



2026

Formulary

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Formulary Introduction

FORMULARY

The Ambetter from Arizona Complete Health 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 or gender limits 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.
- Tier 6** - Coverage for this tier is for oncology or anti-cancer drugs. Cost-share is set to be equivalent to member's medical benefit cost-share.

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

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

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 Arizona Complete Health, 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 puede agregar o eliminar medicamentos, o se pueden incorporar requisitos adicionales para aprobar el uso continuado de un medicamento específico.

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

Clave de la lista de medicamentos:

Los medicamentos de marca aparecen en MAYÚSCULAS y los medicamentos genéricos aparecen en minúsculas. Los medicamentos están cubiertos por diferentes niveles de copago en función de su beneficio:

- Nivel 0** - Sin copago para aquellos medicamentos que se usan para prevención y son obligatorios según la Ley de Cuidado de Salud Asequible. Los anticonceptivos orales seleccionados, la vitamina D, el ácido fólico para mujeres en edad fértil, las aspirinas de venta libre (OTC) y los productos para dejar de fumar pueden estar cubiertos en este nivel. Se aplican determinados límites de edad o sexo.
- Nivel 1a** - El copago más bajo para medicamentos seleccionados que ofrecen el mayor valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.
- Nivel 1b** - Copago bajo para aquellos medicamentos que ofrecen un gran valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.
- Nivel 2** - El copago medio cubre los medicamentos de marca que suelen ser más asequibles, o que pueden ser preferidos en comparación con otros medicamentos para tratar las mismas condiciones.
- Nivel 3** - El copago alto cubre los medicamentos de marca de costo más alto y medicamentos genéricos no preferidos. Este nivel también puede cubrir medicamentos no especializados que no figuran en la Lista de medicamentos recetados, pero cuya cobertura ha sido aprobada.
- Nivel 4** - El copago más alto es para medicamentos “de especialidad” usados para tratar condiciones crónicas complejas que pueden requerir una manipulación, almacenamiento o administración clínica especiales. Los medicamentos recetados cubiertos en el nivel de especialidad pueden tener que ser surtidos en una farmacia que participe de las redes de “especialidad” o de “hemofilia” de Ambetter. Para obtener información adicional sobre qué farmacias están dentro de nuestras redes de “especialidad” o “hemofilia”, debe consultar la sección de información farmacéutica del sitio web de Ambetter.
- Nivel 6** - La cobertura de este nivel es para medicamentos oncológicos o contra el cáncer. El costo compartido está establecido para ser equivalente al costo compartido del beneficio médico del miembro.

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	Plazo	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.
D/D+/C	No se aplica	Los medicamentos que aparecen en el Formulario con los símbolos D/D+/C conllevar copagos alternativos para ciertos diseños de beneficio. Consulte sus documentos sobre los beneficios para obtener más información.

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 20 MG, 25 MG, 30 MG</i>	1B	QL(2 EA daily)
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG</i>	1B	QL(1 EA daily)
<i>amphetamine-dextroamphetamine CP24 15 MG</i>	1B	
<i>amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG</i>	1B	QL(3 EA daily)
<i>amphetamine-dextroamphetamine TABS 30 MG</i>	1B	QL(2 EA daily)
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 EA daily)
<i>dextroamphetamine sulfate CP24 5 MG</i>	1B	
<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	1B	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1B	QL(4 EA daily)
<i>lisdexamfetamine dimesylate CAPS</i>	1B	QL(1 EA daily); ST
<i>lisdexamfetamine dimesylate CHEW</i>	1B	QL(1 EA daily); ST
<i>methamphetamine hcl</i>	1B	QL(5 EA daily); AL(At least 6 yrs old)
Anorexiant Non-Amphetamine		
<i>phendimetrazine tartrate TABS</i>	1B	PA

Drug Name	Drug Tier	Requirements/Limits
<i>phentermine hcl CAPS</i>	1B	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)		
<i>SUNOSI 150 MG</i>	3	QL(1 EA daily); PA
<i>SUNOSI 75 MG</i>	3	QL(2 EA daily); PA
Stimulants - Misc.		
<i>armodafinil</i>	1B	QL(1 EA daily); AL(At least 17 yrs old); PA
<i>dexmethylphenidate hcl CP24</i>	1B	QL(1 EA daily)
<i>dexmethylphenidate hcl TABS</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CHEW 2.5 MG</i>	1B	QL(2 EA daily)
<i>methylphenidate hcl CHEW 10 MG</i>	1B	QL(5 EA daily)
<i>methylphenidate hcl CHEW 5 MG</i>	1B	QL(6 EA daily)
<i>methylphenidate hcl CP24 30 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24</i>	1B	QL(1 EA daily)
<i>methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<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)
<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		
GRASSTK SUBL	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1B	
ARIKAYCE	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<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</i>	1B	
<i>neomycin sulfate TABS</i>	1B	
<i>streptomycin sulfate SOLR</i>	3	
<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
RINVOQ TB24	4	QL(1 EA daily); PA
XELJANZ XR TB24	4	QL(1 EA daily); PA
XELJANZ SOLN	4	QL(20 ML daily); PA
XELJANZ TABS 5 MG	4	QL(2 EA daily); SP; PA
XELJANZ TABS 10 MG	4	QL(2 EA daily); PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-AATY (1 PEN) AJKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-AATY (2 PEN) AJKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADAZ SOAJ	4	QL(0.143 ML daily); PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.143 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-ADBM (2 PEN) AJKT	4	QL(0.143 EA daily); PA	HUMIRA-PSORIASIS/UEIT STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA	SIMLANDI (1 PEN) AJKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	4	QL(0.143 EA daily); PA	SIMLANDI (1 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	4	QL(0.143 EA daily); PA	SIMLANDI (2 PEN) AJKT	4	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT	4	QL(0.143 EA daily); PA	SIMLANDI (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	QL(0.072 EA daily); PA	SIMPONI ARIA SOLN	4	PA
HUMIRA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA	YUFLYMA (1 PEN) AJKT	4	QL(0.143 EA daily); PA
HUMIRA-CD/UC/HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	YUFLYMA (2 PEN) AJKT	4	QL(0.143 EA daily); PA
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	YUFLYMA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
HUMIRA-PED>=40KG CROHNS START PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	YUFLYMA-CD/UC/HS STARTER AJKT	4	QL(0.143 EA daily); PA
HUMIRA-PED>=40KG UC STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	Gold Compounds		
HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA	AURANOFIN 3 MG	3	QL(3 EA daily)
			RIDAURA	3	QL(3 EA daily)
			Interleukin-1 Blockers		
			ARCALYST	4	QL(0.286 EA daily); SP; PA
			Interleukin-6 Receptor Inhibitors		
			ACTEMRA ACTPEN SOAJ	4	SP; PA
			ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML	4	QL(40 ML per 28 day(s) retail; 40 ML per 28 days mail); SP; PA
			ACTEMRA SOLN 80 MG/4ML	4	SP; PA
			ACTEMRA SOSY	4	SP; PA
			KEVZARA SOAJ	4	QL(0.082 ML daily); PA
			KEVZARA SOSY	4	QL(0.082 ML daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>tolmetin sodium TABS 600 MG</i>	1B	
<i>celecoxib</i>	1B	QL(2 EA daily)	Phosphodiesterase 4 (PDE4) Inhibitors		
<i>diclofenac potassium TABS 50 MG</i>	1B		<i>OTEZLA XR TB24 PO 75 MG</i>	4	QL(1 EA daily); PA
<i>diclofenac sodium TB24</i>	1B		<i>OTEZLA/OTEZLA XR INITIATION PK TBPk</i>	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<i>diclofenac sodium TBEC</i>	1B		<i>OTEZLA TABS</i>	4	QL(2 EA daily); PA
<i>diclofenac w/ misoprostol TBEC</i>	1B		<i>OTEZLA TBPk</i>	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<i>etodolac CAPS</i>	1B		<i>OTEZLA TBPk</i>	4	1 package(s) per 180 day(s) retail; PA
<i>etodolac TABS</i>	1B		Pyrimidine Synthesis Inhibitors		
<i>fenoprofen calcium TABS</i>	1B	QL(4 EA daily); ST	<i>leflunomide</i>	1B	QL(1 EA daily)
<i>flurbiprofen TABS</i>	1B		Soluble Tumor Necrosis Factor Receptor Agents		
<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	1B	RX/OTC	<i>ENBREL MINI SOCT</i>	4	QL(0.146 ML daily); PA
<i>ibuprofen TABS 800 MG</i>	1B		<i>ENBREL SURECLICK SOAJ</i>	4	QL(0.146 ML daily); PA
<i>ibuprofen TABS 400 MG, 600 MG</i>	1A		<i>ENBREL SOLN</i>	4	QL(0.146 ML daily); PA
<i>indomethacin CAPS 25 MG, 50 MG</i>	1B		<i>ENBREL SOSY 50 MG/ML</i>	4	QL(0.286 ML daily); SP; PA
<i>indomethacin CPCR</i>	1B		<i>ENBREL SOSY 25 MG/0.5ML</i>	4	QL(0.146 ML daily); PA
<i>ketoprofen CAPS 50 MG</i>	1B		ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>ketorolac tromethamine TABS</i>	1B	QL(0.667 EA daily)	Analgesic Combinations		
<i>meclofenamate sodium CAPS</i>	1B		<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1B	
<i>mefenamic acid CAPS</i>	1B	QL(6 EA daily); ST	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1B	QL(6 EA daily)
<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				
<i>piroxicam CAPS</i>	1B				
<i>sulindac TABS</i>	1B				
<i>tolmetin sodium CAPS</i>	1B				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	QL(6 EA daily)	<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1B	QL(6 EA daily)	<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 EA daily)
<i>butalbital-aspirin-caffeine CAPS</i>	1B	QL(4 EA daily)	<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 EA daily); PA
Salicylates			<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 EA daily); PA
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B	
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ML per fill retail)
<i>aspirin TBEC 325 MG</i>	1A		<i>meperidine hcl TABS 50 MG</i>	1B	QL(6 EA daily)
<i>diflunisal TABS</i>	1B		<i>methadone hcl CONC</i>	1B	QL(10 ML daily)
<i>salsalate</i>	1B		<i>methadone hcl SOLN PO 10 MG/5ML</i>	1B	QL(50 ML daily)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B	
Opioid Agonists			<i>methadone hcl SOLN PO 5 MG/5ML</i>	1B	QL(100 ML daily)
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply	<i>METHADONE HCL SOLN IJ (methadone hcl)</i>	1B	
<i>CODEINE SULFATE TABS</i>	1B	New starts limited to 7 day supply	<i>methadone hcl TABS 10 MG</i>	1B	QL(10 EA daily)
<i>fentanyl citrate LPOP</i>	1B	QL(4 EA daily); PA	<i>methadone hcl TABS 5 MG</i>	1B	QL(4 EA daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1B	QL(0.34 EA daily)	<i>methadone hcl TBSO</i>	1B	QL(2 EA daily)
<i>hydrocodone bitartrate CP12</i>	3	QL(2 EA daily); PA	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1B	QL(2 EA daily); PA
<i>hydrocodone bitartrate T24A</i>	3	QL(2 EA daily); PA	<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B	
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply			

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

Drug Name	Drug Tier	Requirements/ Limits	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>methyltestosterone TABS</i>	1B	
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)	<i>testosterone cypionate SOLN IM</i>	1B	
<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)	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1B	
<i>tramadol-acetaminophen</i>	1B	New starts limited to 7 day supply; QL(8 EA daily)	<i>testosterone enanthate SOLN IM</i>	1B	
Opioid Partial Agonists			ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
<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)	Intrarectal Steroids		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1B	QL(2 EA daily)	<i>budesonide (intrarectal)</i>	4	QL(3.2 GM daily); PA
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1B	QL(3 EA daily)	<i>hydrocortisone (intrarectal)</i>	1B	
<i>buprenorphine hcl SOLN</i>	1B		Rectal Steroids		
<i>buprenorphine hcl SUBL</i>	1B	QL(3 EA daily)	<i>hydrocortisone (rectal) EX</i>	1B	
<i>buprenorphine PTWK</i>	1B	QL(0.143 EA daily); PA	<i>hydrocortisone acetate (rectal)</i>	1B	
<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1B		Vasodilating Agents		
<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ML daily); PA	<i>nitroglycerin (intra-anal)</i>	1B	QL(2 GM daily)
<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply	ANTHELMINTICS - Drugs to Treat Worm Infections		
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			Anthelmintics		
Androgens			<i>albendazole</i>	1B	PA
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 EA daily); PA	EMVERM CHEW	2	QL(2 EA daily; 6 EA per fill retail); 1 max fill(s) per 60 day(s) retail
<i>danazol CAPS</i>	1B		<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		

Drug Name	Drug Tier	Requirements/ Limits
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>	1A	
NITRO-BID OINT	3	
<i>nitroglycerin CPR</i>	1B	QL(4 EA daily)
<i>nitroglycerin PT24</i>	1B	
NITROGLYCERIN SOLN IV	1B	
<i>nitroglycerin SUBL</i>	1B	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 5 MG</i>	1A	
<i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B	
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	1B	
<i>hydroxyzine hcl SYRP</i>	1B	
<i>hydroxyzine hcl TABS</i>	1B	
<i>hydroxyzine pamoate CAPS</i>	1B	
<i>meprobamate</i>	1B	
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	

Drug Name	Drug Tier	Requirements/ Limits
<i>clorazepate dipotassium TABS</i>	1B	
<i>diazepam CONC</i>	1B	
<i>diazepam SOLN PO 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 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 150 MG/3ML</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 10 MG/0.5ML	4	QL(0.018 ML daily); PA

Drug Name	Drug Tier	Requirements/Limits
FASENRA SOSY 30 MG/ML	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 RESPIMAT AERS IN	2	QL(0.14 GM daily)
<i>tiotropium bromide CAPS IN 18 MCG</i>	1B	QL(1 EA daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1B	QL(1 EA daily)
<i>montelukast sodium PACK</i>	1B	QL(1 EA daily)
<i>montelukast sodium TABS</i>	1B	QL(1 EA daily)
<i>zafirlukast</i>	1B	QL(2 EA daily)
<i>zileuton TB12</i>	3	QL(4 EA daily); PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	1B	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
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
<i>budesonide (inhalation) SUSP</i>	1B	QL(4 ML daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
<i>fluticasone propionate (inhalation) AEPB</i>	1B	
<i>fluticasone propionate hfa</i>	1B	QL(0.8 GM daily)
PULMICORT FLEXHALER AEPB	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
QVAR REDIHALER	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
Sympathomimetics		
<i>albuterol sulfate AERS</i>	1B	
<i>albuterol sulfate NEBU</i>	1B	
<i>albuterol sulfate NEBU</i>	1B	QL(15 ML daily)
<i>albuterol sulfate SYRP</i>	1B	
<i>albuterol sulfate TABS</i>	1B	
<i>arformoterol tartrate</i>	1B	QL(4 ML daily)
BEVESPI AEROSPHERE	2	
BREO ELLIPTA	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
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	Drug Name	Drug Tier	Requirements/ Limits
<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	STRIVERDI RESPIMAT	2	
COMBIVENT RESPIMAT AERS	2	QL(0.16 GM daily)	<i>terbutaline sulfate SOLN</i>	1B	
DULERA	2		<i>terbutaline sulfate TABS</i>	1B	
<i>fluticasone furoate-vilanterol</i>	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	TRELEGY ELLIPTA	2	QL(2 EA daily)
<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	<i>umeclidinium-vilanterol</i>	2	QL(2 EA daily)
<i>fluticasone-salmeterol AERO</i>	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	Xanthines		
<i>formoterol fumarate NEBU</i>	1B	QL(4 ML daily)	<i>theophylline ELIX</i>	1B	
<i>ipratropium-albuterol SOLN</i>	1B	QL(18 ML daily)	<i>theophylline SOLN</i>	1B	QL(56 ML daily)
<i>levalbuterol hcl</i>	1B	QL(12 ML daily)	<i>theophylline TB12</i>	1B	
<i>levalbuterol hcl 1.25 MG/0.5ML</i>	1B		<i>theophylline TB24</i>	1B	
<i>levalbuterol tartrate</i>	1B	QL(0.5 GM daily)	ANTICOAGULANTS - Blood Thinners		
SEREVENT DISKUS	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	Coumarin Anticoagulants		
STIOLTO RESPIMAT	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>warfarin sodium TABS</i>	1A	
			Direct Factor Xa Inhibitors		
			ELIQUIS DVT/PE 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)
			<i>rivaroxaban SUSR 1 MG/ML</i>	1B	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)
			<i>rivaroxaban TABS 2.5 MG</i>	1B	QL(2 EA daily)
			XARELTO STARTER PACK TBPK	2	1 max fill(s) per 365 day(s) retail
			XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	2	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)
			XARELTO TABS 15 MG	2	QL(2 EA daily)
			XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)
			Heparins And Heparinoid-Like Agents		
			<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	4	QL(6 ML daily)
			<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	4	QL(1.2 ML daily; 30 Day(s) limit); SP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	4	QL(0.6 ML daily); SP	<i>perampanel TABS 4 MG</i>	1B	QL(3 EA daily); PA
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ML daily)	<i>perampanel TABS 2 MG</i>	1B	QL(6 EA daily); PA
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	4	QL(0.8 ML daily; 30 Day(s) limit); SP	<i>perampanel TABS 6 MG</i>	1B	QL(2 EA daily); PA
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	4	QL(2 ML daily)	Anticonvulsants - Benzodiazepines		
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail); SP	<i>clobazam SUSP</i>	1B	QL(16 ML daily); PA
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail); SP	<i>clobazam TABS</i>	1B	QL(2 EA daily); PA
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail); SP	<i>clonazepam TABS</i>	1A	
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail); SP	<i>diazepam (anticonvulsant) GEL</i>	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
FRAGMIN SOSY	4	SP; PA	NAYZILAM	3	QL(10 EA per 30 day(s) retail); PA
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML	1B		VALTOCO 10 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B		VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
Thrombin Inhibitors			VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
<i>dabigatran etexilate mesylate CAPS</i>	1B		VALTOCO 5 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
ANTICONVULSANTS - Drugs to Treat Seizures			Anticonvulsants - Misc.		
AMPA Glutamate Receptor Antagonists			BANZEL TABS 400 MG (<i>rufinamide</i>)	2	QL(8 EA daily); PA
<i>perampanel TABS 8 MG, 10 MG, 12 MG</i>	1B	QL(1 EA daily); PA	BANZEL TABS 200 MG (<i>rufinamide</i>)	2	QL(2 EA daily); PA
			BRIVIACT SOLN PO 10 MG/ML	3	QL(20 ML daily); PA
			<i>carbamazepine CHEW 100 MG</i>	1B	
			<i>carbamazepine CP12 300 MG</i>	1B	QL(4 EA daily)
			<i>carbamazepine CP12 100 MG</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine CP12 200 MG</i>	1B	QL(6 EA daily)	<i>oxcarbazepine SUSP</i>	1B	QL(40 ML daily)
<i>carbamazepine SUSP</i>	1B		<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 EA daily)
<i>carbamazepine TABS</i>	1B		<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1B	QL(3 EA daily)
<i>carbamazepine TB12 200 MG</i>	1B	QL(6 EA daily)	<i>pregabalin CAPS 225 MG, 300 MG</i>	1B	QL(2 EA daily); ST
<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 EA daily)	<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1B	QL(3 EA daily); ST
DIACOMIT CAPS 250 MG	4	QL(12 EA daily); PA	<i>pregabalin SOLN</i>	1B	QL(30 ML daily); ST
DIACOMIT CAPS 500 MG	4	QL(6 EA daily); PA	<i>primidone 50 MG, 250 MG</i>	1B	
DIACOMIT PACK 500 MG	4	QL(6 EA daily); PA	<i>rufinamide SUSP</i>	1B	QL(80 ML daily); PA
DIACOMIT PACK 250 MG	4	QL(12 EA daily); PA	<i>rufinamide TABS 200 MG</i>	1B	QL(2 EA daily); PA
EPIDIOLEX	3	PA	<i>rufinamide TABS 400 MG</i>	1B	QL(8 EA daily); PA
<i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i>	1B	QL(2 EA daily); ST	TEGRETOL SUSP (<i>carbamazepine</i>)	2	
<i>gabapentin CAPS</i>	1B		TEGRETOL TABS (<i>carbamazepine</i>)	2	
<i>gabapentin SOLN</i>	1B	QL(60 ML daily)	<i>topiramate CPSP 25 MG</i>	1B	QL(8 EA daily)
<i>gabapentin TABS 600 MG, 800 MG</i>	1B		<i>topiramate CPSP 15 MG</i>	1B	QL(6 EA daily)
<i>lacosamide SOLN IV 200 MG/20ML</i>	1B	QL(40 ML daily)	<i>topiramate CS24</i>	3	PA
<i>lacosamide TABS</i>	1B	QL(2 EA daily)	<i>topiramate TABS 50 MG</i>	1B	QL(6 EA daily)
<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 EA daily)	<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 EA daily)
<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 EA daily)	<i>topiramate TABS 200 MG</i>	1B	QL(2 EA daily)
<i>lamotrigine TABS</i>	1B		<i>zonisamide CAPS</i>	1B	QL(6 EA daily)
<i>lamotrigine TBDP</i>	1B	QL(1 EA daily)	Carbamates		
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1B	QL(30 ML daily)	<i>felbamate SUSP</i>	1B	QL(30 ML daily)
<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 EA daily)	<i>felbamate TABS 400 MG</i>	1B	QL(9 EA daily)
<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 EA daily)	<i>felbamate TABS 600 MG</i>	1B	QL(6 EA daily)
<i>levetiracetam TABS 500 MG</i>	1B	QL(6 EA daily)	GABA Modulators		
<i>levetiracetam TB24</i>	1B	QL(4 EA daily)	<i>tiagabine hcl</i>	1B	
			<i>vigabatrin PACK</i>	4	QL(6 EA daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>vigabatrin TABS</i>	4	QL(6 EA daily); SP; PA	<i>bupropion hcl TABS</i>	1B	
Hydantoins			<i>bupropion hcl TB12</i>	1B	
<i>DILANTIN (phenytoin sodium extended)</i>	2		<i>bupropion hcl TB24 150 MG, 300 MG</i>	1B	
<i>DILANTIN</i>	2		Monoamine Oxidase Inhibitors (MAOIs)		
<i>DILANTIN INFATABS CHEW (phenytoin)</i>	2		<i>EMSAM</i>	3	QL(1 EA daily)
<i>DILANTIN-125 SUSP (phenytoin)</i>	2		<i>MARPLAN</i>	2	QL(6 EA daily)
<i>DILANTIN SUSP (phenytoin)</i>	2		<i>phenelzine sulfate</i>	1B	
<i>fosphenytoin sodium</i>	1B		<i>tranylcypromine sulfate</i>	1B	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1B		N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
<i>phenytoin sodium SOLN</i>	1B		<i>SPRAVATO (56 MG DOSE)</i>	4	PA
<i>phenytoin CHEW</i>	1B		<i>SPRAVATO (84 MG DOSE)</i>	4	PA
<i>phenytoin SUSP</i>	1B		Selective Serotonin Reuptake Inhibitors (SSRIs)		
Succinimides			<i>citalopram hydrobromide SOLN</i>	1A	
<i>ethosuximide CAPS</i>	1B	QL(6 EA daily)	<i>citalopram hydrobromide TABS</i>	1A	
<i>ethosuximide SOLN</i>	1B	QL(30 ML daily)	<i>escitalopram oxalate SOLN</i>	1B	
<i>methsuximide</i>	1B	QL(4 EA daily)	<i>escitalopram oxalate TABS</i>	1B	
<i>ZARONTIN CAPS (ethosuximide)</i>	2	QL(6 EA daily)	<i>fluoxetine hcl CAPS</i>	1A	
Valproic Acid			<i>fluoxetine hcl CPDR</i>	1A	
<i>divalproex sodium TB24</i>	1B		<i>fluoxetine hcl SOLN</i>	1B	
<i>divalproex sodium TBEC</i>	1B		<i>fluoxetine hcl TABS</i>	1B	
<i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i>	1B		<i>fluvoxamine maleate TABS</i>	1B	
<i>valproic acid CAPS</i>	1B		<i>paroxetine hcl SUSP</i>	1B	
ANTIDEPRESSANTS - Drugs to Treat Depression			<i>paroxetine hcl TABS</i>	1B	
Alpha-2 Receptor Antagonists (Tetracyclics)			<i>paroxetine hcl TB24</i>	1B	
<i>mirtazapine TABS</i>	1B		<i>sertraline hcl CONC</i>	1B	
<i>mirtazapine TBDP</i>	1B		<i>sertraline hcl TABS</i>	1B	
Antidepressants - Misc.			Serotonin Modulators		
			<i>nefazodone hcl</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>trazodone hcl TABS</i>	1B		<i>alogliptin-metformin hcl</i>	1B	QL(2 EA daily); PA
TRINTELLIX	3	QL(1 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
VIIBRYD STARTER PACK KIT	3	1 package(s) per 180 day(s) retail	<i>alogliptin-pioglitazone 30 MG-12.5 MG</i>	1B	QL(2 EA daily); PA
<i>vilazodone hcl TABS</i>	1B		<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 EA daily)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 EA daily)
<i>desvenlafaxine succinate</i>	1B		<i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>	1B	QL(2 EA daily)
<i>duloxetine hcl CPEP</i>	1B		<i>glipizide-metformin hcl 500 MG-5 MG</i>	1B	QL(4 EA daily)
FETZIMA TITRATION C4PK	3	PA	<i>glyburide-metformin 250 MG-1.25 MG</i>	1B	QL(2 EA daily)
FETZIMA CP24	3	QL(1 EA daily); PA	<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1B	QL(4 EA daily)
<i>venlafaxine hcl CP24</i>	1B		GLYXAMBI	2	QL(1 EA daily)
<i>venlafaxine hcl TABS</i>	1B		JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
<i>venlafaxine hcl TB24</i>	1B		JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)
Tricyclic Agents			JANUMET TABS	2	QL(2 EA daily)
<i>amitriptyline hcl TABS</i>	1A		<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 EA daily)
<i>amoxapine</i>	1B		<i>pioglitazone hcl-metformin hcl TABS</i>	1B	QL(2 EA daily)
<i>clomipramine hcl</i>	1B		<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1B	QL(1 EA daily)
<i>desipramine hcl TABS</i>	1B		<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1B	QL(2 EA daily)
<i>doxepin hcl CAPS</i>	1B		SOLQUA	2	QL(0.5 ML daily); PA
<i>doxepin hcl CONC</i>	1B				
<i>imipramine hcl TABS</i>	1B				
<i>imipramine pamoate</i>	1B				
<i>nortriptyline hcl CAPS</i>	1B				
<i>nortriptyline hcl SOLN</i>	1B				
<i>protriptyline hcl</i>	1B				
<i>trimipramine maleate CAPS</i>	1B				
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					

Drug Name	Drug Tier	Requirements/ Limits
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 EA daily)
SYNJARDY TABS	2	QL(2 EA daily)
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 EA daily)
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 EA daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 EA daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(1 EA daily)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(2 EA daily)
XULTOPHY	2	QL(0.5 ML daily); PA
Biguanides		
<i>metformin hcl TABS 850 MG</i>	0	QL(3 EA daily)
<i>metformin hcl TABS 1000 MG</i>	1A	QL(2.5 EA daily)
<i>metformin hcl TABS 500 MG</i>	1A	QL(5 EA daily)
<i>metformin hcl TB24 500 MG</i>	1B	QL(4 EA daily)
<i>metformin hcl TB24 750 MG</i>	1B	QL(3 EA daily)
Diabetic Other		
<i>diazoxide</i>	3	
<i>glucagon SOLR IJ 1 MG</i>	1B	QL(0.035 EA daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
<i>alogliptin benzoate</i>	1B	QL(1 EA daily)
JANUVIA	2	QL(1 EA daily)
<i>saxagliptin hcl</i>	1B	QL(1 EA daily)
Incretin Mimetic Agents		
<i>liraglutide</i>	1B	QL(0.3 ML daily); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(0.108 ML daily); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(0.054 ML daily); PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	QL(0.108 ML daily); PA
OZEMPIC (2 MG/DOSE) SOPN	2	QL(0.108 ML daily); PA
RYBELSUS TABS	2	QL(1 EA daily); PA
TRULICITY	2	QL(0.143 ML daily); PA
Insulin		
APIDRA SOLOSTAR SOPN	3	PA
APIDRA SOLN	3	PA
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ML daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(1.34 ML daily)
INSULIN ASP PROT & ASP FLEXPEN SUPN	1B	
INSULIN ASPART PROT & ASPART SUSP	1B	
INSULIN GLARGINE-YFGN SOLN	2	
INSULIN GLARGINE-YFGN SOPN	2	
INSULIN LISPRO (1 UNIT DIAL) SOPN	1B	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	1B	
INSULIN LISPRO PROT & LISPRO SUPN	1B	

Drug Name	Drug Tier	Requirements/ Limits
INSULIN LISPRO SOLN IJ	1B	
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	
NOVOLOG FLEXPEN SOPN	1B	
NOVOLOG PENFILL SOCT	1B	
NOVOLOG SOLN IJ	1B	
REZVOGLAR KWIKPEN	3	PA
SEMGLEE (YFGN) SOLN	2	
SEMGLEE (YFGN) SOPN	2	
TRESIBA FLEXTOUCH SOPN	2	
TRESIBA SOLN	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)
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
<i>glimepiride 1 MG, 2 MG</i>	1A	QL(4 EA daily)
<i>glimepiride 4 MG</i>	1A	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide TABS 5 MG, 10 MG</i>	1A	QL(4 EA daily)
<i>glipizide TB24</i>	1A	QL(2 EA daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	QL(4 EA daily)
<i>glyburide TABS</i>	1A	QL(4 EA daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1B	
<i>diphenoxylate w/ atropine TABS</i>	1B	
<i>loperamide hcl CAPS</i>	1B	RX/OTC
MOTOFEN	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	SP; PA
<i>deferasirox TBSO</i>	4	SP; PA
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		
<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	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	QL(0.167 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B		Antagonists		
<i>granisetron hcl TABS</i>	1B	QL(0.34 EA daily)	<i>aprepitant CAPS</i>	1B	PA
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B		<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 EA daily); PA
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1B	QL(3.34 ML daily)	<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 EA daily); PA
<i>ondansetron hcl SOSY</i>	1B		VARUBI (180 MG DOSE) TBPK	3	PA
<i>ondansetron hcl TABS 24 MG</i>	1B	QL(0.143 EA daily)	ANTIFUNGALS - Drugs to Treat Fungal Infections		
<i>ondansetron hcl TABS 8 MG</i>	1B	QL(3 EA daily; 45 EA per fill retail; 45 per fill mail)	Antifungals		
<i>ondansetron hcl TABS 4 MG</i>	1B	QL(4 EA daily; 60 EA per fill retail; 60 per fill mail)	<i>amphotericin b IV</i>	3	
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 EA daily)	<i>flucytosine</i>	1B	
<i>ondansetron TBDP 8 MG</i>	1B		<i>griseofulvin microsize SUSP</i>	1B	AL(At least 2 yrs old)
<i>palonosetron hcl SOLN</i>	1B		<i>griseofulvin microsize TABS</i>	1B	
Antiemetics - Anticholinergic			<i>griseofulvin ultramicrosize</i>	1B	
<i>meclizine hcl TABS 12.5 MG</i>	1A	RX/OTC	<i>nystatin TABS</i>	1B	
<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC	<i>terbinafine hcl TABS</i>	1B	QL(1 EA daily)
<i>scopolamine</i>	1B	QL(0.34 EA daily)	Imidazole-Related Antifungals		
<i>trimethobenzamide hcl CAPS</i>	1B		CRESEMBA CAPS 186 MG	3	PA
Antiemetics - Miscellaneous			<i>fluconazole SUSR</i>	1B	
AKYNZEO	3	PA	<i>fluconazole TABS</i>	1B	
BONJESTA TBCR	3	QL(4 EA daily); 3 max fill(s) per 365 day(s) retail	<i>itraconazole CAPS</i>	1B	QL(4 EA daily); PA
<i>doxylamine-pyridoxine TBEC</i>	1B	QL(4 EA daily); 3 max fill(s) per 365 day(s) retail; PA	<i>itraconazole SOLN</i>	1B	QL(20 ML daily); PA
<i>dronabinol CAPS</i>	1B		<i>ketoconazole</i>	1B	
Substance P/Neurokinin 1 (NK1) Receptor			<i>posaconazole SUSP</i>	3	QL(20 ML daily)
			TOLSURA CAPS	4	PA
			<i>voriconazole TABS</i>	1B	QL(4 EA daily)
			ANTI-HISTAMINES - Drugs to Treat Allergies		
			Antihistamines - Ethanolamines		
			<i>carbinoxamine maleate SOLN</i>	1B	
			<i>carbinoxamine maleate TABS 4 MG</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>clemastine fumarate SYRP</i>	1B	
<i>clemastine fumarate TABS 2.68 MG</i>	1B	
<i>diphenhydramine hcl CAPS 50 MG</i>	1A	
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B	
<i>diphenhydramine hcl LIQD 12.5 MG/5ML</i>	1B	
Antihistamines - Non-Sedating		
<i>cetirizine hcl TABS</i>	1A	QL(1 EA daily)
<i>desloratadine TABS</i>	1B	QL(1 EA daily)
<i>desloratadine TBDP 2.5 MG</i>	1B	QL(1 EA daily)
<i>levocetirizine dihydrochloride SOLN</i>	1B	QL(10 ML daily); RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	1B	QL(1 EA daily); RX/OTC
<i>loratadine CAPS</i>	1B	
<i>loratadine CHEW</i>	1B	
<i>loratadine SOLN</i>	1B	
<i>loratadine TABS</i>	1A	
<i>loratadine TBDP</i>	1B	
<i>QUZYTIR SOLN IV</i>	3	PA
Antihistamines - Phenothiazines		
<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	
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1B	
<i>cyproheptadine hcl TABS</i>	1B	
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Antihyperlipidemics - Misc.		
<i>icosapent ethyl 1 GM</i>	1B	QL(4 EA daily); PA
<i>omega-3-acid ethyl esters</i>	1B	QL(4 EA daily)
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1B	QL(6 EA daily)
<i>cholestyramine light POWD</i>	1B	QL(24 GM daily)
<i>cholestyramine PACK</i>	1B	QL(6 EA daily)
<i>cholestyramine POWD</i>	1B	QL(25.2 GM daily)
<i>colesevelam hcl PACK</i>	1B	QL(1 EA daily); PA
<i>colesevelam hcl TABS</i>	1B	QL(7 EA daily)
<i>colestipol hcl GRAN</i>	1B	QL(6 GM daily)
<i>colestipol hcl PACK</i>	1B	QL(6 EA daily)
<i>colestipol hcl TABS</i>	1B	QL(16 EA daily)
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	1B	QL(1 EA daily)
<i>fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG</i>	1B	QL(1 EA daily)
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	QL(1 EA daily)
<i>gemfibrozil TABS</i>	1B	QL(2 EA daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1A	QL(1 EA daily)
<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 EA daily)
<i>fluvastatin sodium CAPS 40 MG</i>	1B	QL(2 EA daily)
<i>lovastatin TABS 40 MG</i>	1A	\$0 copay for generic only, age 40 to 76; QL(2 EA daily); PV

Drug Name	Drug Tier	Requirements/ Limits
<i>lovastatin TABS 10 MG, 20 MG</i>	1A	\$0 copay for generic only, age 40 to 76; QL(1 EA daily); PV
<i>pravastatin sodium</i>	1B	QL(1 EA daily)
<i>rosuvastatin calcium TABS</i>	1B	QL(1 EA daily)
<i>simvastatin TABS</i>	1A	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>	1A	
<i>captopril 25 MG, 50 MG, 100 MG</i>	1B	QL(3 EA daily)
<i>captopril 12.5 MG</i>	1B	
<i>enalapril maleate TABS</i>	1A	
<i>fosinopril sodium</i>	1B	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1A	
<i>moexipril hcl</i>	1B	QL(2 EA daily)
<i>perindopril erbumine 4 MG</i>	1B	
<i>perindopril erbumine 2 MG, 8 MG</i>	1B	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>quinapril hcl 20 MG, 40 MG</i>	1B	
<i>quinapril hcl 5 MG, 10 MG</i>	1B	QL(2 EA daily)
<i>ramipril CAPS</i>	1B	
<i>trandolapril 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>	1A	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>	1A	QL(8 EA daily)
<i>clonidine PTWK</i>	1B	QL(0.15 EA daily)
<i>doxazosin mesylate</i>	1B	
<i>guanfacine hcl</i>	1B	
<i>methyldopa TABS</i>	1B	QL(6 EA daily)
<i>prazosin hcl CAPS</i>	1B	QL(4 EA daily)
<i>terazosin hcl</i>	1B	
Antihypertensive Combinations		
<i>amlodipine besylate-benazepril hcl</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST
<i>amlodipine besylate-valsartan</i>	1B	QL(1 EA daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	3	
<i>atenolol & chlorthalidone</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1B		<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1B	QL(4 EA daily)
<i>benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1B	QL(1 EA daily)	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 EA daily)
<i>bisoprolol & hydrochlorothiazide</i>	1B	QL(2 EA daily)	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1B	QL(3 EA daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	1B		<i>telmisartan-amlodipine</i>	1B	QL(1 EA daily)
<i>enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG</i>	1B	QL(2 EA daily)	<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 EA daily)
<i>enalapril maleate & hydrochlorothiazide 25 MG-10 MG</i>	1B		<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>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3	
<i>irbesartan-hydrochlorothiazide</i>	1B		<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 EA daily)
<i>lisinopril & hydrochlorothiazide</i>	1A		Antihypertensives - Misc.		
<i>losartan potassium & hydrochlorothiazide 12.5 MG-50 MG</i>	1A	QL(2 EA daily)	VECAMEYL	3	PA
<i>losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1A	QL(1 EA daily)	Direct Renin Inhibitors		
<i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG</i>	1B	QL(1 EA daily)	<i>aliskiren fumarate</i>	1B	QL(1 EA daily)
<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B		Selective Aldosterone Receptor Antagonists (SARAs)		
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST	<i>eplerenone</i>	1B	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B		Vasodilators		
			<i>hydralazine hcl SOLN</i>	1B	
			<i>hydralazine hcl TABS</i>	1B	
			<i>minoxidil 2.5 MG, 10 MG</i>	1B	
			ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
			Anti-infective Agents - Misc.		
			<i>metronidazole TABS 250 MG, 500 MG</i>	1B	
			<i>pentamidine isethionate IN</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>tinidazole</i>	1B	
<i>trimethoprim TABS</i>	1B	
XIFAXAN 550 MG	3	QL(3 EA daily); AL(At least 12 yrs old); PA
XIFAXAN 200 MG	3	QL(3 EA daily; 9 EA per 3 day(s) retail; 9 EA per 3 days mail); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	
<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
Antiprotozoal Agents		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	
<i>nitazoxanide TABS</i>	1B	PA
Carbapenems		
<i>ertapenem sodium IJ</i>	1B	
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	4	SP; PA
Cyclic Lipopeptides		
<i>daptomycin 500 MG</i>	1B	
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1B	QL(4 EA daily; 40 EA per fill retail)
<i>vancomycin hcl SOLR PO 50 MG/ML, 250 MG/5ML</i>	1B	QL(300 ML per fill retail)
Leprostatics		
<i>dapsone</i>	1B	
Lincosamides		

Drug Name	Drug Tier	Requirements/ Limits
<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		
<i>aztreonam 1 GM</i>	1B	
Oxazolidinones		
<i>linezolid SUSR</i>	1B	
<i>linezolid TABS</i>	1B	QL(2 EA daily); PA
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	
<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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 EA per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	<i>neostigmine methylsulfate</i> SOSY	3	PA
Antimalarials	1B		<i>pyridostigmine bromide</i> SOLN PO	1B	
			<i>pyridostigmine bromide</i> TABS 60 MG	1B	
			<i>pyridostigmine bromide</i> TBCR	1B	
			ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
<i>chloroquine phosphate</i> TABS 500 MG	1B		Antimycobacterial Agents		
<i>chloroquine phosphate</i> TABS 250 MG	1B	QL(3 EA daily)	<i>cycloserine</i>	1B	QL(4 EA daily)
<i>hydroxychloroquine sulfate</i> 400 MG	1B	QL(1 EA daily)	<i>ethambutol hcl</i> TABS	1B	
<i>hydroxychloroquine sulfate</i> 100 MG	1B	QL(4 EA daily)	<i>isoniazid</i> SOLN	1B	
<i>hydroxychloroquine sulfate</i> 200 MG	1B	QL(3 EA daily)	<i>isoniazid</i> SYRP	1B	
KRINTAFEL	3	QL(2 EA per 30 day(s) retail)	<i>isoniazid</i> TABS	1A	
<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	PRIFTIN	3	
<i>primaquine phosphate</i> TABS	3		<i>pyrazinamide</i>	1B	
<i>pyrimethamine</i>	1B	QL(3 EA daily); PA	<i>rifabutin</i>	1B	PA
<i>quinine sulfate</i> CAPS 324 MG	1B	PA	<i>rifampin</i> CAPS	1B	
ANTIMYASTHENIC/CHOLINERGIC AGENTS			<i>rifampin</i> SOLR	1B	
Antimyasthenic/Cholinergic Agents			SIRTURO	3	PA
			ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
			Alkylating Agents		
			BELRAPZO SOLN	6	PA
			BENDAMUSTINE HCL SOLN	6	PA
			<i>bendamustine hcl</i> SOLR	6	SP; PA
			BENDEKA SOLN	6	PA
			BICNU (<i>carmustine</i>)	6	SP; PA
			<i>busulfan</i> SOLN	6	SP; PA
			BUSULFEX SOLN (<i>busulfan</i>)	6	SP; PA
			<i>carboplatin</i> SOLN 150 MG/15ML, 450 MG/45ML, 600 MG/60ML	6	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carboplatin SOLN 50 MG/5ML</i>	6	SP; PA	TEPADINA 100 MG (<i>thiotepa</i>)	6	PA
<i>carmustine</i>	6	SP; PA	TEPADINA 15 MG (<i>thiotepa</i>)	6	SP; PA
<i>cisplatin SOLN 100 MG/100ML</i>	6	SP; PA	<i>thiotepa 100 MG</i>	6	PA
<i>cisplatin SOLN 50 MG/50ML, 200 MG/200ML</i>	6	PA	<i>thiotepa 15 MG</i>	6	SP; PA
CISPLATIN SOLR	6		TREANDA SOLR (<i>bendamustine hcl</i>)	6	SP; PA
<i>cyclophosphamide CAPS</i>	6	PA	VIVIMUSTA SOLN	6	PA
<i>cyclophosphamide SOLN 1 GM/5ML, 500 MG/2.5ML</i>	6		YONDELIS	6	PA
CYCLOPHOSPHAMIDE SOLN 1 GM/5ML, 500 MG/2.5ML	6		ZANOSAR	6	SP; PA
<i>cyclophosphamide SOLR IJ</i>	6	SP; PA	ZEPZELCA	6	PA
EVOMELA IV	6	PA	Antimetabolites		
GLEOSTINE 10 MG, 40 MG, 100 MG	6	PA	ALIMTA SOLR 100 MG (<i>pemetrexed disodium</i>)	6	PA
IFEX SOLR	6	PA	ALIMTA SOLR 500 MG (<i>pemetrexed disodium</i>)	6	SP; PA
IFEX SOLR (<i>ifosfamide</i>)	6	SP; PA	ARRANON (<i>nelarabine</i>)	6	SP; PA
<i>ifosfamide SOLN 1 GM/20ML</i>	6	SP; PA	AVGEMSI SOLN 1 GM/26.3ML, 2 GM/52.6ML	6	PA
<i>ifosfamide SOLN 3 GM/60ML</i>	6	PA	<i>azacitidine SUSR</i>	6	SP; PA
<i>ifosfamide SOLR</i>	6	SP; PA	<i>capecitabine</i>	6	SP; PA
IFOSFAMIDE SOLR	6	PA	<i>cladribine 10 MG/10ML</i>	6	PA
KEMOPLAT SOLN	6	PA	<i>clofarabine</i>	6	SP; PA
LEUKERAN	6	SP; PA	CLOLAR (<i>clofarabine</i>)	6	SP; PA
<i>melphalan</i>	1B		<i>cytarabine SOLN 20 MG/ML</i>	6	PA
<i>melphalan hcl IV</i>	1B		<i>cytarabine SOLN</i>	6	SP; PA
MYLERAN TABS	6	SP; PA	<i>decitabine</i>	6	SP; PA
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	6	SP; PA	<i>floxuridine</i>	6	SP; PA
<i>oxaliplatin SOLR</i>	6	PA	<i>fludarabine phosphate SOLN</i>	6	SP; PA
TEMODAR SOLR	6	SP; PA	FLUDARABINE PHOSPHATE SOLN	6	SP; PA
<i>temozolomide CAPS</i>	6	SP; PA	<i>fludarabine phosphate SOLR</i>	6	SP; PA
			<i>fluorouracil 500 MG/10ML</i>	6	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil 1 GM/20ML, 2.5 GM/50ML, 5 GM/100ML</i>	6	PA	<i>pemetrexed disodium SOLR 100 MG, 750 MG, 1000 MG</i>	6	PA
FOLOTYN 40 MG/2ML	6	PA	<i>pemetrexed disodium SOLR 500 MG</i>	6	SP; PA
FOLOTYN 20 MG/ML	6	SP; PA	PEMETREXED DITROMETHAMINE	6	PA
<i>gemcitabine hcl SOLN</i>	6	PA	PEMFEXY	6	PA
<i>gemcitabine hcl SOLN</i>	6		<i>pralatrexate 20 MG/ML</i>	6	SP; PA
GEMCITABINE HCL SOLN	6		<i>pralatrexate 40 MG/2ML</i>	6	PA
GEMCITABINE HCL SOLN (<i>gemcitabine hcl</i>)	6	PA	PURIXAN SUSP 2000 MG/100ML (<i>mercaptopurine</i>)	6	PA
GEMCITABINE HCL SOLN (<i>gemcitabine hcl</i>)	6		TABLOID	6	SP; PA
<i>gemcitabine hcl SOLR 2 GM, 200 MG</i>	6	SP; PA	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	6	SP; PA
<i>gemcitabine hcl SOLR 1 GM</i>	6	PA	VIDAZA SUSR (<i>azacitidine</i>)	6	SP; PA
JYLAMVO SOLN PO	6	PA	XATMEP SOLN PO	6	PA
<i>mercaptopurine SUSP 2000 MG/100ML</i>	6	PA	XELODA (<i>capecitabine</i>)	6	SP; PA
<i>mercaptopurine TABS</i>	1B		Antineoplastic - Angiogenesis Inhibitors		
<i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i>	1B		AVASTIN 100 MG/4ML	6	SP; PA
<i>methotrexate sodium SOLN 1 GM/40ML, 250 MG/10ML, 1000 MG/40ML</i>	6	PA	CYRAMZA	6	PA
<i>methotrexate sodium SOLN 50 MG/2ML</i>	1B		FRUZAQLA	6	PA
<i>methotrexate sodium SOLR</i>	1B	SP	INLYTA	6	QL(2 EA daily); SP; PA
<i>methotrexate sodium TABS 2.5 MG</i>	1B	SP	LENVIMA (10 MG DAILY DOSE)	6	QL(1 EA daily); PA
<i>nelarabine</i>	6	SP; PA	LENVIMA (12 MG DAILY DOSE)	6	QL(3 EA daily); PA
ONUREG TABS	6	PA	LENVIMA (14 MG DAILY DOSE)	6	QL(2 EA daily); PA
PEMETREXED	6	PA	LENVIMA (18 MG DAILY DOSE)	6	QL(3 EA daily); PA
PEMETREXED DISODIUM SOLN 500 MG/20ML	6	PA	LENVIMA (20 MG DAILY DOSE)	6	QL(2 EA daily); PA
			LENVIMA (24 MG DAILY DOSE)	6	QL(3 EA daily); PA
			LENVIMA (4 MG DAILY DOSE)	6	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (8 MG DAILY DOSE)	6	QL(2 EA daily); PA	Antineoplastic - Anti-HER2 Agents		
MVASI	6	PA	HERCEPTIN 150 MG	6	SP; PA
ZALTRAP 100 MG/4ML	6	SP; PA	HERNEXEOS TABS PO 60 MG	6	
ZALTRAP 200 MG/8ML	6	PA	HERZUMA	6	PA
ZIRABEV	6	PA	KANJINTI	6	PA
Antineoplastic - Antibodies			OGIVRI	6	PA
ADCETRIS	6	SP; PA	ONTRUZANT	6	PA
ARZERRA	6	SP; PA	PERJETA	6	SP; PA
BAVENCIO	6	PA	TRAZIMERA	6	PA
BESPONSA	6	PA	TUKYSA	6	PA
BLINCYTO	6	PA	Antineoplastic - BCL-2 Inhibitors		
DARZALEX	6	PA	VENCLEXTA STARTING PACK TBPK	6	PA
EMPLICITI	6	PA	VENCLEXTA TABS	6	PA
ENHERTU	6	PA	Antineoplastic - EGFR Inhibitors		
GAZYVA	6	PA	ERBITUX	6	SP; PA
IMFINZI	6	PA	<i>erlotinib hcl</i>	6	QL(1 EA daily); SP; PA
KADCYLA	6	PA	EXKIVITY	6	PA
KEYTRUDA	6	PA	<i>gefitinib</i>	6	QL(2 EA daily); PA
LIBTAYO	6	PA	GILOTRIF	6	QL(1 EA daily); PA
LOQTORZI	4	PA	IRESSA (<i>gefitinib</i>)	6	QL(2 EA daily); PA
LUMOXITI	6	PA	LAZCLUZE	6	PA
MONJUVI	6	PA	PORTRAZZA	6	PA
OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	6	PA	TAGRISSE 80 MG	6	QL(1 EA daily); PA
PADCEV	6	PA	TAGRISSE 40 MG	6	QL(2 EA daily); PA
POLIVY 140 MG	6	PA	TARCEVA (<i>erlotinib hcl</i>)	6	QL(1 EA daily); SP; PA
POTELIGEO	6	PA	VECTIBIX 400 MG/20ML	6	PA
RITUXAN	6	SP; PA	VECTIBIX 100 MG/5ML	6	SP; PA
RUXIENCE	6	PA	VIZIMPRO	6	QL(1 EA daily); PA
SARCLISA	6	PA	Antineoplastic - Hedgehog Pathway Inhibitors		
TECENTRIQ	6	PA	DAURISMO	6	PA
TRUXIMA 100 MG/10ML	4	PA			
TRUXIMA 500 MG/50ML	6	PA			
UNITUXIN	6	PA			
YERVOY	6	SP; PA			
ZEVALIN Y-90	6	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ERIVEDGE	6	QL(1 EA daily); SP; PA	LEUPROLIDE ACETATE-BUPIVACAINE	6	PA
ODOMZO	6	QL(1 EA daily); PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	6	SP; PA
Antineoplastic - Hormonal and Related Agents			LUPRON DEPOT (1-MONTH) KIT IM	6	QL(0.0357 EA daily); SP; PA
<i>abiraterone acetate 500 MG</i>	6	QL(2 EA daily); PA	LUPRON DEPOT (3-MONTH) KIT IM	6	SP; PA
<i>abiraterone acetate 250 MG</i>	6	QL(4 EA daily); SP; PA	LUPRON DEPOT (4-MONTH) IM	6	QL(0.1339 EA daily); SP; PA
AKEEGA	6	PA	LUPRON DEPOT (6-MONTH) IM	6	QL(0.0089 EA daily); SP; PA
<i>anastrozole</i>	1B	QL(1 EA daily)	LYSODREN	6	SP; PA
ARIMIDEX (<i>anastrozole</i>)	6	QL(1 EA daily)	<i>megestrol acetate SUSP</i>	1B	
AROMASIN (<i>exemestane</i>)	6	QL(1 EA daily); SP	<i>megestrol acetate TABS</i>	1B	
<i>bicalutamide</i>	6	QL(1 EA daily); SP	NILANDRON (<i>nilutamide</i>)	6	QL(2 EA daily)
CAMCEVI	6	PA	<i>nilutamide</i>	6	QL(2 EA daily)
CASODEX (<i>bicalutamide</i>)	6	QL(1 EA daily); SP	NUBEQA	6	QL(4 EA daily); PA
ELIGARD SC 22.5 MG, 30 MG, 45 MG	6	SP; PA	ORGOVYX	6	PA
ELIGARD KIT SC 7.5 MG	6	QL(0.0089 EA daily); SP; PA	ORSERDU	6	PA
EMCYT	6	SP; PA	SOLTAMOX SOLN	6	PA
ERLEADA 240 MG	6	QL(1 EA daily); PA	<i>tamoxifen citrate TABS</i>	0	
ERLEADA 60 MG	6	PA	<i>tamoxifen citrate TABS</i>	0	
EULEXIN	6	QL(6 EA daily); SP; PA	<i>toremifene citrate</i>	6	PA
<i>exemestane</i>	6	QL(1 EA daily); SP	TRELSTAR MIXJECT	6	SP; PA
FARESTON (<i>toremifene citrate</i>)	6	PA	VABRINTY SC 22.5 MG, 30 MG, 45 MG	6	SP; PA
FEMARA (<i>letrozole</i>)	6		XTANDI CAPS	6	QL(4 EA daily); SP; PA
FIRMAGON 80 MG	6	QL(0.143 EA daily); SP; PA	XTANDI TABS	6	PA
FIRMAGON (240 MG DOSE)	6	QL(0.143 EA daily); SP; PA	YONSA	6	QL(4 EA daily); PA
<i>fulvestrant SOSY</i>	4	QL(0.357 ML daily); PA	ZOLADEX 3.6 MG	6	QL(0.0357 EA daily); SP; PA
INLURIYO TABS PO 200 MG	6	PA	ZOLADEX 10.8 MG	6	QL(0.0119 EA daily); SP; PA
<i>letrozole</i>	1B		ZYTIGA 250 MG (<i>abiraterone acetate</i>)	6	QL(4 EA daily); SP; PA
			ZYTIGA 500 MG (<i>abiraterone acetate</i>)	6	QL(2 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - Hypoxia-Inducible Factor Inhibitors			DAUNORUBICIN HCL SOLN (<i>daunorubicin hcl</i>)	6	
WELIREG	6	PA	DOXIL SUSP (<i>doxorubicin hcl liposomal</i>)	6	SP; PA
Antineoplastic - Immunomodulators			<i>doxorubicin hcl liposomal SUSP</i>	6	SP; PA
POMALYST	6	QL(1 EA daily); PA	<i>doxorubicin hcl SOLN</i>	6	SP; PA
Antineoplastic - Menin Inhibitors			DOXORUBICIN HCL SOLN (<i>doxorubicin hcl</i>)	6	SP; PA
REVUFORJ	6	PA	<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	6	SP; PA
REVUFORJ 25 MG	6		ELLENCE SOLN 200 MG/100ML	6	PA
Antineoplastic - PDGFR-alpha Inhibitors			ELLENCE SOLN 50 MG/25ML	6	SP; PA
AYVAKIT	6	QL(1 EA daily); PA	IDAMYCIN PFS 5 MG/5ML, 10 MG/10ML (<i>idarubicin hcl</i>)	6	SP; PA
Antineoplastic - Protease Activators			IDAMYCIN PFS 20 MG/20ML (<i>idarubicin hcl</i>)	6	PA
MODEYSO CAPS PO 125 MG	6	PA	<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	6	SP; PA
Antineoplastic - XPO1 Inhibitors			<i>idarubicin hcl 20 MG/20ML</i>	6	PA
XPOVIO (100 MG ONCE WEEKLY) 50 MG	6	PA	JELMYTO SOLR UL	6	PA
XPOVIO (40 MG ONCE WEEKLY)	6	PA	<i>mitomycin SOLR IV 5 MG, 40 MG</i>	6	PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG	6	PA	<i>mitomycin SOLR IV 20 MG</i>	6	SP; PA
XPOVIO (60 MG ONCE WEEKLY) 60 MG	6	PA	MITOMYCIN SOSY 20 MG/40ML	6	PA
XPOVIO (60 MG TWICE WEEKLY)	6	PA	<i>mitoxantrone hcl 20 MG/10ML, 30 MG/15ML</i>	6	PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG	6	PA	<i>mitoxantrone hcl 25 MG/12.5ML</i>	6	SP; PA
XPOVIO (80 MG TWICE WEEKLY)	6	PA	<i>valrubicin</i>	6	SP; PA
Antineoplastic Antibiotics			VALSTAR (<i>valrubicin</i>)	6	SP; PA
<i>bleomycin sulfate 15 UNIT</i>	6	SP; PA	Antineoplastic Combinations		
<i>bleomycin sulfate 30 UNIT</i>	6	PA	AVMAPKI FAKZYNJA CO-PACK THPK PO	6	PA
COSMEGEN (<i>dactinomycin</i>)	6	SP; PA	DARZALEX FASPRO	6	PA
<i>dactinomycin</i>	6	SP; PA			
<i>daunorubicin hcl SOLN</i>	6				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HERCEPTIN HYLECTA	6	PA	BRUKINSA PO 160 MG	6	PA
INQOVI	6	PA	BRUKINSA	6	PA
KISQALI FEMARA (200 MG DOSE)	6	QL(2 EA daily); PA	CABOMETYX TABS	6	PA
KISQALI FEMARA (400 MG DOSE)	6	QL(2.5 EA daily); PA	CALQUENCE	6	PA
KISQALI FEMARA (600 MG DOSE)	6	QL(3.25 EA daily); PA	CAPRELSA	6	QL(1 EA daily); SP; PA
LONSURF	6	PA	COMETRIQ (100 MG DAILY DOSE) KIT	6	QL(2 EA daily); SP; PA
OPDUALAG	6	PA	COMETRIQ (140 MG DAILY DOSE) KIT	6	QL(4 EA daily); SP; PA
PHESGO	6	PA	COMETRIQ (60 MG DAILY DOSE) KIT	6	QL(3 EA daily); SP; PA
RITUXAN HYCELA	6	PA	COPIKTRA	6	PA
VYXEOS	6	PA	COTELLIC	6	PA
Antineoplastic Enzyme Inhibitors			DANZITEN	6	PA
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	6	PA	<i>dasatinib</i>	6	QL(1 EA daily); SP; PA
AFINITOR TABS (<i>everolimus</i>)	6	QL(1 EA daily); SP; PA	ENSACOVE CAPS PO 25 MG, 100 MG	6	PA
ALECENSA	6	QL(8 EA daily); PA	<i>everolimus</i> TABS	6	QL(1 EA daily); SP; PA
ALUNBRIG TABS	6	QL(1 EA daily); PA	<i>everolimus</i> TBSO	6	PA
ALUNBRIG TBPk	6	QL(1 EA daily); PA	FOTIVDA	6	PA
AUGTYRO	6	PA	GAVRETO	6	PA
BALVERSA	6	PA	GLEEVEC TABS (<i>imatinib mesylate</i>)	6	QL(2 EA daily); SP; PA
BELEODAQ	6	PA	GOMEKLI CAPS PO 1 MG, 2 MG	6	PA
BORTEZOMIB SOLN IV	6	PA	GOMEKLI TBSO PO 1 MG	6	PA
<i>bortezomib</i> SOLR IJ	6	SP; PA	IBRANCE CAPS	6	QL(1 EA daily); PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	6	PA	IBRANCE TABS	6	QL(1 EA daily); PA
BORTEZOMIB SOLR IV 3.5 MG	6	PA	IBTROZI CAPS PO 200 MG	6	PA
BOSULIF CAPS	6	QL(1 EA daily); PA	ICLUSIG	6	QL(1 EA daily); PA
BOSULIF TABS 400 MG	6	QL(1 EA daily); PA	ICLUSIG	6	QL(1 EA daily); PA
BOSULIF TABS 100 MG, 500 MG	6	QL(1 EA daily); SP; PA	IDHIFA	6	PA
BRAFTOVI 75 MG	6	QL(6 EA daily); PA	<i>imatinib mesylate</i> TABS	6	QL(2 EA daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMBRUVICA CAPS 140 MG	6	QL(3 EA daily); PA	MEKINIST TABS 2 MG	6	QL(1 EA daily); PA
IMBRUVICA CAPS 70 MG	6	QL(1 EA daily); PA	MEKINIST TABS 0.5 MG	6	QL(3 EA daily); PA
IMBRUVICA SUSP	6	QL(8 ML daily); PA	MEKTOVI	6	QL(6 EA daily); PA
IMBRUVICA TABS	6	QL(1 EA daily); PA	NERLYNX	6	PA
IMKELDI SOLN	6	PA	NEXAVAR (<i>sorafenib tosylate</i>)	6	QL(4 EA daily); SP; PA
INREBIC	6	PA	NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	6	PA
ISTODAX SOLR (<i>romidepsin</i>)	6	SP; PA	<i>nilotinib hcl</i> 50 MG	6	QL(4 EA daily); PA
ITOVEBI	6	PA	<i>nilotinib hcl</i> 150 MG, 200 MG	6	QL(4 EA daily); SP; PA
JAKAFI	6	QL(2 EA daily); SP; PA	NINLARO	6	QL(0.143 EA daily); PA
JAYPIRCA	6	PA	OGSIVEO	6	PA
KISQALI (200 MG DOSE)	6	QL(2 EA daily); PA	OJEMDA SUSR	6	PA
KISQALI (400 MG DOSE)	6	QL(2 EA daily); PA	OJEMDA TABS	6	PA
KISQALI (600 MG DOSE)	6	QL(2.5 EA daily); PA	OJJAARA	6	PA
KOSELUGO PO 5 MG, 7.5 MG	6	PA	<i>pazopanib hcl</i>	6	QL(4 EA daily); SP; PA
KOSELUGO	6	PA	PEMAZYRE	6	QL(1 EA daily); PA
KRAZATI	6	PA	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	6	QL(1 EA daily); SP; PA
KYPROLIS	6	PA	PIQRAY (200 MG DAILY DOSE)	6	QL(1 EA daily); PA
<i>lapatinib ditosylate</i>	6	QL(6 EA daily); SP; PA	PIQRAY (250 MG DAILY DOSE)	6	QL(2 EA daily); PA
LORBRENA	6	QL(1 EA daily); PA	PIQRAY (300 MG DAILY DOSE)	6	QL(2 EA daily); PA
LUMAKRAS 320 MG	6	QL(3 EA daily); PA	QINLOCK	6	PA
LUMAKRAS 120 MG, 240 MG	6	QL(2 EA daily); PA	RETEVMO CAPS	6	PA
LYNPARZA TABS	6	QL(4 EA daily); PA	RETEVMO TABS	6	PA
LYTGOBI (12 MG DAILY DOSE)	6	PA	REZLIDHIA	6	PA
LYTGOBI (16 MG DAILY DOSE)	6	PA	ROMIDEPSIN SOLN	6	PA
LYTGOBI (20 MG DAILY DOSE)	6	PA	<i>romidepsin SOLR</i>	6	SP; PA
MEKINIST SOLR	6	QL(40 ML daily); PA	ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	6	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ROZLYTREK CAPS	6	PA	TORISEL (<i>temsirolimus</i>)	6	QL(0.143 ML daily); SP; PA
ROZLYTREK PACK	6	PA	TRUQAP TABS	6	PA
RUBRACA	6	QL(4 EA daily); PA	TRUQAP TBPk	6	PA
RYDAPT	6	PA	TURALIO 125 MG	6	PA
SCEMBLIX 20 MG, 40 MG	6	QL(2 EA daily); PA	TYKERB (<i>lapatinib ditosylate</i>)	6	QL(6 EA daily); SP; PA
SCEMBLIX 100 MG	6	QL(4 EA daily); PA	VANFLYTA	6	PA
<i>sorafenib tosylate</i>	6	QL(4 EA daily); SP; PA	VELCADE SOLR IJ (<i>bortezomib</i>)	6	SP; PA
SPRYCEL (<i>dasatinib</i>)	6	QL(1 EA daily); SP; PA	VERZENIO	6	QL(2 EA daily); PA
STIVARGA	6	QL(4 EA daily); SP; PA	VITRAKVI CAPS	6	PA
<i>sunitinib malate 37.5 MG</i>	6	PA	VITRAKVI SOLN	6	PA
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	6	QL(1 EA daily); SP; PA	VONJO	6	QL(4 EA daily); PA
SUTENT 37.5 MG (<i>sunitinib malate</i>)	6	PA	VORANIGO	6	PA
SUTENT 12.5 MG, 25 MG, 50 MG (<i>sunitinib malate</i>)	6	QL(1 EA daily); SP; PA	VOTRIENT (<i>pazopanib hcl</i>)	6	QL(4 EA daily); SP; PA
TABRECTA	6	QL(4 EA daily); PA	XALKORI CAPS	6	QL(2 EA daily); SP; PA
TAFINLAR CAPS	6	QL(4 EA daily); PA	XALKORI CPSP	6	QL(2 EA daily); PA
TAFINLAR TBSO	6	QL(30 EA daily); PA	XOSPATA	6	PA
TALZENNA 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	6	QL(1 EA daily); PA	ZEJULA CAPS	6	QL(3 EA daily); PA
TALZENNA 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	6	QL(1 EA daily); PA	ZEJULA TABS	6	QL(1 EA daily); PA
TALZENNA 0.1 MG, 0.35 MG	6	PA	ZELBORAF	6	QL(8 EA daily); SP; PA
TASIGNA 50 MG (<i>nilotinib hcl</i>)	6	QL(4 EA daily); PA	ZOLINZA	6	QL(4 EA daily); SP; PA
TASIGNA 150 MG, 200 MG (<i>nilotinib hcl</i>)	6	QL(4 EA daily); SP; PA	ZYDELIG	6	QL(2 EA daily); PA
TAZVERIK	6	PA	ZYKADIA TABS	6	PA
<i>temsirolimus</i>	6	QL(0.143 ML daily); SP; PA	Antineoplastic Enzymes		
TEPMETKO	6	PA	ASPARLAS	6	PA
TIBSOVO	6	PA	ONCASPAS	6	SP; PA
			Antineoplastic Radiopharmaceuticals		
			AZEDRA DOSIMETRIC	6	PA
			AZEDRA THERAPEUTIC	6	PA
			LUTATHERA	6	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PLUVICTO	6	PA	<i>leucovorin calcium SOLN IJ 500 MG/50ML</i>	6	
STRONTIUM CHLORIDE SR-89	6	PA	<i>leucovorin calcium SOLR</i>	1B	
XOFIGO	6	PA	<i>leucovorin calcium TABS</i>	1B	
Antineoplastics Misc.			<i>levoleucovorin calcium SOLN</i>	6	PA
ACTIMMUNE 100 MCG/0.5ML	6	SP; PA	<i>levoleucovorin calcium SOLR</i>	6	PA
ALFERON N	6	PA	<i>mesna SOLN</i>	6	PA
<i>arsenic trioxide 12 MG/6ML</i>	6	PA	<i>mesna TABS</i>	6	PA
<i>arsenic trioxide 10 MG/10ML</i>	6	SP; PA	MESNEX SOLN (<i>mesna</i>)	6	PA
<i>bexarotene</i>	6	SP; PA	MESNEX TABS	6	PA
<i>dacarbazine SOLR 100 MG</i>	6	PA	VORAXAZE	6	SP; PA
<i>dacarbazine SOLR 200 MG</i>	6	SP; PA	Mitotic Inhibitors		
ELZONRIS	6	PA	ABRAXANE (<i>paclitaxel protein-bound particles</i>)	6	SP; PA
<i>hydroxyurea</i>	1B		<i>docetaxel CONC 20 MG/ML</i>	6	SP; PA
MATULANE	6	SP; PA	<i>docetaxel CONC 80 MG/4ML, 160 MG/8ML</i>	6	PA
NIPENT	6	SP; PA	DOCETAXEL CONC 80 MG/4ML, 160 MG/8ML (<i>docetaxel</i>)	6	PA
PHOTOFRIN	6	SP; PA	DOCETAXEL CONC 20 MG/ML	6	SP; PA
PROLEUKIN	6	SP; PA	DOCETAXEL CONC 20 MG/ML (<i>docetaxel</i>)	6	SP; PA
SYNRIBO	6	SP; PA	DOCETAXEL CONC 80 MG/4ML, 160 MG/8ML	6	PA
TARGRETIN (<i>bexarotene</i>)	6	SP; PA	<i>docetaxel SOLN 20 MG/2ML</i>	6	SP; PA
<i>tretinoin (chemotherapy)</i>	1B		<i>docetaxel SOLN 80 MG/8ML, 160 MG/16ML</i>	6	PA
TRISENOX (<i>arsenic trioxide</i>)	6	PA	DOCETAXEL SOLN 20 MG/2ML (<i>docetaxel</i>)	6	SP; PA
UVADEX	6	SP; PA	DOCETAXEL SOLN 80 MG/8ML, 160 MG/16ML (<i>docetaxel</i>)	6	PA
Chemotherapy Adjuncts			DOCIVYX SOLN 20 MG/2ML	6	SP; PA
ELITEK	6	PA			
Chemotherapy Rescue/Antidote/Protective Agents					
<i>dexrazoxane hcl</i>	6	PA			
ETHYOL	6	PA			
IWILFIN	6	PA			
KHAPZORY	6	PA			

Drug Name	Drug Tier	Requirements/ Limits
DOCIVYX SOLN 80 MG/8ML, 160 MG/16ML	6	PA
<i>eribulin mesylate</i>	6	SP; PA
ETOPOPHOS	6	SP; PA
<i>etoposide CAPS</i>	6	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	6	SP; PA
HALAVEN (<i>eribulin mesylate</i>)	6	SP; PA
IXEMPRA KIT 45 MG	6	PA
IXEMPRA KIT 15 MG	6	SP; PA
JEVTANA	6	SP; PA
<i>paclitaxel 30 MG/5ML, 300 MG/50ML</i>	6	PA
<i>paclitaxel 100 MG/16.7ML, 150 MG/25ML</i>	6	SP; PA
PACLITAXEL PROTEIN-BOUND PART	6	SP; PA
<i>paclitaxel protein-bound particles</i>	6	SP; PA
<i>vinblastine sulfate SOLN</i>	6	PA
<i>vincristine sulfate</i>	6	SP; PA
<i>vinorelbine tartrate 10 MG/ML</i>	6	SP; PA
<i>vinorelbine tartrate 50 MG/5ML</i>	6	PA
Topoisomerase I Inhibitors		
CAMPTOSAR 300 MG/15ML (<i>irinotecan hcl</i>)	6	PA
CAMPTOSAR 40 MG/2ML, 100 MG/5ML (<i>irinotecan hcl</i>)	6	SP; PA
HYCANTIN CAPS	6	SP; PA
HYCANTIN SOLR (<i>topotecan hcl</i>)	6	SP; PA
<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	6	SP; PA
<i>irinotecan hcl 300 MG/15ML, 500 MG/25ML</i>	6	PA

Drug Name	Drug Tier	Requirements/ Limits
ONIVYDE IV 43 MG/10ML	6	PA
<i>topotecan hcl SOLN</i>	6	PA
TOPOTECAN HCL SOLN (<i>topotecan hcl</i>)	6	PA
<i>topotecan hcl SOLR</i>	6	SP; PA
TRODELVY	6	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1B	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1B	
<i>trihexyphenidyl hcl SOLN</i>	1B	
<i>trihexyphenidyl hcl TABS</i>	1B	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1B	QL(8 EA daily)
<i>tolcapone</i>	1B	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1B	
<i>amantadine hcl SOLN</i>	1B	
<i>amantadine hcl TABS</i>	1B	
<i>apomorphine hydrochloride SOCT</i>	4	PA
<i>bromocriptine mesylate CAPS</i>	1B	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1B	
<i>carbidopa-levodopa-entacapone</i>	1B	
<i>carbidopa-levodopa TABS</i>	1B	
<i>carbidopa-levodopa TBCR</i>	1B	
<i>carbidopa-levodopa TBDP</i>	1B	
NEUPRO	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1B	QL(4 EA daily)	FANAPT TITRATION PACK A	2	PA
<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1B		<i>paliperidone</i>	1B	
<i>ropinirole hydrochloride TABS</i>	1B		PERSERIS PRSY	2	QL(0.072 EA daily); PA
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 EA daily); ST	<i>risperidone microspheres</i>	1B	QL(0.072 EA daily); PA
<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1B	QL(2 EA daily); ST	<i>risperidone SOLN</i>	1B	
Antiparkinson Monoamine Oxidase Inhibitors			<i>risperidone TABS</i>	1B	
<i>rasagiline mesylate</i>	1B	QL(1 EA daily); PA	<i>risperidone TBDP</i>	1B	
<i>selegiline hcl CAPS</i>	1B		Butyrophenones		
<i>selegiline hcl TABS</i>	1B		<i>haloperidol decanoate</i>	1B	QL(0.036 ML daily)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			<i>haloperidol lactate CONC</i>	1B	
Antimanic Agents			<i>haloperidol lactate SOLN</i>	1B	
<i>lithium</i>	1B		<i>haloperidol TABS</i>	1B	
<i>lithium carbonate CAPS</i>	1B		Dibenzapines		
<i>lithium carbonate TABS</i>	1B		<i>asenapine maleate 2.5 MG</i>	1B	QL(4 EA daily); PA
<i>lithium carbonate TBCR</i>	1B		<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 EA daily); PA
Antipsychotics - Misc.			<i>clozapine TABS</i>	1B	
EQUETRO 300 MG	3	QL(4 EA daily); ST	<i>clozapine TBDP 12.5 MG, 150 MG</i>	1B	QL(6 EA daily)
EQUETRO 200 MG	3	QL(8 EA daily); ST	<i>clozapine TBDP 100 MG</i>	1B	QL(9 EA daily)
EQUETRO 100 MG	3	QL(2 EA daily); ST	<i>clozapine TBDP 25 MG</i>	1B	QL(3 EA daily)
<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	1B	QL(1 EA daily)	<i>loxapine succinate</i>	1B	
<i>lurasidone hcl 80 MG</i>	1B	QL(2 EA daily)	<i>olanzapine SOLR</i>	1B	QL(0.215 EA daily)
<i>ziprasidone hcl</i>	1B	QL(2 EA daily); AL(At least 18 yrs old)	<i>olanzapine TABS 2.5 MG, 5 MG</i>	1B	QL(4 EA daily)
Benzisoxazoles			<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 EA daily)
FANAPT	2	QL(2 EA daily); PA	<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 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	1B	AL(At least 10 yrs old)
			<i>quetiapine fumarate TB24</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Phenothiazines			CABENUVA	3	
<i>chlorpromazine hcl SOLN</i>	3		CIMDUO	3	QL(1 EA daily); ST
<i>chlorpromazine hcl TABS</i>	1B		COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	3	QL(1 EA daily)
<i>fluphenazine hcl CONC</i>	1B		<i>darunavir TABS 800 MG</i>	1B	QL(1 EA daily)
<i>fluphenazine hcl ELIX</i>	1B		<i>darunavir TABS 600 MG</i>	1B	QL(2 EA daily)
<i>fluphenazine hcl SOLN</i>	1B		DELSTRIGO	3	QL(1 EA daily)
<i>fluphenazine hcl TABS 2.5 MG, 5 MG, 10 MG</i>	1B	QL(4 EA daily)	DESCOVY 200 MG-25 MG	3	
<i>fluphenazine hcl TABS 1 MG</i>	1B		DOVATO	3	QL(1 EA daily)
<i>perphenazine TABS</i>	1B		EDURANT	3	QL(1 EA daily)
<i>prochlorperazine</i>	1B		<i>efavirenz CAPS 50 MG</i>	1B	QL(3 EA daily)
<i>prochlorperazine maleate TABS</i>	1B		<i>efavirenz CAPS 200 MG</i>	1B	QL(2 EA daily)
<i>thioridazine hcl</i>	1B		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)
<i>trifluoperazine hcl TABS</i>	1B		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)
Quinolinone Derivatives			<i>efavirenz TABS</i>	1B	QL(1 EA daily)
<i>aripiprazole SOLN PO</i>	1B	QL(30 ML daily); AL(At least 6 yrs old)	<i>emtricitabine CAPS</i>	1B	QL(1 EA daily)
<i>aripiprazole TABS</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)	<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)
REXULTI	3	PA	<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 EA daily)
Thioxanthenes			<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 EA daily)
<i>thiothixene</i>	1B		EMTRIVA SOLN	3	QL(24 ML daily)
ANTIVIRALS - Drugs to Treat Viral Infections			<i>etravirine 100 MG</i>	1B	QL(4 EA daily)
Antiretrovirals			<i>etravirine 200 MG</i>	1B	QL(2 EA daily)
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 EA daily)	EVOTAZ	3	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	1B	QL(32 ML daily)	<i>fosamprenavir calcium TABS</i>	1B	QL(4 EA daily)
<i>abacavir sulfate TABS</i>	1B	QL(2 EA daily)	FUZEON SOLR	4	SP; PA
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)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GENVOYA	3	QL(1 EA daily)	STRIBILD	3	QL(1 EA daily)
INTELENCE 25 MG	3	QL(8 EA daily)	SYMTUZA	3	
ISENTRESS HD TABS	3	QL(2 EA daily)	<i>tenofovir disoproxil fumarate TABS</i>	1B	
ISENTRESS CHEW	3	QL(6 EA daily)	TIVICAY PD TBSO	3	
ISENTRESS TABS	3	QL(2 EA daily)	TIVICAY TABS	3	QL(2 EA daily)
JULUCA	3	QL(1 EA daily)	TRIUMEQ PD TBSO	3	
KALETRA SOLN	2	QL(12.5 ML daily)	TRIUMEQ TABS	3	QL(1 EA daily)
<i>lamivudine SOLN</i>	1B	QL(30 ML daily)	TRIZIVIR	3	QL(2 EA daily)
<i>lamivudine TABS 300 MG</i>	1B	QL(1 EA daily)	TYBOST	3	QL(1 EA daily)
<i>lamivudine TABS 150 MG</i>	1B	QL(2 EA daily)	VIRACEPT TABS 625 MG	3	QL(4 EA daily)
<i>lamivudine-zidovudine</i>	1B	QL(2 EA daily)	VIRACEPT TABS 250 MG	3	QL(10 EA daily)
LEXIVA SUSP	3	QL(56 ML daily)	VIREAD POWD	3	QL(7.5 GM daily)
<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ML daily)	VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 EA daily)
<i>lopinavir-ritonavir TABS</i>	1B	QL(4 EA daily)	<i>zidovudine CAPS</i>	1B	QL(6 EA daily)
<i>maraviroc TABS 300 MG</i>	1B	QL(4 EA daily)	<i>zidovudine SYRP</i>	1B	QL(60 ML daily)
<i>maraviroc TABS 150 MG</i>	1B	QL(2 EA daily)	<i>zidovudine TABS</i>	1B	QL(2 EA daily)
<i>nevirapine SUSP</i>	1B	QL(40 ML daily)	CMV Agents		
<i>nevirapine TABS</i>	1B	QL(2 EA daily)	<i>cidofovir</i>	3	
<i>nevirapine TB24 400 MG</i>	1B	QL(1 EA daily)	<i>ganciclovir sodium SOLR</i>	1B	
NORVIR CAPS	2	QL(12 EA daily)	<i>valganciclovir hcl TABS</i>	1B	QL(4 EA daily); PA
NORVIR PACK	3	QL(12 EA daily)	Hepatitis Agents		
ODEFSEY	3	QL(1 EA daily)	<i>adefovir dipivoxil</i>	4	QL(1 EA daily); SP; PA
PIFELTRO	3	QL(1 EA daily)	<i>entecavir TABS</i>	4	QL(1 EA daily); SP; PA
PREZCOBIX	3	QL(1 EA daily)	<i>lamivudine (hbv) TABS</i>	1B	QL(3 EA daily); SP
PREZISTA SUSP	3	QL(12 ML daily)	PEGASYS SOLN	4	QL(0.0714 ML daily); SP; PA
PREZISTA TABS 75 MG, 150 MG	3	QL(2 EA daily)	PEGASYS SOSY	4	QL(0.072 ML daily); PA
RETROVIR SOLN	3		<i>ribavirin (hepatitis c) CAPS</i>	1B	QL(7 EA daily)
<i>ritonavir TABS</i>	1B	QL(12 EA daily)	<i>ribavirin (hepatitis c) TABS 200 MG</i>	1B	QL(7 EA daily)
SELZENTRY SOLN	3	QL(30 ML daily)			
SELZENTRY TABS 25 MG, 75 MG	3	QL(2 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOFOSBUVIR-VELPATASVIR TABS	1B	QL(1 EA daily); PA	<i>labetalol hcl SOLN</i>	1B	
VOSEVI	4	QL(1 EA daily); PA	<i>labetalol hcl TABS 100 MG, 200 MG</i>	1B	
Herpes Agents			<i>labetalol hcl TABS 300 MG</i>	1B	QL(8 EA daily)
<i>acyclovir CAPS</i>	1A	QL(5 EA daily; 50 EA per fill retail; 50 per fill mail)	Beta Blockers Cardio-Selective		
<i>acyclovir SUSP</i>	1B	QL(13.34 ML daily)	<i>acebutolol hcl CAPS</i>	1B	
<i>acyclovir TABS PO</i>	1B	QL(5 EA daily)	<i>atenolol TABS</i>	1A	
<i>famciclovir 500 MG</i>	1B	QL(4 EA daily)	<i>betaxolol hcl</i>	1B	
<i>famciclovir 125 MG, 250 MG</i>	1B	QL(3 EA daily)	<i>bisoprolol fumarate</i>	1B	
<i>valacyclovir hcl 500 MG</i>	1B	QL(2 EA daily)	<i>metoprolol succinate TB24 200 MG</i>	1B	QL(2 EA daily)
<i>valacyclovir hcl 1 GM</i>	1B	QL(4 EA daily)	<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1B	
Influenza Agents			<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1B	
<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>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>	1A	
<i>oseltamivir phosphate SUSR</i>	1B	Limit 1 fill every 90 days.; 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail	<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 EA daily)
RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail	<i>nebivolol hcl 20 MG</i>	3	QL(2 EA daily)
<i>rimantadine hydrochloride TABS</i>	1B	QL(2 EA daily)	Beta Blockers Non-Selective		
BETA BLOCKERS - Drugs to Treat High Blood Pressure			HEMANGEOL SOLN PO	4	QL(75 ML daily); PA
Alpha-Beta Blockers			<i>nadolol TABS 40 MG</i>	1B	QL(6 EA daily)
<i>carvedilol</i>	1A		<i>nadolol TABS 80 MG</i>	1B	
<i>carvedilol phosphate</i>	3	QL(1 EA daily)	<i>nadolol TABS 20 MG</i>	1B	QL(3 EA daily)
			<i>pindolol TABS</i>	1B	
			<i>propranolol hcl CP24</i>	1B	QL(2 EA daily)
			<i>propranolol hcl SOLN PO 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 80 MG, 120 MG, 160 MG</i>	1B	QL(2 EA daily)
			<i>sotalol hcl TABS 240 MG</i>	1B	
			<i>timolol maleate TABS</i>	1B	
			CALCIUM CHANNEL BLOCKERS - Drugs to Treat		

Drug Name	Drug Tier	Requirements/ Limits
High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	1B	
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 EA daily)
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	
<i>diltiazem hcl extended release beads</i>	1B	
<i>diltiazem hcl CP12</i>	1B	QL(2 EA daily)
<i>diltiazem hcl CP24</i>	1B	
<i>diltiazem hcl SOLN 50 MG/10ML</i>	1B	
<i>DILTIAZEM HCL SOLR</i>	1B	
<i>diltiazem hcl TABS</i>	1B	
<i>diltiazem hcl TB24</i>	1B	
<i>felodipine</i>	1B	
<i>isradipine CAPS</i>	1B	
<i>nicardipine hcl CAPS</i>	1B	
<i>nicardipine hcl SOLN</i>	1B	
<i>nifedipine CAPS 10 MG</i>	1B	
<i>nifedipine CAPS 20 MG</i>	1B	QL(9 EA daily)
<i>nifedipine TB24 60 MG</i>	1B	QL(2 EA daily)
<i>nifedipine TB24</i>	1B	
<i>nifedipine TB24 90 MG</i>	1B	QL(1 EA daily)
<i>nimodipine CAPS</i>	1B	
<i>nisoldipine</i>	1B	
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1B	
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	1B	QL(1 EA daily)
<i>verapamil hcl TABS</i>	1B	
<i>verapamil hcl TBCR</i>	1B	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		

Drug Name	Drug Tier	Requirements/ Limits
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1B	
<i>digoxin TABS 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		
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 EA daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1B	
<i>sacubitril-valsartan TABS</i>	1B	QL(2 EA daily)
Impotence Agents		
<i>avanafil</i>	1B	QL(0.134 EA daily)
<i>sildenafil citrate</i>	1B	QL(0.1334 EA daily); PA
<i>tadalafil 5 MG</i>	1B	BPH Only; QL(1 EA daily); PA
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	4	PA
<i>ORENITRAM TBCR</i>	4	PA
<i>treprostinil SOLN IJ</i>	4	SP; PA
<i>TYVASO REFILL KIT SOLN IN</i>	4	PA
<i>TYVASO STARTER KIT SOLN IN</i>	4	PA
<i>TYVASO SOLN IN</i>	4	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	4	QL(1 EA daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bosentan TABS 125 MG</i>	4	QL(2 EA daily); SP; PA	Cephalosporins - 1st Generation		
<i>bosentan TABS 62.5 MG</i>	4	QL(2 EA daily); PA	<i>cefadroxil CAPS</i>	1B	
<i>bosentan TBSO 32 MG</i>	4	QL(2 EA daily); SP; PA	<i>cefadroxil SUSR</i>	1B	
TRACLEER TBSO 32 MG (<i>bosentan</i>)	4	QL(2 EA daily); SP; PA	<i>cefadroxil TABS</i>	1B	
Pulmonary Hypertension - Phosphodiesterase Inhibitors			<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	1B	
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ML daily); SP; PA	<i>cephalexin CAPS</i>	1B	
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ML daily); PA	<i>cephalexin SUSR</i>	1B	
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 EA daily); SP; PA	Cephalosporins - 2nd Generation		
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 EA daily); SP; PA	<i>cefaclor CAPS</i>	1B	
Pulmonary Hypertension - Prostacyclin Receptor Agonist			<i>cefaclor SUSR 250 MG/5ML</i>	1B	
UPTRAVI TITRATION TBPK	4	1 max fill(s) per 180 day(s) retail; PA	<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1B	
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 EA daily); PA	<i>cefoxitin sodium IV 1 GM, 2 GM</i>	1B	
UPTRAVI TABS 200 MCG	4	PA	<i>cefprozil SUSR</i>	1B	
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator			<i>cefprozil TABS</i>	1B	
ADEMPAS	4	QL(3 EA daily); PA	<i>cefuroxime axetil TABS</i>	1B	
Sinus Node Inhibitors			<i>cefuroxime sodium IJ 750 MG</i>	1B	
<i>ivabradine hcl TABS</i>	3	QL(2 EA daily); PA	Cephalosporins - 3rd Generation		
CEPHALOSPORINS - Drugs to Treat Bacterial Infections			<i>cefdinir CAPS</i>	1B	
			<i>cefdinir SUSR</i>	1B	
			<i>cefixime CAPS</i>	1B	
			<i>cefixime SUSR</i>	1B	ST
			<i>cefpodoxime proxetil SUSR</i>	1B	
			<i>cefpodoxime proxetil TABS</i>	1B	
			<i>ceftazidime IJ 1 GM, 6 GM</i>	1B	
			Cephalosporins - 4th Generation		
			<i>cefepime hcl SOLR IV 2 GM</i>	1B	
			Cephalosporins - 5th Generation		
			TEFLARO	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CONTRACEPTIVES - Drugs to Prevent Pregnancy			<i>norethindrone & ethinyl estradiol-fe</i>	0	
Combination Contraceptives - Oral			<i>norethindrone acet & eth estra TABS</i>	0	
AVERI TABS PO	0		<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	
<i>desogestrel & ethinyl estradiol</i>	0		<i>norethindrone-eth estradiol (triphasic)</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0		<i>norgestimate-ethinyl estradiol</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0		<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0		<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0		TYBLUME CHEW	0	
<i>ethynodiol diacet & eth estrad</i>	0		Combination Contraceptives - Transdermal		
FEMLYV TBDP	0		<i>norelgestromin-ethinyl estradiol</i>	0	
<i>levonorgestrel & eth estradiol TABS</i>	0		TWIRLA	0	QL(3 EA per 28 day(s) retail)
<i>levonorgestrel-eth estradiol (triphasic)</i>	0		Combination Contraceptives - Vaginal		
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0		ANNOVERA	0	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0		<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 EA daily)
<i>levonorgestrel-ethinyl estradiol-iron</i>	0		Emergency Contraceptives		
LO LOESTRIN FE TABS	0		ELLA	0	
NATAZIA	0		<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	
NEXTSTELLIS	0		Progestin Contraceptives - Injectable		
<i>norethin acet & estrad-fe CAPS</i>	0		DEPO-SUBQ PROVERA 104 SUSY SC	0	QL(1 ML per 90 day(s) retail)
<i>norethin acet & estrad-fe CHEW</i>	0		<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	QL(1 ML per 90 day(s) retail)
<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) SUSP IM</i>	0	QL(90 Day(s) limit ; 1 ML per 90 day(s) retail)
<i>norethindrone & eth estradiol</i>	0		Progestin Contraceptives - Oral		
			<i>norethindrone (contraceptive)</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
OPILL	0	
SLYND	0	QL(1 EA daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide CPEP</i>	1B	QL(3 EA daily)
<i>deflazacort TABS</i>	4	PA
DEPO-MEDROL SUSP	3	
DEXAMETHASONE INTENSOL CONC	1B	
<i>dexamethasone ELIX</i>	1B	
<i>dexamethasone SOLN</i>	1B	
<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	
<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A	
<i>hydrocortisone sod succinate 100 MG</i>	1B	2 max fill(s) per 30 day(s) retail
<i>hydrocortisone TABS</i>	1B	
MEDROL TABS	3	
<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, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1B	
<i>prednisolone sodium phosphate TBPk</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	

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>prednisone TBPk</i>	1B	
SOLU-CORTEF 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 acetate SUSP 40 MG/ML</i>	1B	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1B	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 150 MG</i>	1B	QL(4 EA daily)
<i>benzonatate 100 MG</i>	1B	QL(6 EA daily)
<i>benzonatate 200 MG</i>	1B	QL(3 EA daily)
Cough/Cold/Allergy Combinations		
<i>hydrocodone polistirex-chlorpheniramine polistirex SUEr</i>	1B	
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)

Drug Name	Drug Tier	Requirements/ Limits
<i>adapalene GEL</i>	1B	AL(At least 12 yrs old); RX/OTC
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old)
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 5 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide LIQD 4 %, 10 %</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 ML daily)
<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ML daily); AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST
DIFFERIN LOTN	1B	AL(At least 12 yrs old); ST
<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old)
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</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>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)
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(1 GM daily)
Antibiotics - Topical		
ALTABAX	2	QL(15 GM per 30 day(s) retail; 15 GM per 30 days mail)
<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 GM daily)
<i>gentamicin sulfate (topical) OINT</i>	1B	
<i>mupirocin OINT</i>	1B	QL(6 GM daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>naftifine hcl CREA 2 %</i>	1B	QL(2 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>nystatin (topical) CREA</i>	1B	QL(10 GM daily)
<i>nystatin (topical) OINT</i>	1B	QL(6 GM daily)
<i>nystatin (topical) POWD EX</i>	1B	QL(10 GM daily)
<i>nystatin-triamcinolone CREA</i>	1B	QL(10 GM daily)
<i>nystatin-triamcinolone OINT</i>	1B	QL(4 GM daily)
<i>oxiconazole nitrate CREA</i>	1B	Limit 1 Fill per 180 days; QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
OXISTAT LOTN	2	Limit 1 Fill per 180 days; QL(2 ML daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>sulconazole nitrate CREA</i>	1B	
<i>sulconazole nitrate SOLN</i>	1B	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>tavaborole</i>	1B	PA
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 EA daily); PA
<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 GM daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	6	SP; PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARAC CREA (fluorouracil (topical))	6	PA	COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ML daily); PA
diclofenac sodium (actinic keratoses) EX	1B	QL(3.34 GM daily); PA	COSENTYX UNOREADY SOAJ	4	QL(0.072 ML daily); PA
fluorouracil (topical) CREA 5 %	1B	QL(4 GM daily)	COSENTYX SOSY 150 MG/ML	4	QL(0.036 ML daily); PA
fluorouracil (topical) SOLN 5 %	1B	QL(2 ML daily); PA	COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ML daily); PA
fluorouracil (topical) SOLN 2 %	1B	QL(2 ML daily)	methoxsalen rapid	1B	QL(4 EA daily)
LEVULAN KERASTICK SOLR	6	PA	PYZCHIVA 45 MG/0.5ML	4	QL(0.012 ML daily); PA
PANRETIN	6	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)	PYZCHIVA SC 45 MG/0.5ML	4	QL(0.012 ML daily); PA
TARGRETIN (bexarotene (topical))	6	SP; PA	PYZCHIVA 90 MG/ML	4	QL(0.018 ML daily); PA
VALCHLOR	6	PA	SKYRIZI PEN SOAJ	4	QL(0.025 ML daily); PA
Antipruritics - Topical			SKYRIZI SOSY	4	QL(0.025 ML daily); PA
doxepin hcl (antipruritic)	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	STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ML daily); PA
Antipsoriatics			STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ML daily); PA
acitretin 25 MG	1B	QL(2 EA daily)	STELARA SOSY 90 MG/ML	4	QL(0.018 ML daily); PA
acitretin 10 MG, 17.5 MG	1B	QL(1 EA daily)	STEQEYMA 45 MG/0.5ML	4	QL(0.012 ML daily); PA
calcipotriene CREA	1B	QL(4 GM daily); PA	STEQEYMA 90 MG/ML	4	QL(0.018 ML daily); PA
calcipotriene OINT	1B	QL(4 GM daily); PA	tazarotene CREA 0.1 %	1B	QL(1 GM daily)
calcipotriene SOLN	1B	QL(4 ML daily); PA	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	4	QL(0.018 ML daily); PA
calcitriol (topical)	1B	QL(3.34 GM daily)	TREMFYA PEN SOAJ 100 MG/ML	4	QL(0.018 ML daily); PA
COSENTYX (300 MG DOSE) SOSY	4	QL(0.072 ML daily); PA	TREMFYA SOSY 100 MG/ML	4	QL(0.018 ML daily); PA
COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(0.072 ML daily); PA	YESINTEK SOLN 45 MG/0.5ML	4	QL(0.012 ML daily); PA
			YESINTEK SOSY 45 MG/0.5ML	4	QL(0.012 ML daily); PA
			YESINTEK SOSY 90 MG/ML	4	QL(0.018 ML daily); PA
			Antiseborrheic Products		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>selenium sulfide LOTN 2.5 %</i>	1B		<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 GM daily)
Antivirals - Topical			<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ML daily)
<i>acyclovir topical CREA</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail	<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 GM daily)
<i>acyclovir topical OINT</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail	<i>betamethasone valerate CREA</i>	1B	QL(2.5 GM daily)
<i>penciclovir</i>	3	QL(0.18 GM daily)	<i>betamethasone valerate FOAM</i>	1B	QL(1.67 GM daily)
Burn Products			<i>betamethasone valerate LOTN</i>	1B	QL(5 ML daily)
<i>mafenide acetate PACK</i>	3		<i>betamethasone valerate OINT</i>	1B	QL(3 GM daily)
<i>silver sulfadiazine</i>	1B	QL(20 GM daily)	<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST
SULFAMYLON CREA	3		<i>calcipotriene-betamethasone dipropionate SUSP</i>	1B	ST
Corticosteroids - Topical			<i>clobetasol propionate emollient base 0.05 %</i>	1B	QL(1 GM daily); PA
<i>alclometasone dipropionate CREA</i>	1B	QL(2 GM daily)	<i>clobetasol propionate CREA 0.05 %</i>	1B	QL(3 GM daily); PA
<i>alclometasone dipropionate OINT</i>	1B	QL(3 GM daily)	<i>clobetasol propionate FOAM</i>	1B	QL(3 GM daily); ST
<i>amcinonide CREA</i>	1B	QL(60 GM per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail	<i>clobetasol propionate GEL 0.05 %</i>	1B	QL(2 GM daily); ST
<i>amcinonide LOTN</i>	3		<i>clobetasol propionate OINT 0.05 %</i>	1B	QL(1 GM daily); PA
<i>amcinonide OINT</i>	3		<i>clobetasol propionate SOLN 0.05 %</i>	1B	QL(3.34 ML daily); PA
<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>desonide LOTN</i>	1B	QL(4 ML daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>desonide OINT</i>	1B	QL(3 GM daily)	HALOG OINT	3	PA
<i>desoximetasone CREA 0.25 %</i>	1B	QL(4 GM daily)	<i>hydrocortisone (topical) CREA 1 %, 2.5 %</i>	1B	QL(15.15 GM daily); RX/OTC
<i>desoximetasone GEL</i>	1B	QL(3 GM daily)	<i>hydrocortisone (topical) LOTN 2.5 %</i>	1B	
<i>desoximetasone OINT 0.25 %</i>	1B	QL(4 GM daily)	<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	1B	QL(15.15 GM daily); RX/OTC
<i>diflorasone diacetate CREA</i>	1B	PA	<i>hydrocortisone butyrate CREA</i>	1B	QL(3 GM daily)
<i>diflorasone diacetate OINT</i>	1B	PA	<i>hydrocortisone butyrate OINT</i>	1B	QL(3 GM daily)
<i>fluocinolone acetonide CREA 0.025 %</i>	1B	QL(4 GM daily)	<i>hydrocortisone butyrate SOLN</i>	1B	QL(5 ML daily)
<i>fluocinolone acetonide CREA 0.01 %</i>	1B		<i>hydrocortisone valerate CREA</i>	1B	
<i>fluocinolone acetonide OIL</i>	1B	QL(8 ML daily)	<i>hydrocortisone valerate OINT</i>	1B	
<i>fluocinolone acetonide OINT</i>	1B	QL(4 GM daily)	<i>mometasone furoate CREA</i>	1B	QL(3 GM daily)
<i>fluocinolone acetonide SOLN</i>	1B	QL(4 ML daily)	<i>mometasone furoate OINT</i>	1B	QL(4 GM daily)
<i>fluocinonide emulsified base</i>	1B	QL(2 GM daily)	<i>mometasone furoate SOLN</i>	1B	QL(5 ML daily)
<i>fluocinonide CREA 0.05 %</i>	1B	QL(2 GM daily)	<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1B	QL(3.34 GM daily)
<i>fluocinonide CREA 0.1 %</i>	1B	QL(4 GM daily)	<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1B	QL(5 GM daily)
<i>fluocinonide GEL</i>	1B		<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1B	QL(15.15 GM daily)
<i>fluocinonide OINT</i>	1B	QL(2 GM daily)	<i>triamcinolone acetonide (topical) LOTN 0.1 %</i>	1B	QL(6 ML daily)
<i>fluocinonide SOLN</i>	1B	QL(2 ML daily)	<i>triamcinolone acetonide (topical) LOTN 0.025 %</i>	1B	
<i>flurandrenolide CREA</i>	2	QL(2 GM daily)	<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1B	QL(15.15 GM daily)
<i>flurandrenolide LOTN</i>	2	QL(2 ML daily)	<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 GM daily)
<i>fluticasone propionate CREA 0.05 %</i>	1B	QL(4 GM daily)	Eczema Agents		
<i>fluticasone propionate LOTN</i>	1B	QL(6 ML daily)	DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily); PA
<i>fluticasone propionate OINT</i>	1B	QL(4 GM daily)			
<i>halcinonide CREA</i>	1B	PA			
<i>halobetasol propionate CREA</i>	1B	QL(3.5 GM daily)			
<i>halobetasol propionate OINT</i>	1B	QL(3.5 GM daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ML daily); PA	<i>brimonidine tartrate (topical)</i>	3	QL(1 GM daily); PA
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily); PA	<i>metronidazole (topical) CREA</i>	1B	QL(3 GM daily)
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ML daily); PA	<i>metronidazole (topical) GEL 0.75 %</i>	1B	QL(3 GM daily)
Emollients			<i>metronidazole (topical) GEL 1 %</i>	1B	QL(5 GM daily)
<i>lactic acid (ammonium lactate) CREA</i>	1B	QL(12.9 GM daily); RX/OTC	<i>metronidazole (topical) LOTN</i>	1B	
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1B	RX/OTC	Scabicides & Pediculicides		
Enzymes - Topical			<i>crotamiton LOTN</i>	1B	PA
SANTYL OINT	3	PA	<i>ivermectin (pediculicide)</i>	1B	PA
Immunomodulating Agents - Topical			<i>malathion</i>	1B	
<i>imiquimod 5 %</i>	1B	QL(12 EA per fill retail; 12 per fill mail)	<i>permethrin CREA</i>	1B	
Immunosuppressive Agents - Topical			<i>permethrin LIQD EX</i>	1B	
<i>pimecrolimus</i>	1B	QL(3 GM daily); AL(At least 2 yrs old); PA	<i>spinosad</i>	1B	PA
<i>tacrolimus (topical) OINT</i>	1B	AL(At least 2 yrs old); PA	DIAGNOSTIC PRODUCTS		
Keratolytic/Antimitotic/Vesicant Agents			Diagnostic Drugs		
<i>podofilox SOLN</i>	1B		GLUCAGEN DIAGNOSTIC	3	QL(0.035 EA daily)
Local Anesthetics - Topical			THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
<i>lidocaine hcl GEL 2 %</i>	1B	QL(4 ML daily)	Diagnostic Tests		
<i>lidocaine hcl PRSY</i>	1B	QL(4 ML daily)	CHEMSTRIP K STRP	1B	
<i>lidocaine hcl SOLN</i>	1B	QL(10 ML daily)	FORA GTEL BLOOD KETONE TEST	1B	
<i>lidocaine-prilocaine CREA</i>	1B	QL(1 GM daily)	FORA TEST N'GO ADV-VOICE-6 CON	1B	
<i>lidocaine PTCH 5 %</i>	1B	PA	GOJJI BLOOD KETONE TEST	1B	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			KETONE TEST STRP	1B	
EUCRISA	3	QL(2 GM daily); PA	KETOSTIX STRP	1B	
Rosacea Agents			NOVA MAX PLUS KETONE TEST	1B	
<i>azelaic acid GEL</i>	1B	QL(1.67 GM daily)	PRECISION XTRA KETONE	1B	

Drug Name	Drug Tier	Requirements/ Limits
RELION KETONE TEST STRP	1B	
RELION TRUE METRIX TEST STRIPS STRP	1B	QL(3.34 EA daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1B	Limit 100 per month; QL(3.34 EA daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1B	QL(3.34 EA daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	Non-FDA approved uses require Prior Authorization
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide sodium</i>	1B	
<i>acetazolamide CP12</i>	1B	QL(2 EA daily)
<i>acetazolamide TABS 125 MG</i>	1B	QL(8 EA daily)
<i>acetazolamide TABS 250 MG</i>	1B	QL(4 EA daily)
<i>methazolamide TABS</i>	1B	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	1B	
<i>spironolactone & hydrochlorothiazide</i>	1B	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1A	
<i>triamterene & hydrochlorothiazide TABS</i>	1A	
Loop Diuretics		
<i>bumetanide SOLN 0.25 MG/ML</i>	1B	
<i>bumetanide TABS</i>	1B	QL(5 EA daily)
<i>ethacrynic acid</i>	1B	QL(16 EA daily)
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1B	
<i>furosemide TABS</i>	1A	
<i>torseamide TABS</i>	1B	
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1B	
<i>spironolactone TABS</i>	1B	
<i>triamterene CAPS</i>	1B	QL(3 EA daily)
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1A	
<i>hydrochlorothiazide CAPS</i>	1B	QL(2 EA daily)
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1A	QL(2 EA daily)
<i>hydrochlorothiazide TABS 12.5 MG</i>	1B	QL(2 EA daily)
<i>indapamide TABS 1.25 MG</i>	1A	QL(1 EA daily)
<i>indapamide TABS 2.5 MG</i>	1A	QL(2 EA daily)
<i>metolazone</i>	1B	QL(2 EA daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		

Drug Name	Drug Tier	Requirements/ Limits
Bone Density Regulators		
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1A	QL(0.143 EA daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1A	QL(1 EA daily)
<i>calcitonin (salmon) NA</i>	1B	QL(0.14 ML daily)
FOSAMAX PLUS D	3	QL(0.143 EA daily); PA
<i>ibandronate sodium SOLN</i>	4	SP; PA
<i>ibandronate sodium TABS</i>	1B	QL(0.036 EA daily)
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	4	SP; PA
PAMIDRONATE DISODIUM SOLN	4	SP; PA
PROLIA SOSY	4	1 max fill(s) per 180 day(s) retail; SP; PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1B	QL(1 EA daily); PA
<i>risedronate sodium TABS 150 MG</i>	1B	QL(0.036 EA daily); PA
<i>risedronate sodium TABS 35 MG</i>	1B	QL(0.143 EA daily); PA
<i>risedronate sodium TBEC</i>	1B	PA
<i>teriparatide SOPN</i>	4	QL(0.09 ML daily); SP; PA
TYMLOS	4	PA
<i>zoledronic acid SOLN 5 MG/100ML</i>	4	SP; PA
Corticotropin		
ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML	3	PA
ACTHAR GEL	3	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	PA
<i>clomiphene citrate TABS</i>	3	PA
NOVAREL IM 10000 UNIT	4	PA

Drug Name	Drug Tier	Requirements/ Limits
GnRH/LHRH Antagonists		
<i>ganirelix acetate</i>	4	PA
ORILISSA	2	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		
OSPHEA	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 (6 MONTH) SC	6	SP; PA
LUPRON DEPOT-PED (1-MONTH)	6	SP; PA
LUPRON DEPOT-PED (3-MONTH) 30 MG	6	SP; PA
SYNAREL	4	SP; PA
Metabolic Modifiers		
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>	1B	QL(4 EA daily); SP; PA
<i>doxercalciferol CAPS</i>	1B	
<i>doxercalciferol SOLN</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
ELAPRASE	4	SP; PA
MYALEPT	4	PA
<i>nitisinone CAPS</i>	4	PA
<i>paricalcitol CAPS</i>	1B	
<i>paricalcitol SOLN</i>	1B	
<i>sodium phenylbutyrate POWD</i>	1B	PA
<i>sodium phenylbutyrate TABS</i>	1B	PA
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1B	
<i>desmopressin acetate spray refrigerated 0.01 %</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)
Prolactin Inhibitors		
<i>cabergoline</i>	1B	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	4	SP; PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
<i>tolvaptan TABS</i>	4	QL(2 EA daily); SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
BIJUVA	3	PA
CLIMARA PRO	3	
DUAVEE	3	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone acetate-ethinyl estradiol</i>	1B	
PREMPHASE	2	
PREMPRO	2	QL(1 EA daily)
Estrogens		
DEPO-ESTRADIOL	3	
ELESTRIN GEL	3	
<i>estradiol valerate</i>	1B	
<i>estradiol GEL</i>	1B	
<i>estradiol GEL</i>	3	
<i>estradiol PTTW</i>	1B	QL(0.572 EA daily)
<i>estradiol PTWK</i>	1B	
<i>estradiol TABS</i>	1B	
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	1B	QL(1 EA daily)
EVAMIST SOLN	3	
MENEST 2.5 MG	3	
MENOSTAR PTWK	3	
PREMARIN SOLR	2	
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens, conjugated</i>)	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 200 MG/100ML</i>	3	
<i>levofloxacin in d5w 500 MG/100ML</i>	1B	
<i>levofloxacin SOLN PO</i>	1B	
<i>levofloxacin TABS 250 MG, 750 MG</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levofloxacin TABS 500 MG</i>	1A		<i>mesalamine TBEC 800 MG</i>	3	QL(6 EA daily)
<i>moxifloxacin hcl in sodium chloride</i>	1B		PYZCHIVA 130 MG/26ML	4	QL(3.47 ML daily); PA
<i>moxifloxacin hcl TABS</i>	1B		RENFLEXIS	4	PA
<i>ofloxacin 300 MG, 400 MG</i>	1B		SKYRIZI SOCT	4	QL(0.043 ML daily); PA
GASTROINTESTINAL AGENTS - MISC. -			SKYRIZI SOLN	4	QL(0.36 ML daily); PA
Miscellaneous Gastrointestinal Drugs			STELARA 130 MG/26ML	4	QL(3.47 ML daily); PA
5-HT4 Receptor Agonists			STEQEYMA	4	QL(3.47 ML daily); PA
<i>prucalopride succinate</i>	1B	QL(1 EA daily)	<i>sulfasalazine TABS</i>	1B	
Agents for Chronic Idiopathic Constipation (CIC)			<i>sulfasalazine TBEC</i>	1B	
TRULANCE	2	QL(1 EA daily)	TREMFYA PEN SOAJ SC 200 MG/2ML	4	QL(0.072 ML daily); PA
Gallstone Solubilizing Agents			TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	4	QL(0.143 ML daily); PA
<i>ursodiol CAPS</i>	1B	QL(3 EA daily)	TREMFYA SOLN IV	4	QL(0.72 ML daily); PA
<i>ursodiol TABS</i>	1B		TREMFYA SOSY SC 200 MG/2ML	4	QL(0.072 ML daily); PA
Gastrointestinal Chloride Channel Activators			YESINTEK 130 MG/26ML	4	QL(3.47 ML daily); PA
<i>lubiprostone</i>	1B	QL(2 EA daily)	Intestinal Acidifiers		
Gastrointestinal Stimulants			<i>lactulose (encephalopathy)</i>	1B	
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1B	QL(60 ML daily)	Irritable Bowel Syndrome (IBS) Agents		
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	1B		<i>alosetron hcl</i>	1B	QL(2 EA daily)
<i>metoclopramide hcl TABS</i>	1A	QL(6 EA daily)	LINZESS	2	QL(1 EA daily)
Inflammatory Bowel Agents			Peripheral Opioid Receptor Antagonists		
<i>balsalazide disodium CAPS</i>	1B	QL(9 EA daily)	<i>alvimopan</i>	1B	
DIPENTUM	2		MOVANTIK	3	QL(1 EA daily); PA
INFLECTRA SOLR	4	PA	Phosphate Binder Agents		
<i>mesalamine CP24</i>	1B		<i>calcium acetate (phosphate binder) CAPS</i>	1B	
<i>mesalamine CPDR</i>	1B		<i>calcium acetate (phosphate binder) TABS</i>	1B	RX/OTC
<i>mesalamine ENEM</i>	3				
<i>mesalamine SUPP</i>	3				
<i>mesalamine TBEC 1.2 GM</i>	3				

Drug Name	Drug Tier	Requirements/ Limits
<i>lanthanum carbonate</i> CHEW	1B	
<i>sevelamer carbonate</i> PACK	1B	
<i>sevelamer carbonate</i> TABS	1B	
VELPHORO	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate</i> (alkalinizer) TBCR	1B	
<i>sodium citrate & citric acid</i>	1B	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid</i> 0.25 %	1B	
<i>glycine (gu irrigant)</i> SOLN 1.5 %	1B	
<i>sodium chloride (gu irrigant)</i> 0.9 %	1B	
SORBITOL 3 %	1B	
SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	1B	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 EA daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1B	QL(1 EA daily)
<i>dutasteride</i>	1B	QL(1 EA daily)
<i>dutasteride-tamsulosin hcl</i>	1B	PA
<i>finasteride</i>	1B	5 mg only
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
Urinary Analgesics		

Drug Name	Drug Tier	Requirements/ Limits
<i>phenazopyridine hcl</i> TABS 100 MG, 200 MG	1B	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1B	
Gout Agents		
<i>allopurinol</i> 100 MG, 300 MG	1A	
<i>colchicine</i> TABS	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		
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate</i> SOSY	4	QL(9 ML daily); PA
Complement Inhibitors		
GOHIBIC	4	PA
HAEGARDA SOLR SC	4	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

Drug Name	Drug Tier	Requirements/ Limits
<i>cilostazol</i>	1B	
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>clopidogrel bisulfate 75 MG</i>	1A	QL(1 EA daily)
<i>dipyridamole</i>	1B	
<i>eptifibatide 200 MG/100ML</i>	4	PA
<i>prasugrel hcl</i>	1B	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	1B	QL(2 EA daily)
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 EA daily); PA
<i>miglustat</i>	4	QL(3 EA daily); SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1B	QL(1 ML daily)
Folic Acid/Folates		
<i>folic acid TABS</i>	0	RX/OTC
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML, 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
<i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>	3	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	3	QL(1 EA daily); PA
LEUKINE SOLR IJ	4	SP; PA
MIRCERA	4	PA
NYVEPRIA	4	PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
Hematopoietic Mixtures		
HEMATINIC/FOLIC ACID	1B	QL(1 EA daily)
Iron		
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	0	
<i>ferrous sulfate TBEC 325 MG</i>	0	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<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		

Drug Name	Drug Tier	Requirements/ Limits
<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>quazepam</i>	3	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		
<i>BELSOMRA</i>	3	PA
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1B	QL(1 EA daily); AL(At least 18 yrs old)
<i>tasimelteon CAPS</i>	3	QL(1 EA daily); PA
LAXATIVES - Bowel Treatment Drugs		
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 236 GM</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
<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	
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 250 MG</i>	1A	
<i>docusate sodium CAPS 100 MG</i>	1A	QL(4 EA daily)
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	1B	
<i>azithromycin SUSR</i>	1B	
<i>azithromycin TABS 600 MG</i>	1B	QL(0.286 EA daily)
<i>azithromycin TABS 250 MG</i>	1B	QL(6 EA per fill retail; 6 per fill mail)
<i>azithromycin TABS 500 MG</i>	1B	QL(4 EA per fill retail; 4 per fill mail)
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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin ethylsuccinate TABS</i>	3		KIMONO SENSATION MISC	0	QL(2 EA daily)
Fidaxomicin			KIMONO SPECIAL DEVI	0	QL(2 EA daily)
DIFICID TABS 200 MG (<i>fidaxomicin</i>)	2		KIMONO MISC	0	QL(2 EA daily)
<i>fidaxomicin TABS 200 MG</i>	1B		K-Y ME & YOU EXTRA LUBRICATED DEVI	0	QL(2 EA daily)
MEDICAL DEVICES AND SUPPLIES			K-Y ME & YOU INTENSE DEVI	0	QL(2 EA daily)
Contraceptives			MAXX PLUS MISC	0	QL(2 EA daily)
AIMSCO LUBRICATED MISC	0	QL(2 EA daily)	MAXX MISC	0	QL(2 EA daily)
CAYA DPRH	0		OMNIFLEX DIAPHRAGM	0	
DUREX EXTRA SENSITIVE THIN DEVI	0	QL(2 EA daily)	REALITY LATEX CONDOMS MISC	0	QL(2 EA daily)
DUREX EXTRA SENSITIVE THIN MISC	0	QL(2 EA daily)	REALITY LATEX/ULTRA TEXTURED DEVI	0	QL(2 EA daily)
DUREX TROPICAL MISC	0	QL(2 EA daily)	REALITY LATEX/ULTRA THIN DEVI	0	QL(2 EA daily)
FANTASY LUBRICATED/SPERMICIDE MISC	0	QL(2 EA daily)	TROJAN BARESKIN DEVI	0	QL(2 EA daily)
FANTASY LUBRICATED MISC	0	QL(2 EA daily)	TROJAN MAGNUM MISC	0	QL(2 EA daily)
FC2 FEMALE CONDOM	0	QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail	TROJAN ULTRA THIN/SPERMICIDAL MISC	0	QL(2 EA daily)
FEMCAP DEVI	0		TROJAN ULTRA THIN MISC	0	QL(2 EA daily)
KAMELEON LUBRICATED MISC	0	QL(2 EA daily)	TROJAN-ENZ LUBRICATED MISC	0	QL(2 EA daily)
KIMONO COLORS DEVI	0	QL(2 EA daily)	TROJAN-ENZ/SPERMICIDAL MISC	0	QL(2 EA daily)
KIMONO MAXX-LARGE FLARE MISC	0	QL(2 EA daily)	TRUE COVER DEVI	0	QL(2 EA daily)
KIMONO MICRO THIN PLUS MISC	0	QL(2 EA daily)	TRUSTEX COLOR CONDOMS + LUBE MISC	0	QL(2 EA daily)
KIMONO PLUS MISC	0	QL(2 EA daily)	TRUSTEX LUB/RIBBED/STUDDED MISC	0	QL(2 EA daily)
KIMONO PS PLUS MISC	0	QL(2 EA daily)	TRUSTEX LUB/SPERMICIDE EX ST MISC	0	QL(2 EA daily)
KIMONO PS MISC	0	QL(2 EA daily)	TRUSTEX LUB/SPERMICIDE XL MISC	0	QL(2 EA daily)
KIMONO SENSATION PLUS MISC	0	QL(2 EA daily)	TRUSTEX LUBRICATED EX LARGE MISC	0	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUBRICATED EXTRA ST MISC	0	QL(2 EA daily)	FREESTYLE LIBRE 3 PLUS SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	QL(2 EA daily)	FREESTYLE LIBRE 3 READER	3	QL(1 EA per 365 day(s) retail); PA
TRUSTEX LUBRICATED MISC	0	QL(2 EA daily)	FREESTYLE LIBRE 3 SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX NATURAL CONDOMS + LUBE MISC	0	QL(2 EA daily)	FREESTYLE LIBRE READER	3	PA
TRUSTEX RIA LUB/SPERMICIDE MISC	0	QL(2 EA daily)	SELECT LANCETS	1B	6.66/day
TRUSTEX RIA LUBRICATED MISC	0	QL(2 EA daily)	TRUE METRIX LEVEL 3 SOLN	1B	
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	0	QL(2 EA daily)	Parenteral Therapy Supplies		
WIDE-SEAL DIAPHRAGM 60	0		BD PEN NEEDLE NANO 2ND GEN	1B	QL(5 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 65	0		EMBECTA AUTOSHIELD DUO	1B	QL(5 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 70	0		EMBECTA PEN NEEDLE NANO	1B	QL(5 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 75	0		EMBECTA PEN NEEDLE NANO 2 GEN	1B	QL(5 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 80	0		EMBECTA PEN NEEDLE ULTRAFINE	1B	QL(5 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 85	0		SELECT INSULIN SYRINGES	1B	5/day
WIDE-SEAL DIAPHRAGM 90	0		MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
WIDE-SEAL DIAPHRAGM 95	0		Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
Diabetic Supplies			AIMOVIG	2	QL(0.04 ML daily); PA
FREESTYLE LIBRE 14 DAY READER	3	PA	EMGALITY (300 MG DOSE) SOSY	2	QL(0.1 ML daily); PA
FREESTYLE LIBRE 14 DAY SENSOR	3	QL(0.072 EA daily); PA	EMGALITY SOAJ	2	QL(0.07 ML daily); PA
FREESTYLE LIBRE 2 PLUS SENSOR	3	QL(0.072 EA daily); PA	EMGALITY SOSY	2	QL(0.07 ML daily); PA
FREESTYLE LIBRE 2 READER	3	PA	UBRELVY 100 MG	3	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); ST
FREESTYLE LIBRE 2 SENSOR	3	QL(0.072 EA daily); PA			

Drug Name	Drug Tier	Requirements/ Limits
UBRELVY 50 MG	3	QL(10 EA per 30 day(s) retail); ST
Migraine Combinations		
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 EA daily)
<i>sumatriptan-naproxen sodium</i>	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
Migraine Products		
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B	
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ML daily)
ERGOMAR SUBL	3	QL(0.667 EA daily)
Serotonin Agonists		
<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 EA daily); AL(At least 12 yrs old); ST
<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
<i>eletriptan hydrobromide</i>	1B	QL(0.2 EA daily); AL(At least 18 yrs old); ST
<i>frovatriptan succinate</i>	1B	QL(0.4 EA daily); AL(At least 18 yrs old); ST
<i>naratriptan hcl</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)
<i>sumatriptan</i>	1B	QL(0.2 EA daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>sumatriptan succinate TABS</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)
<i>zolmitriptan SOLN</i>	1B	QL(0.2 EA daily); AL(At least 12 yrs old); ST
<i>zolmitriptan TABS</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
<i>zolmitriptan TBDP</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
MINERALS & ELECTROLYTES		
Bicarbonates		
<i>sodium acetate SOLN</i>	1B	
SODIUM ACETATE SOLN (<i>sodium acetate</i>)	1B	
Calcium		
<i>calcium chloride (dihydrate) SOLN</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Electrolyte Mixtures			<i>potassium acetate SOLN 2 MEQ/ML</i>	1B	
<i>electrolyte-148</i>	1B		<i>potassium bicarbonate TBEF</i>	1B	
<i>electrolyte-a</i>	1B		<i>potassium chloride microencapsulated crystals er</i>	1B	
IONOSOL-MB IN D5W	1B		<i>potassium chloride CPCR</i>	1B	
ISOLYTE-P IN D5W	1B		<i>potassium chloride PACK PO 20 MEQ</i>	1B	PA
ISOLYTE-S	1B		<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B	
KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (<i>potassium chloride in dextrose & sodium chloride</i>)	1B		POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (<i>potassium chloride</i>)	1B	
KCL-LACTATED RINGERS-D5W	1B		<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1B	
NORMOSOL-M IN D5W	1B		MISCELLANEOUS THERAPEUTIC CLASSES		
NORMOSOL-R PH 7.4	1B		Chelating Agents		
PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	1B		<i>penicillamine CAPS</i>	1B	PA
PLASMA-LYTE A (<i>electrolyte-a</i>)	1B		<i>penicillamine TABS</i>	1B	QL(8 EA daily)
<i>potassium chloride in dextrose 20 MEQ/L</i>	1B		<i>trientine hcl 250 MG</i>	4	QL(8 EA daily); SP; PA
<i>potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	1B		Immunomodulators		
<i>ringer's</i>	1B		<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	6	QL(1 EA daily); SP; PA
Fluoride			<i>lenalidomide 20 MG</i>	6	QL(1 EA daily); PA
<i>sodium fluoride CHEW</i>	0	QL(1 EA daily)	REVLIMID 20 MG	6	QL(1 EA daily); PA
Phosphate			REVLIMID 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG	6	QL(1 EA daily); SP; PA
<i>potassium phosphates 45 MMOLE/15ML</i>	1B		THALOMID	4	QL(3 EA daily); SP; PA
Potassium			Immunosuppressive Agents		
			ATGAM	4	SP; PA
			AZATHIOPRINE SODIUM	1B	
			<i>azathioprine TABS</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine modified (for microemulsion) CAPS</i>	1B	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1B	
<i>cyclosporine CAPS</i>	1B	
<i>cyclosporine SOLN IV 50 MG/ML</i>	1B	
<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 EA daily); SP; PA
<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 EA daily); PA
<i>mycophenolate mofetil CAPS</i>	1B	
<i>mycophenolate mofetil TABS</i>	1B	
<i>mycophenolate sodium</i>	1B	
PROGRAF PACK	2	PA
PROGRAF SOLN	2	
SIMULECT	3	
<i>sirolimus TABS</i>	1B	
<i>tacrolimus CAPS</i>	1B	
THYMOGLOBULIN	4	SP; PA
Irrigation Solutions		
<i>irrigation solutions, physiological</i>	1B	
<i>lactated ringer's (irrigation)</i>	1B	
<i>ringer's irrigation</i>	1B	
<i>water for irrigation, sterile</i>	1B	
Lymphatic Agents		
SYLVANT	6	PA
Potassium Removing Agents		
LOKELMA	3	QL(1 EA daily); PA
<i>sodium polystyrene sulfonate POWD</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1B	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 4 %</i>	1B	
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ML daily)
Anti-infectives - Throat		
<i>clotrimazole</i>	1B	
<i>nystatin (mouth-throat)</i>	1B	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1B	
Dental Products		
<i>stannous fluoride CONC</i>	0	RX/OTC
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	1B	
Throat Products - Misc.		
<i>cevimeline hcl</i>	1B	
<i>pilocarpine hcl (oral)</i>	1B	
MULTIVITAMINS		
Ped MV w/ Fluoride		
<i>pediatric multivitamins w/fl CHEW</i>	1A	RX/OTC
Prenatal Vitamins		
CLASSIC PRENATAL TABS	2	QL(1 EA daily)
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	2	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EQL PRENATAL FORMULA TABS	2	QL(1 EA daily)	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)
FT PRENATAL TABS	2	QL(1 EA daily)			
GNP PRENATAL/FOLIC ACID TABS	2	QL(1 EA daily)			
GNP PRENATAL TABS	2	QL(1 EA daily)			
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 EA daily)			
MASONATAL TABS	2	QL(1 EA daily)	PRENATAL/IRON TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 EA daily)
M-NATAL PLUS TABS	2	QL(1 EA daily); RX/OTC			
MULTI PRENATAL TABS	2	QL(1 EA daily)	PRENATAL TABS	2	QL(1 EA daily)
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	QL(1 EA daily); RX/OTC	PRENATRIX TABS	2	QL(1 EA daily); RX/OTC
			PRENATRYL TABS	2	QL(1 EA daily); RX/OTC
NEONATAL PLUS TABS	2	QL(1 EA daily); RX/OTC	PX PRENATAL MULTIVITAMINS TABS	2	QL(1 EA daily)
NEONATAL PRENATAL TABS	2	QL(1 EA daily)	QC PRENATAL TABS	2	QL(1 EA daily)
NEONATAL VITAMIN TABS	2	QL(1 EA daily)	SM PRENATAL VITAMINS TABS	2	QL(1 EA daily)
NIVA-PLUS TABS	2	QL(1 EA daily); RX/OTC	THERANATAL CORE NUTRITION TABS	2	QL(1 EA daily); RX/OTC
ONE VITE WOMENS PLUS TABS	2	QL(1 EA daily); RX/OTC	TRICARE TABS	2	QL(1 EA daily); RX/OTC
ONE VITE WOMENS TABS	2	QL(1 EA daily)	VITATHELY WITH GINGER TABS	2	QL(1 EA daily); RX/OTC
PRENATAL ONE DAILY TABS	2	QL(1 EA daily)	WESTAB PLUS TABS	2	QL(1 EA daily); RX/OTC
PRENATAL PLUS VITAMIN/MINERAL TABS	2	QL(1 EA daily); RX/OTC	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
PRENATAL PLUS TABS	2	QL(1 EA daily); RX/OTC	Central Muscle Relaxants		
PRENATAL VITAMIN AND MINERAL TABS	2	QL(1 EA daily)	<i>baclofen</i> TABS	1B	
			<i>carisoprodol</i> TABS	1B	
			<i>chlorzoxazone</i> TABS 500 MG	1B	QL(6 EA daily)
			<i>chlorzoxazone</i> TABS 750 MG	1B	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1A	QL(3 EA daily)
<i>metaxalone 800 MG</i>	1B	QL(4 EA daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	1B	
<i>orphenadrine citrate TB12</i>	1B	QL(2 EA daily)
<i>tizanidine hcl CAPS</i>	1B	
<i>tizanidine hcl TABS</i>	1B	
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1B	QL(4 EA daily)
Muscle Relaxant Combinations		
<i>orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG</i>	3	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl</i>	1B	
<i>olopatadine hcl (nasal)</i>	1B	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.03 %</i>	1B	QL(1 ML daily)
<i>ipratropium bromide (nasal) 0.06 %</i>	1B	
Nasal Steroids		
<i>budesonide (nasal)</i>	1B	
<i>flunisolide (nasal)</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); RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1B	
XHANCE EXHU	3	PA
NEUROMUSCULAR AGENTS - Drugs to		

Drug Name	Drug Tier	Requirements/ Limits
Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole TABS</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
XEOMIN	3	PA
Nondepolarizing Muscle Relaxants		
<i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i>	3	PA
NUTRIENTS		
Proteins		
CLINIMIX/DEXTROSE (4.25/10)	3	
CLINIMIX/DEXTROSE (4.25/5)	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		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>brimonidine tartrate 0.15 % , 0.2 %</i>	1B		<i>loteprednol etabonate GEL</i>	1B	PA
Ophthalmic Anti-infectives			<i>loteprednol etabonate SUSP</i>	1B	PA
<i>bacitracin (ophthalmic)</i>	3		MAXIDEX SUSP OP	3	PA
BESIVANCE	3	PA	<i>neomycin-polymy-dexameth OINT</i>	1B	
<i>ciprofloxacin hcl (ophth) SOLN</i>	1B		<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1B	
<i>erythromycin (ophth)</i>	1B		<i>neomycin-polymyxin-hc (ophth)</i>	1B	QL(2.5 ML daily)
<i>gatifloxacin (ophth)</i>	1B		PRED MILD	3	PA
<i>gentamicin sulfate (ophth) SOLN</i>	1B		<i>prednisolone acetate (ophth)</i>	1B	
<i>levofloxacin (ophth) 0.5 %</i>	1B		PREDNISOLONE SODIUM PHOSPHATE	3	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1B		<i>sulfacetamide sod-prednisolone SOLN</i>	3	PA
NATACYN	2		<i>tobramycin-dexamethasone SUSP</i>	1B	
<i>neomycin-bacitracin zn-polymyxin</i>	1B		ZYLET	3	PA
<i>ofloxacin (ophth)</i>	1B		Ophthalmics - Misc.		
<i>polymyxin b-trimethoprim</i>	1B		ALOCRIIL	3	PA
<i>sulfacetamide sodium (ophth) SOLN</i>	1B		ALOMIDE	3	PA
<i>tobramycin (ophth) SOLN</i>	1B		<i>azelastine hcl (ophth)</i>	1B	
<i>trifluridine</i>	1B		<i>bepotastine besilate</i>	3	PA
ZIRGAN GEL	2		<i>brinzolamide</i>	1B	
Ophthalmic Immunomodulators			<i>bromfenac sodium (ophth)</i>	1B	
<i>cyclosporine (ophth) EMUL</i>	3	PA	<i>cromolyn sodium (ophth)</i>	1B	
Ophthalmic Local Anesthetics			CYSTARAN	2	QL(2.143 ML daily); PA
<i>proparacaine hcl</i>	1B		<i>diclofenac sodium (ophth)</i>	1B	
Ophthalmic Steroids			<i>dorzolamide hcl</i>	1B	
<i>dexamethasone sodium phosphate (ophth)</i>	1B	QL(0.4 ML daily)	<i>epinastine hcl (ophth)</i>	1B	
<i>difluprednate</i>	1B	PA	<i>flurbiprofen sodium</i>	1B	
<i>fluorometholone (ophth) SUSP</i>	1B		<i>ketorolac tromethamine (ophth)</i>	1B	
FML FORTE SUSP	3	PA			
LOTEMAX OINT	3	PA			

Drug Name	Drug Tier	Requirements/ Limits
<i>ketotifen fumarate (ophth) 0.035 %</i>	1B	
LASTACAFT	3	PA
NEVANAC	3	QL(0.2 ML daily); ST RX/OTC
<i>olopatadine hcl 0.2 %</i>	1B	
<i>olopatadine hcl 0.1 %</i>	1B	QL(0.34 ML daily)
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1B	
<i>latanoprost SOLN</i>	1B	
<i>tafluprost</i>	1B	
<i>travoprost SOLN</i>	1B	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1B	QL(0.5 ML daily)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1B	
<i>ofloxacin (otic)</i>	1B	
Otic Combinations		
<i>ciprofloxacin-dexamethasone</i>	1B	
<i>ciprofloxacin-fluocinolone acetonide</i>	1B	QL(0.5 EA daily); PA
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1B	QL(2 ML daily)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1B	
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	1B	
<i>hydrocortisone w/acetic acid</i>	1B	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		

Drug Name	Drug Tier	Requirements/ Limits
Monoclonal Antibodies		
BEYFORTUS	0	
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 125 MG/5ML</i>	1A	
<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<i>amoxicillin TABS</i>	1B	
<i>ampicillin sodium IV 10 GM</i>	1B	
<i>ampicillin CAPS 500 MG</i>	1B	
Natural Penicillins		
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
<i>penicillin g potassium 5000000 UNIT</i>	1B	
<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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Penicillinase-Resistant Penicillins			<i>galantamine hydrobromide TABS</i>	1B	QL(2 EA daily)
<i>dicloxacillin sodium</i>	1B		<i>memantine hcl TABS</i>	1B	QL(2 EA daily)
<i>nafcillin sodium IV 10 GM</i>	1B		<i>memantine hcl TABS</i>	1B	
<i>oxacillin sodium IV 10 GM</i>	1B		<i>rivastigmine tartrate CAPS</i>	1B	
PROGESTINS - Hormone Replacement/Modifying Drugs			Combination Psychotherapeutics		
Progestins			<i>chlordiazepoxide-amitriptyline</i>	1B	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B		<i>perphenazine-amitriptyline</i>	1B	QL(4 EA daily)
<i>medroxyprogesterone acetate 10 MG</i>	1A		Fibromyalgia Agents		
<i>megestrol acetate (appetite)</i>	1B	PA	SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA
<i>norethindrone acetate TABS</i>	0		SAVELLA TABS	2	QL(2 EA daily); PA
<i>progesterone CAPS</i>	1B		Movement Disorder Drug Therapy		
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions			AUSTEDO TABS	4	QL(4 EA daily); PA
Agents for Chemical Dependency			<i>tetrabenazine</i>	4	QL(3 EA daily); SP; PA
<i>acamprosate calcium</i>	1B		Multiple Sclerosis Agents		
<i>disulfiram</i>	1B		AVONEX PEN AJKT	4	QL(0.0714 EA daily); SP; PA
<i>lofexidine hcl</i>	1B	QL(224 EA per 14 day(s) retail); PA	AVONEX PREFILLED PSKT	4	QL(0.0714 EA daily); SP; PA
Antidementia Agents			BETASERON KIT	4	QL(0.0357 EA daily); PA
<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 EA daily)	<i>dalfampridine</i>	4	QL(2 EA daily); SP; PA
<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1B	QL(1 EA daily)	<i>dimethyl fumarate CDPK</i>	1B	QL(2 EA daily)
<i>donepezil hydrochloride TBDP 10 MG</i>	1B	QL(2 EA daily)	<i>dimethyl fumarate CPDR</i>	1B	QL(2 EA daily)
<i>donepezil hydrochloride TBDP 5 MG</i>	1B	QL(1 EA daily)	<i>ingolimod hcl</i>	4	QL(1 EA daily)
<i>galantamine hydrobromide CP24</i>	1B	QL(1 EA daily)	<i>glatiramer acetate SOSY 40 MG/ML</i>	4	QL(0.43 ML daily)
<i>galantamine hydrobromide SOLN</i>	1B	QL(6 ML daily)	<i>glatiramer acetate SOSY 20 MG/ML</i>	4	QL(1 ML daily)
			KESIMPTA	6	QL(0.0144 ML daily); PA
			LEMTRADA	4	QL(1.2 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
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 TITRATION PACK 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) 82.5 MG, 165 MG</i>	3	QL(1 EA daily); PA
<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 EA daily); PA
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	3	QL(2 EA daily); PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1B	
<i>pimozide</i>	1B	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 EA daily)
<i>nicotine polacrilex GUM</i>	0	
<i>nicotine polacrilex LOZG</i>	0	
NICOTINE KIT	0	
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
NICOTROL NS SOLN	0	
NICOTROL INHA	0	
<i>varenicline tartrate TABS</i>	0	QL(2 EA daily)
<i>varenicline tartrate TBPK</i>	0	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
PROLASTIN-C SOLR	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
Pleural Sclerosing Agents		
SCLEROSOL INTRAPLEURAL AERP	6	PA
STERILE TALC POWDER SUSR	6	PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 EA daily); PA
<i>pirfenidone CAPS</i>	4	
<i>pirfenidone TABS 267 MG, 801 MG</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	
TETRACYCLINES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
Tetracyclines		
<i>demeclocycline hcl TABS</i>	1B	
<i>doxycycline (monohydrate) CAPS 75 MG</i>	1B	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1B	QL(2 EA daily)
<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 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		
<i>ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG</i>	2	
<i>ARMOUR THYROID TABS</i>	2	QL(1 EA daily)
<i>EVEXITHROID TABS 180 MG</i>	2	QL(1 EA daily)
<i>levothyroxine sodium TABS</i>	1A	
<i>liothyronine sodium SOLN</i>	1B	
<i>liothyronine sodium TABS</i>	1B	
<i>NP THYROID TABS</i>	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>SYNTHROID TABS (levothyroxine sodium)</i>	2	
TOXOIDS		
Toxoid Combinations		
<i>ADACEL SUSP</i>	0	
<i>ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML</i>	0	
<i>BOOSTRIX SUSP</i>	0	
<i>BOOSTRIX SUSY</i>	0	
<i>DAPTACEL</i>	0	
<i>INFANRIX</i>	0	
<i>KINRIX SUSY</i>	0	
<i>PEDIARIX SUSY</i>	0	
<i>PENTACEL</i>	0	
<i>QUADRACEL SUSP</i>	0	
<i>QUADRACEL SUSY</i>	0	
<i>TDVAX SUSP</i>	0	
<i>TENIVAC SUSP 2 LFU-5 LFU</i>	0	
<i>TETANUS-DIPHTHERIA TOXOIDS TD SUSP</i>	0	
<i>VAXELIS SUSP</i>	0	
<i>VAXELIS SUSY</i>	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate SOSY IJ 0.25 MG/5ML</i>	1B	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B	
<i>dicyclomine hcl CAPS</i>	1B	
<i>dicyclomine hcl SOLN PO</i>	1B	
<i>dicyclomine hcl TABS</i>	1B	
<i>glycopyrrolate SOLN IJ 4 MG/20ML</i>	1B	
<i>glycopyrrolate TABS 1 MG</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<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 SUSR</i>	1B	QL(10 ML daily)
<i>famotidine TABS 20 MG, 40 MG</i>	1B	RX/OTC
<i>nizatidine CAPS</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 40 MG</i>	3	QL(1 EA daily)
<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 EA daily); RX/OTC
<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	
<i>NEXIUM 24HR TBEC 20 MG</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>	1B	QL(1 EA daily)
Ulcer Drugs - Prostaglandins		

Drug Name	Drug Tier	Requirements/ Limits
<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)
<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)
<i>tolterodine tartrate CP24</i>	1B	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	1B	
<i>trospium chloride CP24</i>	1B	QL(1 EA daily)
<i>trospium chloride TABS</i>	1B	QL(3 EA daily)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
<i>mirabegron TB24</i>	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride 25 MG</i>	1B	
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 EA daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1B	
VACCINES		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Bacterial Vaccines			AUDENZ PRSY	0	
ACTHIB SOLR IM	0		COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	0	
BCG VACCINE	6	PA	COMIRNATY SUSP	0	
BEXSERO 0.5 ML	0		COMIRNATY SUSY	0	
CAPVAXIVE	0		ENGRIX-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		ENGRIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
MENACTRA	0		FLUAD	0	1 max fill(s) per 180 day(s) retail
MENQUADFI 0.5 ML	0		FLUAD QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail
MENVEO SOLR	0		FLUARIX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail
PEDVAX HIB SUSP	0		FLUARIX SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
PENBRAYA	0		FLUBLOK QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
PENMENVY SUSR IM	0	AL(At least 10 yrs old - Up to 25 yrs old)	FLUBLOK SOSY	0	1 max fill(s) per 180 day(s) retail
PNEUMOVAX 23 SOLN	0		FLUCELVAX QUADRIVALENT SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
PNEUMOVAX 23 SOSY	0		FLUCELVAX QUADRIVALENT SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
PREVNAR 13	0				
PREVNAR 20	0	1 max fill(s) per 999 day(s) retail			
TRUMENBA 0.5 ML	0				
VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail			
Viral Vaccines					
ABRYSVO	0				
AFLURIA PRESERVATIVE FREE SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail			
AFLURIA QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail			
AFLURIA QUADRIVALENT SUSY 0.5 ML	0	1 max fill(s) per 180 day(s) retail			
AFLURIA SUSP	0	1 max fill(s) per 180 day(s) retail			
AREXVY	0				
AUDENZ EMUL	0				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX SUSP	0	1 max fill(s) per 180 day(s) retail	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	0	1 max fill(s) per 365 day(s) retail
FLUCELVAX SUSY	0	1 max fill(s) per 180 day(s) retail	HEPLISAV-B SOSY	0	2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
FLULAVAL QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail	IPOL IJ	0	1 max fill(s) per 365 day(s) retail
FLULAVAL SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	JYNNEOS	0	
FLUMIST	0	1 max fill(s) per 180 day(s) retail	M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail
FLUMIST QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	MNEXSPIKE SUSY 10 MCG/0.2ML	0	
FLUZONE HIGH-DOSE QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 BIVALENT	0	
FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VAC 6M-11Y SUSP	0	
FLUZONE QUADRIVALENT SUSP	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VAC 6M-11Y SUSY	0	
FLUZONE QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE SUSP	0	
FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail	MRESVIA	0	
FLUZONE SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE SUSP	0	
GARDASIL 9 SUSP 0.5 ML	0	3 max fill(s) per 365 day(s) retail	NOVAVAX COVID-19 VACCINE SUSY	0	
GARDASIL 9 SUSY 0.5 ML	0	3 max fill(s) per 365 day(s) retail	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	0	
			PFIZER COVID-19 VAC BIVALENT	0	
			PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	
			PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0	
			PFIZER-BIONT COVID-19 VAC-TRIS SUSP	0	
			PFIZER-BIONTECH COVID-19 VACC SUSP	0	

Drug Name	Drug Tier	Requirements/ Limits
PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail
PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
PROQUAD SUSR	0	2 max fill(s) per 365 day(s) retail
RECOMBIVAX HB SUSP	0	3 max fill(s) per 365 day(s) retail
RECOMBIVAX HB SUSY	0	3 max fill(s) per 365 day(s) retail
ROTARIX SUSP	0	
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 6M-11Y SUSY 25 MCG/0.25ML	0	
SPIKEVAX SUSP	0	
SPIKEVAX SUSY	0	
TWINRIX SUSY	0	3 max fill(s) per 365 day(s) retail
VAQTA	0	1 max fill(s) per 365 day(s) retail
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	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		
Spermicides		
TODAY SPONGE MISC	0	
VCF VAGINAL CONTRACEPTIVE FILM	0	
Vaginal Anti-infectives		

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate vaginal CREA</i>	1B	
<i>clotrimazole vaginal CREA 1 %</i>	1B	
GYNAZOLE-1	3	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail)
<i>metronidazole vaginal</i>	1B	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal 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</i>	1B	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
Vasopressors		
<i>midodrine hcl</i>	1B	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS</i>	1A	

Drug Name	Drug Tier	Requirements/ Limits
<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	0	
<i>ergocalciferol CAPS</i>	0	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	1B	
VITAMIN D2 TABS 400 UNIT	0	AL (At least 65 yrs old)
Water Soluble Vitamins		
<i>ascorbic acid SOLN IJ</i>	3	QL (0.4 ML daily)
NIACIN ER TBCR	1B	
<i>niacinamide TABS 100 MG</i>	1B	
<i>niacinamide TABS 500 MG</i>	1A	
<i>niacin CPCR 250 MG, 500 MG</i>	1A	
<i>niacin TABS</i>	1A	
<i>niacin TBCR</i>	1A	

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COTELLIC28	CYSTARAN 61	decitabine 23
CREON CPEP47	cytarabine SOLN 20 MG/ML23	deferasirox PACK16
CRESEMBA CAPS 186 MG17	cytarabine SOLN23	deferasirox TABS 16
cromolyn sodium (ophth)61	dabigatran etexilate mesylate CAPS . 11	deferasirox TBSO16
cromolyn sodium NEBU9	dacarbazine SOLR 100 MG 31	deflazacort TABS 40
crotamiton LOTN46	dacarbazine SOLR 200 MG 31	DELSTRIGO 34
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 58	dactinomycin 27	demeclocycline hcl TABS65
cyanocobalamin SOLN IJ 1000 MCG/ML52	dalfampridine63	DEPO-ESTRADIOL49
cyclobenzaprine hcl TABS 5 MG, 10 MG 60	danazol CAPS7	DEPO-MEDROL SUSP40
	dantrolene sodium CAPS60	DEPO-SUBQ PROVERA 104 SUSY SC39
	DANZITEN 28	DESCOVY 200 MG-25 MG34
	dapagliflozin propanediol16	desipramine hcl TABS 14
	dapagliflozin propanediol-metformin	desloratadine TABS18
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desmopressin acetate SOLN IJ ... 49	dexmethylphenidate hcl CP24 1	dicyclomine hcl CAPS 65
DESMOPRESSIN ACETATE SOLN NA 49	dexmethylphenidate hcl TABS 1	dicyclomine hcl SOLN PO 65
desmopressin acetate spray 49	dexrazoxane hcl 31	dicyclomine hcl TABS 65
desmopressin acetate spray refrigerated 0.01 % 49	dextroamphetamine sulfate CP24 10 MG, 15 MG 1	DIFFERIN LOTN 41
desmopressin acetate TABS 0.1 MG 49	dextroamphetamine sulfate CP24 5 MG 1	DIFICID TABS 200 MG (fidaxomicin) 54
desmopressin acetate TABS 0.2 MG 49	dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1	diflorasone diacetate CREA 45
desogestrel & ethinyl estradiol 39	dextroamphetamine sulfate TABS 5 MG, 10 MG 1	diflorasone diacetate OINT 45
desogestrel-ethinyl estradiol (biphasic) 39	DIACOMIT CAPS 250 MG 12	diflunisal TABS 5
desogestrel-ethinyl estradiol (triphasic) 39	DIACOMIT CAPS 500 MG 12	difluprednate 61
desonide CREA 44	DIACOMIT PACK 250 MG 12	digoxin SOLN PO 0.05 MG/ML 37
desonide LOTN 44	DIACOMIT PACK 500 MG 12	digoxin TABS 62.5 MCG, 125 MCG, 250 MCG 37
desonide OINT 45	diazepam (anticonvulsant) GEL ... 11	dihydroergotamine mesylate SOLN IJ 1 MG/ML 56
desoximetasone CREA 0.25 % 45	diazepam CONC 8	dihydroergotamine mesylate SOLN NA 4 MG/ML 56
desoximetasone GEL 45	diazepam SOLN PO 5 MG/5ML 8	DILANTIN (phenytoin sodium extended) 13
desoximetasone OINT 0.25 % 45	diazepam TABS 8	DILANTIN 13
desvenlafaxine succinate 14	diazoxide 15	DILANTIN INFATABS CHEW (phenytoin) 13
dexamethasone ELIX 40	diclofenac epolamine PTCH EX ... 42	DILANTIN SUSP (phenytoin) 13
DEXAMETHASONE INTENSOL CONC 40	diclofenac potassium TABS 50 MG . 4	DILANTIN-125 SUSP (phenytoin) . 13
dexamethasone sodium phosphate (ophth) 61	diclofenac sodium (actinic keratoses) EX 43	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG 37
dexamethasone SOLN 40	diclofenac sodium (ophth) 61	diltiazem hcl coated beads CP24 180 MG, 240 MG 37
dexamethasone TABS 0.5 MG, 0.75 MG 40	diclofenac sodium (topical) GEL EX 42	diltiazem hcl CP12 37
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG 40	diclofenac sodium TB24 4	diltiazem hcl CP24 37
dexlansoprazole 66	diclofenac sodium TBEC 4	diltiazem hcl extended release beads 37
	diclofenac w/ misoprostol TBEC 4	diltiazem hcl SOLN 50 MG/10ML .. 37
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diltiazem hcl TABS37	docetaxel SOLN 80 MG/8ML, 160 MG/16ML31	doxorubicin hcl SOLR 10 MG, 50 MG27
diltiazem hcl TB24 37	DOCIVYX SOLN 20 MG/2ML31	doxycycline (monohydrate) CAPS 50 MG, 100 MG 65
dimethyl fumarate CDPK63	DOCIVYX SOLN 80 MG/8ML, 160 MG/16ML32	doxycycline (monohydrate) CAPS 75 MG 65
dimethyl fumarate CPDR 63	docusate calcium53	doxycycline (monohydrate) TABS 100 MG 65
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diphenhydramine hcl CAPS 50 MG 18	docusate sodium CAPS 250 MG ..53	doxycycline hyclate CAPS65
diphenhydramine hcl ELIX 12.5 MG/5ML18	dofetilide 8	doxycycline hyclate TABS 20 MG, 100 MG 65
diphenhydramine hcl LIQD 12.5 MG/5ML18	donepezil hydrochloride TABS 10 MG 63	doxylamine-pyridoxine TBEC17
diphenoxylate w/ atropine LIQD ... 16	donepezil hydrochloride TABS 5 MG, 23 MG63	dronabinol CAPS17
diphenoxylate w/ atropine TABS ...16	donepezil hydrochloride TBDP 10 MG 63	drospirenone-ethinyl estradiol39
dipyridamole52	donepezil hydrochloride TBDP 5 MG 63	drospirenone-ethinyl estradiol- levomefolate calcium39
disopyramide phosphate CAPS8	dorzolamide hcl61	DROXIA CAPS52
disulfiram 63	dorzolamide hcl-timolol maleate ..60	DUAVEE49
divalproex sodium TB2413	DOVATO34	DULERA10
divalproex sodium TBEC13	doxazosin mesylate19	duloxetine hcl CPEP14
DOCETAXEL CONC 20 MG/ML (docetaxel)31	doxepin hcl (antipruritic)43	DUPIXENT SOAJ 200 MG/1.14ML 46
docetaxel CONC 20 MG/ML31	doxepin hcl (sleep)52	DUPIXENT SOAJ 300 MG/2ML ...45
DOCETAXEL CONC 20 MG/ML ...31	doxepin hcl CAPS14	DUPIXENT SOSY 200 MG/1.14ML 46
DOCETAXEL CONC 80 MG/4ML, 160 MG/8ML (docetaxel)31	doxepin hcl CONC14	DUPIXENT SOSY 300 MG/2ML ...46
docetaxel CONC 80 MG/4ML, 160 MG/8ML31	doxercalciferol CAPS48	DUREX EXTRA SENSITIVE THIN DEVI54
DOCETAXEL CONC 80 MG/4ML, 160 MG/8ML31	doxercalciferol SOLN48	DUREX EXTRA SENSITIVE THIN MISC54
DOCETAXEL SOLN 20 MG/2ML (docetaxel)31	DOXIL SUSP (doxorubicin hcl liposomal)27	DUREX TROPICAL MISC54
docetaxel SOLN 20 MG/2ML31	doxorubicin hcl liposomal SUSP ...27	
DOCETAXEL SOLN 80 MG/8ML,	DOXORUBICIN HCL SOLN (doxorubicin hcl)27	

dutasteride	51	ELZONRIS	31	ENBREL SOSY 50 MG/ML	4
dutasteride-tamsulosin hcl	51	EMBECTA AUTOSHIELD DUO ..	55	ENBREL SURECLICK SOAJ	4
econazole nitrate CREA	42	EMBECTA PEN NEEDLE NANO ..	55	ENGRIX-B SUSP 20 MCG/ML ...	67
EDARBI	19	EMBECTA PEN NEEDLE NANO 2		ENGRIX-B SUSY	67
EDURANT	34	GEN	55	ENHERTU	25
efavirenz CAPS 200 MG	34	EMBECTA PEN NEEDLE		enoxaparin sodium SOLN IJ 300	
efavirenz CAPS 50 MG	34	ULTRAFINE	55	MG/3ML	10
efavirenz TABS	34	EMCYT	26	enoxaparin sodium SOSY 100	
efavirenz-emtricitabine-tenofovir		EMGALITY (300 MG DOSE) SOSY		MG/ML, 150 MG/ML	11
disoproxil fumarate	34	55		enoxaparin sodium SOSY 30	
efavirenz-lamivudine-tenofovir		EMGALITY SOAJ	55	MG/0.3ML	11
disoproxil fumarate	34	EMGALITY SOSY	55	enoxaparin sodium SOSY 40	
ELAPRASE	49	EMPLICITI	25	MG/0.4ML	11
electrolyte-148	57	EMSAM	13	enoxaparin sodium SOSY 60	
electrolyte-a	57	emtricitabine CAPS	34	MG/0.6ML	10
ELESTRIN GEL	49	emtricitabine-rilpivirine-tenofovir		enoxaparin sodium SOSY 80	
eletriptan hydrobromide	56	disoproxil fumarate	34	MG/0.8ML, 120 MG/0.8ML	11
ELIGARD KIT SC 7.5 MG	26	emtricitabine-tenofovir disoproxil		ENSACOVE CAPS PO 25 MG, 100	
ELIGARD SC 22.5 MG, 30 MG, 45		fumarate 100 MG-150 MG, 133 MG-		MG	28
MG	26	200 MG, 167 MG-250 MG	34	entacapone	32
ELIQUIS DVT/PE STARTER PACK		emtricitabine-tenofovir disoproxil		entecavir TABS	35
TBPK	10	fumarate 200 MG-300 MG	34	EPIDIOLEX	12
ELIQUIS TABS	10	EMTRIVA SOLN	34	epinastine hcl (ophth)	61
ELITEK	31	EMVERM CHEW	7	epinephrine (anaphylaxis) SOAJ ..	69
ELLA	39	enalapril maleate &		eplerenone	20
ELLENCE SOLN 200 MG/100ML ..	27	hydrochlorothiazide 12.5 MG-5 MG		epoprostenol sodium	37
ELLENCE SOLN 50 MG/25ML	27	20		eptifibatide 200 MG/100ML	52
ELMIRON CAPS	51	enalapril maleate &		EQL PRENATAL FORMULA TABS	
eltrombopag olamine PACK 12.5		hydrochlorothiazide 25 MG-10 MG 20		59	
MG, 25 MG	52	enalapril maleate TABS	19	EQUETRO 100 MG	33
eltrombopag olamine TABS 12.5 MG,		ENBREL MINI SOCT	4	EQUETRO 200 MG	33
25 MG, 50 MG, 75 MG	52	ENBREL SOLN	4	EQUETRO 300 MG	33
		ENBREL SOSY 25 MG/0.5ML	4	ERBITUX	25

ergocalciferol CAPS	70	estradiol GEL	49	everolimus (immunosuppressant) 1 MG	58
ergocalciferol SOLN PO 200 MCG/ML	70	estradiol PTTW	49	everolimus TABS	28
ergoloid mesylates TABS	64	estradiol PTWK	49	everolimus TBSO	28
ERGOMAR SUBL	56	estradiol TABS	49	EVEXITHROID TABS 180 MG	65
ergotamine w/ caffeine TABS	56	estradiol vaginal CREA	69	EVOMELA IV	23
eribulin mesylate	32	estradiol vaginal TABS	69	EVOTAZ	34
ERIVEDGE	26	estradiol valerate	49	exemestane	26
ERLEADA 240 MG	26	estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	49	EXKIVITY	25
ERLEADA 60 MG	26	eszopiclone	53	ezetimibe	19
erlotinib hcl	25	ethacrynic acid	47	ezetimibe-simvastatin	18
ERTACZO	42	ethambutol hcl TABS	22	famciclovir 125 MG, 250 MG	36
ertapenem sodium IJ	21	ethosuximide CAPS	13	famciclovir 500 MG	36
erythromycin (acne aid) PADS	41	ethosuximide SOLN	13	famotidine in nacl SOLN	66
erythromycin (acne aid) SOLN	41	ethynodiol diacet & eth estrad	39	famotidine SUSR	66
erythromycin (ophth)	61	ETHYOL	31	famotidine TABS 20 MG, 40 MG ..	66
erythromycin base CPEP	53	etodolac CAPS	4	FANAPT	33
erythromycin base TABS	53	etodolac TABS	4	FANAPT TITRATION PACK A	33
erythromycin base TBEC	53	etonogestrel-ethinyl estradiol	39	FANTASY LUBRICATED MISC ...	54
erythromycin ethylsuccinate SUSR 53		ETOPOPHOS	32	FANTASY LUBRICATED/SPERMICIDE MISC 54	
erythromycin ethylsuccinate TABS 54		etoposide CAPS	32	FARESTON (toremifene citrate) ..	26
escitalopram oxalate SOLN	13	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	32	FARXIGA (dapagliflozin propanediol)	16
escitalopram oxalate TABS	13	etravirine 100 MG	34	FASENRA PEN SOAJ	8
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	12	etravirine 200 MG	34	FASENRA SOSY 10 MG/0.5ML	8
esomeprazole magnesium CPDR 20 MG	66	EUCRISA	46	FASENRA SOSY 30 MG/ML	9
esomeprazole magnesium CPDR 40 MG	66	EULEXIN	26	FC2 FEMALE CONDOM	54
esomeprazole magnesium TBEC ..66		EVAMIST SOLN	49	febuxostat	51
estazolam	53	everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	58	felbamate SUSP	12

felbamate TABS 400 MG 12	floxuridine 23	fluocinolone acetonide OIL 45
felbamate TABS 600 MG 12	FLUAD 67	fluocinolone acetonide OINT 45
felodipine 37	FLUAD QUADRIVALENT 67	fluocinolone acetonide SOLN 45
FEMARA (letrozole) 26	FLUARIX QUADRIVALENT SUSY 67	fluocinonide CREA 0.05 % 45
FEMCAP DEVI 54	FLUARIX SUSY 67	fluocinonide CREA 0.1 % 45
FEMLYV TBDP 39	FLUBLOK QUADRIVALENT 67	fluocinonide emulsified base 45
FEMRING 69	FLUBLOK SOSY 67	fluocinonide GEL 45
fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG ... 18	FLUCELVAX QUADRIVALENT SUSP 67	fluocinonide OINT 45
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG 18	FLUCELVAX QUADRIVALENT SUSY 67	fluocinonide SOLN 45
fenoprofen calcium TABS 4	FLUCELVAX SUSP 68	fluorometholone (ophth) SUSP 61
FENSOLVI (6 MONTH) SC 48	FLUCELVAX SUSY 68	fluorouracil (topical) CREA 5 % ... 43
fentanyl citrate LPOP 5	fluconazole SUSR 17	fluorouracil (topical) SOLN 2 % ... 43
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR 5	fluconazole TABS 17	fluorouracil (topical) SOLN 5 % ... 43
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML 52	flucytosine 17	fluorouracil 1 GM/20ML, 2.5 GM/50ML, 5 GM/100ML 24
ferrous sulfate TABS 325 MG, 65 MG, 325 MG 52	fludarabine phosphate SOLN 23	fluorouracil 500 MG/10ML 23
ferrous sulfate TBEC 325 MG 52	FLUDARABINE PHOSPHATE SOLN 23	fluoxetine hcl CAPS 13
fesoterodine fumarate 66	fludarabine phosphate SOLR 23	fluoxetine hcl CPDR 13
FETZIMA CP24 14	fludrocortisone acetate TABS 40	fluoxetine hcl SOLN 13
FETZIMA TITRATION C4PK 14	FLULAVAL QUADRIVALENT SUSY . 68	fluoxetine hcl TABS 13
fidaxomicin TABS 200 MG 54	FLULAVAL SUSY 68	fluphenazine hcl CONC 34
finasteride 51	FLUMIST 68	fluphenazine hcl ELIX 34
fingolimod hcl 63	FLUMIST QUADRIVALENT 68	fluphenazine hcl SOLN 34
FIRMAGON (240 MG DOSE) 26	flunisolide (nasal) 60	fluphenazine hcl TABS 1 MG 34
FIRMAGON 80 MG 26	fluocinolone acetonide (otic) 62	fluphenazine hcl TABS 2.5 MG, 5 MG, 10 MG 34
flavoxate hcl 66	fluocinolone acetonide CREA 0.01 % 45	flurandrenolide CREA 45
flecainide acetate 8	fluocinolone acetonide CREA 0.025 % 45	flurandrenolide LOTN 45
		flurazepam hcl 53
		flurbiprofen sodium 61
		flurbiprofen TABS 4

fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	9	fondaparinux sodium 10 MG/0.8ML 11	FREESTYLE LIBRE READER	55
fluticasone furoate-vilanterol	10	fondaparinux sodium 2.5 MG/0.5ML . 11	frovatriptan succinate	56
fluticasone propionate (inhalation) AEPB	9	fondaparinux sodium 5 MG/0.4ML .11	FRUZAQLA	24
fluticasone propionate (nasal) SUSP . 60		fondaparinux sodium 7.5 MG/0.6ML . 11	FT PRENATAL TABS	59
fluticasone propionate CREA 0.05 % 45		FORA GTEL BLOOD KETONE TEST	fulvestrant SOSY	26
fluticasone propionate hfa	9	FORA TEST N'GO ADV-VOICE-6 CON	furosemide SOLN PO 8 MG/ML, 10 MG/ML	47
fluticasone propionate LOTN	45		furosemide TABS	47
fluticasone propionate OINT	45		FUZEON SOLR	34
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	10	formoterol fumarate NEBU	gabapentin CAPS	12
fluticasone-salmeterol AERO	10	FOSAMAX PLUS D	gabapentin SOLN	12
fluvastatin sodium CAPS 20 MG ..	18	fosamprenavir calcium TABS	gabapentin TABS 600 MG, 800 MG 12	
fluvastatin sodium CAPS 40 MG ..	18	fosfomycin tromethamine	galantamine hydrobromide CP24 ..	63
fluvoxamine maleate TABS	13	fosinopril sodium & hydrochlorothiazide	galantamine hydrobromide SOLN ..	63
FLUZONE HIGH-DOSE QUADRIVALENT	68	fosinopril sodium	galantamine hydrobromide TABS ..	63
FLUZONE HIGH-DOSE SUSY	68	fosphenytoin sodium	ganciclovir sodium SOLR	35
FLUZONE QUADRIVALENT SUSP 68		FOTIVDA	ganirelix acetate	48
FLUZONE QUADRIVALENT SUSY 68		FRAGMIN SOSY	GARDASIL 9 SUSP 0.5 ML	68
FLUZONE SUSP	68	FREESTYLE LIBRE 14 DAY READER	GARDASIL 9 SUSY 0.5 ML	68
FLUZONE SUSY	68		gatifloxacin (ophth)	61
FML FORTE SUSP	61	FREESTYLE LIBRE 14 DAY SENSOR	GAVRETO	28
folic acid TABS	52	FREESTYLE LIBRE 2 PLUS SENSOR	GAZYVA	25
FOLOTYN 20 MG/ML	24	FREESTYLE LIBRE 2 READER ..	gefitinib	25
FOLOTYN 40 MG/2ML	24	FREESTYLE LIBRE 2 SENSOR ..	GEMCITABINE HCL SOLN (gemcitabine hcl)	24
		FREESTYLE LIBRE 3 PLUS SENSOR	gemcitabine hcl SOLN	24
		FREESTYLE LIBRE 3 READER ..	GEMCITABINE HCL SOLN	24
		FREESTYLE LIBRE 3 SENSOR ..	gemcitabine hcl SOLR 1 GM	24
			gemcitabine hcl SOLR 2 GM, 200 MG	24

gemfibrozil TABS	18	glyburide-metformin 250 MG-1.25 MG	14	HALOG OINT	45
GENOTROPIN CART SC	48	glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG	14	haloperidol decanoate	33
GENOTROPIN MINISQUICK PRSY	48	glycine (gu irrigant) SOLN 1.5 % ..	51	haloperidol lactate CONC	33
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	glycopyrrolate SOLN IJ 4 MG/20ML 65	65	haloperidol lactate SOLN	33
gentamicin sulfate (ophth) SOLN ..	61	glycopyrrolate TABS 1 MG	65	haloperidol TABS	33
gentamicin sulfate (topical) CREA ..	41	glycopyrrolate TABS 2 MG	66	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	68
gentamicin sulfate (topical) OINT ..	41	GLYXAMBI	14	HEMANGEOL SOLN PO	36
gentamicin sulfate IJ 40 MG/ML	2	GNP PRENATAL TABS	59	HEMATINIC/FOLIC ACID	52
GENVOYA	35	GNP PRENATAL/FOLIC ACID TABS	59	HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML 11	11
GILOTRIF	25	GOHIBIC	51	heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	11
glatiramer acetate SOSY 20 MG/ML .	63	GOJJI BLOOD KETONE TEST ..	46	HEPLISAV-B SOSY	68
glatiramer acetate SOSY 40 MG/ML .	63	GOMEKLI CAPS PO 1 MG, 2 MG ..	28	HERCEPTIN 150 MG	25
GLEEVEC TABS (imatinib mesylate) ..	28	GOMEKLI TBSO PO 1 MG	28	HERCEPTIN HYLECTA	28
GLEOSTINE 10 MG, 40 MG, 100 MG	23	granisetron hcl SOLN IV 1 MG/ML ..	17	HERNEXEOS TABS PO 60 MG ...	25
glimepiride 1 MG, 2 MG	16	granisetron hcl TABS	17	HERZUMA	25
glimepiride 4 MG	16	GRASTEK SUBL	2	HIBERIX SOLR IJ	67
glipizide TABS 5 MG, 10 MG	16	griseofulvin microsize SUSP	17	HUMATROPE CART IJ	48
glipizide TB24	16	griseofulvin microsize TABS	17	HUMIRA (2 PEN) AJKT 80 MG/0.8ML	3
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG	14	griseofulvin ultramicrosize	17	HUMIRA (2 PEN) AJKT	3
glipizide-metformin hcl 500 MG-5 MG	14	guanfacine hcl (adhd)	1	HUMIRA (2 SYRINGE) PSKT	3
GLUCAGEN DIAGNOSTIC	46	guanfacine hcl	19	HUMIRA-CD/UC/HS STARTER AJKT	3
glucagon SOLR IJ 1 MG	15	GYNAZOLE-1	69	HUMIRA-PED<40KG CROHNS STARTER PSKT	3
glyburide micronized 1.5 MG, 3 MG, 6 MG	16	HAEGARDA SOLR SC	51	HUMIRA-PED>=40KG CROHNS START PSKT	3
glyburide TABS	16	HALAVEN (eribulin mesylate)	32	HUMIRA-PED>=40KG UC	
		halcinonide CREA	45		
		halobetasol propionate CREA	45		
		halobetasol propionate OINT	45		

STARTER AJKT	3	325 MG-2.5 MG	6	22
HUMIRA-PS/UV/ADOL HS		hydrocodone-ibuprofen 10 MG-200		hydroxychloroquine sulfate 200 MG
STARTER AJKT	3	MG, 5 MG-200 MG	6	22
HUMIRA-PSORIASIS/UEIT		hydrocodone-ibuprofen 7.5 MG-200		hydroxychloroquine sulfate 400 MG
STARTER AJKT	3	MG	7	22
HUMULIN R U-500		hydrocortisone (intrarectal)	7	hydroxyurea
(CONCENTRATED) SOLN SC	15	hydrocortisone (rectal) EX	7	31
HUMULIN R U-500 KWIKPEN SOPN		hydrocortisone (topical) CREA 1 %,		hydroxyzine hcl SOLN 50 MG/ML ...
SC	15	2.5 %	45	8
HYCAMTIN CAPS	32	hydrocortisone (topical) LOTN 2.5 % .		hydroxyzine hcl SYRP
HYCAMTIN SOLR (topotecan hcl)	32	45		8
hydralazine hcl SOLN	20	hydrocortisone (topical) OINT 1 %,		hydroxyzine hcl TABS
hydralazine hcl TABS	20	2.5 %	45	8
hydrochlorothiazide CAPS	47	hydrocortisone acetate (rectal)	7	hydroxyzine pamoate CAPS
hydrochlorothiazide TABS 12.5 MG		hydrocortisone butyrate CREA	45	8
47		hydrocortisone butyrate OINT	45	HYBERSAL NEBU
hydrochlorothiazide TABS 25 MG, 50		hydrocortisone butyrate SOLN	45	40
MG	47	hydrocortisone sod succinate 100		HYQVIA
hydrocodone bitartrate CP12	5	MG	40	62
hydrocodone bitartrate T24A	5	hydrocortisone TABS	40	
hydrocodone polistirex-		hydrocortisone vaginal	69	ibandronate sodium SOLN
chlorpheniramine polistirex SUER .	40	hydrocortisone valerate CREA	45	48
hydrocodone-acetaminophen SOLN		hydrocortisone valerate OINT	45	ibandronate sodium TABS
108 MG/5ML-2.5 MG/5ML, 217		hydrocortisone w/acetic acid	62	48
MG/10ML-5 MG/10ML, 325		hydromorphone hcl LIQD	5	IBRANCE CAPS
MG/15ML-7.5 MG/15ML	6	hydromorphone hcl SOLN IJ 10		28
hydrocodone-acetaminophen SOLN		MG/ML, 50 MG/5ML, 500 MG/50ML .		IBRANCE TABS
325 MG/15ML-10 MG/15ML	6	5		28
hydrocodone-acetaminophen TABS		hydromorphone hcl TABS	5	IBTROZI CAPS PO 200 MG
300 MG-10 MG, 300 MG-5 MG, 300		hydromorphone hcl TB24 32 MG ...	5	28
MG-7.5 MG	6	hydromorphone hcl TB24 8 MG, 12		ibuprofen SUSP 100 MG/5ML, 200
hydrocodone-acetaminophen TABS		MG, 16 MG	5	MG/10ML
325 MG-10 MG, 325 MG-5 MG, 325		hydroxychloroquine sulfate 100 MG		4
MG-7.5 MG	6	IDHIFA		4
hydrocodone-acetaminophen TABS				4
				51
				28
				18
				27
				27
				27
				27
				28

IFEX SOLR (ifosfamide)	23	INSULIN ASPART PROT & ASPART SUSP	15	ISOLYTE-P IN D5W	57
IFEX SOLR	23	INSULIN GLARGINE-YFGN SOLN 15		ISOLYTE-S	57
ifosfamide SOLN 1 GM/20ML	23	INSULIN GLARGINE-YFGN SOPN 15		isoniazid SOLN	22
ifosfamide SOLN 3 GM/60ML	23			isoniazid SYRP	22
ifosfamide SOLR	23			isoniazid TABS	22
IFOSFAMIDE SOLR	23	INSULIN LISPRO (1 UNIT DIAL) SOPN	15	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	8
imatinib mesylate TABS	28	INSULIN LISPRO JUNIOR KWIKPEN SOPN	15	isosorbide dinitrate-hydralazine hcl 37	
IMBRUVICA CAPS 140 MG	29	INSULIN LISPRO PROT & LISPRO SUPN	15	isosorbide mononitrate TABS	8
IMBRUVICA CAPS 70 MG	29	INSULIN LISPRO SOLN IJ	16	isosorbide mononitrate TB24	8
IMBRUVICA SUSP	29	INSULIN LISPRO 25 MG	35	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	41
IMBRUVICA TABS	29	IONOSOL-MB IN D5W	57	isradipine CAPS	37
IMFINZI	25	IPOI IJ	68	ISTODAX SOLR (romidepsin)	29
imipramine hcl TABS	14	ipratropium bromide (nasal) 0.03 % 60		ITOVEBI	29
imipramine pamoate	14	ipratropium bromide (nasal) 0.06 % 60		itraconazole CAPS	17
imiquimod 5 %	46	ipratropium bromide SOLN 0.02 % . 9 9		itraconazole SOLN	17
IMKELDI SOLN	29	ipratropium-albuterol SOLN	10	ivabradine hcl TABS	38
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INCRUSE ELLIPTA	9	irbesartan-hydrochlorothiazide ...	20	ivermectin	7
indapamide TABS 1.25 MG	47	IRESSA (gefitinib)	25	IWILFIN	31
indapamide TABS 2.5 MG	47	irinotecan hcl 300 MG/15ML, 500 MG/25ML	32	IXEMPRA KIT 15 MG	32
indomethacin CAPS 25 MG, 50 MG 4 4		irinotecan hcl 40 MG/2ML, 100 MG/5ML	32	IXEMPRA KIT 45 MG	32
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INFANRIX	65	ISENTRESS CHEW	35	JANUMET TABS	14
INFLECTRA SOLR	50	ISENTRESS HD TABS	35	JANUMET XR TB24 1000 MG-100 MG	14
INLURIYO TABS PO 200 MG	26	ISENTRESS TABS	35	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	14
INLYTA	24			JANUVIA	15
INQOVI	28			JARDIANCE	16
INREBIC	29				
INSULIN ASP PROT & ASP FLEXPEN SUPN	15				

JAYPIRCA	29	KIMONO COLORS DEVI	54	labetalol hcl SOLN	36
JELMYTO SOLR UL	27	KIMONO MAXX-LARGE FLARE		labetalol hcl TABS 100 MG, 200 MG .	
JEVTANA	32	MISC	54	36	
JULUCA	35	KIMONO MICRO THIN PLUS MISC .		labetalol hcl TABS 300 MG	36
JYLAMVO SOLN PO	24	54		lacosamide SOLN IV 200 MG/20ML .	
JYNNEOS	68	KIMONO MISC	54	12	
KADCYLA	25	KIMONO PLUS MISC	54	lacosamide TABS	12
KALETRA SOLN	35	KIMONO PS MISC	54	lactated ringer's (irrigation)	58
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KAMELEON LUBRICATED MISC .	54	KIMONO SENSATION MISC	54		46
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KCL IN DEXTROSE-NACL 5 %-40		54		12 %	46
MEQ/L-0.9 % (potassium chloride in		KIMONO SPECIAL DEVI	54	lactulose (encephalopathy)	50
dextrose & sodium chloride)	57	KINRIX SUSY	65	lactulose SOLN	53
KCL-LACTATED RINGERS-D5W	57	KISQALI (200 MG DOSE)	29	lamivudine (hbv) TABS	35
KEMOPLAT SOLN	23	KISQALI (400 MG DOSE)	29	lamivudine SOLN	35
KESIMPTA	63	KISQALI (600 MG DOSE)	29	lamivudine TABS 150 MG	35
ketoconazole (topical) CREA	42	KISQALI FEMARA (200 MG DOSE) .		lamivudine TABS 300 MG	35
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ketoprofen CAPS 50 MG	4	KISQALI FEMARA (600 MG DOSE) .		lamotrigine TABS	12
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KEVZARA SOSY	3	KRINTAFEL	22	lanthanum carbonate CHEW	51
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		KYPROLIS	29		

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LEMTRADA	63	levetiracetam TB24	12	lidocaine hcl (mouth-throat) 4 % ...	58
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lenalidomide 20 MG	57	levocetirizine dihydrochloride SOLN 18		lidocaine hcl PRSY	46
LENVIMA (10 MG DAILY DOSE) .	24	levocetirizine dihydrochloride TABS 18		lidocaine hcl SOLN	46
LENVIMA (12 MG DAILY DOSE) .	24	levofloxacin (ophth) 0.5 %	61	lidocaine PTCH 5 %	46
LENVIMA (14 MG DAILY DOSE) .	24	levofloxacin in d5w 500 MG/100ML 49		lidocaine-prilocaine CREA	46
LENVIMA (18 MG DAILY DOSE) .	24	levofloxacin SOLN PO	49	lincomycin hcl	21
LENVIMA (20 MG DAILY DOSE) .	24	levofloxacin TABS 250 MG, 750 MG . 49		linezolid SUSR	21
LENVIMA (24 MG DAILY DOSE) .	24			linezolid TABS	21
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LENVIMA (8 MG DAILY DOSE) ..	25	levofloxacin TABS 500 MG	50	liothyronine sodium SOLN	65
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leucovorin calcium SOLR	31	levonorgestrel & eth estradiol TABS 39		lisdexamfetamine dimesylate CAPS 1	
leucovorin calcium TABS	31	levonorgestrel (emergency oc) 1.5 MG	39	lisdexamfetamine dimesylate CHEW . 1	
LEUKERAN	23	levonorgestrel-eth estradiol (triphasic)	39	lisinopril & hydrochlorothiazide	20
LEUKINE SOLR IJ	52	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	39	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	19
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loratadine CHEW	18	LUPRON DEPOT-PED (1-MONTH)	48	medroxyprogesterone acetate 2.5 MG, 5 MG	63
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ORKAMBI PACK64	oxycodone hcl TABS6	paroxetine hcl SUSP13
ORKAMBI TABS64	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG7	paroxetine hcl TABS13
ORLADEYO51	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG7	paroxetine hcl TB2413
orphenadrine citrate TB1260	oxymorphone hcl TABS6	pazopanib hcl29
orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG60	oxymorphone hcl TB12 40 MG6	PEDIARIX SUSY65
ORSERDU26	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG 6	pediatric multivitamins w/fl CHEW .58
oseltamivir phosphate CAPS36	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN15	PEDVAX HIB SUSP67
oseltamivir phosphate SUSR36	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML15	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid53
OSPHENA48	OZEMPIC (2 MG/DOSE) SOPN ...15	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 53
OTEZLA TABS4	paclitaxel 100 MG/16.7ML, 150 MG/25ML32	peg 3350-potassium chloride-sod bicarbonate-sod chloride53
OTEZLA TBPK4	paclitaxel 30 MG/5ML, 300 MG/50ML32	PEGASYS SOLN35
OTEZLA XR TB24 PO 75 MG4		PEGASYS SOSY35
OTEZLA/OTEZLA XR INITIATION PK TBPK4		
oxacillin sodium IV 10 GM63		
oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML23		

PEMAZYRE	29	perindopril erbumine 2 MG, 8 MG .	19	PHEXXI	69
PEMETREXED	24	perindopril erbumine 4 MG	19	PHOTOFRIN	31
PEMETREXED DISODIUM SOLN 500 MG/20ML	24	PERJETA	25	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	29
pemetrexed disodium SOLR 100 MG, 750 MG, 1000 MG	24	permethrin CREA	46	PIFELTRO	35
pemetrexed disodium SOLR 500 MG 24		permethrin LIQD EX	46	pilocarpine hcl (oral)	58
PEMETREXED DITROMETHAMINE	24	perphenazine TABS	34	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 60	
PEMFEXY	24	perphenazine-amitriptyline	63	pimecrolimus	46
PENBRAYA	67	PERSERIS PRSY	33	pimozide	64
penciclovir	44	PFIZER COVID-19 VAC BIVALENT . 68		pindolol TABS	36
penicillamine CAPS	57	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	68	pioglitazone hcl	16
penicillamine TABS	57	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	68	pioglitazone hcl-glimepiride	14
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML .	62	PFIZER-BIONT COVID-19 VAC- TRIS SUSP	68	pioglitazone hcl-metformin hcl TABS . 14	
penicillin g potassium 5000000 UNIT 62		PFIZER-BIONTECH COVID-19 VACC SUSP	68	PIQRAY (200 MG DAILY DOSE) .	29
penicillin g sodium	62	phenazopyridine hcl TABS 100 MG, 200 MG	51	PIQRAY (250 MG DAILY DOSE) .	29
penicillin v potassium SOLR	62	phendimetrazine tartrate TABS	1	PIQRAY (300 MG DAILY DOSE) .	29
penicillin v potassium TABS	62	phenelzine sulfate	13	pirfenidone CAPS	64
PENMENVY SUSR IM	67	phenobarbital ELIX	52	pirfenidone TABS 267 MG, 801 MG 64	
PENTACEL	65	phenobarbital TABS	52	pirfenidone TABS 534 MG	64
pentamidine isethionate IN	20	phenoxybenzamine hcl	19	piroxicam CAPS	4
pentazocine w/ naloxone hcl	7	phentermine hcl CAPS	1	PLASMA-LYTE 148 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	57
pentoxifylline	51	phenytoin CHEW	13	PLASMA-LYTE A (electrolyte-a) .	57
perampanel TABS 2 MG	11	phenytoin sodium extended 100 MG, 200 MG, 300 MG	13	PLEGRIDY SOAJ	64
perampanel TABS 4 MG	11	phenytoin sodium SOLN	13	PLEGRIDY SOSY SC	64
perampanel TABS 6 MG	11	phenytoin SUSP	13	PLEGRIDY STARTER PACK SOAJ . 64	
perampanel TABS 8 MG, 10 MG, 12 MG	11	PHESGO	28	PLEGRIDY STARTER PACK SOSY SC	64

PLUVICTO	31	51	prednisone TBPK	40
PNEUMOVAX 23 SOLN	67	potassium phosphates 45	pregabalin (once-daily) 330 MG ...	64
PNEUMOVAX 23 SOSY	67	MMOLE/15ML	pregabalin (once-daily) 82.5 MG, 165	
podofilox SOLN	46	POTELIGEO	MG	64
POLIVY 140 MG	25	PR BENZOYL PEROXIDE WASH	pregabalin CAPS 225 MG, 300 MG	
polymyxin b-trimethoprim	61	LIQD	12	
POMALYST	27	pralatrexate 20 MG/ML	pregabalin CAPS 25 MG, 50 MG, 75	
PORTRAZZA	25	pralatrexate 40 MG/2ML	MG, 100 MG, 150 MG, 200 MG ...	12
posaconazole SUSP	17	pramipexole dihydrochloride TABS	pregabalin SOLN	12
potassium acetate SOLN 2 MEQ/ML .	57	0.125 MG	PREHEVBRIO	69
potassium bicarbonate TBEF	57	pramipexole dihydrochloride TABS	PREMARIN	69
potassium chloride CPCR	57	0.25 MG, 0.5 MG, 0.75 MG, 1 MG,	PREMARIN SOLR	49
potassium chloride in dextrose &		1.5 MG	PREMARIN TABS 0.3 MG, 0.45 MG,	
sodium chloride 5 %-0.075 %-0.45		prasugrel hcl	0.625 MG, 0.9 MG, 1.25 MG	
%, 5 %-10 MEQ/L-0.45 %, 5 %-20		pravastatin sodium	(estrogens, conjugated)	49
MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45		praziquantel	PREMPHASE	49
%, 5 %-20 MEQ/L-0.9 %, 5 %-30		prazosin hcl CAPS	PREMPRO	49
MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45		PRECISION XTRA KETONE	PRENATAL ONE DAILY TABS ...	59
%, 5 %-40 MEQ/L-0.9 %	57	PRED MILD	PRENATAL PLUS TABS	59
potassium chloride in dextrose 20		prednisolone acetate (ophth)	PRENATAL PLUS	
MEQ/L	57	PREDNISOLONE SODIUM	VITAMIN/MINERAL TABS	59
potassium chloride		PHOSPHATE	PRENATAL TABS	59
microencapsulated crystals er	57	prednisolone sodium phosphate	PRENATAL VITAMIN AND	
potassium chloride PACK PO 20		SOLN 5 MG/5ML, 10 MG/5ML, 15	MINERAL TABS	59
MEQ	57	MG/5ML, 25 MG/5ML	PRENATAL VITAMINS TABS 100	
POTASSIUM CHLORIDE SOLN IV		prednisolone sodium phosphate	MG-800 MCG-1.84 MG-18 MG-2.6	
10 MEQ/50ML (potassium chloride)		TBDP	MG-1.7 MG-27 MG-10 MCG-4.95	
57		prednisolone SOLN	MG-25 MG-200 MG-160 MG-1200	
potassium chloride SOLN IV 2		prednisolone TABS	MCG-4 MCG, 120 MG-2.6 MG-800	
MEQ/ML, 10 MEQ/50ML, 20		prednisone SOLN	MCG-400 UNIT-8 MCG-1.7 MG-20	
MEQ/50ML	57	prednisone TABS 1 MG, 5 MG	MG-28 MG-200 MG-1.8 MG-25 MG-	
potassium chloride TBCR 8 MEQ, 10		prednisone TABS 2.5 MG, 10 MG, 20	4000 UNIT-30 UNIT	59
MEQ, 20 MEQ	57	MG, 50 MG	PRENATAL/IRON TABS 120 MG-2.6	
potassium citrate (alkalinizer) TBCR .			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	59

PRENATRIX TABS	59	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	36	quinapril hcl 20 MG, 40 MG	19
PRENATRYL TABS	59	propranolol hcl TABS	36	quinapril hcl 5 MG, 10 MG	19
PREVNAR 13	67	propylthiouracil	65	quinapril-hydrochlorothiazide 12.5 MG-10 MG	20
PREVNAR 20	67	PROQUAD SUSR	69	quinapril-hydrochlorothiazide 12.5 MG-20 MG	20
PREZCOBIX	35	protriptyline hcl	14	quinapril-hydrochlorothiazide 25 MG- 20 MG	20
PREZISTA SUSP	35	prucalopride succinate	50	quinidine sulfate TABS	8
PREZISTA TABS 75 MG, 150 MG	35	PULMICORT FLEXHALER AEPB ..	9	quinine sulfate CAPS 324 MG	22
PRIFTIN	22	PULMOZYME	64	QUZYTIR SOLN IV	18
primaquine phosphate TABS	22	PURIXAN SUSP 2000 MG/100ML (mercaptopurine)	24	QVAR REDHALER	9
PRIORIX SUSR	69	PX PRENATAL MULTIVITAMINS TABS	59	rabeprazole sodium TBEC	66
probenecid	51	pyrazinamide	22	raloxifene hcl	48
procainamide hcl SOLN 500 MG/ML . 8		pyridostigmine bromide SOLN PO	22	ramelteon	53
prochlorperazine	34	pyridostigmine bromide TABS 60 MG	22	ramipril CAPS	19
prochlorperazine maleate TABS ...	34	pyridostigmine bromide TBCR	22	ranolazine TB12 1000 MG	8
progesterone CAPS	63	pyrimethamine	22	ranolazine TB12 500 MG	8
PROGRAF PACK	58	PYZCHIVA 130 MG/26ML	50	rasagiline mesylate	33
PROGRAF SOLN	58	PYZCHIVA 45 MG/0.5ML	43	REALITY LATEX CONDOMS MISC . 54	
PROLASTIN-C SOLN	64	PYZCHIVA 90 MG/ML	43	REALITY LATEX/ULTRA TEXTURED DEVI	54
PROLASTIN-C SOLR	64	PYZCHIVA SC 45 MG/0.5ML	43	REALITY LATEX/ULTRA THIN DEVI 54	
PROLEUKIN	31	QC PRENATAL TABS	59	REBIF REBIDOSE SOAJ	64
PROLIA SOSY	48	QINLOCK	29	REBIF REBIDOSE TITRATION PACK SOAJ	64
promethazine hcl SUPP 12.5 MG, 25 MG	18	QUADRACEL SUSP	65	REBIF SOSY	64
promethazine hcl SUPP 50 MG ...	18	QUADRACEL SUSY	65	REBIF TITRATION PACK SOSY ..	64
promethazine hcl TABS	18	quazepam	53	RECOMBIVAX HB SUSP	69
propafenone hcl CP12	8	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	33	RECOMBIVAX HB SUSY	69
propafenone hcl TABS	8	quetiapine fumarate TB24	33		
proparacaine hcl	61				
propranolol hcl CP24	36				

RELENZA DISKHALER	36	rimantadine hydrochloride TABS ..	36	4 MG, 6 MG	33
RELION KETONE TEST STRP ...	47	ringer's	57	ropinirole hydrochloride TB24 8 MG,	
RELION TRUE METRIX TEST		ringer's irrigation	58	12 MG	33
STRIPS STRP	47	RINVOQ LQ SOLN	2	rosuvastatin calcium TABS	19
RENFLEXIS	50	RINVOQ TB24	2	ROTARIX SUSP	69
repaglinide 0.5 MG, 1 MG	16	risedronate sodium TABS 150 MG	48	ROTATEQ SOLN	69
repaglinide 2 MG	16	risedronate sodium TABS 35 MG	48	ROZLYTREK CAPS	30
REPATHA PUSHTRONEX SYSTEM		risedronate sodium TABS 5 MG, 30		ROZLYTREK PACK	30
SOCT	19	MG	48	RUBRACA	30
REPATHA SOSY	19	risedronate sodium TBEC	48	rufinamide SUSP	12
REPATHA SURECLICK SOAJ ...	19	risperidone microspheres	33	rufinamide TABS 200 MG	12
RETACRIT	52	risperidone SOLN	33	rufinamide TABS 400 MG	12
RETEVMO CAPS	29	risperidone TABS	33	RUXIENCE	25
RETEVMO TABS	29	risperidone TBDP	33	RYBELSUS TABS	15
RETROVIR SOLN	35	ritonavir TABS	35	RYDAPT	30
REVLIMID 2.5 MG, 5 MG, 10 MG, 15		RITUXAN	25	sacubitril-valsartan TABS	37
MG, 25 MG	57	RITUXAN HYCELA	28	salsalate	5
REVLIMID 20 MG	57	rivaroxaban SUSR 1 MG/ML	10	SANTYL OINT	46
REVUFORJ	27	rivaroxaban TABS 2.5 MG	10	SARCLISA	25
REVUFORJ 25 MG	27	rivastigmine tartrate CAPS	63	SAVELLA TABS	63
REXULTI	34	rizatriptan benzoate TABS 10 MG	56	SAVELLA TITRATION PACK MISC	
REZLIDHIA	29	rizatriptan benzoate TABS 5 MG	56	63	
REZVOGLAR KWIKPEN	16	rizatriptan benzoate TBDP 10 MG	56	saxagliptin hcl	15
ribavirin (hepatitis c) CAPS	35	rizatriptan benzoate TBDP 5 MG	56	saxagliptin-metformin hcl 1000 MG-	
ribavirin (hepatitis c) TABS 200 MG		roflumilast	9	2.5 MG	14
35		ROMIDEPSIN SOLN	29	saxagliptin-metformin hcl 1000 MG-5	
RIDAURA	3	romidepsin SOLR	29	MG, 500 MG-5 MG	14
rifabutin	22	ROMVIMZA CAPS PO 14 MG, 20		SCSEMBLIX 100 MG	30
rifampin CAPS	22	MG, 30 MG	29	SCSEMBLIX 20 MG, 40 MG	30
rifampin SOLR	22	ropinirole hydrochloride TABS	33	SCLEROSOL INTRAPLEURAL	
riluzole TABS	60	ropinirole hydrochloride TB24 2 MG,		AERP	64
				scopolamine	17

SELECT INSULIN SYRINGES55	SIMULECT58	SOLU-CORTEF 500 MG, 1000 MG 40
SELECT LANCETS55	simvastatin TABS19	SOLU-MEDROL 2 GM40
selegiline hcl CAPS33	sirolimus TABS58	sorafenib tosylate30
selegiline hcl TABS33	SIRTURO22	SORBITOL 3 %51
selenium sulfide LOTN 2.5 %44	SKYRIZI PEN SOAJ43	SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML51
SELZENTRY SOLN35	SKYRIZI SOCT50	sotalol hcl (afib/afib)36
SELZENTRY TABS 25 MG, 75 MG 35	SKYRIZI SOLN50	sotalol hcl TABS 240 MG36
SEMGLEE (YFGN) SOLN16	SKYRIZI SOSY43	sotalol hcl TABS 80 MG, 120 MG, 160 MG36
SEMGLEE (YFGN) SOPN16	SLYND40	SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML69
SEREVENT DISKUS10	SM PRENATAL VITAMINS TABS .59	SPIKEVAX SUSP69
sertraline hcl CONC13	SODIUM ACETATE SOLN (sodium acetate)56	SPIKEVAX SUSY69
sertraline hcl TABS13	sodium acetate SOLN56	spinosad46
sevelamer carbonate PACK51	sodium chloride (gu irrigant) 0.9 % 51	SPIRIVA RESPIMAT AERS IN9
sevelamer carbonate TABS51	sodium chloride (inhalant) NEBU 7 %40	spironolactone & hydrochlorothiazide47
SHINGRIX69	sodium citrate & citric acid51	spironolactone TABS47
SIGNIFOR49	sodium fluoride CHEW57	SPRAVATO (56 MG DOSE)13
sildenafil citrate (pulmonary hypertension) SOLN38	sodium phenylbutyrate POWD49	SPRAVATO (84 MG DOSE)13
sildenafil citrate (pulmonary hypertension) SUSR38	sodium phenylbutyrate TABS49	SPRYCEL (dasatinib)30
sildenafil citrate (pulmonary hypertension) TABS38	sodium polystyrene sulfonate POWD 58	stannous fluoride CONC58
sildenafil citrate37	sodium polystyrene sulfonate SUSP CO 15 GM/60ML58	STELARA 130 MG/26ML50
silodosin51	sodium sulfate-potassium sulfate- magnesium sulfate53	STELARA SOLN 45 MG/0.5ML ...43
silver sulfadiazine44	SOFOSBUVIR-VELPATASVIR TABS36	STELARA SOSY 45 MG/0.5ML ...43
SIMLANDI (1 PEN) AJKT3	solifenacin succinate TABS66	STELARA SOSY 90 MG/ML43
SIMLANDI (1 SYRINGE) PSKT3	SOLQUA14	STEQUEYMA50
SIMLANDI (2 PEN) AJKT3	SOLTAMOX SOLN26	STEQUEYMA 45 MG/0.5ML43
SIMLANDI (2 SYRINGE) PSKT3	SOLU-CORTEF 250 MG40	STEQUEYMA 90 MG/ML43
SIMPONI ARIA SOLN3		STERILE TALC POWDER SUSR .64

STIOLTO RESPIMAT	10	sumatriptan	56	TABS	38
STIVARGA	30	sumatriptan succinate SOAJ	56	tadalafil 5 MG	37
streptomycin sulfate SOLR	2	sumatriptan succinate SOCT	56	TAFINLAR CAPS	30
STRIBILD	35	sumatriptan succinate SOLN 6		TAFINLAR TBSO	30
STRIVERDI RESPIMAT	10	MG/0.5ML	56	tafluprost	62
STRONTIUM CHLORIDE SR-89 ..	31	sumatriptan succinate TABS	56	TAGRISSE 40 MG	25
SUBSYS LIQD 800 MCG	6	sumatriptan-naproxen sodium	56	TAGRISSE 80 MG	25
sucralfate SUSP	66	sunitinib malate 12.5 MG, 25 MG, 50		TAKHZYRO SOLN	51
sucralfate TABS	66	MG	30	TAKHZYRO SOSY	51
sulconazole nitrate CREA	42	sunitinib malate 37.5 MG	30	TALZENNA 0.1 MG, 0.35 MG	30
sulconazole nitrate SOLN	42	SUNOSI 150 MG	1	TALZENNA 0.25 MG, 0.5 MG, 0.75	
sulfacetamide sodium (acne)	41	SUNOSI 75 MG	1	MG, 1 MG	30
sulfacetamide sodium (ophth) SOLN .	61	SUTENT 12.5 MG, 25 MG, 50 MG		tamoxifen citrate TABS	26
sulfacetamide sodium w/ sulfur		(sunitinib malate)	30	tamsulosin hcl	51
CREA 10 %-5 %	41	SUTENT 37.5 MG (sunitinib malate) .	30	TARCEVA (erlotinib hcl)	25
sulfacetamide sodium w/ sulfur LIQD		SYLVANT	58	TARGRETIN (bexarotene (topical))	
10 %-5 %	41	SYMTUZA	35	43	
sulfacetamide sodium w/ sulfur LIQD		SYNAREL	48	TARGRETIN (bexarotene)	31
9 %-4.5 %	41	SYNJARDY TABS	15	TASIGNA 150 MG, 200 MG (nilotinib	
sulfacetamide sod-prednisolone		SYNJARDY XR TB24 1000 MG-10		hcl)	30
SOLN	61	MG, 1000 MG-12.5 MG, 1000 MG-5		TASIGNA 50 MG (nilotinib hcl)	30
sulfadiazine TABS	64	MG	15	tasimelteon CAPS	53
sulfamethoxazole-trimethoprim SOLN		SYNJARDY XR TB24 1000 MG-25		tavaborole	42
.....	21	MG	15	tazarotene CREA 0.1 %	43
sulfamethoxazole-trimethoprim SUSP		SYNRIBO	31	TAZVERIK	30
.....	21	SYNTHROID TABS (levothyroxine		TDVAX SUSP	65
sulfamethoxazole-trimethoprim TABS		sodium)	65	TECENTRIQ	25
.....	21	TABLOID	24	TEFLARO	38
SULFAMYLON CREA	44	TABRECTA	30	TEGRETOL SUSP (carbamazepine) .	
sulfasalazine TABS	50	tacrolimus (topical) OINT	46	12	
sulfasalazine TBEC	50	tacrolimus CAPS	58	TEGRETOL TABS (carbamazepine) .	
sulindac TABS	4	tadalafil (pulmonary hypertension)		12	

telmisartan	19	theophylline ELIX	10	tolmetin sodium CAPS	4
telmisartan-amlodipine	20	theophylline SOLN	10	tolmetin sodium TABS 600 MG	4
telmisartan-hydrochlorothiazide ...	20	theophylline TB12	10	TOLSURA CAPS	17
temazepam 15 MG, 30 MG	53	theophylline TB24	10	tolterodine tartrate CP24	66
temazepam 7.5 MG, 22.5 MG	53	THERANATAL CORE NUTRITION		tolterodine tartrate TABS	66
TEMODAR SOLR	23	TABS	59	tolvaptan TABS	49
temozolomide CAPS	23	thioridazine hcl	34	topiramate CPSP 15 MG	12
temsirolimus	30	thiotepa 100 MG	23	topiramate CPSP 25 MG	12
TENIVAC SUSP 2 LFU-5 LFU	65	thiotepa 15 MG	23	topiramate CS24	12
tenofovir disoproxil fumarate TABS		thiothixene	34	topiramate TABS 200 MG	12
35		THYMOGLOBULIN	58	topiramate TABS 25 MG, 100 MG .	12
TEPADINA 100 MG (thiotepa)	23	THYROGEN 0.9 MG	46	topiramate TABS 50 MG	12
TEPADINA 15 MG (thiotepa)	23	tiagabine hcl	12	TOPOTECAN HCL SOLN (topotecan	
TEPMETKO	30	TIBSOVO	30	hcl)	32
terazosin hcl	19	ticagrelor 60 MG, 90 MG	52	topotecan hcl SOLN	32
terbinafine hcl TABS	17	timolol maleate (ophth) SOLG	60	topotecan hcl SOLR	32
terbutaline sulfate SOLN	10	timolol maleate (ophth) SOLN	60	toremifene citrate	26
terbutaline sulfate TABS	10	timolol maleate TABS	36	TORISEL (temsirolimus)	30
terconazole vaginal CREA	69	tinidazole	21	torsemide TABS	47
terconazole vaginal SUPP	69	tiotropium bromide CAPS IN 18 MCG		TRACLEER TBSO 32 MG (bosentan)	
teriflunomide	64		9		38
teriparatide SOPN	48	TIVICAY PD TBSO	35	tramadol hcl TABS 50 MG	6
TESTOSTERONE CYPIONATE		TIVICAY TABS	35	tramadol hcl TB24	6
SOLN IJ 200 MG/ML	7	tizanidine hcl CAPS	60	tramadol-acetaminophen	7
testosterone cypionate SOLN IM ...	7	tizanidine hcl TABS	60	trandolapril 1 MG, 2 MG	19
testosterone enanthate SOLN IM ...	7	tobramycin (ophth) SOLN	61	trandolapril 4 MG	19
TETANUS-DIPHTHERIA TOXOIDS		tobramycin NEBU	2	trandolapril-verapamil hcl 180 MG-2	
TD SUSP	65	tobramycin-dexamethasone SUSP		MG, 240 MG-1 MG	20
tetrabenazine	63	61		trandolapril-verapamil hcl 240 MG-2	
tetracycline hcl CAPS	65	TODAY SPONGE MISC	69	MG, 240 MG-4 MG	20
THALOMID	57	tolcapone	32	tranexamic acid SOLN 1000	
				MG/10ML	52

TRUSTEX COLOR CONDOMS + LUBE MISC	54	TYVASO REFILL KIT SOLN IN	37	VALTOCO 10 MG DOSE LIQD	11
TRUSTEX LUB/RIBBED/STUDED MISC	54	TYVASO SOLN IN	37	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	11
TRUSTEX LUB/SPERMICIDE EX ST MISC	54	TYVASO STARTER KIT SOLN IN	37	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	11
TRUSTEX LUB/SPERMICIDE XL MISC	54	UBRELVY 100 MG	55	VALTOCO 5 MG DOSE LIQD	11
TRUSTEX LUBRICATED EX LARGE MISC	54	UBRELVY 50 MG	56	vancomycin hcl CAPS	21
TRUSTEX LUBRICATED EXTRA ST MISC	55	UDENYCA ONBODY SOSY	52	vancomycin hcl SOLR PO 50 MG/ML, 250 MG/5ML	21
TRUSTEX LUBRICATED MISC ...	55	UDENYCA SOAJ	52	VANFLYTA	30
TRUSTEX LUBRICATED/SPERMICIDE MISC	55	UDENYCA SOSY	52	VAQTA	69
TRUSTEX NATURAL CONDOMS + LUBE MISC	55	umeclidinium-vilanterol	10	VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	69
TRUSTEX RIA LUB/SPERMICIDE MISC	55	UNITUXIN	25	varenicline tartrate TABS	64
TRUSTEX RIA LUBRICATED MISC .	55	UPTRAVI TABS 200 MCG	38	varenicline tartrate TBPK	64
TRUSTEX-NONOXYNOL- 9/RIB/STUD MISC	55	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	38	VARIVAX SUSR	69
TRUXIMA 100 MG/10ML	25	UPTRAVI TITRATION TBPK	38	VARUBI (180 MG DOSE) TBPK ...	17
TRUXIMA 500 MG/50ML	25	ursodiol CAPS	50	VAXELIS SUSP	65
TUKYSA	25	ursodiol TABS	50	VAXELIS SUSY	65
TURALIO 125 MG	30	UVADEX	31	VAXNEUVANCE	67
TWINRIX SUSY	69	VABRINTY SC 22.5 MG, 30 MG, 45 MG	26	VCF VAGINAL CONTRACEPTIVE FILM	69
TWIRLA	39	valacyclovir hcl 1 GM	36	VECAMEYL	20
TYBLUME CHEW	39	valacyclovir hcl 500 MG	36	VECTIBIX 100 MG/5ML	25
TYBOST	35	VALCHLOR	43	VECTIBIX 400 MG/20ML	25
TYKERB (lapatinib ditosylate)	30	valganciclovir hcl TABS	35	VELCADE SOLR IJ (bortezomib) ..	30
TYMLOS	48	valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	13	VELPHORO	51
		valproic acid CAPS	13	VENCLEXTA STARTING PACK TBPK	25
		valrubicin	27	VENCLEXTA TABS	25
		valsartan TABS	19	venlafaxine hcl CP24	14
		valsartan-hydrochlorothiazide	20	venlafaxine hcl TABS	14
		VALSTAR (valrubicin)	27		

venlafaxine hcl TB24	14	VONJO	30	XELJANZ XR TB24	2
verapamil hcl CP24 100 MG, 200 MG, 300 MG	37	VORANIGO	30	XELODA (capecitabine)	24
verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	37	VORAXAZE	31	XEOMIN	60
verapamil hcl TABS	37	voriconazole TABS	17	XHANCE EXHU	60
verapamil hcl TBCR	37	VOSEVI	36	XIFAXAN 200 MG	21
VEREGEN	41	VOTRIENT (pazopanib hcl)	30	XIFAXAN 550 MG	21
VERZENIO	30	VYXEOS	28	XIGDUO XR (dapagliflozin propanediol-metformin hcl)	15
VIDAZA SUSR (azacitidine)	24	warfarin sodium TABS	10	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	15
vigabatrin PACK	12	water for irrigation, sterile	58	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	15
vigabatrin TABS	13	WELIREG	27	XOFIGO	31
VIIBRYD STARTER PACK KIT	14	WESTAB PLUS TABS	59	XOSPATA	30
vilazodone hcl TABS	14	WIDE-SEAL DIAPHRAGM 60	55	XPOVIO (100 MG ONCE WEEKLY) 50 MG	27
vinblastine sulfate SOLN	32	WIDE-SEAL DIAPHRAGM 65	55	XPOVIO (40 MG ONCE WEEKLY) 27	
vincristine sulfate	32	WIDE-SEAL DIAPHRAGM 70	55	XPOVIO (40 MG TWICE WEEKLY) 40 MG	27
vinorelbine tartrate 10 MG/ML	32	WIDE-SEAL DIAPHRAGM 75	55	XPOVIO (60 MG ONCE WEEKLY) 60 MG	27
vinorelbine tartrate 50 MG/5ML	32	WIDE-SEAL DIAPHRAGM 80	55	XPOVIO (60 MG TWICE WEEKLY) . 27	
VIRACEPT TABS 250 MG	35	WIDE-SEAL DIAPHRAGM 85	55	XPOVIO (80 MG ONCE WEEKLY) 40 MG	27
VIRACEPT TABS 625 MG	35	WIDE-SEAL DIAPHRAGM 90	55	XPOVIO (80 MG TWICE WEEKLY) . 27	
VIREAD POWD	35	WIDE-SEAL DIAPHRAGM 95	55	XTANDI CAPS	26
VIREAD TABS 150 MG, 200 MG, 250 MG	35	XALKORI CAPS	30	XTANDI TABS	26
VISTOGARD	16	XALKORI CPSP	30	XULTOPHY	15
VITAMIN D2 TABS 400 UNIT	70	XARELTO STARTER PACK TBPk 10		YERVOY	25
VITATHELY WITH GINGER TABS 59		XARELTO SUSR 1 MG/ML (rivaroxaban)	10	YESINTEK 130 MG/26ML	50
VITRAKVI CAPS	30	XARELTO TABS 10 MG, 20 MG ..	10		
VITRAKVI SOLN	30	XARELTO TABS 15 MG	10		
VIVIMUSTA SOLN	23	XATMEP SOLN PO	24		
VIZIMPRO	25	XELJANZ SOLN	2		
		XELJANZ TABS 10 MG	2		
		XELJANZ TABS 5 MG	2		

YESINTEK SOLN 45 MG/0.5ML .. 43	ZEVALIN Y-9025
YESINTEK SOSY 45 MG/0.5ML .. 43	zidovudine CAPS 35
YESINTEK SOSY 90 MG/ML 43	zidovudine SYRP 35
YONDELIS 23	zidovudine TABS35
YONSA26	zileuton TB129
YUFLYMA (1 PEN) AJKT3	ziprasidone hcl 33
YUFLYMA (2 PEN) AJKT3	ZIRABEV 25
YUFLYMA (2 SYRINGE) PSKT3	ZIRGAN GEL61
YUFLYMA-CD/UC/HS STARTER AJKT3	ZOLADEX 10.8 MG26
zafirlukast9	ZOLADEX 3.6 MG 26
zaleplon 10 MG53	zoledronic acid SOLN 5 MG/100ML 48
zaleplon 5 MG53	ZOLINZA 30
ZALTRAP 100 MG/4ML 25	zolmitriptan SOLN56
ZALTRAP 200 MG/8ML 25	zolmitriptan TABS56
ZANOSAR23	zolmitriptan TBDP56
ZARONTIN CAPS (ethosuximide) .13	zolpidem tartrate TABS53
ZARXIO52	zolpidem tartrate TBCR53
ZEJULA CAPS30	zonisamide CAPS12
ZEJULA TABS30	ZONTIVITY52
ZELBORAF30	ZORBTIVE SC48
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 UNIT47	ZYDELIG 30
ZENPEP CPEP 252600 UNIT- 189600 UNIT-60000 UNIT47	ZYKADIA TABS30
ZEPZELCA23	ZYLET61
	ZYTIGA 250 MG (abiraterone acetate) 26
	ZYTIGA 500 MG (abiraterone acetate) 26

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