



FROM |



2024 Formulary

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[Ambetter.WellCareKy.com](https://www.Ambetter.WellCareKy.com)

Formulary Introduction

FORMULARY

The Ambetter from WellCare of Kentucky 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_A - 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_B - 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

FORMULARIO

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

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

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

Clave de la lista de medicamentos:

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

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

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

Autorización previa para medicamentos no incluidos en el Formulario

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

Abreviaturas del Formulario:

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

Medicamentos opioides:

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
<i>amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i>	1B	
<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 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-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG</i>	1B	QL(3 ea daily)
<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 5 MG</i>	1B	
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 ea daily)
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)

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>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)
VYVANSE CAPS	3	QL(1 ea daily); ST
Anorexiants Non-Amphetamine		
<i>phendimetrazine tartrate TABS</i>	1B	PA
<i>phentermine hcl CAPS</i>	1B	PA
Anti-Obesity Agents		
CONTRACE	3	QL(4 ea daily); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) TB12</i>	1B	
<i>guanfacine hcl (adhd)</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI 150 MG	3	QL(1 ea daily); PA
SUNOSI 75 MG	3	QL(2 ea daily); PA
Stimulants - Misc.		
<i>armodafinil</i>	1B	QL(1 ea daily); AL(At least 17 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
<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 10 MG</i>	1B	QL(5 ea daily)
<i>methylphenidate hcl CHEW 5 MG</i>	1B	QL(6 ea daily)
<i>methylphenidate hcl CP24 10 MG, 60 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24</i>	1B	
<i>methylphenidate hcl CP24 30 MG</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24 20 MG, 40 MG</i>	1B	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
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
AMEBICIDES		
Amebicides		
SOLOSEC	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
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</i>	4	QL(280 ml per 56 day(s) retail; 280 ml per 56 days mail); PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ LQ SOLN	4	QL(12 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RINVOQ TB24	4	QL(1 ea daily); PA	HADLIMA PUSHTOUCH SOAJ	4	QL(0.172 ml daily); PA
XELJANZ XR TB24	4	QL(1 ea daily); PA	HADLIMA SOSY	4	QL(0.172 ml daily); PA
XELJANZ SOLN	4	QL(20 ml daily); PA	HADLIMA SOSY	4	QL(0.086 ml daily); PA
XELJANZ TABS 10 MG	4	QL(2 ea daily); PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	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			
Antirheumatic Antimetabolites					
METHOTREXATE	4	QL(1.714 ea daily); SP; PA	HUMIRA PEN AJKT	4	QL(0.143 ea daily); PA
Anti-TNF-alpha - Monoclonal Antibodies					
ADALIMUMAB-ADAZ SOAJ	4	QL(0.086 ml daily); PA	HUMIRA PEN AJKT 80 MG/0.8ML	4	QL(0.072 ea daily); PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.086 ml daily); PA	HUMIRA PEN-CD/UC/HS STARTER AJKT	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	4	QL(0.215 ea daily); PA			
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	HUMIRA PEN-PS/UV STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	4	QL(0.143 ea daily); PA	HUMIRA PSKT	4	QL(0.143 ea daily); PA
CYLTEZO AJKT	4	QL(0.215 ea daily); PA	SIMPONI ARIA SOLN	4	PA
CYLTEZO AJKT	4	QL(0.072 ea daily); PA	Gold Compounds		
CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML	4	QL(0.072 ea daily); PA	RIDAURA	3	QL(3 ea daily)
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	QL(0.215 ea daily); PA	Interleukin-1 Blockers		
HADLIMA PUSHTOUCH SOAJ	4	QL(0.086 ml daily); PA	ARCALYST	4	QL(0.286 ea daily); SP; PA
			Interleukin-6 Receptor Inhibitors		
			KEVZARA SOAJ	4	QL(0.082 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits
KEVZARA SOSY	4	QL(0.082 ml daily); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
<i>celecoxib</i>	1B	QL(2 ea daily)
<i>diclofenac potassium TABS 50 MG</i>	1B	
<i>diclofenac sodium TB24</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 800 MG</i>	1B	
<i>ibuprofen TABS 400 MG, 600 MG</i>	1A	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1B	
<i>indomethacin CPR</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</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)
<i>oxaprozin TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam CAPS</i>	1B	
<i>sulindac TABS</i>	1B	
<i>tolmetin sodium CAPS</i>	1B	
<i>tolmetin sodium TABS 600 MG</i>	1B	
Phosphodiesterase 4 (PDE4) Inhibitors		
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
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1B	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
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 25 MG/0.5ML	4	QL(0.146 ml daily); PA
ENBREL SOSY 50 MG/ML	4	QL(0.286 ml daily); SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1B	QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1B	QL(6 ea daily)	<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 ea daily); PA
<i>butalbital-aspirin-caffeine CAPS</i>	1B	QL(4 ea daily)	<i>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply
Salicylates			<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B	
<i>aspirin CHEW</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 TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl TABS 50 MG</i>	1B	QL(6 ea daily)
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>methadone hcl CONC</i>	1B	QL(10 ml daily)
<i>aspirin TBEC 325 MG</i>	1A		<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B	
<i>diflunisal TABS</i>	1B		<i>methadone hcl SOLN OR 5 MG/5ML</i>	1B	QL(100 ml daily)
<i>salsalate</i>	1B		<i>methadone hcl SOLN OR 10 MG/5ML</i>	1B	QL(50 ml daily)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			METHADONE HCL SOLN IJ	1B	
Opioid Agonists			<i>methadone hcl TABS 5 MG</i>	1B	QL(4 ea daily)
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply	<i>methadone hcl TABS 10 MG</i>	1B	QL(10 ea daily)
CODEINE SULFATE TABS	1B	New starts limited to 7 day supply	<i>methadone hcl TB50</i>	1B	QL(2 ea daily)
<i>fentanyl citrate LPOP</i>	1B	QL(4 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>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>morphine sulfate SOLN OR 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ml daily)
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply	<i>morphine sulfate SOLN OR 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ml daily)
<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B		<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B	
<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)			
<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 ea daily); PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate TABS</i>	1B	New starts limited to 7 day supply; QL(6 ea 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 TBCR</i>	1B	QL(2 ea daily)	<i>acetaminophen w/ codeine TABS 15 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
NUCYNTA ER TB12	2	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
NUCYNTA TABS	2	QL(6 ea daily); PA	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	New starts limited to 7 day supply; PA
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	3	QL(2 ea daily); PA	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1B	New starts limited to 7 day supply
<i>oxycodone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>oxymorphone hcl TABS</i>	1B	QL(12 ea daily); PA	<i>butalbital-aspirin-caffeine w/cod</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>oxymorphone hcl TB12 40 MG</i>	1B	QL(4 ea daily); PA	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1B	New starts limited to 7 day supply; QL(180 ml daily)
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	QL(2 ea daily); PA	<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	1B	New starts limited to 7 day supply
SUBSYS LIQD 100 MCG	3	QL(3 ea daily); PA	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	3	QL(8 ea daily); PA	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	QL(4 ea daily); PA			
<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)			
XTAMPZA ER	2	QL(2 ea daily); PA			
Opioid Combinations					
<i>acetaminophen w/ codeine SOLN</i>	1A	New starts limited to 7 day supply; QL(75 ml daily)			
<i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>	1A	New starts limited to 7 day supply; QL(12 ea 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)
Opioid Partial Agonists		
<i>BRIXADI SOSY</i>	3	
<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 NA 10 MG/ML</i>	1B	QL(0.34 ml daily); PA
<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1B	
<i>nalbuphine hcl</i>	1B	QL(8 ml daily)
<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/Limits
SUBLOCADE SOSY 300 MG/1.5ML	3	QL(0.06 ml daily); 1 max fill(s) per 26 day(s) retail
SUBLOCADE SOSY 100 MG/0.5ML	3	QL(0.02 ml daily); 1 max fill(s) per 26 day(s) retail
ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 1.4 MG-5.7 MG, 2.1 MG-8.6 MG, 2.9 MG-11.4 MG	3	QL(1 ea daily)
ZUBSOLV SUBL 0.71 MG-2.9 MG	3	QL(3 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
<i>oxandrolone</i>	1B	
Androgens		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 ea daily); PA
<i>danazol CAPS</i>	1B	
<i>methyltestosterone TABS</i>	1B	
<i>testosterone cypionate SOLN IM</i>	1B	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1B	
<i>testosterone enanthate SOLN IM</i>	1B	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	4	QL(3.2 gm daily); PA
<i>hydrocortisone (intrarectal)</i>	1B	
UCERIS (<i>budesonide (intrarectal)</i>)	4	QL(3.2 gm daily); PA
Rectal Steroids		

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (rectal) EX</i>	1B	RX/OTC
<i>hydrocortisone acetate (rectal)</i>	1B	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1B	QL(2 gm daily)
<i>RECTIV (nitroglycerin (intra-anal))</i>	3	QL(2 gm daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1B	PA
<i>EMVERM CHEW</i>	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
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
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	

Drug Name	Drug Tier	Requirements/Limits
NITRO-BID OINT	3	
<i>nitroglycerin CPCR</i>	1B	QL(4 ea daily)
<i>nitroglycerin PT24</i>	1B	
NITROGLYCERIN SOLN IV	1B	
<i>nitroglycerin SUBL</i>	1B	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl 5 MG</i>	1A	
<i>bupirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B	
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	1B	
<i>hydroxyzine hcl SYRP</i>	1B	
<i>hydroxyzine hcl TABS</i>	1B	
<i>hydroxyzine pamoate CAPS</i>	1B	
<i>meprobamate</i>	1B	QL(6 ea daily)
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 0.5 MG, 2 MG</i>	1A	QL(3 ea daily)
<i>lorazepam TABS 1 MG</i>	1A	QL(4 ea daily)
<i>oxazepam CAPS</i>	1B	
ANTIARRHYTHMICS - Drugs to treat abnormal		

Drug Name	Drug Tier	Requirements/Limits
heart rhythms		
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		
<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	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
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 100 MG/ML	4	QL(0.1073 ml daily); PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 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

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 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)
<i>ipratropium bromide SOLN 0.02 %</i>	1B	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	2	QL(1 ea 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>	1B	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	3	QL(1 ea daily)
Steroid Inhalants		
ALVESCO	3	3 package(s) per 30 day(s) retail; 9 package(s) per 90 day(s) mail; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>budesonide-formoterol fumarate dihydrate</i>	1B	1 package(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; 1 max fill(s) per 30 day(s) mail
<i>budesonide (inhalation) SUSP</i>	1B	QL(4 ml daily); PA			
<i>fluticasone propionate (inhalation) AEPB</i>	1B		DULERA	2	
<i>fluticasone propionate hfa</i>	1B	QL(0.8 gm daily)	<i>fluticasone furoate-vilanterol</i>	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
PULMICORT FLEXHALER AEPB	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
QVAR REDHALER	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>fluticasone-salmeterol AERO</i>	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
Sympathomimetics			<i>formoterol fumarate NEBU</i>	1B	QL(4 ml daily)
<i>albuterol sulfate AERS</i>	1B		<i>ipratropium-albuterol SOLN</i>	1B	QL(18 ml daily)
<i>albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML</i>	1B		<i>levalbuterol hcl 1.25 MG/0.5ML</i>	1B	
<i>albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML</i>	1B	QL(15 ml daily)	<i>levalbuterol hcl</i>	1B	QL(12 ml daily)
<i>albuterol sulfate SYRP</i>	1B		<i>levalbuterol tartrate</i>	1B	QL(0.5 gm daily)
<i>albuterol sulfate TABS</i>	1B		SEREVENT DISKUS	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
ANORO ELLIPTA	2	QL(2 ea daily)	STIOLTO RESPIMAT	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
<i>arformoterol tartrate</i>	1B	QL(4 ml daily)	STRIVERDI RESPIMAT	2	
BREO ELLIPTA	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>terbutaline sulfate SOLN</i>	1B	
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail			
BREZTRI AEROSPHERE	2	QL(0.38 gm daily)			

Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate</i> TABS	1B	
TRELEGY ELLIPTA	2	QL(2 ea daily)
Xanthines		
<i>aminophylline</i> SOLN	1B	
<i>theophylline</i> ELIX	1B	
<i>theophylline</i> SOLN	1B	QL(56 ml daily)
<i>theophylline</i> TB12	1B	
<i>theophylline</i> TB24	1B	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium</i> TABS	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 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 ea daily)
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium</i> SOLN IJ 300 MG/3ML	4	QL(6 ml daily)
<i>enoxaparin sodium</i> SOSY 30 MG/0.3ML	4	QL(0.6 ml daily); SP
<i>enoxaparin sodium</i> SOSY 40 MG/0.4ML	4	QL(0.8 ml daily; 30 Day(s) limit); SP
<i>enoxaparin sodium</i> SOSY 80 MG/0.8ML, 120 MG/0.8ML	4	QL(1.6 ml daily)
<i>enoxaparin sodium</i> SOSY 100 MG/ML, 150 MG/ML	4	QL(2 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium</i> SOSY 60 MG/0.6ML	4	QL(1.2 ml daily; 30 Day(s) limit); SP
<i>fondaparinux sodium</i> 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML	4	SP
<i>fondaparinux sodium</i> 10 MG/0.8ML	4	QL(7.2 ml per 180 day(s) retail; 7 ml per 180 days mail); SP
FRAGMIN SOSY	4	SP; PA
<i>heparin sodium (porcine)</i> SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1B	
HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	1B	
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate</i> CAPS	1B	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); PA
FYCOMPA TABS 4 MG	3	QL(3 ea daily); PA
FYCOMPA TABS 6 MG	3	QL(2 ea daily); PA
FYCOMPA TABS 2 MG	3	QL(6 ea daily); PA
Anticonvulsants - Benzodiazepines		
<i>clobazam</i> SUSP	1B	QL(16 ml daily); PA
<i>clobazam</i> TABS	1B	QL(2 ea daily); PA
<i>clonazepam</i> TABS	1A	
<i>diazepam (anticonvulsant)</i> GEL	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NAYZILAM	3	QL(10 ea per 30 day(s) retail); PA	DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA	DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA
VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA	EPIDIOLEX	3	PA
VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA	<i>gabapentin CAPS</i>	1B	
VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA	<i>gabapentin SOLN</i>	1B	QL(60 ml daily)
Anticonvulsants - Misc.			<i>gabapentin TABS 600 MG, 800 MG</i>	1B	
APTIOM	3	QL(2 ea daily); ST	<i>lacosamide SOLN IV 200 MG/20ML</i>	1B	QL(40 ml daily)
BANZEL TABS 400 MG (<i>rufinamide</i>)	2	QL(8 ea daily); PA	<i>lacosamide TABS</i>	1B	QL(2 ea daily)
BANZEL TABS 200 MG (<i>rufinamide</i>)	2	QL(2 ea daily); PA	<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 ea daily)
BRIVIACT SOLN OR 10 MG/ML	3	QL(20 ml daily); PA	<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 ea daily)
BRIVIACT TABS	3	QL(2 ea daily); PA	<i>lamotrigine TABS</i>	1B	
<i>carbamazepine CHEW 100 MG</i>	1B		<i>lamotrigine TBDP</i>	1B	QL(1 ea daily)
<i>carbamazepine CP12 200 MG</i>	1B	QL(6 ea daily)	<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ml daily)
<i>carbamazepine CP12 100 MG</i>	1B		<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 ea daily)
<i>carbamazepine CP12 300 MG</i>	1B	QL(4 ea daily)	<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 ea daily)
<i>carbamazepine SUSP</i>	1B		<i>levetiracetam TABS 500 MG</i>	1B	QL(6 ea daily)
<i>carbamazepine TABS</i>	1B		<i>levetiracetam TB24</i>	1B	QL(4 ea daily)
<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 ea daily)	<i>oxcarbazepine SUSP</i>	1B	QL(40 ml daily)
<i>carbamazepine TB12 200 MG</i>	1B	QL(6 ea daily)	<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 ea daily)
DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA	<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1B	QL(3 ea daily)
DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA	<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 ea daily); PA
			<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 ea daily); PA
			<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA
			<i>primidone 50 MG, 250 MG</i>	1B	
			<i>rufinamide SUSP</i>	1B	QL(80 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide TABS 200 MG</i>	1B	QL(2 ea daily); PA
<i>rufinamide TABS 400 MG</i>	1B	QL(8 ea daily); PA
TEGRETOL SUSP (<i>carbamazepine</i>)	2	
TEGRETOL TABS (<i>carbamazepine</i>)	2	
<i>topiramate CPSP 25 MG</i>	1B	QL(8 ea daily)
<i>topiramate CPSP 15 MG</i>	1B	QL(6 ea daily)
<i>topiramate CS24</i>	3	PA
<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 ea daily)
<i>topiramate TABS 200 MG</i>	1B	QL(2 ea daily)
<i>topiramate TABS 50 MG</i>	1B	QL(6 ea daily)
<i>zonisamide CAPS</i>	1B	QL(6 ea daily)
Carbamates		
<i>felbamate SUSP</i>	1B	QL(30 ml daily)
<i>felbamate TABS 400 MG</i>	1B	QL(9 ea daily)
<i>felbamate TABS 600 MG</i>	1B	QL(6 ea daily)
GABA Modulators		
<i>tiagabine hcl</i>	1B	
<i>vigabatrin PACK</i>	4	QL(6 ea daily); SP; PA
<i>vigabatrin TABS</i>	4	QL(6 ea daily); SP; PA
Hydantoins		
DILANTIN	2	
DILANTIN (<i>phenytoin sodium extended</i>)	2	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	2	
DILANTIN-125 SUSP (<i>phenytoin</i>)	2	
<i>fosphenytoin sodium</i>	1B	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1B	
<i>phenytoin sodium SOLN</i>	1B	
<i>phenytoin CHEW</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin SUSP</i>	1B	
Succinimides		
CELONTIN (<i>methsuximide</i>)	3	QL(4 ea daily)
<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)
Valproic Acid		
<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	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS 15 MG</i>	1B	QL(3 ea daily)
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	1B	QL(1 ea daily)
<i>mirtazapine TABS 30 MG</i>	1B	QL(1.5 ea daily)
<i>mirtazapine TBDP 15 MG</i>	1B	QL(3 ea daily)
<i>mirtazapine TBDP 30 MG</i>	1B	QL(1.5 ea daily)
<i>mirtazapine TBDP 45 MG</i>	1B	QL(1 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl TABS</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)
<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)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluvoxamine maleate</i> TABS 25 MG, 50 MG	1B	QL(2 ea daily)
EMSAM	3	QL(1 ea daily)	<i>fluvoxamine maleate</i> TABS 100 MG	1B	QL(3 ea daily)
MARPLAN	2	QL(6 ea daily)	<i>paroxetine hcl SUSP</i>	1B	QL(30 ml daily)
<i>phenelzine sulfate</i>	1B		<i>paroxetine hcl TABS 20 MG</i>	1B	QL(3 ea daily)
<i>tranylcypromine sulfate</i>	1B		<i>paroxetine hcl TABS 30 MG</i>	1B	QL(2 ea daily)
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			<i>paroxetine hcl TABS 40 MG</i>	1B	QL(1 ea daily)
SPRAVATO 56MG DOSE	4	PA	<i>paroxetine hcl TABS 10 MG</i>	1B	QL(6 ea daily)
SPRAVATO 84MG DOSE	4	PA	<i>paroxetine hcl TB24 12.5 MG</i>	1B	QL(1 ea daily)
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>paroxetine hcl TB24 25 MG, 37.5 MG</i>	1B	QL(2 ea daily)
<i>citalopram hydrobromide SOLN</i>	1B	QL(20 ml daily)	<i>sertraline hcl CONC</i>	1B	QL(10 ml daily)
<i>citalopram hydrobromide TABS 20 MG</i>	1B	QL(2 ea daily)	<i>sertraline hcl TABS 100 MG</i>	1B	QL(2 ea daily)
<i>citalopram hydrobromide TABS 40 MG</i>	1B	QL(1 ea daily)	<i>sertraline hcl TABS 25 MG, 50 MG</i>	1B	QL(4 ea daily)
<i>citalopram hydrobromide TABS 10 MG</i>	1B	QL(4 ea daily)	Serotonin Modulators		
<i>escitalopram oxalate SOLN</i>	1B	QL(20 ml daily)	<i>nefazodone hcl</i>	1B	
<i>escitalopram oxalate TABS 20 MG</i>	1B	QL(1 ea daily)	<i>trazodone hcl TABS</i>	1B	
<i>escitalopram oxalate TABS 5 MG</i>	1B	QL(4 ea daily)	TRINTELLIX	3	QL(1 ea daily); PA
<i>escitalopram oxalate TABS 10 MG</i>	1B	QL(2 ea daily)	VIIBRYD STARTER PACK KIT	3	1 package(s) per 180 day(s) retail
<i>fluoxetine hcl CAPS 10 MG</i>	1A	QL(1 ea daily)	<i>vilazodone hcl TABS</i>	1B	QL(1 ea daily)
<i>fluoxetine hcl CAPS 40 MG</i>	1B	QL(2 ea daily)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>fluoxetine hcl CAPS 20 MG</i>	1B	QL(3 ea daily)	<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1B	QL(1 ea daily)
<i>fluoxetine hcl CPDR</i>	1B		<i>desvenlafaxine succinate 100 MG</i>	1B	QL(4 ea daily)
<i>fluoxetine hcl SOLN</i>	1B	QL(20 ml daily)	<i>duloxetine hcl CPEP 40 MG</i>	1B	
<i>fluoxetine hcl TABS 10 MG, 60 MG</i>	1B	QL(1 ea daily)	<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1B	QL(2 ea daily)
<i>fluoxetine hcl TABS 20 MG</i>	1B	QL(3 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FETZIMA TITRATION PACK C4PK	3	PA	<i>alogliptin-pioglitazone 30 MG-12.5 MG</i>	1B	QL(2 ea daily); PA
FETZIMA CP24	3	QL(1 ea daily); PA	<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 ea daily)
<i>venlafaxine hcl CP24 75 MG</i>	1B	QL(5 ea daily)	<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 ea daily)
<i>venlafaxine hcl CP24 37.5 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>venlafaxine hcl CP24 150 MG</i>	1B	QL(2 ea daily)	<i>glipizide-metformin hcl 500 MG-5 MG</i>	1B	QL(4 ea daily)
<i>venlafaxine hcl TABS</i>	1B	QL(3 ea daily)	<i>glyburide-metformin 250 MG-1.25 MG</i>	1B	QL(2 ea daily)
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	1B	QL(1 ea daily)	<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1B	QL(4 ea daily)
<i>venlafaxine hcl TB24 150 MG</i>	1B	QL(2 ea daily)	GLYXAMBI	2	QL(1 ea daily)
Tricyclic Agents			JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)
<i>amitriptyline hcl TABS</i>	1B		JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
<i>amoxapine</i>	1B		JANUMET TABS	2	QL(2 ea daily)
<i>clomipramine hcl</i>	1B		<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 ea daily)
<i>desipramine hcl TABS</i>	1B		<i>pioglitazone hcl-metformin hcl TABS</i>	1B	QL(2 ea daily)
<i>doxepin hcl CAPS</i>	1B		<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1B	QL(2 ea daily)
<i>doxepin hcl CONC</i>	1B		<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1B	QL(1 ea daily)
<i>imipramine hcl TABS</i>	1B		SOLQUA 100/33	2	QL(0.5 ml daily); PA
<i>imipramine pamoate</i>	1B		SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
<i>nortriptyline hcl CAPS</i>	1B		SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 ea daily)
<i>nortriptyline hcl SOLN</i>	1B		SYNJARDY TABS	2	QL(2 ea daily)
<i>protriptyline hcl</i>	1B				
<i>trimipramine maleate CAPS</i>	1B				
ANTIDIABETICS - Drugs to Regulate Blood Sugar					
Alpha-Glucosidase Inhibitors					
<i>acarbose</i>	1B	QL(3 ea daily)			
<i>miglitol</i>	1B	QL(3 ea daily)			
Antidiabetic Combinations					
<i>alogliptin-metformin hcl</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			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 ea daily)	OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily); PA
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 ea daily)	OZEMPIC SOPN	2	QL(0.108 ml daily); PA
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)	RYBELSUS TABS	2	QL(1 ea daily); PA
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 ea daily)	TRULICITY	2	QL(0.143 ml daily); PA
XIGDUO XR (dapagliflozin propanediol-metformin hcl)	2	QL(1 ea daily)	VICTOZA (liraglutide)	2	QL(0.3 ml daily); PA
XIGDUO XR (dapagliflozin propanediol-metformin hcl)	2	QL(2 ea daily)	Insulin		
XULTOPHY 100/3.6	2	QL(0.5 ml daily); PA	APIDRA SOLOSTAR SOPN	3	PA
Biguanides			APIDRA SOLN	3	PA
metformin hcl TABS 500 MG	1B	QL(5 ea daily)	BASAGLAR KWIKPEN SOPN	2	
metformin hcl TABS 850 MG	0	QL(3 ea daily)	HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ml daily)
metformin hcl TABS 1000 MG	1B	QL(2.5 ea daily)	HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(1.34 ml daily)
metformin hcl TB24 500 MG	1B	QL(4 ea daily)	INSULIN ASPART FLEXPEN SOPN	1B	
metformin hcl TB24 750 MG	1B	QL(3 ea daily)	INSULIN ASPART PENFILL SOCT	1B	
Diabetic Other			INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	1B	
diazoxide	3		INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	1B	
glucagon (rdna)	1B	QL(0.035 ea daily)	INSULIN ASPART SOLN IJ	1B	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			INSULIN DEGLUDEC FLEXTOUCH SOPN	2	
alogliptin benzoate 12.5 MG	1B	QL(1 ea daily)	INSULIN DEGLUDEC SOLN	2	
alogliptin benzoate 25 MG	1B		LEVEMIR FLEXPEN SOPN	3	PA
JANUVIA	2	QL(1 ea daily)	LEVEMIR FLEXTOUCH SOPN	3	PA
saxagliptin hcl	1B	QL(1 ea daily)	LEVEMIR SOLN	3	PA
Incretin Mimetic Agents					

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN SUPN	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N FLEXPEN SUPN	2	
NOVOLIN N SUSP	2	
NOVOLIN R FLEXPEN SOPN IJ	2	
NOVOLIN R SOLN IJ	2	
Insulin Sensitizing Agents		
<i>pioglitazone hcl</i>	1B	QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	1B	QL(3 ea daily)
<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 ea daily)
<i>repaglinide 2 MG</i>	1B	QL(8 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	2	QL(1 ea daily)
FARXIGA (<i>dapagliflozin propanediol</i>)	2	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
<i>glimepiride 1 MG, 2 MG</i>	1B	QL(4 ea daily)
<i>glimepiride 4 MG</i>	1B	QL(2 ea daily)
<i>glipizide TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)
<i>glipizide TB24</i>	1B	QL(2 ea daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	QL(4 ea daily)
<i>glyburide TABS</i>	1B	QL(4 ea daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine TABS</i>	1B	
<i>loperamide hcl CAPS</i>	1B	RX/OTC
MOTOFEN	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	SP; PA
<i>deferasirox TBSO</i>	4	SP; PA
<i>deferiprone TABS 500 MG</i>	1B	
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		
KLOXXADO LIQD	3	
<i>naloxone hcl LIQD</i>	1B	QL(2 ea per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1B	
<i>naltrexone hcl</i>	1B	
OPVEE NA	3	
VIVITROL	3	1 max fill(s) per 30 day(s) retail
ZIMHI SOSY	3	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	QL(0.167 ea daily); PA
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B	
<i>granisetron hcl TABS</i>	1B	QL(0.34 ea daily)
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1B	QL(3.34 ml daily)
<i>ondansetron hcl SOSY</i>	1B	
<i>ondansetron hcl TABS 4 MG</i>	1B	QL(4 ea daily; 60 ea per fill retail; 60 per fill mail)
<i>ondansetron hcl TABS 8 MG</i>	1B	QL(3 ea daily; 45 ea per fill retail; 45 per fill mail)
<i>ondansetron hcl TABS 24 MG</i>	1B	QL(0.143 ea daily)
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 ea daily)
<i>ondansetron TBDP 8 MG</i>	1B	
<i>palonosetron hcl SOLN</i>	1B	
Antiemetics - Anticholinergic		
<i>meclizine hcl TABS 12.5 MG</i>	1A	RX/OTC
<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC
<i>scopolamine</i>	1B	QL(0.34 ea daily)
<i>trimethobenzamide hcl CAPS</i>	1B	
Antiemetics - Miscellaneous		
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 40 MG, 125 MG</i>	1B	QL(0.067 ea daily)
<i>aprepitant CAPS</i>	1B	PA
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 ea daily)
<i>aprepitant MISC</i>	1B	PA

Drug Name	Drug Tier	Requirements/Limits
VARUBI TBPB	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
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 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	
NOXAFIL SUSP (<i>posaconazole</i>)	3	QL(20 ml daily)
<i>posaconazole SUSP</i>	1B	QL(20 ml daily)
TOLSURA CAPS	4	PA
<i>voriconazole TABS</i>	1B	QL(4 ea daily)
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>dexchlorpheniramine maleate SOLN</i>	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antihistamines - Ethanolamines			Antihistamines - Piperidines		
<i>carbinoxamine maleate SOLN</i>	1B		<i>cyproheptadine hcl SYRP</i>	1B	
<i>carbinoxamine maleate TABS 4 MG</i>	1B		<i>cyproheptadine hcl TABS</i>	1B	
Antihistamines - Non-Sedating			ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
<i>clemastine fumarate SYRP</i>	1B		Antihyperlipidemics - Combinations		
<i>clemastine fumarate TABS 2.68 MG</i>	1B		<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)
<i>diphenhydramine hcl CAPS 50 MG</i>	1A		Antihyperlipidemics - Misc.		
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B		<i>icosapent ethyl 1 GM</i>	1B	QL(4 ea daily); PA
<i>diphenhydramine hcl LIQD 12.5 MG/5ML</i>	1B		<i>omega-3-acid ethyl esters</i>	1B	QL(4 ea daily)
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1B		Bile Acid Sequestrants		
Antihistamines - Phenothiazines			<i>cholestyramine light PACK</i>	1B	QL(6 ea daily)
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1B		<i>cholestyramine light POWD</i>	1B	QL(24 gm daily)
<i>promethazine hcl SUPP 50 MG</i>	1B		<i>cholestyramine PACK</i>	1B	QL(6 ea daily)
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 ea daily)	<i>cholestyramine POWD</i>	1B	QL(25.2 gm daily)
<i>promethazine hcl TABS</i>	1B		<i>colesevelam hcl PACK</i>	1B	QL(1 ea daily); PA
Antihistamines - Ethanolamines			<i>colesevelam hcl TABS</i>	1B	QL(7 ea daily)
<i>carbinoxamine maleate SOLN</i>	1B		<i>colestipol hcl GRAN</i>	1B	QL(6 gm daily)
<i>carbinoxamine maleate TABS 4 MG</i>	1B		<i>colestipol hcl PACK</i>	1B	QL(6 ea daily)
<i>clemastine fumarate SYRP</i>	1B		<i>colestipol hcl TABS</i>	1B	QL(16 ea daily)
<i>clemastine fumarate TABS 2.68 MG</i>	1B		Fibric Acid Derivatives		
<i>diphenhydramine hcl CAPS 50 MG</i>	1A		<i>choline fenofibrate</i>	1B	QL(1 ea daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B		<i>fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG</i>	1B	QL(1 ea daily)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML</i>	1B		<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	QL(1 ea daily)
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1B		<i>gemfibrozil TABS</i>	1B	QL(2 ea daily)
Antihistamines - Non-Sedating			HMG CoA Reductase Inhibitors		
<i>cetirizine hcl TABS</i>	1A	QL(1 ea daily)	<i>atorvastatin calcium TABS</i>	1B	QL(1 ea daily)
<i>desloratadine TABS</i>	1B	QL(1 ea daily)	<i>fluvastatin sodium CAPS 40 MG</i>	1B	QL(2 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				
Antihistamines - Phenothiazines					
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1B				
<i>promethazine hcl SUPP 50 MG</i>	1B				
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 ea daily)			
<i>promethazine hcl TABS</i>	1B				

Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 ea daily)
<i>lovastatin TABS 10 MG, 20 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
<i>lovastatin TABS 40 MG</i>	1B	\$0 copay for generic only, age 40 to 76; 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
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl</i>	1B	
<i>captopril 12.5 MG</i>	1B	
<i>captopril 25 MG, 50 MG, 100 MG</i>	1B	QL(3 ea daily)
<i>enalapril maleate TABS</i>	1B	
<i>fosinopril sodium</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1B	
<i>moexipril hcl</i>	1B	QL(2 ea daily)
<i>perindopril erbumine 2 MG, 8 MG</i>	1B	QL(2 ea daily)
<i>perindopril erbumine 4 MG</i>	1B	
<i>quinapril hcl 5 MG, 10 MG</i>	1B	QL(2 ea daily)
<i>quinapril hcl 20 MG, 40 MG</i>	1B	
<i>ramipril CAPS</i>	1B	
<i>trandolapril 1 MG, 2 MG</i>	1B	QL(1 ea daily)
<i>trandolapril 4 MG</i>	1B	QL(2 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 hcl TABS</i>	1B	QL(8 ea daily)
<i>clonidine PTWK</i>	3	QL(0.15 ea daily)
<i>doxazosin mesylate</i>	1B	
<i>guanfacine hcl</i>	1B	
<i>methyl dopa 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	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST	<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B	
<i>amlodipine besylate-valsartan</i>	1B	QL(1 ea daily)	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST
<i>amlodipine-valsartan-hydrochlorothiazide</i>	3		<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B	
<i>atenolol & chlorthalidone</i>	1B		<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1B	QL(3 ea daily)
<i>benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1B	QL(1 ea daily)	<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1B	QL(4 ea daily)
<i>benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1B		<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 ea daily)
<i>bisoprolol & hydrochlorothiazide</i>	1B	QL(2 ea daily)	<i>telmisartan-amlodipine</i>	1B	QL(1 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	1B		<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>enalapril maleate & hydrochlorothiazide 25 MG-10 MG</i>	1B		<i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3	
<i>enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG</i>	1B	QL(2 ea daily)	<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 ea daily)
<i>fosinopril sodium & hydrochlorothiazide</i>	1B	QL(1 ea daily)	<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide</i>	1B		Antihypertensives - Misc.		
<i>lisinopril & hydrochlorothiazide</i>	1B		<i>VECAMYL</i>	3	PA
<i>losartan potassium & hydrochlorothiazide 12.5 MG-50 MG</i>	1B	QL(2 ea daily)	Direct Renin Inhibitors		
<i>losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1B	QL(1 ea daily)	<i>aliskiren fumarate</i>	1B	QL(1 ea daily)
<i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG</i>	1B	QL(1 ea daily)	Selective Aldosterone Receptor Antagonists (SARAs)		
			<i>eplerenone</i>	1B	
			Vasodilators		
			<i>hydralazine hcl SOLN</i>	1B	
			<i>hydralazine hcl TABS</i>	1B	
			<i>minoxidil 2.5 MG, 10 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>bacitracin</i>	3	
IMPAVIDO	3	QL(3 ea daily); PA
<i>metronidazole TABS</i>	1B	
<i>trimethoprim TABS</i>	1B	
XIFAXAN 200 MG	3	QL(3 ea daily; 9 ea per 3 day(s) retail; 9 ea per 3 days mail); AL(At least 12 yrs old); PA
XIFAXAN 550 MG	3	QL(3 ea daily); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	
<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
Antiprotozoal Agents		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	
<i>nitazoxanide TABS</i>	1B	PA
Carbapenems		
<i>ertapenem sodium IJ</i>	1B	
<i>imipenem-cilastatin IV</i>	1B	
<i>meropenem</i>	1B	
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	4	SP; PA
Cyclic Lipopeptides		
<i>daptomycin 500 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1B	QL(4 ea daily; 40 ea per fill retail)
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1B	QL(300 ml per fill retail)
<i>vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG</i>	1B	
Leprostatics		
<i>dapsone</i>	1B	
Lincosamides		
<i>clindamycin hcl</i>	1B	
<i>clindamycin palmitate hydrochloride</i>	1B	
<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	1B	
<i>lincomycin hcl</i>	1B	
Monobactams		
CAYSTON	4	QL(3 ml daily); PA
Oxazolidinones		
<i>linezolid SUSR</i>	1B	
<i>linezolid TABS</i>	1B	QL(2 ea daily); PA
SIVEXTRO TABS	3	PA
Polymyxins		
<i>polymyxin b sulfate SOLR</i>	1B	
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1B	
<i>methenamine hippurate</i>	1B	
<i>nitrofurantoin</i>	1B	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohyd macro</i>	1B	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<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
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 ea daily)
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 ea daily)
<i>hydroxychloroquine sulfate 400 MG</i>	1B	QL(1 ea daily)
<i>hydroxychloroquine sulfate 100 MG</i>	1B	QL(4 ea daily)
KRINTAFEL	3	QL(2 ea per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
<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	
PASER PACK	3	QL(3 ea daily)
PRIFTIN	3	
<i>pyrazinamide</i>	1B	
<i>rifabutin</i>	1B	PA
<i>rifampin CAPS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>rifampin SOLR</i>	1B		<i>decitabine</i>	4	SP; PA
SIRTURO	3	PA	<i>floxuridine</i>	4	SP; PA
TRECTOR	3	QL(4 ea daily)	<i>fludarabine phosphate SOLN</i>	4	SP; PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			<i>fludarabine phosphate SOLR</i>	4	SP; PA
Alkylating Agents			<i>fluorouracil 500 MG/10ML</i>	4	SP; PA
<i>bendamustine hcl SOLR</i>	4	SP; PA	<i>gemcitabine hcl SOLR 2 GM, 200 MG</i>	4	SP; PA
<i>busulfan SOLN</i>	4	SP; PA	<i>mercaptopurine TABS</i>	1B	
<i>carboplatin SOLN 50 MG/5ML</i>	4	SP; PA	<i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i>	1B	
<i>carmustine</i>	4	SP; PA	<i>methotrexate sodium SOLR</i>	1B	SP
<i>cisplatin SOLN 100 MG/100ML</i>	4	SP; PA	<i>methotrexate sodium TABS 2.5 MG</i>	1B	SP
<i>cyclophosphamide CAPS</i>	1B	PA	<i>nelarabine</i>	4	SP; PA
<i>cyclophosphamide SOLR IJ</i>	4	SP; PA	<i>pemetrexed disodium SOLR 500 MG</i>	4	SP; PA
GLEOSTINE 10 MG	4	SP; PA	<i>pralatrexate 20 MG/ML</i>	4	SP; PA
GLEOSTINE 40 MG, 100 MG	4	PA	TABLOID	4	SP; PA
<i>ifosfamide SOLN 1 GM/20ML</i>	4	SP; PA	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	SP; PA
<i>ifosfamide SOLR</i>	4	SP; PA	Antineoplastic - Angiogenesis Inhibitors		
LEUKERAN	4	SP; PA	INLYTA	4	QL(2 ea daily); SP; PA
<i>melphalan</i>	1B		LENVIMA 10 MG DAILY DOSE	4	QL(1 ea daily); PA
<i>melphalan hcl IV</i>	1B		LENVIMA 12MG DAILY DOSE	4	QL(3 ea daily); PA
MYLERAN TABS	4	SP; PA	LENVIMA 14 MG DAILY DOSE	4	QL(2 ea daily); PA
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	4	SP; PA	LENVIMA 18 MG DAILY DOSE	4	QL(3 ea daily); PA
TEMODAR SOLR	4	SP; PA	LENVIMA 20 MG DAILY DOSE	4	QL(2 ea daily); PA
<i>temozolomide CAPS</i>	4	SP; PA	LENVIMA 24 MG DAILY DOSE	4	QL(3 ea daily); PA
<i>thiotepa 15 MG</i>	4	SP; PA	LENVIMA 4 MG DAILY DOSE	4	QL(1 ea daily); PA
ZANOSAR	4	SP; PA			
Antimetabolites					
<i>azacitidine SUSR</i>	4	SP; PA			
<i>capecitabine</i>	4	SP; PA			
<i>clofarabine</i>	4	SP; PA			
<i>cytarabine SOLN</i>	4	SP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LENVIMA 8 MG DAILY DOSE	4	QL(2 ea daily); PA	Antineoplastic - Hormonal and Related Agents		
MVASI	4	PA	<i>abiraterone acetate 250 MG</i>	4	QL(4 ea daily); SP; PA
ZALTRAP 100 MG/4ML	4	SP; PA	<i>abiraterone acetate 500 MG</i>	4	QL(2 ea daily); SP; PA
ZIRABEV	4	PA	<i>anastrozole</i>	1B	QL(1 ea daily)
Antineoplastic - Antibodies			<i>bicalutamide</i>	1B	QL(1 ea daily); SP
ADCETRIS	4	SP; PA	ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP; PA
ARZERRA	4	SP; PA	ELIGARD KIT SC 7.5 MG	4	QL(0.0089 ea daily); SP; PA
RUXIENCE	4	PA	EMCYT	4	SP; PA
TRUXIMA	4	PA	ERLEADA 60 MG	4	QL(4 ea daily); PA
YERVOY	4	SP; PA	ERLEADA 240 MG	4	QL(1 ea daily); PA
Antineoplastic - Anti-HER2 Agents			<i>exemestane</i>	4	QL(1 ea daily); SP
KANJINTI	4	PA	FIRMAGON	4	QL(0.143 ea daily); SP; PA
OGIVRI	4	PA	<i>flutamide</i>	4	QL(6 ea daily); SP; PA
PERJETA	4	SP; PA	<i>fulvestrant SOSY</i>	4	QL(0.357 ml daily); PA
TRAZIMERA	4	PA	<i>letrozole</i>	1B	
TUKYSA	4	PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA
Antineoplastic - EGFR Inhibitors			LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0357 ea daily); SP; PA
ERBITUX	4	SP; PA	LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA
<i>erlotinib hcl</i>	4	QL(1 ea daily); SP; PA	LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 ea daily); SP; PA
<i>gefitinib</i>	4	QL(2 ea daily); PA	LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 ea daily); SP; PA
GILOTRIF	4	QL(1 ea daily); PA	LYSODREN	4	SP; PA
IRESSA (<i>gefitinib</i>)	4	QL(2 ea daily); PA	<i>megestrol acetate SUSP</i>	1B	
TAGRISSE 80 MG	4	QL(1 ea daily); PA	<i>megestrol acetate TABS</i>	1B	
TAGRISSE 40 MG	4	QL(2 ea daily); PA	<i>nilutamide</i>	1B	QL(2 ea daily)
VECTIBIX 100 MG/5ML	4	SP; PA	NUBEQA	4	QL(4 ea daily); PA
VIZIMPRO	4	QL(1 ea daily); PA	ORGOVYX	4	PA
Antineoplastic - Hedgehog Pathway Inhibitors					
DAURISMO	4	PA			
ERIVEDGE	4	QL(1 ea daily); SP; PA			
ODOMZO	4	QL(1 ea daily); PA			

Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate TABS</i>	0	
<i>tamoxifen citrate TABS</i>	0	
<i>toremifene citrate</i>	1B	
TRELSTAR MIXJECT	4	SP; PA
XTANDI CAPS	4	QL(4 ea daily); SP; PA
XTANDI TABS 80 MG	4	QL(2 ea daily); PA
XTANDI TABS 40 MG	4	QL(4 ea daily); PA
YONSA	4	QL(4 ea daily); PA
ZOLADEX 10.8 MG	4	QL(0.0119 ea daily); SP; PA
ZOLADEX 3.6 MG	4	QL(0.0357 ea daily); SP; PA
Antineoplastic - Immunomodulators		
POMALYST	4	QL(1 ea daily); PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	4	QL(1 ea daily); PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO	4	PA
XPOVIO 60 MG TWICE WEEKLY	4	PA
XPOVIO 80 MG TWICE WEEKLY	4	PA
Antineoplastic Antibiotics		
<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA
<i>dactinomycin</i>	4	SP; PA
<i>doxorubicin hcl liposomal SUSP</i>	4	SP; PA
<i>doxorubicin hcl SOLN</i>	4	SP; PA
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA
<i>idarubicin hcl 20 MG/20ML</i>	4	PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA
<i>mitoxantrone hcl 2 MG/ML</i>	4	SP; PA
<i>valrubicin</i>	4	SP; PA
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE	4	PA
KISQALI FEMARA 400 DOSE	4	PA
KISQALI FEMARA 600 DOSE	4	PA
Antineoplastic Enzyme Inhibitors		
ALECENSA	4	QL(4 ea daily); PA
ALUNBRIG TABS	4	QL(1 ea daily); PA
ALUNBRIG TBPB	4	QL(1 ea daily); PA
BALVERSA	4	PA
<i>bortezomib SOLR IJ</i>	4	SP; PA
BORTEZOMIB SOLR IV 3.5 MG	4	SP; PA
BOSULIF TABS 100 MG, 500 MG	4	QL(1 ea daily); SP; PA
BOSULIF TABS 400 MG	4	QL(1 ea daily); PA
BRAFTOVI 75 MG	4	SP; PA
BRUKINSA	4	PA
CABOMETYX TABS	4	QL(1 ea daily); PA
CALQUENCE	4	QL(2 ea daily); PA
CALQUENCE	4	QL(2 ea daily); PA
CAPRELSA	4	QL(1 ea daily); SP; PA
COMETRIQ KIT	4	QL(3 ea daily); SP; PA
COMETRIQ KIT	4	QL(2 ea daily); SP; PA
COMETRIQ KIT	4	QL(4 ea daily); SP; PA
COPIKTRA	4	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dasatinib</i>	4	QL(1 ea daily); SP; PA	QINLOCK	4	PA
<i>everolimus TABS</i>	4	QL(1 ea daily); SP; PA	RETEVMO CAPS	4	PA
IBRANCE CAPS	4	QL(1 ea daily); PA	<i>romidepsin SOLR</i>	4	SP; PA
IBRANCE TABS	4	QL(1 ea daily); PA	ROZLYTREK CAPS	4	PA
ICLUSIG	4	QL(1 ea daily); PA	RUBRACA	4	QL(4 ea daily); PA
<i>imatinib mesylate</i>	4	QL(2 ea daily); SP; PA	SCEMBLIX 20 MG	4	QL(2 ea daily); PA
IMBRUVICA CAPS 70 MG	4	QL(1 ea daily); PA	SCEMBLIX 100 MG	4	QL(4 ea daily); PA
IMBRUVICA CAPS 140 MG	4	QL(3 ea daily); PA	SCEMBLIX 40 MG	4	QL(10 ea daily); PA
IMBRUVICA SUSP	4	QL(8 ml daily); PA	<i>sorafenib tosylate</i>	4	QL(4 ea daily); SP; PA
IMBRUVICA TABS	4	QL(1 ea daily); PA	SPRYCEL (<i>dasatinib</i>)	4	QL(1 ea daily); SP; PA
INREBIC	4	PA	STIVARGA	4	QL(4 ea daily); SP; PA
JAKAFI	4	QL(2 ea daily); SP; PA	<i>sunitinib malate 37.5 MG</i>	4	QL(1 ea daily); PA
KISQALI	4	PA	<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 ea daily); SP; PA
KOSELUGO	4	PA	TABRECTA	4	PA
KYPROLIS	4	PA	TAFINLAR CAPS	4	PA
<i>lapatinib ditosylate</i>	4	QL(6 ea daily); SP; PA	TALZENNA	4	QL(1 ea daily); PA
LORBRENA	4	QL(1 ea daily); PA	TALZENNA	4	QL(1 ea daily); PA
LYNPARZA TABS	4	QL(4 ea daily); PA	TASIGNA 50 MG	4	QL(4 ea daily); PA
MEKINIST TABS	4	PA	TASIGNA 150 MG, 200 MG	4	QL(4 ea daily); SP; PA
MEKTOVI	4	SP; PA	TAZVERIK	4	PA
NINLARO	4	QL(0.143 ea daily); PA	<i>temsirolimus</i>	4	QL(0.143 ml daily); SP; PA
<i>pazopanib hcl</i>	4	QL(4 ea daily); SP; PA	TIBSOVO	4	PA
PEMAZYRE	4	QL(1 ea daily); PA	TURALIO	4	PA
PIQRAY 200MG DAILY DOSE	4	PA	TURALIO	4	AC; PA
PIQRAY 250MG DAILY DOSE	4	PA	VERZENIO	4	PA
PIQRAY 300MG DAILY DOSE	4	PA	VITRAKVI CAPS	4	PA
			VITRAKVI SOLN	4	PA
			VOTRIENT (<i>pazopanib hcl</i>)	4	QL(4 ea daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits
XALKORI CAPS	4	QL(2 ea daily); SP; PA
XOSPATA	4	PA
ZEJULA CAPS	4	QL(3 ea daily); PA
ZEJULA TABS 200 MG, 300 MG	4	QL(1 ea daily); PA
ZEJULA TABS 100 MG	4	QL(3 ea daily); PA
ZELBORAF	4	SP; PA
ZOLINZA	4	QL(4 ea daily); SP; PA
ZYDELIG	4	QL(2 ea daily); PA
Antineoplastic Enzymes		
ONCASPAR	4	SP; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
<i>bexarotene</i>	4	SP; PA
<i>dacarbazine SOLR 200 MG</i>	4	SP; PA
<i>hydroxyurea</i>	1B	
MATULANE	4	SP; PA
NIPENT	4	SP; PA
PHOTOFRIN	4	SP; PA
PROLEUKIN	4	SP; PA
SYNRIBO	4	SP; PA
<i>tretinoin (chemotherapy)</i>	1B	
UVADEX	4	SP; PA
Chemotherapy Adjuncts		
KEPIVANCE 6.25 MG	4	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium SOLR</i>	1B	
<i>leucovorin calcium TABS</i>	1B	
VORAXAZE	4	SP; PA
Mitotic Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
<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	SP; 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 SOLR</i>	4	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1B	
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	

Drug Name	Drug Tier	Requirements/ Limits
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
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	

ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders

Drug Name	Drug Tier	Requirements/ Limits
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 300 MG	3	QL(4 ea daily); ST
EQUETRO 200 MG	3	QL(8 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 1.5 MG, 3 MG, 9 MG</i>	1B	QL(1 ea daily)
<i>paliperidone 6 MG</i>	1B	QL(2 ea daily)
PERSERIS PRSY	2	QL(0.072 ea daily); PA
RISPERDAL CONSTA (<i>risperidone microspheres</i>)	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)
Butyrophenones		
<i>haloperidol decanoate</i>	1B	QL(0.036 ml daily)
<i>haloperidol lactate CONC</i>	1B	
<i>haloperidol lactate SOLN</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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 100 MG</i>	1B	QL(9 ea daily)
<i>clozapine TBDP 25 MG</i>	1B	QL(3 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 20 MG</i>	1B	QL(1 ea daily)
<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1B	QL(2 ea daily)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1B	QL(2 ea daily); AL(At least 10 yrs old)
<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 TB24 300 MG, 400 MG</i>	1B	QL(2 ea daily)
<i>quetiapine fumarate TB24 50 MG, 150 MG, 200 MG</i>	1B	QL(1 ea daily)
Phenothiazines		
<i>chlorpromazine hcl SOLN</i>	3	
<i>chlorpromazine hcl TABS</i>	1B	
<i>fluphenazine hcl CONC</i>	1B	
<i>fluphenazine hcl ELIX</i>	1B	
<i>fluphenazine hcl SOLN</i>	1B	
<i>fluphenazine hcl TABS</i>	1B	
<i>perphenazine TABS</i>	1B	
<i>prochlorperazine</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate TABS</i>	1B	
<i>thioridazine hcl</i>	1B	
<i>trifluoperazine hcl TABS</i>	1B	
Quinolinone Derivatives		
<i>aripiprazole SOLN OR</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)
<i>aripiprazole TABS</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
REXULTI	3	PA
Thioxanthenes		
<i>thiothixene</i>	1B	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	1B	QL(32 ml daily)
<i>abacavir sulfate TABS</i>	1B	QL(2 ea daily)
APTIVUS CAPS	3	QL(4 ea daily)
<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 ea daily)
<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 ea daily)
BIKTARVY	3	QL(1 ea daily)
CIMDUO	3	QL(1 ea daily); ST
COMPLERA	3	QL(1 ea daily)
<i>darunavir TABS 800 MG</i>	3	QL(1 ea daily)
<i>darunavir TABS 600 MG</i>	3	QL(2 ea daily)
DELSTRIGO	3	QL(1 ea daily)
DOVATO	3	QL(1 ea daily)
EDURANT	3	QL(1 ea daily)
<i>efavirenz CAPS 200 MG</i>	1B	QL(2 ea daily)
<i>efavirenz CAPS 50 MG</i>	1B	QL(3 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)	NORVIR CAPS	2	QL(12 ea daily)
<i>efavirenz TABS</i>	1B	QL(1 ea daily)	NORVIR PACK	3	QL(12 ea daily)
<i>emtricitabine CAPS</i>	1B	QL(1 ea daily)	NORVIR SOLN	3	QL(15 ml daily)
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 ea daily)	ODEFSEY	3	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 ea daily)	PIFELTRO	3	QL(1 ea daily)
EMTRIVA SOLN	3	QL(24 ml daily)	PREZCOBIX	3	QL(1 ea daily)
<i>etravirine 100 MG</i>	1B	QL(4 ea daily)	PREZISTA SUSP	3	QL(12 ml daily)
<i>etravirine 200 MG</i>	1B	QL(2 ea daily)	PREZISTA TABS (<i>darunavir</i>)	3	QL(2 ea daily)
EVOTAZ	3	QL(1 ea daily)	PREZISTA TABS 75 MG, 150 MG, 600 MG	3	QL(2 ea daily)
<i>fosamprenavir calcium TABS</i>	1B	QL(4 ea daily)	PREZISTA TABS 800 MG (<i>darunavir</i>)	3	QL(1 ea daily)
FUZEON SOLR	4	SP; PA	RETROVIR IV INFUSION SOLN	3	
GENVOYA	3	QL(1 ea daily)	<i>ritonavir TABS</i>	1B	QL(12 ea daily)
INTELENCE 25 MG	3	QL(8 ea daily)	RUKOBIA	4	PA
ISENTRESS HD TABS	3	QL(2 ea daily)	SELZENTRY SOLN	3	QL(30 ml daily)
ISENTRESS CHEW	3	QL(6 ea daily)	SELZENTRY TABS 25 MG, 75 MG	3	QL(2 ea daily)
ISENTRESS TABS	3	QL(2 ea daily)	<i>stavudine CAPS</i>	1B	QL(2 ea daily)
JULUCA	3	QL(1 ea daily)	STRIBILD	3	QL(1 ea daily)
<i>lamivudine SOLN</i>	1B	QL(30 ml daily)	<i>tenofovir disoproxil fumarate TABS</i>	1B	
<i>lamivudine TABS 150 MG</i>	1B	QL(2 ea daily)	TIVICAY TABS	3	QL(2 ea daily)
<i>lamivudine TABS 300 MG</i>	1B	QL(1 ea daily)	TRIUMEQ TABS	3	QL(1 ea daily)
<i>lamivudine-zidovudine</i>	1B	QL(2 ea daily)	TRIZIVIR	3	QL(2 ea daily)
LEXIVA SUSP	3	QL(56 ml daily)	TYBOST	3	QL(1 ea daily)
<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ml daily)	VIRACEPT TABS 250 MG	3	QL(10 ea daily)
<i>lopinavir-ritonavir TABS</i>	1B	QL(4 ea daily)	VIRACEPT TABS 625 MG	3	QL(4 ea daily)
<i>maraviroc TABS 150 MG</i>	1B	QL(2 ea daily)	VIREAD POWD	3	QL(7.5 gm daily)
<i>maraviroc TABS 300 MG</i>	1B	QL(4 ea daily)	VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 ea daily)
<i>nevirapine SUSP</i>	1B	QL(40 ml daily)	<i>zidovudine CAPS</i>	1B	QL(6 ea daily)
<i>nevirapine TABS</i>	1B	QL(2 ea daily)	<i>zidovudine SYRP</i>	1B	QL(60 ml daily)
<i>nevirapine TB24 100 MG</i>	1B	QL(3 ea daily)	<i>zidovudine TABS</i>	1B	QL(2 ea daily)
<i>nevirapine TB24 400 MG</i>	1B	QL(1 ea daily)	CMV Agents		
			<i>cidofovir</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ganciclovir sodium SOLR</i>	1B	
<i>valganciclovir hcl TABS</i>	1B	QL(4 ea daily); PA
Hepatitis Agents		
<i>adefovir dipivoxil</i>	4	QL(1 ea daily); SP; PA
BARACLUDE SOLN	4	QL(20 ml daily); SP; PA
<i>entecavir TABS</i>	4	QL(1 ea daily); SP; PA
EPIVIR HBV SOLN	4	QL(60 ml daily); SP; PA
<i>lamivudine (hcv) 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	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 500 MG</i>	1B	QL(4 ea daily)
<i>famciclovir 125 MG, 250 MG</i>	1B	QL(3 ea daily)
<i>valacyclovir hcl 500 MG</i>	1B	QL(2 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1B	QL(4 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)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</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	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1B	
<i>atenolol TABS</i>	1B	
<i>betaxolol hcl</i>	1B	
<i>bisoprolol fumarate</i>	1B	
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1B	
<i>metoprolol succinate TB24 200 MG</i>	1B	QL(2 ea daily)
<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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)
Beta Blockers Non-Selective		
<i>HEMANGEOL SOLN OR</i>	4	QL(75 ml daily); PA
<i>nadolol TABS 20 MG</i>	1B	QL(3 ea daily)
<i>nadolol TABS 80 MG</i>	1B	
<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/af)</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	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	1B	
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 ea daily)
<i>diltiazem hcl extended release beads</i>	1B	
<i>diltiazem hcl CP12</i>	1B	QL(2 ea daily)
<i>diltiazem hcl CP24</i>	1B	
<i>diltiazem hcl SOLN 50 MG/10ML</i>	1B	
<i>DILTIAZEM HCL SOLR</i>	1B	
<i>diltiazem hcl TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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 20 MG</i>	1B	QL(9 ea daily)
<i>nifedipine CAPS 10 MG</i>	1B	
<i>nifedipine TB24 90 MG</i>	1B	QL(1 ea daily)
<i>nifedipine TB24 60 MG</i>	1B	QL(2 ea daily)
<i>nifedipine TB24</i>	1B	
<i>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	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN OR 0.05 MG/ML</i>	1B	
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1B	
<i>LANOXIN SOLN IJ (digoxin)</i>	2	
<i>LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)</i>	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 ea daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1B	
Impotence Agents		
<i>avanafil</i>	1B	QL(0.134 ea daily)
<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 125 MG</i>	4	QL(2 ea daily); SP; PA
<i>bosentan TABS 62.5 MG</i>	4	QL(2 ea daily); PA
OPSUMIT	4	QL(1 ea daily); PA
TRACLEER TBSO	4	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ml daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ml daily); PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 ea daily); SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPk	4	1 max fill(s) per 180 day(s) retail; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
UPTRAVI TABS 200 MCG	4	PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	QL(3 ea daily); PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ml daily); PA
CORLANOR TABS (<i>ivabradine hcl</i>)	3	QL(2 ea daily); PA
<i>ivabradine hcl TABS</i>	1B	QL(2 ea daily); PA
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 ea daily); PA
VYNDAQEL	4	QL(4 ea daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1B	
<i>cefadroxil SUSR</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil TABS</i>	1B	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	1B	
<i>cephalexin CAPS</i>	1B	
<i>cephalexin SUSR</i>	1B	
Cephalosporins - 2nd Generation		
<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	
Cephalosporins - 3rd Generation		
<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	
Cephalosporins - 4th Generation		
<i>cefepime hcl SOLR IV 2 GM</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
Cephalosporins - 5th Generation		
TEFLARO	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	0	
<i>desogestrel & ethinyl estradiol</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	
<i>ethynodiol diacet & eth estrad</i>	0	
FEMLYV TBDP	0	
<i>levonorgestrel & eth estradiol TABS</i>	0	
<i>levonorgestrel-eth estradiol (triphasic)</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	
<i>levonorgestrel-ethinyl estradiol-iron</i>	0	
LO LOESTRIN FE TABS	0	
NATAZIA	0	
NEXTSTELLIS	0	
<i>norethin acet & estrad-fe CAPS</i>	0	
<i>norethin acet & estrad-fe CHEW</i>	0	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0		<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	QL(1 ml per 90 day(s) retail)
Progestin Contraceptives - Oral					
<i>norethindrone & eth estradiol</i>	0		<i>norethindrone (contraceptive)</i>	0	
<i>norethindrone & ethinyl estradiol-fe</i>	0		OPILL	0	
<i>norethindrone acet & eth estra TABS</i>	0		SLYND	0	QL(1 ea daily)
			CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
			Glucocorticosteroids		
<i>norethindrone acetate-ethinyl estradiol-fe</i>	0		<i>budesonide CPEP</i>	1B	QL(3 ea daily)
<i>norethindrone-eth estradiol (triphasic)</i>	0		<i>deflazacort SUSP</i>	4	PA
<i>norgestimate-ethinyl estradiol</i>	0		<i>deflazacort TABS</i>	4	PA
<i>norgestimate-ethinyl estradiol (triphasic)</i>	0		DEPO-MEDROL SUSP	3	
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0		DEXAMETHASONE INTENSOL CONC	1B	
TYBLUME CHEW	0		<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1B	
Combination Contraceptives - Transdermal			<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1B	
<i>norelgestromin-ethinyl estradiol</i>	0		<i>dexamethasone ELIX</i>	1B	
TWIRLA	0	QL(3 ea per 28 day(s) retail)	<i>dexamethasone SOLN</i>	1B	
Combination Contraceptives - Vaginal			<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A	
ANNOVERA	0		<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	
<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 ea daily)	EMFLAZA SUSP (<i>deflazacort</i>)	4	PA
Emergency Contraceptives			EMFLAZA TABS (<i>deflazacort</i>)	4	PA
ELLA	0		<i>hydrocortisone sod succinate 100 MG</i>	1B	2 max fill(s) per 30 day(s) retail
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0		<i>hydrocortisone TABS</i>	1B	
Progestin Contraceptives - Injectable			MEDROL TABS	3	
DEPO-SUBQ PROVERA 104 SUSY SC	0				
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	QL(1 ml per 90 day(s) retail)			

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone acetate SUSP</i>	1B	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B	
<i>methylprednisolone TABS</i>	1B	
<i>methylprednisolone TBPK</i>	1B	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1B	
<i>prednisolone sodium phosphate TBDP</i>	3	
<i>prednisolone SOLN</i>	1B	
<i>prednisolone TABS</i>	1B	
<i>prednisone SOLN</i>	1B	
<i>prednisone TABS 1 MG, 5 MG</i>	1B	
<i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>prednisone TBPK</i>	1B	
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
SOLU-CORTEF 250 MG	3	
SOLU-MEDROL 2 GM	3	
<i>triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	1B	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1B	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 200 MG</i>	1B	QL(3 ea daily)
<i>benzonatate 150 MG</i>	1B	QL(4 ea daily)
<i>benzonatate 100 MG</i>	1B	QL(6 ea daily)
Cough/Cold/Allergy Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B	
TUZISTRA XR	2	PA
Misc. Respiratory Inhalants		
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant) NEBU 7 %</i>	1B	
Mucolytics		
<i>acetylcysteine SOLN</i>	1B	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1B	AL(At least 12 yrs old); ST
<i>adapalene CREA</i>	1B	AL(At least 12 yrs old); ST
<i>adapalene GEL</i>	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
BENZEPRO FOAM 5.3 %	2	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA
<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1B	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old)	<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide LIQD 4 %, 7 %, 10 %</i>	1B	AL(At least 12 yrs old)	<i>tretinoin microsphere 0.1 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA	<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 gm daily)	<i>tretinoin GEL 0.01 %, 0.025 %</i>	1B	QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)	Agents for External Genital and Perianal Warts		
<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ml daily); AL(At least 12 yrs old)	VEREGEN	3	QL(1 gm daily)
<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)	Antibiotics - Topical		
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA	ALTABAX	2	QL(15 gm per 30 day(s) retail; 15 gm per 30 days mail)
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA	<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 gm daily)
<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST	<i>gentamicin sulfate (topical) OINT</i>	1B	
DIFFERIN LOTN	2	AL(At least 12 yrs old); ST	<i>mupirocin OINT</i>	1B	QL(6 gm daily)
<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)	NEO-SYNALAR	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); PA
<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)	Antifungals - Topical		
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA	<i>butenafine hcl</i>	1B	QL(6 gm daily); RX/OTC
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old); RX/OTC	<i>ciclopirox olamine CREA</i>	1B	QL(90 gm per fill retail); 1 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox olamine SUSP</i>	1B	
<i>sulfacetamide sodium w/ sulfur CREA 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 10 %-5 %</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox SHAM</i>	1B	QL(10 ml daily)
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST	<i>ciclopirox SOLN</i>	1B	QL(0.22 ml daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole (topical) CREA</i>	1B	QL(4.5 gm daily); RX/OTC	<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
<i>clotrimazole (topical) SOLN</i>	1B	QL(10 ml daily); RX/OTC			
<i>clotrimazole w/ betamethasone CREA</i>	1B	QL(8 gm daily)			
<i>clotrimazole w/ betamethasone LOTN</i>	1B				
<i>econazole nitrate CREA</i>	1B	QL(85 gm per fill retail; 85 per fill mail)	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
ERTACZO	3	QL(2.15 gm daily)	<i>sulconazole nitrate CREA</i>	1B	
<i>ketoconazole (topical) CREA</i>	1B	QL(10 gm 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>ketoconazole (topical) SHAM 2 %</i>	1B	QL(20 ml daily)	<i>tavaborole</i>	1B	PA
<i>luliconazole</i>	1B	PA	Anti-inflammatory Agents - Topical		
<i>naftifine hcl CREA 1 %</i>	1B	QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 ea daily); PA
<i>naftifine hcl CREA 2 %</i>	1B	QL(2 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 gm daily); RX/OTC
<i>nystatin (topical) CREA</i>	1B	QL(10 gm daily)	Antineoplastic or Premalignant Lesion Agents - Topical		
<i>nystatin (topical) OINT</i>	1B	QL(6 gm daily)	<i>bexarotene (topical)</i>	4	SP; PA
<i>nystatin (topical) POWD EX</i>	1B	QL(10 gm daily)	<i>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 gm daily); PA
<i>nystatin-triamcinolone CREA</i>	1B	QL(10 gm daily)	<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 gm daily)
<i>nystatin-triamcinolone OINT</i>	1B	QL(4 gm daily)	<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ml daily)
			PANRETIN	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)
			Antipruritics - Topical		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl (antipruritic)</i>	3	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	TREMFYA SOAJ 100 MG/ML	4	QL(0.018 ml daily); PA
Antipsoriatics			TREMFYA SOLN	4	QL(0.72 ml daily); PA
<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 ea daily)	TREMFYA SOSY 100 MG/ML	4	QL(0.018 ml daily); PA
<i>acitretin 25 MG</i>	1B	QL(2 ea daily)	TREMFYA SOSY 200 MG/2ML	4	QL(0.072 ml daily); PA
<i>calcipotriene CREA</i>	1B	QL(4 gm daily); PA	Antiseborrheic Products		
<i>calcipotriene OINT</i>	1B	QL(4 gm daily); PA	<i>selenium sulfide LOTN 2.5 %</i>	1B	
<i>calcipotriene SOLN</i>	1B	QL(4 ml daily); PA	Antivirals - Topical		
<i>calcitriol (topical)</i>	1B	QL(3.34 gm daily)	<i>acyclovir topical CREA</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ml daily); PA	<i>acyclovir topical OINT</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail
COSENTYX UNOREADY SOAJ	4	QL(0.072 ml daily); PA	<i>penciclovir</i>	3	QL(0.18 gm daily)
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ml daily); PA	Burn Products		
COSENTYX SOSY 150 MG/ML	4	QL(0.072 ml daily); PA	<i>mafenide acetate PACK</i>	3	
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ml daily); PA	<i>silver sulfadiazine</i>	1B	QL(20 gm daily)
<i>methoxsalen rapid</i>	1B	QL(4 ea daily)	SULFAMYLON CREA	3	
SKYRIZI PEN SOAJ	4	QL(0.025 ml daily); PA	Corticosteroids - Topical		
SKYRIZI SOSY	4	QL(0.025 ml daily); PA	<i>alclometasone dipropionate CREA</i>	1B	QL(2 gm daily)
STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ml daily); PA	<i>alclometasone dipropionate OINT</i>	1B	QL(3 gm daily)
STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ml 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
STELARA SOSY 90 MG/ML	4	QL(0.018 ml daily); SP; PA	<i>amcinonide LOTN</i>	3	
<i>tazarotene CREA 0.1 %</i>	1B	QL(1 gm daily)	<i>amcinonide OINT</i>	3	
TREMFYA SOAJ 200 MG/2ML	4	QL(0.072 ml daily); PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 gm daily)	<i>clocortolone pivalate</i>	3	QL(3 gm daily)
<i>betamethasone dipropionate (topical) LOTN</i>	1B		CORDRAN TAPE	3	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
<i>betamethasone dipropionate (topical) OINT</i>	1B	QL(3 gm daily)	<i>desonide CREA</i>	1B	QL(4 gm daily)
<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 gm daily)	<i>desonide LOTN</i>	1B	QL(4 ml daily)
<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ml daily)	<i>desonide OINT</i>	1B	QL(3 gm daily)
<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 gm daily)	<i>desoximetasone CREA 0.25 %</i>	1B	QL(4 gm daily)
<i>betamethasone valerate CREA</i>	1B	QL(2.5 gm daily)	<i>desoximetasone GEL</i>	1B	QL(3 gm daily)
<i>betamethasone valerate FOAM</i>	1B	QL(1.67 gm daily)	<i>desoximetasone OINT 0.25 %</i>	1B	QL(4 gm daily)
<i>betamethasone valerate LOTN</i>	1B	QL(5 ml daily)	<i>diflorasone diacetate CREA</i>	1B	PA
<i>betamethasone valerate OINT</i>	1B	QL(3 gm daily)	<i>diflorasone diacetate OINT</i>	1B	PA
<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST	<i>fluocinolone acetonide CREA 0.01 %</i>	1B	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1B	ST	<i>fluocinolone acetonide CREA 0.025 %</i>	1B	QL(4 gm daily)
<i>clobetasol propionate emollient base 0.05 %</i>	1B	QL(1 gm daily); PA	<i>fluocinolone acetonide OIL</i>	1B	QL(8 ml daily)
<i>clobetasol propionate CREA 0.05 %</i>	1B	QL(3 gm daily); PA	<i>fluocinolone acetonide OINT</i>	1B	QL(4 gm daily)
<i>clobetasol propionate FOAM</i>	1B	QL(3 gm daily); ST	<i>fluocinolone acetonide SOLN</i>	1B	QL(4 ml daily)
<i>clobetasol propionate GEL 0.05 %</i>	1B	QL(2 gm daily); ST	<i>fluocinonide emulsified base</i>	1B	QL(2 gm daily)
<i>clobetasol propionate OINT 0.05 %</i>	1B	QL(1 gm daily); PA	<i>fluocinonide CREA 0.1 %</i>	1B	QL(4 gm daily)
<i>clobetasol propionate SOLN 0.05 %</i>	1B	QL(3.34 ml daily); PA	<i>fluocinonide CREA 0.05 %</i>	1B	QL(2 gm daily)
			<i>fluocinonide GEL</i>	1B	
			<i>fluocinonide OINT</i>	1B	QL(2 gm daily)
			<i>fluocinonide SOLN</i>	1B	QL(2 ml daily)
			<i>flurandrenolide CREA</i>	2	QL(2 gm daily)
			<i>flurandrenolide LOTN</i>	2	QL(2 ml daily)
			<i>fluticasone propionate CREA 0.05 %</i>	1B	QL(4 gm daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate</i> LOTN	1B	QL(6 ml daily)
<i>fluticasone propionate</i> OINT	1B	QL(4 gm daily)
<i>halcinonide</i> CREA	1B	PA
<i>halobetasol propionate</i> CREA	1B	QL(3.5 gm daily)
<i>halobetasol propionate</i> OINT	1B	QL(3.5 gm daily)
HALOG OINT	3	PA
<i>hydrocortisone (topical)</i> CREA 1 %, 2.5 %	1B	QL(15.15 ea daily); RX/OTC
<i>hydrocortisone (topical)</i> LOTN 2.5 %	1B	
<i>hydrocortisone (topical)</i> OINT 1 %, 2.5 %	1B	QL(15.15 gm daily); RX/OTC
<i>hydrocortisone butyrate</i> CREA	1B	QL(3 gm daily)
<i>hydrocortisone butyrate</i> OINT	1B	QL(3 gm daily)
<i>hydrocortisone butyrate</i> SOLN	1B	QL(5 ml daily)
<i>hydrocortisone valerate</i> CREA	1B	
<i>hydrocortisone valerate</i> OINT	1B	
<i>mometasone furoate</i> CREA	1B	QL(3 gm daily)
<i>mometasone furoate</i> OINT	1B	QL(4 gm daily)
<i>mometasone furoate</i> SOLN	1B	QL(5 ml daily)
<i>prednicarbate</i> OINT	1B	
<i>triamcinolone acetonide (topical)</i> CREA 0.025 %	1B	QL(15.15 gm daily)
<i>triamcinolone acetonide (topical)</i> CREA 0.5 %	1B	QL(5 gm daily)
<i>triamcinolone acetonide (topical)</i> CREA 0.1 %	1B	QL(3.34 gm daily)
<i>triamcinolone acetonide (topical)</i> LOTN 0.025 %	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical)</i> LOTN 0.1 %	1B	QL(6 ml daily)
<i>triamcinolone acetonide (topical)</i> OINT 0.5 %	1B	QL(6 gm daily)
<i>triamcinolone acetonide (topical)</i> OINT 0.025 %, 0.1 %	1B	QL(15.15 gm daily)
Eczema Agents		
DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ml daily); PA
DUPIXENT SOAJ 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
Emollients		
<i>lactic acid (ammonium lactate)</i> CREA	1B	QL(12.9 gm daily); RX/OTC
<i>lactic acid (ammonium lactate)</i> LOTN 12 %	1B	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
<i>imiquimod</i> 5 %	1B	QL(12 ea per fill retail; 12 per fill mail)
Immunosuppressive Agents - Topical		
<i>pimecrolimus</i>	1B	QL(3 gm daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical)</i> OINT	1B	AL(At least 2 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox</i> SOLN	1B	
Local Anesthetics - Topical		
<i>lidocaine hcl</i> GEL 2 %	1B	QL(4 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl PRSY</i>	1B	QL(4 ml daily)
<i>lidocaine hcl SOLN</i>	1B	QL(10 ml daily)
<i>lidocaine-prilocaine CREA</i>	1B	QL(1 gm daily)
<i>lidocaine PTCH 5 %</i>	1B	PA
SYNERA PTCH	3	QL(10 ea per fill retail; 10 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 gm daily); PA
Rosacea Agents		
<i>azelaic acid GEL</i>	1B	QL(1.67 gm daily)
<i>brimonidine tartrate (topical)</i>	3	QL(1 gm daily); PA
<i>metronidazole (topical) CREA</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) GEL 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	
Scabicides & Pediculicides		
<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
Wound Care Products		
REGRANEX	3	QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		

Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN DIAGNOSTIC	3	QL(0.035 ea daily)
THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
Diagnostic Tests		
CHEMSTRIP-K STRP	1B	
FORA GTEL BLOOD KETONE TEST STRIPS	1B	
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	1B	
GOJJI BLOOD KETONE TEST STRIPS	1B	
KETONE TEST STRIPS STRP	1B	
KETONE STRP	1B	
KETOSTIX STRP	1B	
NOVA MAX PLUS KETONE TESTSTRIPS	1B	
PRECISION XTRA	1B	
RELION KETONE TEST STRIPS STRP	1B	
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1B	QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1B	Limit 100 per month; QL(3.34 ea daily); RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	1B	QL(3.34 ea daily); RX/OTC
TRUETRACK TEST STRP	1B	Limit 100 per month; QL(3.34 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CREON CPEP	2	Non-FDA approved uses require Prior Authorization	<i>amiloride & hydrochlorothiazide</i>	1B	
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	Non-FDA approved uses require Prior Authorization	<i>spironolactone & hydrochlorothiazide</i>	1B	
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2		<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1B	
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	<i>triamterene & hydrochlorothiazide TABS</i>	1B	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			Loop Diuretics		
Carbonic Anhydrase Inhibitors			<i>bumetanide SOLN 0.25 MG/ML</i>		
<i>acetazolamide sodium</i>	1B		<i>bumetanide TABS</i>	1B	QL(5 ea daily)
<i>acetazolamide CP12</i>	1B	QL(2 ea daily)	<i>ethacrynic acid</i>	1B	QL(16 ea daily)
<i>acetazolamide TABS 250 MG</i>	1B	QL(4 ea daily)	<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1B	
<i>acetazolamide TABS 125 MG</i>	1B	QL(8 ea daily)	<i>furosemide TABS</i>	1B	
<i>dichlorphenamide</i>	4	QL(4 ea daily); PA	<i>torseamide TABS</i>	1B	
<i>methazolamide TABS</i>	1B	QL(6 ea daily)	Potassium Sparing Diuretics		
Diuretic Combinations			<i>amiloride hcl TABS</i>		
			<i>spironolactone TABS</i>		
			<i>triamterene CAPS</i>		
			Thiazides and Thiazide-Like Diuretics		
			<i>chlorthalidone 25 MG, 50 MG</i>		
			<i>hydrochlorothiazide CAPS</i>		
			<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>		
			<i>hydrochlorothiazide TABS 12.5 MG</i>		
			<i>indapamide TABS 2.5 MG</i>		
			<i>indapamide TABS 1.25 MG</i>		
			<i>metolazone</i>		
			ENDOCRINE AND METABOLIC AGENTS - MISC.		
			- Drugs to Treat Bone Disease and Regulate Hormones		
			Bone Density Regulators		

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

Drug Name	Drug Tier	Requirements/Limits
GnRH/LHRH Antagonists		
<i>ganirelix acetate</i>	4	PA
ORLISSA	2	PA
Growth Hormone Receptor Antagonists		
SOMAVERT 10 MG, 15 MG, 20 MG	4	SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA 2 MG	4	PA
EGRIFTA SV	4	PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	4	PA
GENOTROPIN CART SC	4	PA
HUMATROPE CART IJ	4	SP; PA
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	SP; PA
ZORBTIVE SC	4	SP; PA
Hormone Receptor Modulators		
OSPHENA	3	PA
<i>raloxifene hcl</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	4	SP; PA
LUPRON DEPOT-PED (1-MONTH)	4	SP; PA
LUPRON DEPOT-PED (3-MONTH) 11.25 MG	4	PA
LUPRON DEPOT-PED (3-MONTH) 30 MG	4	SP; PA
SYNAREL	4	SP; PA
Metabolic Modifiers		

Drug Name	Drug Tier	Requirements/Limits
ALDURAZYME	4	SP; PA
<i>betaine</i>	4	SP; PA
<i>calcitriol CAPS</i>	1B	
<i>calcitriol SOLN IV</i>	1B	
<i>cinacalcet hcl</i>	4	QL(4 ea daily); SP; PA
<i>doxercalciferol CAPS</i>	1B	
<i>doxercalciferol SOLN</i>	1B	
ELAPRASE	4	SP; PA
GALAFOLD	4	QL(0.5 ea daily); PA
LUMIZYME	4	SP; PA
MYALEPT	4	PA
NAGLAZYME	4	SP; PA
<i>nitisinone CAPS</i>	4	PA
<i>paricalcitol CAPS</i>	1B	
<i>paricalcitol SOLN</i>	1B	
PHEBURANE PLLT	4	PA
<i>sapropterin dihydrochloride PACK</i>	4	PA
<i>sapropterin dihydrochloride TABS</i>	4	PA
<i>sodium phenylbutyrate POWD</i>	1B	PA
<i>sodium phenylbutyrate TABS</i>	1B	PA
STRENSIQ	4	PA
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1B	
<i>desmopressin acetate spray refrigerated</i>	1B	
<i>desmopressin acetate SOLN IJ</i>	1B	PA
DESMOPRESSIN ACETATE SOLN NA	4	SP; PA
<i>desmopressin acetate TABS 0.1 MG</i>	1B	QL(6 ea daily)
<i>desmopressin acetate TABS 0.2 MG</i>	1B	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Prolactin Inhibitors		
<i>cabergoline</i>	1B	
Somatostatic Agents		
<i>octreotide acetate KIT</i>	4	PA
<i>octreotide acetate SOLN</i>	4	SP; PA
SANDOSTATIN LAR DEPOT KIT (<i>octreotide acetate</i>)	4	PA
SANDOSTATIN LAR DEPOT KIT	4	PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	4	SP; PA
<i>tolvaptan TABS</i>	4	QL(2 ea daily); SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO	3	
DUAVEE	3	PA
<i>norethindrone acetate-ethinyl estradiol</i>	1B	
PREMPHASE	2	
PREMPRO	2	QL(1 ea daily)
Estrogens		
DELESTROGEN 10 MG/ML (<i>estradiol valerate</i>)	1B	
DEPO-ESTRADIOL	3	
ELESTRIN GEL	3	
<i>estradiol valerate</i>	1B	
<i>estradiol GEL 0.06 %</i>	3	
<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
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
CIPRO SUSR	2	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 250 MG, 750 MG</i>	1B	
<i>levofloxacin TABS 500 MG</i>	1A	
<i>moxifloxacin hcl in sodium chloride</i>	1B	
<i>moxifloxacin hcl TABS</i>	1B	
<i>ofloxacin 300 MG, 400 MG</i>	1B	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Gallstone Solubilizing Agents		
<i>ursodiol CAPS</i>	1B	QL(3 ea daily)
<i>ursodiol TABS</i>	1B	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1B	QL(2 ea daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	1B	
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1B	QL(60 ml daily)
<i>metoclopramide hcl TABS</i>	1A	QL(6 ea daily)
Inflammatory Bowel Agents		
<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		

Drug Name	Drug Tier	Requirements/Limits
<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	
PHOSLYRA SOLN	2	
<i>sevelamer carbonate PACK</i>	1B	
<i>sevelamer carbonate TABS</i>	1B	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	1B	
<i>sodium citrate & 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		

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

Drug Name	Drug Tier	Requirements/Limits
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
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		
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)
CABLIVI	4	PA
<i>cilostazol</i>	1B	
<i>clopidogrel bisulfate 300 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 ea daily)
<i>dipyridamole</i>	1B	
<i>prasugrel hcl</i>	1B	QL(1 ea daily)
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 ea daily); PA
CEREZYME 400 UNIT	4	SP; PA
<i>miglustat</i>	4	QL(3 ea daily); SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
OXBRYTA TABS 500 MG	4	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1B	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid TABS</i>	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA
DOPTELET	4	QL(3 ea daily); PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
LEUKINE SOLR IJ	4	SP; PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>aminocaproic acid TABS</i>	1B	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
<i>tranexamic acid TABS</i>	1B	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1B	
<i>phenobarbital TABS</i>	1B	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1B	QL(1 ea daily); PA
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1B	
<i>eszopiclone</i>	1B	QL(1 ea daily); AL(At least 18 yrs old); ST
<i>flurazepam hcl</i>	1B	PA
<i>temazepam 7.5 MG, 22.5 MG</i>	1B	QL(1 ea daily)
<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 ea daily)
<i>triazolam</i>	1B	
<i>zaleplon 10 MG</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon 5 MG</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TABS</i>	1A	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TBCR</i>	1B	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	3	PA
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FANTASY LUBRICATED/SPERMICIDE MISC	0		MAXX LUBRICATED MISC	0	
FANTASY LUBRICATED MISC	0		MAXX PLUS SPERMICIDE LUBRICATED MISC	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	OMNIFLEX DIAPHRAGM	0	
FEMCAP DEVI	0		REALITY LATEX CONDOMS/LUBRICATED MISC	0	
KAMELEON LUBRICATED MISC	0		REALITY LATEX/ULTRA TEXTURED DEVI	0	
KIMONO COLORS DEVI	0		REALITY LATEX/ULTRA THIN DEVI	0	
KIMONO LUBRICATED MISC	0		TROJAN MAGNUM MISC	0	
KIMONO MAXX/LARGE FLARE MISC	0		TROJAN ULTRA THIN LUBRICATED MISC	0	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0		TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC	0	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0		TROJAN-ENZ LUBRICATED MISC	0	
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0		TROJAN-ENZ W/SPERMICIDAL MISC	0	
KIMONO PS LUBRICATED MISC	0		TRUE COVER DEVI	0	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0		TRUSTEX COLOR CONDOMS + LUBE MISC	0	
KIMONO SENSATION LUBRICATED MISC	0		TRUSTEX LUBRICATED EXTRALARGE MISC	0	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0		TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	
KIMONO SPECIAL DEVI	0		TRUSTEX LUBRICATED/RIBBED/STUDED MISC	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0		TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	
K-Y ME & YOU INTENSE DEVI	0		TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	
			TRUSTEX LUBRICATED/SPERMICIDE MISC	0	

Drug Name	Drug Tier	Requirements/Limits
TRUSTEX LUBRICATED MISC	0	
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	0	
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	
TRUSTEX/RIA LUBRICATED MISC	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	0	
Diabetic Supplies		
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	3	PA
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	3	QL(0.072 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE 2 PLUS/SENSOR/FLASH GLUCOSE MONITOR SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	3	PA
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	3	PA
ONETOUCH DELICA SAFETY LANCING DEVICE	1B	RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	1B	RX/OTC
RELION 2-IN-1 LANCET DEVICES 30G	1B	RX/OTC
RELION 2-IN-1 LANCING DEVICE 25G	1B	RX/OTC
RELION 2-IN-1 LANCING DEVICE 30G	1B	RX/OTC
SELECT LANCETS	1B	6.66/day
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B	
Parenteral Therapy Supplies		
SELECT INSULIN SYRINGES	1B	5/day
MIGRAINE PRODUCTS - Drugs to Treat Migraine		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Headaches			Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	2	QL(0.04 ml daily); PA	<i>frovatriptan succinate</i>	1B	QL(0.4 ea daily); AL(At least 18 yrs old); ST
EMGALITY SOAJ	2	QL(0.07 ml daily); PA	<i>naratriptan hcl</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily); PA	<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
EMGALITY SOSY 100 MG/ML	2	QL(0.1 ml daily); PA	<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
UBRELVY	3	QL(10 ea per 30 day(s) retail); ST	<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
Migraine Combinations			Migraine Combinations		
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 ea daily)	<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>sumatriptan-naproxen sodium</i>	3	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)	<i>sumatriptan</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old)
Migraine Products			Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ml daily)	<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B		<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
ERGOMAR SUBL	3	QL(0.667 ea daily)	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
Serotonin Agonists			Serotonin Agonists		
<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST	<i>sumatriptan succinate TABS</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 ea daily); AL(At least 12 yrs old); ST	<i>zolmitriptan SOLN</i>	1B	QL(0.2 ea daily); AL(At least 12 yrs old); ST
<i>eletriptan hydrobromide</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old); ST	<i>zolmitriptan TABS</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
zolmitriptan TBDP	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST			
MINERALS & ELECTROLYTES					
Bicarbonates					
sodium acetate SOLN	1B		potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %	1B	
SODIUM ACETATE SOLN (sodium acetate)	1B				
Calcium					
calcium chloride (dihydrate) SOLN	1B		potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	1B	
Electrolyte Mixtures					
dextrose in lactated ringers	1B		POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1B	
electrolyte-148	1B		POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl)	1B	
electrolyte-a	1B		ringer's	1B	
IONOSOL-MB/DEXTROSE 5%	1B		Fluoride		
ISOLYTE-P/DEXTROSE 5%	1B		sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	0	QL(1 ea daily)
ISOLYTE-S	1B		Magnesium		
KCL 0.3%/D5W/NACL 0.9% (potassium chloride in dextrose & sodium chloride)	1B		magnesium sulfate IJ 50 %	1B	
lactated ringer's	1B		Phosphate		
NORMOSOL-M/D5W	1B		potassium phosphates 236 MG/ML-224 MG/ML	1B	
NORMOSOL-R	1B		Potassium		
PLASMA-LYTE A (electrolyte-a)	1B		potassium acetate SOLN 2 MEQ/ML	1B	
PLASMA-LYTE-148 (electrolyte-148)	1B		potassium bicarbonate TBEF	1B	
potassium chloride in dextrose 5 %-20 MEQ/L	1B		potassium chloride microencapsulated crystals er	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride CPR</i>	1B		<i>cyclosporine SOLN IV 50 MG/ML</i>	1B	
<i>potassium chloride PACK OR 20 MEQ</i>	1B	PA	ENSPRYNG	4	PA
<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B		<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 ea daily); SP; PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (<i>potassium chloride</i>)	1B		<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 ea daily); PA
<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1B		<i>mycophenolate mofetil CAPS</i>	1B	
Sodium			<i>mycophenolate mofetil TABS</i>	1B	
<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B		<i>mycophenolate sodium</i>	1B	
MISCELLANEOUS THERAPEUTIC CLASSES			NULOJIX	4	SP; PA
Chelating Agents			PROGRAF PACK	2	PA
<i>penicillamine CAPS</i>	1B	PA	PROGRAF SOLN	2	
<i>penicillamine TABS</i>	1B	QL(8 ea daily)	SIMULECT	3	
<i>trientine hcl 250 MG</i>	4	QL(8 ea daily); SP; PA	<i>sirolimus TABS</i>	1B	
Immunomodulators			<i>tacrolimus CAPS</i>	1B	
<i>lenalidomide 20 MG</i>	4	QL(1 ea daily); PA	THYMOGLOBULIN	4	SP; PA
<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily); SP; PA	Irrigation Solutions		
THALOMID	4	QL(3 ea daily); SP; PA	<i>irrigation solutions, physiological</i>	1B	
Immunosuppressive Agents			<i>lactated ringer's (irrigation)</i>	1B	
ATGAM	4	SP; PA	<i>ringer's irrigation</i>	1B	
AZATHIOPRINE	1B		<i>water for irrigation, sterile</i>	1B	
<i>azathioprine TABS</i>	1B		Potassium Removing Agents		
<i>cyclosporine modified (for microemulsion) CAPS</i>	1B		LOKELMA	3	QL(1 ea daily); PA
<i>cyclosporine modified (for microemulsion) SOLN</i>	1B		<i>sodium polystyrene sulfonate POWD</i>	1B	
<i>cyclosporine CAPS</i>	1B		<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1B	
MOUTH/THROAT/DENTAL AGENTS					
Anesthetics Topical Oral					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ml daily)	MASONATAL TABS	2	QL(1 ea daily)
<i>lidocaine hcl (mouth-throat) 4 %</i>	1B		M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
Anti-infectives - Throat			MULTI PRENATAL TABS	2	QL(1 ea daily)
<i>clotrimazole</i>	1B		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
<i>nystatin (mouth-throat)</i>	1B		NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
Antiseptics - Mouth/Throat			NEONATAL PRENATAL VITAMIN TABS	2	QL(1 ea daily)
<i>chlorhexidine gluconate (mouth-throat)</i>	1B		NEONATAL VITAMIN TABS	2	QL(1 ea daily)
DEBACTEROL	2		NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC
Dental Products			ONE VITE WOMENS PRENATAL VITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC
<i>stannous fluoride CONC</i>	0	RX/OTC	ONE VITE WOMENS PRENATAL VITAMIN TABS	2	QL(1 ea daily)
Steroids - Mouth/Throat/Dental			PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
<i>triamcinolone acetonide (mouth)</i>	1B		PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
Throat Products - Misc.			PRENATAL PLUS VITAMIN AND MINERAL TABS	2	QL(1 ea daily); RX/OTC
<i>cevimeline hcl</i>	1B		PRENATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
<i>pilocarpine hcl (oral)</i>	1B		PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
MULTIVITAMINS			PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
Ped MV w/ Fluoride			PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
<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)			

Drug Name	Drug Tier	Requirements/Limits
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)
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
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen</i> TABS	1B	
<i>carisoprodol</i> TABS	1B	
<i>chlorzoxazone</i> TABS 500 MG	1B	QL(6 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
ALS Agents		
<i>riluzole TABS</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
XEOMIN	3	PA
NUTRIENTS		
Proteins		
CLINIMIX 4.25%/DEXTROSE 10%	3	
CLINIMIX 4.25%/DEXTROSE 5%	3	
CLINIMIX E 5%/DEXTROSE 20%	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	1B	
<i>brimonidine tartrate- timolol maleate</i>	1B	
<i>carteolol hcl (ophth)</i>	1B	
<i>dorzolamide hcl-timolol maleate</i>	1B	
<i>levobunolol hcl 0.5 %</i>	1B	
<i>timolol maleate (ophth) SOLG</i>	1B	
<i>timolol maleate (ophth) SOLN</i>	1B	
Cycloplegic Mydriatics		
<i>tropicamide SOLN 1 %</i>	1B	
<i>tropicamide SOLN 0.5 %</i>	1B	QL(2.5 ml daily)
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1B	
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl</i>	1B	
<i>brimonidine tartrate 0.15 %, 0.2 %</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
IOPIDINE	3	
Ophthalmic Anti-infectives		
AZASITE	3	QL(2.5 ml per 30 day(s) retail; 2 ml per 30 days mail)
<i>bacitracin (ophthalmic)</i>	3	
<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	
KLARITY-A	3	QL(2.5 ml per 30 day(s) retail; 2 ml per 30 days mail)
<i>levofloxacin (ophth) 0.5 %</i>	1B	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1B	
NATACYN	2	
<i>neomycin-bacitracin zn- polymyxin</i>	1B	
<i>ofloxacin (ophth)</i>	1B	
<i>polymyxin b-trimethoprim</i>	1B	
<i>sulfacetamide sodium (ophth) SOLN</i>	1B	
<i>tobramycin (ophth) SOLN</i>	1B	
<i>trifluridine</i>	1B	
ZIRGAN GEL	2	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	3	PA
Ophthalmic Local Anesthetics		
<i>proparacaine hcl</i>	1B	
Ophthalmic Steroids		

Drug Name	Drug Tier	Requirements/Limits
ALREX SUSP (loteprednol etabonate)	3	PA
dexamethasone sodium phosphate (ophth)	1B	QL(0.4 ml daily)
difluprednate	1B	PA
fluorometholone (ophth) SUSP	1B	
FML FORTE SUSP	3	PA
FML OINT	3	PA
LOTEMAX OINT	3	PA
loteprednol etabonate GEL	1B	PA
loteprednol etabonate SUSP	1B	PA
MAXIDEX SUSP OP	3	PA
neomycin-polymyx-dexameth OINT	1B	
neomycin-polymyx-dexameth SUSP	1B	
neomycin-polymyxin-hc (ophth)	1B	QL(2.5 ml daily)
PRED MILD	3	PA
prednisolone acetate (ophth)	1B	
PREDNISOLONE SODIUM PHOSPHATE	3	
sulfacetamide sod-prednisolone SOLN	3	PA
tobramycin-dexamethasone SUSP	1B	
Ophthalmics - Misc.		
ALOCRIAL	3	PA
ALOMIDE	3	PA
azelastine hcl (ophth)	1B	
bepotastine besilate	3	PA
brinzolamide	1B	
bromfenac sodium (ophth)	1B	
cromolyn sodium (ophth)	1B	
CYSTARAN	2	QL(2.143 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium (ophth)	1B	
dorzolamide hcl	1B	
epinastine hcl (ophth)	1B	
flurbiprofen sodium	1B	
ketorolac tromethamine (ophth)	1B	
ketotifen fumarate (ophth) 0.035 %	1B	
LASTACRAFT	3	PA
NEVANAC	3	QL(0.2 ml daily); ST
olopatadine hcl 0.1 %	1B	QL(0.34 ml daily); RX/OTC
olopatadine hcl 0.2 %	1B	RX/OTC
Prostaglandins - Ophthalmic		
bimatoprost SOLN	3	
latanoprost SOLN	1B	
tafluprost	1B	
travoprost SOLN	1B	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	1B	QL(0.5 ml daily)
Otic Anti-infectives		
ciprofloxacin hcl (otic)	1B	
ofloxacin (otic)	1B	
Otic Combinations		
ciprofloxacin-dexamethasone	1B	PA
ciprofloxacin-fluocinolone acetamide	1B	QL(0.5 ea daily); PA
CORTISPORIN-TC	3	
neomycin-polymyxin-hc (otic) SOLN	1B	QL(2 ml daily)
neomycin-polymyxin-hc (otic) SUSP	1B	
Otic Steroids		

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide (otic)</i>	1B	
<i>hydrocortisone w/acetic acid</i>	1B	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMMAGARD LIQUID 30 GM/300ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMUNEX-C	4	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
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	

Drug Name	Drug Tier	Requirements/Limits
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 & pot clavulanate CHEW</i>	1B	
<i>amoxicillin & pot clavulanate SUSR</i>	1B	
<i>amoxicillin & pot clavulanate TABS</i>	1B	
<i>amoxicillin & pot clavulanate TB12</i>	1B	
<i>ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i>	1B	
<i>piperacillin sodium-tazobactam sodium</i>	1B	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1B	
<i>nafcillin sodium IV 10 GM</i>	1B	
<i>oxacillin sodium IV 10 GM</i>	1B	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 10 MG</i>	1A	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	
<i>megestrol acetate (appetite)</i>	1B	PA

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate</i> TABS	0	
<i>progesterone</i> CAPS	1B	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1B	
<i>disulfiram</i>	1B	
<i>lofexidine hcl</i>	1B	QL(224 ea per 14 day(s) retail)
LUCEMYRA (<i>lofexidine hcl</i>)	3	QL(224 ea per 14 day(s) retail)
Antidementia Agents		
<i>donepezil hydrochloride</i> TABS 10 MG	1B	QL(2 ea daily)
<i>donepezil hydrochloride</i> TABS 5 MG, 23 MG	1B	QL(1 ea daily)
<i>donepezil hydrochloride</i> TBDP 5 MG	1B	QL(1 ea daily)
<i>donepezil hydrochloride</i> TBDP 10 MG	1B	QL(2 ea daily)
<i>galantamine hydrobromide</i> CP24	1B	QL(1 ea daily)
<i>galantamine hydrobromide</i> SOLN	1B	QL(6 ml daily)
<i>galantamine hydrobromide</i> TABS	1B	QL(2 ea daily)
<i>memantine hcl</i> TABS	1B	QL(2 ea daily)
<i>memantine hcl</i> TABS	1B	
<i>rivastigmine tartrate</i> CAPS	1B	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	1B	
<i>perphenazine-amitriptyline</i>	1B	QL(4 ea daily)
Fibromyalgia Agents		

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA
SAVELLA TABS	2	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
AUSTEDO PATIENT TITRATION KIT TBPk	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
AUSTEDO XR PATIENT TITRATION KIT TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
AUSTEDO XR TB24	4	QL(1 ea daily); PA
AUSTEDO TABS	4	QL(4 ea daily); PA
INGREZZA CAPS	4	QL(1 ea daily); PA
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; PA
INGREZZA CPSP	4	QL(1 ea daily); PA
<i>tetrabenazine</i>	4	QL(3 ea daily); SP; PA
Multiple Sclerosis Agents		
AVONEX PEN AJKT	4	QL(0.0714 ml daily); SP; PA
AVONEX PSKT	4	QL(0.0714 ml daily); SP; PA
BETASERON KIT	4	QL(0.5 ea daily); SP; PA
<i>dalfampridine</i>	4	QL(2 ea daily); SP; PA
<i>dimethyl fumarate</i> CDPK	1B	QL(2 ea daily)
<i>dimethyl fumarate</i> CPDR	1B	QL(2 ea daily)
<i> fingolimod hcl</i>	4	QL(1 ea daily)
<i>glatiramer acetate</i> SOSY 20 MG/ML	3	QL(1 ml daily)
<i>glatiramer acetate</i> SOSY 40 MG/ML	3	QL(0.43 ml daily)

Drug Name	Drug Tier	Requirements/Limits
KESIMPTA	4	QL(0.0144 ml daily); PA
PLEGRIDY STARTER PACK SOAJ	4	QL(0.036 ml daily); PA
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily); PA
PLEGRIDY SOAJ	4	QL(0.036 ml daily); PA
PLEGRIDY SOSY SC	4	QL(0.036 ml daily); PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ml daily); SP; PA
REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF SOSY	4	QL(0.214 ml daily); SP; PA
<i>teriflunomide</i>	4	QL(1 ea daily)
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 ea daily); PA
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 ea daily); PA
Pseudobulbar Affect (PBA) Agents		
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	

Drug Name	Drug Tier	Requirements/Limits
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	
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 ea daily); SP; PA
ORKAMBI PACK	4	QL(2 ea daily); PA
ORKAMBI TABS	4	QL(4 ea daily); PA
PULMOZYME	4	QL(2.5 ml daily); SP; PA
TRIKAFTA TBPk	4	QL(3 ea daily); PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 ea daily); PA
<i>pirfenidone CAPS</i>	4	
<i>pirfenidone TABS 534 MG</i>	4	QL(3 ea daily); PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Glycylcyclines		
<i>tigecycline</i>	1B	
Tetracyclines		
<i>demeclocycline hcl TABS</i>	1B	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) CAPS 75 MG</i>	1B	
<i>doxycycline (monohydrate) TABS 100 MG</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i>	1B	
<i>doxycycline hyclate CAPS</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate SOLR</i>	1B	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1B	QL(2 ea daily)
<i>minocycline hcl CAPS</i>	1B	QL(3 ea daily)
<i>minocycline hcl TABS</i>	1B	QL(3 ea daily)
<i>tetracycline hcl CAPS</i>	1B	QL(8 ea daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1B	
<i>propylthiouracil</i>	1B	
Thyroid Hormones		
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2	
ARMOUR THYROID TABS	2	QL(1 ea daily)
<i>levothyroxine sodium TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
BOOSTRIX SUSY	0	
DAPTACEL	0	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	
INFANRIX	0	
KINRIX SUSY	0	
PEDIARIX SUSY	0	
PENTACEL	0	
QUADRACEL SUSP	0	
QUADRACEL SUSY	0	
TDVAX SUSP	0	
TENIVAC INJ	0	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML</i>	1B	
<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1B	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl CAPS</i>	1B	
<i>dicyclomine hcl SOLN OR</i>	1B	
<i>dicyclomine hcl TABS</i>	1B	
<i>glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML</i>	1B	
<i>glycopyrrolate TABS 1 MG</i>	1B	
<i>glycopyrrolate TABS 2 MG</i>	1B	QL(6 ea daily)
<i>methscopolamine bromide</i>	1B	
H-2 Antagonists		
<i>cimetidine TABS</i>	1B	RX/OTC
<i>famotidine in nacl SOLN</i>	1B	
<i>famotidine SOLN 20 MG/2ML</i>	1A	
<i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i>	1B	
<i>famotidine SUSR</i>	1B	QL(10 ml daily)
<i>famotidine TABS 20 MG, 40 MG</i>	1B	RX/OTC
<i>nizatidine CAPS</i>	1B	
<i>ranitidine hcl TABS 150 MG</i>	1B	
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	1B	QL(40 ml daily)
<i>sucralfate TABS</i>	1B	QL(4 ea daily)
Proton Pump Inhibitors		
<i>dexlansoprazole</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium TBEC</i>	1B	QL(2 ea daily)
<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 ea daily); RX/OTC
<i>lansoprazole CPDR 30 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>NEXIUM 24HR TBEC (esomeprazole magnesium)</i>	1B	QL(2 ea daily)
<i>omeprazole magnesium CPDR</i>	1B	QL(4 ea daily)
<i>omeprazole CPDR</i>	1B	QL(2 ea daily)
<i>omeprazole TBEC</i>	1B	QL(2 ea daily)
<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 ea daily)
<i>pantoprazole sodium TBEC 40 MG</i>	1B	
<i>rabeprazole sodium TBEC</i>	3	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1B	QL(4 ea daily)
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1B	14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1B	QL(1 ea daily); RX/OTC
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1B	QL(1 ea daily)
<i>fesoterodine fumarate</i>	1B	QL(1 ea daily); PA
<i>oxybutynin chloride SOLN</i>	1B	
<i>oxybutynin chloride TABS 5 MG</i>	1B	
<i>oxybutynin chloride TB24</i>	1B	
<i>solifenacin succinate TABS</i>	1B	QL(1 ea daily); PA
<i>tolterodine tartrate CP24</i>	1B	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1B	
<i>tropium chloride CP24</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tropium chloride TABS</i>	1B	QL(3 ea daily)	AFLURIA QUADRIVALENT 2022-2023 SUSP	0	1 max fill(s) per 180 day(s) retail
Urinary Antispasmodics - Cholinergic Agonists			AFLURIA QUADRIVALENT 2022-2023 SUSY	0	1 max fill(s) per 180 day(s) retail
<i>bethanechol chloride 25 MG</i>	1B		AFLURIA QUADRIVALENT 2023-2024 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 QUADRIVALENT 2023-2024 SUSY	0	1 max fill(s) per 180 day(s) retail
Urinary Antispasmodics - Direct Muscle Relaxants			AREXVY	0	
<i>flavoxate hcl</i>	1B		COMIRNATY 2023-24 SUSP	0	
VACCINES			COMIRNATY 2023-24 SUSY	0	
Bacterial Vaccines			COMIRNATY 2024-25 SUSY	0	
ACTHIB SOLR IM	0		COMIRNATY SUSP	0	
BEXSERO	0		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
HIBERIX SOLR IJ	0		ENGERIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
MENACTRA	0		FLUAD 2024-2025	0	1 max fill(s) per 180 day(s) retail
MENQUADFI	0		FLUAD QUADRIVALENT 2022-2023	0	1 max fill(s) per 180 day(s) retail
MENVEO SOLR	0		FLUAD QUADRIVALENT 2023-2024	0	1 max fill(s) per 180 day(s) retail
PEDVAX HIB SUSP	0		FLUARIX 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
PNEUMOVAX 23/1 DOSE SOLN	0				
PNEUMOVAX 23 SOSY	0				
PREVNAR 13	0				
PREVNAR 20	0	1 max fill(s) per 999 day(s) retail			
TRUMENBA	0				
VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail			
Viral Vaccines					
ABRYSVO	0				
AFLURIA 2024-2025 SUSP	0	1 max fill(s) per 180 day(s) retail			
AFLURIA 2024-2025 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 SUSP	0	3 max fill(s) per 365 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	0	
GARDASIL 9 SUSY	0	3 max fill(s) per 365 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP	0	
HAVRIX	0	1 max fill(s) per 365 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	0	
HEPLISAV-B SOSY	0	2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	0	
IPOL INACTIVATED IPV	0	1 max fill(s) per 365 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP	0	
JANSSEN COVID-19 VACCINE	0		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	0	
M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	0	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	0		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	0	
MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	0		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y	0	
MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y	0		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5	0	
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	0		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5	0	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	0		PFIZER-BIONTECH COVID-19VACCINE SUSP	0	
MODERNA COVID-19 VACCINE SUSP	0		PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail
NOVAVAX COVID-19 VACCINE/2023-24 SUSP	0		PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
NOVAVAX COVID-19 VACCINE/2024-25 SUSY	0		PROQUAD SUSR	0	2 max fill(s) per 365 day(s) retail
NOVAVAX COVID-19 VACCINE SUSP	0				

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB SUSP	0	1 max fill(s) per 365 day(s) retail
RECOMBIVAX HB SUSY	0	1 max fill(s) per 365 day(s) retail
ROTARIX SUSP	0	
ROTARIX SUSR	0	1 max fill(s) per 365 day(s) retail
ROTATEQ SOLN	0	1 max fill(s) per 365 day(s) retail
SHINGRIX	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	0	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	0	
SPIKEVAX COVID-19 VACCINE/2024-25 SUSY	0	
SPIKEVAX COVID-19 VACCINE SUSP	0	
TWINRIX SUSY	0	1 max fill(s) per 365 day(s) retail
VAQTA	0	1 max fill(s) per 365 day(s) retail
VARIVAX SUSR	0	2 max fill(s) per 365 day(s) retail
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA	3	QL(1 ea daily); PA
Spermicides		
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
<i>clindamycin phosphate vaginal CREA</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole vaginal CREA 1 %</i>	1B	
GYNAZOLE-1	3	QL(2.5 gm per 30 day(s) retail; 5 gm per 30 days mail)
<i>metronidazole vaginal</i>	1B	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal SUPP</i>	1B	
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone vaginal</i>	1B	QL(15.15 gm daily)
Vaginal Contraceptive - pH Modulators		
PHEXXI	0	PV
Vaginal Estrogens		
<i>estradiol vaginal CREA</i>	1B	QL(2 gm daily)
<i>estradiol vaginal TABS</i>	1B	
FEMRING	3	PA
PREMARIN	2	QL(1.5 gm daily)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
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	

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

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cyclosporine (ophth) EMUL	59	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	15	DESMOPRESSIN ACETATE SOLN NA	46
cyclosporine CAPS	56	dapsone	22	desmopressin acetate spray	46
cyclosporine modified (for microemulsion) CAPS	56	DAPTACEL	64	desmopressin acetate spray refrigerated	46
cyclosporine modified (for microemulsion) SOLN	56	daptomycin 500 MG	22	desmopressin acetate TABS 0.1 MG 46	
cyclosporine SOLN IV 50 MG/ML .	56	darifenacin hydrobromide	65	desmopressin acetate TABS 0.2 MG 46	
CYLTEZO AJKT	3	darunavir TABS 600 MG	30	desogestrel & ethinyl estradiol	35
CYLTEZO PSKT 10 MG/0.2ML, 40 MG/0.4ML	3	darunavir TABS 800 MG	30	desogestrel-ethinyl estradiol (biphasic)	35
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML	3	dasatinib	27	desogestrel-ethinyl estradiol (triphasic)	35
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	3	DAURISMO	25	desonide CREA	41
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	3	DEBACTEROL	57	desonide LOTN	41
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT ...	3	decitabine	24	desonide OINT	41
cyproheptadine hcl SYRP	19	deferasirox PACK	17	desoximetasone CREA 0.25 %	41
cyproheptadine hcl TABS	19	deferasirox TABS	17	desoximetasone GEL	41
CYSTAGON CAPS	48	deferasirox TBSO	17	desoximetasone OINT 0.25 %	41
CYSTARAN	60	deferiprone TABS 500 MG	17	desvenlafaxine succinate 100 MG .	14
cytarabine SOLN	24	deflazacort SUSP	36	desvenlafaxine succinate 25 MG, 50 MG	14
dabigatran etexilate mesylate CAPS . 11		deflazacort TABS	36	dexamethasone ELIX	36
dacarbazine SOLR 200 MG	28	DELESTROGEN 10 MG/ML (estradiol valerate)	46	DEXAMETHASONE INTENSOL CONC	36
dactinomycin	26	DELSTRIGO	30	dexamethasone sodium phosphate (ophth)	60
dalfampridine	62	demeclocycline hcl TABS	64	dexamethasone sodium phosphate	
		DEPO-ESTRADIOL	46		
		DEPO-MEDROL SUSP	36		
		DEPO-SUBQ PROVERA 104 SUSY SC	36		

SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	36	dichlorphenamide	44	DILANTIN INFATABS CHEW (phenytoin)	13
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	36	diclofenac epolamine PTCH EX	39	DILANTIN-125 SUSP (phenytoin)	13
dexamethasone SOLN	36	diclofenac potassium TABS 50 MG	4	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG	33
dexamethasone TABS 0.5 MG, 0.75 MG	36	diclofenac sodium (actinic keratoses) EX	39	diltiazem hcl coated beads CP24 180 MG, 240 MG	33
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	36	diclofenac sodium (ophth)	60	diltiazem hcl CP12	33
dexchlorpheniramine maleate SOLN	18	diclofenac sodium (topical) GEL EX	39	diltiazem hcl CP24	33
dexlansoprazole	65	diclofenac sodium TB24	4	diltiazem hcl extended release beads	33
dexmethylphenidate hcl CP24	2	diclofenac sodium TBEC	4	diltiazem hcl SOLN 50 MG/10ML	33
dexmethylphenidate hcl TABS	2	diclofenac w/ misoprostol TBEC	4	DILTIAZEM HCL SOLR	33
dextroamphetamine sulfate CP24 10 MG, 15 MG	1	dicloxacillin sodium	61	diltiazem hcl TABS	33
dextroamphetamine sulfate CP24 5 MG	1	dicyclomine hcl CAPS	65	diltiazem hcl TB24	33
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	1	dicyclomine hcl SOLN OR	65	dimethyl fumarate CDPK	62
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	dicyclomine hcl TABS	65	dimethyl fumarate CPDR	62
dextrose in lactated ringers	55	DIFFERIN LOTN	38	DIPENTUM	47
DIACOMIT CAPS 250 MG	12	DIFICID TABS	51	diphenhydramine hcl CAPS 50 MG	19
DIACOMIT CAPS 500 MG	12	diflorasone diacetate CREA	41	diphenhydramine hcl ELIX 12.5 MG/5ML	19
DIACOMIT PACK 250 MG	12	diflorasone diacetate OINT	41	diphenhydramine hcl LIQD 12.5 MG/5ML	19
DIACOMIT PACK 500 MG	12	diflunisal TABS	5	diphenhydramine hcl SOLN 50 MG/ML	19
diazepam (anticonvulsant) GEL	11	difluprednate	60	diphenoxylate w/ atropine LIQD	17
diazepam CONC	8	digoxin SOLN OR 0.05 MG/ML	33	diphenoxylate w/ atropine TABS	17
diazepam SOLN OR 5 MG/5ML	8	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG	33	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	64
diazepam TABS	8	dihydroergotamine mesylate SOLN IJ 1 MG/ML	54	dipyridamole	49
diazoxide	16	dihydroergotamine mesylate SOLN NA 4 MG/ML	54	disopyramide phosphate CAPS	9
		DILANTIN (phenytoin sodium extended)	13	disulfiram	62
		DILANTIN	13		

divalproex sodium TB24	13	MG, 100 MG	64	DUREX TROPICAL MISC	51
divalproex sodium TBEC	13	doxycycline (monohydrate) CAPS 75 MG	64	dutasteride	48
docetaxel CONC 20 MG/ML	28	doxycycline (monohydrate) TABS 100 MG	64	econazole nitrate CREA	39
docetaxel SOLN 20 MG/2ML	28	doxycycline (monohydrate) TABS 50 MG, 75 MG	64	EDARBI	20
docusate calcium	51	doxycycline hyclate CAPS	64	EDURANT	30
docusate sodium CAPS 100 MG ..	51	doxycycline hyclate SOLR	64	efavirenz CAPS 200 MG	30
docusate sodium CAPS 250 MG ..	51	doxycycline hyclate TABS 20 MG, 100 MG	64	efavirenz CAPS 50 MG	30
dofetilide	9	doxycycline hyclate TABS 20 MG, 100 MG	64	efavirenz TABS	31
donepezil hydrochloride TABS 10 MG	62	doxylamine-pyridoxine TBEC	18	efavirenz-emtricitabine-tenofovir disoproxil fumarate	30
donepezil hydrochloride TABS 5 MG, 23 MG	62	dronabinol CAPS	18	efavirenz-lamivudine-tenofovir disoproxil fumarate	31
donepezil hydrochloride TBDP 10 MG	62	drospirenone-ethinyl estradiol	35	EGRIFTA 2 MG	45
donepezil hydrochloride TBDP 5 MG 62		drospirenone-ethinyl estradiol- levomefolate calcium	35	EGRIFTA SV	45
DOPTelet	49	DROXIA CAPS	49	ELAPRASE	46
dorzolamide hcl	60	DUAVEE	46	electrolyte-148	55
dorzolamide hcl-timolol maleate ..	59	DULERA	10	electrolyte-a	55
DOVATO	30	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	14	ELESTRIN GEL	46
doxazosin mesylate	20	duloxetine hcl CPEP 40 MG	14	eletriptan hydrobromide	54
doxepin hcl (antipruritic)	40	DUPIXENT SOAJ 200 MG/1.14ML 42		ELIGARD KIT SC 7.5 MG	25
doxepin hcl (sleep)	50	DUPIXENT SOAJ 300 MG/2ML ...	42	ELIGARD SC 22.5 MG, 30 MG, 45 MG	25
doxepin hcl CAPS	15	DUPIXENT SOSY 100 MG/0.67ML 42		ELIQUIS STARTER PACK TBPK .	11
doxepin hcl CONC	15	DUPIXENT SOSY 200 MG/1.14ML 42		ELIQUIS TABS	11
doxercalciferol CAPS	46	DUPIXENT SOSY 300 MG/2ML ...	42	ELLA	36
doxercalciferol SOLN	46	DUREX EXTRA SENSITIVE THIN DEVI	51	ELMIRON CAPS	48
doxorubicin hcl liposomal SUSP ...	26	DUREX EXTRA SENSITIVE THIN MISC	51	ELOCTATE	49
doxorubicin hcl SOLN	26			EMCYT	25
doxorubicin hcl SOLR 10 MG, 50 MG	26			EMFLAZA SUSP (deflazacort)	36
doxycycline (monohydrate) CAPS 50				EMFLAZA TABS (deflazacort)	36
				EMGALITY SOAJ	54

EMGALITY SOSY 100 MG/ML	54	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	11	ERLEADA 60 MG	25
EMGALITY SOSY 120 MG/ML	54	ENSPRYNG	56	erlotinib hcl	25
EMSAM	14	entacapone	29	ERTACZO	39
emtricitabine CAPS	31	entecavir TABS	32	ertapenem sodium IJ	22
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	31	EPIDIOLEX	12	erythromycin (acne aid) PADS	38
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	31	epinastine hcl (ophth)	60	erythromycin (acne aid) SOLN	38
EMTRIVA SOLN	31	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	69	erythromycin (ophth)	59
EMVERM CHEW	8	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	69	erythromycin base CPEP	51
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 21		EPIVIR HBV SOLN	32	erythromycin base TABS	51
enalapril maleate & hydrochlorothiazide 25 MG-10 MG 21		eplerenone	21	erythromycin base TBEC	51
enalapril maleate TABS	20	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	49	erythromycin ethylsuccinate SUSR 51	
ENBREL MINI SOCT	4	epoprostenol sodium	34	erythromycin ethylsuccinate TABS	51
ENBREL SOLN	4	EQL PRENATAL FORMULA TABS	57	escitalopram oxalate SOLN	14
ENBREL SOSY 25 MG/0.5ML	4	EQUETRO 100 MG	29	escitalopram oxalate TABS 10 MG 14	
ENBREL SOSY 50 MG/ML	4	EQUETRO 200 MG	29	escitalopram oxalate TABS 20 MG 14	
ENBREL SURECLICK SOAJ	4	EQUETRO 300 MG	29	escitalopram oxalate TABS 5 MG	14
ENGERIX-B SUSP 20 MCG/ML	66	ERAXIS	18	esomeprazole magnesium CPDR 20 MG	65
ENGERIX-B SUSY	66	ERBITUX	25	esomeprazole magnesium CPDR 40 MG	65
enoxaparin sodium SOLN IJ 300 MG/3ML	11	ergocalciferol CAPS	70	esomeprazole magnesium TBEC	65
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	11	ergocalciferol SOLN OR	70	ESPEROCT	49
enoxaparin sodium SOSY 30 MG/0.3ML	11	ergoloid mesylates TABS	63	estazolam	50
enoxaparin sodium SOSY 40 MG/0.4ML	11	ERGOMAR SUBL	54	estradiol GEL 0.06 %	46
enoxaparin sodium SOSY 60 MG/0.6ML	11	ergotamine w/ caffeine TABS	54	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
		eribulin mesylate	28	estradiol PTTW	47
		ERIVEDGE	25	estradiol PTWK	47
		ERLEADA 240 MG	25		

estradiol TABS	47	famciclovir 125 MG, 250 MG	32	fenoprofen calcium TABS	4
estradiol vaginal CREA	69	famciclovir 500 MG	32	FENSOLVI SC	45
estradiol vaginal TABS	69	famotidine in nacl SOLN	65	fentanyl citrate LPOP	5
estradiol valerate	46	famotidine SOLN 20 MG/2ML	65	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	5
ESTROGEL GEL (estradiol)	47	famotidine SOLN 40 MG/4ML, 200 MG/20ML	65	ferrous fumarate-folic acid	50
eszopiclone	50	famotidine SUSR	65	ferrous sulfate SOLN 15 MG/ML ..	50
ethacrynic acid	44	famotidine TABS 20 MG, 40 MG ..	65	ferrous sulfate TABS 65 MG, 325 MG	50
ethambutol hcl TABS	23	FANAPT	29	ferrous sulfate TBEC 325 MG	50
ethosuximide CAPS	13	FANAPT TITRATION PACK	29	fesoterodine fumarate	65
ethosuximide SOLN	13	FANTASY LUBRICATED MISC ...	52	FETZIMA CP24	15
ethynodiol diacet & eth estrad	35	FANTASY LUBRICATED/SPERMICIDE MISC	52	FETZIMA TITRATION PACK C4PK 15	
etodolac CAPS	4	FARXIGA (dapagliflozin propanediol)	17	finasteride	48
etodolac TABS	4	FARXIGA	17	fingolimod hcl	62
etonogestrel-ethinyl estradiol	36	FASENRA PEN SOAJ	9	FIRDAPSE	23
ETOPOPHOS	28	FASENRA SOSY 30 MG/ML	9	FIRMAGON	25
etoposide CAPS	28	FC2 FEMALE CONDOM	52	flavoxate hcl	66
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	28	febuxostat	48	flecainide acetate	9
etravirine 100 MG	31	felbamate SUSP	13	floxuridine	24
etravirine 200 MG	31	felbamate TABS 400 MG	13	FLUAD 2024-2025	66
EUCRISA	43	felbamate TABS 600 MG	13	FLUAD QUADRIVALENT 2022-2023	66
EVAMIST SOLN	47	felodipine	33	FLUAD QUADRIVALENT 2023-2024	66
everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	56	FEMCAP DEVI	52	FLUARIX 2024-2025 SUSY	66
everolimus (immunosuppressant) 1 MG	56	FEMLYV TBDP	35	FLUARIX QUADRIVALENT 2022- 2023 SUSY	67
everolimus TABS	27	FEMRING	69	FLUARIX QUADRIVALENT 2023- 2024 SUSY	67
EVOTAZ	31	fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG ...	19	FLUBLOK 2024-2025 SOSY	67
exemestane	25	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	19		
ezetimibe	20				
ezetimibe-simvastatin	19				

FLUBLOK QUADRIVALENT 2022-2023	67	flucinolone acetonide OIL	41	flutamide	25
FLUBLOK QUADRIVALENT 2023-2024	67	flucinolone acetonide OINT	41	fluticasone furoate-vilanterol	10
FLUCELVAX 2024-2025 SUSP ...	67	flucinolone acetonide SOLN	41	fluticasone propionate (inhalation) AEPB	10
FLUCELVAX 2024-2025 SUSY ...	67	fluocinonide CREA 0.05 %	41	fluticasone propionate (nasal) SUSP .	58
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	67	fluocinonide CREA 0.1 %	41	fluticasone propionate CREA 0.05 %	41
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	67	fluocinonide emulsified base	41	fluticasone propionate hfa	10
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	67	fluocinonide GEL	41	fluticasone propionate LOTN	42
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	67	fluocinonide OINT	41	fluticasone propionate OINT	42
fluconazole SUSR	18	fluorometholone (ophth) SUSP ...	60	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	10
fluconazole TABS	18	fluorouracil (topical) CREA 5 % ...	39	fluticasone-salmeterol AERO	10
flucytosine	18	fluorouracil (topical) SOLN	39	fluvastatin sodium CAPS 20 MG ..	20
fludarabine phosphate SOLN	24	fluorouracil 500 MG/10ML	24	fluvastatin sodium CAPS 40 MG ...	19
fludarabine phosphate SOLR	24	fluoxetine hcl CAPS 10 MG	14	fluvoxamine maleate TABS 100 MG .	14
fludrocortisone acetate TABS	37	fluoxetine hcl CAPS 20 MG	14	fluvoxamine maleate TABS 25 MG, 50 MG	14
FLULAVAL 2024-2025 SUSY	67	fluoxetine hcl CAPS 40 MG	14	FLUZONE 2024-2025 SUSP	67
FLULAVAL QUADRIVALENT 2022-2023 SUSY	67	fluoxetine hcl CPDR	14	FLUZONE 2024-2025 SUSY	67
FLULAVAL QUADRIVALENT 2023-2024 SUSY	67	fluoxetine hcl SOLN	14	FLUZONE HIGH-DOSE 2024-2025 SUSY	67
FLUMIST NASAL VACCINE 2024-2025	67	fluoxetine hcl TABS 10 MG, 60 MG	14	FLUZONE HIGH-DOSE PF 2022-2023	67
FLUMIST QUADRIVALENT	67	14		FLUZONE HIGH-DOSE PF 2023-2024	67
flunisolide (nasal) 0.025 %	58	fluoxetine hcl TABS 20 MG	14	FLUZONE QUADRIVALENT 2022-2023 SUSP	67
fluocinolone acetonide (otic)	61	fluphenazine hcl CONC	30	FLUZONE QUADRIVALENT 2022-2023 SUSY	67
fluocinolone acetonide CREA 0.01 %	41	fluphenazine hcl ELIX	30		
fluocinolone acetonide CREA 0.025 %	41	fluphenazine hcl SOLN	30		
		fluphenazine hcl TABS	30		
		flurandrenolide CREA	41		
		flurandrenolide LOTN	41		
		flurazepam hcl	50		
		flurbiprofen sodium	60		
		flurbiprofen TABS	4		

FLUZONE QUADRIVALENT 2023-2024 SUSP	67	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	53	galantamine hydrobromide SOLN ..	62
FLUZONE QUADRIVALENT 2023-2024 SUSY	67	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	53	galantamine hydrobromide TABS ..	62
FML FORTE SUSP	60	FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	53	GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	61
FML OINT	60	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	53	GAMMAGARD LIQUID 30 GM/300ML	61
folic acid TABS	49	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	53	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	61
fondaparinux sodium 10 MG/0.8ML 11		FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	53	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	61
fondaparinux sodium 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML	11	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	53	GAMUNEX-C	61
FORA GTEL BLOOD KETONE TEST STRIPS	43	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	53	ganciclovir sodium SOLR	32
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT ..	43	frovatriptan succinate	54	ganirelix acetate	45
formoterol fumarate NEBU	10	fulvestrant SOSY	25	GARDASIL 9 SUSP	68
FORTEO SOPN (teriparatide)	45	furosemide SOLN OR 10 MG/ML, 40 MG/5ML	44	GARDASIL 9 SUSY	68
FOSAMAX PLUS D	45	furosemide TABS	44	gatifloxacin (ophth)	59
fosamprenavir calcium TABS	31	FUZEON SOLR	31	gefitinib	25
fosfomycin tromethamine	22	FYCOMPA TABS 2 MG	11	gemcitabine hcl SOLR 2 GM, 200 MG	24
fosinopril sodium & hydrochlorothiazide	21	FYCOMPA TABS 4 MG	11	gemfibrozil TABS	19
fosinopril sodium	20	FYCOMPA TABS 6 MG	11	GENOTROPIN CART SC	45
fosphenytoin sodium	13	FYCOMPA TABS 8 MG, 10 MG, 12 MG	11	GENOTROPIN MINIQUICK PRSY 45	
FRAGMIN SOSY	11	gabapentin CAPS	12	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
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	53	gabapentin SOLN	12	gentamicin sulfate (ophth) OINT ..	59
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	53	gabapentin TABS 600 MG, 800 MG 12		gentamicin sulfate (ophth) SOLN ..	59
FREESTYLE LIBRE 2 PLUS/SENSOR/FLASH GLUCOSE MONITOR SYSTEM	53	GALAFOLD	46	gentamicin sulfate (topical) CREA ..	38
		galantamine hydrobromide CP24 ..	62	gentamicin sulfate (topical) OINT ..	38
				gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML	2

GENVOYA	31	STRIPS	43	HIBERIX SOLR IJ	66
GILOTRIF	25	granisetron hcl SOLN IV 1 MG/ML	17	HUMATROPE CART IJ	45
glatiramer acetate SOSY 20 MG/ML .	62	granisetron hcl TABS	17	HUMIRA PEDIATRIC CROHNS	
glatiramer acetate SOSY 40 MG/ML .	62	GRASTEK SUBL	2	DISEASE STARTER PACK PSKT .	3
GLEOSTINE 10 MG	24	griseofulvin microsize SUSP	18	HUMIRA PEN AJKT 80 MG/0.8ML .	3
GLEOSTINE 40 MG, 100 MG	24	griseofulvin microsize TABS	18	HUMIRA PEN AJKT	3
glimepiride 1 MG, 2 MG	17	griseofulvin ultramicrosize	18	HUMIRA PEN-CD/UC/HS STARTER	
glimepiride 4 MG	17	guanfacine hcl (adhd)	1	AJKT	3
glipizide TABS 5 MG, 10 MG	17	guanfacine hcl	20	HUMIRA PEN-PEDIATRIC UC	
glipizide TB24	17	GYNAZOLE-1	69	STARTER PACK AJKT	3
glipizide-metformin hcl 250 MG-2.5		HADLIMA PUSHTOUCH SOAJ	3	HUMIRA PEN-PS/UV STARTER	
MG, 500 MG-2.5 MG	15	HADLIMA SOSY	3	AJKT	3
glipizide-metformin hcl 500 MG-5 MG		HAEGARDA SOLR SC	49	HUMIRA PSKT	3
.....	15	HALAVEN (eribulin mesylate)	28	HUMULIN R U-500	
GLUCAGEN DIAGNOSTIC	43	halcinonide CREA	42	(CONCENTRATED) SOLN SC	16
glucagon (rdna)	16	halobetasol propionate CREA	42	HUMULIN R U-500 KWIKPEN SOPN	
glyburide micronized 1.5 MG, 3 MG,		halobetasol propionate OINT	42	SC	16
6 MG	17	HALOG OINT	42	HYCANTIN CAPS	28
glyburide TABS	17	haloperidol decanoate	29	hydralazine hcl SOLN	21
glyburide-metformin 250 MG-1.25		haloperidol lactate CONC	29	hydralazine hcl TABS	21
MG	15	haloperidol lactate SOLN	29	hydrochlorothiazide CAPS	44
glyburide-metformin 500 MG-2.5 MG,		haloperidol TABS	30	hydrochlorothiazide TABS 12.5 MG	
500 MG-5 MG	15	HAVRIX	68	44	
glycine (gu irrigant) SOLN 1.5 % ..	48	HEMANGEOL SOLN OR	33	hydrochlorothiazide TABS 25 MG, 50	
glycopyrrolate SOLN IJ 0.2 MG/ML, 4		heparin sodium (porcine) SOLN IJ		MG	44
MG/20ML	65	5000 UNIT/ML, 10000 UNIT/ML,		hydrocodone polistirex-	
glycopyrrolate TABS 1 MG	65	20000 UNIT/ML	11	chlorpheniramine polistirex SUER .	37
glycopyrrolate TABS 2 MG	65	HEPARIN SODIUM/NACL 0.45%		hydrocodone-acetaminophen SOLN	
GLYXAMBI	15	SOLN IV 0.45 %-12500 UNIT/250ML		108 MG/5ML-2.5 MG/5ML, 217	
GNP PRENATAL TABS	57	11		MG/10ML-5 MG/10ML, 325	
GOJJI BLOOD KETONE TEST		HEPLISAV-B SOSY	68	MG/15ML-7.5 MG/15ML	6

MG-7.5 MG6	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG5	imatinib mesylate27
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG6	hydroxychloroquine sulfate 100 MG 23	IMBRUVICA CAPS 140 MG27
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG7	hydroxychloroquine sulfate 200 MG 23	IMBRUVICA CAPS 70 MG 27
hydrocodone-ibuprofen 7.5 MG-200 MG7	hydroxychloroquine sulfate 400 MG 23	IMBRUVICA SUSP 27
hydrocortisone (intrarectal)7	hydroxyurea28	IMBRUVICA TABS27
hydrocortisone (rectal) EX 8	hydroxyzine hcl SOLN 50 MG/ML ..8	imipenem-cilastatin IV 22
hydrocortisone (topical) CREA 1 %, 2.5 %42	hydroxyzine hcl SYRP8	imipramine hcl TABS15
hydrocortisone (topical) LOTN 2.5 % . 42	hydroxyzine hcl TABS8	imipramine pamoate15
hydrocortisone (topical) OINT 1 %, 2.5 %42	hydroxyzine pamoate CAPS 8	imiquimod 5 % 42
hydrocortisone acetate (rectal)8	HYPERSAL NEBU37	IMPAVIDO 22
hydrocortisone butyrate CREA 42	HYQVIA 61	INCRELEX 45
hydrocortisone butyrate OINT 42	ibandronate sodium SOLN45	INCRUSE ELLIPTA9
hydrocortisone butyrate OINT 42	ibandronate sodium TABS45	indapamide TABS 1.25 MG 44
hydrocortisone butyrate SOLN42	IBRANCE CAPS27	indapamide TABS 2.5 MG44
hydrocortisone sod succinate 100 MG 36	IBRANCE TABS 27	indomethacin CAPS 25 MG, 50 MG 4
hydrocortisone TABS 36	ibuprofen SUSP 100 MG/5ML 4	indomethacin CPCR 4
hydrocortisone vaginal69	ibuprofen TABS 400 MG, 600 MG ..4	INFANRIX 64
hydrocortisone valerate CREA 42	ibuprofen TABS 800 MG4	INFLECTRA SOLR 47
hydrocortisone valerate OINT 42	icatibant acetate SOLN 49	INGREZZA CAPS62
hydrocortisone w/acetic acid61	icatibant acetate SOSY49	INGREZZA CPPK62
hydromorphone hcl LIQD 5	ICLUSIG27	INGREZZA CPSP62
hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 5	icosapent ethyl 1 GM 19	INLYTA24
hydromorphone hcl TABS5	idarubicin hcl 20 MG/20ML 26	INREBIC 27
hydromorphone hcl TB24 32 MG ... 5	idarubicin hcl 5 MG/5ML, 10 MG/10ML26	INSULIN ASPART FLEXPEN SOPN . 16
	IDELVION49	INSULIN ASPART PENFILL SOCT 16
	ifosfamide SOLN 1 GM/20ML 24	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN16
	ifosfamide SOLR24	INSULIN ASPART PROTAMINE/INSULIN ASPART

SUSP	16	isosorbide dinitrate-hydralazine hcl 34	KEPIVANCE 6.25 MG	28
INSULIN ASPART SOLN IJ	16	isosorbide mononitrate TABS	KESIMPTA	63
INSULIN DEGLUDEC FLEXTOUCH SOPN	16	isosorbide mononitrate TB24	ketoconazole (topical) CREA	39
INSULIN DEGLUDEC SOLN	16	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	ketoconazole (topical) SHAM 2 % ..	39
INTELENCE 25 MG	31	isradipine CAPS	ketoconazole	18
INTRAROSA	69	itraconazole CAPS	KETONE STRP	43
IONOSOL-MB/DEXTROSE 5% ..	55	itraconazole SOLN	KETONE TEST STRIPS STRP	43
IOPIDINE	59	ivabradine hcl TABS	ketoprofen CAPS 50 MG	4
IPOL INACTIVATED IPV	68	ivermectin (pediculicide)	ketorolac tromethamine (ophth) ...	60
ipratropium bromide (nasal) 0.03 % 58		ivermectin	ketorolac tromethamine TABS	4
ipratropium bromide (nasal) 0.06 % 58		IXEMPRA KIT 15 MG	KETOSTIX STRP	43
ipratropium bromide SOLN 0.02 % .	9	JAKAFI	ketotifen fumarate (ophth) 0.035 % 60	
ipratropium-albuterol SOLN	10	JANSSEN COVID-19 VACCINE ..	KEVZARA SOAJ	3
irbesartan	20	JANUMET TABS	KEVZARA SOSY	4
irbesartan-hydrochlorothiazide	21	JANUMET XR TB24 1000 MG-100 MG	KIMONO COLORS DEVI	52
IRESSA (gefitinib)	25	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	KIMONO LUBRICATED MISC	52
irinotecan hcl 40 MG/2ML, 100 MG/5ML	28	JANUVIA	KIMONO MAXX/LARGE FLARE MISC	52
irrigation solutions, physiological ..	56	JARDIANCE	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	52
ISENTRESS CHEW	31	JEVTANA	KIMONO PLUS SPERMICIDE LUBRICATED MISC	52
ISENTRESS HD TABS	31	JIVI	KIMONO PLUS SPERMICIDE/LUBRICATED MISC	52
ISENTRESS TABS	31	JULUCA	KIMONO PS LUBRICATED MISC .	52
ISOLYTE-P/DEXTROSE 5%	55	JYNARQUE TBPK	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	52
ISOLYTE-S	55	KALYDECO TABS	KIMONO SENSATION LUBRICATED MISC	52
isoniazid SOLN	23	KAMELEON LUBRICATED MISC .		
isoniazid SYRP	23	KANJINTI		
isoniazid TABS	23	KCL 0.3%/D5W/NAACL 0.9% (potassium chloride in dextrose & sodium chloride)		
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	8			

KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 52	lactic acid (ammonium lactate) LOTN 12 %42	LENVIMA 24 MG DAILY DOSE ...24
KIMONO SPECIAL DEVI52	lactulose (encephalopathy)47	LENVIMA 4 MG DAILY DOSE24
KINRIX SUSY64	lactulose SOLN51	LENVIMA 8 MG DAILY DOSE25
KISQALI27	lamivudine (hbv) TABS32	letrozole25
KISQALI FEMARA 200 DOSE26	lamivudine SOLN31	leucovorin calcium SOLR28
KISQALI FEMARA 400 DOSE26	lamivudine TABS 150 MG31	leucovorin calcium TABS28
KISQALI FEMARA 600 DOSE26	lamivudine TABS 300 MG31	LEUKERAN24
KLARITY-A59	lamivudine-zidovudine31	LEUKINE SOLR IJ49
KLOXXADO LIQD17	lamotrigine CHEW 25 MG12	leuprolide acetate KIT IJ 1 MG/0.2ML25
KOGENATE FS KIT49	lamotrigine CHEW 5 MG12	levabuterol hcl10
KOSELUGO27	lamotrigine TABS12	levabuterol hcl 1.25 MG/0.5ML10
KOVALTRY49	lamotrigine TBP12	levabuterol tartrate10
KP PRENATAL MULTIVITAMINS TABS57	LANOXIN SOLN IJ (digoxin)33	LEVEMIR FLEXPEN SOPN16
KRINTAFEL23	LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)33	LEVEMIR FLEXTOUCH SOPN16
K-Y ME & YOU EXTRA LUBRICATED DEVI52	lansoprazole CPDR 15 MG65	LEVEMIR SOLN16
K-Y ME & YOU INTENSE DEVI ...52	lansoprazole CPDR 30 MG65	levetiracetam SOLN IV 500 MG/5ML 12
KYPROLIS27	lanthanum carbonate CHEW48	levetiracetam TABS 1000 MG12
labetalol hcl SOLN32	lapatinib ditosylate27	levetiracetam TABS 250 MG, 750 MG12
labetalol hcl TABS 100 MG, 200 MG . 32	LASTACFT60	levetiracetam TABS 500 MG12
labetalol hcl TABS 300 MG32	latanoprost SOLN60	levetiracetam TB2412
lacosamide SOLN IV 200 MG/20ML . 12	leflunomide4	levobunolol hcl 0.5 %59
lacosamide TABS12	lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG56	levocetirizine dihydrochloride SOLN 19
lactated ringer's (irrigation)56	lenalidomide 20 MG56	levocetirizine dihydrochloride TABS 19
lactated ringer's55	LENVIMA 10 MG DAILY DOSE ...24	levofloxacin (ophth) 0.5 %59
lactic acid (ammonium lactate) CREA42	LENVIMA 12MG DAILY DOSE ...24	levofloxacin in d5w 5 %-500 MG/100ML47
	LENVIMA 14 MG DAILY DOSE ...24	levofloxacin SOLN OR47
	LENVIMA 18 MG DAILY DOSE ...24	
	LENVIMA 20 MG DAILY DOSE ...24	

levofloxacin TABS 250 MG, 750 MG . 47	lisdexamfetamine dimesylate CAPS 1	LOTEMAX OINT 60
levofloxacin TABS 500 MG 47	lisdexamfetamine dimesylate CHEW . 1	loteprednol etabonate GEL 60
levonorgestrel & eth estradiol TABS 35	lisinopril & hydrochlorothiazide ... 21	loteprednol etabonate SUSP 60
levonorgestrel (emergency oc) 1.5 MG 36	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG 20	lovastatin TABS 10 MG, 20 MG ... 20
levonorgestrel-eth estradiol (triphasic) 35	lithium 29	lovastatin TABS 40 MG 20
levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG 35	lithium carbonate CAPS 29	loxapine succinate 30
levonorgestrel-ethinyl estradiol (continuous) 35	lithium carbonate TABS 29	lubiprostone 47
levonorgestrel-ethinyl estradiol-iron 35	lithium carbonate TBCR 29	LUCEMYRA (lofexidine hcl) 62
levorphanol tartrate TABS 2 MG 5	LO LOESTRIN FE TABS 35	luliconazole 39
levothyroxine sodium TABS 64	lofexidine hcl 62	LUMIZYME 46
LEXIVA SUSP 31	LOKELMA 56	LUPRON DEPOT (1-MONTH) KIT IM 25
lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 % 51	loperamide hcl CAPS 17	LUPRON DEPOT (3-MONTH) KIT IM 25
lidocaine hcl (mouth-throat) 2 % ... 57	lopinavir-ritonavir SOLN 31	LUPRON DEPOT (4-MONTH) IM . 25
lidocaine hcl (mouth-throat) 4 % ... 57	lopinavir-ritonavir TABS 31	LUPRON DEPOT (6-MONTH) IM . 25
lidocaine hcl GEL 2 % 42	loratadine CAPS 19	LUPRON DEPOT-PED (1-MONTH) . 45
lidocaine hcl PRSY 43	loratadine CHEW 19	LUPRON DEPOT-PED (3-MONTH) 11.25 MG 45
lidocaine hcl SOLN 43	loratadine SOLN 19	LUPRON DEPOT-PED (3-MONTH) 30 MG 45
lidocaine PTCH 5 % 43	loratadine TABS 19	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG 29
lidocaine-prilocaine CREA 43	loratadine TBDP 19	lurasidone hcl 80 MG 29
lincomycin hcl 22	lorazepam CONC 8	LYNPARZA TABS 27
linezolid SUSR 22	lorazepam TABS 0.5 MG, 2 MG 8	LYSODREN 25
linezolid TABS 22	lorazepam TABS 1 MG 8	mafenide acetate PACK 40
LINZESS 48	LORBRENA 27	magnesium sulfate IJ 50 % 55
liothyronine sodium SOLN 64	losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG 21	malathion 43
liothyronine sodium TABS 64	losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 21	maraviroc TABS 150 MG 31
	losartan potassium 20	maraviroc TABS 300 MG 31

MARPLAN	14	MENOSTAR PTWK	47	methadone hcl TABS 5 MG	5
MASONATAL TABS	57	MENQUADFI	66	methadone hcl TBSO	5
MATULANE	28	MENVEO SOLR	66	methamphetamine hcl	1
MAXIDEX SUSP OP	60	meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	5	methazolamide TABS	44
MAXX LUBRICATED MISC	52	meperidine hcl SOLN OR 50 MG/5ML	5	methenamine hippurate	22
MAXX PLUS SPERMICIDE LUBRICATED MISC	52	meperidine hcl TABS 50 MG	5	methimazole TABS	64
meclizine hcl TABS 12.5 MG	18	meprobamate	8	methocarbamol TABS 500 MG, 750 MG	58
meclizine hcl TABS 25 MG	18	mercaptapurine TABS	24	METHOTREXATE	3
meclofenamate sodium CAPS	4	meropenem	22	methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML	24
MEDROL TABS	36	mesalamine CP24	47	methotrexate sodium SOLR	24
medroxyprogesterone acetate (contraceptive) SUSP IM	36	mesalamine CPDR	47	methotrexate sodium TABS 2.5 MG 24	
medroxyprogesterone acetate (contraceptive) SUSY IM	36	mesalamine ENEM	47	methoxsalen rapid	40
medroxyprogesterone acetate 10 MG	61	mesalamine SUPP	47	methscopolamine bromide	65
medroxyprogesterone acetate 2.5 MG, 5 MG	61	mesalamine TBEC 1.2 GM	47	methsuximide	13
mefenamic acid CAPS	4	mesalamine TBEC 800 MG	47	methylidopa TABS	20
mefloquine hcl	23	metaxalone 800 MG	58	methylphenidate hcl CHEW 10 MG ..	2
megestrol acetate (appetite)	61	metformin hcl TABS 1000 MG	16	methylphenidate hcl CHEW 2.5 MG ..	2
megestrol acetate SUSP	25	metformin hcl TABS 500 MG	16	methylphenidate hcl CHEW 5 MG ..	2
megestrol acetate TABS	25	metformin hcl TABS 850 MG	16	methylphenidate hcl CP24 10 MG, 60 MG	2
MEKINIST TABS	27	metformin hcl TB24 500 MG	16	methylphenidate hcl CP24 20 MG, 40 MG	2
MEKTOVI	27	metformin hcl TB24 750 MG	16	methylphenidate hcl CP24 30 MG ..	2
meloxicam TABS	4	methadone hcl CONC	5	methylphenidate hcl CP24	2
melphalan	24	methadone hcl SOLN IJ 10 MG/ML ..	5	methylphenidate hcl CP24	2
melphalan hcl IV	24	METHADONE HCL SOLN IJ	5	methylphenidate hcl CPR	2
memantine hcl TABS	62	methadone hcl SOLN OR 10 MG/5ML	5	methylphenidate hcl SOLN	2
MENACTRA	66	methadone hcl SOLN OR 5 MG/5ML 5		methylphenidate hcl TABS 10 MG, 20 MG	2
MENEST	47	methadone hcl TABS 10 MG	5	methylphenidate hcl TABS 5 MG ...	2

methylphenidate hcl TB24 18 MG, 27 MG	2	MG, 100 MG	33	modafinil 200 MG	2
methylphenidate hcl TB24 36 MG, 54 MG	2	metronidazole (topical) CREA	43	MODERNA COVID-19 VACCINE SUSP	68
methylphenidate hcl TBCR 10 MG, 20 MG	2	metronidazole (topical) GEL 0.75 % 43		MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	68
methylphenidate hcl TBCR 18 MG, 27 MG	2	metronidazole (topical) GEL 1 % ..	43	MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY .	68
methylphenidate hcl TBCR 36 MG, 54 MG	2	metronidazole (topical) LOTN	43	MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ...	68
methylphenidate PTCH	2	metronidazole TABS	22	MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 .	68
methylprednisolone acetate SUSP 37		metronidazole vaginal	69	MODERNA COVID-19 VACCINE/6MO-5Y SUSP	68
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	37	mexiletine hcl	9	MODERNA COVID-19 VACCINE6MO-5Y SUSP	68
methylprednisolone TABS	37	miconazole nitrate vaginal SUPP 200 MG	69	moexipril hcl	20
methylprednisolone TBPK	37	midodrine hcl	69	mometasone furoate (nasal) SUSP 58	
methyltestosterone TABS	7	miglitol	15	mometasone furoate CREA	42
metoclopramide hcl SOLN IJ 5 MG/ML	47	miglustat	49	mometasone furoate OINT	42
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	47	minocycline hcl CAPS	64	mometasone furoate SOLN	42
metoclopramide hcl TABS	47	minocycline hcl TABS	64	montelukast sodium CHEW	9
metolazone	44	minoxidil 2.5 MG, 10 MG	21	montelukast sodium PACK	9
metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG	21	MIRCERA	50	montelukast sodium TABS	9
metoprolol & hydrochlorothiazide TABS 25 MG-50 MG	21	mirtazapine TABS 15 MG	13	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	5
metoprolol succinate TB24 200 MG 32		mirtazapine TABS 30 MG	13	morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML	5
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	32	mirtazapine TABS 7.5 MG, 45 MG 13		morphine sulfate SOLN OR 10 MG/5ML	5
metoprolol tartrate SOLN IV 5 MG/5ML	32	mirtazapine TBDP 15 MG	13	morphine sulfate SOLN OR 20 MG/5ML	5
metoprolol tartrate TABS 25 MG, 50		mirtazapine TBDP 30 MG	13	morphine sulfate TABS	6
		mirtazapine TBDP 45 MG	13	morphine sulfate TBCR	6
		misoprostol	65		
		mitomycin SOLR IV 20 MG	26		
		mitoxantrone hcl 2 MG/ML	26		
		M-M-R II SOLR	68		
		M-NATAL PLUS TABS	57		
		modafinil 100 MG	2		

MOTOFEN	17	naproxen TABS	4	NEO-SYNALAR	38
MOVANTIK	48	naproxen TBEC 500 MG	4	NEUPRO	29
moxifloxacin hcl (ophth) SOLN OP 59		naratriptan hcl	54	NEVANAC	60
moxifloxacin hcl in sodium chloride 47		NATACYN	59	nevirapine SUSP	31
moxifloxacin hcl TABS	47	NATAZIA	35	nevirapine TABS	31
MOZOBIL (plerixafor)	50	nateglinide	17	nevirapine TB24 100 MG	31
MULPLETA	50	NAYZILAM	12	nevirapine TB24 400 MG	31
MULTI PRENATAL TABS	57	nebivolol hcl 2.5 MG, 5 MG, 10 MG 33		NEXIUM 24HR TBEC (esomeprazole magnesium)	65
mupirocin OINT	38	nebivolol hcl 20 MG	33	NEXTSTELLIS	35
MVASI	25	NEBUSAL NEBU	37	niacin (antihyperlipidemic) TBCR ..	20
MYALEPT	46	nefazodone hcl	14	niacin CPR 250 MG, 500 MG	70
mycophenolate mofetil CAPS	56	nelarabine	24	niacin TABS	70
mycophenolate mofetil TABS	56	neomycin sulfate TABS	2	niacin TBCR	70
mycophenolate sodium	56	neomycin-bacitracin zn-polymyxin 59		NIACIN TR TBCR	70
MYLERAN TABS	24	neomycin-polymy-dexameth OINT 60		niacinamide TABS 100 MG	70
nabumetone	4	neomycin-polymy-dexameth SUSP 60		niacinamide TABS 500 MG	70
nadolol TABS 20 MG	33	neomycin-polymyxin-hc (ophth) ..	60	nicardipine hcl CAPS	33
nadolol TABS 40 MG	33	neomycin-polymyxin-hc (otic) SOLN .	60	nicardipine hcl SOLN	33
nadolol TABS 80 MG	33	neomycin-polymyxin-hc (otic) SUSP .	60	nicotine MISC XX	63
nafcillin sodium IV 10 GM	61	NEONATAL COMPLETE TABS 120		nicotine polacrilex GUM	63
naftifine hcl CREA 1 %	39	MG-10 MG-9.2 MG-1000 MCG-10		nicotine polacrilex LOZG	63
naftifine hcl CREA 2 %	39	MCG-12 MCG-3 MG-5 MG-20 MG-		nicotine PT24 TD 7 MG/24HR, 14	
NAGLAZYME	46	27 MG-200 MG-1.84 MG-25 MG-2		MG/24HR, 21 MG/24HR	63
nalbuphine hcl	7	MG-1200 MCG-2 MG-0.2 MG	57	NICOTINE TRANSDERMAL	
naloxone hcl LIQD	17	NEONATAL PLUS TABS	57	SYSTEM KIT	63
naloxone hcl SOLN 0.4 MG/ML, 4		NEONATAL PRENATAL VITAMIN		NICOTROL INHALER INHA	63
MG/10ML	17	TABS	57	NICOTROL NS SOLN	63
naltrexone hcl	17	NEONATAL VITAMIN TABS	57	nifedipine CAPS 10 MG	33
naproxen sodium TABS 550 MG ...	4	neostigmine methylsulfate SOSY ..	23	nifedipine CAPS 20 MG	33
naproxen SUSP	4			nifedipine TB24 60 MG	33

nifedipine TB24 90 MG	33	norethindrone & eth estradiol	36	NOVOLIN 70/30 FLEXPEN SUPN	17
nifedipine TB24	33	norethindrone & ethinyl estradiol-fe	36	NOVOLIN 70/30 SUSP	17
nilutamide	25	norethindrone (contraceptive)	36	NOVOLIN N FLEXPEN SUPN	17
nimodipine CAPS	33	norethindrone acet & eth estra TABS	36	NOVOLIN N SUSP	17
NINLARO	27	norethindrone acetate TABS	62	NOVOLIN R FLEXPEN SOPN IJ	17
NIPENT	28	norethindrone acetate-ethinyl		NOVOLIN R SOLN IJ	17
nisoldipine	33	estradiol	46	NOXAFIL SUSP (posaconazole)	18
nitazoxanide TABS	22	norethindrone acetate-ethinyl		NP THYROID 120 TABS	64
nitisinone CAPS	46	estradiol-fe	36	NP THYROID 15 TABS	64
NITRO-BID OINT	8	norethindrone-eth estradiol (triphasic)	36	NP THYROID 30 TABS	64
nitrofurantoin	22	norgestimate-ethinyl estradiol	36	NP THYROID 60 TABS	64
nitrofurantoin macrocrystal 50 MG, 100 MG	22	(triphasic)	36	NP THYROID 90 TABS	64
nitrofurantoin monohyd macro	23	norgestimate-ethinyl estradiol	36	NUBEQA	25
nitroglycerin (intra-anal)	8	norgestrel & ethinyl estradiol 30		NUCALA SOAJ	9
nitroglycerin CPCR	8	MCG-0.3 MG	36	NUCALA SOLR	9
nitroglycerin PT24	8	NORMOSOL-M/D5W	55	NUCALA SOSY 100 MG/ML	9
NITROGLYCERIN SOLN IV	8	NORMOSOL-R	55	NUCALA SOSY 40 MG/0.4ML	9
nitroglycerin SUBL	8	nortriptyline hcl CAPS	15	NUCYNTA ER TB12	6
NIVA-PLUS TABS	57	nortriptyline hcl SOLN	15	NUCYNTA TABS	6
nizatidine CAPS	65	NORVIR CAPS	31	NUEDEXTA	63
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	45	NORVIR PACK	31	NULOJIX	56
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	45	NORVIR SOLN	31	nystatin (mouth-throat)	57
norelgestromin-ethinyl estradiol	36	NOVA MAX PLUS KETONE		nystatin (topical) CREA	39
norethin acet & estrad-fe CAPS	35	TESTSTRIPS	43	nystatin (topical) OINT	39
norethin acet & estrad-fe CHEW	35	NOVAVAX COVID-19 VACCINE		nystatin (topical) POWD EX	39
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	36	SUSP	68	nystatin TABS	18
		NOVAVAX COVID-19		nystatin-triamcinolone CREA	39
		VACCINE/2023-24 SUSP	68	nystatin-triamcinolone OINT	39
		NOVAVAX COVID-19		NYVEPRIA	50
		VACCINE/2024-25 SUSY	68	octreotide acetate KIT	46
		NOVOEIGHT	49		

octreotide acetate SOLN	46	17	OTEZLA TBPK	4	
ODEFSEY	31	ondansetron hcl SOLN OR 4 MG/5ML	18	oxacillin sodium IV 10 GM	61
ODOMZO	25	ondansetron hcl SOSY	18	oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	24
OFEV	63	ondansetron hcl TABS 24 MG	18	oxandrolone	7
ofloxacin (ophth)	59	ondansetron hcl TABS 4 MG	18	oxaprozin TABS	4
ofloxacin (otic)	60	ondansetron hcl TABS 8 MG	18	oxazepam CAPS	8
ofloxacin 300 MG, 400 MG	47	ondansetron TBDP 4 MG	18	OXBRYTA TABS 500 MG	49
OGIVRI	25	ondansetron TBDP 8 MG	18	oxcarbazepine SUSP	12
olanzapine SOLR	30	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	57	oxcarbazepine TABS 150 MG, 300 MG	12
olanzapine TABS 2.5 MG, 5 MG	30	ONE VITE WOMENS PRENATALVITAMIN TABS	57	oxcarbazepine TABS 600 MG	12
olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG	30	ONETOUCH DELICA SAFETY LANCING DEVICE	53	oxiconazole nitrate CREA	39
olanzapine TBDP 20 MG	30	ONETOUCH DELICA SAFETY LANCING DEVICE 30G	53	OXISTAT LOTN	39
olanzapine TBDP 5 MG, 10 MG, 15 MG	30	OPILL	36	oxybutynin chloride SOLN	65
olmesartan medoxomil	20	OPSUMIT	34	oxybutynin chloride TABS 5 MG	65
olmesartan medoxomil-amlodipine- hydrochlorothiazide	21	OPVEE NA	17	oxybutynin chloride TB24	65
olmesartan medoxomil- hydrochlorothiazide	21	ORENITRAM TBCR	34	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	6
olopatadine hcl (nasal)	58	ORGOVYX	25	oxycodone hcl TABS	6
olopatadine hcl 0.1 %	60	ORLISSA	45	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7
olopatadine hcl 0.2 %	60	ORKAMBI PACK	63	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	7
omega-3-acid ethyl esters	19	ORKAMBI TABS	63	oxymorphone hcl TABS	6
omeprazole CPDR	65	ORLADEYO	49	oxymorphone hcl TB12 40 MG	6
omeprazole magnesium CPDR	65	orphenadrine citrate TB12	58	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG	6
omeprazole TBEC	65	oseltamivir phosphate CAPS	32	OZEMPIC SOPN 2 MG/1.5ML	16
omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG	65	oseltamivir phosphate SUSR	32	OZEMPIC SOPN	16
OMNIFLEX DIAPHRAGM	52	OSMOPREP	51	paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML	28
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phenelzine sulfate	14	piroxicam CAPS	4	potassium chloride microencapsulated crystals er	55
phenobarbital ELIX	50	PLASMA-LYTE A (electrolyte-a) ..	55	potassium chloride PACK OR 20 MEQ	56
phenobarbital TABS	50	PLASMA-LYTE-148 (electrolyte-148)	55	POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 56	
phenoxybenzamine hcl	20	PLEGRIDY SOAJ	63	potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML	56
phentermine hcl CAPS	1	PLEGRIDY SOSY SC	63	potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	56
phenytoin CHEW	13	PLEGRIDY STARTER PACK SOAJ . 63		POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	55
phenytoin sodium extended 100 MG, 200 MG, 300 MG	13	PLEGRIDY STARTER PACK SOSY SC	63	POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl)	55
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PHEXXI	69	PNEUMOVAX 23/1 DOSE SOLN .	66	PR BENZOYL PEROXIDE WASH LIQD	38
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PHOTOFRIN	28	polymyxin b sulfate SOLR	22	pramipexole dihydrochloride TABS 0.125 MG	29
PIFELTRO	31	polymyxin b-trimethoprim	59	pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	29
pilocarpine hcl (oral)	57	POMALYST	26	prasugrel hcl	49
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pimecrolimus	42	potassium acetate SOLN 2 MEQ/ML . 55		praziquantel	8
pimozide	63	potassium bicarbonate TBEF	55	prazosin hcl CAPS	20
pindolol TABS	33	potassium chloride CPCR	56	PRECISION XTRA	43
pioglitazone hcl	17	potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %	55	PRED MILD	60
pioglitazone hcl-glimepiride	15	potassium chloride in dextrose 5 %- 20 MEQ/L	55		
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prednicarbate OINT	42	PRENATAL ONE DAILY TABS	57	probenecid	48
prednisolone acetate (ophth)	60	PRENATAL PLUS TABS	57	procainamide hcl SOLN 500 MG/ML .	9
PREDNISOLONE SODIUM PHOSPHATE	60	PRENATAL PLUS VITAMIN ANDMINERAL TABS	57	prochlorperazine	30
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML	37	PRENATAL TABS	58	prochlorperazine maleate TABS ...	30
prednisolone sodium phosphate TBDP	37	PRENATAL VITAMIN & MINERAL TABS	57	PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	50
prednisolone SOLN	37	PRENATAL VITAMIN TABS	58	PROCRIT 40000 UNIT/ML	50
prednisolone TABS	37	PRENATAL VITAMIN/IRON TABS	57	progesterone CAPS	62
prednisone SOLN	37	PRENATAL VITAMINS PLUS LOW IRON TABS	57	PROGRAF PACK	56
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				propranolol hcl TABS	33
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pyridostigmine bromide SOLN OR	23	ramelteon	50	repaglinide 2 MG	17
pyridostigmine bromide TABS 60 MG	23	ramipril CAPS	20	REPATHA PUSHTRONEX SYSTEM SOCT	20
pyridostigmine bromide TBCR	23	ranitidine hcl TABS 150 MG	65	REPATHA SOSY	20
pyrimethamine	23	ranolazine TB12 1000 MG	8	REPATHA SURECLICK SOAJ	20
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quinapril hcl 5 MG, 10 MG	20	RECOMBIVAX HB SUSP	69	rifampin SOLR	24
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quinapril-hydrochlorothiazide 25 MG- 20 MG	21	REGRANEX	43	ringer's	55
quinidine sulfate TABS	9	RELENZA DISKHALER	32	ringer's irrigation	56
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sodium chloride (gu irrigant) 0.9 %	48	sotalol hcl TABS 80 MG, 120 MG, 160 MG	33	STRIVERDI RESPIMAT	10
sodium chloride (inhalant) NEBU 7 %	37	SPIKEVAX COVID-19 VACCINE SUSP	69	SUBLOCADE SOSY 100 MG/0.5ML	7
sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	56	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	69	SUBLOCADE SOSY 300 MG/1.5ML	7
sodium citrate & citric acid	48	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	69	SUBSYS LIQD 100 MCG	6
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	55	SPIKEVAX COVID-19 VACCINE/2024-25 SUSY	69	SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	6
sodium phenylbutyrate POWD	46	spinosad	43	SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	6
sodium phenylbutyrate TABS	46	SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate)	9	sucralfate SUSP	65
sodium polystyrene sulfonate POWD	56	SPIRIVA RESPIMAT AERS	9	sucralfate TABS	65
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	56	spironolactone & hydrochlorothiazide	44	sulconazole nitrate CREA	39
sodium sulfate-potassium sulfate-magnesium sulfate	51	spironolactone TABS	44	sulconazole nitrate SOLN	39
SOFOSBUVIR/VELPATASVIR TABS	32	SPRAVATO 56MG DOSE	14	sulfacetamide sodium (acne)	38
solifenacin succinate TABS	65	SPRAVATO 84MG DOSE	14	sulfacetamide sodium (ophth) SOLN	59
SOLQUA 100/33	15	SPRYCEL (dasatinib)	27	sulfacetamide sodium w/ sulfur CREA 10 %-5 %	38
SOLOSEC	2	stannous fluoride CONC	57	sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	38
SOLU-CORTEF 100 MG, 500 MG, 1000 MG	37	stavudine CAPS	31	sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %	38
SOLU-CORTEF 250 MG	37	STELARA 130 MG/26ML	47	sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	38
SOLU-MEDROL 2 GM	37	STELARA SOLN 45 MG/0.5ML	40	sulfacetamide sod-prednisolone SOLN	60
SOMAVERT 10 MG, 15 MG, 20 MG	45	STELARA SOSY 45 MG/0.5ML	40	sulfadiazine TABS	63
sorafenib tosylate	27	STELARA SOSY 90 MG/ML	40	sulfamethoxazole-trimethoprim SOLN	22
SORBITOL 3 %	48	STENDRA	34	sulfamethoxazole-trimethoprim SUSP	22
SORBITOL/MANNITOL IRRIGATION	48	STIOLTO RESPIMAT	10	sulfamethoxazole-trimethoprim TABS	22
sotalol hcl (afib/afib)	33	STIVARGA	27		
sotalol hcl TABS 240 MG	33	STRENSIQ	46		
		streptomycin sulfate SOLR	2		
		STRIBILD	31		

SULFAMYLON CREA	40	TABS	34	temsirolimus	27
sulfasalazine TABS	47	tadalafil 5 MG	34	TENIVAC INJ	64
sulfasalazine TBEC	47	TAFINLAR CAPS	27	tenofovir disoproxil fumarate TABS	31
sulindac TABS	4	tafluprost	60	terazosin hcl	20
sumatriptan	54	TAGRISSO 40 MG	25	terbinafine hcl TABS	18
sumatriptan succinate SOAJ	54	TAGRISSO 80 MG	25	terbutaline sulfate SOLN	10
sumatriptan succinate SOCT	54	TAKHZYRO SOLN	49	terbutaline sulfate TABS	11
sumatriptan succinate SOLN 6		TAKHZYRO SOSY	49	terconazole vaginal CREA	69
MG/0.5ML	54	TALZENNA	27	terconazole vaginal SUPP	69
sumatriptan succinate TABS	54	tamoxifen citrate TABS	26	teriflunomide	63
sumatriptan-naproxen sodium	54	tamsulosin hcl	48	teriparatide SOPN	45
sunitinib malate 12.5 MG, 25 MG, 50		TASIGNA 150 MG, 200 MG	27	TERIPARATIDE SOPN	45
MG	27	TASIGNA 50 MG	27	TESTOSTERONE CYPIONATE	
sunitinib malate 37.5 MG	27	tavorole	39	SOLN IJ 200 MG/ML	7
SUNOSI 150 MG	1	TAVALISSE	49	testosterone cypionate SOLN IM ...	7
SUNOSI 75 MG	1	tazarotene CREA 0.1 %	40	testosterone enanthate SOLN IM ...	7
SYNAREL	45	TAZVERIK	27	TETANUS/DIPHThERIA TOXOIDS-	
SYNERA PTCH	43	TDVAX SUSP	64	ADSORBED ADULT SUSP	64
SYNJARDY TABS	15	TEFLARO	35	tetrabenazine	62
SYNJARDY XR TB24 1000 MG-10		TEGRETOL SUSP (carbamazepine) .		tetracycline hcl CAPS	64
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MG	15	TEGRETOL TABS (carbamazepine) .		theophylline ELIX	11
SYNJARDY XR TB24 1000 MG-25		13		theophylline SOLN	11
MG	15	TEGSEDI	63	theophylline TB12	11
SYNRIBO	28	telmisartan	20	theophylline TB24	11
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sodium)	64	telmisartan-hydrochlorothiazide ..	21	TABS	58
TABLOID	24	temazepam 15 MG, 30 MG	50	THIOLA EC TBEC 100 MG	
TABRECTA	27	temazepam 7.5 MG, 22.5 MG	50	(tiopronin)	48
tacrolimus (topical) OINT	42	TEMODAR SOLR	24	THIOLA EC TBEC 300 MG	
tacrolimus CAPS	56	temozolomide CAPS	24	(tiopronin)	48
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thioridazine hcl	30	tolvaptan TABS	46	TREMFYA SOAJ 200 MG/2ML	40
thiotepa 15 MG	24	topiramate CPSP 15 MG	13	TREMFYA SOLN	40
thiothixene	30	topiramate CPSP 25 MG	13	TREMFYA SOSY 100 MG/ML	40
THYMOGLOBULIN	56	topiramate CS24	13	TREMFYA SOSY 200 MG/2ML	40
THYROGEN 0.9 MG	43	topiramate TABS 200 MG	13	treprostinil SOLN IJ	34
tiagabine hcl	13	topiramate TABS 25 MG, 100 MG	13	tretinoin (chemotherapy)	28
TIBSOVO	27	topiramate TABS 50 MG	13	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	38
tigecycline	64	topotecan hcl SOLR	28	tretinoin GEL 0.01 %, 0.025 %	38
timolol maleate (ophth) SOLG	59	toremifene citrate	26	tretinoin microsphere 0.1 %	38
timolol maleate (ophth) SOLN	59	torsemide TABS	44	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	24
timolol maleate TABS	33	TRACLEER TBSO	34	triamcinolone acetonide (mouth)	57
tiopronin TBEC 100 MG	48	tramadol hcl TABS 50 MG	6	triamcinolone acetonide (nasal)	
tiopronin TBEC 300 MG	48	tramadol hcl TB24	6	AERO	58
tiotropium bromide monohydrate CAPS	9	tramadol-acetaminophen	7	triamcinolone acetonide (topical) CREA 0.025 %	42
TIVICAY TABS	31	trandolapril 1 MG, 2 MG	20	triamcinolone acetonide (topical) CREA 0.1 %	42
tizanidine hcl CAPS	58	trandolapril 4 MG	20	triamcinolone acetonide (topical) CREA 0.5 %	42
tizanidine hcl TABS	58	trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG	21	triamcinolone acetonide (topical) LOTN 0.025 %	42
tobramycin (ophth) SOLN	59	trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	21	triamcinolone acetonide (topical) LOTN 0.1 %	42
tobramycin NEBU	2	tranexamic acid SOLN 1000 MG/10ML	50	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	42
tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML	2	tranexamic acid TABS	50	triamcinolone acetonide (topical) OINT 0.5 %	42
tobramycin-dexamethasone SUSP 60		tranylcypromine sulfate	14	triamcinolone acetonide (topical) SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML	37
TODAY SPONGE MISC	69	travoprost SOLN	60	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	44
tolcapone	29	TRAZIMERA	25		
tolmetin sodium CAPS	4	trazodone hcl TABS	14		
tolmetin sodium TABS 600 MG	4	TRECTOR	24		
TOLSURA CAPS	18	TRELEGY ELLIPTA	11		
tolterodine tartrate CP24	65	TRELSTAR MIXJECT	26		
tolterodine tartrate TABS	65	TREMFYA SOAJ 100 MG/ML	40		

triamterene & hydrochlorothiazide TABS	44	trosipium chloride CP24	65	TRUSTEX/RIA LUBRICATED MISC .	53
triamterene CAPS	44	trosipium chloride TABS	66	TRUSTEX/RIA LUBRICATED	
triazolam	50	TRUE COVER DEVI	52	SPERMICIDE MISC	53
TRICARE TABS	58	TRUE METRIX BLOOD		TRUSTEX/RIA	
trientine hcl 250 MG	56	GLUCOSETEST STRIPS STRP ..	43	LUBRICATED/SPERMICIDE MISC	
trifluoperazine hcl TABS	30	TRUE METRIX CONTROL		53	
trifluridine	59	SOLUTION LEVEL 3 SOLN	53	TRUXIMA	25
trihexyphenidyl hcl SOLN	28	TRUE METRIX SELF MONITORING		TUKYSA	25
trihexyphenidyl hcl TABS	28	BLOOD GLUCOSE STRIPS STRP		TURALIO	27
TRIJARDY XR 1000 MG-2.5 MG-		43		TUZISTRA XR	37
12.5 MG, 1000 MG-2.5 MG-5 MG .	16	TRUETRACK TEST STRP	43	TWINRIX SUSY	69
TRIJARDY XR 1000 MG-5 MG-10		TRULICITY	16	TWIRLA	36
MG, 1000 MG-5 MG-25 MG	16	TRUMENBA	66	TYBLUME CHEW	36
TRIKAFTA TBPK	63	TRUSTEX COLOR CONDOMS +		TYBOST	31
trimethobenzamide hcl CAPS	18	LUBE MISC	52	TYMLOS	45
trimethoprim TABS	22	TRUSTEX LUBRICATED		TYVASO REFILL KIT SOLN IN ...	34
trimipramine maleate CAPS	15	EXTRALARGE MISC	52	TYVASO SOLN IN	34
TRINTELLIX	14	TRUSTEX LUBRICATED		TYVASO STARTER KIT SOLN IN	34
TRIUMEQ TABS	31	EXTRASTRENGTH MISC	52	UBRELVY	54
TRIZIVIR	31	TRUSTEX LUBRICATED MISC ...	53	UCERIS (budesonide (intrarectal))	.7
TROJAN MAGNUM MISC	52	TRUSTEX		UDENYCA ONBODY SOSY	50
TROJAN ULTRA THIN		LUBRICATED/RIBBED/STUDD		UDENYCA SOAJ	50
LUBRICATED MISC	52	MISC	52	UDENYCA SOSY	50
TROJAN ULTRA		TRUSTEX		UPTRAVI TABS 200 MCG	34
THIN/SPERMICIDAL LUBRICANT		LUBRICATED/SPERMICIDE EXTRA		UPTRAVI TABS 400 MCG, 600	
MISC	52	LARGE MISC	52	MCG, 800 MCG, 1000 MCG, 1200	
TROJAN-ENZ LUBRICATED MISC		TRUSTEX		MCG, 1400 MCG, 1600 MCG	34
52		LUBRICATED/SPERMICIDE MISC		UPTRAVI TITRATION PACK TBPK	
TROJAN-ENZ W/SPERMICIDAL		52		34	
MISC	52	TRUSTEX NATURAL CONDOMS		ursodiol CAPS	47
tropicamide SOLN 0.5 %	59	+LUBE/LUBRICATED MISC	53	ursodiol TABS	47
tropicamide SOLN 1 %	59	TRUSTEX WITH NONOXYNOL-			
		9/RIBBED/STUDD MISC	53		

UVADEX	28	venlafaxine hcl TB24 150 MG	15	VORAXAZE	28
valacyclovir hcl 1 GM, 1000 MG ...	32	venlafaxine hcl TB24 37.5 MG, 75		voriconazole TABS	18
valacyclovir hcl 500 MG	32	MG, 225 MG	15	VOSEVI	32
valganciclovir hcl TABS	32	verapamil hcl CP24 100 MG, 200		VOTRIENT (pazopanib hcl)	27
valproate sodium SOLN OR 250		MG, 300 MG	33	VYNDAMAX	34
MG/5ML, 500 MG/10ML	13	verapamil hcl CP24 120 MG, 180		VYNDAQEL	34
valproic acid CAPS	13	MG, 240 MG, 360 MG	33	VYVANSE CAPS	1
valrubicin	26	verapamil hcl SOLN 2.5 MG/ML ...	33	warfarin sodium TABS	11
valsartan TABS	20	verapamil hcl TABS	33	water for irrigation, sterile	56
valsartan-hydrochlorothiazide	21	verapamil hcl TBCR	33	WESTAB PLUS TABS	58
VALTOCO 10 MG DOSE LIQD ...	12	VEREGEN	38	WIDE-SEAL SILICONE	
VALTOCO 15 MG DOSE LQPK ...	12	VERZENIO	27	DIAPHRAGM KIT 60	53
VALTOCO 20 MG DOSE LQPK ...	12	VICTOZA (liraglutide)	16	WIDE-SEAL SILICONE	
VALTOCO 5 MG DOSE LIQD	12	vigabatrin PACK	13	DIAPHRAGM KIT 65	53
vancomycin hcl CAPS	22	vigabatrin TABS	13	WIDE-SEAL SILICONE	
vancomycin hcl SOLR IV 1 GM, 10		VIIBRYD STARTER PACK KIT ...	14	DIAPHRAGM KIT 70	53
GM, 500 MG, 1000 MG	22	vilazodone hcl TABS	14	WIDE-SEAL SILICONE	
vancomycin hcl SOLR OR 25		vincristine sulfate	28	DIAPHRAGM KIT 75	53
MG/ML, 50 MG/ML, 250 MG/5ML .	22	vinorelbine tartrate 10 MG/ML	28	WIDE-SEAL SILICONE	
VAQTA	69	VIRACEPT TABS 250 MG	31	DIAPHRAGM KIT 80	53
varenicline tartrate TABS	63	VIRACEPT TABS 625 MG	31	WIDE-SEAL SILICONE	
varenicline tartrate TBPK	63	VIREAD POWD	31	DIAPHRAGM KIT 85	53
VARIVAX SUSR	69	VIREAD TABS 150 MG, 200 MG,		WIDE-SEAL SILICONE	
VARUBI TBPK	18	250 MG	31	DIAPHRAGM KIT 90	53
VAXNEUVANCE	66	VISTOGARD	17	WIDE-SEAL SILICONE	
VECAMYL	21	VITAMIN D2 TABS 400 UNIT	70	DIAPHRAGM KIT 95	53
VECTIBIX 100 MG/5ML	25	VITATHELY/GINGER TABS	58	XALKORI CAPS	28
venlafaxine hcl CP24 150 MG	15	VITRAKVI CAPS	27	XARELTO STARTER PACK TBPK	
venlafaxine hcl CP24 37.5 MG	15	VITRAKVI SOLN	27	11	
venlafaxine hcl CP24 75 MG	15	VIVITROL	17	XARELTO SUSR	11
venlafaxine hcl TABS	15	VIZIMPRO	25	XARELTO TABS 10 MG, 20 MG ..	11
				XARELTO TABS 2.5 MG, 15 MG ..	11
				XELJANZ SOLN	3

XELJANZ TABS 10 MG	3	XYNTHA	49	ZIRABEV	25
XELJANZ TABS 5 MG	3	XYNTHA SOLOFUSE	49	ZIRGAN GEL	59
XELJANZ XR TB24	3	YERVOY	25	ZOLADEX 10.8 MG	26
XEOMIN	59	YONSA	26	ZOLADEX 3.6 MG	26
XGEVA SOLN	45	zafirlukast	9	zoledronic acid CONC	45
XHANCE EXHU	58	zaleplon 10 MG	50	zoledronic acid SOLN	45
XIFAXAN 200 MG	22	zaleplon 5 MG	50	ZOLINZA	28
XIFAXAN 550 MG	22	ZALTRAP 100 MG/4ML	25	zolmitriptan SOLN	54
XIGDUO XR (dapagliflozin propanediol-metformin hcl)	16	ZANOSAR	24	zolmitriptan TABS	54
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	16	ZARONTIN CAPS (ethosuximide) .	13	zolmitriptan TBDP	55
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	16	ZARXIO	50	zolpidem tartrate TABS	50
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	9	ZEJULA CAPS	28	zolpidem tartrate TBCR	50
XOLAIR SOAJ 75 MG/0.5ML	9	ZEJULA TABS 100 MG	28	zonisamide CAPS	13
XOLAIR SOLR	9	ZEJULA TABS 200 MG, 300 MG .	28	ZONTIVITY	49
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	9	ZELBORAF	28	ZORBTIVE SC	45
XOLAIR SOSY 75 MG/0.5ML	9	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	44	ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 1.4 MG-5.7 MG, 2.1 MG-8.6 MG, 2.9 MG-11.4 MG .	7
XOSPATA	28	ZENPEP CPEP 252600 UNIT- 189600 UNIT-60000 UNIT	44	ZUBSOLV SUBL 0.71 MG-2.9 MG .	7
XPOVIO	26	zidovudine CAPS	31	ZYDELIG	28
XPOVIO 60 MG TWICE WEEKLY 26		zidovudine SYRP	31		
XPOVIO 80 MG TWICE WEEKLY 26		zidovudine TABS	31		
XTAMPZA ER	6	ZIEXTENZO	50		
XTANDI CAPS	26	zileuton TB12	9		
XTANDI TABS 40 MG	26	ZIMHI SOSY	17		
XTANDI TABS 80 MG	26	ziprasidone hcl	29		
XULTOPHY 100/3.6	16				

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