	QL(1 ea daily)	<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ml daily)
<i>darunavir TABS</i>	1B		<i>lopinavir-ritonavir TABS</i>	1B	QL(4 ea daily)
DELSTRIGO	3	QL(1 ea daily)	<i>maraviroc TABS 300 MG</i>	1B	QL(4 ea daily)
DOVATO	3	QL(1 ea daily)	<i>maraviroc TABS 150 MG</i>	1B	QL(2 ea daily)
EDURANT	3	QL(1 ea daily)	<i>nevirapine SUSP</i>	1B	QL(40 ml daily)
<i>efavirenz CAPS 200 MG</i>	1B	QL(2 ea daily)			



Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine TABS</i>	1B	QL(2 ea daily)
<i>nevirapine TB24 100 MG</i>	1B	QL(3 ea daily)
<i>nevirapine TB24 400 MG</i>	1B	QL(1 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)
<i>tenofovir disoproxil fumarate TABS</i>	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 CAPS</i>	1B	QL(6 ea daily)
<i>zidovudine SYRP</i>	1B	QL(60 ml daily)
<i>zidovudine TABS</i>	1B	QL(2 ea daily)
CMV Agents		
<i>cidofovir</i>	3	
<i>ganciclovir sodium SOLR</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl TABS</i>	1B	QL(4 ea daily); PA
Hepatitis Agents		
<i>adefovir dipivoxil</i>	4	QL(1 ea daily); SP
<i>entecavir TABS</i>	4	QL(1 ea daily); SP
EPIVIR HBV SOLN	4	QL(60 ml daily); SP; PA
<i>lamivudine (hbv) TABS</i>	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) CAPS</i>	1B	QL(7 ea daily)
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1B	QL(7 ea daily)
SOFOSBUVIR/VELPATA SVIR TABS	1B	QL(1 ea daily); PA
SOVALDI TABS 400 MG	4	QL(1 ea daily); SP; PA
SOVALDI TABS 200 MG	4	QL(1 ea daily); PA
VOSEVI	4	QL(1 ea daily); PA
Herpes Agents		
<i>acyclovir CAPS</i>	1A	QL(5 ea daily; 50 ea per fill retail; 50 per fill mail)
<i>acyclovir SUSP</i>	1B	QL(13.34 ml daily)
<i>acyclovir TABS OR</i>	1B	QL(5 ea daily)
<i>famciclovir 125 MG, 250 MG</i>	1B	QL(3 ea daily)
<i>famciclovir 500 MG</i>	1B	QL(4 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1B	QL(4 ea daily)
<i>valacyclovir hcl 500 MG</i>	1B	QL(2 ea daily)
Influenza Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate CAPS</i>	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 SUSR</i>	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 TABS</i>	1B	QL(2 ea daily)
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG, 25 MG</i>	1B	+
<i>carvedilol phosphate</i>	3	QL(1 ea daily)
<i>labetalol hcl SOLN</i>	1B	
<i>labetalol hcl TABS 300 MG</i>	1B	+; QL(8 ea daily)
<i>labetalol hcl TABS 100 MG, 200 MG</i>	1B	+
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl CAPS</i>	1B	
<i>atenolol TABS 25 MG, 50 MG, 100 MG</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	+

Drug Name	Drug Tier	Requirements/Limits
<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>		
HEMANGEOL SOLN OR	4	QL(75 ml daily); PA
<i>nadolol TABS 80 MG</i>	1B	
<i>nadolol TABS 20 MG</i>	1B	QL(3 ea daily)
<i>nadolol TABS 40 MG</i>	1B	QL(6 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/afl)</i>	1B	
<i>sotalol hcl TABS 240 MG</i>	1B	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 ea daily)
<i>timolol maleate TABS</i>	1B	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
<i>amlodipine besylate TABS 2.5 MG, 5 MG, 10 MG</i>	1B	+
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 ea daily)
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
DILTIAZEM HCL SOLR	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 60 MG</i>	1B	+; QL(2 ea daily)
<i>nifedipine TB24 30 MG, 60 MG, 90 MG</i>	1B	
<i>nifedipine TB24 30 MG</i>	1B	+
<i>nifedipine TB24 90 MG</i>	1B	+; QL(1 ea daily)
<i>nimodipine CAPS</i>	1B	
<i>nisoldipine</i>	1B	
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1B	
<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	+
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
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	

Drug Name	Drug Tier	Requirements/Limits
LANOXIN SOLN IJ ( <i>digoxin</i> )	2	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG ( <i>digoxin</i> )	2	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
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
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

Drug Name	Drug Tier	Requirements/Limits
<b>Pulmonary Hypertension - Phosphodiesterase Inhibitors</b>		
<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
<b>Pulmonary Hypertension - Prostacyclin Receptor Agonist</b>		
UPTRAVI TITRATION PACK TBPB	4	1 max fill(s) per 180 day(s) retail; PA
UPTRAVI TABS 200 MCG	4	PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
<b>Pulmonary Hypertension - Sol Guanylate Cyclase 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	

Drug Name	Drug Tier	Requirements/Limits
<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 125 MG/5ML, 250 MG/5ML</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	
<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 1 GM, 2 GM, 500 MG</i>	1B	
<i>ceftriaxone sodium IJ 250 MG</i>	1A	
<b>Cephalosporins - 4th Generation</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cefepime hcl SOLR IV 2 GM</i>	1B		<i>norethindrone &amp; eth estradiol</i>	0	
Cephalosporins - 5th Generation			<i>norethindrone &amp; ethinyl estradiol-fe</i>	0	
TEFLARO	3		<i>norethindrone acet &amp; eth estra TABS</i>	0	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>			<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	
Combination Contraceptives - Oral			<i>norethindrone-eth estradiol (triphasic)</i>	0	
<i>desogestrel &amp; ethinyl estradiol</i>	0		<i>norgestimate-ethinyl estradiol</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0		<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0		<i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0		TYBLUME CHEW	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0		Combination Contraceptives - Transdermal		
<i>ethynodiol diacet &amp; eth estrad</i>	0		<i>norelgestromin-ethinyl estradiol</i>	0	
<i>levonorgestrel &amp; eth estradiol TABS</i>	0		TWIRLA	0	QL(3 ea per 28 day(s) retail; 9 ea per 84 days mail)
<i>levonorgestrel-eth estradiol (triphasic)</i>	0		Combination Contraceptives - Vaginal		
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0		ANNOVERA	0	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0		<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 ea daily)
<i>levonorgestrel-ethinyl estradiol-iron</i>	0		Copper Contraceptives - IUD		
LO LOESTRIN FE TABS	0		PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	0	
NATAZIA	0		Emergency Contraceptives		
NEXTSTELLIS	0		ELLA	0	
<i>norethin acet &amp; estrad-fe CAPS</i>	0		<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	
<i>norethin acet &amp; estrad-fe CHEW</i>	0		Progestin Contraceptives - Implants		
<i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0		NEXPLANON	0	
			Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104 SUSY SC	0		<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	QL(1 ml per 90 day(s) retail)	EMFLAZA SUSP ( <i>deflazacort</i> )	4	PA
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	QL(90 Day(s) limit ; 1 ml per 90 day(s) retail)	<i>hydrocortisone sod succinate 100 MG</i>	1B	2 max fill(s) per 30 day(s) retail
Progestin Contraceptives - IUD			<i>hydrocortisone TABS</i>	1B	
KYLEENA	0		MEDROL TABS	3	
LILETTA 20.1 MCG/DAY	0		<i>methylprednisolone acetate SUSP</i>	1B	
MIRENA 20 MCG/DAY	0		<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B	
SKYLA	0		<i>methylprednisolone TABS</i>	1B	
Progestin Contraceptives - Oral			<i>methylprednisolone TBPK 4 MG</i>	1B	
<i>norethindrone (contraceptive)</i>	0		<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1B	
OPILL	0		<i>prednisolone sodium phosphate TBDP</i>	3	
SLYND	0	QL(1 ea daily)	<i>prednisolone SOLN</i>	1B	
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>			<i>prednisolone TABS</i>	1B	
Glucocorticosteroids			<i>prednisone SOLN</i>	1B	
<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 acetate SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	1B	
<i>dexamethasone ELIX</i>	1B		Mineralocorticoids		
<i>dexamethasone SOLN</i>	1B				
<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A				

Drug Name	Drug Tier	Requirements/Limits
<i>fludrocortisone acetate</i> TABS	1B	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
<i>benzonatate 150 MG</i>	1B	QL(4 ea daily)
<i>benzonatate 100 MG</i>	1B	QL(6 ea daily)
<i>benzonatate 200 MG</i>	1B	QL(3 ea daily)
<b>Cough/Cold/Allergy Combinations</b>		
<i>hydrocodone polistirex-chlorpheniramine polistirex</i> SUER	1B	
TUZISTRA XR	2	PA
<b>Misc. Respiratory Inhalants</b>		
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant)</i> NEBU 7 %	1B	
<b>Mucolytics</b>		
<i>acetylcysteine</i> SOLN	1B	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1B	AL(At least 12 yrs old); ST
<i>adapalene</i> CREA	1B	AL(At least 12 yrs old); ST
<i>adapalene</i> GEL	1B	AL(At least 12 yrs old); ST; RX/OTC
AZELEX	3	QL(50 gm per 30 day(s) retail; 50 gm per 30 days mail); AL(At least 12 yrs old); ST
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BENZEPRO FOAM 5.3 %	2	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide-erythromycin</i> GEL	1B	AL(At least 12 yrs old); PA
<i>benzoyl peroxide</i> FOAM 5.3 %, 9.8 %	1B	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide</i> GEL 10 %	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide</i> GEL 5 %	1B	QL(3 gm daily); AL(At least 12 yrs old)
<i>benzoyl peroxide</i> LIQD 4 %, 7 %, 10 %	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical)</i> FOAM	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate (topical)</i> GEL	1B	QL(8 gm daily)
<i>clindamycin phosphate (topical)</i> LOTN	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical)</i> SOLN	1B	QL(4 ml daily); AL(At least 12 yrs old)
<i>clindamycin phosphate (topical)</i> SWAB	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate-benzoyl peroxide</i> GEL 5 %-1 %	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST
DIFFERIN LOTN	2	AL(At least 12 yrs old); ST
<i>erythromycin (acne aid)</i> PADS	1B	AL(At least 12 yrs old)
<i>erythromycin (acne aid)</i> SOLN	1B	AL(At least 12 yrs old)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox olamine CREA</i>	1B	QL(90 gm per fill retail); 1 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox olamine SUSP</i>	1B	
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox GEL</i>	1B	QL(3.35 gm daily)
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST	<i>ciclopirox SHAM</i>	1B	QL(10 ml daily)
<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox SOLN</i>	1B	QL(0.22 ml 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>clotrimazole (topical) CREA</i>	1B	QL(4.5 gm daily); RX/OTC
<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>clotrimazole (topical) SOLN</i>	1B	QL(10 ml daily); RX/OTC
<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>clotrimazole w/ betamethasone CREA</i>	1B	QL(8 gm daily)
<b>Agents for External Genital and Perianal Warts</b>			<i>clotrimazole w/ betamethasone LOTN</i>	1B	
VEREGEN	3	QL(1 gm daily)	<i>econazole nitrate CREA</i>	1B	QL(85 gm per fill retail; 85 per fill mail)
<b>Antibiotics - Topical</b>			ERTACZO	3	QL(2.15 gm daily)
ALTABAX	2	QL(15 gm per 30 day(s) retail; 15 gm per 30 days mail)	<i>ketoconazole (topical) CREA</i>	1B	QL(10 gm daily)
<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 gm daily)	<i>ketoconazole (topical) SHAM 2 %</i>	1B	QL(20 ml daily)
<i>gentamicin sulfate (topical) OINT</i>	1B		<i>luliconazole</i>	1B	PA
<i>mupirocin OINT</i>	1B	QL(6 gm daily)	<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
NEO-SYNALAR	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); PA	<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
<b>Antifungals - Topical</b>			<i>nystatin (topical) CREA</i>	1B	QL(10 gm daily)
<i>butenafine hcl</i>	1B	QL(6 gm daily); RX/OTC	<i>nystatin (topical) OINT</i>	1B	QL(6 gm daily)
			<i>nystatin (topical) POWD EX</i>	1B	QL(10 gm daily)



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone CREA</i>	1B	QL(10 gm daily)	<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
<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	<b>Antipsoriatics</b>		
<i>sulconazole nitrate CREA</i>	1B		<i>acitretin 25 MG</i>	1B	QL(2 ea daily)
<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>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 ea daily)
<i>tavaborole</i>	1B	PA	<i>calcipotriene CREA</i>	1B	QL(4 gm daily); PA
<b>Anti-inflammatory Agents - Topical</b>			<i>calcipotriene OINT</i>	1B	QL(4 gm daily); PA
<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 ea daily); PA	<i>calcipotriene SOLN</i>	1B	QL(4 ml daily); PA
<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 gm daily); RX/OTC	<i>calcitriol (topical)</i>	1B	QL(3.34 gm daily)
<b>Antineoplastic or Premalignant Lesion Agents - Topical</b>			COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ml daily); PA
<i>bexarotene (topical)</i>	4	SP; PA	COSENTYX UNOREADY SOAJ	4	QL(0.072 ml daily); PA
<i>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 gm daily); PA	COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ml daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 gm daily)	COSENTYX SOSY 150 MG/ML	4	QL(0.072 ml daily); PA
<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ml daily)	COSENTYX SOSY 150 MG/ML	4	QL(0.036 ml daily); PA
PANRETIN	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)	<i>methoxsalen rapid</i>	1B	QL(4 ea daily)
<b>Antipruritics - Topical</b>			SKYRIZI PEN SOAJ	4	QL(0.025 ml daily); PA
			SKYRIZI PSKT	4	QL(0.025 ea daily); PA
			SKYRIZI SOSY	4	QL(0.025 ml daily); PA
			STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ml daily); PA
			STELARA SOSY 90 MG/ML	4	QL(0.018 ml daily); SP; PA
			STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene CREA 0.1 %</i>	1B	QL(1 gm daily)	<i>betamethasone dipropionate (topical) LOTN</i>	1B	
TREMFYA SOAJ 100 MG/ML	4	QL(0.018 ml daily); PA	<i>betamethasone dipropionate (topical) OINT 0.05 %</i>	1B	QL(3 gm daily)
TREMFYA SOSY 100 MG/ML	4	QL(0.018 ml daily); PA	<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 gm daily)
Antiseborrheic Products			<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ml daily)
<i>selenium sulfide LOTN 2.5 %</i>	1B		<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 gm daily)
Antivirals - Topical			<i>betamethasone valerate CREA</i>	1B	QL(2.5 gm daily)
<i>acyclovir topical CREA</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail	<i>betamethasone valerate FOAM</i>	1B	QL(1.67 gm daily)
<i>acyclovir topical OINT</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail	<i>betamethasone valerate LOTN</i>	1B	QL(5 ml daily)
<i>penciclovir</i>	3	QL(0.18 gm daily)	<i>betamethasone valerate OINT</i>	1B	QL(3 gm daily)
Burn Products			<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST
<i>mafenide acetate PACK</i>	3		<i>calcipotriene-betamethasone dipropionate SUSP</i>	1B	ST
<i>silver sulfadiazine</i>	1B	QL(20 gm daily)	<i>clobetasol propionate emollient base 0.05 %</i>	1B	QL(1 gm daily); PA
SULFAMYLON CREA	3		<i>clobetasol propionate CREA 0.05 %</i>	1B	QL(3 gm daily); PA
Corticosteroids - Topical			<i>clobetasol propionate FOAM</i>	1B	QL(3 gm daily); ST
<i>alclometasone dipropionate CREA</i>	1B	QL(2 gm daily)	<i>clobetasol propionate GEL 0.05 %</i>	1B	QL(2 gm daily); ST
<i>alclometasone dipropionate OINT</i>	1B	QL(3 gm daily)	<i>clobetasol propionate OINT 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 SOLN 0.05 %</i>	1B	QL(3.34 ml daily); PA
<i>amcinonide LOTN</i>	3		<i>clocortolone pivalate</i>	3	QL(3 gm daily)
<i>amcinonide OINT</i>	3				
<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 gm daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CORDRAN TAPE	3	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>fluticasone propionate OINT</i>	1B	QL(4 gm daily)
<i>desonide CREA</i>	1B	QL(4 gm daily)	<i>halcinonide CREA</i>	1B	PA
<i>desonide LOTN</i>	1B	QL(4 ml daily)	<i>halobetasol propionate CREA</i>	1B	QL(3.5 gm daily)
<i>desonide OINT</i>	1B	QL(3 gm daily)	<i>halobetasol propionate OINT</i>	1B	QL(3.5 gm daily)
<i>desoximetasone CREA 0.25 %</i>	1B	QL(4 gm daily)	HALOG OINT	3	PA
<i>desoximetasone GEL</i>	1B	QL(3 gm daily)	<i>hydrocortisone (topical) CREA 1 %, 2.5 %</i>	1B	QL(15.15 ea daily); RX/OTC
<i>desoximetasone OINT 0.25 %</i>	1B	QL(4 gm daily)	<i>hydrocortisone (topical) LOTN 2.5 %</i>	1B	
<i>diflorasone diacetate CREA</i>	1B	PA	<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	1B	QL(15.15 gm daily); RX/OTC
<i>diflorasone diacetate OINT</i>	1B	PA	<i>hydrocortisone butyrate CREA</i>	1B	QL(3 gm daily)
<i>fluocinolone acetonide CREA 0.01 %</i>	1B		<i>hydrocortisone butyrate OINT</i>	1B	QL(3 gm daily)
<i>fluocinolone acetonide CREA 0.025 %</i>	1B	QL(4 gm daily)	<i>hydrocortisone butyrate SOLN</i>	1B	QL(5 ml daily)
<i>fluocinolone acetonide OIL</i>	1B	QL(8 ml daily)	<i>hydrocortisone valerate CREA</i>	1B	
<i>fluocinolone acetonide OINT</i>	1B	QL(4 gm daily)	<i>hydrocortisone valerate OINT</i>	1B	
<i>fluocinolone acetonide SOLN</i>	1B	QL(4 ml daily)	<i>mometasone furoate CREA</i>	1B	QL(3 gm daily)
<i>fluocinonide emulsified base</i>	1B	QL(2 gm daily)	<i>mometasone furoate OINT</i>	1B	QL(4 gm daily)
<i>fluocinonide CREA 0.05 %</i>	1B	QL(2 gm daily)	<i>mometasone furoate SOLN</i>	1B	QL(5 ml daily)
<i>fluocinonide CREA 0.1 %</i>	1B	QL(4 gm daily)	<i>prednicarbate OINT</i>	1B	
<i>fluocinonide GEL</i>	1B		<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1B	QL(5 gm daily)
<i>fluocinonide OINT</i>	1B	QL(2 gm daily)	<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1B	QL(15.15 gm daily)
<i>fluocinonide SOLN</i>	1B	QL(2 ml daily)	<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1B	QL(3.34 gm daily)
<i>flurandrenolide CREA</i>	2	QL(2 gm daily)	<i>triamcinolone acetonide (topical) LOTN 0.1 %</i>	1B	QL(6 ml daily)
<i>flurandrenolide LOTN</i>	2	QL(2 ml daily)	<i>triamcinolone acetonide (topical) LOTN 0.025 %</i>	1B	
<i>fluticasone propionate CREA 0.05 %</i>	1B	QL(4 gm daily)			
<i>fluticasone propionate LOTN</i>	1B	QL(6 ml daily)			

Drug Name	Drug Tier	Requirements/Limits
<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 SOAJ SC 200 MG/1.14ML	4	QL(0.082 ml daily); PA
DUPIXENT SOAJ SC 300 MG/2ML	4	QL(0.29 ml daily); PA
DUPIXENT SOSY 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
<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
<b>Immunomodulating Agents - Topical</b>		
<i>imiquimod 5 %</i>	1B	QL(12 ea per fill retail; 12 per fill mail)
<b>Immunosuppressive Agents - Topical</b>		
<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
<b>Keratolytic/Antimitotic/Vesicant Agents</b>		
<i>podofilox SOLN</i>	1B	
<b>Local Anesthetics - Topical</b>		
<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)

Drug Name	Drug Tier	Requirements/Limits
<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
<b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b>		
EUCRISA	3	QL(2 gm daily); PA
<b>Rosacea Agents</b>		
<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 0.75 %</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) GEL 1 %</i>	1B	QL(5 gm daily)
<i>metronidazole (topical) LOTN</i>	1B	
<b>Scabicides &amp; Pediculicides</b>		
<i>crotamiton LOTN</i>	1B	PA
<i>ivermectin (pediculicide)</i>	1B	PA
<i>malathion</i>	1B	
<i>permethrin CREA</i>	1B	
<i>permethrin LIQD EX</i>	1B	
<i>spinosad</i>	1B	PA
<b>Wound Care Products</b>		
REGRANEX	3	QL(0.5 gm daily)
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Drugs</b>		
GLUCAGEN DIAGNOSTIC	3	QL(0.035 ea daily)

Drug Name	Drug Tier	Requirements/Limits
THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
<b>Diagnostic Tests</b>		
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	#
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
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization

Drug Name	Drug Tier	Requirements/Limits
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	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide sodium</i>	1B	
<i>acetazolamide CP12</i>	1B	QL(2 ea daily)
<i>acetazolamide TABS 125 MG</i>	1B	QL(8 ea daily)
<i>acetazolamide TABS 250 MG</i>	1B	QL(4 ea daily)
<i>dichlorphenamide</i>	4	QL(4 ea daily); PA
<i>methazolamide TABS</i>	1B	QL(6 ea daily)
<b>Diuretic Combinations</b>		
<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	
<b>Loop Diuretics</b>		
<i>bumetanide SOLN 0.25 MG/ML</i>	1B	
<i>bumetanide TABS</i>	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ethacrynic acid</i>	1B	QL(16 ea daily)	<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	4	SP; PA
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1B		PAMIDRONATE DISODIUM SOLN	4	SP; PA
<i>furosemide TABS</i>	1B		PROLIA SOSY	4	1 max fill(s) per 180 day(s) retail; SP; PA
<i>torseamide TABS</i>	1B		<i>risedronate sodium TABS 35 MG</i>	1B	QL(0.143 ea daily); PA
Potassium Sparing Diuretics			<i>risedronate sodium TABS 5 MG, 30 MG</i>	1B	QL(1 ea daily); PA
<i>amiloride hcl TABS</i>	1B		<i>risedronate sodium TABS 150 MG</i>	1B	QL(0.036 ea daily); PA
<i>spironolactone TABS</i>	1B		<i>risedronate sodium TBEC</i>	1B	PA
<i>triamterene CAPS</i>	1B	QL(3 ea daily)	<i>teriparatide SOPN</i>	4	QL(0.09 ml daily); SP; PA
Thiazides and Thiazide-Like Diuretics			TYMLOS	4	PA
<i>chlorthalidone 25 MG, 50 MG</i>	1B		XGEVA SOLN	4	SP; PA
DIURIL SUSP	2	QL(20 ml daily)	<i>zoledronic acid CONC</i>	4	SP; PA
<i>hydrochlorothiazide CAPS</i>	1B	QL(2 ea daily)	<i>zoledronic acid SOLN</i>	4	SP; PA
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1A	QL(2 ea daily)	Corticotropin		
<i>hydrochlorothiazide TABS 12.5 MG</i>	1B	QL(2 ea daily)	ACTHAR GEL	3	PA
<i>indapamide TABS 2.5 MG</i>	1B	QL(2 ea daily)	Fertility Regulators		
<i>indapamide TABS 1.25 MG</i>	1B	QL(1 ea daily)	CHORIONIC GONADOTROPIN IM	4	PA
<i>metolazone</i>	1B	QL(2 ea daily)	<i>clomiphene citrate TABS</i>	3	PA
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>			GnRH/LHRH Antagonists		
<b>- Drugs to Treat Bone Disease and Regulate Hormones</b>			<i>ganirelix acetate</i>	4	PA
Bone Density Regulators			ORLISSA	2	PA
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1B	QL(0.143 ea daily)	Growth Hormone Releasing Hormones (GHRH)		
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1B	QL(1 ea daily)	EGRIFTA 2 MG	4	PA
<i>calcitonin (salmon) NA 200 UNIT/ACT</i>	1B	QL(0.14 ml daily)	EGRIFTA SV	4	PA
FOSAMAX PLUS D	3	QL(0.143 ea daily); PA	Growth Hormones		
<i>ibandronate sodium SOLN</i>	4	SP; PA	GENOTROPIN MINIQUICK PRSY	4	PA
<i>ibandronate sodium TABS</i>	1B	QL(0.036 ea daily)	GENOTROPIN CART SC	4	PA
			HUMATROPE CART IJ	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA	PHEBURANE PLLT	4	PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA	<i>sapropterin dihydrochloride</i> PACK	4	PA
ZORBTIVE SC	4	SP; PA	<i>sapropterin dihydrochloride</i> TABS	4	PA
Hormone Receptor Modulators			<i>sodium phenylbutyrate</i> POWD	1B	PA
OSPHENA	3	PA	<i>sodium phenylbutyrate</i> TABS	1B	PA
<i>raloxifene hcl</i>	0	QL(1 ea daily)	STRENSIQ	4	PA
Insulin-Like Growth Factors (Somatomedins)			Posterior Pituitary Hormones		
INCRELEX	4	SP; PA	<i>desmopressin acetate</i> spray	1B	
LHRH/GnRH Agonist Analog Pituitary Suppressants			<i>desmopressin acetate</i> spray refrigerated	1B	
FENSOLVI SC	4	SP; PA	<i>desmopressin acetate</i> SOLN IJ	1B	PA
LUPRON DEPOT-PED (1-MONTH)	4	SP; PA	DESMOPRESSIN ACETATE SOLN NA	4	SP; PA
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP; PA	<i>desmopressin acetate</i> TABS 0.1 MG	1B	QL(6 ea daily)
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA	<i>desmopressin acetate</i> TABS 0.2 MG	1B	QL(8 ea daily)
SYNAREL	4	SP; PA	Prolactin Inhibitors		
Metabolic Modifiers			<i>cabergoline</i>	1B	
ALDURAZYME	4	SP; PA	Somatostatic Agents		
<i>betaine</i>	4	SP; PA	<i>octreotide acetate</i> SOLN	4	SP; PA
<i>calcitriol</i> CAPS 0.25 MCG, 0.5 MCG	1B		SIGNIFOR	4	PA
<i>calcitriol</i> SOLN IV	1B		Vasopressin Receptor Antagonists		
<i>cinacalcet hcl</i>	4	QL(4 ea daily); SP; PA	JYNARQUE TBPK	4	SP; PA
<i>doxercalciferol</i> CAPS	1B		<i>tolvaptan</i> TABS	4	QL(2 ea daily); SP; PA
<i>doxercalciferol</i> SOLN	1B		<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
ELAPRASE	4	SP; PA	Estrogen Combinations		
LUMIZYME	4	SP; PA	ACTIVEVELLA TABS 1 MG-0.5 MG ( <i>estradiol &amp; norethindrone acetate</i> )	3	
MYALEPT	4	PA			
<i>nitisinone</i> CAPS	4	PA			
<i>paricalcitol</i> CAPS	1B				
<i>paricalcitol</i> SOLN	1B				

Drug Name	Drug Tier	Requirements/Limits
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)
<b>Estrogens</b>		
DEPO-ESTRADIOL	3	
ELESTRIN GEL	3	
<i>estradiol valerate</i>	1B	
<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 GEL 0.06 %</i>	3	
<i>estradiol PTTW</i>	1B	QL(0.286 ea daily)
<i>estradiol PTWK</i>	1B	
<i>estradiol TABS</i>	1B	
ESTROGEL GEL ( <i>estradiol</i> )	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		

Drug Name	Drug Tier	Requirements/Limits
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
<i>ciprofloxacin hcl TABS</i>	1B	
<i>ciprofloxacin in d5w 5 %-200 MG/100ML</i>	3	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1B	2 max fill(s) per 30 day(s) retail
<i>levofloxacin in d5w 5 %-500 MG/100ML</i>	1B	
<i>levofloxacin SOLN OR</i>	1B	
<i>levofloxacin TABS 500 MG</i>	1A	
<i>levofloxacin TABS 250 MG, 750 MG</i>	1B	
<i>moxifloxacin hcl in sodium chloride</i>	1B	
<i>moxifloxacin hcl TABS</i>	1B	
<i>ofloxacin 300 MG, 400 MG</i>	1B	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Bile Acid Synthesis Disorder Agents</b>		
CHOLBAM	4	SP; PA
<b>Gallstone Solubilizing Agents</b>		
<i>ursodiol CAPS</i>	1B	QL(3 ea daily)
<i>ursodiol TABS</i>	1B	
<b>Gastrointestinal Chloride Channel Activators</b>		
<i>lubiprostone</i>	1B	QL(2 ea daily)
<b>Gastrointestinal Stimulants</b>		
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1B	QL(60 ml daily)
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	1B	
<i>metoclopramide hcl TABS</i>	1A	QL(6 ea daily)
<b>Inflammatory Bowel Agents</b>		



Drug Name	Drug Tier	Requirements/Limits
<i>balsalazide disodium CAPS</i>	1B	QL(9 ea daily)
DIPENTUM	2	
INFLECTRA SOLR	4	PA
<i>mesalamine CP24</i>	1B	
<i>mesalamine CPDR</i>	1B	
<i>mesalamine ENEM</i>	3	
<i>mesalamine SUPP</i>	3	
<i>mesalamine TBEC 800 MG</i>	3	QL(6 ea daily)
<i>mesalamine TBEC 1.2 GM</i>	3	
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
<i>sulfasalazine TABS</i>	1B	
<i>sulfasalazine TBEC</i>	1B	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1B	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1B	QL(2 ea daily)
LINZESS	2	QL(1 ea daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1B	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate PACK</i>	1B	
<i>sevelamer carbonate TABS</i>	1B	
VELPHORO	3	PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS -</b>		
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
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)
<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	

Drug Name	Drug Tier	Requirements/Limits
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 100 MG, 300 MG</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
ESPEROCT	4	PA
IDELVION	4	PA
JIVI	4	PA
KOGENATE FS KIT	4	PA
KOVALTRY	4	PA
NOVOEIGHT	4	PA
XYNTHA	4	PA

Drug Name	Drug Tier	Requirements/Limits
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)
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

Drug Name	Drug Tier	Requirements/Limits
<i>miglustat</i>	4	QL(3 ea daily); SP; PA
<b>Agents for Sickle Cell Disease</b>		
DROXIA CAPS	3	
<b>Cobalamins</b>		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1B	QL(1 ml daily)
<b>Folic Acid/Folates</b>		
<i>folic acid TABS</i>	0	
<b>Hematopoietic Growth Factors</b>		
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA
ARANESP ALBUMIN FREE SOLN 25 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
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

Drug Name	Drug Tier	Requirements/Limits
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
<b>Hematopoietic Mixtures</b>		
<i>ferrous fumarate-folic acid</i>	1B	QL(1 ea daily)
<b>Iron</b>		
<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	
<b>Stem Cell Mobilizers</b>		
<i>plerixafor</i>	4	SP; PA
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
<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>		
<b>Barbiturate Hypnotics</b>		
<i>phenobarbital ELIX</i>	1B	
<i>phenobarbital TABS</i>	1B	
<b>Hypnotics - Tricyclic Agents</b>		
<i>doxepin hcl (sleep)</i>	1B	QL(1 ea daily); PA
<b>Non-Barbiturate Hypnotics</b>		
<i>estazolam</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>eszopiclone</i>	1B	QL(1 ea daily); AL(At least 18 yrs old); ST
<i>flurazepam hcl 15 MG, 30 MG</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 5 MG</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
<i>zaleplon 10 MG</i>	1B	QL(2 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)
<b>Orexin Receptor Antagonists</b>		
<i>BELSOMRA</i>	3	PA
<b>Selective Melatonin Receptor Agonists</b>		
<i>ramelteon</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Bulk Laxatives</b>		
<i>calcium polycarbophil TABS</i>	1B	
<b>Laxative Combinations</b>		
<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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1B	
<b>Laxatives - Miscellaneous</b>		
<i>lactulose SOLN</i>	1B	
<b>Saline Laxatives</b>		
<i>OSMOPREP</i>	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 100 MG</i>	1A	QL(4 ea daily)
<i>docusate sodium CAPS 250 MG</i>	1A	
<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	
<i>azithromycin TABS 250 MG</i>	1B	QL(6 ea per fill retail; 6 per fill mail)
<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)
<b>Clarithromycin</b>		
<i>clarithromycin SUSR</i>	1B	
<i>clarithromycin TABS</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clarithromycin TB24</i>	1B		KIMONO MAXX/LARGE FLARE MISC	0	
Erythromycins			KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	
<i>erythromycin base CPEP</i>	3		KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	
<i>erythromycin base TABS</i>	3		KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	
<i>erythromycin base TBEC</i>	1B		KIMONO PS LUBRICATED MISC	0	
<i>erythromycin ethylsuccinate SUSR</i>	1B		KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	
<i>erythromycin ethylsuccinate TABS</i>	3		KIMONO SENSATION LUBRICATED MISC	0	
Fidaxomicin			KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	
DIFICID TABS	2		KIMONO SPECIAL DEVI	0	
<b>MEDICAL DEVICES AND SUPPLIES</b>					
Contraceptives			K-Y ME & YOU EXTRA LUBRICATED DEVI	0	
AIMSCO LUBRICATED MISC	0		K-Y ME & YOU INTENSE DEVI	0	
CAYA DPRH	0		MAXX LUBRICATED MISC	0	
DUREX EXTRA SENSITIVE THIN DEVI	0		MAXX PLUS SPERMICIDE LUBRICATED MISC	0	
DUREX EXTRA SENSITIVE THIN MISC	0		OMNIFLEX DIAPHRAGM	0	
DUREX TROPICAL MISC	0		REALITY LATEX CONDOMS/LUBRICATED MISC	0	
FANTASY LUBRICATED/SPERMICIDE MISC	0		REALITY LATEX/ULTRA TEXTURED DEVI	0	
FANTASY LUBRICATED MISC	0		REALITY LATEX/ULTRA THIN DEVI	0	
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	TROJAN MAGNUM MISC	0	
FEMCAP DEVI	0		TROJAN ULTRA THIN LUBRICATED MISC	0	
KAMELEON LUBRICATED MISC	0				
KIMONO COLORS DEVI	0				
KIMONO LUBRICATED MISC	0				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC	0		TRUSTEX/RIA LUBRICATED MISC	0	
TROJAN-ENZ LUBRICATED MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 60	0	
TROJAN-ENZ W/SPERMICIDAL MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 65	0	
TRUE COVER DEVI	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 70	0	
TRUSTEX COLOR CONDOMS + LUBE MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 75	0	
TRUSTEX LUBRICATED EXTRALARGE MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 80	0	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 85	0	
TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 90	0	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0		WIDE-SEAL SILICONE DIAPHRAGM KIT 95	0	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0		<b>Diabetic Supplies</b>		
TRUSTEX LUBRICATED/SPERMICIDE MISC	0		FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	3	PA
TRUSTEX LUBRICATED MISC	0		FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0		FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	3	PA
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED MISC	0		FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0		FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0		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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	3	PA	<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 ea daily)
ONETOUCH DELICA SAFETY LANCING DEVICE	1B	#; RX/OTC	<i>sumatriptan-naproxen sodium</i>	3	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	1B	#; RX/OTC	<b>Migraine Products</b>		
RELION 2-IN-1 LANCET DEVICES 30G	1B	#; RX/OTC	<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B	
RELION 2-IN-1 LANCING DEVICE 25G	1B	#; RX/OTC	<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ml daily)
RELION 2-IN-1 LANCING DEVICE 30G	1B	#; RX/OTC	ERGOMAR SUBL	3	QL(0.667 ea daily)
SELECT LANCETS	1B	6.66/day	<b>Serotonin Agonists</b>		
SELECT LANCETS	1	6.66/day	<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 ea daily); AL(At least 12 yrs old); ST
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B	#	<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST
<b>Parenteral Therapy Supplies</b>			<i>eletriptan hydrobromide</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old); ST
SELECT INSULIN SYRINGES	1B	5/day	<i>frovatriptan succinate</i>	1B	QL(0.4 ea daily); AL(At least 18 yrs old); ST
SELECT INSULIN SYRINGES	1	5/day	<i>naratriptan hcl</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>			<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antag</b>			<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
AIMOVIG	2	QL(0.04 ml daily); PA	<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
EMGALITY SOAJ	2	QL(0.07 ml daily); PA			
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily); PA			
EMGALITY SOSY 100 MG/ML	2	QL(0.1 ml daily); PA			
UBRELVY	3	ST			
<b>Migraine Combinations</b>					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)	<i>dextrose in lactated ringers</i>	1B	
<i>sumatriptan</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old)	<i>electrolyte-148</i>	1B	
<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)	<i>electrolyte-a</i>	1B	
<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)	IONOSOL-MB/DEXTROSE 5%	1B	
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)	ISOLYTE-P/DEXTROSE 5%	1B	
<i>sumatriptan succinate TABS</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)	ISOLYTE-S	1B	
<i>zolmitriptan SOLN</i>	1B	QL(0.2 ea daily); AL(At least 12 yrs old); ST	KCL 0.3%/D5W/NACL 0.9% ( <i>potassium chloride in dextrose &amp; sodium chloride</i> )	1B	
<i>zolmitriptan TABS</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST	<i>lactated ringer's</i>	1B	
<i>zolmitriptan TBDP</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST	NORMOSOL-M/D5W	1B	
<b>MINERALS &amp; ELECTROLYTES</b>			NORMOSOL-R	1B	
Bicarbonates			PLASMA-LYTE A ( <i>electrolyte-a</i> )	1B	
<i>sodium acetate SOLN</i>	1B		PLASMA-LYTE-148 ( <i>electrolyte-148</i> )	1B	
SODIUM ACETATE SOLN ( <i>sodium acetate</i> )	1B		<i>potassium chloride in dextrose 5 %-20 MEQ/L</i>	1B	
Calcium			<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>calcium chloride (dihydrate) SOLN</i>	1B		<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	1B	
Electrolyte Mixtures			POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1B	



Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % ( <i>potassium chloride in nacl</i> )	1B	
<i>ringer's</i>	1B	
Fluoride		
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	0	QL(1 ea daily)
Magnesium		
<i>magnesium sulfate IJ 50 %</i>	1B	
Phosphate		
<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	1B	
Potassium		
<i>potassium acetate SOLN 2 MEQ/ML</i>	1B	
<i>potassium bicarbonate TBEF</i>	1B	
<i>potassium chloride microencapsulated crystals er 10 MEQ, 15 MEQ, 20 MEQ</i>	1B	
<i>potassium chloride CPCR</i>	1B	
<i>potassium chloride PACK OR 20 MEQ</i>	1B	PA
<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML ( <i>potassium chloride</i> )	1B	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1B	
Sodium		
<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
Chelating Agents		
<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
Immunomodulators		
<i>lenalidomide 20 MG</i>	4	QL(1 ea daily); PA
<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily); SP; PA
THALOMID	4	QL(3 ea daily); SP; PA
Immunosuppressive Agents		
ATGAM IV	4	SP; PA
AZATHIOPRINE	1B	
<i>azathioprine TABS</i>	1B	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1B	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1B	
<i>cyclosporine CAPS</i>	1B	
<i>cyclosporine SOLN IV 50 MG/ML</i>	1B	
ENSPRYNG	4	PA
<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 ea daily); SP; PA
<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 ea daily); PA
<i>mycophenolate mofetil CAPS</i>	1B	
<i>mycophenolate mofetil TABS</i>	1B	
<i>mycophenolate sodium 180 MG, 360 MG</i>	1B	
NULOJIX	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
PROGRAF PACK	2	PA
PROGRAF SOLN	2	
SIMULECT	3	
<i>sirolimus</i> TABS	1B	
<i>tacrolimus</i> CAPS	1B	
THYMOGLOBULIN	4	SP; PA
Irrigation Solutions		
<i>irrigation solutions, physiological</i>	1B	
<i>lactated ringer's (irrigation)</i>	1B	
<i>ringer's irrigation</i>	1B	
<i>water for irrigation, sterile</i>	1B	
Potassium Removing Agents		
LOKELMA	3	QL(1 ea daily); PA
<i>sodium polystyrene sulfonate POWD</i>	1B	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1B	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl (mouth-throat) 4 %</i>	1B	
Anti-infectives - Throat		
<i>clotrimazole</i>	1B	
<i>nystatin (mouth-throat)</i>	1B	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1B	
DEBACTEROL	2	
Dental Products		
<i>stannous fluoride CONC</i>	0	RX/OTC
Steroids - Mouth/Throat/Dental		

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (mouth)</i>	1B	
Throat Products - Misc.		
<i>cevimeline hcl</i>	1B	
<i>pilocarpine hcl (oral)</i>	1B	
<b>MULTIVITAMINS</b>		
Ped MV w/ Fluoride		
<i>pediatric multivitamins w/fl CHEW</i>	1A	RX/OTC
Prenatal Vitamins		
CLASSIC PRENATAL TABS	2	QL(1 ea daily)
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)
EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)
GNP PRENATAL TABS	2	QL(1 ea daily)
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
MASONATAL TABS	2	QL(1 ea daily)
M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	2	QL(1 ea daily)
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
NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
NEONATAL PRENATAL VITAMIN TABS	2	QL(1 ea daily)
NEONATAL VITAMIN TABS	2	QL(1 ea daily)
NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS	2	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
PRENATAL PLUS VITAMIN ANDMINERAL TABS	2	QL(1 ea daily); RX/OTC
PRENATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 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)
PRENATAL VITAMIN TABS	2	QL(1 ea daily)
PRENATAL TABS	2	QL(1 ea daily)
PRENATRIX TABS	2	QL(1 ea daily); RX/OTC
PRENATRYL TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
RA PRENATAL TABS	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
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>		
<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 -</b>		
<b>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		

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide (nasal) 0.06 %</i>	1B	
<i>ipratropium bromide (nasal) 0.03 %</i>	1B	QL(1 ml daily)
<b>Nasal Steroids</b>		
<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
<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>		
<b>ALS Agents</b>		
<i>riluzole TABS</i>	3	
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
XEOMIN	3	PA
<b>Nondepolarizing Muscle Relaxants</b>		
<i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i>	3	PA
<b>NUTRIENTS</b>		
<b>Proteins</b>		
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>		
<b>Beta-blockers - Ophthalmic</b>		

Drug Name	Drug Tier	Requirements/Limits
<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	
<b>Cycloplegic Mydriatics</b>		
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	3	PA
Ophthalmic Local Anesthetics		
<i>proparacaine hcl</i>	1B	
Ophthalmic Steroids		
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

Drug Name	Drug Tier	Requirements/Limits
<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
Ophthalmic Surgical Aids		
HEALON PRO SOSY	3	PA
PROVISC SOSY	3	PA
Ophthalmics - Misc.		
ALOCRIAL	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 0.2 %</i>	1B	RX/OTC
<i>olopatadine hcl 0.1 %</i>	1B	QL(0.34 ml daily); RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	3	
<i>latanoprost SOLN</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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
<i>ciprofloxacin-fluocinolone acetonide</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 acetonide (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 30 GM/300ML	4	PA
GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
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 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<i>amoxicillin SUSR 125 MG/5ML</i>	1A	
<i>amoxicillin TABS</i>	1B	
<i>ampicillin sodium IJ 1 GM</i>	1B	
<i>ampicillin CAPS 500 MG</i>	1B	
Natural Penicillins		
<i>penicillin g potassium 5000000 UNIT</i>	1B	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
PENICILLIN G PROCAINE	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium SOLR</i>	1B	
<i>penicillin v potassium TABS</i>	1B	
Penicillin Combinations		
<i>amoxicillin &amp; pot clavulanate CHEW</i>	1B	
<i>amoxicillin &amp; pot clavulanate SUSR</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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 Drugs</b>		
<b>Progestins</b>		
<i>medroxyprogesterone acetate 10 MG</i>	1A	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	
<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</i>	1B	QL(224 ea per 14 day(s) retail); PA
<i>LUCEMYRA (lofexidine hcl)</i>	3	QL(224 ea per 14 day(s) retail); PA
<b>Antidementia Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
<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	QL(2 ea daily)
<i>memantine hcl TABS</i>	1B	
<i>rivastigmine tartrate CAPS</i>	1B	
<b>Combination Psychotherapeutics</b>		
<i>chlordiazepoxide-amitriptyline</i>	1B	
<i>perphenazine-amitriptyline</i>	1B	QL(4 ea daily)
<b>Fibromyalgia Agents</b>		
SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA
SAVELLA TABS	2	QL(2 ea daily); PA
<b>Movement Disorder Drug Therapy</b>		
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

Drug Name	Drug Tier	Requirements/Limits
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
<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 40 MG/ML</i>	4	QL(0.43 ml daily)
<i>glatiramer acetate SOSY 20 MG/ML</i>	4	QL(1 ml daily)
LEMTRADA	4	QL(1.2 ml daily); PA
PLEGRIDY STARTER PACK SOAJ SC	4	QL(0.036 ml daily); PA
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily); PA
PLEGRIDY SOAJ SC	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)

Drug Name	Drug Tier	Requirements/Limits
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 ea daily); PA
<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 ea daily); PA
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	3	QL(2 ea daily); PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1B	
<i>pimozide</i>	1B	
Smoking Deterrents		
<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



Drug Name	Drug Tier	Requirements/Limits
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
<b>Pulmonary Fibrosis Agents</b>		
OFEV	4	QL(2 ea daily); PA
<i>pirfenidone CAPS</i>	4	QL(1 ea daily); PA
<i>pirfenidone TABS 534 MG</i>	4	QL(3 ea daily); PA
<i>pirfenidone TABS 267 MG, 801 MG</i>	4	QL(1 ea daily); PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
<i>sulfadiazine TABS</i>	1B	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Fluorocyclines</b>		
XERAVAL	4	PA
<b>Glycylcyclines</b>		
<i>tigecycline</i>	1B	
<b>Tetracyclines</b>		
<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 50 MG, 75 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) TABS 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate CAPS 50 MG, 100 MG</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>		
<b>Antithyroid Agents</b>		
<i>methimazole TABS</i>	1B	
<i>propylthiouracil</i>	1B	
<b>Thyroid Hormones</b>		
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2	
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	2	QL(1 ea daily)
<i>levothyroxine sodium TABS</i>	1B	
<i>liothyronine sodium SOLN</i>	1B	
<i>liothyronine sodium TABS</i>	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	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX SUSP	0		<i>famotidine in nacl SOLN</i>	1B	
BOOSTRIX SUSY	0		<i>famotidine SOLN 20 MG/2ML</i>	1A	
DAPTACEL	0		<i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i>	1B	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0		<i>famotidine SUSR</i>	1B	QL(10 ml daily)
INFANRIX	0		<i>famotidine TABS 20 MG, 40 MG</i>	1B	RX/OTC
KINRIX SUSY	0		<i>nizatidine CAPS</i>	1B	
PEDIARIX SUSY	0		<i>ranitidine hcl TABS 150 MG</i>	1B	
PENTACEL	0		<b>Misc. Anti-Ulcer</b>		
QUADRACEL SUSP	0		<i>sucralfate SUSP</i>	1B	QL(40 ml daily)
QUADRACEL SUSY	0		<i>sucralfate TABS</i>	1B	QL(4 ea daily)
TDVAX SUSP	0		<b>Proton Pump Inhibitors</b>		
TENIVAC INJ	0		<i>dexlansoprazole</i>	3	QL(1 ea daily)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0		<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 ea daily)
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>			<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 ea daily); RX/OTC
<b>Antispasmodics</b>			<i>esomeprazole magnesium TBEC</i>	1B	QL(2 ea daily)
<i>atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML</i>	1B		<i>lansoprazole CPDR 30 MG</i>	1B	
<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1B		<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 ea daily); RX/OTC
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B		NEXIUM 24HR TBEC (esomeprazole magnesium)	1B	QL(2 ea daily)
<i>dicyclomine hcl CAPS</i>	1B		<i>omeprazole magnesium CPDR</i>	1B	QL(4 ea daily)
<i>dicyclomine hcl SOLN OR 10 MG/5ML</i>	1B		<i>omeprazole CPDR</i>	1B	QL(2 ea daily)
<i>dicyclomine hcl TABS</i>	1B		<i>omeprazole TBEC</i>	1B	QL(2 ea daily)
<i>glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML</i>	1B		<i>pantoprazole sodium TBEC 40 MG</i>	1B	
<i>glycopyrrolate TABS 1 MG</i>	1B		<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 ea daily)
<i>glycopyrrolate TABS 2 MG</i>	1B	QL(6 ea daily)	<i>rabeprazole sodium TBEC</i>	3	QL(1 ea daily)
<i>methscopolamine bromide</i>	1B		<b>Ulcer Drugs - Prostaglandins</b>		
<b>H-2 Antagonists</b>					
<i>cimetidine TABS</i>	1B	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>misoprostol</i>	1B	QL(4 ea daily)	ACTHIB SOLR IM	0	
Ulcer Therapy Combinations			BEXSERO	0	
<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	HIBERIX SOLR IJ	0	
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1B	QL(1 ea daily); RX/OTC	MENACTRA	0	
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>			MENQUADFI	0	
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			MENVEO SOLN	0	
<i>darifenacin hydrobromide</i>	1B	QL(1 ea daily)	MENVEO SOLR	0	
<i>fesoterodine fumarate</i>	1B	QL(1 ea daily); PA	PEDVAX HIB SUSP 7.5 MCG/0.5ML	0	
<i>oxybutynin chloride SOLN</i>	1B		PNEUMOVAX 23 IJ	0	
<i>oxybutynin chloride TABS 5 MG</i>	1B		PNEUMOVAX 23/1 DOSE IJ	0	
<i>oxybutynin chloride TB24 5 MG, 10 MG, 15 MG</i>	1B		PREVNAR 13	0	
<i>solifenacin succinate TABS</i>	1B	QL(1 ea daily); PA	PREVNAR 20	0	1 max fill(s) per 999 day(s) retail
<i>tolterodine tartrate CP24</i>	1B	QL(1 ea daily)	TRUMENBA	0	
<i>tolterodine tartrate TABS</i>	1B		VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail
<i>tropium chloride CP24</i>	1B	QL(1 ea daily)	<b>Viral Vaccines</b>		
<i>tropium chloride TABS</i>	1B	QL(3 ea daily)	ABRYSVO	0	
Urinary Antispasmodics - Cholinergic Agonists			AFLURIA 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 ea daily)	AFLURIA 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
<i>bethanechol chloride 25 MG</i>	1B		AFLURIA QUADRIVALENT 2022-2023 SUSP	0	1 max fill(s) per 180 day(s) retail
Urinary Antispasmodics - Direct Muscle Relaxants			AFLURIA QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail
<i>flavoxate hcl</i>	1B		AFLURIA QUADRIVALENT 2023-2024 SUSP	0	1 max fill(s) per 180 day(s) retail
<b>VACCINES</b>			AFLURIA QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail
Bacterial Vaccines			AREXVY	0	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMIRNATY 2023-24 SUSP	0		FLUBLOK QUADRIVALENT 2023-2024	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
COMIRNATY 2023-24 SUSY	0		FLUCELVAX 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail
COMIRNATY 2024-25 SUSY	0		FLUCELVAX 2024-2025 SUSY	0	1 max fill(s) per 180 day(s) retail
COMIRNATY SUSP	0		FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 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 SUSY	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	FLUCELVAX QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUAD 2024-2025	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
FLUAD QUADRIVALENT 2022-2023	0	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
FLUAD QUADRIVALENT 2023-2024	0	1 max fill(s) per 180 day(s) retail	FLULAVAL QUADRIVALENT 2022-2023 SUSY	0	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	FLULAVAL QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail
FLUARIX QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail	FLUMIST NASAL VACCINE 2024-2025	0	1 max fill(s) per 180 day(s) retail
FLUARIX QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail			
FLUBLOK 2024-2025 SOSY	0	1 max fill(s) per 180 day(s) retail			
FLUBLOK QUADRIVALENT 2022-2023	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUMIST QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	JANSSEN COVID-19 VACCINE	0	
FLUZONE 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail	M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail
FLUZONE 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	0	
FLUZONE HIGH-DOSE 2024-2025 SUSY	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	0	
FLUZONE HIGH-DOSE PF 2022-2023	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	0	
FLUZONE HIGH-DOSE PF 2023-2024	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	0	
FLUZONE QUADRIVALENT 2022-2023 SUSP	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE6MO-5Y SUSP	0	
FLUZONE QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE SUSP	0	
FLUZONE QUADRIVALENT 2023-2024 SUSP	0	1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE/2023-24 SUSP	0	
FLUZONE QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE/2024-25 SUSY	0	
GARDASIL 9 SUSP	0	3 max fill(s) per 365 day(s) retail	NOVAVAX COVID-19 VACCINE SUSP	0	
GARDASIL 9 SUSY	0	3 max fill(s) per 365 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	0	
HAVRIX	0		PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP	0	
HEPLISAV-B SOSY	0	2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	0	
IPOL INACTIVATED IPV	0		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	0	
			PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP	0	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	0		SPIKEVAX COVID-19 VACCINE/2024-25 SUSY	0	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	0		SPIKEVAX COVID-19 VACCINE SUSP	0	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	0		TWINRIX SUSY	0	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	0		VAQTA	0	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	0		VARIVAX SUSR IJ	0	2 max fill(s) per 365 day(s) retail
PFIZER-BIONTECH COVID-19VACCINE SUSP	0		<b>VAGINAL AND RELATED PRODUCTS</b>		
PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail	<b>Spermicides</b>		
PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail	TODAY SPONGE MISC	0	
RECOMBIVAX HB SUSP 5 MCG/0.5ML, 10 MCG/ML, 40 MCG/ML	0		<b>Vaginal Anti-infectives</b>		
RECOMBIVAX HB SUSY	0		<i>clindamycin phosphate vaginal CREA</i>	1B	
ROTARIX SUSP	0		<i>clotrimazole vaginal CREA 1 %</i>	1B	
ROTARIX SUSR	0		GYNAZOLE-1	3	QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail)
ROTATEQ SOLN	0		<i>metronidazole vaginal</i>	1B	
SHINGRIX	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)	<i>miconazole nitrate vaginal SUPP 200 MG</i>	1B	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	0		<i>terconazole vaginal CREA</i>	1B	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	0		<i>terconazole vaginal CREA</i>	1B	
			<i>terconazole vaginal SUPP</i>	1B	
			<b>Vaginal Anti-inflammatory Agents</b>		
			<i>hydrocortisone vaginal</i>	1B	QL(15.15 gm daily)
			<b>Vaginal Contraceptive - pH Modulators</b>		
			PHEXXI	0	PV
			<b>Vaginal Estrogens</b>		
			<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)

Drug Name	Drug Tier	Requirements/Limits
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
Anaphylaxis Therapy Agents		
<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
<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
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		
<i>ascorbic acid SOLN IJ</i>	3	QL(0.4 ml daily)
NIACIN TR TBCR	1B	
<i>niacinamide TABS 500 MG</i>	1A	
<i>niacinamide TABS 100 MG</i>	1B	
<i>niacin CPCR 250 MG, 500 MG</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
<i>niacin TABS</i>	1A	
<i>niacin TBCR</i>	1A	

## INDEX

abacavir sulfate SOLN .....	30	ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 45	AIRDUO DIGIHALER 113/14 .....	9
abacavir sulfate TABS .....	30	acyclovir CAPS .....	AIRDUO DIGIHALER 232/14 .....	9
abacavir sulfate-lamivudine .....	30	acyclovir SUSP .....	AIRDUO DIGIHALER 55/14 .....	9
ABELCET .....	18	acyclovir TABS OR .....	AIRSUPRA .....	9
abiraterone acetate 250 MG .....	25	acyclovir topical CREA .....	AKYNZEO .....	17
abiraterone acetate 500 MG .....	25	acyclovir topical OINT .....	albendazole .....	7
ABRYSSVO .....	65	ADACEL SUSP .....	albuterol sulfate AERS .....	9
acamprosate calcium .....	61	adapalene CREA .....	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML .....	10
acarbose .....	15	adapalene GEL .....	albuterol sulfate SYRP .....	10
acebutolol hcl CAPS .....	32	adapalene-benzoyl peroxide GEL 2.5 %-0.1 % .....	albuterol sulfate TABS .....	10
acetaminophen w/ codeine SOLN ..	6	ADCETRIS .....	alclometasone dipropionate CREA	40
acetaminophen w/ codeine TABS 15 MG-300 MG .....	6	adefovir dipivoxil .....	alclometasone dipropionate OINT	40
acetaminophen w/ codeine TABS 30 MG-300 MG .....	6	ADEMPAS .....	ALDURAZYME .....	45
acetaminophen w/ codeine TABS 60 MG-300 MG .....	6	ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG ..	ALECENSA .....	26
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG ..	6	ADVATE .....	alendronate sodium TABS 35 MG, 70 MG .....	44
acetazolamide CP12 .....	43	ADYNOVATE .....	alendronate sodium TABS 5 MG, 10 MG .....	44
acetazolamide sodium .....	43	AFLURIA 2024-2025 SUSP .....	alfuzosin hcl .....	47
acetazolamide TABS 125 MG .....	43	AFLURIA 2024-2025 SUSY .....	ALINIA SUSR .....	21
acetazolamide TABS 250 MG .....	43	AFLURIA QUADRIVALENT 2022- 2023 SUSP .....	aliskiren fumarate .....	21
acetic acid (otic) .....	60	AFLURIA QUADRIVALENT 2022- 2023 SUSY .....	allopurinol 100 MG, 300 MG .....	48
acetic acid 0.25 % .....	47	AFLURIA QUADRIVALENT 2023- 2024 SUSP .....	almotriptan malate 12.5 MG .....	53
acetylcysteine SOLN .....	37	AFLURIA QUADRIVALENT 2023- 2024 SUSY .....	almotriptan malate 6.25 MG .....	53
acitretin 10 MG, 17.5 MG .....	39	AFSTYLA .....	ALOCRIAL .....	59
acitretin 25 MG .....	39	AIMOVIG .....	alogliptin benzoate .....	16
ACTHAR GEL .....	44	AIMSCO LUBRICATED MISC .....	alogliptin-metformin hcl .....	15
ACTHIB SOLR IM .....	65		alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG .....	15
ACTIMMUNE 100 MCG/0.5ML .....	27		alogliptin-pioglitazone 30 MG-12.5	



MG .....	15	amiodarone hcl TABS .....	9	amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG- 3.75 MG .....	1
ALOMIDE .....	59	amitriptyline hcl TABS .....	14	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 .....	1
alose tron hcl .....	47	amlodipine besylate TABS 2.5 MG, 5 MG, 10 MG .....	32	amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 1.875 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 .....	1
alprazolam TABS 0.25 MG, 0.5 MG, 1 MG .....	8	amlodipine besylate-atorvastatin calcium .....	33	amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 1.875 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 .....	1
alprazolam TABS 2 MG .....	8	amlodipine besylate-benazepril hcl 20 .....	20	amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG .....	1
alprazolam TB24 .....	8	amlodipine besylate-olmesartan medoxomil .....	20	amphotericin b IV .....	18
alprazolam TBDP .....	8	amlodipine besylate-valsartan .....	20	amphotericin b liposome .....	18
ALPROLIX .....	48	amlodipine-valsartan- hydrochlorothiazide .....	20	ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM .....	61
ALREX SUSP (loteprednol etabonate) .....	59	amoxapine .....	14	ampicillin CAPS 500 MG .....	60
ALTABAX .....	38	amoxicillin & pot clavulanate CHEW . 60 .....	60	ampicillin sodium IJ 1 GM .....	60
ALTUVIIIO .....	48	amoxicillin & pot clavulanate SUSR 60 .....	60	anagrelide hcl .....	48
ALUNBRIG TABS .....	26	amoxicillin & pot clavulanate TABS 61 .....	61	anastrozole .....	25
ALUNBRIG TBPK .....	26	amoxicillin & pot clavulanate TB12 61 .....	61	ANDRODERM PT24 2 MG/24HR, 4 MG/24HR .....	7
ALVESCO .....	9	amoxicillin CAPS .....	60	ANGELIQ .....	46
alvimopan .....	47	amoxicillin CHEW 125 MG, 250 MG . 60 .....	60	ANNOVERA .....	35
amantadine hcl CAPS .....	28	amoxicillin SUSR 125 MG/5ML ... 60 .....	60	ANORO ELLIPTA .....	10
amantadine hcl SOLN .....	28	amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML .....	60	ANZEMET TABS 50 MG .....	17
amantadine hcl TABS .....	28	amoxicillin TABS .....	60	APIDRA SOLN .....	16
ambrisentan .....	33	amoxicillin-clarithromycin w/ lansoprazole THPK .....	65	APIDRA SOLOSTAR SOPN .....	16
amcinonide CREA .....	40	amphetamine sulfate TABS .....	1	apomorphine hydrochloride SOCT 28 .....	28
amcinonide LOTN .....	40	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 .....	1		
amcinonide OINT .....	40				
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML .....	2				
amiloride & hydrochlorothiazide ...	43				
amiloride hcl TABS .....	44				
aminocaproic acid TABS .....	49				
aminophylline SOLN .....	10				
amiodarone hcl SOLN 50 MG/ML ...	9				

apraclonidine hcl .....	58	aspirin TABS 325 MG .....	5	AYVAKIT .....	25
aprepitant CAPS 40 MG, 125 MG .	17	aspirin TBEC 325 MG .....	5	azacitidine SUSR .....	24
aprepitant CAPS 80 MG .....	18	aspirin TBEC 81 MG .....	5	AZATHIOPRINE .....	55
aprepitant CAPS .....	17	aspirin-dipyridamole .....	48	azathioprine TABS .....	55
aprepitant MISC .....	18	atazanavir sulfate CAPS 150 MG,		azelaic acid GEL .....	42
APTIOM .....	11	300 MG .....	30	azelastine hcl (ophth) .....	59
APTIVUS CAPS .....	30	atazanavir sulfate CAPS 200 MG .	30	azelastine hcl .....	57
ARANESP ALBUMIN FREE SOLN		atenolol & chlorthalidone .....	20	AZELEX .....	37
25 MCG/ML .....	49	atenolol TABS 25 MG, 50 MG, 100		azithromycin PACK .....	50
ARANESP ALBUMIN FREE SOLN		MG .....	32	azithromycin SOLR .....	50
40 MCG/ML, 60 MCG/ML, 100		ATGAM IV .....	55	azithromycin SUSR .....	50
MCG/ML .....	49	atomoxetine hcl 10 MG, 18 MG, 25		azithromycin TABS 250 MG .....	50
ARANESP ALBUMIN FREE SOSY		MG, 40 MG .....	1	azithromycin TABS 500 MG .....	50
150 MCG/0.3ML, 200 MCG/0.4ML,		atomoxetine hcl 60 MG, 80 MG, 100		azithromycin TABS 600 MG .....	50
300 MCG/0.6ML, 500 MCG/ML ...	49	MG .....	1	aztreonam 1 GM .....	22
ARCALYST .....	3	atorvastatin calcium TABS .....	19	bacitracin (ophthalmic) .....	58
AREXVY .....	65	atovaquone .....	21	bacitracin .....	21
arformoterol tartrate .....	10	atovaquone-proguanil hcl .....	22	baclofen TABS 10 MG, 20 MG ....	57
ARIKAYCE .....	2	atracurium besylate 50 MG/5ML, 100		balsalazide disodium CAPS .....	47
aripiprazole SOLN OR .....	30	MG/10ML .....	58	BALVERSA .....	26
aripiprazole TABS .....	30	atropine sulfate SOLN IJ 0.4 MG/ML,		BANZEL TABS 200 MG (rufinamide)	11
armodafinil .....	2	1 MG/ML .....	64	BANZEL TABS 400 MG (rufinamide)	11
ARMOUR THYROID TABS 15 MG,		atropine sulfate SOSY IJ 0.25		BAXDELA SOLR .....	46
30 MG, 60 MG, 90 MG, 120 MG, 180		MG/5ML .....	64	BAXDELA TABS .....	46
MG, 240 MG, 300 MG .....	63	ATROVENT HFA .....	9	BELSOMRA .....	50
ARNUITY ELLIPTA .....	9	AUSTEDO PATIENT TITRATION		benazepril & hydrochlorothiazide	
arsenic trioxide 10 MG/10ML .....	27	KIT TBPk .....	61	12.5 MG-10 MG, 25 MG-20 MG ...	20
ARZERRA .....	24	AUSTEDO TABS .....	61	benazepril & hydrochlorothiazide	
ascorbic acid SOLN IJ .....	69	AUSTEDO XR PATIENT TITRATION		12.5 MG-20 MG, 6.25 MG-5 MG ..	20
asenapine maleate 2.5 MG .....	29	KIT TEPK .....	61		
asenapine maleate 5 MG, 10 MG .	29	AUSTEDO XR TB24 .....	61		
aspirin CHEW .....	5	AVONEX PEN AJKT .....	62		
		AVONEX PSKT .....	62		

benazepril hcl 5 MG, 10 MG, 20 MG, 40 MG .....	19	betamethasone dipropionate augmented OINT .....	40	BOSULIF TABS 400 MG .....	26
bendamustine hcl SOLR .....	23	betamethasone valerate CREA ...	40	BRAFTOVI 75 MG .....	26
BENEFIX KIT .....	48	betamethasone valerate FOAM ...	40	BREO ELLIPTA (fluticasone furoate-vilanterol) .....	10
BENZEPRO CREAMY WASH LIQD . 37		betamethasone valerate LOTN ...	40	BREO ELLIPTA .....	10
BENZEPRO FOAM 5.3 % .....	37	betamethasone valerate OINT ....	40	BREZTRI AEROSPHERE .....	10
benzonatate 100 MG .....	37	BETASERON KIT .....	62	BRILINTA .....	48
benzonatate 150 MG .....	37	betaxolol hcl (ophth) SOLN .....	58	brimonidine tartrate (topical) .....	42
benzonatate 200 MG .....	37	betaxolol hcl .....	32	brimonidine tartrate 0.15 %, 0.2 %	58
benzoyl peroxide FOAM 5.3 %, 9.8 % .....	37	bethanechol chloride 25 MG .....	65	brimonidine tartrate-timolol maleate .	58
benzoyl peroxide GEL 10 % .....	37	bethanechol chloride 5 MG, 10 MG, 50 MG .....	65	brinzolamide .....	59
benzoyl peroxide GEL 5 % .....	37	bexarotene (topical) .....	39	BRIVIACT SOLN OR 10 MG/ML ..	11
benzoyl peroxide LIQD 4 %, 7 %, 10 % .....	37	bexarotene .....	27	BRIVIACT TABS .....	11
benzoyl peroxide-erythromycin GEL . 37		BEXSERO .....	65	bromfenac sodium (ophth) .....	59
benztropine mesylate SOLN .....	28	bicalutamide .....	25	bromocriptine mesylate CAPS .....	28
benztropine mesylate TABS .....	28	BIJUVA .....	46	bromocriptine mesylate TABS 2.5 MG .....	28
bepotastine besilate .....	59	BIKTARVY .....	30	BRUKINSA .....	26
BESIVANCE .....	58	bimatoprost SOLN .....	59	budesonide (inhalation) SUSP .....	9
betaine .....	45	bisacodyl SUPP .....	50	budesonide (intrarectal) .....	7
betamethasone dipropionate (topical) CREA .....	40	bisacodyl TBEC .....	50	budesonide (nasal) .....	58
betamethasone dipropionate (topical) LOTN .....	40	bisoprolol & hydrochlorothiazide ..	20	budesonide CPEP .....	36
betamethasone dipropionate (topical) OINT 0.05 % .....	40	bisoprolol fumarate .....	32	budesonide-formoterol fumarate dihydrate .....	10
betamethasone dipropionate augmented CREA .....	40	bleomycin sulfate 15 UNIT .....	25	bumetanide SOLN 0.25 MG/ML ...	43
betamethasone dipropionate augmented LOTN .....	40	BOOSTRIX SUSP .....	64	bumetanide TABS .....	43
		BOOSTRIX SUSY .....	64	buprenorphine hcl SOLN .....	7
		bortezomib SOLR IJ .....	26	buprenorphine hcl SUBL .....	7
		BORTEZOMIB SOLR IV 3.5 MG ..	26	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG .....	7
		bosentan TABS 125 MG .....	33		
		bosentan TABS 62.5 MG .....	33		
		BOSULIF TABS 100 MG, 500 MG	26		

buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	7	butorphanol tartrate IJ 1 MG/ML, 2 MG/ML	7	carbamazepine CP12 100 MG	11
buprenorphine hcl-naloxone hcl dihydrate SUBL	7	butorphanol tartrate NA 10 MG/ML	7	carbamazepine CP12 200 MG	11
buprenorphine PTWK	7	cabergoline	45	carbamazepine CP12 300 MG	11
bupropion hcl (smoking deterrent)	62	CABOMETYX TABS	26	carbamazepine SUSP	11
bupropion hcl TABS 75 MG, 100 MG 13		calcipotriene CREA	39	carbamazepine TABS	11
bupropion hcl TB12 100 MG	13	calcipotriene OINT	39	carbamazepine TB12 100 MG, 400 MG	12
bupropion hcl TB12 150 MG	13	calcipotriene SOLN	39	carbamazepine TB12 200 MG	11
bupropion hcl TB12 200 MG	13	calcipotriene-betamethasone dipropionate OINT	40	carbidopa	28
bupropion hcl TB12 200 MG	13	calcipotriene-betamethasone dipropionate SUSP	40	carbidopa-levodopa TABS	28
bupropion hcl TB24 150 MG	13	calcitonin (salmon) NA 200 UNIT/ACT	44	carbidopa-levodopa TBCR	28
bupropion hcl TB24 300 MG	13	calcitriol (topical)	39	carbidopa-levodopa TBDP	28
buspiron hcl 5 MG	8	calcitriol CAPS 0.25 MCG, 0.5 MCG	45	carbidopa-levodopa-entacapone	28
buspiron hcl 7.5 MG, 10 MG, 15 MG, 30 MG	8	calcitriol SOLN IV	45	carbinoxamine maleate SOLN	18
busulfan SOLN	23	calcium acetate (phosphate binder) CAPS	47	carbinoxamine maleate TABS 4 MG	18
butalbital-acetaminophen TABS 50 MG-325 MG	5	calcium acetate (phosphate binder) TABS	47	carboplatin SOLN 50 MG/5ML	23
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG	4	calcium chloride (dihydrate) SOLN	54	carisoprodol TABS	57
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	4	calcium polycarbophil TABS	50	carmustine	23
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	5	CALQUENCE	26	carteolol hcl (ophth)	58
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	6	candesartan cilexetil	20	carvedilol 3.125 MG, 6.25 MG, 12.5 MG, 25 MG	32
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	6	candesartan cilexetil-hydrochlorothiazide	20	carvedilol phosphate	32
butalbital-aspirin-caffeine CAPS	5	capecitabine	24	casprofungin acetate	18
butalbital-aspirin-caffeine w/cod	6	CAPRELSA	26	CAYA DPRH	51
butenafine hcl	38	captopril 12.5 MG	20	CAYSTON	22
		captopril 25 MG, 50 MG, 100 MG	19	cefaclor CAPS	34
		carbamazepine CHEW	11	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	34

cefadroxil TABS .....	34	chloramphenicol sodium succinate 22	ciclopirox SHAM .....	38	
cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG .....	34	chlordiazepoxide hcl CAPS .....	ciclopirox SOLN .....	38	
cefdinir CAPS .....	34	chlordiazepoxide hcl-clidinium bromide .....	64	cidofovir .....	31
cefdinir SUSR .....	34	chlordiazepoxide-amitriptyline .....	61	cilostazol .....	48
cefepime hcl SOLR IV 2 GM .....	35	chlorhexidine gluconate (mouth- throat) .....	56	CIMDUO .....	30
cefixime CAPS .....	34	chloroquine phosphate TABS 250 MG .....	22	cimetidine TABS .....	64
cefixime SUSR .....	34	chloroquine phosphate TABS 500 MG .....	22	cinacalcet hcl .....	45
cefotaxime sodium IJ 1 GM, 2 GM	34	chlorpromazine hcl SOLN .....	29	ciprofloxacin hcl (ophth) SOLN ....	58
cefotetan disodium IJ 1 GM, 2 GM	34	chlorpromazine hcl TABS .....	29	ciprofloxacin hcl (otic) .....	60
cefoxitin sodium IV 1 GM, 2 GM ...	34	chlorthalidone 25 MG, 50 MG ....	44	ciprofloxacin hcl TABS .....	46
cefpodoxime proxetil SUSR .....	34	chlorzoxazone TABS 500 MG ....	57	ciprofloxacin in d5w 5 %-200 MG/100ML .....	46
cefpodoxime proxetil TABS .....	34	chlorzoxazone TABS 750 MG ....	57	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML .....	46
cefprozil SUSR .....	34	CHOLBAM .....	46	ciprofloxacin-dexamethasone .....	60
cefprozil TABS .....	34	cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT .....	69	ciprofloxacin-fluocinolone acetonide . 60	
ceftazidime IJ 1 GM, 6 GM .....	34	cholecalciferol TABS 10 MCG, 400 UNIT .....	69	cisplatin SOLN 100 MG/100ML ....	23
ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG .....	34	cholestyramine light PACK .....	19	citalopram hydrobromide SOLN ...	13
ceftriaxone sodium IJ 250 MG ....	34	cholestyramine light POWD .....	19	citalopram hydrobromide TABS 10 MG .....	13
cefuroxime axetil TABS .....	34	cholestyramine PACK .....	19	citalopram hydrobromide TABS 20 MG .....	13
cefuroxime sodium IJ 750 MG ....	34	cholestyramine POWD .....	19	citalopram hydrobromide TABS 40 MG .....	13
celecoxib .....	4	choline fenofibrate .....	19	clarithromycin SUSR .....	50
cephalexin CAPS .....	34	CHORIONIC GONADOTROPIN IM 44		clarithromycin TABS .....	50
cephalexin SUSR 125 MG/5ML, 250 MG/5ML .....	34			clarithromycin TB24 .....	51
CERDELGA .....	48			CLASSIC PRENATAL TABS .....	56
CEREZYME 400 UNIT .....	48			clemastine fumarate SYRP .....	18
cetirizine hcl TABS .....	18			clemastine fumarate TABS 2.68 MG . 18	
cevimeline hcl .....	56				
CHEMET .....	17				
CHEMSTRIP-K STRP .....	43				
		ciclopirox GEL .....	38		
		ciclopirox olamine CREA .....	38		
		ciclopirox olamine SUSP .....	38		

CLIMARA PRO .....	46	0.05 % .....	40	codeine sulfate TABS 30 MG .....	5
clindamycin hcl .....	22	clobetasol propionate FOAM .....	40	CODEINE SULFATE TABS .....	5
clindamycin palmitate hydrochloride .	22	clobetasol propionate GEL 0.05 %	40	colchicine TABS .....	48
clindamycin phosphate (topical)		clobetasol propionate OINT 0.05 %	40	colchicine w/ probenecid .....	48
FOAM .....	37	clobetasol propionate SOLN 0.05 % .	40	colesevelam hcl PACK .....	19
clindamycin phosphate (topical) GEL				colesevelam hcl TABS .....	19
37		clocortolone pivalate .....	40	colestipol hcl GRAN .....	19
clindamycin phosphate (topical)		clofarabine .....	24	colestipol hcl PACK .....	19
LOTN .....	37	clomiphene citrate TABS .....	44	colestipol hcl TABS .....	19
clindamycin phosphate (topical)		clomipramine hcl .....	14	COMBIPATCH PTTW .....	46
SOLN .....	37	clonazepam TABS .....	11	COMETRIQ KIT .....	26
clindamycin phosphate (topical)		clonidine .....	20	COMIRNATY 2023-24 SUSP .....	66
SWAB .....	37	clonidine hcl (adhd) TB12 .....	1	COMIRNATY 2023-24 SUSY .....	66
clindamycin phosphate SOLN IJ 9		clonidine hcl TABS .....	20	COMIRNATY 2024-25 SUSY .....	66
GM/60ML, 300 MG/2ML, 600		clopidogrel bisulfate 300 MG .....	48	COMIRNATY SUSP .....	66
MG/4ML, 900 MG/6ML, 9000		clopidogrel bisulfate 75 MG .....	48	COMPLERA .....	30
MG/60ML .....	22	clorazepate dipotassium TABS .....	8	CONTRACE .....	1
clindamycin phosphate vaginal CREA		clotrimazole (topical) CREA .....	38	COPIKTRA .....	26
.....	68	clotrimazole (topical) SOLN .....	38	CORDRAN TAPE .....	41
clindamycin phosphate-benzoyl		clotrimazole .....	56	CORTISPORIN-TC .....	60
peroxide (refrigerate) .....	37	clotrimazole vaginal CREA 1 % .....	68	COSENTYX SENSOREADY PEN	
clindamycin phosphate-benzoyl		clotrimazole w/ betamethasone		SOAJ .....	39
peroxide GEL 5 %-1 % .....	37	CREA .....	38	COSENTYX SOSY 150 MG/ML ...	39
clindamycin phosphate-tretinoin ..	37	clotrimazole w/ betamethasone		COSENTYX SOSY 75 MG/0.5ML .	39
CLINIMIX 4.25%/DEXTROSE 10%		LOTN .....	38	COSENTYX UNOREADY SOAJ ..	39
58		clozapine TABS .....	29	CREON CPEP .....	43
CLINIMIX 4.25%/DEXTROSE 5%	58	clozapine TBDP 100 MG .....	29	CRESEMBA CAPS OR 186 MG ...	18
CLINIMIX E 5%/DEXTROSE 20%		clozapine TBDP 12.5 MG, 150 MG		cromolyn sodium (ophth) .....	59
58		29		cromolyn sodium NEBU .....	9
clobazam SUSP .....	11	clozapine TBDP 25 MG .....	29	crotamiton LOTN .....	42
clobazam TABS .....	11	COARTEM .....	22		
clobetasol propionate CREA 0.05 % .					
40					
clobetasol propionate emollient base					

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	cyproheptadine hcl TABS .....19	demeclocycline hcl TABS .....63
cyanocobalamin SOLN IJ 1000 MCG/ML .....49	CYTAGON CAPS ..... 47	DEPO-ESTRADIOL .....46
cyclobenzaprine hcl TABS 5 MG, 10 MG ..... 57	CYSTARAN ..... 59	DEPO-MEDROL SUSP .....36
cyclophosphamide CAPS .....23	cytarabine SOLN .....24	DEPO-SUBQ PROVERA 104 SUSY SC .....36
cyclophosphamide SOLR IJ .....23	dabigatran etexilate mesylate CAPS . 11	desipramine hcl TABS ..... 14
cycloserine ..... 23	dacarbazine SOLR 200 MG ..... 27	desloratadine TABS .....18
cyclosporine (ophth) EMUL .....59	dactinomycin ..... 25	desloratadine TBDP 2.5 MG .....18
cyclosporine CAPS ..... 55	dalfampridine ..... 62	desmopressin acetate SOLN IJ ... 45
cyclosporine modified (for microemulsion) CAPS ..... 55	danazol CAPS .....7	DESMOPRESSIN ACETATE SOLN NA .....45
cyclosporine modified (for microemulsion) SOLN ..... 55	dantrolene sodium CAPS .....57	desmopressin acetate spray .....45
cyclosporine SOLN IV 50 MG/ML . 55	dapagliflozin propanediol .....16	desmopressin acetate spray refrigerated ..... 45
CYLTEZO AJKT 40 MG/0.4ML ..... 3	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG ..... 15	desmopressin acetate TABS 0.1 MG 45
CYLTEZO AJKT 40 MG/0.8ML ..... 3	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG .....15	desmopressin acetate TABS 0.2 MG 45
CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML ..... 3	dapsone ..... 22	desogestrel & ethinyl estradiol ....35
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML .....3	DAPTACEL .....64	desogestrel-ethinyl estradiol (biphasic) .....35
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT 40 MG/0.4ML .....3	daptomycin 500 MG ..... 22	desogestrel-ethinyl estradiol (triphasic) .....35
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT 40 MG/0.8ML ..... 3	darifenacin hydrobromide ..... 65	desonide CREA ..... 41
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT .....3	darunavir TABS ..... 30	desonide LOTN ..... 41
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT ...3	dasatinib .....26	desonide OINT .....41
cyproheptadine hcl SYRP .....19	DAURISMO ..... 25	desoximetasone CREA 0.25 % ... 41
	DEBACTEROL ..... 56	desoximetasone GEL .....41
	decitabine ..... 24	desoximetasone OINT 0.25 % ....41
	deferasirox PACK .....17	desvenlafaxine succinate 100 MG .14
	deferasirox TABS ..... 17	desvenlafaxine succinate 25 MG, 50 MG ..... 14
	deferasirox TBSO .....17	dexamethasone ELIX .....36
	deflazacort SUSP .....36	
	deflazacort TABS ..... 36	
	DELSTRIGO .....30	

DEXAMETHASONE INTENSOL CONC .....	36	diazepam CONC .....	8	dihydroergotamine mesylate SOLN NA 4 MG/ML .....	53
dexamethasone sodium phosphate (ophth) .....	59	diazepam SOLN OR 5 MG/5ML .....	8	DILANTIN (phenytoin sodium extended) .....	12
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML .....	36	diazepam TABS .....	8	DILANTIN .....	12
dexamethasone sodium phosphate SOSY IJ 4 MG/ML .....	36	diazoxide .....	15	DILANTIN INFATABS CHEW (phenytoin) .....	12
dexamethasone SOLN .....	36	dichlorphenamide .....	43	DILANTIN-125 SUSP (phenytoin) .	12
dexamethasone TABS 0.5 MG, 0.75 MG .....	36	diclofenac epolamine PTCH EX ...	39	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG .....	32
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG .....	36	diclofenac potassium TABS 50 MG .	4	diltiazem hcl coated beads CP24 180 MG, 240 MG .....	32
dexchlorpheniramine maleate SOLN .	18	diclofenac sodium (actinic keratoses) EX .....	39	diltiazem hcl CP12 .....	33
dexlansoprazole .....	64	diclofenac sodium (ophth) .....	59	diltiazem hcl CP24 .....	33
dexmethylphenidate hcl CP24 .....	2	diclofenac sodium (topical) GEL EX 39		diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG .....	32
dexmethylphenidate hcl TABS .....	2	diclofenac sodium TB24 100 MG ...	4	diltiazem hcl extended release beads 420 MG .....	32
dextroamphetamine sulfate CP24 10 MG, 15 MG .....	1	diclofenac sodium TBEC .....	4	diltiazem hcl SOLN 50 MG/10ML ..	33
dextroamphetamine sulfate CP24 5 MG .....	1	diclofenac w/ misoprostol TBEC ...	4	DILTIAZEM HCL SOLR .....	33
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG .	1	dicloxacillin sodium .....	61	diltiazem hcl TABS .....	33
dextroamphetamine sulfate TABS 5 MG, 10 MG .....	1	dicyclomine hcl CAPS .....	64	diltiazem hcl TB24 .....	33
dextrose in lactated ringers .....	54	dicyclomine hcl SOLN OR 10 MG/5ML .....	64	dimethyl fumarate CDPK .....	62
DIACOMIT CAPS 250 MG .....	12	dicyclomine hcl TABS .....	64	dimethyl fumarate CPDR .....	62
DIACOMIT CAPS 500 MG .....	12	DIFFERIN LOTN .....	37	DIPENTUM .....	47
DIACOMIT PACK 250 MG .....	12	DIFICID TABS .....	51	diphenhydramine hcl CAPS 50 MG 18	
DIACOMIT PACK 500 MG .....	12	diflorasone diacetate CREA .....	41	diphenhydramine hcl ELIX 12.5 MG/5ML .....	18
diazepam (anticonvulsant) GEL ...	11	diflorasone diacetate OINT .....	41	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML .....	18
		diflunisal TABS .....	5	diphenhydramine hcl SOLN 50	
		difluprednate .....	59		
		digoxin SOLN OR 0.05 MG/ML ...	33		
		digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG .....	33		
		dihydroergotamine mesylate SOLN IJ 1 MG/ML .....	53		



MG/ML .....	18	doxepin hcl CAPS .....	14	MG/1.14ML .....	42
diphenoxylate w/ atropine LIQD ...	17	doxepin hcl CONC .....	14	DUPIXENT SOAJ SC 300 MG/2ML	42
diphenoxylate w/ atropine TABS ...	17	doxercalciferol CAPS .....	45	DUPIXENT SOSY 100 MG/0.67ML	42
DIPHThERIA/TETANUS TOXOIDS		doxercalciferol SOLN .....	45	DUPIXENT SOSY 200 MG/1.14ML	42
ADSORBED PEDIATRIC SUSP ...	64	doxorubicin hcl liposomal IV .....	25	DUPIXENT SOSY 300 MG/2ML ...	42
dipyridamole .....	48	doxorubicin hcl SOLN .....	25	DUREX EXTRA SENSITIVE THIN	
disopyramide phosphate CAPS .....	8	doxorubicin hcl SOLR 10 MG, 50 MG		DEVI .....	51
disulfiram .....	61	.....	25	DUREX EXTRA SENSITIVE THIN	
DIURIL SUSP .....	44	doxycycline (monohydrate) CAPS 50		MISC .....	51
divalproex sodium TB24 .....	13	MG, 100 MG .....	63	DUREX TROPICAL MISC .....	51
divalproex sodium TBEC .....	13	doxycycline (monohydrate) CAPS 75		dutasteride .....	47
docetaxel CONC 20 MG/ML .....	28	MG .....	63	dutasteride-tamsulosin hcl .....	47
docetaxel SOLN 20 MG/2ML .....	28	doxycycline (monohydrate) TABS		econazole nitrate CREA .....	38
docusate calcium .....	50	100 MG .....	63	EDARBI .....	20
docusate sodium CAPS 100 MG ..	50	doxycycline (monohydrate) TABS 50		EDURANT .....	30
docusate sodium CAPS 250 MG ..	50	MG, 75 MG .....	63	efavirenz CAPS 200 MG .....	30
dofetilide .....	9	doxycycline hyclate CAPS 50 MG,		efavirenz CAPS 50 MG .....	30
donepezil hydrochloride TABS 10		100 MG .....	63	efavirenz TABS .....	30
MG .....	61	doxycycline hyclate SOLR .....	63	efavirenz-emtricitabine-tenofovir	
donepezil hydrochloride TABS 5 MG,		doxycycline hyclate TABS 20 MG,		disoproxil fumarate .....	30
23 MG .....	61	100 MG .....	63	efavirenz-lamivudine-tenofovir	
donepezil hydrochloride TBDP 10		doxylamine-pyridoxine TBEC .....	17	disoproxil fumarate .....	30
MG .....	61	dronabinol CAPS .....	17	EGRIFTA 2 MG .....	44
donepezil hydrochloride TBDP 5 MG		drospirenone-ethinyl estradiol .....	35	EGRIFTA SV .....	44
61		drospirenone-ethinyl estradiol-		ELAPRASE .....	45
DOPTelet .....	49	levomefolate calcium .....	35	electrolyte-148 .....	54
dorzolamide hcl .....	59	DROXIA CAPS .....	49	electrolyte-a .....	54
dorzolamide hcl-timolol maleate ..	58	DUAVEE .....	46	ELESTRIN GEL .....	46
DOVATO .....	30	DULERA .....	10	eletriptan hydrobromide .....	53
doxazosin mesylate .....	20	duloxetine hcl CPEP 20 MG, 30 MG,			
doxepin hcl (antipruritic) .....	39	60 MG .....	14		
doxepin hcl (sleep) .....	49	duloxetine hcl CPEP 40 MG .....	14		
		DUPIXENT SOAJ SC 200			

ELIGARD KIT SC 7.5 MG .....	25	ENBREL SURECLICK SOAJ .....	4	EQUETRO 300 MG .....	29
ELIGARD SC 22.5 MG, 30 MG, 45 MG .....	25	ENGERIX-B SUSP 20 MCG/ML ...	66	ERAXIS .....	18
ELIQUIS STARTER PACK TBPk .	10	ENGERIX-B SUSY .....	66	ERBITUX .....	24
ELIQUIS TABS .....	10	enoxaparin sodium SOLN IJ 300 MG/3ML .....	10	ergocalciferol CAPS .....	69
ELLA .....	35	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....	10	ergocalciferol SOLN OR .....	69
ELMIRON CAPS .....	47	enoxaparin sodium SOSY 30 MG/0.3ML .....	10	ergoloid mesylates TABS .....	62
ELOCTATE .....	48	enoxaparin sodium SOSY 40 MG/0.4ML .....	10	ERGOMAR SUBL .....	53
EMCYT .....	25	enoxaparin sodium SOSY 60 MG/0.6ML .....	10	ergotamine w/ caffeine TABS .....	53
EMFLAZA SUSP (deflazacort) ....	36	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML .....	10	eribulin mesylate .....	28
EMGALITY SOAJ .....	53	ENSPRYNG .....	55	ERIVEDGE .....	25
EMGALITY SOSY 100 MG/ML ....	53	entacapone .....	28	ERLEADA 240 MG .....	25
EMGALITY SOSY 120 MG/ML ....	53	entecavir TABS .....	31	ERLEADA 60 MG .....	25
EMSAM .....	13	EPIDIOLEX .....	12	erlotinib hcl .....	24
emtricitabine CAPS .....	30	epinastine hcl (ophth) .....	59	ERTACZO .....	38
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG .....	30	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML .....	69	ertapenem sodium IJ .....	21
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG .....	30	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML .....	69	erythromycin (acne aid) PADS ....	37
EMTRIVA SOLN .....	30	EPIVIR HBV SOLN .....	31	erythromycin (acne aid) SOLN ....	37
EMVERM CHEW .....	8	eplerenone .....	21	erythromycin (ophth) .....	58
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 20		EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	49	erythromycin base CPEP .....	51
enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20		epoprostenol sodium .....	33	erythromycin base TABS .....	51
enalapril maleate TABS .....	20	EQUETRO 100 MG .....	29	erythromycin base TBEC .....	51
ENBREL MINI SOCT .....	4	EQUETRO 200 MG .....	29	erythromycin ethylsuccinate SUSR 51	
ENBREL SOLN .....	4			erythromycin ethylsuccinate TABS	51
ENBREL SOSY 25 MG/0.5ML .....	4			escitalopram oxalate SOLN .....	13
ENBREL SOSY 50 MG/ML .....	4			escitalopram oxalate TABS 10 MG 13	
				escitalopram oxalate TABS 20 MG 13	
				escitalopram oxalate TABS 5 MG .	13
				esomeprazole magnesium CPDR 20	

MG .....	64	etoposide CAPS .....	28	FARXIGA .....	16
esomeprazole magnesium CPDR 40 MG .....	64	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....	28	FASENRA PEN SOAJ .....	9
esomeprazole magnesium TBEC ..	64	etravirine 100 MG .....	30	FASENRA SOSY 30 MG/ML .....	9
ESPEROCT .....	48	etravirine 200 MG .....	30	FC2 FEMALE CONDOM .....	51
estazolam .....	49	EUCRISA .....	42	febuxostat .....	48
esterified estrogens & methyltestosterone .....	46	EVAMIST SOLN .....	46	felbamate SUSP .....	12
estradiol & norethindrone acetate TABS .....	46	everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG .....	55	felbamate TABS 400 MG .....	12
estradiol GEL 0.06 % .....	46	everolimus (immunosuppressant) 1 MG .....	55	felbamate TABS 600 MG .....	12
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 .....	46	everolimus TABS .....	26	felodipine .....	33
estradiol PTTW .....	46	EVOTAZ .....	30	FEMCAP DEVI .....	51
estradiol PTWK .....	46	exemestane .....	25	FEMRING .....	68
estradiol TABS .....	46	ezetimibe .....	19	fenofibrate micronized 43 MG, 130 MG .....	19
estradiol vaginal CREA .....	68	ezetimibe-simvastatin .....	19	fenofibrate micronized 67 MG, 134 MG, 200 MG .....	19
estradiol vaginal TABS .....	68	famciclovir 125 MG, 250 MG .....	31	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19
estradiol valerate .....	46	famciclovir 500 MG .....	31	fenopropfen calcium TABS .....	4
ESTRING RING .....	68	famotidine in nacl SOLN .....	64	FENSOLVI SC .....	45
ESTROGEL GEL (estradiol) .....	46	famotidine SOLN 20 MG/2ML .....	64	fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG, 1600 MCG .....	5
eszopiclone .....	50	famotidine SOLN 40 MG/4ML, 200 MG/20ML .....	64	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....	5
ethacrynic acid .....	44	famotidine SUSR .....	64	ferrous fumarate-folic acid .....	49
ethambutol hcl TABS .....	23	famotidine TABS 20 MG, 40 MG ..	64	ferrous sulfated SOLN 15 MG/ML ..	49
ethosuximide CAPS .....	13	FANAPT .....	29	ferrous sulfate TABS 65 MG, 325 MG .....	49
ethosuximide SOLN .....	13	FANAPT TITRATION PACK .....	29	ferrous sulfate TBEC 325 MG .....	49
ethynodiol diacet & eth estrad .....	35	FANTASY LUBRICATED MISC ...	51	fesoterodine fumarate .....	65
etodolac CAPS .....	4	FANTASY LUBRICATED/SPERMICIDE MISC	51	FETZIMA CP24 .....	14
etodolac TABS .....	4	FARXIGA (dapagliflozin propanediol) .....	16	FETZIMA TITRATION PACK C4PK	
etonogestrel-ethinyl estradiol .....	35				
ETOPOPHOS .....	28				

14	fluconazole SUSR .....	18	fluorouracil 500 MG/10ML .....	24
finasteride .....	47	fluconazole TABS .....	18	fluoxetine hcl CAPS 10 MG .....
fingolimod hcl .....	62	flucytosine .....	18	fluoxetine hcl CAPS 20 MG .....
FIRDAPSE .....	23	fludarabine phosphate SOLN .....	24	fluoxetine hcl CAPS 40 MG .....
FIRMAGON 80 MG, 120 MG/VIAL	25	fludarabine phosphate SOLR .....	24	fluoxetine hcl CPDR .....
flavoxate hcl .....	65	fludrocortisone acetate TABS .....	37	fluoxetine hcl SOLN .....
flecainide acetate .....	9	FLULAVAL 2024-2025 SUSY .....	66	fluoxetine hcl TABS 10 MG, 60 MG
floxuridine .....	24	FLULAVAL QUADRIVALENT 2022-		14
FLUAD 2024-2025 .....	66	2023 SUSY .....	66	fluoxetine hcl TABS 20 MG .....
FLUAD QUADRIVALENT 2022-2023		FLULAVAL QUADRIVALENT 2023-		14
.....	66	2024 SUSY .....	66	fluphenazine hcl CONC .....
FLUAD QUADRIVALENT 2023-2024		FLUMIST NASAL VACCINE 2024-		fluphenazine hcl ELIX .....
.....	66	2025 .....	66	fluphenazine hcl SOLN .....
FLUARIX 2024-2025 SUSY .....	66	FLUMIST QUADRIVALENT .....	67	fluphenazine hcl TABS .....
FLUARIX QUADRIVALENT 2022-		flunisolide (nasal) 0.025 % .....	58	flurandrenolide CREA .....
2023 SUSY .....	66	fluocinolone acetonide (otic) .....	60	flurandrenolide LOTN .....
FLUARIX QUADRIVALENT 2023-		fluocinolone acetonide CREA 0.01 %		flurazepam hcl 15 MG, 30 MG .....
2024 SUSY .....	66	41		flurbiprofen sodium .....
FLUBLOK 2024-2025 SOSY .....	66	fluocinolone acetonide CREA 0.025		59
FLUBLOK QUADRIVALENT 2022-		% .....	41	flurbiprofen TABS .....
2023 .....	66	fluocinolone acetonide OIL .....	41	4
FLUBLOK QUADRIVALENT 2023-		fluocinolone acetonide OINT .....	41	flutamide .....
2024 .....	66	fluocinolone acetonide SOLN .....	41	25
FLUCELVAX 2024-2025 SUSP ...	66	fluocinonide CREA 0.05 % .....	41	fluticasone furoate-vilanterol .....
FLUCELVAX 2024-2025 SUSY ...	66	fluocinonide CREA 0.1 % .....	41	10
FLUCELVAX QUADRIVALENT		fluocinonide emulsified base .....	41	fluticasone propionate (inhalation)
2022-2023 SUSP .....	66	fluocinonide GEL .....	41	AEPB .....
FLUCELVAX QUADRIVALENT		fluocinonide OINT .....	41	9
2022-2023 SUSY .....	66	fluocinonide SOLN .....	41	fluticasone propionate (nasal) SUSP .
FLUCELVAX QUADRIVALENT		fluorometholone (ophth) SUSP ...	59	58
2023-2024 SUSP .....	66	fluorouracil (topical) CREA 5 % ...	39	fluticasone propionate CREA 0.05 %
FLUCELVAX QUADRIVALENT		fluorouracil (topical) SOLN .....	39	41
2023-2024 SUSY .....	66			fluticasone propionate hfa .....
				9
				fluticasone propionate LOTN .....
				41
				fluticasone propionate OINT .....
				41
				fluticasone-salmeterol AEPB .....
				10
				fluticasone-salmeterol AERO .....
				10

fluvastatin sodium CAPS 20 MG ...19	FORA TEST N' GO	fulvestrant SOSY .....25
fluvastatin sodium CAPS 40 MG ...19	ADVANCE/VOICE/6 CONNECT ..43	furosemide SOLN OR 10 MG/ML, 40 MG/5ML .....44
fluvoxamine maleate TABS 100 MG . 14	formoterol fumarate NEBU .....10	furosemide TABS .....44
fluvoxamine maleate TABS 25 MG, 50 MG .....14	FOSAMAX PLUS D .....44	FUZEON SOLR .....30
FLUZONE 2024-2025 SUSP .....67	fosamprenavir calcium TABS .....30	FYCOMPA TABS 2 MG .....11
FLUZONE 2024-2025 SUSY .....67	fosfomycin tromethamine .....22	FYCOMPA TABS 4 MG .....11
FLUZONE HIGH-DOSE 2024-2025 SUSY .....67	fosinopril sodium & hydrochlorothiazide .....20	FYCOMPA TABS 6 MG .....11
FLUZONE HIGH-DOSE 2024-2025 SUSY .....67	fosinopril sodium .....20	FYCOMPA TABS 8 MG, 10 MG, 12 MG .....11
FLUZONE HIGH-DOSE PF 2022- 2023 .....67	fosphenytoin sodium .....13	gabapentin CAPS .....12
FLUZONE HIGH-DOSE PF 2023- 2024 .....67	FRAGMIN SOSY .....11	gabapentin SOLN .....12
FLUZONE QUADRIVALENT 2022- 2023 SUSP .....67	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM .....52	gabapentin TABS 600 MG, 800 MG 12
FLUZONE QUADRIVALENT 2022- 2023 SUSY .....67	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM .....52	galantamine hydrobromide CP24 ..61
FLUZONE QUADRIVALENT 2023- 2024 SUSP .....67	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM .....52	galantamine hydrobromide SOLN .61
FLUZONE QUADRIVALENT 2023- 2024 SUSY .....67	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....52	galantamine hydrobromide TABS .61
FML FORTE SUSP .....59	FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM .....52	GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....60
FML OINT .....59	FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM .....52	GAMMAGARD LIQUID 30 GM/300ML .....60
folic acid TABS .....49	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM .....52	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR .....60
fondaparinux sodium 10 MG/0.8ML 11	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....52	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....60
fondaparinux sodium 2.5 MG/0.5ML . 11	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....52	GAMUNEX-C .....60
fondaparinux sodium 5 MG/0.4ML .11	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM .....53	ganciclovir sodium SOLR .....31
fondaparinux sodium 7.5 MG/0.6ML . 11	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM .....53	ganirelix acetate .....44
FORA GTEL BLOOD KETONE TEST STRIPS .....43	frovatriptan succinate .....53	GARDASIL 9 SUSP .....67
		GARDASIL 9 SUSY .....67
		gatifloxacin (ophth) .....58

gefitinib .....	24	glyburide micronized 1.5 MG, 3 MG, 6 MG .....	16	haloperidol decanoate .....	29
gemcitabine hcl SOLR 2 GM, 200 MG .....	24	glyburide TABS .....	17	haloperidol lactate CONC .....	29
gemfibrozil TABS .....	19	glyburide-metformin 250 MG-1.25 MG .....	15	haloperidol lactate SOLN .....	29
GENOTROPIN CART SC .....	44	glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG .....	15	haloperidol TABS .....	29
GENOTROPIN MINIQUICK PRSY 44				HAVRIX .....	67
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	glycine (gu irrigant) SOLN 1.5 % ..	47	HEALON PRO SOSY .....	59
gentamicin sulfate (ophth) OINT ..	58	glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML .....	64	HEMANGEOL SOLN OR .....	32
gentamicin sulfate (ophth) SOLN ..	58	glycopyrrolate TABS 1 MG .....	64	heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	11
gentamicin sulfate (topical) CREA .	38	glycopyrrolate TABS 2 MG .....	64	HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	11
gentamicin sulfate (topical) OINT ..	38	GLYXAMBI .....	15	HEPLISAV-B SOSY .....	67
gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML .....	2	GNP PRENATAL TABS .....	56	HIBERIX SOLR IJ .....	65
GENVOYA .....	30	GOHIBIC .....	48	HUMATROPE CART IJ .....	44
GILOTRIF .....	24	GOJJI BLOOD KETONE TEST STRIPS .....	43	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML .....	3
glatiramer acetate SOSY 20 MG/ML . 62		granisetron hcl SOLN IV 1 MG/ML	17	HUMIRA PEN AJKT SC 40 MG/0.4ML, 40 MG/0.8ML .....	3
glatiramer acetate SOSY 40 MG/ML . 62		granisetron hcl TABS .....	17	HUMIRA PEN AJKT SC 80 MG/0.8ML .....	3
GLEOSTINE 10 MG .....	23	GRASTEK SUBL .....	2	HUMIRA PEN-CD/UC/HS STARTER AJKT SC .....	3
GLEOSTINE 40 MG, 100 MG .....	23	griseofulvin microsize SUSP .....	18	HUMIRA PEN-PS/UV STARTER AJKT SC .....	3
glimepiride 1 MG, 2 MG .....	16	griseofulvin microsize TABS .....	18	HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML .....	3
glimepiride 4 MG .....	16	griseofulvin ultramicrosize .....	18	HUMULIN R U-500 (CONCENTRATED) SOLN SC .....	16
glipizide TABS 5 MG, 10 MG .....	16	guanfacine hcl (adhd) .....	1	HUMULIN R U-500 KWIKPEN SOPN	
glipizide TB24 .....	16	guanfacine hcl .....	20		
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG .....	15	GYNAZOLE-1 .....	68		
glipizide-metformin hcl 500 MG-5 MG .....	15	HAEGARDA SOLR SC .....	48		
GLUCAGEN DIAGNOSTIC .....	42	HALAVEN (eribulin mesylate) ....	28		
glucagon (rdna) .....	15	halcinonide CREA .....	41		
		halobetasol propionate CREA .....	41		
		halobetasol propionate OINT .....	41		
		HALOG OINT .....	41		

SC .....	16	hydrocortisone (topical) OINT 1 %, 2.5 % .....	41	HYQVIA .....	60
HYCAMTIN CAPS .....	28	hydrocortisone acetate (rectal) .....	7	ibandronate sodium SOLN .....	44
hydralazine hcl SOLN .....	21	hydrocortisone butyrate CREA ....	41	ibandronate sodium TABS .....	44
hydralazine hcl TABS .....	21	hydrocortisone butyrate OINT .....	41	IBRANCE CAPS .....	26
hydrochlorothiazide CAPS .....	44	hydrocortisone butyrate SOLN ....	41	IBRANCE TABS .....	26
hydrochlorothiazide TABS 12.5 MG 44		hydrocortisone sod succinate 100 MG .....	36	ibuprofen SUSP 100 MG/5ML .....	4
hydrochlorothiazide TABS 25 MG, 50 MG .....	44	hydrocortisone TABS .....	36	ibuprofen TABS 400 MG, 600 MG ..	4
hydrocodone bitartrate CP12 .....	5	hydrocortisone vaginal .....	68	ibuprofen TABS 800 MG .....	4
hydrocodone bitartrate T24A .....	5	hydrocortisone valerate CREA ....	41	icatibant acetate SOLN .....	48
hydrocodone polistirex-chlorpheniramine polistirex SUER .	37	hydrocortisone valerate OINT ....	41	icatibant acetate SOSY .....	48
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....	6	hydrocortisone w/acetic acid .....	60	ICLUSIG .....	26
hydrocodone-acetaminophen SOLN .	6	hydromorphone hcl LIQD .....	5	icosapent ethyl 1 GM .....	19
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG .....	6	hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML .	5	idarubicin hcl 20 MG/20ML .....	26
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	6	hydromorphone hcl TABS .....	5	idarubicin hcl 5 MG/5ML, 10 MG/10ML .....	25
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG .....	7	hydrocodone-acetaminophen SOLN .	6	IDELVION .....	48
hydrocodone-ibuprofen 7.5 MG-200 MG .....	7	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG .....	6	ifosfamide SOLN 1 GM/20ML .....	23
hydrocortisone (intrarectal) .....	7	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	6	ifosfamide SOLR .....	23
hydrocortisone (rectal) EX .....	7	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG .....	7	imatinib mesylate .....	26
hydrocortisone (topical) CREA 1 %, 2.5 % .....	41	hydrocodone-ibuprofen 7.5 MG-200 MG .....	7	IMBRUVICA CAPS 140 MG .....	26
hydrocortisone (topical) LOTN 2.5 % .	41	hydrocortisone (intrarectal) .....	7	IMBRUVICA CAPS 70 MG .....	26
		hydrocortisone (rectal) EX .....	7	IMBRUVICA SUSP .....	26
		hydrocortisone (topical) CREA 1 %, 2.5 % .....	41	IMBRUVICA TABS .....	26
		hydrocortisone (topical) LOTN 2.5 % .	41	imipenem-cilastatin IV .....	21
		hydrocortisone (topical) OINT 1 %, 2.5 % .....	41	imipramine hcl TABS .....	14
		hydrocortisone acetate (rectal) .....	7	imipramine pamoate .....	14
		hydrocortisone butyrate CREA ....	41	imiquimod 5 % .....	42
		hydrocortisone butyrate OINT .....	41	IMPAVIDO .....	21
		hydrocortisone butyrate SOLN ....	41	INCRELEX .....	45
		hydrocortisone sod succinate 100 MG .....	36	INCRUSE ELLIPTA .....	9
		hydrocortisone TABS .....	36		
		hydrocortisone vaginal .....	68		
		hydrocortisone valerate CREA ....	41		
		hydrocortisone valerate OINT ....	41		
		hydrocortisone w/acetic acid .....	60		
		hydromorphone hcl LIQD .....	5		
		hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML .	5		
		hydromorphone hcl TABS .....	5		
		hydromorphone hcl TB24 32 MG ...	5		
		hydromorphone hcl TB24 8 MG, 12 MG, 16 MG .....	5		
		hydroxychloroquine sulfate 100 MG 22			
		hydroxychloroquine sulfate 200 MG 23			
		hydroxychloroquine sulfate 400 MG 23			
		hydroxyurea .....	27		
		hydroxyzine hcl SOLN 50 MG/ML ...	8		
		hydroxyzine hcl SYRP .....	8		
		hydroxyzine hcl TABS .....	8		
		hydroxyzine pamoate CAPS .....	8		
		HYPERSAL NEBU .....	37		

indapamide TABS 1.25 MG ..... 44	58	JAKAFI ..... 26
indapamide TABS 2.5 MG ..... 44	ipratropium bromide SOLN 0.02 % . 9	JANSSEN COVID-19 VACCINE ..67
indomethacin CAPS 25 MG, 50 MG 4	ipratropium-albuterol SOLN .....10	JANUMET TABS .....15
indomethacin CPCR ..... 4	irbesartan .....20	JANUMET XR TB24 1000 MG-100 MG ..... 15
INFANRIX ..... 64	irbesartan-hydrochlorothiazide ...20	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG ..... 15
INFLECTRA SOLR ..... 47	irinotecan hcl 40 MG/2ML, 100 MG/5ML .....28	JANUVIA ..... 16
INGREZZA CAPS .....62	irrigation solutions, physiological ..56	JARDIANCE .....16
INGREZZA CPPK .....62	ISENTRESS CHEW ..... 30	JEVTANA .....28
INGREZZA CPSP .....62	ISENTRESS HD TABS ..... 30	JIVI ..... 48
INLYTA .....24	ISENTRESS TABS ..... 30	JULUCA .....30
INREBIC .....26	ISOLYTE-P/DEXTROSE 5% .....54	JYNARQUE TBPK .....45
INSULIN ASPART FLEXPEN SOPN . 16	ISOLYTE-S .....54	KALYDECO TABS .....62
INSULIN ASPART PENFILL SOCT 16	isoniazid SOLN ..... 23	KAMELEON LUBRICATED MISC .51
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN .....16	isoniazid SYRP ..... 23	KANJINTI .....24
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP .....16	isoniazid TABS .....23	KCL 0.3%/D5W/NAACL 0.9% (potassium chloride in dextrose & sodium chloride) ..... 54
INSULIN ASPART SOLN IJ ..... 16	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG ..... 8	KEPIVANCE 6.25 MG ..... 27
INSULIN DEGLUDEC FLEXTOUCH SOPN ..... 16	isosorbide dinitrate-hydralazine hcl 33	ketoconazole (topical) CREA .....38
INSULIN DEGLUDEC SOLN ..... 16	isosorbide mononitrate TABS ..... 8	ketoconazole (topical) SHAM 2 % .38
INSULIN LISPRO SOLN IJ ..... 16	isosorbide mononitrate TB24 ..... 8	ketoconazole ..... 18
INTELENCE 25 MG .....30	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG .....37	KETONE STRP ..... 43
IONOSOL-MB/DEXTROSE 5% ...54	isradipine CAPS .....33	KETONE TEST STRIPS STRP ...43
IOPIDINE .....58	itraconazole CAPS .....18	ketoprofen CAPS 50 MG .....4
IPOL INACTIVATED IPV .....67	itraconazole SOLN .....18	ketorolac tromethamine (ophth) ...59
ipratropium bromide (nasal) 0.03 % 58	ivabradine hcl TABS ..... 34	ketorolac tromethamine TABS .....4
ipratropium bromide (nasal) 0.06 %	ivermectin (pediculicide) ..... 42	KETOSTIX STRP .....43
	ivermectin .....8	ketotifen fumarate (ophth) 0.035 % 59
	IXEMPRA KIT 15 MG .....28	KEVZARA SOAJ ..... 3



KEVZARA SOSY .....	4	K-Y ME & YOU EXTRA LUBRICATED DEVI .....	51	lansoprazole CPDR 15 MG .....	64
KIMONO COLORS DEVI .....	51	K-Y ME & YOU INTENSE DEVI ...	51	lansoprazole CPDR 30 MG .....	64
KIMONO LUBRICATED MISC .....	51	KYLEENA .....	36	lanthanum carbonate CHEW .....	47
KIMONO MAXX/LARGE FLARE MISC .....	51	KYPROLIS .....	26	lapatinib ditosylate .....	26
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 51		labetalol hcl SOLN .....	32	LASTACRAFT .....	59
KIMONO PLUS SPERMICIDE LUBRICATED MISC .....	51	labetalol hcl TABS 100 MG, 200 MG . 32		latanoprost SOLN .....	59
KIMONO PLUS SPERMICIDE/LUBRICATED MISC 51		labetalol hcl TABS 300 MG .....	32	leflunomide .....	4
KIMONO PS LUBRICATED MISC .	51	lacosamide SOLN IV 200 MG/20ML . 12		LEMTRADA .....	62
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 51		lacosamide TABS .....	12	lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG .....	55
KIMONO PS LUBRICATED MISC .	51	lactated ringer's (irrigation) .....	56	lenalidomide 20 MG .....	55
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 51		lactated ringer's .....	54	LENVIMA 10 MG DAILY DOSE ...	24
KIMONO SENSATION LUBRICATED MISC .....	51	lactic acid (ammonium lactate) CREA .....	42	LENVIMA 12MG DAILY DOSE ...	24
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 51		lactic acid (ammonium lactate) LOTN 12 % .....	42	LENVIMA 14 MG DAILY DOSE ...	24
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 51		lactulose (encephalopathy) .....	47	LENVIMA 18 MG DAILY DOSE ...	24
KIMONO SPECIAL DEVI .....	51	lactulose SOLN .....	50	LENVIMA 20 MG DAILY DOSE ...	24
KINRIX SUSY .....	64	lamivudine (hbv) TABS .....	31	LENVIMA 24 MG DAILY DOSE ...	24
KISQALI .....	26	lamivudine SOLN .....	30	LENVIMA 4 MG DAILY DOSE ....	24
KISQALI FEMARA 200 DOSE ....	26	lamivudine TABS 150 MG .....	30	LENVIMA 8 MG DAILY DOSE ....	24
KISQALI FEMARA 400 DOSE ....	26	lamivudine TABS 300 MG .....	30	letrozole .....	25
KISQALI FEMARA 600 DOSE ....	26	lamivudine-zidovudine .....	30	leucovorin calcium SOLR .....	28
KOGENATE FS KIT .....	48	lamotrigine CHEW 25 MG .....	12	leucovorin calcium TABS .....	28
KOSELUGO .....	26	lamotrigine CHEW 5 MG .....	12	LEUKERAN .....	23
KOVALTRY .....	48	lamotrigine TABS .....	12	LEUKINE SOLR IJ .....	49
KP PRENATAL MULTIVITAMINS TABS .....	56	lamotrigine TBDP .....	12	leuprolide acetate KIT IJ 1 MG/0.2ML .....	25
KRINTAFEL .....	23	LANOXIN SOLN IJ (digoxin) .....	33	levalbuterol hcl .....	10
		LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin) .....	33	levalbuterol tartrate .....	10
				levetiracetam SOLN IV 500 MG/5ML 12	
				levetiracetam TABS 1000 MG .....	12

levetiracetam TABS 250 MG, 750 MG .....	12	lidocaine hcl (mouth-throat) 4 % ...	56	loratadine SOLN .....	18
levetiracetam TABS 500 MG .....	12	lidocaine hcl GEL 2 % .....	42	loratadine TABS .....	18
levetiracetam TB24 .....	12	lidocaine hcl PRSY .....	42	loratadine TBDP .....	18
levobunolol hcl 0.5 % .....	58	lidocaine hcl SOLN .....	42	lorazepam CONC .....	8
levocetirizine dihydrochloride SOLN	18	lidocaine PTCH 5 % .....	42	lorazepam TABS 0.5 MG, 2 MG ....	8
levocetirizine dihydrochloride TABS	18	lidocaine-prilocaine CREA .....	42	lorazepam TABS 1 MG .....	8
levofloxacin (ophth) 0.5 % .....	58	LILETTA 20.1 MCG/DAY .....	36	LORBRENA .....	26
levofloxacin in d5w 5 %-500 MG/100ML .....	46	lincomycin hcl .....	22	losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG .....	20
levofloxacin SOLN OR .....	46	linezolid SUSR .....	22	losartan potassium & hydrochlorothiazide 12.5 MG-50 MG .	21
levofloxacin TABS 250 MG, 750 MG .	46	linezolid TABS .....	22	losartan potassium .....	20
levofloxacin TABS 500 MG .....	46	LINZESS .....	47	LOTEMAX OINT .....	59
levonorgestrel & eth estradiol TABS	35	liothyronine sodium SOLN .....	63	loteprednol etabonate GEL .....	59
levonorgestrel (emergency oc) 1.5 MG .....	35	liothyronine sodium TABS .....	63	loteprednol etabonate SUSP .....	59
levonorgestrel-eth estradiol (triphasic) .....	35	lisdexamfetamine dimesylate CAPS 1	1	lovastatin TABS 10 MG, 20 MG ...	19
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG .....	35	lisdexamfetamine dimesylate CHEW .	1	lovastatin TABS 40 MG .....	19
levonorgestrel-ethinyl estradiol (continuous) .....	35	lisinopril & hydrochlorothiazide ...	20	loxapine succinate .....	29
levonorgestrel-ethinyl estradiol-iron	35	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG .....	20	lubiprostone .....	46
levorphanol tartrate TABS 2 MG ....	5	lithium .....	29	LUCEMYRA (lofexidine hcl) .....	61
levothyroxine sodium TABS .....	63	lithium carbonate CAPS .....	29	luliconazole .....	38
LEXIVA SUSP .....	30	lithium carbonate TABS .....	29	LUMIZYME .....	45
lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 % .....	50	lithium carbonate TBCR .....	29	LUPRON DEPOT (1-MONTH) KIT IM .....	25
lidocaine hcl (mouth-throat) 2 % ...	56	LO LOESTRIN FE TABS .....	35	LUPRON DEPOT (3-MONTH) KIT IM .....	25
		lofexidine hcl .....	61	LUPRON DEPOT (4-MONTH) IM .	25
		LOKELMA .....	56	LUPRON DEPOT (6-MONTH) IM .	25
		loperamide hcl CAPS 2 MG .....	17	LUPRON DEPOT-PED (1-MONTH) .	45
		lopinavir-ritonavir SOLN .....	30		
		lopinavir-ritonavir TABS .....	30		
		loratadine CAPS .....	18		
		loratadine CHEW .....	18		

LUPRON DEPOT-PED (3-MONTH) 11.25 MG .....	45	mefenamic acid CAPS .....	4	mesalamine TBEC 1.2 GM .....	47
LUPRON DEPOT-PED (3-MONTH) 30 MG .....	45	mefloquine hcl .....	23	mesalamine TBEC 800 MG .....	47
lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG .....	29	megestrol acetate (appetite) .....	61	metaxalone 800 MG .....	57
lurasidone hcl 80 MG .....	29	megestrol acetate SUSP .....	25	metformin hcl TABS 1000 MG .....	15
LYNPARZA TABS .....	26	megestrol acetate TABS .....	25	metformin hcl TABS 500 MG .....	15
LYSODREN .....	25	MEKINIST SOLR .....	26	metformin hcl TABS 850 MG .....	15
mafenide acetate PACK .....	40	MEKINIST TABS 0.5 MG .....	26	metformin hcl TABS 850 MG .....	15
magnesium sulfate IJ 50 % .....	55	MEKINIST TABS 2 MG .....	26	metformin hcl TB24 500 MG .....	15
malathion .....	42	MEKTOVI .....	26	metformin hcl TB24 750 MG .....	15
maraviroc TABS 150 MG .....	30	meloxicam TABS 7.5 MG, 15 MG ..	4	methadone hcl CONC .....	5
maraviroc TABS 300 MG .....	30	melphalan .....	23	methadone hcl SOLN IJ 10 MG/ML .	5
MARPLAN .....	13	melphalan hcl IV .....	23	METHADONE HCL SOLN IJ .....	5
MASONATAL TABS .....	56	memantine hcl TABS .....	61	methadone hcl SOLN OR 10 MG/5ML .....	5
MATULANE .....	27	MENACTRA .....	65	methadone hcl SOLN OR 5 MG/5ML 5	
MAXIDEX SUSP OP .....	59	MENEST .....	46	methadone hcl TABS 10 MG .....	5
MAXX LUBRICATED MISC .....	51	MENOSTAR PTWK .....	46	methadone hcl TABS 5 MG .....	5
MAXX PLUS SPERMICIDE LUBRICATED MISC .....	51	MENQUADFI .....	65	methadone hcl TBSO .....	5
meclizine hcl TABS 12.5 MG .....	17	MENVEO SOLN .....	65	methamphetamine hcl .....	1
meclizine hcl TABS 25 MG .....	17	MENVEO SOLR .....	65	methazolamide TABS .....	43
meclofenamate sodium CAPS .....	4	meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML .....	5	methenamine hippurate .....	22
MEDROL TABS .....	36	meperidine hcl SOLN OR 50 MG/5ML .....	5	methimazole TABS .....	63
medroxyprogesterone acetate (contraceptive) SUSP IM .....	36	meperidine hcl TABS 50 MG .....	5	METHITEST TABS .....	7
medroxyprogesterone acetate (contraceptive) SUSY IM .....	36	meprobamate .....	8	methocarbamol TABS 500 MG, 750 MG .....	57
medroxyprogesterone acetate 10 MG .....	61	mercaptopurine TABS .....	24	METHOTREXATE .....	3
medroxyprogesterone acetate 2.5 MG, 5 MG .....	61	meropenem .....	21	methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML .....	24
		mesalamine CP24 .....	47	methotrexate sodium SOLR .....	24
		mesalamine CPDR .....	47	methotrexate sodium TABS 2.5 MG 24	
		mesalamine ENEM .....	47	methoxsalen rapid .....	39
		mesalamine SUPP .....	47		

methscopolamine bromide .....	64	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML .....	46	minoxidil 2.5 MG, 10 MG .....	21
methsuximide .....	13	metoclopramide hcl TABS .....	46	MIRCERA .....	49
methyl dopa TABS .....	20	metolazone .....	44	MIRENA 20 MCG/DAY .....	36
methylphenidate hcl CHEW 10 MG ..	2	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG .....	21	mirtazapine TABS 15 MG .....	13
methylphenidate hcl CHEW 2.5 MG 2		metoprolol & hydrochlorothiazide TABS 25 MG-50 MG .....	21	mirtazapine TABS 30 MG .....	13
methylphenidate hcl CHEW 5 MG ..	2	metoprolol succinate TB24 200 MG 32		mirtazapine TABS 7.5 MG, 45 MG	13
methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG .....	2	metoprolol succinate TB24 25 MG, 50 MG, 100 MG .....	32	mirtazapine TBDP 15 MG .....	13
methylphenidate hcl CP24 30 MG ..	2	metoprolol tartrate SOLN IV 5 MG/5ML .....	32	mirtazapine TBDP 30 MG .....	13
methylphenidate hcl CP24 .....	2	metoprolol tartrate TABS 25 MG, 50 MG, 100 MG .....	32	mirtazapine TBDP 45 MG .....	13
methylphenidate hcl CPCR .....	2	metronidazole (topical) CREA .....	42	misoprostol .....	65
methylphenidate hcl SOLN .....	2	metronidazole (topical) GEL 0.75 % 42		mitomycin SOLR IV 20 MG .....	26
methylphenidate hcl TABS 10 MG, 20 MG .....	2	metronidazole (topical) GEL 1 % ..	42	mitoxantrone hcl 2 MG/ML .....	26
methylphenidate hcl TABS 5 MG ...	2	metronidazole (topical) LOTN .....	42	M-M-R II SOLR .....	67
methylphenidate hcl TB24 18 MG, 27 MG .....	2	metronidazole TABS .....	21	M-NATAL PLUS TABS .....	56
methylphenidate hcl TB24 36 MG, 54 MG .....	2	metronidazole vaginal .....	68	modafinil 100 MG .....	2
methylphenidate hcl TBCR 10 MG, 20 MG .....	2	mexiletine hcl .....	8	modafinil 200 MG .....	2
methylphenidate hcl TBCR 18 MG, 27 MG .....	2	micafungin sodium .....	18	MODERNA COVID-19 VACCINE SUSP .....	67
methylphenidate hcl TBCR 36 MG, 54 MG .....	2	miconazole nitrate vaginal SUPP 200 MG .....	68	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	67
methylphenidate PTCH .....	2	midodrine hcl .....	69	MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY .	67
methylprednisolone acetate SUSP 36		miglitol .....	15	MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ...	67
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG .....	36	miglustat .....	49	MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 .	67
methylprednisolone TABS .....	36	minocycline hcl CAPS .....	63	MODERNA COVID-19 VACCINE6MO-5Y SUSP .....	67
methylprednisolone TBPK 4 MG ...	36	minocycline hcl TABS .....	63	moexipril hcl .....	20
metoclopramide hcl SOLN IJ 5 MG/ML .....	46			mometasone furoate (nasal) SUSP	58

mometasone furoate CREA .....	41	MYLERAN TABS .....	23	neomycin-polymy-dexameth SUSP	59
mometasone furoate OINT .....	41	nabumetone .....	4	neomycin-polymyxin-hc (ophth) ...	59
mometasone furoate SOLN .....	41	nadolol TABS 20 MG .....	32	neomycin-polymyxin-hc (otic) SOLN .	60
montelukast sodium CHEW .....	9	nadolol TABS 40 MG .....	32	neomycin-polymyxin-hc (otic) SUSP .	60
montelukast sodium PACK .....	9	nadolol TABS 80 MG .....	32	NEONATAL COMPLETE TABS 120	
montelukast sodium TABS .....	9	naftifine hcl CREA 1 % .....	38	MG-10 MG-9.2 MG-1000 MCG-10	
morphine sulfate CP24 10 MG, 20		naftifine hcl CREA 2 % .....	38	MCG-12 MCG-3 MG-5 MG-20 MG-	
MG, 30 MG, 50 MG, 60 MG, 80 MG,		nalbuphine hcl .....	7	27 MG-200 MG-1.84 MG-25 MG-2	
100 MG .....	5	naloxone hcl LIQD .....	17	MG-1200 MCG-2 MG-0.2 MG .....	56
morphine sulfate SOLN IJ 0.5		naloxone hcl SOLN 0.4 MG/ML, 4		NEONATAL PLUS TABS .....	56
MG/ML, 1 MG/ML .....	5	MG/10ML .....	17	NEONATAL PRENATAL VITAMIN	
morphine sulfate SOLN OR 10		naltrexone hcl .....	17	TABS .....	56
MG/5ML .....	6	naproxen sodium TABS 550 MG ...	4	NEONATAL VITAMIN TABS .....	56
morphine sulfate SOLN OR 20		naproxen SUSP .....	4	neostigmine methylsulfate SOSY .	23
MG/5ML .....	6	naproxen TABS .....	4	NEO-SYNALAR .....	38
morphine sulfate TABS .....	6	naproxen TBEC 500 MG .....	4	NEUPRO .....	28
morphine sulfate TBCR 15 MG, 30		naratriptan hcl .....	53	NEVANAC .....	59
MG, 60 MG, 100 MG, 200 MG .....	6	NATACYN .....	58	nevirapine SUSP .....	30
MOTOFEN .....	17	NATAZIA .....	35	nevirapine TABS .....	31
MOVANTIK .....	47	nateglinide .....	16	nevirapine TB24 100 MG .....	31
moxifloxacin hcl (ophth) SOLN OP	58	NAYZILAM .....	11	nevirapine TB24 400 MG .....	31
moxifloxacin hcl in sodium chloride	46	nebivolol hcl 2.5 MG, 5 MG, 10 MG	32	NEXIUM 24HR TBEC (esomeprazole	
46		32		magnesium) .....	64
moxifloxacin hcl TABS .....	46	nebivolol hcl 20 MG .....	32	NEXPLANON .....	35
MULPLETA .....	49	NEBUSAL NEBU .....	37	NEXTSTELLIS .....	35
MULTI PRENATAL TABS .....	56	nefazodone hcl .....	14	niacin (antihyperlipidemic) TBCR ..	19
mupirocin OINT .....	38	nelarabine .....	24	niacin CPCR 250 MG, 500 MG ....	69
MVASI .....	24	neomycin sulfate TABS .....	2	niacin TABS .....	69
MYALEPT .....	45	neomycin-bacitracin zn-polymyxin	59	niacin TBCR .....	69
mycophenolate mofetil CAPS .....	55	neomycin-polymy-dexameth OINT	59	NIACIN TR TBCR .....	69
mycophenolate mofetil TABS .....	55				
mycophenolate sodium 180 MG, 360					
MG .....	55				

niacinamide TABS 100 MG .....	69	nitrofurantoin monohyd macro 100 MG .....	22	(triphasic) .....	35
niacinamide TABS 500 MG .....	69	nitroglycerin (intra-anal) .....	7	norgestimate-ethinyl estradiol .....	35
nicardipine hcl CAPS .....	33	nitroglycerin CPCR .....	8	norgestrel & ethinyl estradiol 30 MCG-0.3 MG .....	35
nicardipine hcl SOLN .....	33	nitroglycerin PT24 .....	8	NORMOSOL-M/D5W .....	54
nicotine MISC XX .....	62	NITROGLYCERIN SOLN IV .....	8	NORMOSOL-R .....	54
nicotine polacrilex GUM .....	62	nitroglycerin SUBL .....	8	nortriptyline hcl CAPS .....	14
nicotine polacrilex LOZG .....	62	NIVA-PLUS TABS .....	56	nortriptyline hcl SOLN .....	14
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....	62	nizatidine CAPS .....	64	NORVIR CAPS .....	31
NICOTINE TRANSDERMAL SYSTEM KIT .....	62	NORDITROPIN FLEXPPO SOPN 30 MG/3ML .....	45	NORVIR PACK .....	31
NICOTROL INHALER INHA .....	62	NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML .....	45	NORVIR SOLN .....	31
NICOTROL NS SOLN .....	62	norelgestromin-ethinyl estradiol ...	35	NOVA MAX PLUS KETONE TESTSTRIPS .....	43
nifedipine CAPS 10 MG .....	33	norethin acet & estrad-fe CAPS ...	35	NOVAVAX COVID-19 VACCINE SUSP .....	67
nifedipine CAPS 20 MG .....	33	norethin acet & estrad-fe CHEW ...	35	NOVAVAX COVID-19 VACCINE/2023-24 SUSP .....	67
nifedipine TB24 30 MG, 60 MG, 90 MG .....	33	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	35	NOVAVAX COVID-19 VACCINE/2024-25 SUSY .....	67
nifedipine TB24 30 MG .....	33	norethindrone & eth estradiol .....	35	NOVOEIGHT .....	48
nifedipine TB24 60 MG .....	33	norethindrone & ethinyl estradiol-fe 35		NOVOLIN 70/30 FLEXPEN SUPN	16
nifedipine TB24 90 MG .....	33	norethindrone (contraceptive) .....	36	NOVOLIN 70/30 SUSP .....	16
nilutamide .....	25	norethindrone acet & eth estra TABS 35		NOVOLIN N FLEXPEN SUPN .....	16
nimodipine CAPS .....	33	norethindrone acetate TABS .....	61	NOVOLIN N SUSP .....	16
NINLARO .....	26	norethindrone acetate-ethinyl estradiol .....	46	NOVOLIN R FLEXPEN SOPN IJ ...	16
NIPENT .....	27	norethindrone acetate-ethinyl estradiol-fe .....	35	NOVOLIN R SOLN IJ .....	16
nisoldipine .....	33	norethindrone-eth estradiol (triphasic) .....	35	NP THYROID 120 TABS .....	63
nitazoxanide TABS .....	21	norgestimate-ethinyl estradiol		NP THYROID 15 TABS .....	63
nitisinone CAPS .....	45			NP THYROID 30 TABS .....	63
NITRO-BID OINT .....	8			NP THYROID 60 TABS .....	63
nitrofurantoin .....	22			NP THYROID 90 TABS .....	63
nitrofurantoin macrocrystal 50 MG, 100 MG .....	22			NUBEQA .....	25

NUCALA SOAJ .....	9	hydrochlorothiazide .....	21	OPSUMIT .....	33
NUCALA SOLR .....	9	olmesartan medoxomil- hydrochlorothiazide .....	21	ORENITRAM TBCR .....	33
NUCALA SOSY 100 MG/ML .....	9	olopatadine hcl (nasal) .....	57	ORLISSA .....	44
NUCALA SOSY 40 MG/0.4ML .....	9	olopatadine hcl 0.1 % .....	59	ORKAMBI PACK .....	63
NUEDEXTA .....	62	olopatadine hcl 0.2 % .....	59	ORKAMBI TABS .....	63
NULOJIX .....	55	omega-3-acid ethyl esters .....	19	ORLADEYO .....	48
nystatin (mouth-throat) .....	56	omeprazole CPDR .....	64	orphenadrine citrate TB12 .....	57
nystatin (topical) CREA .....	38	omeprazole magnesium CPDR ...	64	oseltamivir phosphate CAPS .....	32
nystatin (topical) OINT .....	38	omeprazole TBEC .....	64	oseltamivir phosphate SUSR .....	32
nystatin (topical) POWD EX .....	38	omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG .....	65	OSMOPREP .....	50
nystatin TABS .....	18	OMNIFLEX DIAPHRAGM .....	51	OSPHENA .....	45
nystatin-triamcinolone CREA .....	39	ONCASPASPAR .....	27	OTEZLA TABS .....	4
nystatin-triamcinolone OINT .....	39	ondansetron hcl SOLN IJ 4 MG/2ML . 17		OTEZLA TBPB .....	4
NYVEPRIA .....	49	ondansetron hcl SOLN OR 4 MG/5ML .....	17	oxacillin sodium IV 10 GM .....	61
octreotide acetate SOLN .....	45	ondansetron hcl SOSY .....	17	oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML .....	23
ODEFSEY .....	31	ondansetron hcl TABS 24 MG .....	17	oxandrolone .....	7
ODOMZO .....	25	ondansetron hcl TABS 4 MG .....	17	oxaprozin TABS .....	4
OFEV .....	63	ondansetron hcl TABS 8 MG .....	17	oxazepam CAPS .....	8
ofloxacin (ophth) .....	59	ondansetron TBDP 4 MG .....	17	oxcarbazepine SUSP .....	12
ofloxacin (otic) .....	60	ondansetron TBDP 8 MG .....	17	oxcarbazepine TABS 150 MG, 300 MG .....	12
ofloxacin 300 MG, 400 MG .....	46	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	57	oxcarbazepine TABS 600 MG .....	12
OGIVRI .....	24	ONE VITE WOMENS PRENATALVITAMIN TABS .....	57	oxiconazole nitrate CREA .....	39
olanzapine SOLR .....	29	ONETOUCH DELICA SAFETY LANCING DEVICE .....	53	OXISTAT LOTN .....	39
olanzapine TABS 2.5 MG, 5 MG ..	29	ONETOUCH DELICA SAFETY LANCING DEVICE 30G .....	53	oxybutynin chloride SOLN .....	65
olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG .....	29	OPILL .....	36	oxybutynin chloride TABS 5 MG ...	65
olanzapine TBDP 20 MG .....	29			oxybutynin chloride TB24 5 MG, 10 MG, 15 MG .....	65
olanzapine TBDP 5 MG, 10 MG, 15 MG .....	29			oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG .....	6
olmesartan medoxomil .....	20				
olmesartan medoxomil-amlodipine-					

oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG, 30 MG .....	6	paroxetine hcl SUSP .....	14	OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML .....	60
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	7	paroxetine hcl TABS 10 MG .....	14	PENICILLIN G PROCAINE .....	60
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG .....	7	paroxetine hcl TABS 20 MG .....	14	penicillin g sodium .....	60
oxymorphone hcl TABS .....	6	paroxetine hcl TABS 30 MG .....	14	penicillin v potassium SOLR .....	60
oxymorphone hcl TB12 40 MG .....	6	paroxetine hcl TABS 40 MG .....	14	penicillin v potassium TABS .....	60
oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG 6		paroxetine hcl TB24 12.5 MG .....	14	PENTACEL .....	64
OZEMPIC SOPN 2 MG/1.5ML .....	16	paroxetine hcl TB24 25 MG, 37.5 MG .....	14	pentazocine w/ naloxone hcl .....	7
OZEMPIC SOPN 2 MG/3ML, 4 MG/3ML, 8 MG/3ML .....	16	PASER PACK .....	23	pentoxifylline .....	48
paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML .....	28	pazopanib hcl .....	27	perindopril erbumine 2 MG, 8 MG .....	20
paclitaxel protein-bound particles .....	28	PEDIARIX SUSY .....	64	perindopril erbumine 4 MG .....	20
paliperidone 1.5 MG, 3 MG, 9 MG .....	29	pediatric multivitamins w/fl CHEW .....	56	PERJETA .....	24
paliperidone 6 MG .....	29	PEDVAX HIB SUSP 7.5 MCG/0.5ML 65		permethrin CREA .....	42
palonosetron hcl SOLN .....	17	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....	50	permethrin LIQD EX .....	42
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML .....	44	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 .....	30
PAMIDRONATE DISODIUM SOLN 44		peg 3350-potassium chloride-sod bicarbonate-sod chloride .....	50	perphenazine-amitriptyline .....	61
PANRETIN .....	39	PEGASYS SOLN .....	31	PERSERIS PRSY .....	29
pantoprazole sodium TBEC 20 MG 64		PEGASYS SOSY .....	31	PFIZER-BIONTECH COVID-19VACCINE SUSP .....	68
pantoprazole sodium TBEC 40 MG 64		PEMAZYRE .....	27	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP .....	67
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A .....	35	pemetrexed disodium SOLR 500 MG 24		PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP 67	
paricalcitol CAPS .....	45	penciclovir .....	40	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP 67	
paricalcitol SOLN .....	45	penicillamine CAPS .....	55	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP .....	68
		penicillamine TABS .....	55	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP .....	67
		penicillin g potassium 5000000 UNIT 60		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP .....	
		PENICILLIN G POTASSIUM IN ISO-			



67	pioglitazone hcl	16	55
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	pioglitazone hcl-glimepiride	15	potassium bicarbonate TBEF
..68			..55
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	pioglitazone hcl-metformin hcl TABS	15	potassium chloride CPCR
... 68			55
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y	piperacillin sodium-tazobactam sodium	61	potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %
...68			5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5	PIQRAY 200MG DAILY DOSE	27	5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %
68	PIQRAY 250MG DAILY DOSE	27	5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %
PHEBURANE PLLT	PIQRAY 300MG DAILY DOSE	27	54
45	pirfenidone CAPS	63	potassium chloride in dextrose 5 %-20 MEQ/L
phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG	pirfenidone TABS 267 MG, 801 MG	63	54
47	63		potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %
phendimetrazine tartrate TABS	pirfenidone TABS 534 MG	63	54
..... 1	piroxicam CAPS	4	
phenelzine sulfate	PLASMA-LYTE A (electrolyte-a)	54	potassium chloride microencapsulated crystals er 10 MEQ, 15 MEQ, 20 MEQ
..... 13	PLASMA-LYTE-148 (electrolyte-148)	54	55
phenobarbital ELIX	PLEGRIDY SOAJ SC	62	potassium chloride PACK OR 20 MEQ
..... 49	PLEGRIDY SOSY SC	62	55
phenobarbital TABS	PLEGRIDY STARTER PACK SOAJ SC	62	POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride)
..... 49	PLEGRIDY STARTER PACK SOSY SC	62	55
phenoxybenzamine hcl	plerixafor	49	potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML
..... 20	PNEUMOVAX 23 IJ	65	55
phentermine hcl CAPS	PNEUMOVAX 23/1 DOSE IJ	65	potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ
..... 1	podofilox SOLN	42	55
phenytoin CHEW	polymyxin b sulfate SOLR	22	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS
..... 13	polymyxin b-trimethoprim	59	54
phenytoin sodium extended 100 MG, 200 MG, 300 MG	POMALYST	25	POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl)
..... 13	posaconazole SUSP	18	55
phenytoin sodium SOLN	potassium acetate SOLN 2 MEQ/ML		potassium citrate (alkalinizer) TBCR
..... 13			47
phenytoin SUSP			potassium phosphates 236 MG/ML-
..... 13			
PHEXXI			
..... 68			
PHOTOFRIN			
..... 27			
PIFELTRO			
..... 31			
pilocarpine hcl (oral)			
..... 56			
pilocarpine hcl SOLN 1 %, 2 %, 4 %			
58			
pimecrolimus			
..... 42			
pimozide			
..... 62			
pidolol TABS			
..... 32			

224 MG/ML .....	55	PREFEST .....	46	MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT .....	57
PR BENZOYL PEROXIDE WASH LIQD .....	37	pregabalin (once-daily) 330 MG ...	62	PRENATRIX TABS .....	57
pralatrexate 20 MG/ML .....	24	pregabalin (once-daily) 82.5 MG, 165 MG .....	62	PRENATRYL TABS .....	57
pramipexole dihydrochloride TABS 0.125 MG .....	28	pregabalin CAPS 225 MG, 300 MG 12		PREVNAR 13 .....	65
pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG .....	28	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	12	PREVNAR 20 .....	65
prasugrel hcl .....	48	pregabalin SOLN .....	12	PREZCOBIX .....	31
pravastatin sodium .....	19	PREHEVBRIO .....	68	PREZISTA SUSP .....	31
praziquantel .....	8	PREMARIN .....	68	PREZISTA TABS 75 MG, 150 MG	31
prazosin hcl CAPS .....	20	PREMARIN SOLR .....	46	PRIFTIN .....	23
PRECISION XTRA .....	43	PREMARIN TABS .....	46	primaquine phosphate TABS .....	23
PRED MILD .....	59	PREMPHASE .....	46	primidone 50 MG, 250 MG .....	12
PRED-G SUSP .....	59	PREMPRO .....	46	PRIORIX SUSR .....	68
prednicarbate OINT .....	41	PRENATAL MULTIVITAMIN TABS 57		PROAIR DIGIHALER .....	10
prednisolone acetate (ophth) .....	59	PRENATAL ONE DAILY TABS ...	57	PROAIR RESPICLICK AEPB .....	10
PREDNISOLONE SODIUM PHOSPHATE .....	59	PRENATAL PLUS TABS .....	57	probenecid .....	48
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 36		PRENATAL PLUS VITAMIN ANDMINERAL TABS .....	57	procainamide hcl SOLN 500 MG/ML . 8	
prednisolone sodium phosphate TBDP .....	36	PRENATAL TABS .....	57	prochlorperazine .....	30
prednisolone SOLN .....	36	PRENATAL VITAMIN & MINERAL TABS .....	57	prochlorperazine maleate TABS ...	30
prednisolone TABS .....	36	PRENATAL VITAMIN TABS .....	57	PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	49
prednisone SOLN .....	36	PRENATAL VITAMIN/IRON TABS	57	PROCRIT 40000 UNIT/ML .....	49
prednisone TABS 1 MG, 5 MG ....	36	PRENATAL VITAMINS PLUS LOW IRON TABS .....	57	progesterone CAPS .....	61
prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG .....	36	PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20		PROGRAF PACK .....	56
prednisone TBPK .....	36			PROGRAF SOLN .....	56
				PROLASTIN-C SOLN .....	62
				PROLEUKIN .....	27
				PROLIA SOSY .....	44
				PROMACTA PACK .....	49

PROMACTA TABS .....	49	MG, 100 MG, 200 MG .....	29	TEXTURED DEVI .....	51
promethazine hcl SOLN OR 6.25 MG/5ML .....	18	quetiapine fumarate TABS 300 MG, 400 MG .....	29	REALITY LATEX/ULTRA THIN DEVI 51	
promethazine hcl SUPP 12.5 MG, 25 MG .....	18	quetiapine fumarate TB24 300 MG, 400 MG .....	29	REBIF REBIDOSE SOAJ .....	62
promethazine hcl SUPP 50 MG ...	19	quetiapine fumarate TB24 50 MG, 150 MG, 200 MG .....	29	REBIF REBIDOSE TITRATIONPACK SOAJ .....	62
promethazine hcl TABS .....	19	quinapril hcl 20 MG, 40 MG .....	20	REBIF SOSY .....	62
propafenone hcl CP12 .....	9	quinapril hcl 5 MG, 10 MG .....	20	REBIF TITRATION PACK SOSY ..	62
propafenone hcl TABS .....	9	quinapril-hydrochlorothiazide 12.5 MG-10 MG .....	21	RECOMBIVAX HB SUSP 5 MCG/0.5ML, 10 MCG/ML, 40 MCG/ML .....	68
propracaine hcl .....	59	quinapril-hydrochlorothiazide 12.5 MG-20 MG .....	21	RECOMBIVAX HB SUSY .....	68
propranolol hcl CP24 .....	32	quinapril-hydrochlorothiazide 25 MG- 20 MG .....	21	REGRANEX .....	42
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML .....	32	quinidine sulfate TABS .....	8	RELENZA DISKHALER .....	32
propranolol hcl TABS .....	32	quinine sulfate CAPS 324 MG ....	23	RELION 2-IN-1 LANCET DEVICES 30G .....	53
propylthiouracil .....	63	QUZYTIR SOLN IV .....	18	RELION 2-IN-1 LANCING DEVICE 25G .....	53
protriptyline hcl .....	14	QVAR REDIHALER .....	9	RELION 2-IN-1 LANCING DEVICE 30G .....	53
PROVISC SOSY .....	59	RA PRENATAL FORMULA/FOLICACID TABS ....	57	RELION KETONE TEST STRIPS STRP .....	43
PULMICORT FLEXHALER AEPB ..	9	RA PRENATAL TABS .....	57	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP .....	43
PULMOZYME .....	63	rabeprazole sodium TBEC .....	64	RENFLEXIS .....	47
PX PRENATAL MULTIVITAMINS TABS .....	57	raloxifene hcl .....	45	repaglinide 0.5 MG, 1 MG .....	16
pyrazinamide .....	23	ramelteon .....	50	repaglinide 2 MG .....	16
pyridostigmine bromide SOLN OR	23	ramipril CAPS .....	20	REPATHA PUSHTRONEX SYSTEM SOCT .....	19
pyridostigmine bromide TABS 60 MG .....	23	ranitidine hcl TABS 150 MG .....	64	REPATHA SOSY .....	19
pyridostigmine bromide TBCR ....	23	ranolazine TB12 1000 MG .....	8	REPATHA SURECLICK SOAJ ....	19
pyrimethamine .....	23	ranolazine TB12 500 MG .....	8	RETACRIT .....	49
QC PRENATAL TABS .....	57	rasagiline mesylate .....	29	RETEVMO CAPS .....	27
QINLOCK .....	27	REALITY LATEX CONDOMS/LUBRICATED MISC ..	51		
QUADRACEL SUSP .....	64	REALITY LATEX/ULTRA			
QUADRACEL SUSY .....	64				
quetiapine fumarate TABS 25 MG, 50					

RETROVIR IV INFUSION SOLN .. 31	romidepsin SOLR ..... 27	SELECT INSULIN SYRINGES .... 53
REXULTI ..... 30	ropinirole hydrochloride TABS ..... 28	SELECT LANCETS ..... 53
REZVOGLAR KWIKPEN ..... 16	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG ..... 28	selegiline hcl CAPS ..... 29
ribavirin (hepatitis c) CAPS ..... 31	ropinirole hydrochloride TB24 8 MG, 12 MG ..... 28	selegiline hcl TABS ..... 29
ribavirin (hepatitis c) TABS 200 MG 31	rosuvastatin calcium TABS ..... 19	selenium sulfide LOTN 2.5 % ..... 40
RIDAURA ..... 3	ROTARIX SUSP ..... 68	SELZENTRY SOLN ..... 31
rifabutin ..... 23	ROTARIX SUSR ..... 68	SELZENTRY TABS 25 MG, 75 MG 31
rifampin CAPS ..... 23	ROTATEQ SOLN ..... 68	SEMGLEE SOLN ..... 16
rifampin SOLR ..... 23	ROZLYTREK CAPS ..... 27	SEMGLEE SOPN ..... 16
riluzole TABS ..... 58	RUBRACA ..... 27	SEREVENT DISKUS ..... 10
rimantadine hydrochloride TABS .. 32	rufinamide SUSP ..... 12	sertraline hcl CONC ..... 14
ringer's ..... 55	rufinamide TABS 200 MG ..... 12	sertraline hcl TABS 100 MG ..... 14
ringer's irrigation ..... 56	rufinamide TABS 400 MG ..... 12	sertraline hcl TABS 25 MG, 50 MG 14
RINVOQ TB24 ..... 2	RUXIENCE ..... 24	sevelamer carbonate PACK ..... 47
risedronate sodium TABS 150 MG 44	RYBELSUS TABS ..... 16	sevelamer carbonate TABS ..... 47
risedronate sodium TABS 35 MG . 44	salsalate ..... 5	SHINGRIX ..... 68
risedronate sodium TABS 5 MG, 30 MG ..... 44	SANTYL OINT ..... 42	SIGNIFOR ..... 45
risedronate sodium TBEC ..... 44	sapropterin dihydrochloride PACK 45	sildenafil citrate (pulmonary hypertension) SOLN ..... 34
risperidone microspheres ..... 29	sapropterin dihydrochloride TABS .45	sildenafil citrate (pulmonary hypertension) SUSR ..... 34
risperidone SOLN ..... 29	SAVELLA TABS ..... 61	sildenafil citrate (pulmonary hypertension) TABS ..... 34
risperidone TABS ..... 29	SAVELLA TITRATION PACK MISC 61	sildenafil citrate ..... 33
risperidone TBDP ..... 29	saxagliptin hcl ..... 16	silodosin ..... 47
ritonavir TABS ..... 31	saxagliptin-metformin hcl 1000 MG- 2.5 MG ..... 15	silver sulfadiazine ..... 40
rivastigmine tartrate CAPS ..... 61	saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG ..... 15	SIMPONI ARIA SOLN ..... 3
rizatriptan benzoate TABS 10 MG .53	SCEMBLIX 100 MG ..... 27	SIMULECT ..... 56
rizatriptan benzoate TABS 5 MG .. 53	SCEMBLIX 20 MG, 40 MG ..... 27	simvastatin TABS ..... 19
rizatriptan benzoate TBDP 10 MG .53	scopolamine ..... 17	sirolimus TABS ..... 56
rizatriptan benzoate TBDP 5 MG .. 54		
roflumilast ..... 9		

SIRTURO .....	23	SOLOSEC .....	2	STELARA 130 MG/26ML .....	47
SIVEXTRO TABS .....	22	SOLU-CORTEF 100 MG, 500 MG, 1000 MG .....	36	STELARA SOLN 45 MG/0.5ML ...	39
SKYLA .....	36	SOLU-CORTEF 250 MG .....	36	STELARA SOSY 45 MG/0.5ML ...	39
SKYRIZI PEN SOAJ .....	39	SOLU-MEDROL 2 GM .....	36	STELARA SOSY 90 MG/ML .....	39
SKYRIZI PSKT .....	39	sorafenib tosylate .....	27	STENDRA .....	33
SKYRIZI SOCT .....	47	SORBITOL 3 % .....	47	STIOLTO RESPIMAT .....	10
SKYRIZI SOLN .....	47	SORBITOL/MANNITOL IRRIGATION .....	47	STIVARGA .....	27
SKYRIZI SOSY .....	39	sotalol hcl (afib/afi) .....	32	STRENSIQ .....	45
SLYND .....	36	sotalol hcl TABS 240 MG .....	32	streptomycin sulfate SOLR .....	2
SM PRENATAL VITAMINS TABS .	57	sotalol hcl TABS 80 MG, 120 MG, 160 MG .....	32	STRIBILD .....	31
SODIUM ACETATE SOLN (sodium acetate) .....	54	SOVALDI TABS 200 MG .....	31	STRIVERDI RESPIMAT .....	10
sodium acetate SOLN .....	54	SOVALDI TABS 400 MG .....	31	SUBSYS LIQD 100 MCG .....	6
sodium chloride (gu irrigant) 0.9 %	47	SPIKEVAX COVID-19 VACCINE SUSP .....	68	SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG .....	6
sodium chloride (inhalant) NEBU 7 % .....	37	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP .....	68	SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG .....	6
sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 % .....	55	SPIKEVAX COVID-19 VACCINE/2024-25 SUSY .....	68	sucalfate SUSP .....	64
sodium citrate & citric acid .....	47	spinosad .....	42	sucalfate TABS .....	64
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG .....	55	SPIRIVA RESPIMAT AERS .....	9	sulconazole nitrate CREA .....	39
sodium phenylbutyrate POWD ....	45	spironolactone & hydrochlorothiazide .....	43	sulconazole nitrate SOLN .....	39
sodium phenylbutyrate TABS .....	45	SPRAVATO 56MG DOSE .....	13	sulfacetamide sodium (acne) .....	38
sodium polystyrene sulfonate POWD 56		SPRAVATO 84MG DOSE .....	13	sulfacetamide sodium (ophth) SOLN . 59	
sodium polystyrene sulfonate SUSP CO 15 GM/60ML .....	56	SPRYCEL (dasatinib) .....	27	sulfacetamide sodium w/ sulfur CREA 10 %-5 % .....	38
sodium sulfate-potassium sulfate- magnesium sulfate .....	50	stannous fluoride CONC .....	56	sulfacetamide sodium w/ sulfur LIQD 10 %-5 % .....	38
SOFOSBUVIR/VELPATASVIR TABS .....	31	stavudine CAPS .....	31	sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 % .....	38
solifenacin succinate TABS .....	65			sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 % .....	38
SOLQUA 100/33 .....	15			sulfacetamide sod-prednisolone SOLN .....	59

sulfadiazine TABS .....	63	sodium) .....	63	telmisartan-amlodipine .....	21
sulfamethoxazole-trimethoprim SOLN .....	21	TABLOID .....	24	telmisartan-hydrochlorothiazide .....	21
sulfamethoxazole-trimethoprim SUSP .....	21	TABRECTA .....	27	temazepam 15 MG, 30 MG .....	50
sulfamethoxazole-trimethoprim TABS .....	21	tacrolimus (topical) OINT .....	42	temazepam 7.5 MG, 22.5 MG .....	50
SULFAMYLON CREA .....	40	tacrolimus CAPS .....	56	TEMODAR SOLR .....	23
sulfasalazine TABS .....	47	tadalafil (pulmonary hypertension) TABS .....	34	temozolomide CAPS .....	23
sulfasalazine TBEC .....	47	tadalafil 5 MG .....	33	temsirolimus .....	27
sulindac TABS .....	4	TAFINLAR CAPS .....	27	TENIVAC INJ .....	64
sumatriptan .....	54	TAFINLAR TBSO .....	27	tenofovir disoproxil fumarate TABS 31	
sumatriptan succinate SOAJ .....	54	tafluprost .....	60	terazosin hcl .....	20
sumatriptan succinate SOCT .....	54	TAGRISSO 40 MG .....	24	terbinafine hcl TABS .....	18
sumatriptan succinate SOLN 6 MG/0.5ML .....	54	TAGRISSO 80 MG .....	24	terbutaline sulfate SOLN .....	10
sumatriptan succinate TABS .....	54	TAKHZYRO SOLN .....	48	terbutaline sulfate TABS .....	10
sumatriptan-naproxen sodium .....	53	TAKHZYRO SOSY .....	48	terconazole vaginal CREA .....	68
sunitinib malate 12.5 MG, 25 MG, 50 MG .....	27	TALZENNA .....	27	terconazole vaginal SUPP .....	68
sunitinib malate 37.5 MG .....	27	tamoxifen citrate TABS .....	25	teriflunomide .....	62
SUNOSI 150 MG .....	1	tamsulosin hcl .....	47	teriparatide SOPN .....	44
SUNOSI 75 MG .....	1	TASIGNA 150 MG, 200 MG .....	27	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML .....	7
SYNAREL .....	45	TASIGNA 50 MG .....	27	testosterone cypionate SOLN IM 100 MG/ML, 200 MG/ML .....	7
SYNERA PTCH .....	42	tavaborole .....	39	testosterone enanthate SOLN IM ...	7
SYNJARDY TABS .....	15	TAVALISSE .....	48	TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP .....	64
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG .....	15	tazarotene CREA 0.1 % .....	40	tetrabenazine .....	62
SYNJARDY XR TB24 1000 MG-25 MG .....	15	TAZVERIK .....	27	tetracycline hcl CAPS .....	63
SYNRIBO .....	27	TDVAX SUSP .....	64	THALOMID .....	55
SYNTHROID TABS (levothyroxine sodium) .....	63	TEFLARO .....	35	theophylline ELIX .....	10
		TEGRETOL SUSP (carbamazepine) . 12		theophylline SOLN .....	10
		TEGRETOL TABS (carbamazepine) . 12		theophylline TB12 .....	10
		telmisartan .....	20		

theophylline TB24 .....	10	tolcapone .....	28	travoprost SOLN .....	60
THERANATAL CORE NUTRITION TABS .....	57	tolmetin sodium CAPS .....	4	TRAZIMERA .....	24
THIOLA EC TBEC 100 MG (tiopronin) .....	48	tolmetin sodium TABS 600 MG .....	4	trazodone hcl TABS .....	14
THIOLA EC TBEC 300 MG (tiopronin) .....	48	TOLSURA CAPS .....	18	TRECTOR .....	23
thioridazine hcl .....	30	tolterodine tartrate CP24 .....	65	TRELEGY ELLIPTA .....	10
thiotepa 15 MG .....	23	tolterodine tartrate TABS .....	65	TRELSTAR MIXJECT .....	25
thiothixene .....	30	tolvaptan TABS .....	45	TREMFYA SOAJ 100 MG/ML .....	40
THYMOGLOBULIN .....	56	topiramate CPSP 15 MG .....	12	TREMFYA SOSY 100 MG/ML .....	40
THYROGEN 0.9 MG .....	43	topiramate CPSP 25 MG .....	12	treprostinil SOLN IJ .....	33
tiagabine hcl .....	12	topiramate CS24 .....	12	tretinoin (chemotherapy) .....	27
TIBSOVO .....	27	topiramate TABS 200 MG .....	12	tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....	38
tigecycline .....	63	topiramate TABS 25 MG, 100 MG .....	12	tretinoin GEL 0.01 %, 0.025 % .....	38
timolol maleate (ophth) SOLG .....	58	topiramate TABS 50 MG .....	12	tretinoin microsphere 0.1 % .....	38
timolol maleate (ophth) SOLN .....	58	topotecan hcl SOLN .....	28	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....	24
timolol maleate TABS .....	32	topotecan hcl SOLR .....	28	triamcinolone acetonide (mouth) .....	56
tiopronin TBEC 100 MG .....	48	toremifene citrate .....	25	triamcinolone acetonide (nasal) AERO .....	58
tiopronin TBEC 300 MG .....	48	torsemide TABS .....	44	triamcinolone acetonide (topical) CREA 0.025 % .....	41
tiotropium bromide monohydrate CAPS .....	9	TRACLEER TBSO .....	33	triamcinolone acetonide (topical) CREA 0.1 % .....	41
TIVICAY TABS .....	31	tramadol hcl TABS 50 MG .....	6	triamcinolone acetonide (topical) CREA 0.5 % .....	41
tizanidine hcl CAPS .....	57	tramadol hcl TB24 .....	6	triamcinolone acetonide (topical) LOTN 0.025 % .....	41
tizanidine hcl TABS .....	57	tramadol-acetaminophen .....	7	triamcinolone acetonide (topical) LOTN 0.1 % .....	41
tobramycin (ophth) SOLN .....	59	trandolapril 1 MG, 2 MG .....	20	triamcinolone acetonide (topical) LOTN 0.025 % .....	41
tobramycin NEBU 300 MG/5ML .....	2	trandolapril 4 MG .....	20	triamcinolone acetonide (topical) LOTN 0.1 % .....	41
tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML .....	2	trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG .....	21	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % .....	42
tobramycin-dexamethasone SUSP 59		trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG .....	21	triamcinolone acetonide (topical) OINT 0.5 % .....	42
TODAY SPONGE MISC .....	68	tranexamic acid SOLN 1000 MG/10ML .....	49		
		tranexamic acid TABS .....	49		
		tranylcyromine sulfate .....	13		

triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML .....36	52	52
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG ..... 43	TROJAN-ENZ W/SPERMICIDAL MISC ..... 52	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC ..... 52
triamterene & hydrochlorothiazide TABS ..... 43	tropicamide SOLN 0.5 % ..... 58	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC ..... 52
triamterene CAPS ..... 44	tropicamide SOLN 1 % ..... 58	TRUSTEX/RIA LUBRICATED MISC . 52
triazolam ..... 50	trosipium chloride CP24 ..... 65	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC ..... 52
TRICARE TABS ..... 57	trosipium chloride TABS ..... 65	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 52
trientine hcl 250 MG ..... 55	TRUE COVER DEVI ..... 52	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 52
trifluoperazine hcl TABS ..... 30	TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP .. 43	TRUXIMA ..... 24
trifluridine ..... 59	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN ..... 53	TUKYSA ..... 24
trihexyphenidyl hcl SOLN ..... 28	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP 43	TURALIO ..... 27
trihexyphenidyl hcl TABS ..... 28	TRULICITY SC ..... 16	TUZISTRA XR ..... 37
TRIJARDY XR 1000 MG-2.5 MG- 12.5 MG, 1000 MG-2.5 MG-5 MG . 15	TRUMENBA ..... 65	TWINRIX SUSY ..... 68
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG ..... 15	TRUSTEX COLOR CONDOMS + LUBE MISC ..... 52	TWIRLA ..... 35
TRIKAFTA TBPK ..... 63	TRUSTEX LUBRICATED EXTRALARGE MISC ..... 52	TYBLUME CHEW ..... 35
trimethobenzamide hcl CAPS ..... 17	TRUSTEX LUBRICATED EXTRASTRENGTH MISC ..... 52	TYBOST ..... 31
trimethoprim TABS ..... 21	TRUSTEX LUBRICATED MISC ... 52	TYMLOS ..... 44
trimipramine maleate CAPS ..... 14	TRUSTEX LUBRICATED/RIBBED/STUDED MISC ..... 52	TYVASO REFILL KIT SOLN IN ... 33
TRINTELLIX ..... 14	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC ..... 52	TYVASO SOLN IN ..... 33
TRIUMEQ TABS ..... 31	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC ..... 52	TYVASO STARTER KIT SOLN IN 33
TRIZIVIR ..... 31	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC ..... 52	UBRELVY ..... 53
TROJAN MAGNUM MISC ..... 51	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC ..... 52	UDENYCA ONBODY SOSY ..... 49
TROJAN ULTRA THIN LUBRICATED MISC ..... 51	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC ..... 52	UDENYCA SOAJ ..... 49
TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC ..... 52	TRUSTEX LUBRICATED/SPERMICIDE MISC	UDENYCA SOSY ..... 49
TROJAN-ENZ LUBRICATED MISC	LUBRICATED/SPERMICIDE MISC	UPTRAVI TABS 200 MCG ..... 34
		UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG ..... 34
		UPTRAVI TITRATION PACK TBPK



34	venlafaxine hcl CP24 150 MG ..... 14	VITRAKVI CAPS ..... 27
ursodiol CAPS ..... 46	venlafaxine hcl CP24 37.5 MG .... 14	VITRAKVI SOLN ..... 27
ursodiol TABS ..... 46	venlafaxine hcl CP24 75 MG ..... 14	VIZIMPRO ..... 24
UVADEX ..... 27	venlafaxine hcl TABS ..... 14	VORAXAZE ..... 28
valacyclovir hcl 1 GM, 1000 MG ... 31	venlafaxine hcl TB24 150 MG ..... 14	voriconazole TABS ..... 18
valacyclovir hcl 500 MG ..... 31	venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG ..... 14	VOSEVI ..... 31
valganciclovir hcl TABS ..... 31	verapamil hcl CP24 100 MG, 200 MG, 300 MG ..... 33	VYNDAMAX ..... 34
valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML ..... 13	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG ..... 33	VYNDAQEL ..... 34
valproic acid CAPS ..... 13	verapamil hcl SOLN 2.5 MG/ML ... 33	warfarin sodium TABS ..... 10
valrubicin ..... 26	verapamil hcl TABS ..... 33	water for irrigation, sterile ..... 56
valsartan TABS ..... 20	verapamil hcl TBCR ..... 33	WESTAB PLUS TABS ..... 57
valsartan-hydrochlorothiazide .... 21	VEREGEN ..... 38	WIDE-SEAL SILICONE DIAPHRAGM KIT 60 ..... 52
VALTOCO 10 MG DOSE LIQD ... 11	VERZENIO ..... 27	WIDE-SEAL SILICONE DIAPHRAGM KIT 65 ..... 52
VALTOCO 15 MG DOSE LQPK ... 11	VICTOZA (liraglutide) ..... 16	WIDE-SEAL SILICONE DIAPHRAGM KIT 70 ..... 52
VALTOCO 20 MG DOSE LQPK ... 11	vigabatrin PACK ..... 12	WIDE-SEAL SILICONE DIAPHRAGM KIT 75 ..... 52
VALTOCO 5 MG DOSE LIQD ..... 11	vigabatrin TABS ..... 12	WIDE-SEAL SILICONE DIAPHRAGM KIT 80 ..... 52
vancomycin hcl CAPS ..... 22	VIIBRYD STARTER PACK KIT .... 14	WIDE-SEAL SILICONE DIAPHRAGM KIT 85 ..... 52
vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG ..... 22	vilazodone hcl TABS ..... 14	WIDE-SEAL SILICONE DIAPHRAGM KIT 90 ..... 52
vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML . 22	vincristine sulfate ..... 28	WIDE-SEAL SILICONE DIAPHRAGM KIT 95 ..... 52
VAQTA ..... 68	vinorelbine tartrate 10 MG/ML .... 28	XALKORI CAPS ..... 27
varenicline tartrate TABS ..... 62	VIRACEPT TABS 250 MG ..... 31	XARELTO STARTER PACK TBPK 10
varenicline tartrate TBPK ..... 62	VIRACEPT TABS 625 MG ..... 31	XARELTO SUSR ..... 10
VARIVAX SUSR IJ ..... 68	VIREAD POWD ..... 31	XARELTO TABS 10 MG, 20 MG .. 10
VARUBI TBPK ..... 18	VIREAD TABS 150 MG, 200 MG, 250 MG ..... 31	XARELTO TABS 2.5 MG, 15 MG .. 10
VAXNEUVANCE ..... 65	VISTOGARD ..... 17	
VECAMYL ..... 21	VITAMIN D2 TABS 400 UNIT ..... 69	
VECTIBIX 100 MG/5ML ..... 24	VITATHELY/GINGER TABS ..... 57	
VELPHORO ..... 47		

XELJANZ SOLN .....	3	XULTOPHY 100/3.6 .....	15	zidovudine SYRP .....	31
XELJANZ TABS 10 MG .....	3	XYNTHA .....	48	zidovudine TABS .....	31
XELJANZ TABS 5 MG .....	3	XYNTHA SOLOFUSE .....	48	zileuton TB12 .....	9
XELJANZ XR TB24 .....	3	YERVOY .....	24	ziprasidone hcl .....	29
XEOMIN .....	58	YONSA .....	25	ZIRABEV .....	24
XERAIVA .....	63	YUFLYMA 1-PEN KIT AJKT .....	3	ZIRGAN GEL .....	59
XGEVA SOLN .....	44	YUFLYMA 2-PEN KIT AJKT .....	3	ZOLADEX 10.8 MG .....	25
XHANCE EXHU .....	58	YUFLYMA 2-SYRINGE KIT PSKT ..	3	ZOLADEX 3.6 MG .....	25
XIFAXAN 200 MG .....	21	YUFLYMA CD/UC/HS STARTER		zoledronic acid CONC .....	44
XIFAXAN 550 MG .....	21	AJKT .....	3	zoledronic acid SOLN .....	44
XIGDUO XR (dapagliflozin		zafirlukast .....	9	ZOLINZA .....	27
propanediol-metformin hcl)	15	zaleplon 10 MG .....	50	zolmitriptan SOLN .....	54
XIGDUO XR 1000 MG-10 MG, 500		zaleplon 5 MG .....	50	zolmitriptan TABS .....	54
MG-10 MG, 500 MG-5 MG .....	15	ZALTRAP 100 MG/4ML .....	24	zolmitriptan TBDP .....	54
XIGDUO XR 1000 MG-2.5 MG, 1000		ZANOSAR .....	23	zolpidem tartrate TABS .....	50
MG-5 MG .....	15	ZARONTIN CAPS (ethosuximide)	13	zolpidem tartrate TBCR .....	50
XOLAIR SOAJ 150 MG/ML, 300		ZARXIO .....	49	zonisamide CAPS .....	12
MG/2ML .....	9	ZEJULA CAPS .....	27	ZONTIVITY .....	48
XOLAIR SOAJ 75 MG/0.5ML .....	9	ZEJULA TABS 100 MG .....	27	ZORBITIVE SC .....	45
XOLAIR SOLR .....	9	ZEJULA TABS 200 MG, 300 MG ..	27	ZYDELIG .....	27
XOLAIR SOSY 150 MG/ML, 300		ZELBORAF .....	27	ZYLET .....	59
MG/2ML .....	9	ZENPEP CPEP 105000 UNIT-79000			
XOLAIR SOSY 75 MG/0.5ML .....	9	UNIT-25000 UNIT, 14000 UNIT-			
XOSPATA .....	27	10000 UNIT-3000 UNIT, 168000			
XPOVIO .....	25	UNIT-126000 UNIT-40000 UNIT,			
XPOVIO 60 MG TWICE WEEKLY		24000 UNIT-17000 UNIT-5000 UNIT,			
25		42000 UNIT-32000 UNIT-10000			
XPOVIO 80 MG TWICE WEEKLY		UNIT, 63000 UNIT-47000 UNIT-			
25		15000 UNIT, 84000 UNIT-63000			
XTANDI CAPS .....	25	UNIT-20000 UNIT .....	43		
XTANDI TABS 40 MG .....	25	ZENPEP CPEP 252600 UNIT-			
XTANDI TABS 80 MG .....	25	189600 UNIT-60000 UNIT .....	43		
		zidovudine CAPS .....	31		

Ambetter from Superior HealthPlan includes EPO products that are underwritten by Celtic Insurance Company, and HMO products that are underwritten by Superior HealthPlan, Inc. These companies are each Qualified Health Plan issuers in the Texas Health Insurance Marketplace. This is a solicitation for insurance. ©2024 Celtic Insurance Company, ©2024 Superior HealthPlan, Inc. All rights reserved. [Ambetter.SuperiorHealthPlan.com](https://Ambetter.SuperiorHealthPlan.com). For information on your right to receive Ambetter from Superior HealthPlan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.