2027

Formulary
Formulario

EFFECTIVE JANUARY 1, 2027
EN VIGENCIA DESDE EL
1 º DE ENERO DE 2027

AmbetterHealth.com/en
AmbetterHealth.com/es

AMB26-AHS-C-00056-TN

Formulary Introduction

FORMULARY

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

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

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

Drug List Key:

Brand name drugs are listed in CAPS and generic drugs are lower case.
Drugs are covered under different copay tiers depending on your benefit:

Tier 0 No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age limits may apply.

Tier 1_A Lowest copayment for select drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.

Tier 1_B Low copayment for those drugs that offer great value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.

Tier 2 Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.

Tier 3 High copayment covers higher cost brand name and non-preferred generic drugs. This tier may also cover non-specialty drugs that are not on the Prescription Drug List but approval has been granted for coverage.

Tier 4 Highest copayment is for “specialty” drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management. Prescription drugs covered under the specialty tier may require fulfillment at a pharmacy that participates in Ambetter's "specialty" or "hemophilia" networks. For additional information on which pharmacies are within our "specialty" or "hemophilia" networks, please consult Ambetter website's pharmacy information section.

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

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

Opioid Medications:

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

Introducción al Formulario

FORMULARIO

El Formulario de Ambetter, 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 benefcio 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 fguran en el nivel 2 para ayudar a identifcar 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 benefcio de medicamentos recetados. Es posible que no estén cubiertas todas las formas farmacéuticas o concentraciones de un medicamento. Esta lista se revisa y actualiza periódicamente y puede estar sujeta a cambios. Se pueden agregar o eliminar medicamentos, o se pueden incorporar requisitos adicionales para aprobar el uso continuado de un medicamento específco

Es posible que determinados diseños de planes de benefcios de medicamentos recetados no cubran algunos productos o categorías, independientemente de que fguren en este documento. Revise sus benefcios 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 benefcio:

Nivel 0 - Sin copago para aquellos medicamentos que se usan para prevención y son obligatorios según la Ley de Cuidado de Salud Asequible. Los anticonceptivos orales seleccionados, la vitamina D, el ácido fólico para mujeres en edad fértil, las aspirinas de venta libre (OTC) y los productos para dejar de fumar pueden estar cubiertos en este nivel. Es posible que se apliquen ciertos límites de edad.

Nivel 1_A - El copago más bajo para medicamentos seleccionados que ofrecen el mayor valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.

Nivel 1_B - Copago bajo para aquellos medicamentos que ofrecen un gran valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.

Nivel 2 - El copago medio cubre los medicamentos de marca que suelen ser más asequibles o que pueden ser preferidos en comparación con otros medicamentos para tratar las mismas condiciones.

Nivel 3 - El copago alto cubre los medicamentos de marca de costo más alto y medicamentos genéricos no preferidos. Este nivel también puede cubrir medicamentos no especializados que no fguran 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 “hemoflia” de Ambetter. Para obtener información adicional sobre qué farmacias están dentro de nuestras redes de “especialidad” o “hemoflia”, debe consultar la sección de información farmacéutica del sitio web de Ambetter.

Autorización previa para medicamentos no incluidos en el Formulario

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

Abreviaturas del Formulario:

Abreviatura	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.

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		
ADDERALL XR CP24 20 MG, 25 MG, 30 MG *(Use amphetamine-dextroamphetamine)*	NF	QL(2 EA daily)
ADDERALL XR CP24 5 MG, 10 MG *(Use amphetamine-dextroamphetamine)*	NF	QL(1 EA daily)
ADDERALL XR CP24 15 MG *(Use amphetamine-dextroamphetamine)*	NF	
ADDERALL TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG *(Use amphetamine-dextroamphetamine)*	NF	QL(3 EA daily)
ADDERALL TABS 30 MG *(Use amphetamine-dextroamphetamine)*	NF	QL(2 EA daily)
amphetamine sulfate TABS	3	PA
amphetamine-dextroamphetamine CP24 15 MG	1B	
amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG	1B	QL(2 EA daily)
amphetamine-dextroamphetamine CP24 5 MG, 10 MG	1B	QL(1 EA daily)
amphetamine-dextroamphetamine TABS 30 MG	1B	QL(2 EA daily)
amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG	1B	QL(3 EA daily)
DESOXYN *(Use methamphetamine hcl)*	NF	QL(5 EA daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG *(Use dextroamphetamine sulfate)*	NF	QL(4 EA daily)
dextroamphetamine sulfate CP24 5 MG	1B	
dextroamphetamine sulfate CP24 10 MG, 15 MG	1B	QL(4 EA daily)
dextroamphetamine sulfate TABS 5 MG, 10 MG	1B	QL(4 EA daily)
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	1B	
EVEKEO TABS *(Use amphetamine sulfate)*	NF	PA
lisdexamfetamine dimesylate CAPS	1B	QL(1 EA daily); ST
lisdexamfetamine dimesylate CHEW	1B	QL(1 EA daily); ST
methamphetamine hcl	1B	QL(5 EA daily); AL(At least 6 yrs old)
VYVANSE CAPS *(Use lisdexamfetamine dimesylate)*	NF	QL(1 EA daily); ST
VYVANSE CHEW *(Use lisdexamfetamine dimesylate)*	NF	QL(1 EA daily); ST
Anorexiants Non-Amphetamine		
phendimetrazine tartrate TABS	1B	PA
phentermine hcl CAPS	1B	PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl 60 MG, 80 MG, 100 MG	1B	QL(1 EA daily); AL(At least 6 yrs old)
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1B	QL(2 EA daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
clonidine hcl (adhd) TB12	1B	
guanfacine hcl (adhd)	1B	QL(1 EA daily); AL(At least 6 yrs old)
INTUNIV *(Use guanfacine hcl (adhd))*	NF	QL(1 EA daily); AL(At least 6 yrs old)
STRATTERA 60 MG, 80 MG, 100 MG *(Use atomoxetine hcl)*	NF	QL(1 EA daily); AL(At least 6 yrs old)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG *(Use atomoxetine hcl)*	NF	QL(2 EA daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI 150 MG	3	QL(1 EA daily); PA
SUNOSI 75 MG	3	QL(2 EA daily); PA
Stimulants - Misc.		
APTENSIO XR CP24 *(Use methylphenidate hcl)*	NF	QL(1 EA daily)
armodafinil	1B	QL(1 EA daily); AL(At least 17 yrs old); PA
CONCERTA TBCR 18 MG, 27 MG *(Use methylphenidate hcl)*	NF	QL(1 EA daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG, 54 MG *(Use methylphenidate hcl)*	NF	QL(2 EA daily); AL(At least 6 yrs old)
DAYTRANA PTCH *(Use methylphenidate)*	NF	QL(1 EA daily); PA
dexmethylphenidate hcl CP24	1B	QL(1 EA daily)
dexmethylphenidate hcl TABS	1B	QL(2 EA daily); AL(At least 6 yrs old)
FOCALIN XR CP24 *(Use dexmethylphenidate hcl)*	NF	QL(1 EA daily)
FOCALIN TABS *(Use dexmethylphenidate hcl)*	NF	QL(2 EA daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
METADATE CD CPCR *(Use methylphenidate hcl)*	NF	QL(1 EA daily); AL(At least 6 yrs old)
METHYLIN SOLN *(Use methylphenidate hcl)*	NF	QL(30 ML daily); AL(At least 6 yrs old)
methylphenidate hcl CHEW 2.5 MG	1B	QL(2 EA daily)
methylphenidate hcl CHEW 10 MG	1B	QL(5 EA daily)
methylphenidate hcl CHEW 5 MG	1B	QL(6 EA daily)
methylphenidate hcl CP24 30 MG	1B	QL(2 EA daily); AL(At least 6 yrs old)
methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG	1B	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl CP24	1B	QL(1 EA daily)
methylphenidate hcl CPCR	1B	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl SOLN	1B	QL(30 ML daily); AL(At least 6 yrs old)
methylphenidate hcl TABS 5 MG	1B	QL(6 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TABS 10 MG, 20 MG	1B	QL(5 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TB24 18 MG, 27 MG	1B	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TB24 36 MG, 54 MG	1B	QL(2 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 36 MG, 54 MG	1B	QL(2 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 18 MG, 27 MG	1B	QL(1 EA daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 10 MG, 20 MG	1B	QL(3 EA daily); AL(At least 6 yrs old)
methylphenidate PTCH	1B	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
modafinil 200 MG	1B	QL(2 EA daily); PA
modafinil 100 MG	1B	QL(1 EA daily); PA
NUVIGIL *(Use armodafinil)*	NF	QL(1 EA daily); AL(At least 17 yrs old); PA
PROVIGIL 100 MG *(Use modafinil)*	NF	QL(1 EA daily); PA
PROVIGIL 200 MG *(Use modafinil)*	NF	QL(2 EA daily); PA
RITALIN LA CP24 30 MG *(Use methylphenidate hcl)*	NF	QL(2 EA daily); AL(At least 6 yrs old)
RITALIN LA CP24 10 MG, 20 MG, 40 MG *(Use methylphenidate hcl)*	NF	QL(1 EA daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG *(Use methylphenidate hcl)*	NF	QL(6 EA daily); AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 MG *(Use methylphenidate hcl)*	NF	QL(5 EA daily); AL(At least 6 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
PALFORZIA INITIAL DOSE 1-3YRS CSPK	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	1B	
ARIKAYCE	4	PA
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 %	1B	
gentamicin sulfate IJ 40 MG/ML	1B	

Drug Name	Drug Tier	Requirements/ Limits
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML *(Use tobramycin)*	NF	QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA
neomycin sulfate TABS	1B	
streptomycin sulfate SOLR	3	
TOBI NEBU *(Use tobramycin)*	NF	QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA
tobramycin NEBU	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
tofacitinib citrate SOLN 1 MG/ML	4	QL(20 ML daily); PA
tofacitinib citrate TABS 5 MG, 10 MG	4	QL(2 EA daily); PA
tofacitinib citrate TB24 11 MG, 22 MG	4	QL(1 EA daily); PA
XELJANZ XR TB24 11 MG, 22 MG *(Use tofacitinib citrate)*	4	QL(1 EA daily); PA
XELJANZ SOLN 1 MG/ML *(Use tofacitinib citrate)*	4	QL(20 ML daily); PA
XELJANZ TABS 5 MG, 10 MG *(Use tofacitinib citrate)*	4	QL(2 EA daily); PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA

Drug Name	Drug Tier	Requirements/ Limits
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML	4	QL(0.143 EA daily); PA
ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; 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	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
ADALIMUMAB-ADAZ SOAJ	4	QL(0.143 ML daily); PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.143 ML daily); PA
ADALIMUMAB-ADBM (2 PEN) AJKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	4	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	4	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT	4	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	QL(0.072 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA (2 SYRINGE) PSKT	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
HUMIRA-PED>/=40KG UC STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
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
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
SIMLANDI (1 PEN) AJKT	4	QL(0.143 EA daily); PA
SIMLANDI (1 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
SIMLANDI (2 PEN) AJKT	4	QL(0.143 EA daily); PA
SIMLANDI (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	4	QL(0.143 EA daily); PA
YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
YUFLYMA (2 PEN) AJKT	4	QL(0.143 EA daily); PA
YUFLYMA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
YUFLYMA-CD/UC/HS STARTER AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
Gold Compounds		
AURANOFIN 3 MG	3	QL(3 EA daily)
RIDAURA	3	QL(3 EA daily)
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML	4	QL(40 ML per 28 day(s) retail; 40 ML per 28 days mail); PA
ACTEMRA SOLN 80 MG/4ML	4	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); PA
ACTEMRA SOSY	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
KEVZARA SOAJ	4	QL(0.082 ML daily); PA
KEVZARA SOSY	4	QL(0.082 ML daily); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ALEVE TABS *(Use naproxen sodium)*	NF	
ANAPROX DS TABS *(Use naproxen sodium)*	NF	
ARTHROTEC TBEC *(Use diclofenac w/ misoprostol)*	NF	
CELEBREX *(Use celecoxib)*	NF	QL(2 EA daily)
celecoxib	1B	QL(2 EA daily)
DAYPRO TABS *(Use oxaprozin)*	NF	
diclofenac potassium TABS 50 MG	1B	
diclofenac sodium TB24	1B	

Drug Name	Drug Tier	Requirements/ Limits
diclofenac sodium TBEC	1B	
diclofenac w/ misoprostol TBEC	1B	
EC-NAPROSYN TBEC 375 MG *(Use naproxen)*	NF	
EC-NAPROSYN TBEC 500 MG *(Use naproxen)*	NF	QL(3 EA daily)
etodolac CAPS	1B	
etodolac TABS	1B	
fenoprofen calcium TABS	1B	QL(4 EA daily); ST
flurbiprofen TABS	1B	
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML	1B	RX/OTC
ibuprofen TABS 400 MG, 600 MG	1A	
ibuprofen TABS 800 MG	1B	
indomethacin CAPS 25 MG, 50 MG	1B	
indomethacin CPCR	1B	
ketoprofen CAPS 50 MG, 75 MG	1B	
ketorolac tromethamine TABS	1B	QL(20 EA per fill retail; 20 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
LODINE TABS *(Use etodolac)*	NF	
LURBIPR TABS 100 MG *(Use flurbiprofen)*	NF	
LURBIRO TABS 100 MG *(Use flurbiprofen)*	NF	
meclofenamate sodium CAPS	3	
mefenamic acid CAPS	1B	QL(5 EA daily); ST
meloxicam TABS	1A	QL(1 EA daily)
nabumetone	1B	
NAPROSYN SUSP *(Use naproxen)*	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
NAPROSYN TABS 500 MG *(Use naproxen)*	NF	
naproxen sodium TABS 550 MG	1B	
naproxen SUSP	1B	PA
naproxen TABS	1B	
naproxen TBEC 500 MG	1B	QL(3 EA daily)
oxaprozin TABS	1B	
piroxicam CAPS	1B	
sulindac TABS	1B	
TOLECTIN DS CAPS 400 MG *(Use tolmetin sodium)*	NF	
tolmetin sodium CAPS	1B	
tolmetin sodium TABS 600 MG	1B	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA XR TB24 PO 75 MG	4	QL(1 EA daily); PA
OTEZLA/OTEZLA XR INITIATION PK TBPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
OTEZLA TABS	4	QL(2 EA daily); PA
OTEZLA TBPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
OTEZLA TBPK	4	1 package(s) per 180 day(s) retail; PA
Pyrimidine Synthesis Inhibitors		
ARAVA *(Use leflunomide)*	NF	QL(1 EA daily)
leflunomide	1B	QL(1 EA daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	QL(0.146 ML daily); PA
ENBREL SURECLICK SOAJ	4	QL(0.146 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
ENBREL SOLN	4	QL(0.146 ML daily); PA
ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ML daily); PA
ENBREL SOSY 50 MG/ML	4	QL(0.286 ML daily); PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG	1B	QL(6 EA daily)
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	1B	
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	1B	QL(6 EA daily)
butalbital-acetaminophen TABS 50 MG-325 MG	1B	QL(6 EA daily)
butalbital-aspirin-caffeine CAPS	1B	QL(4 EA daily)
ESGIC TABS *(Use butalbital-acetaminophen-caffeine)*	NF	QL(6 EA daily)
FIORICET CAPS *(Use butalbital-acetaminophen-caffeine)*	NF	QL(6 EA daily)
Salicylates		
aspirin CHEW	0	AL(At least 45 yrs old - Up to 79 yrs old)
aspirin TABS 325 MG	0	AL(At least 45 yrs old - Up to 79 yrs old)
aspirin TBEC 81 MG	0	AL(At least 45 yrs old - Up to 79 yrs old)
aspirin TBEC 325 MG	1A	
diflunisal TABS	1B	
salsalate	1B	
ANALGESICS - OPIOID - Drugs to Treat Pain,		

Drug Name	Drug Tier	Requirements/ Limits
Muscle and Joint Conditions		
Opioid Agonists		
codeine sulfate TABS 30 MG	1B	New starts limited to 7 day supply
CODEINE SULFATE TABS	1B	New starts limited to 7 day supply
DEMEROL SOLN IJ *(Use meperidine hcl)*	NF	
DILAUDID LIQD *(Use hydromorphone hcl)*	NF	New starts limited to 7 day supply
DILAUDID TABS *(Use hydromorphone hcl)*	NF	New starts limited to 7 day supply; QL(8 EA daily)
DISKETS TBSO 40 MG *(Use methadone hcl)*	NF	QL(2 EA daily)
DURAMORPH SOLN IJ 0.5 MG/ML, 1 MG/ML *(Use morphine sulfate)*	NF	
FENTANYL CITRATE (PF) SOLN IJ 50 MCG/ML *(Use fentanyl citrate)*	NF	QL(2 ML daily); PA
fentanyl citrate LPOP	1B	QL(4 EA daily); PA
fentanyl citrate SOLN IJ 50 MCG/ML	3	QL(2 ML daily); PA
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	1B	QL(0.34 EA daily)
hydrocodone bitartrate CP12	3	QL(2 EA daily); PA
hydrocodone bitartrate T24A	3	QL(2 EA daily); PA
HYDROMORPHONE HCL PF SOLN IJ *(Use hydromorphone hcl)*	NF	
hydromorphone hcl LIQD	1B	New starts limited to 7 day supply
hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML	1B	
hydromorphone hcl TABS	1B	New starts limited to 7 day supply; QL(8 EA daily)
hydromorphone hcl TB24 32 MG	1B	QL(1 EA daily); PA
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	1B	QL(2 EA daily); PA
levorphanol tartrate TABS 2 MG	1B	New starts limited to 7 day supply
meperidine hcl SOLN PO 50 MG/5ML	1B	New starts limited to 7 day supply; QL(500 ML per fill retail)
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	1B	
meperidine hcl TABS 50 MG	1B	New starts limited to 7 day supply; QL(6 EA daily)
methadone hcl CONC	1B	QL(10 ML daily)
methadone hcl SOLN PO 10 MG/5ML	1B	QL(50 ML daily)
methadone hcl SOLN IJ 10 MG/ML	1B	
methadone hcl SOLN PO 5 MG/5ML	1B	QL(100 ML daily)
METHADONE HCL SOLN IJ *(Use methadone hcl)*	1B	
methadone hcl TABS 5 MG	1B	QL(4 EA daily)
methadone hcl TABS 10 MG	1B	QL(10 EA daily)
methadone hcl TBSO	1B	QL(2 EA daily)
METHADOSE SUGAR-FREE CONC *(Use methadone hcl)*	NF	QL(10 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
METHADOSE CONC *(Use methadone hcl)*	NF	QL(10 ML daily)
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	1B	QL(2 EA daily); PA
morphine sulfate SOLN PO 10 MG/5ML	1B	New starts limited to 7 day supply; QL(100 ML daily)
morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML	1B	
morphine sulfate SOLN PO 20 MG/5ML	1B	New starts limited to 7 day supply; QL(50 ML daily)
morphine sulfate TABS	1B	New starts limited to 7 day supply; QL(6 EA daily)
morphine sulfate TBCR	1B	QL(2 EA daily)
MS CONTIN TBCR *(Use morphine sulfate)*	NF	QL(2 EA daily)
NUCYNTA TABS 50 MG *(Use tapentadol hcl)*	NF	QL(6 EA daily); PA
oxycodone hcl TABS	1B	New starts limited to 7 day supply; QL(12 EA daily)
oxymorphone hcl TABS	1B	QL(12 EA daily); PA
oxymorphone hcl TB12 40 MG	1B	QL(4 EA daily); PA
oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG	1B	QL(2 EA daily); PA
ROXICODONE TABS 15 MG, 30 MG *(Use oxycodone hcl)*	NF	New starts limited to 7 day supply; QL(12 EA daily)
TAPENTADOL HCL ER TB12 50 MG	3	QL(2 EA daily); PA
tapentadol hcl TABS 50 MG	3	QL(6 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
tramadol hcl TABS 50 MG	1A	New starts limited to 7 day supply; QL(8 EA daily)
tramadol hcl TB24	1B	QL(1 EA daily)
Opioid Combinations		
acetaminophen w/ codeine SOLN	1A	New starts limited to 7 day supply; QL(75 ML daily)
acetaminophen w/ codeine TABS 15 MG-300 MG	1B	New starts limited to 7 day supply; QL(13 EA daily)
acetaminophen w/ codeine TABS 60 MG-300 MG	1B	New starts limited to 7 day supply; QL(6 EA daily)
acetaminophen w/ codeine TABS 30 MG-300 MG	1A	New starts limited to 7 day supply; QL(12 EA daily)
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	3	New starts limited to 7 day supply; PA
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	1B	New starts limited to 7 day supply; PA
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	1B	New starts limited to 7 day supply; QL(6 EA daily)
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	1B	New starts limited to 7 day supply
butalbital-aspirin-caffeine w/cod	1B	New starts limited to 7 day supply; QL(6 EA daily)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG *(Use butalbital-acetaminophen-caffeine w/ codeine)*	NF	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/ Limits
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	1B	New starts limited to 7 day supply
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	1B	New starts limited to 7 day supply; QL(180 ML daily)
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	1B	New starts limited to 7 day supply; QL(12 EA daily)
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	1B	New starts limited to 7 day supply; QL(13 EA daily)
hydrocodone-acetaminophen TABS 325 MG-2.5 MG	1B	New starts limited to 7 day supply
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG	1B	PA
hydrocodone-ibuprofen 7.5 MG-200 MG	1B	New starts limited to 7 day supply; QL(5 EA daily)
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	1B	New starts limited to 7 day supply; QL(12 EA daily)
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	1B	New starts limited to 7 day supply; QL(13 EA daily)
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG *(Use oxycodone w/ acetaminophen)*	NF	New starts limited to 7 day supply; QL(12 EA daily)
PERCOCET TABS 325 MG-2.5 MG *(Use oxycodone w/ acetaminophen)*	NF	New starts limited to 7 day supply; QL(13 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
tramadol-acetaminophen	1B	New starts limited to 7 day supply; QL(8 EA daily)
Opioid Partial Agonists		
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	1B	QL(2 EA daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	1B	QL(3 EA daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL	1A	QL(3 EA daily)
buprenorphine hcl SOLN	1B	
buprenorphine hcl SUBL	1A	QL(3 EA daily)
buprenorphine PTWK	1B	QL(0.143 EA daily); PA
butorphanol tartrate NA 10 MG/ML	1B	QL(0.34 ML daily); PA
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML	1B	
BUTRANS PTWK *(Use buprenorphine)*	NF	QL(0.143 EA daily); PA
nalbuphine hcl 10 MG/ML	3	QL(8 ML daily); PA
pentazocine w/ naloxone hcl	1B	New starts limited to 7 day supply
SUBOXONE FILM SL 3 MG-12 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	NF	QL(2 EA daily)
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	NF	QL(3 EA daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		

Drug Name	Drug Tier	Requirements/ Limits
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 EA daily); PA
danazol CAPS	1B	
methyltestosterone TABS	3	
testosterone cypionate SOLN IM	1B	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1B	
testosterone enanthate SOLN IM	1B	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
budesonide (intrarectal)	4	QL(3.2 GM daily); PA
CORTENEMA *(Use hydrocortisone (intrarectal))*	NF	
hydrocortisone (intrarectal)	1B	
UCERIS *(Use budesonide (intrarectal))*	NF	QL(3.2 GM daily); PA
Rectal Steroids		
ANUCORT-HC 25 MG *(Use hydrocortisone acetate (rectal))*	NF	
ANUSOL-HC EX *(Use hydrocortisone (rectal))*	NF	
ANUSOL-HC 25 MG *(Use hydrocortisone acetate (rectal))*	NF	
HEMMOREX-HC 25 MG, 30 MG *(Use hydrocortisone acetate (rectal))*	NF	
hydrocortisone (rectal) EX	1B	
hydrocortisone acetate (rectal)	1B	
PROCTOCORT *(Use hydrocortisone acetate (rectal))*	NF	

Drug Name	Drug Tier	Requirements/ Limits
Vasodilating Agents		
nitroglycerin (intra-anal)	1B	QL(2 GM daily)
RECTIV *(Use nitroglycerin (intra-anal))*	NF	QL(2 GM daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	1B	PA
BILTRICIDE *(Use praziquantel)*	NF	PA
EMVERM CHEW	2	QL(2 EA daily; 6 EA per fill retail; 6 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail
ivermectin	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
praziquantel	1B	PA
STROMECTOL *(Use ivermectin)*	NF	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
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ranolazine TB12 500 MG	1B	QL(3 EA daily)
ranolazine TB12 1000 MG	1B	QL(2 EA daily)
Nitrates		
ISORDIL TITRADOSE TABS 5 MG *(Use isosorbide dinitrate)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	1B	
isosorbide mononitrate TABS	1B	
isosorbide mononitrate TB24	1A	
NITRO-DUR PT24 *(Use nitroglycerin)*	NF	
nitroglycerin OINT	1B	
nitroglycerin PT24	1B	
NITROGLYCERIN SOLN IV	1B	
nitroglycerin SUBL	1B	
NITROSTAT SUBL *(Use nitroglycerin)*	NF	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG	1B	
buspirone hcl 5 MG	1A	
hydroxyzine hcl SOLN 50 MG/ML	1B	
hydroxyzine hcl SYRP	1B	
hydroxyzine hcl TABS	1B	
hydroxyzine pamoate CAPS	1B	
meprobamate	1B	
VISTARIL CAPS 25 MG *(Use hydroxyzine pamoate)*	NF	
Benzodiazepines		
alprazolam TABS 0.25 MG, 0.5 MG, 1 MG	1A	QL(4 EA daily)
alprazolam TABS 2 MG	1B	QL(4 EA daily)
alprazolam TB24	1B	
alprazolam TBDP	1B	
ATIVAN TABS 0.5 MG, 2 MG *(Use lorazepam)*	NF	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ATIVAN TABS 1 MG *(Use lorazepam)*	NF	QL(4 EA daily)
chlordiazepoxide hcl CAPS	1B	
clorazepate dipotassium TABS	1B	
diazepam CONC	1B	
diazepam SOLN PO 5 MG/5ML	1B	
diazepam TABS	1A	QL(4 EA daily)
lorazepam CONC	1B	
lorazepam TABS 1 MG	1A	QL(4 EA daily)
lorazepam TABS 0.5 MG, 2 MG	1A	QL(3 EA daily)
oxazepam CAPS	1B	
VALIUM TABS *(Use diazepam)*	NF	QL(4 EA daily)
XANAX XR TB24 *(Use alprazolam)*	NF	
XANAX TABS *(Use alprazolam)*	NF	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	1B	
NORPACE CAPS *(Use disopyramide phosphate)*	NF	
procainamide hcl SOLN 500 MG/ML	1B	
quinidine sulfate TABS	1B	
Antiarrhythmics Type I-B		
mexiletine hcl	1B	
Antiarrhythmics Type I-C		
flecainide acetate	1B	
propafenone hcl CP12	1B	
propafenone hcl TABS	1B	
Antiarrhythmics Type III		

Drug Name	Drug Tier	Requirements/ Limits
amiodarone hcl SOLN 150 MG/3ML	1B	
amiodarone hcl TABS	1B	
dofetilide	1B	
TIKOSYN *(Use dofetilide)*	NF	
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
FASENRA SOSY 30 MG/ML	4	QL(0.036 ML daily); PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	1B	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA 17 MCG/ACT *(Use ipratropium bromide hfa)*	NF	QL(0.44 GM daily)
INCRUSE ELLIPTA 62.5 MCG/ACT *(Use umeclidinium bromide)*	1B	QL(1 EA daily)
ipratropium bromide hfa 17 MCG/ACT	1B	QL(0.44 GM daily)
ipratropium bromide SOLN 0.02 %	1B	QL(15 ML daily)
SPIRIVA HANDIHALER CAPS IN *(Use tiotropium bromide)*	NF	QL(1 EA daily)
SPIRIVA RESPIMAT AERS IN	1B	QL(0.14 GM daily)
tiotropium bromide CAPS IN 18 MCG	1B	QL(1 EA daily)
TUDORZA PRESSAIR	1B	QL(0.04 EA daily)
umeclidinium bromide 62.5 MCG/INH	1B	QL(1 EA daily)
Leukotriene Modulators		

Drug Name	Drug Tier	Requirements/ Limits
ACCOLATE *(Use zafirlukast)*	NF	QL(2 EA daily)
montelukast sodium CHEW	1B	QL(1 EA daily)
montelukast sodium PACK	1B	QL(1 EA daily)
montelukast sodium TABS	1B	QL(1 EA daily)
SINGULAIR CHEW *(Use montelukast sodium)*	NF	QL(1 EA daily)
SINGULAIR PACK *(Use montelukast sodium)*	NF	QL(1 EA daily)
SINGULAIR TABS *(Use montelukast sodium)*	NF	QL(1 EA daily)
zafirlukast	1B	QL(2 EA daily)
zileuton TB12	3	QL(4 EA daily); PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(Use roflumilast)*	NF	QL(1 EA daily)
roflumilast	1B	QL(1 EA daily)
Steroid Inhalants		
ALVESCO	3	PA
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT *(Use fluticasone furoate (inhalation))*	NF	
ASMANEX (120 METERED DOSES) AEPB	1B	QL(0.04 EA daily)
ASMANEX (14 METERED DOSES) AEPB	1B	QL(0.04 EA daily)
ASMANEX (30 METERED DOSES) AEPB	1B	QL(0.04 EA daily)
ASMANEX (60 METERED DOSES) AEPB	1B	QL(0.04 EA daily)
ASMANEX HFA AERO	1B	QL(0.44 GM daily)
beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT	1B	

Drug Name	Drug Tier	Requirements/ Limits
budesonide (inhalation) SUSP	1B	QL(4 ML daily); PA
FLOVENT HFA 44 MCG/ACT *(Use fluticasone propionate hfa)*	NF	
fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
fluticasone propionate (inhalation) AEPB	1B	
fluticasone propionate hfa	1B	QL(0.8 GM daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	1B	QL(0.27 EA daily)
PULMICORT FLEXHALER AEPB 180 MCG/ACT	1B	QL(0.07 EA daily)
PULMICORT SUSP *(Use budesonide (inhalation))*	NF	QL(4 ML daily); PA
QVAR REDIHALER 40 MCG/ACT	1B	QL(0.36 GM daily)
QVAR REDIHALER 80 MCG/ACT	1B	QL(0.72 GM daily)
Sympathomimetics		
ADVAIR DISKUS AEPB *(Use fluticasone-salmeterol)*	NF	
ADVAIR HFA AERO *(Use fluticasone-salmeterol)*	NF	
AIRDUO RESPICLICK 113/14 AEPB *(Use fluticasone-salmeterol)*	NF	
AIRDUO RESPICLICK 232/14 AEPB *(Use fluticasone-salmeterol)*	NF	
AIRDUO RESPICLICK 55/14 AEPB *(Use fluticasone-salmeterol)*	NF	
AIRSUPRA	1B	
albuterol sulfate AERS	1B	

Drug Name	Drug Tier	Requirements/ Limits
albuterol sulfate NEBU	1B	
albuterol sulfate SYRP	1B	
albuterol sulfate TABS	1B	
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT *(Use umeclidinium-vilanterol)*	NF	
arformoterol tartrate	1B	QL(4 ML daily)
BEVESPI AEROSPHERE	1B	QL(0.36 GM daily)
BREO ELLIPTA	1B	
BREO ELLIPTA *(Use fluticasone furoate-vilanterol)*	1B	
BREZTRI AEROSPHERE	1B	QL(0.38 GM daily)
BROVANA *(Use arformoterol tartrate)*	NF	QL(4 ML daily)
budesonide-formoterol fumarate dihydrate	1B	
COMBIVENT RESPIMAT AERS	3	QL(0.16 GM daily); PA
DULERA	1B	
fluticasone furoate-vilanterol	1B	
fluticasone-salmeterol AEPB	1B	
fluticasone-salmeterol AERO	1B	
formoterol fumarate NEBU	1B	QL(4 ML daily)
ipratropium-albuterol SOLN	1B	QL(18 ML daily)
levalbuterol hcl	1B	
levalbuterol tartrate	1B	QL(0.5 GM daily)
PERFOROMIST NEBU *(Use formoterol fumarate)*	NF	QL(4 ML daily)
PROAIR RESPICLICK AEPB	1B	
PROVENTIL HFA AERS *(Use albuterol sulfate)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
SEREVENT DISKUS	1B	
STIOLTO RESPIMAT	1B	QL(0.14 GM daily)
STRIVERDI RESPIMAT	1B	
SYMBICORT *(Use budesonide-formoterol fumarate dihydrate)*	NF	
terbutaline sulfate SOLN	1B	
terbutaline sulfate TABS	1B	
TRELEGY ELLIPTA	1B	QL(2 EA daily)
umeclidinium-vilanterol	1B	QL(2 EA daily)
VENTOLIN HFA AERS *(Use albuterol sulfate)*	NF	
XOPENEX HFA *(Use levalbuterol tartrate)*	NF	
Xanthines		
theophylline ELIX	1B	
theophylline SOLN	1B	QL(56 ML daily)
theophylline TB12	1B	
theophylline TB24	1B	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	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)
rivaroxaban SUSR 1 MG/ML	1B	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)
rivaroxaban TABS 2.5 MG	1B	QL(2 EA daily)
XARELTO STARTER PACK TBPK	2	1 max fill(s) per 365 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
XARELTO SUSR 1 MG/ML *(Use rivaroxaban)*	NF	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)
XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)
XARELTO TABS 2.5 MG *(Use rivaroxaban)*	NF	QL(2 EA daily)
XARELTO TABS 15 MG	2	QL(2 EA daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA 5 MG/0.4ML *(Use fondaparinux sodium)*	NF	QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail)
ARIXTRA 7.5 MG/0.6ML *(Use fondaparinux sodium)*	NF	QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail)
ARIXTRA 10 MG/0.8ML *(Use fondaparinux sodium)*	NF	QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail)
ARIXTRA 2.5 MG/0.5ML *(Use fondaparinux sodium)*	NF	QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail)
enoxaparin sodium SOLN IJ 300 MG/3ML	4	QL(6 ML daily)
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	4	QL(1.6 ML daily)
enoxaparin sodium SOSY 40 MG/0.4ML	4	QL(0.8 ML daily)
enoxaparin sodium SOSY 30 MG/0.3ML	4	QL(0.6 ML daily)
enoxaparin sodium SOSY 60 MG/0.6ML	4	QL(1.2 ML daily)
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	4	QL(2 ML daily)
fondaparinux sodium 5 MG/0.4ML	4	QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail)

Drug Name	Drug Tier	Requirements/ Limits
fondaparinux sodium 10 MG/0.8ML	4	QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail)
fondaparinux sodium 7.5 MG/0.6ML	4	QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail)
fondaparinux sodium 2.5 MG/0.5ML	4	QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail)
FRAGMIN SOSY	4	PA
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML	1B	
heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1B	
LOVENOX SOLN IJ 300 MG/3ML *(Use enoxaparin sodium)*	NF	QL(6 ML daily)
LOVENOX SOSY 30 MG/0.3ML *(Use enoxaparin sodium)*	NF	QL(0.6 ML daily)
LOVENOX SOSY 40 MG/0.4ML *(Use enoxaparin sodium)*	NF	QL(0.8 ML daily)
LOVENOX SOSY 60 MG/0.6ML *(Use enoxaparin sodium)*	NF	QL(1.2 ML daily)
LOVENOX SOSY 100 MG/ML, 150 MG/ML *(Use enoxaparin sodium)*	NF	QL(2 ML daily)
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML *(Use enoxaparin sodium)*	NF	QL(1.6 ML daily)
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS	1B	
PRADAXA CAPS *(Use dabigatran etexilate mesylate)*	NF	
ANTICONVULSANTS - Drugs to Treat Seizures		

Drug Name	Drug Tier	Requirements/ Limits
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 8 MG, 10 MG, 12 MG *(Use perampanel)*	NF	QL(1 EA daily); PA
FYCOMPA TABS 6 MG *(Use perampanel)*	NF	QL(2 EA daily); PA
FYCOMPA TABS 4 MG *(Use perampanel)*	NF	QL(3 EA daily); PA
FYCOMPA TABS 2 MG *(Use perampanel)*	NF	QL(6 EA daily); PA
perampanel TABS 8 MG, 10 MG, 12 MG	1B	QL(1 EA daily); PA
perampanel TABS 6 MG	1B	QL(2 EA daily); PA
perampanel TABS 2 MG	1B	QL(6 EA daily); PA
perampanel TABS 4 MG	1B	QL(3 EA daily); PA
Anticonvulsants - Benzodiazepines		
clobazam SUSP	1B	QL(16 ML daily); PA
clobazam TABS	1B	QL(2 EA daily); PA
clonazepam TABS	1A	
DIASTAT PEDIATRIC GEL *(Use diazepam (anticonvulsant))*	NF	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
diazepam (anticonvulsant) GEL	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
KLONOPIN TABS *(Use clonazepam)*	NF	
ONFI SUSP *(Use clobazam)*	NF	QL(16 ML daily); PA
ONFI TABS *(Use clobazam)*	NF	QL(2 EA daily); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA

Drug Name	Drug Tier	Requirements/ Limits
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
VALTOCO 5 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
Anticonvulsants - Misc.		
APTIOM 200 MG, 400 MG, 600 MG, 800 MG *(Use eslicarbazepine acetate)*	NF	QL(2 EA daily); ST
BANZEL SUSP *(Use rufinamide)*	NF	QL(80 ML daily); PA
BANZEL TABS 400 MG *(Use rufinamide)*	NF	QL(8 EA daily); PA
BANZEL TABS 200 MG *(Use rufinamide)*	NF	QL(2 EA daily); PA
brivaracetam SOLN PO 10 MG/ML	1B	QL(20 ML daily); PA
BRIVIACT SOLN PO 10 MG/ML *(Use brivaracetam)*	3	QL(20 ML daily); PA
carbamazepine CHEW	1B	
carbamazepine CP12 300 MG	1B	QL(4 EA daily)
carbamazepine CP12 100 MG	1B	
carbamazepine CP12 200 MG	1B	QL(6 EA daily)
carbamazepine SUSP	1B	
carbamazepine TABS	1B	
carbamazepine TB12 200 MG	1B	QL(6 EA daily)
carbamazepine TB12 100 MG, 400 MG	1B	QL(4 EA daily)
CARBATROL CP12 300 MG *(Use carbamazepine)*	NF	QL(4 EA daily)
CARBATROL CP12 100 MG *(Use carbamazepine)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
CARBATROL CP12 200 MG *(Use carbamazepine)*	NF	QL(6 EA daily)
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	1B	QL(2 EA daily); ST
gabapentin CAPS	1B	
gabapentin SOLN	1B	QL(60 ML daily)
gabapentin TABS 600 MG, 800 MG	1B	
KEPPRA XR TB24 *(Use levetiracetam)*	NF	QL(4 EA daily)
KEPPRA SOLN PO 100 MG/ML *(Use levetiracetam)*	NF	QL(30 ML daily)
KEPPRA TABS 1000 MG *(Use levetiracetam)*	NF	QL(3 EA daily)
KEPPRA TABS 500 MG *(Use levetiracetam)*	NF	QL(6 EA daily)
KEPPRA TABS 250 MG, 750 MG *(Use levetiracetam)*	NF	QL(4 EA daily)
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	1B	QL(40 ML daily)
lacosamide TABS	1B	QL(2 EA daily)
LAMICTAL ODT TBDP *(Use lamotrigine)*	NF	QL(1 EA daily)
LAMICTAL CHEW 5 MG *(Use lamotrigine)*	NF	QL(100 EA daily)
LAMICTAL CHEW 25 MG *(Use lamotrigine)*	NF	QL(20 EA daily)
LAMICTAL TABS *(Use lamotrigine)*	NF	
lamotrigine CHEW 25 MG	1B	QL(20 EA daily)
lamotrigine CHEW 5 MG	1B	QL(100 EA daily)
lamotrigine TABS	1B	
lamotrigine TBDP	1B	QL(1 EA daily)
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	1B	QL(30 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
levetiracetam TABS 1000 MG	1B	QL(3 EA daily)
levetiracetam TABS 250 MG, 750 MG	1B	QL(4 EA daily)
levetiracetam TABS 500 MG	1B	QL(6 EA daily)
levetiracetam TB24	1B	QL(4 EA daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG *(Use pregabalin)*	NF	QL(3 EA daily); ST
LYRICA CAPS 225 MG, 300 MG *(Use pregabalin)*	NF	QL(2 EA daily); ST
LYRICA SOLN *(Use pregabalin)*	NF	QL(30 ML daily); ST
MYSOLINE *(Use primidone)*	NF	
NEURONTIN CAPS *(Use gabapentin)*	NF	
NEURONTIN SOLN *(Use gabapentin)*	NF	QL(60 ML daily)
NEURONTIN TABS *(Use gabapentin)*	NF	
oxcarbazepine SUSP	1B	QL(40 ML daily)
oxcarbazepine TABS 600 MG	1B	QL(4 EA daily)
oxcarbazepine TABS 150 MG, 300 MG	1B	QL(3 EA daily)
pregabalin CAPS 225 MG, 300 MG	1B	QL(2 EA daily); ST
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	1B	QL(3 EA daily); ST
pregabalin SOLN	1B	QL(30 ML daily); ST
primidone 50 MG, 250 MG	1B	
QUDEXY XR CS24 *(Use topiramate)*	NF	PA
rufinamide SUSP	1B	QL(80 ML daily); PA
rufinamide TABS 400 MG	1B	QL(8 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
rufinamide TABS 200 MG	1B	QL(2 EA daily); PA
TEGRETOL SUSP *(Use carbamazepine)*	NF	
TEGRETOL TABS *(Use carbamazepine)*	NF	
TEGRETOL-XR TB12 200 MG *(Use carbamazepine)*	NF	QL(6 EA daily)
TEGRETOL-XR TB12 100 MG, 400 MG *(Use carbamazepine)*	NF	QL(4 EA daily)
TOPAMAX SPRINKLE CPSP 25 MG *(Use topiramate)*	NF	QL(8 EA daily)
TOPAMAX SPRINKLE CPSP 15 MG *(Use topiramate)*	NF	QL(6 EA daily)
TOPAMAX TABS 200 MG *(Use topiramate)*	NF	QL(2 EA daily)
TOPAMAX TABS 50 MG *(Use topiramate)*	NF	QL(6 EA daily)
TOPAMAX TABS 25 MG, 100 MG *(Use topiramate)*	NF	QL(4 EA daily)
topiramate CPSP 15 MG	1B	QL(6 EA daily)
topiramate CPSP 25 MG	1B	QL(8 EA daily)
topiramate CS24	3	PA
topiramate TABS 50 MG	1B	QL(6 EA daily)
topiramate TABS 200 MG	1B	QL(2 EA daily)
topiramate TABS 25 MG, 100 MG	1B	QL(4 EA daily)
TRILEPTAL SUSP *(Use oxcarbazepine)*	NF	QL(40 ML daily)
TRILEPTAL TABS 600 MG *(Use oxcarbazepine)*	NF	QL(4 EA daily)
TRILEPTAL TABS 150 MG, 300 MG *(Use oxcarbazepine)*	NF	QL(3 EA daily)
VIMPAT SOLN PO 10 MG/ML *(Use lacosamide)*	NF	QL(40 ML daily)
VIMPAT TABS *(Use lacosamide)*	NF	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ZONEGRAN CAPS 25 MG, 100 MG *(Use zonisamide)*	NF	QL(6 EA daily)
zonisamide CAPS	1B	QL(6 EA daily)
Carbamates		
felbamate SUSP	1B	QL(30 ML daily)
felbamate TABS 600 MG	1B	QL(6 EA daily)
felbamate TABS 400 MG	1B	QL(9 EA daily)
FELBATOL SUSP *(Use felbamate)*	NF	QL(30 ML daily)
FELBATOL TABS 600 MG *(Use felbamate)*	NF	QL(6 EA daily)
FELBATOL TABS 400 MG *(Use felbamate)*	NF	QL(9 EA daily)
GABA Modulators		
SABRIL PACK *(Use vigabatrin)*	NF	QL(6 EA daily); PA
SABRIL TABS *(Use vigabatrin)*	NF	QL(6 EA daily); PA
tiagabine hcl	1B	
vigabatrin PACK	4	QL(6 EA daily); PA
vigabatrin TABS	4	QL(6 EA daily); PA
Hydantoins		
CEREBYX *(Use fosphenytoin sodium)*	NF	
DILANTIN *(Use phenytoin sodium extended)*	2	
DILANTIN	2	
DILANTIN INFATABS CHEW *(Use phenytoin)*	2	
DILANTIN-125 SUSP *(Use phenytoin)*	2	
DILANTIN SUSP *(Use phenytoin)*	2	
fosphenytoin sodium	1B	

Drug Name	Drug Tier	Requirements/ Limits
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1B	
phenytoin sodium SOLN	1B	
phenytoin CHEW	1B	
phenytoin SUSP	1B	
Succinimides		
CELONTIN *(Use methsuximide)*	NF	QL(4 EA daily)
ethosuximide CAPS	1B	QL(6 EA daily)
ethosuximide SOLN	1B	QL(30 ML daily)
methsuximide	1B	QL(4 EA daily)
ZARONTIN CAPS *(Use ethosuximide)*	NF	QL(6 EA daily)
ZARONTIN SOLN *(Use ethosuximide)*	NF	QL(30 ML daily)
Valproic Acid		
DEPAKOTE ER TB24 *(Use divalproex sodium)*	NF	
DEPAKOTE TBEC *(Use divalproex sodium)*	NF	
divalproex sodium TB24	1B	
divalproex sodium TBEC	1B	
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	1B	
valproic acid CAPS	1B	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	1B	
mirtazapine TBDP	1B	
REMERON SOLTAB TBDP *(Use mirtazapine)*	NF	
REMERON TABS 15 MG, 30 MG *(Use mirtazapine)*	NF	
Antidepressants - Misc.		
bupropion hcl TABS	1B	

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl TB12	1B	
bupropion hcl TB24 150 MG, 300 MG	1B	
FORFIVO XL TB24 *(Use bupropion hcl)*	NF	
WELLBUTRIN SR TB12 *(Use bupropion hcl)*	NF	
WELLBUTRIN XL TB24 *(Use bupropion hcl)*	NF	
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 EA daily)
MARPLAN	2	QL(6 EA daily)
NARDIL *(Use phenelzine sulfate)*	NF	
PARNATE *(Use tranylcypromine sulfate)*	NF	
phenelzine sulfate	1B	
tranylcypromine sulfate	1B	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	4	PA
SPRAVATO (84 MG DOSE)	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS *(Use citalopram hydrobromide)*	NF	
citalopram hydrobromide SOLN	1A	
citalopram hydrobromide TABS	1A	
escitalopram oxalate SOLN	1B	
escitalopram oxalate TABS	1B	
fluoxetine hcl CAPS	1A	
fluoxetine hcl CPDR	1A	
fluoxetine hcl SOLN	1B	
fluoxetine hcl TABS	1B	

Drug Name	Drug Tier	Requirements/ Limits
FLUOXETINE HCL TABS *(Use fluoxetine hcl)*	NF	
fluvoxamine maleate TABS	1B	
LEXAPRO TABS *(Use escitalopram oxalate)*	NF	
paroxetine hcl SUSP	1B	
paroxetine hcl TABS	1B	
paroxetine hcl TB24	1B	
PAXIL CR TB24 *(Use paroxetine hcl)*	NF	
PAXIL SUSP *(Use paroxetine hcl)*	NF	
PAXIL TABS *(Use paroxetine hcl)*	NF	
PROZAC CAPS *(Use fluoxetine hcl)*	NF	
sertraline hcl CONC	1B	
sertraline hcl TABS	1B	
ZOLOFT CONC *(Use sertraline hcl)*	NF	
ZOLOFT TABS *(Use sertraline hcl)*	NF	
Serotonin Modulators		
nefazodone hcl	1B	
trazodone hcl TABS	1B	
TRINTELLIX	3	QL(1 EA daily); PA
VIIBRYD TABS *(Use vilazodone hcl)*	NF	
vilazodone hcl TABS	1B	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP *(Use duloxetine hcl)*	NF	
desvenlafaxine succinate	1B	
duloxetine hcl CPEP	1B	
EFFEXOR XR CP24 *(Use venlafaxine hcl)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
FETZIMA TITRATION C4PK	3	PA
FETZIMA CP24	3	QL(1 EA daily); PA
PRISTIQ *(Use desvenlafaxine succinate)*	NF	
venlafaxine hcl CP24	1B	
venlafaxine hcl TABS	1B	
venlafaxine hcl TB24	1B	
Tricyclic Agents		
amitriptyline hcl TABS	1A	
amoxapine	1B	
ANAFRANIL *(Use clomipramine hcl)*	NF	
clomipramine hcl	1B	
desipramine hcl TABS	1B	
doxepin hcl CAPS	1B	
doxepin hcl CONC	1B	
imipramine hcl TABS	1B	
imipramine pamoate	1B	
NORPRAMIN TABS 10 MG, 25 MG *(Use desipramine hcl)*	NF	
nortriptyline hcl CAPS	1B	
nortriptyline hcl SOLN	1B	
PAMELOR CAPS *(Use nortriptyline hcl)*	NF	
protriptyline hcl	1B	
trimipramine maleate CAPS	1B	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	1B	QL(3 EA daily)
miglitol	1B	QL(3 EA daily)
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG *(Use pioglitazone hcl-metformin hcl)*	NF	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
alogliptin-metformin hcl	1B	QL(2 EA daily); PA
alogliptin-pioglitazone 30 MG-12.5 MG	1B	QL(2 EA daily); PA
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG	1B	QL(1 EA daily); PA
dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG	1B	QL(1 EA daily)
dapagliflozin free base-metformin hcl TB24 PO 1000 MG-5 MG	1B	QL(2 EA daily)
DUETACT *(Use pioglitazone hcl-glimepiride)*	NF	QL(1 EA daily)
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG	1B	QL(2 EA daily)
glipizide-metformin hcl 500 MG-5 MG	1B	QL(4 EA daily)
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG	1B	QL(4 EA daily)
glyburide-metformin 250 MG-1.25 MG	1B	QL(2 EA daily)
GLYXAMBI	1B	QL(1 EA daily)
INVOKAMET XR TB24 500 MG-50 MG	3	QL(4 EA daily); PA
INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG, 500 MG-150 MG	3	QL(2 EA daily); PA
INVOKAMET TABS 1000 MG-150 MG, 1000 MG-50 MG, 500 MG-150 MG	3	QL(2 EA daily); PA
INVOKAMET TABS 500 MG-50 MG	3	QL(4 EA daily); PA
JANUMET XR TB24 1000 MG-100 MG *(Use sitagliptin phosphate-metformin hcl)*	NF	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG *(Use sitagliptin phosphate-metformin hcl)*	NF	QL(2 EA daily)
JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG *(Use sitagliptin phosphate-metformin hcl)*	NF	QL(2 EA daily)
JENTADUETO XR TB24 1000 MG-2.5 MG	3	QL(2 EA daily); PA
JENTADUETO XR TB24 1000 MG-5 MG	3	QL(1 EA daily); PA
JENTADUETO TABS	3	QL(2 EA daily); PA
pioglitazone hcl-glimepiride	1B	QL(1 EA daily)
pioglitazone hcl-metformin hcl TABS	1B	QL(2 EA daily)
saxagliptin-metformin hcl 1000 MG-2.5 MG	1B	QL(2 EA daily)
saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG	1B	QL(1 EA daily)
SEGLUROMET 1000 MG-2.5 MG, 1000 MG-7.5 MG, 500 MG-7.5 MG	3	QL(2 EA daily); PA
SEGLUROMET 500 MG-2.5 MG	3	QL(4 EA daily); PA
sitagliptin phosphate-metformin hcl TABS	1B	QL(2 EA daily)
sitagliptin phosphate-metformin hcl TB24	1B	QL(2 EA daily)
sitagliptin phosphate-metformin hcl TB24	1B	QL(1 EA daily)
SOLIQUA	1B	QL(0.5 ML daily); PA
STEGLUJAN	3	QL(1 EA daily); PA
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	1B	QL(2 EA daily)
SYNJARDY XR TB24 1000 MG-25 MG	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
SYNJARDY TABS	1B	QL(2 EA daily)
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	1B	QL(2 EA daily)
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	1B	QL(1 EA daily)
XIGDUO XR TB24 PO 1000 MG-5 MG *(Use dapagliflozin free base-metformin hcl)*	NF	QL(2 EA daily)
XIGDUO XR TB24 PO *(Use dapagliflozin free base-metformin hcl)*	NF	QL(1 EA daily)
XULTOPHY	1B	QL(0.5 ML daily); PA
Biguanides		
GLUMETZA TB24 *(Use metformin hcl)*	NF	
metformin hcl TABS 1000 MG	1A	QL(2.5 EA daily)
metformin hcl TABS 850 MG	0	QL(3 EA daily)
metformin hcl TABS 500 MG	1A	QL(5 EA daily)
metformin hcl TB24 500 MG	1B	QL(4 EA daily)
metformin hcl TB24 750 MG	1B	QL(3 EA daily)
Diabetic Other		
diazoxide	1B	
GLUCAGON EMERGENCY SOLR IJ 1 MG *(Use glucagon)*	NF	QL(0.035 EA daily)
glucagon SOLR IJ 1 MG	1B	QL(0.035 EA daily)
PROGLYCEM *(Use diazoxide)*	NF	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
JANUVIA 25 MG, 50 MG, 100 MG *(Use sitagliptin phosphate)*	NF	QL(1 EA daily)
ONGLYZA 5 MG *(Use saxagliptin hcl)*	NF	QL(1 EA daily)
saxagliptin hcl	1B	QL(1 EA daily)
sitagliptin phosphate 25 MG, 50 MG, 100 MG	1B	QL(1 EA daily)
TRADJENTA	3	QL(1 EA daily); PA
Incretin Mimetic Agents		
liraglutide	1B	Smart PA; QL(0.3 ML daily)
MOUNJARO	1B	Smart PA; QL(0.072 ML daily)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	1B	Smart PA; QL(0.108 ML daily)
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	1B	Smart PA; QL(0.108 ML daily)
OZEMPIC (2 MG/DOSE) SOPN	1B	Smart PA; QL(0.108 ML daily)
OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	1B	Smart PA; QL(1 EA daily)
RYBELSUS TABS	1B	Smart PA; QL(1 EA daily)
TRULICITY	1B	Smart PA; QL(0.143 ML daily)
VICTOZA *(Use liraglutide)*	NF	Smart PA; QL(0.3 ML daily)
Insulin		
APIDRA SOLOSTAR SOPN	3	PA
APIDRA SOLN	3	PA
FIASP FLEXTOUCH SOPN	1B	
FIASP PENFILL SOCT	1B	
FIASP PUMPCART SOCT	1B	

Drug Name	Drug Tier	Requirements/ Limits
FIASP SOLN	1B	
HUMALOG JUNIOR KWIKPEN SOPN	1B	
HUMALOG KWIKPEN SOPN	1B	
HUMALOG MIX 50/50 KWIKPEN SUPN	1B	
HUMALOG MIX 50/50 SUSP	1B	
HUMALOG MIX 75/25 KWIKPEN SUPN	1B	
HUMALOG MIX 75/25 SUSP	1B	
HUMALOG SOCT	1B	
HUMALOG SOLN IJ	1B	
HUMULIN 70/30 KWIKPEN SUPN	1B	
HUMULIN 70/30 SUSP	1B	
HUMULIN N KWIKPEN SUPN	1B	
HUMULIN N SUSP	1B	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	1B	QL(1.34 ML daily)
HUMULIN R U-500 KWIKPEN SOPN SC	1B	QL(1.34 ML daily)
HUMULIN R SOLN IJ	1B	
INSULIN ASPART FLEXPEN SOPN	1B	
INSULIN ASPART SOLN IJ	1B	
INSULIN DEGLUDEC FLEXTOUCH SOPN	1B	
INSULIN DEGLUDEC SOLN	1B	
INSULIN GLARGINE MAX SOLOSTAR SOPN	1B	
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	1B	
INSULIN GLARGINE-YFGN SOLN	1B	

Drug Name	Drug Tier	Requirements/ Limits
INSULIN GLARGINE-YFGN SOPN	1B	
INSULIN LISPRO (1 UNIT DIAL) SOPN	1B	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	1B	
INSULIN LISPRO PROT & LISPRO SUPN	1B	
INSULIN LISPRO SOLN IJ	1B	
LANTUS SOLOSTAR SOPN	1B	
NOVOLIN 70/30 FLEXPEN RELION SUPN	1B	
NOVOLIN 70/30 FLEXPEN SUPN	1B	
NOVOLIN 70/30 RELION SUSP	1B	
NOVOLIN 70/30 SUSP	1B	
NOVOLIN N FLEXPEN RELION SUPN	1B	
NOVOLIN N FLEXPEN SUPN	1B	
NOVOLIN N RELION SUSP	1B	
NOVOLIN N SUSP	1B	
NOVOLIN R FLEXPEN RELION SOPN IJ	1B	
NOVOLIN R FLEXPEN SOPN IJ	1B	
NOVOLIN R RELION SOLN IJ	1B	
NOVOLIN R SOLN IJ	1B	
NOVOLOG 70/30 FLEXPEN RELION SUPN	1B	
NOVOLOG FLEXPEN RELION SOPN	1B	
NOVOLOG FLEXPEN SOPN	1B	
NOVOLOG MIX 70/30 FLEXPEN SUPN	1B	
NOVOLOG MIX 70/30 RELION SUSP	1B	

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG MIX 70/30 SUSP	1B	
NOVOLOG PENFILL SOCT	1B	
NOVOLOG RELION SOLN IJ	1B	
NOVOLOG SOLN IJ	1B	
REZVOGLAR KWIKPEN	3	PA
TOUJEO MAX SOLOSTAR SOPN	1B	
TOUJEO SOLOSTAR SOPN	1B	
TRESIBA FLEXTOUCH SOPN	1B	
TRESIBA SOLN	1B	
Insulin Sensitizing Agents		
ACTOS *(Use pioglitazone hcl)*	NF	QL(1 EA daily)
pioglitazone hcl	1B	QL(1 EA daily)
Meglitinide Analogues		
nateglinide	1B	QL(3 EA daily)
repaglinide 2 MG	1B	QL(8 EA daily)
repaglinide 0.5 MG, 1 MG	1B	QL(4 EA daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin TABS PO 5 MG, 10 MG	1B	QL(1 EA daily)
FARXIGA TABS PO *(Use dapagliflozin)*	NF	QL(1 EA daily)
INVOKANA	3	QL(1 EA daily); PA
JARDIANCE	1B	QL(1 EA daily)
STEGLATRO 15 MG	3	QL(1 EA daily); PA
STEGLATRO 5 MG	3	QL(2 EA daily); PA
Sulfonylureas		
glimepiride 4 MG	1A	QL(2 EA daily)
glimepiride 1 MG, 2 MG	1A	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
glipizide TABS 5 MG, 10 MG	1A	QL(4 EA daily)
glipizide TB24	1A	QL(2 EA daily)
GLUCOTROL XL TB24 5 MG, 10 MG *(Use glipizide)*	NF	QL(2 EA daily)
glyburide micronized 1.5 MG, 3 MG, 6 MG	1B	QL(4 EA daily)
glyburide TABS	1A	QL(4 EA daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	1B	
diphenoxylate w/ atropine TABS	1B	
LOMOTIL TABS *(Use diphenoxylate w/ atropine)*	NF	
loperamide hcl CAPS	1B	RX/OTC
MOTOFEN	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
deferasirox PACK	4	PA
deferasirox TABS	4	PA
deferasirox TBSO	4	PA
EXJADE TBSO *(Use deferasirox)*	NF	PA
JADENU SPRINKLE PACK *(Use deferasirox)*	NF	PA
JADENU TABS *(Use deferasirox)*	NF	PA
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		

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

Drug Name	Drug Tier	Requirements/ Limits
meclizine hcl TABS 25 MG	1B	RX/OTC
meclizine hcl TABS 12.5 MG	1A	RX/OTC
scopolamine	1B	QL(0.34 EA daily)
TRANSDERM SCOP 1 MG/3DAYS *(Use scopolamine)*	NF	QL(0.34 EA daily)
TRANSDERM-SCOP *(Use scopolamine)*	NF	QL(0.34 EA daily)
trimethobenzamide hcl CAPS	1B	
Antiemetics - Miscellaneous		
DICLEGIS TBEC *(Use doxylamine-pyridoxine)*	NF	QL(4 EA daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA
doxylamine-pyridoxine TBEC	1B	QL(4 EA daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA
dronabinol CAPS	1B	
MARINOL CAPS *(Use dronabinol)*	NF	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant CAPS 80 MG	1B	QL(0.134 EA daily)
aprepitant CAPS 40 MG, 125 MG	1B	QL(0.067 EA daily)
aprepitant CPPK PO	1B	PA
EMEND BIPACK CAPS 80 MG *(Use aprepitant)*	NF	QL(0.134 EA daily)
EMEND TRIPACK CPPK PO *(Use aprepitant)*	NF	PA
VARUBI (180 MG DOSE) TBPK	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		

Drug Name	Drug Tier	Requirements/ Limits
Antifungals		
amphotericin b IV	3	
ANCOBON *(Use flucytosine)*	NF	
flucytosine	1B	
griseofulvin microsize SUSP	1B	AL(At least 2 yrs old)
griseofulvin microsize TABS	1B	
griseofulvin ultramicrosize	1B	
nystatin TABS	1B	
terbinafine hcl TABS	1B	QL(1 EA daily)
Imidazole-Related Antifungals		
DIFLUCAN SUSR 40 MG/ML *(Use fluconazole)*	NF	
DIFLUCAN TABS 100 MG, 200 MG *(Use fluconazole)*	NF	
fluconazole SUSR	1B	
fluconazole TABS	1B	
itraconazole CAPS	1B	QL(4 EA daily); PA
itraconazole SOLN	1B	QL(20 ML daily); PA
ketoconazole	1B	
NOXAFIL SUSP *(Use posaconazole)*	NF	QL(20 ML daily)
NOXAFIL TBEC *(Use posaconazole)*	NF	QL(6 EA daily)
posaconazole SUSP	3	QL(20 ML daily)
posaconazole TBEC	3	QL(6 EA daily)
SPORANOX CAPS *(Use itraconazole)*	NF	QL(4 EA daily); PA
SPORANOX SOLN *(Use itraconazole)*	NF	QL(20 ML daily); PA
TOLSURA CAPS	4	PA
VFEND TABS 200 MG *(Use voriconazole)*	NF	QL(4 EA daily)
voriconazole TABS	1B	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
carbinoxamine maleate SOLN	1B	
carbinoxamine maleate TABS 4 MG	1B	
clemastine fumarate TABS 2.68 MG	1B	
CLEMASZ TABS 2.68 MG *(Use clemastine fumarate)*	NF	
CLEMSZA TABS 2.68 MG *(Use clemastine fumarate)*	NF	
diphenhydramine hcl CAPS 50 MG	1A	
diphenhydramine hcl ELIX 12.5 MG/5ML	1B	
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	1B	QL(20 ML daily)
Antihistamines - Non-Sedating		
cetirizine hcl TABS	1A	QL(1 EA daily)
CLARINEX TABS *(Use desloratadine)*	NF	QL(1 EA daily)
CLARITIN ALLERGY CHILDRENS SOLN *(Use loratadine)*	NF	
CLARITIN CHILDRENS CHEW *(Use loratadine)*	NF	
CLARITIN REDITABS TBDP *(Use loratadine)*	NF	
CLARITIN CAPS *(Use loratadine)*	NF	
CLARITIN CHEW *(Use loratadine)*	NF	
CLARITIN SOLN *(Use loratadine)*	NF	
CLARITIN TABS *(Use loratadine)*	NF	
desloratadine TABS	1B	QL(1 EA daily)
desloratadine TBDP 2.5 MG	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
levocetirizine dihydrochloride SOLN	1B	QL(10 ML daily); RX/OTC
levocetirizine dihydrochloride TABS	1B	QL(1 EA daily); RX/OTC
loratadine CAPS	1B	
loratadine CHEW	1B	
loratadine SOLN	1B	
loratadine TABS	1A	
loratadine TBDP	1B	
QUZYTTIR SOLN IV	3	PA
XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML	2	QL(10 ML daily); RX/OTC
ZYRTEC ALLERGY TABS *(Use cetirizine hcl)*	NF	QL(1 EA daily)
Antihistamines - Phenothiazines		
promethazine hcl SUPP 12.5 MG, 25 MG	1B	QL(6 EA daily)
promethazine hcl SUPP 50 MG	1B	
promethazine hcl TABS	1B	
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	1B	
cyproheptadine hcl TABS	1B	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	1B	QL(1 EA daily)
VYTORIN *(Use ezetimibe-simvastatin)*	NF	QL(1 EA daily)
Antihyperlipidemics - Misc.		
icosapent ethyl 1 GM	1B	QL(4 EA daily); PA
LOVAZA *(Use omega-3-acid ethyl esters)*	NF	QL(4 EA daily)
omega-3-acid ethyl esters	1B	QL(4 EA daily)
VASCEPA 1 GM *(Use icosapent ethyl)*	NF	QL(4 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
Bile Acid Sequestrants		
cholestyramine light PACK	1B	QL(6 EA daily)
cholestyramine light POWD	1B	QL(24 GM daily)
cholestyramine PACK	1B	QL(6 EA daily)
cholestyramine POWD	1B	QL(25.2 GM daily)
colesevelam hcl PACK	1B	QL(1 EA daily); PA
colesevelam hcl TABS	1B	QL(7 EA daily)
COLESTID GRAN *(Use colestipol hcl)*	NF	QL(6 GM daily)
COLESTID PACK *(Use colestipol hcl)*	NF	QL(6 EA daily)
COLESTID TABS *(Use colestipol hcl)*	NF	QL(16 EA daily)
colestipol hcl GRAN	1B	QL(6 GM daily)
colestipol hcl PACK	1B	QL(6 EA daily)
colestipol hcl TABS	1B	QL(16 EA daily)
QUESTRAN LIGHT POWD *(Use cholestyramine light)*	NF	QL(24 GM daily)
QUESTRAN PACK *(Use cholestyramine)*	NF	QL(6 EA daily)
QUESTRAN POWD *(Use cholestyramine)*	NF	QL(25.2 GM daily)
WELCHOL PACK *(Use colesevelam hcl)*	NF	QL(1 EA daily); PA
WELCHOL TABS *(Use colesevelam hcl)*	NF	QL(7 EA daily)
Fibric Acid Derivatives		
choline fenofibrate	1B	QL(1 EA daily)
fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG	1B	QL(1 EA daily)
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	1B	QL(1 EA daily)
FENOGLIDE TABS *(Use fenofibrate)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
gemfibrozil TABS	1B	QL(2 EA daily)
LOPID TABS *(Use gemfibrozil)*	NF	QL(2 EA daily)
TRICOR TABS *(Use fenofibrate)*	NF	QL(1 EA daily)
TRILIPIX *(Use choline fenofibrate)*	NF	QL(1 EA daily)
HMG CoA Reductase Inhibitors		
atorvastatin calcium TABS	1A	QL(1 EA daily)
CRESTOR TABS *(Use rosuvastatin calcium)*	NF	QL(1 EA daily)
fluvastatin sodium CAPS 40 MG	1B	QL(2 EA daily)
fluvastatin sodium CAPS 20 MG	1B	QL(1 EA daily)
LIPITOR TABS *(Use atorvastatin calcium)*	NF	QL(1 EA daily)
lovastatin TABS 40 MG	1A	QL(2 EA daily); PV
lovastatin TABS 10 MG, 20 MG	1A	QL(1 EA daily); PV
pravastatin sodium	1B	QL(1 EA daily)
rosuvastatin calcium TABS	1B	QL(1 EA daily)
simvastatin TABS	1A	QL(1 EA daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG *(Use simvastatin)*	NF	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	1B	QL(1 EA daily)
ZETIA *(Use ezetimibe)*	NF	QL(1 EA daily)
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TBCR	1B	QL(2 EA daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
REPATHA PUSHTRONEX SYSTEM SOCT	2	QL(0.25 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
REPATHA SURECLICK SOAJ	2	QL(0.0714 ML daily); PA
REPATHA SOSY	2	QL(0.0714 ML daily); PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL 5 MG, 10 MG *(Use quinapril hcl)*	NF	QL(2 EA daily)
ACCUPRIL 20 MG, 40 MG *(Use quinapril hcl)*	NF	
ALTACE CAPS 1.25 MG, 5 MG, 10 MG *(Use ramipril)*	NF	
benazepril hcl	1A	
captopril 12.5 MG	1B	
captopril 25 MG, 50 MG, 100 MG	1B	QL(3 EA daily)
enalapril maleate TABS	1A	
fosinopril sodium	1B	
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	1A	
LOTENSIN 10 MG, 20 MG, 40 MG *(Use benazepril hcl)*	NF	
moexipril hcl	1B	QL(2 EA daily)
perindopril erbumine 2 MG, 8 MG	1B	QL(2 EA daily)
perindopril erbumine 4 MG	1B	
quinapril hcl 5 MG, 10 MG	1B	QL(2 EA daily)
quinapril hcl 20 MG, 40 MG	1B	
ramipril CAPS	1B	
trandolapril 4 MG	1B	QL(2 EA daily)
trandolapril 1 MG, 2 MG	1B	QL(1 EA daily)
VASOTEC TABS *(Use enalapril maleate)*	NF	
ZESTRIL TABS *(Use lisinopril)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
Agents for Pheochromocytoma		
DIBENZYLINE *(Use phenoxybenzamine hcl)*	NF	PA
phenoxybenzamine hcl	3	PA
Angiotensin II Receptor Antagonists		
ATACAND *(Use candesartan cilexetil)*	NF	QL(1 EA daily)
AVAPRO 150 MG, 300 MG *(Use irbesartan)*	NF	QL(1 EA daily)
azilsartan medoxomil 40 MG, 80 MG	1B	QL(1 EA daily); ST
BENICAR *(Use olmesartan medoxomil)*	NF	QL(1 EA daily)
candesartan cilexetil	1B	QL(1 EA daily)
COZAAR *(Use losartan potassium)*	NF	QL(1 EA daily)
DIOVAN TABS *(Use valsartan)*	NF	QL(1 EA daily)
EDARBI 40 MG, 80 MG *(Use azilsartan medoxomil)*	3	QL(1 EA daily); ST
irbesartan	1B	QL(1 EA daily)
losartan potassium	1A	QL(1 EA daily)
MICARDIS *(Use telmisartan)*	NF	QL(1 EA daily)
olmesartan medoxomil	1B	QL(1 EA daily)
telmisartan	1B	QL(1 EA daily)
valsartan TABS	1B	QL(1 EA daily)
Antiadrenergic Antihypertensives		
CARDURA *(Use doxazosin mesylate)*	NF	
CATAPRES-TTS-1 PTWK *(Use clonidine)*	NF	QL(0.15 EA daily)
CATAPRES-TTS-2 PTWK *(Use clonidine)*	NF	QL(0.15 EA daily)
CATAPRES-TTS-3 PTWK *(Use clonidine)*	NF	QL(0.15 EA daily)
clonidine hcl TABS	1A	QL(8 EA daily)
clonidine PTWK	1B	QL(0.15 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
doxazosin mesylate	1B	
guanfacine hcl	1B	
methyldopa TABS	1B	QL(6 EA daily)
prazosin hcl CAPS	1B	QL(4 EA daily)
terazosin hcl	1B	
Antihypertensive Combinations		
ACCURETIC 12.5 MG-20 MG *(Use quinapril-hydrochlorothiazide)*	NF	QL(4 EA daily)
ACCURETIC 12.5 MG-10 MG *(Use quinapril-hydrochlorothiazide)*	NF	QL(3 EA daily)
amlodipine besylate-benazepril hcl	1B	
amlodipine besylate-olmesartan medoxomil	1B	ST
amlodipine besylate-valsartan	1B	QL(1 EA daily)
amlodipine-valsartan-hydrochlorothiazide	1B	
ATACAND HCT *(Use candesartan cilexetil-hydrochlorothiazide)*	NF	
atenolol & chlorthalidone	1B	
AVALIDE *(Use irbesartan-hydrochlorothiazide)*	NF	
AZOR *(Use amlodipine besylate-olmesartan medoxomil)*	NF	ST
benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG	1B	QL(1 EA daily)
benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG	1B	
BENICAR HCT *(Use olmesartan medoxomil-hydrochlorothiazide)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
bisoprolol & hydrochlorothiazide	1B	QL(2 EA daily)
candesartan cilexetil-hydrochlorothiazide	1B	
DIOVAN HCT *(Use valsartan-hydrochlorothiazide)*	NF	QL(1 EA daily)
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG	1B	QL(2 EA daily)
enalapril maleate & hydrochlorothiazide 25 MG-10 MG	1B	
EXFORGE *(Use amlodipine besylate-valsartan)*	NF	QL(1 EA daily)
EXFORGE HCT *(Use amlodipine-valsartan-hydrochlorothiazide)*	NF	
fosinopril sodium & hydrochlorothiazide	1B	QL(1 EA daily)
HYZAAR 12.5 MG-50 MG *(Use losartan potassium & hydrochlorothiazide)*	NF	QL(2 EA daily)
HYZAAR 12.5 MG-100 MG, 25 MG-100 MG *(Use losartan potassium & hydrochlorothiazide)*	NF	QL(1 EA daily)
irbesartan-hydrochlorothiazide	1B	
lisinopril & hydrochlorothiazide	1A	
losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG	1A	QL(1 EA daily)
losartan potassium & hydrochlorothiazide 12.5 MG-50 MG	1A	QL(2 EA daily)
LOTENSIN HCT 12.5 MG-10 MG, 25 MG-20 MG *(Use benazepril & hydrochlorothiazide)*	NF	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
LOTENSIN HCT 12.5 MG-20 MG *(Use benazepril & hydrochlorothiazide)*	NF	
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG *(Use amlodipine besylate-benazepril hcl)*	NF	
metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG	1B	
metoprolol & hydrochlorothiazide TABS 25 MG-50 MG	1B	QL(1 EA daily)
MICARDIS HCT *(Use telmisartan-hydrochlorothiazide)*	NF	QL(1 EA daily)
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1B	ST
olmesartan medoxomil-hydrochlorothiazide	1B	
quinapril-hydrochlorothiazide 12.5 MG-20 MG	1B	QL(4 EA daily)
quinapril-hydrochlorothiazide 12.5 MG-10 MG	1B	QL(3 EA daily)
quinapril-hydrochlorothiazide 25 MG-20 MG	1B	QL(2 EA daily)
telmisartan-amlodipine	1B	QL(1 EA daily)
telmisartan-hydrochlorothiazide	1B	QL(1 EA daily)
TENORETIC 100 *(Use atenolol & chlorthalidone)*	NF	
TENORETIC 50 *(Use atenolol & chlorthalidone)*	NF	
trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG	1B	

Drug Name	Drug Tier	Requirements/ Limits
trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	1B	QL(1 EA daily)
TRIBENZOR *(Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	NF	ST
valsartan-hydrochlorothiazide	1B	QL(1 EA daily)
VASERETIC 25 MG-10 MG *(Use enalapril maleate & hydrochlorothiazide)*	NF	
ZESTORETIC *(Use lisinopril & hydrochlorothiazide)*	NF	
Antihypertensives - Misc.		
VECAMYL	3	PA
Direct Renin Inhibitors		
aliskiren fumarate	1B	QL(1 EA daily)
TEKTURNA *(Use aliskiren fumarate)*	NF	QL(1 EA daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	1B	
INSPRA *(Use eplerenone)*	NF	
Vasodilators		
hydralazine hcl SOLN	1B	
hydralazine hcl TABS	1B	
minoxidil 2.5 MG, 10 MG	1B	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
metronidazole TABS 250 MG, 500 MG	1B	
NEBUPENT IN *(Use pentamidine isethionate)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
pentamidine isethionate IN	1B	
tinidazole	1B	
trimethoprim TABS	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		
BACTRIM DS TABS *(Use sulfamethoxazole-trimethoprim)*	NF	
BACTRIM TABS *(Use sulfamethoxazole-trimethoprim)*	NF	
sulfamethoxazole-trimethoprim SOLN	1B	
sulfamethoxazole-trimethoprim SUSP	1B	
sulfamethoxazole-trimethoprim TABS	1A	
Antiprotozoal Agents		
atovaquone	1B	
MEPRON *(Use atovaquone)*	NF	
nitazoxanide TABS	1B	PA
Carbapenems		
ertapenem sodium IJ	1B	
Chloramphenicols		
chloramphenicol sodium succinate	4	PA
Cyclic Lipopeptides		
daptomycin 500 MG	1B	

Drug Name	Drug Tier	Requirements/ Limits
DAPTOMYCIN *(Use daptomycin)*	NF	
Glycopeptides		
FIRVANQ SOLR PO *(Use vancomycin hcl)*	NF	QL(300 ML per fill retail)
VANCOCIN CAPS *(Use vancomycin hcl)*	NF	QL(4 EA daily; 40 EA per fill retail)
vancomycin hcl CAPS	1B	QL(4 EA daily; 40 EA per fill retail)
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML	1B	QL(300 ML per fill retail)
Leprostatics		
dapsone	1B	
Lincosamides		
CLEOCIN *(Use clindamycin palmitate hydrochloride)*	NF	
CLEOCIN *(Use clindamycin hcl)*	NF	
CLEOCIN PHOSPHATE SOLN IJ *(Use clindamycin phosphate)*	NF	
clindamycin hcl	1B	
clindamycin palmitate hydrochloride	1B	
clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML	1B	
LINCOCIN *(Use lincomycin hcl)*	NF	
lincomycin hcl	1B	
Monobactams		
AZACTAM *(Use aztreonam)*	NF	
aztreonam 1 GM	1B	
CAYSTON	4	QL(3 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
Oxazolidinones		
linezolid SUSR	1B	
linezolid TABS	1B	QL(2 EA daily); PA
ZYVOX SUSR *(Use linezolid)*	NF	
ZYVOX TABS *(Use linezolid)*	NF	QL(2 EA daily); PA
Urinary Anti-infectives		
fosfomycin tromethamine	1B	
HIPREX *(Use methenamine hippurate)*	NF	
MACROBID *(Use nitrofurantoin monohyd macro)*	NF	
MACRODANTIN *(Use nitrofurantoin macrocrystal)*	NF	
methenamine hippurate	1B	
nitrofurantoin	1B	
nitrofurantoin macrocrystal 50 MG, 100 MG	1B	
nitrofurantoin monohyd macro	1B	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 EA per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
MALARONE *(Use atovaquone-proguanil hcl)*	NF	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
Antimalarials		
chloroquine phosphate TABS 250 MG	1B	QL(3 EA daily)
chloroquine phosphate TABS 500 MG	1B	
DARAPRIM *(Use pyrimethamine)*	NF	QL(3 EA daily); PA
hydroxychloroquine sulfate 200 MG	1B	QL(3 EA daily)
hydroxychloroquine sulfate 100 MG	1B	QL(4 EA daily)
hydroxychloroquine sulfate 400 MG	1B	QL(1 EA daily)
KRINTAFEL	3	QL(2 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
mefloquine hcl	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
PLAQUENIL *(Use hydroxychloroquine sulfate)*	NF	QL(3 EA daily)
primaquine phosphate TABS	3	
PRIMAQUINE PHOSPHATE TABS *(Use primaquine phosphate)*	NF	
pyrimethamine	1B	QL(3 EA daily); PA
QUALAQUIN CAPS *(Use quinine sulfate)*	NF	PA
quinine sulfate CAPS 324 MG	1B	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON SOLN PO *(Use pyridostigmine bromide)*	NF	
MESTINON TABS *(Use pyridostigmine bromide)*	NF	
MESTINON TBCR *(Use pyridostigmine bromide)*	NF	
NEOSTIGMINE METHYLSULFATE RFID SOSY *(Use neostigmine methylsulfate)*	NF	PA
neostigmine methylsulfate SOSY	3	PA
NEOSTIGMINE METHYLSULFATE SOSY *(Use neostigmine methylsulfate)*	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
pyridostigmine bromide SOLN PO	1B	
pyridostigmine bromide TABS 60 MG	1B	
pyridostigmine bromide TBCR	1B	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	1B	QL(4 EA daily)
ethambutol hcl TABS	1B	
isoniazid SOLN	1B	
isoniazid SYRP	1B	
isoniazid TABS	1A	
MYCOBUTIN *(Use rifabutin)*	NF	PA
PRETOMANID	3	PA
PRIFTIN 150 MG *(Use rifapentine)*	3	
pyrazinamide	1B	
rifabutin	1B	PA
RIFADIN SOLR *(Use rifampin)*	NF	
rifampin CAPS	1B	
rifampin SOLR	1B	
rifapentine 150 MG	1B	
SIRTURO	3	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
busulfan SOLN	4	PA
BUSULFEX SOLN *(Use busulfan)*	NF	PA
carmustine	4	PA
cisplatin SOLN 100 MG/100ML	4	PA
cyclophosphamide CAPS	1B	PA

Drug Name	Drug Tier	Requirements/ Limits
GLEOSTINE 10 MG *(Use lomustine)*	NF	PA
GLEOSTINE 40 MG, 100 MG *(Use lomustine)*	NF	PA
LEUKERAN	4	PA
lomustine 10 MG	4	PA
lomustine 40 MG, 100 MG	4	PA
melphalan hcl IV	1B	
TEMODAR SOLR	4	
temozolomide CAPS	4	PA
TEPADINA 15 MG *(Use thiotepa)*	NF	PA
thiotepa 15 MG	4	PA
ZANOSAR	4	PA
Antimetabolites		
ALIMTA SOLR 100 MG *(Use pemetrexed disodium)*	NF	
ALIMTA SOLR 500 MG *(Use pemetrexed disodium)*	NF	PA
ARRANON *(Use nelarabine)*	NF	PA
azacitidine SUSR	4	PA
capecitabine	4	PA
clofarabine	4	PA
decitabine	4	PA
floxuridine	4	PA
fludarabine phosphate SOLN	4	PA
fludarabine phosphate SOLR	4	PA
FOLOTYN 20 MG/ML *(Use pralatrexate)*	NF	PA
mercaptopurine TABS	1B	
methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML	1B	
methotrexate sodium SOLR	1B	

Drug Name	Drug Tier	Requirements/ Limits
methotrexate sodium TABS 2.5 MG	1B	
nelarabine	4	PA
pemetrexed disodium SOLR 500 MG	4	PA
pralatrexate 20 MG/ML	4	PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	PA
VIDAZA SUSR *(Use azacitidine)*	NF	PA
XELODA *(Use capecitabine)*	NF	PA
Antineoplastic - Angiogenesis Inhibitors		
LENVIMA (10 MG DAILY DOSE)	4	QL(1 EA daily); PA
LENVIMA (12 MG DAILY DOSE)	4	QL(3 EA daily); PA
LENVIMA (14 MG DAILY DOSE)	4	QL(2 EA daily); PA
LENVIMA (18 MG DAILY DOSE)	4	QL(3 EA daily); PA
LENVIMA (20 MG DAILY DOSE)	4	QL(2 EA daily); PA
LENVIMA (24 MG DAILY DOSE)	4	QL(3 EA daily); PA
LENVIMA (4 MG DAILY DOSE)	4	QL(1 EA daily); PA
LENVIMA (8 MG DAILY DOSE)	4	QL(2 EA daily); PA
ZALTRAP 100 MG/4ML	4	PA
Antineoplastic - Antibodies		
ARZERRA	4	PA
LOQTORZI	4	PA
RUXIENCE	4	PA
TRUXIMA	4	PA
Antineoplastic - EGFR Inhibitors		
erlotinib hcl	4	QL(1 EA daily); PA
gefitinib	4	QL(2 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
IRESSA *(Use gefitinib)*	NF	QL(2 EA daily); PA
TARCEVA 100 MG, 150 MG *(Use erlotinib hcl)*	NF	QL(1 EA daily); PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	4	PA
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate 250 MG	4	QL(4 EA daily); PA
abiraterone acetate 500 MG	4	QL(2 EA daily); PA
anastrozole	1B	QL(1 EA daily)
ARIMIDEX *(Use anastrozole)*	NF	QL(1 EA daily)
AROMASIN *(Use exemestane)*	NF	QL(1 EA daily)
bicalutamide	1B	QL(1 EA daily)
CASODEX *(Use bicalutamide)*	NF	QL(1 EA daily)
ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 EA daily); PA
EMCYT	4	PA
ERLEADA 60 MG	4	QL(4 EA daily); PA
ERLEADA 240 MG	4	QL(1 EA daily); PA
exemestane	4	QL(1 EA daily)
FARESTON *(Use toremifene citrate)*	NF	
FASLODEX SOSY *(Use fulvestrant)*	NF	QL(0.357 ML daily); PA
FEMARA *(Use letrozole)*	NF	
fulvestrant SOSY	4	QL(0.357 ML daily); PA
letrozole	1B	
leuprolide acetate KIT IJ 1 MG/0.2ML	4	PA
LYSODREN	4	PA
megestrol acetate SUSP	1B	

Drug Name	Drug Tier	Requirements/ Limits
megestrol acetate TABS	1B	
NILANDRON *(Use nilutamide)*	NF	QL(2 EA daily); PA
nilutamide	4	QL(2 EA daily); PA
NUBEQA	4	QL(4 EA daily); PA
tamoxifen citrate TABS	0	
toremifene citrate	1B	
XTANDI CAPS	4	QL(4 EA daily); PA
XTANDI TABS 80 MG	4	QL(2 EA daily); PA
XTANDI TABS 40 MG	4	QL(4 EA daily); PA
ZYTIGA 500 MG *(Use abiraterone acetate)*	NF	QL(2 EA daily); PA
ZYTIGA 250 MG *(Use abiraterone acetate)*	NF	QL(4 EA daily); PA
Antineoplastic - Immunomodulators		
pomalidomide 1 MG, 2 MG, 3 MG, 4 MG	4	QL(1 EA daily); PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG *(Use pomalidomide)*	NF	QL(1 EA daily); PA
Antineoplastic Antibiotics		
bleomycin sulfate 15 UNIT	4	PA
dactinomycin	4	PA
doxorubicin hcl SOLR 10 MG, 50 MG	4	PA
IDAMYCIN PFS 20 MG/20ML *(Use idarubicin hcl)*	NF	PA
IDAMYCIN PFS 5 MG/5ML, 10 MG/10ML *(Use idarubicin hcl)*	NF	PA
idarubicin hcl 5 MG/5ML, 10 MG/10ML	4	PA
idarubicin hcl 20 MG/20ML	4	PA
mitomycin SOLR IV 20 MG	4	PA

Drug Name	Drug Tier	Requirements/ Limits
mitoxantrone hcl 25 MG/12.5ML	4	PA
valrubicin	4	PA
VALSTAR *(Use valrubicin)*	NF	PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS *(Use everolimus)*	NF	QL(1 EA daily); PA
ALECENSA	4	QL(8 EA daily); PA
dasatinib	4	QL(1 EA daily); PA
everolimus TABS	4	QL(1 EA daily); PA
GLEEVEC TABS *(Use imatinib mesylate)*	NF	QL(2 EA daily); PA
imatinib mesylate TABS	4	QL(2 EA daily); PA
JAKAFI	4	QL(2 EA daily); PA
lapatinib ditosylate	4	QL(6 EA daily); PA
LYNPARZA TABS	4	QL(4 EA daily); PA
NEXAVAR *(Use sorafenib tosylate)*	NF	QL(4 EA daily); PA
pazopanib hcl	4	QL(4 EA daily); PA
pazopanib hcl	4	QL(2 EA daily); PA
sorafenib tosylate	4	QL(4 EA daily); PA
SPRYCEL *(Use dasatinib)*	NF	QL(1 EA daily); PA
STIVARGA	4	QL(4 EA daily); PA
sunitinib malate	4	QL(1 EA daily); PA
SUTENT *(Use sunitinib malate)*	NF	QL(1 EA daily); PA
temsirolimus	4	QL(0.143 ML daily); PA
TORISEL *(Use temsirolimus)*	NF	QL(0.143 ML daily); PA
TURALIO 125 MG	4	PA

Drug Name	Drug Tier	Requirements/ Limits
TYKERB *(Use lapatinib ditosylate)*	NF	QL(6 EA daily); PA
VERZENIO	4	QL(2 EA daily); PA
VOTRIENT *(Use pazopanib hcl)*	NF	QL(4 EA daily); PA
ZELBORAF	4	QL(8 EA daily); PA
ZOLINZA	4	QL(4 EA daily); PA
ZYDELIG	4	QL(2 EA daily); PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	4	PA
arsenic trioxide 10 MG/10ML	4	PA
bexarotene	4	PA
HYDREA *(Use hydroxyurea)*	NF	
hydroxyurea	1B	
MATULANE	4	PA
PHOTOFRIN	4	PA
PROLEUKIN	4	PA
TARGRETIN *(Use bexarotene)*	NF	PA
tretinoin (chemotherapy)	1B	
UVADEX	4	PA
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium SOLR	1B	
leucovorin calcium TABS	1B	
VORAXAZE	4	PA
Mitotic Inhibitors		
eribulin mesylate	4	PA
etoposide CAPS	4	PA
HALAVEN *(Use eribulin mesylate)*	NF	PA
IXEMPRA KIT 15 MG	4	PA
vinorelbine tartrate 10 MG/ML	4	PA

Drug Name	Drug Tier	Requirements/ Limits
Topoisomerase I Inhibitors		
CAMPTOSAR 40 MG/2ML, 100 MG/5ML *(Use irinotecan hcl)*	NF	PA
HYCAMTIN CAPS	4	PA
HYCAMTIN SOLR *(Use topotecan hcl)*	NF	
irinotecan hcl 40 MG/2ML, 100 MG/5ML	4	PA
topotecan hcl SOLN	4	
TOPOTECAN HCL SOLN *(Use topotecan hcl)*	NF	
topotecan hcl SOLR	4	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	1B	
LODOSYN *(Use carbidopa)*	NF	
Antiparkinson Anticholinergics		
benztropine mesylate TABS	1B	
trihexyphenidyl hcl SOLN	1B	
trihexyphenidyl hcl TABS	1B	
Antiparkinson COMT Inhibitors		
entacapone	1B	QL(8 EA daily)
TASMAR *(Use tolcapone)*	NF	
tolcapone	1B	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	1B	
amantadine hcl SOLN	1B	
amantadine hcl TABS	1B	
apomorphine hydrochloride SOCT	4	PA
bromocriptine mesylate CAPS	1B	
bromocriptine mesylate TABS 2.5 MG	1B	
carbidopa-levodopa-entacapone	1B	
carbidopa-levodopa TABS	1B	
carbidopa-levodopa TBCR	1B	
carbidopa-levodopa TBDP	1B	
NEUPRO	2	
PARLODEL CAPS *(Use bromocriptine mesylate)*	NF	
PARLODEL TABS *(Use bromocriptine mesylate)*	NF	
pramipexole dihydrochloride TABS 0.125 MG	1B	QL(4 EA daily)
pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	1B	
ropinirole hydrochloride TABS	1B	
ropinirole hydrochloride TB24 8 MG, 12 MG	1B	QL(2 EA daily); ST
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG	1B	QL(1 EA daily); ST
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(Use carbidopa-levodopa)*	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT *(Use rasagiline mesylate)*	NF	QL(1 EA daily); PA
rasagiline mesylate	1B	QL(1 EA daily); PA
selegiline hcl CAPS	1B	
selegiline hcl TABS	1B	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	1B	

Drug Name	Drug Tier	Requirements/ Limits
lithium carbonate CAPS	1B	
lithium carbonate TABS	1B	
lithium carbonate TBCR	1B	
LITHOBID TBCR *(Use lithium carbonate)*	NF	
Antipsychotics - Misc.		
EQUETRO 300 MG	3	QL(4 EA daily); ST
EQUETRO 200 MG	3	QL(8 EA daily); ST
EQUETRO 100 MG	3	QL(2 EA daily); ST
GEODON 20 MG, 60 MG, 80 MG *(Use ziprasidone hcl)*	NF	QL(2 EA daily); AL(At least 18 yrs old)
LATUDA 80 MG *(Use lurasidone hcl)*	NF	QL(2 EA daily)
LATUDA 20 MG, 40 MG, 60 MG, 120 MG *(Use lurasidone hcl)*	NF	QL(1 EA daily)
lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG	1B	QL(1 EA daily)
lurasidone hcl 80 MG	1B	QL(2 EA daily)
ziprasidone hcl	1B	QL(2 EA daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT	2	QL(2 EA daily); PA
FANAPT TITRATION PACK A	2	PA
INVEGA 3 MG, 6 MG, 9 MG *(Use paliperidone)*	NF	
paliperidone	1B	
PERSERIS PRSY	2	QL(0.072 EA daily); PA
RISPERDAL CONSTA *(Use risperidone microspheres)*	NF	QL(0.072 EA daily); PA
RISPERDAL SOLN *(Use risperidone)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG *(Use risperidone)*	NF	
risperidone microspheres	1B	QL(0.072 EA daily); PA
risperidone SOLN	1B	
risperidone TABS	1B	
risperidone TBDP	1B	
Butyrophenones		
HALDOL DECANOATE *(Use haloperidol decanoate)*	NF	QL(0.036 ML daily)
haloperidol decanoate	1B	QL(0.036 ML daily)
haloperidol lactate CONC	1B	
haloperidol lactate SOLN	1B	
haloperidol TABS	1B	
Dibenzapines		
asenapine maleate 2.5 MG	1B	QL(4 EA daily); PA
asenapine maleate 5 MG, 10 MG	1B	QL(2 EA daily); PA
clozapine TABS	1B	
clozapine TBDP 25 MG	1B	QL(3 EA daily)
clozapine TBDP 100 MG	1B	QL(9 EA daily)
clozapine TBDP 12.5 MG, 150 MG	1B	QL(6 EA daily)
CLOZARIL TABS *(Use clozapine)*	NF	
loxapine succinate	1B	
olanzapine SOLR	1B	QL(0.215 EA daily)
olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG	1B	QL(2 EA daily)
olanzapine TABS 2.5 MG, 5 MG	1B	QL(4 EA daily)
olanzapine TBDP 5 MG, 10 MG, 15 MG	1B	QL(2 EA daily)
olanzapine TBDP 20 MG	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	1B	AL(At least 10 yrs old)
quetiapine fumarate TB24	1B	
SAPHRIS 2.5 MG *(Use asenapine maleate)*	NF	QL(4 EA daily); PA
SAPHRIS 5 MG, 10 MG *(Use asenapine maleate)*	NF	QL(2 EA daily); PA
SEROQUEL XR TB24 *(Use quetiapine fumarate)*	NF	
SEROQUEL TABS *(Use quetiapine fumarate)*	NF	AL(At least 10 yrs old)
ZYPREXA ZYDIS TBDP 5 MG, 10 MG, 15 MG *(Use olanzapine)*	NF	QL(2 EA daily)
ZYPREXA ZYDIS TBDP 20 MG *(Use olanzapine)*	NF	QL(1 EA daily)
ZYPREXA SOLR *(Use olanzapine)*	NF	QL(0.215 EA daily)
ZYPREXA TABS 7.5 MG, 10 MG, 15 MG, 20 MG *(Use olanzapine)*	NF	QL(2 EA daily)
ZYPREXA TABS 2.5 MG, 5 MG *(Use olanzapine)*	NF	QL(4 EA daily)
Phenothiazines		
chlorpromazine hcl SOLN	3	
chlorpromazine hcl TABS	1B	
fluphenazine hcl CONC	1B	
fluphenazine hcl ELIX	1B	
fluphenazine hcl SOLN	1B	
fluphenazine hcl TABS	1B	
perphenazine TABS	1B	
prochlorperazine	1B	
prochlorperazine maleate TABS	1B	
thioridazine hcl	1B	
trifluoperazine hcl TABS	1B	
Quinolinone Derivatives		

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY TABS *(Use aripiprazole)*	NF	QL(1 EA daily); AL(At least 6 yrs old)
aripiprazole SOLN PO	1B	QL(30 ML daily); AL(At least 6 yrs old)
aripiprazole TABS	1B	QL(1 EA daily); AL(At least 6 yrs old)
REXULTI	3	PA
Thioxanthenes		
thiothixene	1B	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	1B	QL(1 EA daily)
abacavir sulfate SOLN	1B	QL(32 ML daily)
abacavir sulfate TABS	1B	QL(2 EA daily)
APTIVUS CAPS	2	QL(4 EA daily)
atazanavir sulfate CAPS 150 MG, 300 MG	1B	QL(1 EA daily)
atazanavir sulfate CAPS 200 MG	1B	QL(2 EA daily)
BIKTARVY	2	QL(1 EA daily)
CABENUVA 600 MG/2ML-400 MG/2ML	2	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
CABENUVA 900 MG/3ML-600 MG/3ML	2	QL(6 ML per 30 day(s) retail; 6 ML per 30 days mail)
CIMDUO	2	QL(1 EA daily)
COMPLERA 200 MG-300 MG-25 MG *(Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
darunavir TABS 800 MG	1B	QL(1 EA daily)
darunavir TABS 600 MG	1B	QL(2 EA daily)
DELSTRIGO	2	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
DESCOVY 200 MG-25 MG	2	QL(1 EA daily)
DOVATO	2	QL(1 EA daily)
EDURANT 25 MG *(Use rilpivirine hcl)*	3	QL(1 EA daily)
efavirenz CAPS 200 MG	1B	QL(2 EA daily)
efavirenz CAPS 50 MG	1B	QL(3 EA daily)
efavirenz-emtricitabine-tenofovir disoproxil fumarate	1B	QL(1 EA daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate	1B	QL(1 EA daily)
efavirenz TABS	1B	QL(1 EA daily)
emtricitabine CAPS	1B	QL(1 EA daily)
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	1B	QL(1 EA daily)
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	0	QL(1 EA daily)
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	1B	QL(1 EA daily)
EMTRIVA CAPS *(Use emtricitabine)*	NF	QL(1 EA daily)
EMTRIVA SOLN	2	QL(24 ML daily)
EPIVIR SOLN *(Use lamivudine)*	NF	QL(30 ML daily)
EPIVIR TABS 300 MG *(Use lamivudine)*	NF	QL(1 EA daily)
EPIVIR TABS 150 MG *(Use lamivudine)*	NF	QL(2 EA daily)
etravirine 200 MG	1B	QL(2 EA daily)
etravirine 100 MG	1B	QL(4 EA daily)
EVOTAZ	2	QL(1 EA daily)
fosamprenavir calcium TABS	1B	QL(4 EA daily)
FUZEON SOLR	4	QL(2 EA daily)
GENVOYA	2	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
INTELENCE 100 MG *(Use etravirine)*	NF	QL(4 EA daily)
INTELENCE 25 MG	3	QL(8 EA daily)
INTELENCE 200 MG *(Use etravirine)*	NF	QL(2 EA daily)
ISENTRESS HD TABS	2	QL(2 EA daily)
ISENTRESS CHEW	2	QL(6 EA daily)
ISENTRESS TABS	2	QL(2 EA daily)
JULUCA	2	QL(1 EA daily)
KALETRA SOLN	2	QL(12.5 ML daily)
KALETRA TABS *(Use lopinavir-ritonavir)*	NF	QL(4 EA daily)
lamivudine SOLN	1B	QL(30 ML daily)
lamivudine TABS 150 MG	1B	QL(2 EA daily)
lamivudine TABS 300 MG	1B	QL(1 EA daily)
lamivudine-zidovudine	1B	QL(2 EA daily)
lopinavir-ritonavir SOLN	1B	QL(12.5 ML daily)
lopinavir-ritonavir TABS	1B	QL(4 EA daily)
maraviroc TABS 300 MG	1B	QL(4 EA daily)
maraviroc TABS 150 MG	1B	QL(2 EA daily)
nevirapine SUSP	1B	QL(40 ML daily)
nevirapine TABS	1B	QL(2 EA daily)
nevirapine TB24 400 MG	1B	QL(1 EA daily)
NORVIR PACK	2	QL(12 EA daily)
NORVIR TABS *(Use ritonavir)*	NF	QL(12 EA daily)
ODEFSEY	2	QL(1 EA daily)
PIFELTRO	2	QL(1 EA daily)
PREZCOBIX	2	QL(1 EA daily)
PREZISTA SUSP	3	QL(12 ML daily)
PREZISTA TABS 75 MG, 150 MG	3	QL(2 EA daily)
PREZISTA TABS 800 MG *(Use darunavir)*	NF	QL(1 EA daily)
PREZISTA TABS 600 MG *(Use darunavir)*	NF	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
RETROVIR CAPS *(Use zidovudine)*	NF	QL(6 EA daily)
RETROVIR SOLN	3	QL(60 ML daily)
RETROVIR SYRP *(Use zidovudine)*	NF	QL(60 ML daily)
REYATAZ CAPS 200 MG *(Use atazanavir sulfate)*	NF	QL(2 EA daily)
REYATAZ CAPS 300 MG *(Use atazanavir sulfate)*	NF	QL(1 EA daily)
rilpivirine hcl 25 MG	1B	QL(1 EA daily)
ritonavir TABS	1B	QL(12 EA daily)
SELZENTRY SOLN	3	QL(30 ML daily)
SELZENTRY TABS 150 MG *(Use maraviroc)*	NF	QL(2 EA daily)
SELZENTRY TABS 300 MG *(Use maraviroc)*	NF	QL(4 EA daily)
STRIBILD	2	QL(1 EA daily)
SYMFI *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
SYMFI LO *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
SYMTUZA	2	QL(1 EA daily)
tenofovir disoproxil fumarate TABS	1B	QL(1 EA daily)
TIVICAY PD TBSO	2	QL(6 EA daily)
TIVICAY TABS 50 MG	2	QL(2 EA daily)
TRIUMEQ PD TBSO	2	QL(6 EA daily)
TRIUMEQ TABS	2	QL(1 EA daily)
TRUVADA *(Use emtricitabine-tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
TYBOST	2	QL(1 EA daily)
VIRACEPT TABS 250 MG	3	QL(10 EA daily)
VIRACEPT TABS 625 MG	3	QL(4 EA daily)
VIREAD POWD	2	QL(7.5 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 EA daily)
VIREAD TABS *(Use tenofovir disoproxil fumarate)*	NF	QL(1 EA daily)
ZIAGEN SOLN *(Use abacavir sulfate)*	NF	QL(32 ML daily)
zidovudine CAPS	1B	QL(6 EA daily)
zidovudine SYRP	1B	QL(60 ML daily)
zidovudine TABS	1B	QL(2 EA daily)
CMV Agents		
cidofovir	3	
ganciclovir sodium SOLR	1B	
VALCYTE TABS *(Use valganciclovir hcl)*	NF	QL(4 EA daily); PA
valganciclovir hcl TABS	1B	QL(4 EA daily); PA
Hepatitis Agents		
adefovir dipivoxil	4	QL(1 EA daily)
BARACLUDE TABS *(Use entecavir)*	NF	QL(1 EA daily)
entecavir TABS	4	QL(1 EA daily)
lamivudine (hbv) TABS	1B	QL(3 EA daily)
PEGASYS SOLN	4	QL(0.0714 ML daily); PA
PEGASYS SOSY	4	QL(0.072 ML daily); PA
ribavirin (hepatitis c) CAPS	1B	QL(7 EA daily)
ribavirin (hepatitis c) TABS 200 MG	1B	QL(7 EA daily)
SOFOSBUVIR-VELPATASVIR TABS	1B	QL(1 EA daily); PA
VOSEVI	4	QL(1 EA daily); PA
Herpes Agents		
acyclovir CAPS	1A	QL(5 EA daily; 50 EA per fill retail; 50 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
acyclovir SUSP	1B	QL(13.34 ML daily)
acyclovir TABS PO	1B	QL(5 EA daily)
famciclovir 500 MG	1B	QL(4 EA daily)
famciclovir 125 MG, 250 MG	1B	QL(3 EA daily)
valacyclovir hcl 500 MG	1B	QL(2 EA daily)
valacyclovir hcl 1 GM	1B	QL(4 EA daily)
VALTREX 1 GM *(Use valacyclovir hcl)*	NF	QL(4 EA daily)
VALTREX 500 MG *(Use valacyclovir hcl)*	NF	QL(2 EA daily)
Influenza Agents		
oseltamivir phosphate CAPS	1B	Limit 1 fill every 90 days.; QL(10 EA per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
oseltamivir phosphate SUSR	1B	Limit 1 fill every 90 days.; QL(125 ML per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
rimantadine hydrochloride TABS	1B	QL(2 EA daily)
TAMIFLU CAPS *(Use oseltamivir phosphate)*	NF	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
TAMIFLU SUSR *(Use oseltamivir phosphate)*	NF	Limit 1 fill every 90 days.; QL(125 ML per fill retail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol	1A	
carvedilol phosphate	3	QL(1 EA daily)
COREG *(Use carvedilol)*	NF	
COREG CR *(Use carvedilol phosphate)*	NF	QL(1 EA daily)
labetalol hcl SOLN	1B	
labetalol hcl TABS 100 MG, 200 MG	1B	
labetalol hcl TABS 300 MG	1B	QL(8 EA daily)
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	1B	
atenolol TABS	1A	
betaxolol hcl	1B	
bisoprolol fumarate	1B	
BYSTOLIC 2.5 MG, 5 MG, 10 MG *(Use nebivolol hcl)*	NF	QL(1 EA daily)
BYSTOLIC 20 MG *(Use nebivolol hcl)*	NF	QL(2 EA daily)
LOPRESSOR TABS *(Use metoprolol tartrate)*	NF	
metoprolol succinate TB24 200 MG	1B	QL(2 EA daily)
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	1B	
metoprolol tartrate SOLN IV 5 MG/5ML	1B	
metoprolol tartrate TABS 25 MG, 50 MG, 100 MG	1A	

Drug Name	Drug Tier	Requirements/ Limits
nebivolol hcl 2.5 MG, 5 MG, 10 MG	1B	QL(1 EA daily)
nebivolol hcl 20 MG	1B	QL(2 EA daily)
TENORMIN TABS *(Use atenolol)*	NF	
TOPROL XL TB24 25 MG, 50 MG, 100 MG *(Use metoprolol succinate)*	NF	
TOPROL XL TB24 200 MG *(Use metoprolol succinate)*	NF	QL(2 EA daily)
Beta Blockers Non-Selective		
BETAPACE AF *(Use sotalol hcl (afib/afl))*	NF	
BETAPACE TABS 80 MG, 120 MG, 160 MG *(Use sotalol hcl)*	NF	QL(2 EA daily)
CORGARD TABS 40 MG *(Use nadolol)*	NF	QL(6 EA daily)
CORGARD TABS 20 MG *(Use nadolol)*	NF	QL(3 EA daily)
HEMANGEOL SOLN PO	4	QL(75 ML daily); PA
INDERAL LA CP24 *(Use propranolol hcl)*	NF	QL(2 EA daily)
nadolol TABS 20 MG	1B	QL(3 EA daily)
nadolol TABS 40 MG	1B	QL(6 EA daily)
nadolol TABS 80 MG	1B	
pindolol TABS	1B	
propranolol hcl CP24	1B	QL(2 EA daily)
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	1B	
propranolol hcl TABS	1B	
sotalol hcl (afib/afl)	1B	
sotalol hcl TABS 80 MG, 120 MG, 160 MG	1B	QL(2 EA daily)
sotalol hcl TABS 240 MG	1B	
timolol maleate TABS	1B	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		

Drug Name	Drug Tier	Requirements/ Limits
Calcium Channel Blockers		
amlodipine besylate TABS	1B	
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML, 2.5 MG/ML *(Use nicardipine hcl)*	NF	
CARDIZEM CD CP24 120 MG, 300 MG, 360 MG *(Use diltiazem hcl coated beads)*	NF	
CARDIZEM CD CP24 180 MG, 240 MG *(Use diltiazem hcl coated beads)*	NF	QL(2 EA daily)
CARDIZEM LA TB24 *(Use diltiazem hcl)*	NF	
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(Use diltiazem hcl)*	NF	
diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG	1B	
diltiazem hcl coated beads CP24 180 MG, 240 MG	1B	QL(2 EA daily)
diltiazem hcl extended release beads	1B	
diltiazem hcl CP12	1B	QL(2 EA daily)
diltiazem hcl CP24	1B	
diltiazem hcl SOLN 50 MG/10ML	1B	
DILTIAZEM HCL SOLR	1B	
diltiazem hcl TABS	1B	
diltiazem hcl TB24	1B	
felodipine	1B	
isradipine CAPS	1B	
nicardipine hcl CAPS	1B	
nicardipine hcl SOLN	1B	
NICARDIPINE HCL SOLN *(Use nicardipine hcl)*	NF	
nifedipine CAPS 10 MG	1B	

Drug Name	Drug Tier	Requirements/ Limits
nifedipine CAPS 20 MG	1B	QL(9 EA daily)
nifedipine TB24	1B	
nifedipine TB24 60 MG	1B	QL(2 EA daily)
nifedipine TB24 90 MG	1B	QL(1 EA daily)
nimodipine CAPS	1B	
nisoldipine	1B	
NORVASC TABS *(Use amlodipine besylate)*	NF	
PROCARDIA XL TB24 *(Use nifedipine)*	NF	
SULAR 8.5 MG, 17 MG, 34 MG *(Use nisoldipine)*	NF	
TIAZAC *(Use diltiazem hcl extended release beads)*	NF	
VERAPAMIL HCL ER CP24 *(Use verapamil hcl)*	NF	
verapamil hcl CP24 100 MG, 200 MG, 300 MG	1B	
verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	1B	QL(1 EA daily)
verapamil hcl TABS	1B	
verapamil hcl TBCR	1B	
VERELAN PM CP24 *(Use verapamil hcl)*	NF	
VERELAN CP24 *(Use verapamil hcl)*	NF	QL(1 EA daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN PO 0.05 MG/ML	1B	
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	1B	
LANOXIN SOLN IJ *(Use digoxin)*	2	
LANOXIN TABS 62.5 MCG, 125 MCG *(Use digoxin)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
LANOXIN TABS 250 MCG *(Use digoxin)*	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	1B	QL(1 EA daily)
BIDIL *(Use isosorbide dinitrate-hydralazine hcl)*	NF	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(Use amlodipine besylate-atorvastatin calcium)*	NF	QL(1 EA daily)
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG *(Use sacubitril-valsartan)*	NF	QL(2 EA daily)
isosorbide dinitrate-hydralazine hcl	1B	
sacubitril-valsartan TABS	1B	QL(2 EA daily)
Impotence Agents		
avanafil	1B	QL(0.134 EA daily)
CIALIS 5 MG *(Use tadalafil)*	NF	BPH Only; QL(1 EA daily); PA
sildenafil citrate	1B	QL(0.1334 EA daily); PA
STENDRA *(Use avanafil)*	NF	QL(0.134 EA daily)
tadalafil 5 MG	1B	BPH Only; QL(1 EA daily); PA
VIAGRA *(Use sildenafil citrate)*	NF	QL(0.1334 EA daily); PA
Prostaglandin Vasodilators		
epoprostenol sodium	4	PA
FLOLAN 1.5 MG *(Use epoprostenol sodium)*	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
treprostinil SOLN IJ	4	PA
VELETRI *(Use epoprostenol sodium)*	NF	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	4	QL(1 EA daily); PA
bosentan TABS	4	QL(2 EA daily); PA
bosentan TBSO 32 MG	4	QL(2 EA daily); PA
LETAIRIS *(Use ambrisentan)*	NF	QL(1 EA daily); PA
TRACLEER TABS *(Use bosentan)*	NF	QL(2 EA daily); PA
TRACLEER TBSO 32 MG *(Use bosentan)*	NF	QL(2 EA daily); PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS *(Use tadalafil (pulmonary hypertension))*	NF	QL(2 EA daily); PA
REVATIO SOLN *(Use sildenafil citrate (pulmonary hypertension))*	NF	QL(37.5 ML daily); PA
REVATIO SUSR *(Use sildenafil citrate (pulmonary hypertension))*	NF	QL(6 ML daily); PA
REVATIO TABS *(Use sildenafil citrate (pulmonary hypertension))*	NF	QL(3 EA daily); PA
sildenafil citrate (pulmonary hypertension) SOLN	4	QL(37.5 ML daily); PA
sildenafil citrate (pulmonary hypertension) SUSR	4	QL(6 ML daily); PA
sildenafil citrate (pulmonary hypertension) TABS	4	QL(3 EA daily); PA
tadalafil (pulmonary hypertension) TABS	4	QL(2 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	QL(3 EA daily); PA
Sinus Node Inhibitors		
CORLANOR TABS *(Use ivabradine hcl)*	NF	QL(2 EA daily); PA
ivabradine hcl TABS	3	QL(2 EA daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	1B	
cefadroxil SUSR	1B	
cefadroxil TABS	1B	
cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG	1B	
cephalexin CAPS	1B	
cephalexin SUSR	1B	
Cephalosporins - 2nd Generation		
cefaclor CAPS	1B	
cefaclor SUSR 250 MG/5ML	1B	
CEFOTAN IJ *(Use cefotetan disodium)*	NF	
cefotetan disodium IJ 1 GM, 2 GM	1B	
cefoxitin sodium IV 1 GM, 2 GM	1B	
cefprozil SUSR	1B	
cefprozil TABS	1B	
cefuroxime axetil TABS	1B	
cefuroxime sodium IJ 750 MG	1B	
Cephalosporins - 3rd Generation		
cefdinir CAPS	1B	
cefdinir SUSR	1B	

Drug Name	Drug Tier	Requirements/ Limits
cefixime CAPS	1B	
cefixime SUSR	1B	ST
cefpodoxime proxetil SUSR	1B	
cefpodoxime proxetil TABS	1B	
ceftazidime IJ 1 GM, 6 GM	1B	
Cephalosporins - 4th Generation		
cefepime hcl SOLR IJ 1 GM	1B	
Cephalosporins - 5th Generation		
ceftaroline fosamil 400 MG, 600 MG	1B	
TEFLARO 400 MG, 600 MG *(Use ceftaroline fosamil)*	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
AVERI TABS PO	0	
BALCOLTRA *(Use levonorgestrel-ethinyl estradiol-iron)*	NF	
BEYAZ *(Use drospirenone-ethinyl estradiol-levomefolate calcium)*	NF	
desogestrel & ethinyl estradiol	0	
desogestrel-ethinyl estradiol (biphasic)	0	
desogestrel-ethinyl estradiol (triphasic)	0	
drospirenone-ethinyl estradiol	0	
drospirenone-ethinyl estradiol-levomefolate calcium	0	
ethynodiol diacet & eth estrad	0	
FEMLYV TBDP	0	

Drug Name	Drug Tier	Requirements/ Limits
levonorgestrel & eth estradiol TABS	0	
levonorgestrel-eth estradiol (triphasic)	0	
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	0	
levonorgestrel-ethinyl estradiol (continuous)	0	
levonorgestrel-ethinyl estradiol-iron	0	
LO LOESTRIN FE TABS	0	
MIRCETTE *(Use desogestrel-ethinyl estradiol (biphasic))*	NF	
NATAZIA	0	
NEXTSTELLIS	0	
norethin acet & estrad-fe CAPS	0	
norethin acet & estrad-fe CHEW	0	
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	0	
norethindrone & eth estradiol	0	
norethindrone & ethinyl estradiol-fe	0	
norethindrone acet & eth estra TABS	0	
norethindrone acetate-ethinyl estradiol-fe	0	
norethindrone-eth estradiol (triphasic)	0	
norgestimate-ethinyl estradiol	0	
norgestimate-ethinyl estradiol (triphasic)	0	
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	0	

Drug Name	Drug Tier	Requirements/ Limits
SAFYRAL *(Use drospirenone-ethinyl estradiol-levomefolate calcium)*	NF	
SEASONIQUE *(Use levonorgestrel-ethinyl estradiol (91-day))*	NF	
TAYTULLA CAPS *(Use norethin acet & estrad-fe)*	NF	
TYBLUME CHEW	0	
YASMIN 28 *(Use drospirenone-ethinyl estradiol)*	NF	
YAZ *(Use drospirenone-ethinyl estradiol)*	NF	
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	0	
TWIRLA	0	QL(3 EA per 28 day(s) retail; 9 EA per 84 days mail)
Combination Contraceptives - Vaginal		
ANNOVERA	0	
etonogestrel-ethinyl estradiol	0	QL(0.05 EA daily)
NUVARING *(Use etonogestrel-ethinyl estradiol)*	NF	QL(0.05 EA daily)
Copper Contraceptives - IUD		
MIUDELLA	0	
PARAGARD INTRAUTERINE COPPER	0	
Emergency Contraceptives		
ELLA	0	
levonorgestrel (emergency oc) 1.5 MG	0	
Progestin Contraceptives - Implants		
NEXPLANON	0	
Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/ Limits
DEPO-PROVERA SUSP IM *(Use medroxyprogesterone acetate (contraceptive))*	NF	QL(1 ML per 90 day(s) retail)
DEPO-PROVERA SUSY IM *(Use medroxyprogesterone acetate (contraceptive))*	NF	QL(1 ML per 90 day(s) retail; 1 ML per 90 days mail)
DEPO-SUBQ PROVERA 104 SUSY SC	0	
medroxyprogesterone acetate (contraceptive) SUSP IM	0	QL(1 ML per 90 day(s) retail)
medroxyprogesterone acetate (contraceptive) SUSY IM	0	QL(1 ML per 90 day(s) retail; 1 ML per 90 days mail)
Progestin Contraceptives - IUD		
KYLEENA	0	
LILETTA (52 MG)	0	
MIRENA (52 MG)	0	
SKYLA	0	
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	0	
OPILL	0	
SLYND	0	QL(1 EA daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
budesonide CPEP	1B	QL(3 EA daily)
CORTEF TABS *(Use hydrocortisone)*	NF	
DEPO-MEDROL SUSP	3	
DEPO-MEDROL SUSP *(Use methylprednisolone acetate)*	NF	
DEXAMETHASONE INTENSOL CONC	1B	
dexamethasone ELIX	1B	

Drug Name	Drug Tier	Requirements/ Limits
dexamethasone SOLN	1B	
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	1B	
dexamethasone TABS 0.5 MG, 0.75 MG	1A	
hydrocortisone sod succinate 100 MG	1B	2 max fill(s) per 30 day(s) retail
hydrocortisone TABS	1B	
KENALOG-40 SUSP *(Use triamcinolone acetonide)*	NF	
MEDROL TABS	3	
MEDROL TABS 4 MG, 8 MG, 16 MG *(Use methylprednisolone)*	NF	
MEDROL TBPK *(Use methylprednisolone)*	NF	
methylprednisolone acetate SUSP	1B	
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	1B	
methylprednisolone TABS	1B	
methylprednisolone TBPK	1B	
ORAPRED ODT TBDP *(Use prednisolone sodium phosphate)*	NF	
PEDIAPRED SOLN *(Use prednisolone sodium phosphate)*	NF	
prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML	1B	
prednisolone sodium phosphate TBDP	3	
prednisolone SOLN	1B	
prednisolone TABS	1B	
prednisone SOLN	1B	
prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG	1A	

Drug Name	Drug Tier	Requirements/ Limits
prednisone TABS 1 MG, 5 MG	1B	
prednisone TBPK	1B	
SOLU-CORTEF 250 MG	3	
SOLU-CORTEF 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
SOLU-CORTEF *(Use hydrocortisone sod succinate)*	NF	2 max fill(s) per 30 day(s) retail
SOLU-MEDROL 500 MG, 1000 MG *(Use methylprednisolone sod succ)*	NF	
SOLU-MEDROL 2 GM	3	
triamcinolone acetonide SUSP 40 MG/ML	1B	
Mineralocorticoids		
fludrocortisone acetate TABS	1B	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate 200 MG	1B	QL(3 EA daily)
benzonatate 150 MG	1B	QL(4 EA daily)
benzonatate 100 MG	1B	QL(6 EA daily)
Cough/Cold/Allergy Combinations		
hydrocodone polistirex-chlorpheniramine polistirex SUER	1B	
Misc. Respiratory Inhalants		
HYPERSAL NEBU *(Use sodium chloride (inhalant))*	NF	
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
PULMOSAL NEBU 7 % *(Use sodium chloride (inhalant))*	NF	

Drug Name	Drug Tier	Requirements/ Limits
sodium chloride (inhalant) NEBU 7 %	1B	
Mucolytics		
acetylcysteine SOLN	1B	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG *(Use isotretinoin)*	NF	AL(At least 12 yrs old); PA
adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	1B	AL(At least 12 yrs old); ST
adapalene CREA	1B	AL(At least 12 yrs old)
adapalene GEL	1B	AL(At least 12 yrs old); RX/OTC
AVAR CLEANSER LIQD 10 %-5 % *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(At least 12 yrs old)
AVAR-E EMOLLIENT CREA 10 %-5 % *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(At least 12 yrs old)
BENZAMYCIN GEL *(Use benzoyl peroxide-erythromycin)*	NF	AL(At least 12 yrs old); PA
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old)
BENZEPRO FOAM 5.3 %	2	AL(At least 12 yrs old)
benzoyl peroxide-erythromycin GEL	1B	AL(At least 12 yrs old); PA
benzoyl peroxide FOAM 9.8 %	1B	AL(At least 12 yrs old)
benzoyl peroxide GEL 10 %	1B	AL(At least 12 yrs old)
benzoyl peroxide GEL 5 %	1B	QL(3 GM daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
benzoyl peroxide LIQD 4 %, 10 %	1B	AL(At least 12 yrs old)
CLEOCIN-T LOTN *(Use clindamycin phosphate (topical))*	NF	AL(At least 12 yrs old)
CLINDAGEL GEL *(Use clindamycin phosphate (topical))*	NF	QL(8 ML daily)
clindamycin phosphate (topical) FOAM	1B	AL(At least 12 yrs old); PA
clindamycin phosphate (topical) GEL	1B	QL(8 ML daily)
clindamycin phosphate (topical) LOTN	1B	AL(At least 12 yrs old)
clindamycin phosphate (topical) SOLN	1B	QL(4 ML daily); AL(At least 12 yrs old)
clindamycin phosphate (topical) SWAB	1B	AL(At least 12 yrs old)
clindamycin phosphate-benzoyl peroxide (refrigerate)	1B	AL(At least 12 yrs old); PA
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	1B	AL(At least 12 yrs old); PA
clindamycin phosphate-tretinoin	1B	AL(At least 12 yrs old); ST
DIFFERIN CREA *(Use adapalene)*	NF	AL(At least 12 yrs old)
DIFFERIN GEL *(Use adapalene)*	NF	AL(At least 12 yrs old); RX/OTC
DIFFERIN LOTN	2	AL(At least 12 yrs old); ST
EPIDUO FORTE GEL *(Use adapalene-benzoyl peroxide)*	NF	
EPIDUO GEL *(Use adapalene-benzoyl peroxide)*	NF	AL(At least 12 yrs old); ST
erythromycin (acne aid) PADS	1B	AL(At least 12 yrs old)
erythromycin (acne aid) SOLN	1B	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	3	AL(At least 12 yrs old); PA
KLARON *(Use sulfacetamide sodium (acne))*	NF	AL(At least 12 yrs old)
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old)
RETIN-A MICRO 0.04 % *(Use tretinoin microsphere)*	NF	
RETIN-A MICRO 0.1 % *(Use tretinoin microsphere)*	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
RETIN-A MICRO PUMP 0.1 % *(Use tretinoin microsphere)*	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
RETIN-A CREA *(Use tretinoin)*	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A GEL *(Use tretinoin)*	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
SSS 10-5 CREA 10 %-5 % *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(At least 12 yrs old)
sulfacetamide sodium (acne)	1B	AL(At least 12 yrs old)
sulfacetamide sodium w/ sulfur CREA 10 %-5 %	1B	AL(At least 12 yrs old)
sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	1B	AL(At least 12 yrs old)
sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %	1B	AL(At least 12 yrs old); ST
SUMADAN WASH LIQD *(Use sulfacetamide sodium w/ sulfur)*	NF	AL(At least 12 yrs old); ST

Drug Name	Drug Tier	Requirements/ Limits
tretinoin microsphere 0.1 %	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
tretinoin GEL 0.01 %, 0.025 %	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
ZIANA *(Use clindamycin phosphate-tretinoin)*	NF	AL(At least 12 yrs old); ST
Antibiotics - Topical		
gentamicin sulfate (topical) CREA	1B	QL(1 GM daily)
gentamicin sulfate (topical) OINT	1B	
mupirocin OINT	1B	QL(6 GM daily)
NEO-SYNALAR	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA
Antifungals - Topical		
butenafine hcl	1B	QL(6 GM daily)
ciclopirox olamine CREA	1B	QL(90 GM per fill retail); 1 max fill(s) per 30 day(s) retail
ciclopirox olamine SUSP	1B	
ciclopirox GEL	1B	QL(3.35 GM daily)
ciclopirox SHAM	1B	QL(10 ML daily)
ciclopirox SOLN	1B	QL(0.22 ML daily)
clotrimazole (topical) CREA	1B	QL(4.5 GM daily); RX/OTC
clotrimazole (topical) SOLN	1B	QL(10 ML daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
clotrimazole w/ betamethasone CREA	1B	QL(8 GM daily)
clotrimazole w/ betamethasone LOTN	1B	
econazole nitrate CREA	1B	QL(85 GM per fill retail; 85 per fill mail)
ERTACZO	3	QL(2.15 GM daily)
EXELDERM CREA *(Use sulconazole nitrate)*	NF	
EXELDERM SOLN *(Use sulconazole nitrate)*	NF	
ketoconazole (topical) CREA	1B	QL(10 GM daily)
ketoconazole (topical) SHAM 2 %	1B	QL(20 ML daily)
LOTRIMIN AF JOCK ITCH CREA *(Use clotrimazole (topical))*	NF	QL(4.5 GM daily); RX/OTC
LOTRIMIN AF CREA *(Use clotrimazole (topical))*	NF	QL(4.5 GM daily); RX/OTC
LOTRIMIN ULTRA *(Use butenafine hcl)*	NF	QL(6 GM daily)
luliconazole	1B	PA
LUZU *(Use luliconazole)*	NF	
naftifine hcl CREA 1 %	1B	QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
naftifine hcl CREA 2 %	1B	QL(2 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
nystatin (topical) CREA	1B	QL(10 GM daily)
nystatin (topical) OINT	1B	QL(6 GM daily)
nystatin (topical) POWD EX	1B	QL(10 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
nystatin-triamcinolone CREA	1B	QL(10 GM daily)
nystatin-triamcinolone OINT	1B	QL(4 GM daily)
oxiconazole nitrate CREA	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
sulconazole nitrate CREA	1B	
sulconazole nitrate SOLN	1B	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
tavaborole	1B	PA
Anti-inflammatory Agents - Topical		
diclofenac epolamine PTCH EX	1B	QL(2 EA daily); PA
diclofenac sodium (topical) GEL EX	1B	QL(3.34 GM daily); RX/OTC
FLECTOR PTCH EX *(Use diclofenac epolamine)*	NF	
Antineoplastic or Premalignant Lesion Agents - Topical		
bexarotene (topical)	4	PA
CARAC CREA *(Use fluorouracil (topical))*	NF	
diclofenac sodium (actinic keratoses) EX	1B	QL(3.34 GM daily); PA
EFUDEX CREA *(Use fluorouracil (topical))*	NF	QL(4 GM daily)
fluorouracil (topical) CREA 5 %	1B	QL(4 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
fluorouracil (topical) SOLN	1B	QL(2 ML daily)
PANRETIN	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)
TARGRETIN *(Use bexarotene (topical))*	NF	PA
Antipruritics - Topical		
doxepin hcl (antipruritic)	3	Limit 1 fill every 180 days; QL(45 GM per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
PRUDOXIN *(Use doxepin hcl (antipruritic))*	NF	Limit 1 fill every 180 days; QL(45 GM per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
ZONALON *(Use doxepin hcl (antipruritic))*	NF	Limit 1 fill every 180 days; QL(45 GM per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
Antipsoriatics		
acitretin 10 MG, 17.5 MG	1B	QL(1 EA daily)
acitretin 25 MG	1B	QL(2 EA daily)
calcipotriene CREA	1B	QL(4 GM daily); PA
calcipotriene OINT	1B	QL(4 GM daily); PA
calcipotriene SOLN	1B	QL(4 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
calcitriol (topical)	1B	QL(3.34 GM daily)
COSENTYX (300 MG DOSE) SOSY	4	QL(0.072 ML daily); PA
COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(0.072 ML daily); PA
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ML daily); PA
COSENTYX UNOREADY SOAJ	4	QL(0.072 ML daily); PA
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ML daily); PA
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ML daily); PA
IMULDOSA SOSY SC 90 MG/ML	4	QL(0.018 ML daily); PA
IMULDOSA SOSY SC 45 MG/0.5ML	4	QL(0.012 ML daily); PA
methoxsalen rapid	1B	QL(4 EA daily)
PELLIX SOLN 0.005 % *(Use calcipotriene)*	NF	QL(4 ML daily); PA
PYZCHIVA SC 45 MG/0.5ML	4	QL(0.012 ML daily); PA
PYZCHIVA 45 MG/0.5ML	4	QL(0.012 ML daily); PA
PYZCHIVA 90 MG/ML	4	QL(0.018 ML daily); PA
SKYRIZI PEN SOAJ	4	QL(0.025 ML daily); PA
SKYRIZI SOSY	4	QL(0.025 ML daily); PA
STEQEYMA 90 MG/ML	4	QL(0.018 ML daily); PA
STEQEYMA 45 MG/0.5ML	4	QL(0.012 ML daily); PA
tazarotene CREA 0.1 %	1B	QL(1 GM daily)
TAZORAC CREA 0.1 % *(Use tazarotene)*	NF	QL(1 GM daily)
VECTICAL *(Use calcitriol (topical))*	NF	QL(3.34 GM daily)
YESINTEK SOLN 45 MG/0.5ML	4	QL(0.012 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
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		
OVACE PLUS SHAM *(Use sulfacetamide sodium)*	NF	
selenium sulfide LOTN 2.5 %	1B	
SELSUN BLUE CARE MENS MAX STR LOTN *(Use selenium sulfide)*	NF	
SELSUN BLUE DAILY LOTN *(Use selenium sulfide)*	NF	
SELSUN BLUE MEDICATED LOTN *(Use selenium sulfide)*	NF	
SELSUN BLUE MOISTURIZING LOTN *(Use selenium sulfide)*	NF	
SELSUN BLUE LOTN *(Use selenium sulfide)*	NF	
sulfacetamide sodium SHAM 10 %	1B	
Antivirals - Topical		
acyclovir topical CREA	1B	1 package(s) per fill retail; 1 package(s) per fill mail
acyclovir topical OINT	1B	1 package(s) per fill retail; 1 package(s) per fill mail
DENAVIR *(Use penciclovir)*	NF	QL(0.18 GM daily)
penciclovir	3	QL(0.18 GM daily)
ZOVIRAX CREA *(Use acyclovir topical)*	NF	1 package(s) per fill retail; 1 package(s) per fill mail

Drug Name	Drug Tier	Requirements/ Limits
ZOVIRAX OINT *(Use acyclovir topical)*	NF	1 package(s) per fill retail; 1 package(s) per fill mail
Burn Products		
mafenide acetate PACK	3	
SILVADENE *(Use silver sulfadiazine)*	NF	QL(20 GM daily)
silver sulfadiazine	1B	QL(20 GM daily)
SULFAMYLON CREA	3	
Corticosteroids - Topical		
alclometasone dipropionate CREA	1B	QL(2 GM daily)
alclometasone dipropionate OINT	1B	QL(3 GM daily)
amcinonide CREA	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
amcinonide OINT	3	
betamethasone dipropionate (topical) CREA	1B	QL(3 GM daily)
betamethasone dipropionate (topical) LOTN	1B	
betamethasone dipropionate (topical) OINT	1B	QL(3 GM daily)
betamethasone dipropionate augmented CREA	1B	QL(3.5 GM daily)
betamethasone dipropionate augmented LOTN	1B	QL(5 ML daily)
betamethasone dipropionate augmented OINT	1B	QL(3.5 GM daily)
betamethasone valerate CREA	1B	QL(2.5 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
betamethasone valerate FOAM	1B	QL(1.67 GM daily)
betamethasone valerate LOTN	1B	QL(5 ML daily)
betamethasone valerate OINT	1B	QL(3 GM daily)
calcipotriene-betamethasone dipropionate OINT	1B	ST
calcipotriene-betamethasone dipropionate SUSP	1B	ST
clobetasol propionate emollient base 0.05 %	1B	QL(1 GM daily); PA
clobetasol propionate CREA 0.05 %	1B	QL(3 GM daily); PA
clobetasol propionate FOAM	1B	QL(3 GM daily); ST
clobetasol propionate GEL 0.05 %	1B	QL(2 GM daily); ST
clobetasol propionate OINT 0.05 %	1B	QL(1 GM daily); PA
clobetasol propionate SOLN 0.05 %	1B	QL(3.34 ML daily); PA
clocortolone pivalate	3	QL(3 GM daily)
CLODERM *(Use clocortolone pivalate)*	NF	QL(3 GM daily)
CORDRAN TAPE	3	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
DERMA-SMOOTHE/FS BODY OIL *(Use fluocinolone acetonide)*	NF	QL(118.28 ML per fill retail; 118.28 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
DERMA-SMOOTHE/FS SCALP OIL *(Use fluocinolone acetonide)*	NF	QL(8 ML daily)
desonide CREA	1B	QL(4 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
desonide LOTN	1B	QL(4 ML daily)
desonide OINT	1B	QL(3 GM daily)
desoximetasone CREA 0.25 %	1B	QL(4 GM daily)
desoximetasone GEL	1B	QL(3 GM daily)
desoximetasone OINT 0.25 %	1B	QL(4 GM daily)
diflorasone diacetate CREA	1B	PA
diflorasone diacetate OINT	1B	PA
DIPROLENE OINT *(Use betamethasone dipropionate augmented)*	NF	QL(3.5 GM daily)
fluocinolone acetonide CREA 0.025 %	1B	QL(4 GM daily)
fluocinolone acetonide CREA 0.01 %	1B	
fluocinolone acetonide OIL	1B	QL(118.28 ML per fill retail; 118.28 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
fluocinolone acetonide OINT	1B	QL(4 GM daily)
fluocinolone acetonide SOLN	1B	QL(4 ML daily)
fluocinonide emulsified base	1B	QL(2 GM daily)
fluocinonide CREA 0.05 %	1B	QL(2 GM daily)
fluocinonide CREA 0.1 %	1B	QL(4 GM daily)
fluocinonide GEL	1B	
fluocinonide OINT	1B	QL(2 GM daily)
fluocinonide SOLN	1B	QL(2 ML daily)
flurandrenolide CREA	2	QL(2 GM daily)
flurandrenolide LOTN	2	QL(2 ML daily)
fluticasone propionate CREA 0.05 %	1B	QL(4 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
fluticasone propionate LOTN	1B	QL(6 ML daily)
fluticasone propionate OINT	1B	QL(4 GM daily)
halcinonide CREA	1B	PA
halobetasol propionate CREA	1B	QL(3.5 GM daily)
halobetasol propionate OINT	1B	QL(3.5 GM daily)
HALOG CREA *(Use halcinonide)*	NF	PA
HALOG OINT	3	PA
hydrocortisone (topical) CREA 1 %, 2.5 %	1B	QL(15.15 EA daily); RX/OTC
hydrocortisone (topical) LOTN 2.5 %	1B	
hydrocortisone (topical) OINT 1 %, 2.5 %	1B	QL(15.15 GM daily); RX/OTC
hydrocortisone butyrate CREA	1B	QL(3 GM daily)
hydrocortisone butyrate OINT	1B	QL(3 GM daily)
hydrocortisone butyrate SOLN	1B	QL(5 ML daily)
hydrocortisone valerate CREA	1B	
hydrocortisone valerate OINT	1B	
mometasone furoate CREA	1B	QL(3 GM daily)
mometasone furoate OINT	1B	QL(4 GM daily)
mometasone furoate SOLN	1B	QL(5 ML daily)
SYNALAR CREA *(Use fluocinolone acetonide)*	NF	QL(4 GM daily)
SYNALAR OINT *(Use fluocinolone acetonide)*	NF	QL(4 GM daily)
TACLONEX SUSP *(Use calcipotriene-betamethasone dipropionate)*	NF	ST

Drug Name	Drug Tier	Requirements/ Limits
TOPICORT CREA 0.25 % *(Use desoximetasone)*	NF	QL(4 GM daily)
TOPICORT CREA 0.05 % *(Use desoximetasone)*	NF	
TOPICORT GEL *(Use desoximetasone)*	NF	QL(3 GM daily)
TOPICORT OINT 0.25 % *(Use desoximetasone)*	NF	QL(4 GM daily)
triamcinolone acetonide (topical) CREA 0.1 %	1B	QL(3.34 GM daily)
triamcinolone acetonide (topical) CREA 0.025 %	1B	QL(15.15 GM daily)
triamcinolone acetonide (topical) CREA 0.5 %	1B	QL(5 GM daily)
triamcinolone acetonide (topical) LOTN 0.025 %	1B	
triamcinolone acetonide (topical) LOTN 0.1 %	1B	QL(6 ML daily)
triamcinolone acetonide (topical) OINT 0.5 %	1B	QL(6 GM daily)
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	1B	QL(15.15 GM daily)
VANOS CREA *(Use fluocinonide)*	NF	QL(4 GM daily)
Eczema Agents		
DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ML daily); PA
DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily); PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ML daily); PA
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily); PA
Emollients		
lactic acid (ammonium lactate) CREA	1B	QL(12.9 GM daily); RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	1B	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA

Drug Name	Drug Tier	Requirements/ Limits
Immunomodulating Agents - Topical		
imiquimod 5 %	1B	QL(12 EA per fill retail; 12 per fill mail)
Immunosuppressive Agents - Topical		
ELIDEL *(Use pimecrolimus)*	NF	QL(3 GM daily); AL(At least 2 yrs old); PA
pimecrolimus	1B	QL(3 GM daily); AL(At least 2 yrs old); PA
tacrolimus (topical) OINT	1B	AL(At least 2 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
CANTHARIDIN SOLN	3	PA
podofilox SOLN	1B	
YCANTH SOLN	3	PA
Local Anesthetics - Topical		
lidocaine hcl GEL 2 %	1B	QL(4 ML daily)
lidocaine hcl PRSY	1B	QL(4 ML daily)
lidocaine hcl SOLN	1B	QL(10 ML daily)
lidocaine-prilocaine CREA	1B	QL(1 GM daily)
lidocaine PTCH 5 %	1B	PA
LIDODERM PTCH *(Use lidocaine)*	NF	PA
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 GM daily); PA
Rosacea Agents		
azelaic acid GEL	1B	QL(1.67 GM daily)
brimonidine tartrate (topical)	3	QL(1 GM daily); PA
METROCREAM CREA *(Use metronidazole (topical))*	NF	QL(3 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
METROGEL GEL 1 % *(Use metronidazole (topical))*	NF	QL(5 GM daily)
metronidazole (topical) CREA	1B	QL(3 GM daily)
metronidazole (topical) GEL 0.75 %	1B	QL(3 GM daily)
metronidazole (topical) GEL 1 %	1B	QL(5 GM daily)
metronidazole (topical) LOTN	1B	
MIRVASO *(Use brimonidine tartrate (topical))*	NF	QL(1 GM daily); PA
Scabicides & Pediculicides		
crotamiton LOTN	1B	PA
ELIMITE CREA *(Use permethrin)*	NF	
ivermectin (pediculicide)	1B	PA
malathion	1B	
NATROBA *(Use spinosad)*	NF	PA
OVIDE *(Use malathion)*	NF	
permethrin CREA	1B	
PERMETHRIN CREA 5 % *(Use permethrin)*	NF	
permethrin LIQD EX	1B	
spinosad	1B	PA
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
Diagnostic Tests		
CHEMSTRIP K STRP	1B	
FORA GTEL BLOOD KETONE TEST	1B	

Drug Name	Drug Tier	Requirements/ Limits
FORA TEST N'GO ADV-VOICE-6 CON	1B	
GOJJI BLOOD KETONE TEST	1B	
KETONE TEST STRP	1B	
KETOSTIX STRP	1B	
NOVA MAX PLUS KETONE TEST	1B	
PRECISION XTRA KETONE	1B	
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	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 252600 UNIT-189600 UNIT-60000 UNIT	2	
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
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide sodium	1B	

Drug Name	Drug Tier	Requirements/ Limits
acetazolamide CP12	1B	QL(2 EA daily)
acetazolamide TABS 125 MG	1B	QL(8 EA daily)
acetazolamide TABS 250 MG	1B	QL(4 EA daily)
methazolamide TABS	1B	QL(6 EA daily)
Diuretic Combinations		
amiloride & hydrochlorothiazide	1B	
spironolactone & hydrochlorothiazide	1B	
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	1A	
triamterene & hydrochlorothiazide TABS	1A	
Loop Diuretics		
bumetanide SOLN 0.25 MG/ML	1B	
bumetanide TABS	1B	QL(5 EA daily)
BUMEX TABS 0.5 MG *(Use bumetanide)*	NF	QL(5 EA daily)
EDECRIN *(Use ethacrynic acid)*	NF	QL(16 EA daily)
ethacrynic acid	1B	QL(16 EA daily)
furosemide SOLN IJ 10 MG/ML	1B	
furosemide TABS	1A	
LASIX TABS *(Use furosemide)*	NF	
torsemide TABS	1B	
Potassium Sparing Diuretics		
ALDACTONE TABS *(Use spironolactone)*	NF	
amiloride hcl TABS	1B	
DYRENIUM CAPS *(Use triamterene)*	NF	QL(3 EA daily)
spironolactone TABS	1B	
triamterene CAPS	1B	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	1A	
DIURIL SUSP	2	QL(20 ML daily)
hydrochlorothiazide CAPS	1B	QL(2 EA daily)
hydrochlorothiazide TABS 12.5 MG	1B	QL(2 EA daily)
hydrochlorothiazide TABS 25 MG, 50 MG	1A	QL(2 EA daily)
indapamide TABS 2.5 MG	1A	QL(2 EA daily)
indapamide TABS 1.25 MG	1A	QL(1 EA daily)
metolazone	1B	QL(2 EA daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG *(Use risedronate sodium)*	NF	QL(0.036 EA daily); PA
ACTONEL TABS 35 MG *(Use risedronate sodium)*	NF	QL(0.143 EA daily); PA
alendronate sodium TABS 35 MG, 70 MG	1A	QL(0.143 EA daily)
alendronate sodium TABS 5 MG, 10 MG	1A	QL(1 EA daily)
ATELVIA TBEC *(Use risedronate sodium)*	NF	PA
calcitonin (salmon) NA	1B	QL(0.14 ML daily)
FORTEO SOPN *(Use teriparatide)*	NF	QL(0.09 ML daily); PA
FOSAMAX PLUS D	3	QL(0.143 EA daily); PA
FOSAMAX TABS 70 MG *(Use alendronate sodium)*	NF	QL(0.143 EA daily)
ibandronate sodium SOLN	4	PA
ibandronate sodium TABS	1B	QL(0.036 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	4	PA
PAMIDRONATE DISODIUM SOLN	4	PA
PROLIA SOSY	4	1 max fill(s) per 180 day(s) retail; PA
RECLAST SOLN *(Use zoledronic acid)*	NF	PA
risedronate sodium TABS 5 MG, 30 MG	1B	QL(1 EA daily); PA
risedronate sodium TABS 150 MG	1B	QL(0.036 EA daily); PA
risedronate sodium TABS 35 MG	1B	QL(0.143 EA daily); PA
risedronate sodium TBEC	1B	PA
teriparatide SOPN	4	QL(0.09 ML daily); PA
TYMLOS	4	PA
zoledronic acid SOLN 5 MG/100ML	4	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	PA
clomiphene citrate TABS	3	PA
GnRH/LHRH Antagonists		
ganirelix acetate	4	PA
GANIRELIX ACETATE *(Use ganirelix acetate)*	NF	PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	4	PA
GENOTROPIN CART SC	4	PA
NORDITROPIN FLEXPRO SOPN	4	PA
Hormone Receptor Modulators		
EVISTA *(Use raloxifene hcl)*	NF	QL(1 EA daily)
OSPHENA	3	PA

Drug Name	Drug Tier	Requirements/ Limits
raloxifene hcl	0	QL(1 EA daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
SYNAREL	4	QL(40 ML per 30 day(s) retail; 40 ML per 30 days mail); PA
Metabolic Modifiers		
ALDURAZYME	4	PA
betaine	4	PA
BUPHENYL POWD *(Use sodium phenylbutyrate)*	NF	PA
BUPHENYL TABS *(Use sodium phenylbutyrate)*	NF	PA
calcitriol CAPS	1B	
calcitriol SOLN PO	1B	
cinacalcet hcl	1B	QL(4 EA daily); PA
CYSTADANE *(Use betaine)*	NF	PA
doxercalciferol CAPS	1B	
doxercalciferol SOLN	1B	
LUMIZYME	4	PA
MYALEPT	4	PA
paricalcitol CAPS	1B	
paricalcitol SOLN	1B	
ROCALTROL CAPS *(Use calcitriol)*	NF	
ROCALTROL SOLN PO *(Use calcitriol)*	NF	
SENSIPAR *(Use cinacalcet hcl)*	NF	QL(4 EA daily); PA
sodium phenylbutyrate POWD	1B	PA
sodium phenylbutyrate TABS	1B	PA
STRENSIQ	4	PA

Drug Name	Drug Tier	Requirements/ Limits
ZEMPLAR CAPS 1 MCG, 2 MCG *(Use paricalcitol)*	NF	
ZEMPLAR SOLN *(Use paricalcitol)*	NF	
Posterior Pituitary Hormones		
DDAVP PF SOLN IJ *(Use desmopressin acetate)*	NF	PA
DDAVP SOLN IJ 4 MCG/ML *(Use desmopressin acetate)*	NF	PA
DDAVP TABS 0.2 MG *(Use desmopressin acetate)*	NF	QL(8 EA daily)
DDAVP TABS 0.1 MG *(Use desmopressin acetate)*	NF	QL(6 EA daily)
desmopressin acetate spray	1B	
desmopressin acetate spray refrigerated 0.01 %	1B	
desmopressin acetate SOLN IJ	1B	PA
DESMOPRESSIN ACETATE SOLN NA	4	PA
desmopressin acetate TABS 0.1 MG	1B	QL(6 EA daily)
desmopressin acetate TABS 0.2 MG	1B	QL(8 EA daily)
vasopressin SOLN IV	4	PA
VASOPRESSIN SOLN IV 20 UNIT/ML *(Use vasopressin)*	NF	PA
VASOSTRICT SOLN IV *(Use vasopressin)*	NF	PA
Prolactin Inhibitors		
cabergoline	1B	
Somatostatic Agents		
octreotide acetate SOLN	4	PA

Drug Name	Drug Tier	Requirements/ Limits
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML *(Use octreotide acetate)*	NF	PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG *(Use tolvaptan)*	NF	QL(2 EA daily); PA
SAMSCA TABS PO *(Use tolvaptan (hyponatremia))*	NF	QL(2 EA daily); PA
tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG	4	QL(2 EA daily); PA
tolvaptan TABS	4	QL(2 EA daily); PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG *(Use estradiol & norethindrone acetate)*	NF	
ANGELIQ	3	
BIJUVA	3	
CLIMARA PRO	3	
COMBIPATCH PTTW	3	
COVARYX 2.5 MG-1.25 MG *(Use esterified estrogens & methyltestosterone)*	NF	
COVARYX HS 1.25 MG-0.625 MG *(Use esterified estrogens & methyltestosterone)*	NF	
DUAVEE	3	
EEMT 2.5 MG-1.25 MG *(Use esterified estrogens & methyltestosterone)*	NF	
EEMT HS 1.25 MG-0.625 MG *(Use esterified estrogens & methyltestosterone)*	NF	
esterified estrogens & methyltestosterone	3	

Drug Name	Drug Tier	Requirements/ Limits
estradiol & norethindrone acetate TABS	3	
ESTRATEST H.S. *(Use esterified estrogens & methyltestosterone)*	NF	
norethindrone acetate-ethinyl estradiol	1B	
PREMPHASE	2	
PREMPRO	2	QL(1 EA daily)
Estrogens		
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(Use estradiol)*	NF	
DELESTROGEN *(Use estradiol valerate)*	NF	
DEPO-ESTRADIOL	3	
DIVIGEL GEL *(Use estradiol)*	NF	
ELESTRIN GEL	3	
ESTRACE TABS *(Use estradiol)*	NF	
estradiol valerate	1B	
estradiol GEL	1B	
estradiol GEL	3	
estradiol PTTW	1B	QL(0.572 EA daily)
estradiol PTWK	1B	
estradiol TABS	1B	
ESTROGEL GEL *(Use estradiol)*	NF	
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1B	QL(1 EA daily)
EVAMIST SOLN	3	
MENEST 2.5 MG	3	
MENOSTAR PTWK	3	

Drug Name	Drug Tier	Requirements/ Limits
MINIVELLE PTTW *(Use estradiol)*	NF	QL(0.572 EA daily)
PREMARIN SOLR	2	
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG *(Use estrogens, conjugated)*	NF	QL(1 EA daily)
VIVELLE-DOT PTTW *(Use estradiol)*	NF	QL(0.572 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	1B	
CIPRO TABS 250 MG, 500 MG *(Use ciprofloxacin hcl)*	NF	
levofloxacin in d5w 500 MG/100ML	1B	
levofloxacin SOLN PO	1B	
levofloxacin TABS 500 MG	1A	
levofloxacin TABS 250 MG, 750 MG	1B	
moxifloxacin hcl in sodium chloride	1B	
moxifloxacin hcl TABS	1B	
ofloxacin 300 MG, 400 MG	1B	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY *(Use prucalopride succinate)*	NF	QL(1 EA daily)
prucalopride succinate	1B	QL(1 EA daily)
Agents for Chronic Idiopathic Constipation (CIC)		

Drug Name	Drug Tier	Requirements/ Limits
TRULANCE	2	
Bile Acid Synthesis Disorder Agents		
CHOLBAM	4	PA
Gallstone Solubilizing Agents		
URSO FORTE TABS *(Use ursodiol)*	NF	
ursodiol CAPS	1B	QL(3 EA daily)
ursodiol TABS	1B	
Gastrointestinal Chloride Channel Activators		
AMITIZA *(Use lubiprostone)*	NF	QL(2 EA daily)
lubiprostone	1B	QL(2 EA daily)
Gastrointestinal Stimulants		
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	1B	QL(60 ML daily)
metoclopramide hcl SOLN IJ 5 MG/ML	1B	
metoclopramide hcl TABS	1A	QL(6 EA daily)
REGLAN TABS *(Use metoclopramide hcl)*	NF	QL(6 EA daily)
Inflammatory Bowel Agents		
APRISO CP24 *(Use mesalamine)*	NF	
AZULFIDINE EN-TABS TBEC *(Use sulfasalazine)*	NF	
AZULFIDINE TABS *(Use sulfasalazine)*	NF	
balsalazide disodium CAPS	1B	QL(9 EA daily)
CANASA SUPP *(Use mesalamine)*	NF	
COLAZAL CAPS *(Use balsalazide disodium)*	NF	QL(9 EA daily)
DELZICOL CPDR *(Use mesalamine)*	NF	
DIPENTUM	2	

Drug Name	Drug Tier	Requirements/ Limits
IMULDOSA SOLN IV 130 MG/26ML	4	QL(3.47 ML daily); PA
INFLECTRA SOLR	4	PA
LIALDA TBEC *(Use mesalamine)*	NF	
mesalamine CP24	1B	
mesalamine CPDR	1B	
mesalamine ENEM	3	
mesalamine SUPP	3	
mesalamine TBEC 1.2 GM	3	
mesalamine TBEC 800 MG	3	QL(6 EA daily)
PYZCHIVA 130 MG/26ML	4	QL(3.47 ML daily); PA
RENFLEXIS	4	PA
SKYRIZI SOCT	4	QL(0.043 ML daily); PA
SKYRIZI SOLN	4	QL(0.36 ML daily); PA
STEQEYMA	4	QL(3.47 ML daily); PA
sulfasalazine TABS	1B	
sulfasalazine TBEC	1B	
VELSIPITY	4	QL(0.018 EA daily); PA
YESINTEK 130 MG/26ML	4	QL(3.47 ML daily); PA
Intestinal Acidifiers		
lactulose (encephalopathy)	1B	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	1B	QL(2 EA daily)
LINZESS	2	QL(1 EA daily)
LOTRONEX *(Use alosetron hcl)*	NF	QL(2 EA daily)
Peripheral Opioid Receptor Antagonists		
alvimopan	1B	
MOVANTIK	3	QL(1 EA daily); PA
Phosphate Binder Agents		

Drug Name	Drug Tier	Requirements/ Limits
calcium acetate (phosphate binder) CAPS	1B	
calcium acetate (phosphate binder) TABS	1B	RX/OTC
FOSRENOL CHEW *(Use lanthanum carbonate)*	NF	
lanthanum carbonate CHEW	1B	
RENVELA PACK *(Use sevelamer carbonate)*	NF	
RENVELA TABS *(Use sevelamer carbonate)*	NF	
sevelamer carbonate PACK	1B	
sevelamer carbonate TABS	1B	
VELPHORO	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) TBCR	1B	
sodium citrate & citric acid	1B	RX/OTC
UROCIT-K 10 TBCR *(Use potassium citrate (alkalinizer))*	NF	
UROCIT-K 15 TBCR *(Use potassium citrate (alkalinizer))*	NF	
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
acetic acid 0.25 %	1B	
ARGYLE STERILE SALINE 0.9 % *(Use sodium chloride (gu irrigant))*	NF	

Drug Name	Drug Tier	Requirements/ Limits
CURITY STERILE SALINE 0.9 % *(Use sodium chloride (gu irrigant))*	NF	
glycine (gu irrigant) SOLN 1.5 %	1B	
sodium chloride (gu irrigant) 0.9 %	1B	
SORBITOL 3 %	1B	
SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	1B	
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 EA daily)
Prostatic Hypertrophy Agents		
alfuzosin hcl	1B	QL(1 EA daily)
AVODART *(Use dutasteride)*	NF	QL(1 EA daily)
dutasteride	1B	QL(1 EA daily)
dutasteride-tamsulosin hcl	1B	PA
finasteride	1B	5 mg only
JALYN *(Use dutasteride-tamsulosin hcl)*	NF	PA
PROSCAR *(Use finasteride)*	NF	5 mg only
RAPAFLO *(Use silodosin)*	NF	
silodosin	1B	
tamsulosin hcl	1B	
UROXATRAL *(Use alfuzosin hcl)*	NF	QL(1 EA daily)
Urinary Analgesics		
phenazopyridine hcl TABS 100 MG, 200 MG	1B	
PYRIDIUM TABS *(Use phenazopyridine hcl)*	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	1B	

Drug Name	Drug Tier	Requirements/ Limits
Gout Agents		
allopurinol 100 MG, 300 MG	1A	
colchicine TABS	1B	QL(1 EA daily)
febuxostat	1B	QL(1 EA daily); PA
ULORIC *(Use febuxostat)*	NF	QL(1 EA daily); PA
Uricosurics		
probenecid	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
BENEFIX KIT	4	PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY *(Use icatibant acetate)*	NF	QL(9 ML daily); PA
icatibant acetate SOSY	4	QL(9 ML daily); PA
Complement Inhibitors		
GOHIBIC	4	PA
HAEGARDA SOLR SC	4	PA
Hematorheologic Agents		
pentoxifylline	1B	QL(3 EA daily)
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG *(Use anagrelide hcl)*	NF	
anagrelide hcl	1B	
aspirin-dipyridamole	1B	QL(2 EA daily); PA
BRILINTA 60 MG, 90 MG *(Use ticagrelor)*	NF	QL(2 EA daily)
cilostazol	1B	

Drug Name	Drug Tier	Requirements/ Limits
clopidogrel bisulfate 75 MG	1A	QL(1 EA daily)
clopidogrel bisulfate 300 MG	1B	
dipyridamole	1B	
EFFIENT *(Use prasugrel hcl)*	NF	QL(1 EA daily)
eptifibatide 200 MG/100ML	4	PA
PLAVIX 75 MG *(Use clopidogrel bisulfate)*	NF	QL(1 EA daily)
prasugrel hcl	1B	QL(1 EA daily)
ticagrelor 60 MG, 90 MG	1B	QL(2 EA daily)
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	1B	QL(1 ML daily)
Folic Acid/Folates		
folic acid TABS	0	RX/OTC
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	PA
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA
eltrombopag olamine PACK 12.5 MG, 25 MG	3	QL(1 EA daily); PA
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	3	QL(1 EA daily); PA
FULPHILA	4	PA

Drug Name	Drug Tier	Requirements/ Limits
LEUKINE SOLR IJ	4	PA
MIRCERA	4	PA
PROMACTA PACK 12.5 MG, 25 MG *(Use eltrombopag olamine)*	NF	QL(1 EA daily); PA
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG *(Use eltrombopag olamine)*	NF	QL(1 EA daily); PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
Hematopoietic Mixtures		
HEMATINIC/FOLIC ACID	1B	QL(1 EA daily)
Iron		
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	0	AL(Up to 1 yrs old)
ferrous sulfate TABS	0	
ferrous sulfate TBEC 325 MG	0	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
aminocaproic acid TABS	3	PA
CYKLOKAPRON SOLN *(Use tranexamic acid)*	NF	
tranexamic acid SOLN 1000 MG/10ML	1B	
tranexamic acid TABS	1B	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
phenobarbital ELIX	1B	
phenobarbital TABS	1B	

Drug Name	Drug Tier	Requirements/ Limits
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep)	1B	QL(1 EA daily); PA
SILENOR *(Use doxepin hcl (sleep))*	NF	QL(1 EA daily); PA
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR *(Use zolpidem tartrate)*	NF	QL(1 EA daily)
AMBIEN TABS *(Use zolpidem tartrate)*	NF	QL(1 EA daily); AL(At least 18 yrs old)
DORAL *(Use quazepam)*	NF	PA
estazolam	1B	
eszopiclone	1B	QL(1 EA daily); AL(At least 18 yrs old); ST
flurazepam hcl	1B	PA
HALCION 0.25 MG *(Use triazolam)*	NF	
LUNESTA *(Use eszopiclone)*	NF	QL(1 EA daily); AL(At least 18 yrs old); ST
quazepam	3	PA
RESTORIL *(Use temazepam)*	NF	QL(1 EA daily)
temazepam 15 MG, 30 MG	1A	QL(1 EA daily)
temazepam 7.5 MG, 22.5 MG	1B	QL(1 EA daily)
triazolam	1B	
zaleplon 10 MG	1B	QL(2 EA daily); AL(At least 18 yrs old)
zaleplon 5 MG	1B	QL(1 EA daily); AL(At least 18 yrs old)
zolpidem tartrate TABS	1A	QL(1 EA daily); AL(At least 18 yrs old)
zolpidem tartrate TBCR	1B	QL(1 EA daily)
Selective Melatonin Receptor Agonists		

Drug Name	Drug Tier	Requirements/ Limits
ramelteon	1B	QL(1 EA daily); AL(At least 18 yrs old)
ROZEREM *(Use ramelteon)*	NF	QL(1 EA daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil TABS	1B	
Laxative Combinations		
GOLYTELY SOLR *(Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	NF	
MOVIPREP *(Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)*	NF	
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	1B	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM	0	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1B	PA
sodium sulfate-potassium sulfate-magnesium sulfate	1B	
SUFLAVE	3	PA
SUPREP BOWEL PREP KIT *(Use sodium sulfate-potassium sulfate-magnesium sulfate)*	NF	
Laxatives - Miscellaneous		
lactulose SOLN	1B	
Stimulant Laxatives		
bisacodyl SUPP	1A	
bisacodyl TBEC	1A	
DULCOLAX TBEC *(Use bisacodyl)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
Surfactant Laxatives		
docusate calcium	1A	QL(1 EA daily)
docusate sodium CAPS 250 MG	1A	
docusate sodium CAPS 100 MG	1A	QL(4 EA daily)
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	1B	
azithromycin SUSR	1B	
azithromycin TABS 250 MG	1B	QL(6 EA per fill retail; 6 per fill mail)
azithromycin TABS 500 MG	1B	QL(4 EA per fill retail; 4 per fill mail)
azithromycin TABS 600 MG	1B	QL(0.286 EA daily)
ZITHROMAX TRI-PAK TABS *(Use azithromycin)*	NF	QL(4 EA per fill retail; 4 per fill mail)
ZITHROMAX Z-PAK TABS *(Use azithromycin)*	NF	QL(6 EA per fill retail; 6 per fill mail)
ZITHROMAX SUSR *(Use azithromycin)*	NF	
ZITHROMAX TABS 250 MG *(Use azithromycin)*	NF	QL(6 EA per fill retail; 6 per fill mail)
ZITHROMAX TABS 500 MG *(Use azithromycin)*	NF	QL(4 EA per fill retail; 4 per fill mail)
Clarithromycin		
clarithromycin SUSR	1B	
clarithromycin TABS	1B	
clarithromycin TB24	1B	
Erythromycins		
E.E.S. GRANULES SUSR *(Use erythromycin ethylsuccinate)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
ERYPED 200 SUSR *(Use erythromycin ethylsuccinate)*	NF	
ERYPED 400 SUSR *(Use erythromycin ethylsuccinate)*	NF	
erythromycin base CPEP	3	
erythromycin base TABS	3	
erythromycin base TBEC	1B	
erythromycin ethylsuccinate SUSR	1B	
erythromycin ethylsuccinate TABS	3	
Fidaxomicin		
DIFICID TABS 200 MG *(Use fidaxomicin)*	NF	
fidaxomicin TABS 200 MG	1B	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	0	
CAYA DPRH	0	
DUREX EXTRA SENSITIVE THIN DEVI	0	
DUREX EXTRA SENSITIVE THIN MISC	0	
DUREX TROPICAL MISC	0	
FANTASY LUBRICATED/SPERMICIDE MISC	0	
FANTASY LUBRICATED MISC	0	
FC2 FEMALE CONDOM	0	QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
FEMCAP DEVI	0	

Drug Name	Drug Tier	Requirements/ Limits
KAMELEON LUBRICATED MISC	0	
KIMONO COLORS DEVI	0	
KIMONO MAXX-LARGE FLARE MISC	0	
KIMONO MICRO THIN PLUS MISC	0	
KIMONO PLUS MISC	0	
KIMONO PS PLUS MISC	0	
KIMONO PS MISC	0	
KIMONO SENSATION PLUS MISC	0	
KIMONO SENSATION MISC	0	
KIMONO SPECIAL DEVI	0	
KIMONO MISC	0	
MAXX PLUS MISC	0	
MAXX MISC	0	
OMNIFLEX DIAPHRAGM	0	
REALITY LATEX CONDOMS MISC	0	
REALITY LATEX/ULTRA TEXTURED DEVI	0	
REALITY LATEX/ULTRA THIN DEVI	0	
TROJAN BARESKIN DEVI	0	
TROJAN MAGNUM MISC	0	
TROJAN ULTRA THIN/SPERMICIDAL MISC	0	
TROJAN ULTRA THIN MISC	0	
TROJAN-ENZ LUBRICATED MISC	0	
TROJAN-ENZ/SPERMICIDAL MISC	0	
TRUE COVER DEVI	0	
TRUSTEX COLOR CONDOMS + LUBE MISC	0	

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUB/RIBBED/STUDDED MISC	0	
TRUSTEX LUB/SPERMICIDE EX ST MISC	0	
TRUSTEX LUB/SPERMICIDE XL MISC	0	
TRUSTEX LUBRICATED EX LARGE MISC	0	
TRUSTEX LUBRICATED EXTRA ST MISC	0	
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	
TRUSTEX LUBRICATED MISC	0	
TRUSTEX NATURAL CONDOMS + LUBE MISC	0	
TRUSTEX RIA LUB/SPERMICIDE MISC	0	
TRUSTEX RIA LUBRICATED MISC	0	
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	0	
WIDE-SEAL DIAPHRAGM 60	0	
WIDE-SEAL DIAPHRAGM 65	0	
WIDE-SEAL DIAPHRAGM 70	0	
WIDE-SEAL DIAPHRAGM 75	0	
WIDE-SEAL DIAPHRAGM 80	0	
WIDE-SEAL DIAPHRAGM 85	0	
WIDE-SEAL DIAPHRAGM 90	0	
WIDE-SEAL DIAPHRAGM 95	0	
Diabetic Supplies		

Drug Name	Drug Tier	Requirements/ Limits
DEXCOM G6 RECEIVER	1B	QL(1 EA per 365 day(s) retail); PA
DEXCOM G6 SENSOR	1B	QL(0.072 EA daily); PA
DEXCOM G6 TRANSMITTER	1B	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA
DEXCOM G7 15 DAY SENSOR	1B	QL(0.072 EA daily); PA
DEXCOM G7 RECEIVER	1B	QL(1 EA per 365 day(s) retail); PA
DEXCOM G7 SENSOR	1B	QL(0.072 EA daily); PA
FREESTYLE LIBRE 14 DAY READER	1B	QL(1 EA per 365 day(s) retail); PA
FREESTYLE LIBRE 14 DAY SENSOR	1B	QL(0.072 EA daily); PA
FREESTYLE LIBRE 2 PLUS SENSOR	1B	QL(0.072 EA daily); PA
FREESTYLE LIBRE 2 READER	1B	QL(1 EA per 365 day(s) retail); PA
FREESTYLE LIBRE 2 SENSOR	1B	QL(0.072 EA daily); PA
FREESTYLE LIBRE 3 PLUS SENSOR	1B	QL(0.072 EA daily); PA
FREESTYLE LIBRE 3 READER	1B	QL(1 EA per 365 day(s) retail); PA
FREESTYLE LIBRE 3 SENSOR	1B	QL(0.072 EA daily); PA
FREESTYLE LIBRE READER	1B	QL(1 EA per 365 day(s) retail); PA
MINT REFILL KIT MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA

Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD 5 LIBRE PODS MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
OMNIPOD CLASSIC PODS (GEN 3) MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
OMNIPOD DASH PODS (GEN 4) MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
OMNIPOD POD PALS	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
ONETOUCH DELICA SAFETY LANCING	1B	QL(6.6667 EA daily); RX/OTC
RELION LANCET DEVICES 30G	1B	QL(6.6667 EA daily); RX/OTC
RELION LANCETS	1B	QL(6.6667 EA daily); RX/OTC
TRUE METRIX LEVEL 3 SOLN	1B	
Parenteral Therapy Supplies		
BD PEN NEEDLE NANO 2ND GEN	1B	QL(5 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	1B	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO	1B	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	1B	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	1B	QL(5 EA daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	2	QL(0.04 ML daily); PA
EMGALITY (300 MG DOSE) SOSY	2	QL(0.1 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
EMGALITY SOAJ	2	QL(0.07 ML daily); PA
EMGALITY SOSY	2	QL(0.07 ML daily); PA
UBRELVY	3	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); ST
Migraine Combinations		
CAFERGOT TABS *(Use ergotamine w/ caffeine)*	NF	QL(1.5 EA daily)
ergotamine w/ caffeine TABS	1B	QL(1.5 EA daily)
sumatriptan-naproxen sodium	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
TREXIMET *(Use sumatriptan-naproxen sodium)*	NF	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
Migraine Products		
dihydroergotamine mesylate SOLN IJ 1 MG/ML	1B	
dihydroergotamine mesylate SOLN NA 4 MG/ML	1B	QL(0.267 ML daily)
ERGOMAR SUBL	3	QL(0.667 EA daily)
MIGRANAL SOLN NA *(Use dihydroergotamine mesylate)*	NF	QL(0.267 ML daily)
Serotonin Agonists		
almotriptan malate 6.25 MG	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
almotriptan malate 12.5 MG	1B	QL(0.4 EA daily); AL(At least 12 yrs old); ST
eletriptan hydrobromide	1B	QL(0.2 EA daily); AL(At least 18 yrs old); ST

Drug Name	Drug Tier	Requirements/ Limits
FROVA *(Use frovatriptan succinate)*	NF	QL(0.4 EA daily); AL(At least 18 yrs old); ST
frovatriptan succinate	1B	QL(0.4 EA daily); AL(At least 18 yrs old); ST
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML	2	QL(0.134 ML daily); AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	2	QL(0.134 ML daily); AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML *(Use sumatriptan succinate)*	NF	QL(0.134 ML daily); AL(At least 18 yrs old)
IMITREX TABS *(Use sumatriptan succinate)*	NF	QL(0.3 EA daily); AL(At least 18 yrs old)
MAXALT-MLT TBDP 10 MG *(Use rizatriptan benzoate)*	NF	QL(0.6 EA daily); AL(At least 6 yrs old)
MAXALT TABS 10 MG *(Use rizatriptan benzoate)*	NF	QL(0.6 EA daily); AL(At least 6 yrs old)
naratriptan hcl	1B	QL(0.3 EA daily); AL(At least 18 yrs old)
RELPAX *(Use eletriptan hydrobromide)*	NF	QL(0.2 EA daily); AL(At least 18 yrs old); ST
rizatriptan benzoate TABS 10 MG	1B	QL(0.6 EA daily); AL(At least 6 yrs old)
rizatriptan benzoate TABS 5 MG	1B	QL(0.4 EA daily); AL(At least 6 yrs old)
rizatriptan benzoate TBDP 10 MG	1B	QL(0.6 EA daily); AL(At least 6 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM CHLORIDE SOLN 10 % *(Use calcium chloride (dihydrate))*	NF	
Electrolyte Mixtures		
electrolyte-148	1B	
electrolyte-a	1B	
IONOSOL-MB IN D5W	1B	
ISOLYTE-P IN D5W	1B	
ISOLYTE-S	1B	
KCL IN DEXTROSE-NACL *(Use potassium chloride in dextrose & sodium chloride)*	NF	
KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % *(Use potassium chloride in dextrose & sodium chloride)*	1B	
KCL-LACTATED RINGERS-D5W	1B	
NORMOSOL-M IN D5W	1B	
NORMOSOL-R PH 7.4	1B	
PLASMA-LYTE 148	1B	
PLASMA-LYTE A *(Use electrolyte-a)*	1B	
potassium chloride in dextrose 20 MEQ/L	1B	
potassium chloride in dextrose & sodium chloride 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %	1B	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L *(Use potassium chloride in dextrose)*	NF	
ringer's	1B	
Fluoride		

Drug Name	Drug Tier	Requirements/ Limits
sodium fluoride CHEW	0	QL(1 EA daily)
Phosphate		
potassium phosphates 45 MMOLE/15ML	1B	
POTASSIUM PHOSPHATES(66 MEQ K) *(Use potassium phosphates)*	NF	
Potassium		
KLOR-CON 10 TBCR 10 MEQ *(Use potassium chloride)*	NF	
KLOR-CON TBCR 8 MEQ *(Use potassium chloride)*	NF	
K-TAB TBCR 20 MEQ *(Use potassium chloride)*	NF	
potassium acetate SOLN 2 MEQ/ML	1B	
POTASSIUM ACETATE SOLN *(Use potassium acetate)*	NF	
potassium bicarbonate TBEF	1B	
potassium chloride microencapsulated crystals er	1B	
potassium chloride CPCR	1B	
potassium chloride PACK PO 20 MEQ	1B	PA
potassium chloride SOLN PO 10 %, 10 %	1B	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML *(Use potassium chloride)*	1B	
POTASSIUM CHLORIDE SOLN IV *(Use potassium chloride)*	NF	
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	1B	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		

Drug Name	Drug Tier	Requirements/ Limits
DEPEN TITRATABS TABS *(Use penicillamine)*	NF	QL(8 EA daily)
penicillamine TABS	1B	QL(8 EA daily)
SYPRINE *(Use trientine hcl)*	NF	QL(8 EA daily); PA
trientine hcl 250 MG	4	QL(8 EA daily); PA
Immunomodulators		
lenalidomide	4	QL(1 EA daily); PA
REVLIMID *(Use lenalidomide)*	NF	QL(1 EA daily); PA
THALOMID 50 MG, 100 MG, 200 MG	4	QL(3 EA daily); PA
Immunosuppressive Agents		
ATGAM	4	PA
AZATHIOPRINE SODIUM	1B	
azathioprine TABS	1B	
CELLCEPT CAPS *(Use mycophenolate mofetil)*	NF	
CELLCEPT TABS *(Use mycophenolate mofetil)*	NF	
cyclosporine modified (for microemulsion) CAPS	1B	
cyclosporine modified (for microemulsion) SOLN	1B	
cyclosporine CAPS	1B	
everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	4	QL(20 EA daily); PA
everolimus (immunosuppressant) 1 MG	4	QL(10 EA daily); PA
IMURAN TABS *(Use azathioprine)*	NF	
mycophenolate mofetil CAPS	1B	
mycophenolate mofetil TABS	1B	
mycophenolate sodium	1B	

Drug Name	Drug Tier	Requirements/ Limits
MYFORTIC *(Use mycophenolate sodium)*	NF	
NEORAL CAPS *(Use cyclosporine modified (for microemulsion))*	NF	
NEORAL SOLN *(Use cyclosporine modified (for microemulsion))*	NF	
PROGRAF CAPS *(Use tacrolimus)*	NF	
PROGRAF SOLN 5 MG/ML *(Use tacrolimus)*	2	
RAPAMUNE TABS *(Use sirolimus)*	NF	
SANDIMMUNE CAPS *(Use cyclosporine)*	NF	
SIMULECT	3	
sirolimus TABS	1B	
tacrolimus CAPS	1B	
tacrolimus SOLN 5 MG/ML	1B	
THYMOGLOBULIN	4	PA
ZORTRESS 0.25 MG, 0.5 MG, 0.75 MG *(Use everolimus (immunosuppressant))*	NF	QL(20 EA daily); PA
ZORTRESS 1 MG *(Use everolimus (immunosuppressant))*	NF	QL(10 EA daily); PA
Irrigation Solutions		
ARGYLE STERILE WATER *(Use water for irrigation, sterile)*	NF	
irrigation solutions, physiological	1B	
lactated ringer's (irrigation)	1B	
ringer's irrigation	1B	
water for irrigation, sterile	1B	
Potassium Removing Agents		

Drug Name	Drug Tier	Requirements/ Limits
LOKELMA	3	QL(1 EA daily); PA
sodium polystyrene sulfonate POWD	1B	
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	1B	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) 2 %	1B	QL(4 ML daily)
lidocaine hcl (mouth-throat) 4 %	1B	
Anti-infectives - Throat		
clotrimazole	1B	
NYSTATIN *(Use nystatin (mouth-throat))*	NF	
nystatin (mouth-throat)	1B	
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	1B	
PERIDEX *(Use chlorhexidine gluconate (mouth-throat))*	NF	
Dental Products		
FLUORIDEX DAILY RENEWAL CONC 0.63 %	0	RX/OTC
PERIOMED CONC 0.63 %	0	RX/OTC
stannous fluoride CONC	0	RX/OTC
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	1B	
Throat Products - Misc.		
cevimeline hcl	1B	
EVOXAC *(Use cevimeline hcl)*	NF	
pilocarpine hcl (oral)	1B	

Drug Name	Drug Tier	Requirements/ Limits
SALAGEN *(Use pilocarpine hcl (oral))*	NF	
MULTIVITAMINS		
Ped MV w/ Fluoride		
pediatric multivitamins w/fl CHEW	1A	RX/OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
baclofen TABS	1B	
carisoprodol TABS	1B	
chlorzoxazone TABS 500 MG	1B	QL(6 EA daily)
chlorzoxazone TABS 750 MG	1B	QL(4 EA daily)
cyclobenzaprine hcl TABS 5 MG, 10 MG	1A	QL(3 EA daily)
metaxalone 800 MG	1B	QL(4 EA daily)
methocarbamol TABS 500 MG, 750 MG	1B	
orphenadrine citrate TB12	1B	QL(2 EA daily)
SOMA TABS *(Use carisoprodol)*	NF	
tizanidine hcl CAPS	1B	
tizanidine hcl TABS	1B	
ZANAFLEX CAPS *(Use tizanidine hcl)*	NF	
ZANAFLEX TABS 4 MG *(Use tizanidine hcl)*	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(Use dantrolene sodium)*	NF	QL(4 EA daily)
dantrolene sodium CAPS	1B	QL(4 EA daily)
Muscle Relaxant Combinations		
orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG	1B	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
azelastine hcl	1B	
olopatadine hcl (nasal)	1B	
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.06 %	1B	
ipratropium bromide (nasal) 0.03 %	1B	QL(1 ML daily)
Nasal Steroids		
budesonide (nasal)	1B	
flunisolide (nasal)	1B	1 package(s) per fill retail; 1 package(s) per fill mail
fluticasone propionate (nasal) SUSP	1B	QL(32 GM per 30 day(s) retail); RX/OTC
mometasone furoate (nasal) SUSP	1B	QL(1.14 ML daily); RX/OTC
triamcinolone acetonide (nasal) AERO	1B	
XHANCE EXHU	3	PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
riluzole TABS	3	
Nondepolarizing Muscle Relaxants		
atracurium besylate 50 MG/5ML, 100 MG/10ML	3	PA
NUTRIENTS		
Proteins		
CLINIMIX/DEXTROSE (4.25/10)	3	
CLINIMIX/DEXTROSE (4.25/5)	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		

Drug Name	Drug Tier	Requirements/ Limits
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	1B	
brimonidine tartrate-timolol maleate	1B	
carteolol hcl (ophth)	1B	
COMBIGAN *(Use brimonidine tartrate-timolol maleate)*	NF	
COSOPT *(Use dorzolamide hcl-timolol maleate)*	NF	
dorzolamide hcl-timolol maleate	1B	
levobunolol hcl 0.5 %	1B	
timolol maleate (ophth) SOLG	1B	
timolol maleate (ophth) SOLN	1B	
Cycloplegic Mydriatics		
MYDRIACYL SOLN *(Use tropicamide)*	NF	
tropicamide SOLN 1 %	1B	
tropicamide SOLN 0.5 %	1B	QL(2.5 ML daily)
Miotics		
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1B	
Ophthalmic Adrenergic Agents		
brimonidine tartrate 0.15 %, 0.2 %	1B	
Ophthalmic Anti-infectives		
bacitracin (ophthalmic)	3	
besifloxacin hcl 0.6 %	1B	PA
BESIVANCE 0.6 % *(Use besifloxacin hcl)*	3	PA
ciprofloxacin hcl (ophth) SOLN	1B	
erythromycin (ophth)	1B	

Drug Name	Drug Tier	Requirements/ Limits
gatifloxacin (ophth)	1B	
gentamicin sulfate (ophth) SOLN	1B	
levofloxacin (ophth) 0.5 %	1B	
moxifloxacin hcl (ophth) SOLN OP	1B	
NATACYN	2	
neomycin-bacitracin zn-polymyxin	1B	
OCUFLOX *(Use ofloxacin (ophth))*	NF	
ofloxacin (ophth)	1B	
polymyxin b-trimethoprim	1B	
sulfacetamide sodium (ophth) SOLN	1B	
tobramycin (ophth) SOLN	1B	
trifluridine	1B	
VIGAMOX SOLN OP *(Use moxifloxacin hcl (ophth))*	NF	
ZIRGAN GEL	2	
Ophthalmic Immunomodulators		
cyclosporine (ophth) EMUL	3	PA
RESTASIS EMUL *(Use cyclosporine (ophth))*	NF	PA
Ophthalmic Local Anesthetics		
ALCAINE *(Use proparacaine hcl)*	NF	
proparacaine hcl	1B	
Ophthalmic Steroids		
ALREX SUSP *(Use loteprednol etabonate)*	NF	PA
dexamethasone sodium phosphate (ophth)	1B	QL(0.4 ML daily)
difluprednate	1B	PA
DUREZOL *(Use difluprednate)*	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
fluorometholone (ophth) SUSP	1B	
FML FORTE SUSP	3	PA
FML LIQUIFILM SUSP *(Use fluorometholone (ophth))*	NF	
LOTEMAX GEL *(Use loteprednol etabonate)*	NF	PA
LOTEMAX OINT	3	PA
LOTEMAX SUSP *(Use loteprednol etabonate)*	NF	PA
loteprednol etabonate GEL	1B	PA
loteprednol etabonate SUSP	1B	PA
loteprednol etabonate-tobramycin	1B	PA
MAXIDEX SUSP OP	3	PA
MAXITROL OINT *(Use neomycin-polymy-dexameth)*	NF	
MAXITROL SUSP *(Use neomycin-polymy-dexameth)*	NF	
neomycin-polymy-dexameth OINT	1B	
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	1B	
neomycin-polymyxin-hc (ophth)	1B	QL(2.5 ML daily)
PRED FORTE *(Use prednisolone acetate (ophth))*	NF	
PRED MILD	3	PA
prednisolone acetate (ophth)	1B	
sulfacetamide sod-prednisolone SOLN	3	PA
tobramycin-dexamethasone SUSP	1B	

Drug Name	Drug Tier	Requirements/ Limits
ZYLET 0.3 %-0.5 % *(Use loteprednol etabonate-tobramycin)*	3	PA
Ophthalmic Surgical Aids		
HEALON PRO SOSY	3	PA
PROVISC SOSY	3	PA
Ophthalmics - Misc.		
ACULAR *(Use ketorolac tromethamine (ophth))*	NF	
ACULAR LS *(Use ketorolac tromethamine (ophth))*	NF	
ALOCRIL	3	PA
ALOMIDE	3	PA
azelastine hcl (ophth)	1B	
AZOPT *(Use brinzolamide)*	NF	
bepotastine besilate	3	PA
BEPREVE *(Use bepotastine besilate)*	NF	PA
brinzolamide	1B	
bromfenac sodium (ophth)	1B	
BROMSITE *(Use bromfenac sodium (ophth))*	NF	
cromolyn sodium (ophth)	1B	
CYSTARAN	2	QL(2.143 ML daily); PA
diclofenac sodium (ophth)	1B	
dorzolamide hcl	1B	
epinastine hcl (ophth)	1B	
flurbiprofen sodium	1B	
ketorolac tromethamine (ophth)	1B	
ketotifen fumarate (ophth) 0.035 %	1B	
olopatadine hcl 0.2 %	1B	RX/OTC
olopatadine hcl 0.1 %	1B	QL(0.34 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
PROLENSA *(Use bromfenac sodium (ophth))*	NF	
ZERVIATE	3	QL(2 EA daily); PA
Prostaglandins - Ophthalmic		
bimatoprost SOLN	1B	
latanoprost SOLN	1B	
tafluprost	1B	
TRAVATAN Z SOLN *(Use travoprost)*	NF	
travoprost SOLN	1B	
XALATAN SOLN *(Use latanoprost)*	NF	
ZIOPTAN *(Use tafluprost)*	NF	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	1B	QL(0.5 ML daily)
Otic Anti-infectives		
CETRAXAL *(Use ciprofloxacin hcl (otic))*	NF	
ciprofloxacin hcl (otic)	1B	
ofloxacin (otic)	1B	
Otic Combinations		
ciprofloxacin-dexamethasone	1B	
ciprofloxacin-fluocinolone acetonide	1B	QL(0.5 EA daily); PA
CORTISPORIN-TC	3	
neomycin-polymyxin-hc (otic) SOLN	1B	QL(2 ML daily)
neomycin-polymyxin-hc (otic) SUSP	1B	
OTOVEL *(Use ciprofloxacin-fluocinolone acetonide)*	NF	
Otic Steroids		

Drug Name	Drug Tier	Requirements/ Limits
DERMOTIC *(Use fluocinolone acetonide (otic))*	NF	
fluocinolone acetonide (otic)	1B	
hydrocortisone w/acetic acid	1B	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMUNEX-C	4	PA
Monoclonal Antibodies		
BEYFORTUS	0	
ENFLONSIA SOSY IM 105 MG/0.7ML	0	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	1A	
amoxicillin CHEW 125 MG, 250 MG	1B	
amoxicillin SUSR 125 MG/5ML	1A	
amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML	1B	
amoxicillin TABS	1B	
ampicillin sodium IJ 1 GM	1B	
ampicillin CAPS 500 MG	1B	
Natural Penicillins		
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
penicillin g potassium 5000000 UNIT	1B	
penicillin g sodium	3	
penicillin v potassium SOLR	1B	

Drug Name	Drug Tier	Requirements/ Limits
penicillin v potassium TABS	1B	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW 57 MG-400 MG	1B	
amoxicillin & pot clavulanate SUSR	1B	
amoxicillin & pot clavulanate TABS	1B	
amoxicillin & pot clavulanate TB12	1B	
AUGMENTIN ES-600 SUSR *(Use amoxicillin & pot clavulanate)*	NF	
AUGMENTIN TABS 125 MG-500 MG *(Use amoxicillin & pot clavulanate)*	NF	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1B	
nafcillin sodium IJ 1 GM	1B	
oxacillin sodium IJ 1 GM	1B	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
medroxyprogesterone acetate 2.5 MG, 5 MG	1B	
medroxyprogesterone acetate 10 MG	1A	
megestrol acetate (appetite)	1B	PA
norethindrone acetate TABS	0	
progesterone CAPS	1B	
PROMETRIUM CAPS *(Use progesterone)*	NF	

Drug Name	Drug Tier	Requirements/ Limits
PROVERA 5 MG, 10 MG *(Use medroxyprogesterone acetate)*	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	1B	
disulfiram	1B	
lofexidine hcl	1B	QL(224 EA per 14 day(s) retail; 224 EA per 14 days mail); PA
LUCEMYRA *(Use lofexidine hcl)*	NF	QL(224 EA per 14 day(s) retail; 224 EA per 14 days mail); PA
Antidementia Agents		
ARICEPT TABS 10 MG *(Use donepezil hydrochloride)*	NF	QL(2 EA daily)
ARICEPT TABS 5 MG, 23 MG *(Use donepezil hydrochloride)*	NF	QL(1 EA daily)
donepezil hydrochloride TABS 5 MG, 23 MG	1B	QL(1 EA daily)
donepezil hydrochloride TABS 10 MG	1B	QL(2 EA daily)
donepezil hydrochloride TBDP 10 MG	1B	QL(2 EA daily)
donepezil hydrochloride TBDP 5 MG	1B	QL(1 EA daily)
galantamine hydrobromide CP24	1B	QL(1 EA daily)
galantamine hydrobromide SOLN	1B	QL(6 ML daily)
galantamine hydrobromide TABS	1B	QL(2 EA daily)
KISUNLA	4	PA
memantine hcl TABS	1B	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
memantine hcl TABS	1B	
NAMENDA TITRATION PAK TABS *(Use memantine hcl)*	NF	
rivastigmine tartrate CAPS	1B	
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	1B	
perphenazine-amitriptyline	1B	QL(4 EA daily)
Fibromyalgia Agents		
milnacipran hcl MISC	1B	1 max fill(s) per 365 day(s) retail; PA
milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG	1B	QL(2 EA daily); PA
SAVELLA TITRATION PACK MISC *(Use milnacipran hcl)*	NF	1 max fill(s) per 365 day(s) retail; PA
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG *(Use milnacipran hcl)*	NF	QL(2 EA daily); PA
Movement Disorder Drug Therapy		
tetrabenazine	4	QL(3 EA daily); PA
XENAZINE *(Use tetrabenazine)*	NF	QL(3 EA daily); PA
Multiple Sclerosis Agents		
AMPYRA *(Use dalfampridine)*	NF	QL(2 EA daily); PA
AUBAGIO *(Use teriflunomide)*	NF	QL(1 EA daily)
AVONEX PEN AJKT	4	QL(0.0714 EA daily); PA
AVONEX PREFILLED PSKT	4	QL(0.0714 EA daily); PA
BETASERON KIT	4	QL(0.5 EA daily); PA
COPAXONE SOSY 20 MG/ML *(Use glatiramer acetate)*	NF	QL(1 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
COPAXONE SOSY 40 MG/ML *(Use glatiramer acetate)*	NF	QL(0.43 ML daily)
dalfampridine	4	QL(2 EA daily); PA
dimethyl fumarate CDPK	1B	QL(2 EA daily)
dimethyl fumarate CPDR	1B	QL(2 EA daily)
fingolimod hcl	3	QL(1 EA daily)
GILENYA *(Use fingolimod hcl)*	NF	QL(1 EA daily)
glatiramer acetate SOSY 20 MG/ML	4	QL(1 ML daily)
glatiramer acetate SOSY 40 MG/ML	4	QL(0.43 ML daily)
LEMTRADA	4	QL(1.2 ML daily); PA
PLEGRIDY STARTER PACK SOAJ	4	QL(0.036 ML daily); PA
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ML daily); PA
PLEGRIDY SOAJ	4	QL(0.036 ML daily); PA
PLEGRIDY SOSY IM	4	QL(0.036 ML daily); PA
REBIF REBIDOSE TITRATION PACK SOAJ	4	1 max fill(s) per 365 day(s) retail; PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ML daily); PA
REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; PA
REBIF SOSY	4	QL(0.214 ML daily); PA
TECFIDERA CDPK *(Use dimethyl fumarate)*	NF	QL(2 EA daily)
TECFIDERA CPDR *(Use dimethyl fumarate)*	NF	QL(2 EA daily)
teriflunomide	3	QL(1 EA daily)
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates TABS	1B	
pimozide	1B	

Drug Name	Drug Tier	Requirements/ Limits
Smoking Deterrents		
bupropion hcl (smoking deterrent)	0	QL(2 EA daily)
CHANTIX CONTINUING MONTH PAK TABS *(Use varenicline tartrate)*	NF	QL(2 EA daily)
CHANTIX STARTING MONTH PAK TBPK *(Use varenicline tartrate)*	NF	
CHANTIX TABS *(Use varenicline tartrate)*	NF	QL(2 EA daily)
NICORETTE MINI LOZG 4 MG *(Use nicotine polacrilex)*	NF	
nicotine polacrilex GUM	0	
nicotine polacrilex LOZG	0	
NICOTINE KIT	0	
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	0	QL(1 EA daily)
NICOTROL NS SOLN	0	
NICOTROL INHA	0	
varenicline tartrate TABS	0	QL(2 EA daily)
varenicline tartrate TBPK	0	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 EA daily); PA
PULMOZYME	4	QL(2.5 ML daily); PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS *(Use pirfenidone)*	NF	QL(1 EA daily); PA
ESBRIET TABS *(Use pirfenidone)*	NF	QL(1 EA daily); PA
nintedanib esylate 100 MG, 150 MG	4	QL(2 EA daily); PA
OFEV 100 MG, 150 MG *(Use nintedanib esylate)*	NF	QL(2 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
pirfenidone CAPS	4	QL(1 EA daily); PA
pirfenidone TABS 267 MG, 801 MG	4	QL(1 EA daily); PA
pirfenidone TABS 534 MG	4	QL(3 EA daily); PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS	1B	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
demeclocycline hcl TABS	1B	
doxycycline (monohydrate) CAPS 50 MG, 100 MG	1B	QL(2 EA daily)
doxycycline (monohydrate) CAPS 75 MG	1B	
doxycycline (monohydrate) TABS 100 MG	1B	QL(2 EA daily)
doxycycline (monohydrate) TABS 50 MG, 75 MG	1B	
doxycycline hyclate CAPS	1B	QL(2 EA daily)
doxycycline hyclate TABS 20 MG, 100 MG	1B	QL(2 EA daily)
minocycline hcl CAPS	1B	QL(3 EA daily)
minocycline hcl TABS	1B	QL(3 EA daily)
tetracycline hcl CAPS	1B	QL(8 EA daily)
VIBRAMYCIN CAPS *(Use doxycycline hyclate)*	NF	QL(2 EA daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	1B	
propylthiouracil	1B	

Drug Name	Drug Tier	Requirements/ Limits
Thyroid Hormones		
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2	
AMERITHROID TABS 180 MG, 240 MG, 300 MG	2	QL(1 EA daily)
ARMOUR THYROID TABS	2	QL(1 EA daily)
CYTOMEL TABS *(Use liothyronine sodium)*	NF	
EVEXITHROID TABS 180 MG	2	QL(1 EA daily)
levothyroxine sodium TABS	1A	
liothyronine sodium SOLN	1B	
liothyronine sodium TABS	1B	
NP THYROID TABS	1B	QL(1 EA daily)
SYNTHROID TABS *(Use levothyroxine sodium)*	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	0	
BOOSTRIX SUSP	0	
BOOSTRIX SUSY	0	
DAPTACEL	0	
INFANRIX	0	
KINRIX SUSY	0	
PEDIARIX SUSY	0	
PENTACEL	0	
QUADRACEL SUSP	0	
QUADRACEL SUSY	0	
TDVAX SUSP	0	
TENIVAC SUSP 2 LFU-5 LFU	0	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	0	

Drug Name	Drug Tier	Requirements/ Limits
VAXELIS SUSP	0	
VAXELIS SUSY	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BENTYL SOLN IM *(Use dicyclomine hcl)*	NF	
chlordiazepoxide hcl-clidinium bromide	1B	
dicyclomine hcl CAPS	1B	
dicyclomine hcl SOLN PO	1B	
dicyclomine hcl TABS	1B	
glycopyrrolate SOLN IJ 4 MG/20ML	1B	
glycopyrrolate TABS 2 MG	1B	QL(6 EA daily)
glycopyrrolate TABS 1 MG	1B	
LIBRAX *(Use chlordiazepoxide hcl-clidinium bromide)*	NF	
methscopolamine bromide	1B	
ROBINUL-FORTE TABS *(Use glycopyrrolate)*	NF	QL(6 EA daily)
ROBINUL TABS *(Use glycopyrrolate)*	NF	
H-2 Antagonists		
cimetidine TABS	1B	RX/OTC
famotidine in nacl SOLN	1B	
famotidine SUSR	1B	QL(10 ML daily)
famotidine TABS 20 MG, 40 MG	1B	RX/OTC
nizatidine CAPS	1B	
PEPCID TABS *(Use famotidine)*	NF	RX/OTC
ranitidine hcl TABS 150 MG, 300 MG	1B	
Misc. Anti-Ulcer		

Drug Name	Drug Tier	Requirements/ Limits
CARAFATE SUSP *(Use sucralfate)*	NF	QL(40 ML daily)
CARAFATE TABS *(Use sucralfate)*	NF	QL(4 EA daily)
sucralfate SUSP	1B	QL(40 ML daily)
sucralfate TABS	1B	QL(4 EA daily)
Proton Pump Inhibitors		
ACIPHEX TBEC *(Use rabeprazole sodium)*	NF	QL(1 EA daily)
DEXILANT *(Use dexlansoprazole)*	NF	QL(1 EA daily)
dexlansoprazole	3	QL(1 EA daily)
esomeprazole magnesium CPDR 40 MG	3	QL(1 EA daily)
esomeprazole magnesium CPDR 20 MG	1B	QL(2 EA daily); RX/OTC
esomeprazole magnesium TBEC	1B	QL(2 EA daily)
lansoprazole CPDR 15 MG	1B	QL(2 EA daily); RX/OTC
lansoprazole CPDR 30 MG	1B	
NEXIUM 24HR CPDR *(Use esomeprazole magnesium)*	1B	QL(2 EA daily); RX/OTC
NEXIUM 24HR TBEC 20 MG	1B	QL(2 EA daily)
NEXIUM CPDR 40 MG *(Use esomeprazole magnesium)*	NF	QL(1 EA daily)
NEXIUM CPDR 20 MG *(Use esomeprazole magnesium)*	NF	RX/OTC
omeprazole magnesium CPDR	1B	QL(4 EA daily)
omeprazole CPDR	1B	QL(2 EA daily)
omeprazole TBEC	1B	QL(2 EA daily)
pantoprazole sodium TBEC 20 MG	1B	QL(1 EA daily)
pantoprazole sodium TBEC 40 MG	1B	

Drug Name	Drug Tier	Requirements/ Limits
PREVACID 24HR CPDR *(Use lansoprazole)*	NF	QL(2 EA daily); RX/OTC
PREVACID CPDR 30 MG *(Use lansoprazole)*	NF	
PROTONIX TBEC 20 MG *(Use pantoprazole sodium)*	NF	QL(1 EA daily)
PROTONIX TBEC 40 MG *(Use pantoprazole sodium)*	NF	
rabeprazole sodium TBEC	1B	QL(1 EA daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC *(Use misoprostol)*	NF	QL(4 EA daily)
misoprostol	1B	QL(4 EA daily)
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	1B	14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail
bismuth subcitrate potassium-metronidazole-tetracycline	3	PA
omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG	1B	QL(1 EA daily); RX/OTC
PYLERA *(Use bismuth subcitrate potassium-metronidazole-tetracycline)*	NF	PA
ZEGERID CAPS 1100 MG-20 MG *(Use omeprazole-sodium bicarbonate)*	NF	QL(1 EA daily); RX/OTC
ZEGERID CAPS 1100 MG-40 MG *(Use omeprazole-sodium bicarbonate)*	NF	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		

Drug Name	Drug Tier	Requirements/ Limits
(Anticholinergic)		
darifenacin hydrobromide	1B	QL(1 EA daily)
DETROL LA CP24 *(Use tolterodine tartrate)*	NF	QL(1 EA daily)
DETROL TABS *(Use tolterodine tartrate)*	NF	
fesoterodine fumarate	1B	QL(1 EA daily)
oxybutynin chloride SOLN	1B	
oxybutynin chloride TABS 5 MG	1B	
oxybutynin chloride TB24	1B	
solifenacin succinate TABS	1B	QL(1 EA daily)
tolterodine tartrate CP24	1B	QL(1 EA daily)
tolterodine tartrate TABS	1B	
TOVIAZ *(Use fesoterodine fumarate)*	NF	QL(1 EA daily)
trospium chloride CP24	1B	QL(1 EA daily)
trospium chloride TABS	1B	QL(3 EA daily)
VESICARE TABS *(Use solifenacin succinate)*	NF	QL(1 EA daily)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
mirabegron TB24	3	PA
MYRBETRIQ TB24 *(Use mirabegron)*	NF	PA
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride 25 MG	1B	
bethanechol chloride 5 MG, 10 MG, 50 MG	1B	QL(4 EA daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	1B	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	
BEXSERO 0.5 ML	0	

Drug Name	Drug Tier	Requirements/ Limits
CAPVAXIVE	0	
HIBERIX SOLR IJ	0	
MENQUADFI 0.5 ML	0	
MENVEO SOLN	0	
MENVEO SOLR	0	
PEDVAXHIB SUSP 7.5 MCG/0.5ML	0	
PENBRAYA	0	
PENMENVY SUSR IM	0	AL(At least 10 yrs old - Up to 25 yrs old)
PNEUMOVAX 23 SOLN	0	
PNEUMOVAX 23 SOSY	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 SUSY 0.5 ML	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AFLURIA SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
AREXVY	0	
AUDENZ EMUL	0	Limit 1 dose per season
AUDENZ PRSY	0	Limit 1 dose per season
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	0	

Drug Name	Drug Tier	Requirements/ Limits
COMIRNATY SUSP	0	
COMIRNATY SUSY	0	
ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
ENGERIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
FLUAD	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUAD QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUARIX QUADRIVALENT SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUARIX SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUBLOK SOSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLULAVAL SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUMIST	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUZONE HIGH-DOSE QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUZONE HIGH-DOSE SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUZONE QUADRIVALENT SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUZONE SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUZONE SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
GARDASIL 9 SUSP 0.5 ML	0	3 max fill(s) per 365 day(s) retail
GARDASIL 9 SUSY 0.5 ML	0	3 max fill(s) per 365 day(s) retail
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	0	

Drug Name	Drug Tier	Requirements/ Limits
HEPLISAV-B SOSY	0	2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
IPOL IJ	0	
JYNNEOS	0	
MFLUSIVA SUSY IM 0.38 ML	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
MNEXSPIKE SUSY 10 MCG/0.2ML	0	
MODERNA COVID-19 VAC 6M-11Y SUSY	0	
MRESVIA	0	
NOVAVAX COVID-19 VACCINE SUSY	0	
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	0	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0	
PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail
PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
PROQUAD SUSR	0	2 max fill(s) per 365 day(s) retail
RECOMBIVAX HB SUSP	0	
RECOMBIVAX HB SUSY	0	
ROTARIX SUSP	0	
ROTATEQ SOLN	0	
SHINGRIX IM 50 MCG/0.5ML	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
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	
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	0	
VAQTA	0	
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		
CLEOCIN CREA *(Use clindamycin phosphate vaginal)*	NF	
clindamycin phosphate vaginal CREA	1B	
clotrimazole vaginal CREA 1 %	1B	
GYNAZOLE-1	3	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail)
metronidazole vaginal	1B	
miconazole nitrate vaginal SUPP 200 MG	1B	
terconazole vaginal CREA	1B	
terconazole vaginal SUPP	1B	
Vaginal Anti-inflammatory Agents		
hydrocortisone vaginal	1B	QL(15.15 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
Vaginal Contraceptive - pH Modulators		
PHEXX	0	
PHEXXI	0	
Vaginal Estrogens		
ESTRACE CREA *(Use estradiol vaginal)*	NF	QL(2 GM daily)
estradiol vaginal CREA	1B	QL(2 GM daily)
estradiol vaginal TABS	1B	
ESTRING RING 7.5 MCG/24HR	3	
FEMRING	3	
PREMARIN	2	QL(1.5 GM daily)
VAGIFEM TABS *(Use estradiol vaginal)*	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) SOAJ	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
EPIPEN 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	NF	
EPIPEN JR 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	NF	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		
midodrine hcl	1B	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol CAPS	1A	
cholecalciferol TABS 10 MCG, 400 UNIT	0	
DRISDOL CAPS *(Use ergocalciferol)*	NF	
ergocalciferol CAPS	0	
ergocalciferol SOLN PO 200 MCG/ML	1B	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
Water Soluble Vitamins		
ascorbic acid SOLN IJ	3	QL(0.4 ML daily)
NIACIN ER TBCR	1B	
niacinamide TABS 100 MG	1B	
niacinamide TABS 500 MG	1A	
niacin CPCR 250 MG	1A	
niacin TABS	1A	
niacin TBCR	1A	

INDEX

abacavir sulfate SOLN 39
abacavir sulfate TABS 39
abacavir sulfate-lamivudine 39
ABILIFY TABS (Use aripiprazole) . 39
abiraterone acetate 250 MG 35
abiraterone acetate 500 MG 35
ABRYSVO 82
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (Use isotretinoin) 49
acamprosate calcium 77
acarbose 20
ACCOLATE (Use zafirlukast) 12
ACCUPRIL 20 MG, 40 MG (Use quinapril hcl) 28
ACCUPRIL 5 MG, 10 MG (Use quinapril hcl) 28
ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide) 29
ACCURETIC 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide) 29
acebutolol hcl CAPS 42
acetaminophen w/ codeine SOLN .. 8
acetaminophen w/ codeine TABS 15 MG-300 MG 8
acetaminophen w/ codeine TABS 30 MG-300 MG 8
acetaminophen w/ codeine TABS 60 MG-300 MG 8
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG 8
acetazolamide CP12 57
acetazolamide sodium 57
acetazolamide TABS 125 MG 57
acetazolamide TABS 250 MG 57
acetic acid (otic) 76
acetic acid 0.25 % 62
acetylcysteine SOLN 49
ACIPHEX TBEC (Use rabeprazole sodium) 81
acitretin 10 MG, 17.5 MG 52
acitretin 25 MG 52
ACTEMRA ACTPEN SOAJ 5
ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML 5
ACTEMRA SOLN 80 MG/4ML 5
ACTEMRA SOSY 5
ACTHIB SOLR IM 82
ACTIMMUNE 100 MCG/0.5ML 36
ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate) 60
ACTONEL TABS 150 MG (Use risedronate sodium) 58
ACTONEL TABS 35 MG (Use risedronate sodium) 58
ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl) 20
ACTOS (Use pioglitazone hcl) 23
ACULAR (Use ketorolac tromethamine (ophth)) 75
ACULAR LS (Use ketorolac tromethamine (ophth)) 75
acyclovir CAPS 41
acyclovir SUSP 42
acyclovir TABS PO 42
acyclovir topical CREA 53
acyclovir topical OINT 53
ADACEL SUSP 80
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML 80
ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML 4
ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML 4
ADALIMUMAB-AATY (2 PEN) AJKT . 4
ADALIMUMAB-AATY (2 SYRINGE) PSKT 4
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML 4
ADALIMUMAB-ADAZ SOAJ 4
ADALIMUMAB-ADAZ SOSY 4
ADALIMUMAB-ADBM (2 PEN) AJKT 4
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 4
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT 4
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT 4
adapalene CREA 49
adapalene GEL 49
adapalene-benzoyl peroxide GEL 2.5 %-0.1 % 49
ADCIRCA TABS (Use tadalafil (pulmonary hypertension)) 45
ADDERALL TABS 30 MG (Use amphetamine-dextroamphetamine) .1
ADDERALL TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG (Use

amphetamine-dextroamphetamine) .1

ADDERALL XR CP24 15 MG (Use amphetamine-dextroamphetamine) .1

ADDERALL XR CP24 20 MG, 25 MG, 30 MG (Use amphetamine-dextroamphetamine) 1

ADDERALL XR CP24 5 MG, 10 MG (Use amphetamine-dextroamphetamine) 1

adefovir dipivoxil 41

ADEMPAS 45

ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG 80

ADVAIR DISKUS AEPB (Use fluticasone-salmeterol) 13

ADVAIR HFA AERO (Use fluticasone-salmeterol) 13

AFINITOR TABS (Use everolimus) 36

AFLURIA PRESERVATIVE FREE SUSY 82

AFLURIA QUADRIVALENT SUSY 0.5 ML 82

AFLURIA SUSP 82

AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT 63

AGRYLIN 0.5 MG (Use anagrelide hcl) 63

AIMOVIG 68

AIMSCO LUBRICATED MISC 66

AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol) 13

AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol) 13

AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol) 13

AIRSUPRA 13

albendazole 10

albuterol sulfate AERS 13

albuterol sulfate NEBU 13

albuterol sulfate SYRP 13

albuterol sulfate TABS 13

ALCAINE (Use proparacaine hcl) .74

alclometasone dipropionate CREA 53

alclometasone dipropionate OINT .53

ALDACTONE TABS (Use spironolactone) 57

ALDURAZYME 59

ALECENSA 36

alendronate sodium TABS 35 MG, 70 MG 58

alendronate sodium TABS 5 MG, 10 MG 58

ALEVE TABS (Use naproxen sodium) 5

alfuzosin hcl 63

ALIMTA SOLR 100 MG (Use pemetrexed disodium) 34

ALIMTA SOLR 500 MG (Use pemetrexed disodium) 34

aliskiren fumarate 30

allopurinol 100 MG, 300 MG 63

almotriptan malate 12.5 MG 69

almotriptan malate 6.25 MG 69

ALOCRIL 75

alogliptin benzoate 21

alogliptin-metformin hcl 20

alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG 20

alogliptin-pioglitazone 30 MG-12.5 MG 20

ALOMIDE 75

alosetron hcl 62

alprazolam TABS 0.25 MG, 0.5 MG, 1 MG 11

alprazolam TABS 2 MG 11

alprazolam TB24 11

alprazolam TBDP 11

ALREX SUSP (Use loteprednol etabonate) 74

ALTACE CAPS 1.25 MG, 5 MG, 10 MG (Use ramipril) 28

ALVESCO 12

alvimopan 62

amantadine hcl CAPS 37

amantadine hcl SOLN 37

amantadine hcl TABS 37

AMBIEN CR TBCR (Use zolpidem tartrate) 65

AMBIEN TABS (Use zolpidem tartrate) 65

ambrisentan 45

amcinonide CREA 53

amcinonide OINT 53

AMERITHROID TABS 180 MG, 240 MG, 300 MG 80

amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML 3

amiloride & hydrochlorothiazide . . .57

amiloride hcl TABS 57

aminocaproic acid TABS 64

amiodarone hcl SOLN 150 MG/3ML . 12

amiodarone hcl TABS 12

AMITIZA (Use lubiprostone) 61

amitriptyline hcl TABS 20

amlodipine besylate TABS 43

amlodipine besylate-atorvastatin calcium 44

amlodipine besylate-benazepril hcl 29

amlodipine besylate-olmesartan medoxomil 29

amlodipine besylate-valsartan 29

amlodipine-valsartan-hydrochlorothiazide 29

amoxapine 20

amoxicillin & pot clavulanate CHEW 57 MG-400 MG 77

amoxicillin & pot clavulanate SUSR 77

amoxicillin & pot clavulanate TABS 77

amoxicillin & pot clavulanate TB12 77

amoxicillin CAPS 76

amoxicillin CHEW 125 MG, 250 MG . 76

amoxicillin SUSR 125 MG/5ML 76

amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML 76

amoxicillin TABS 76

amoxicillin-clarithromycin w/ lansoprazole THPK 81

amphetamine sulfate TABS 1

amphetamine-dextroamphetamine CP24 15 MG 1

amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG 1

amphetamine-dextroamphetamine CP24 5 MG, 10 MG 1

amphetamine-dextroamphetamine TABS 30 MG 1

amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG 1

amphotericin b IV 25

ampicillin CAPS 500 MG 76

ampicillin sodium IJ 1 GM 76

AMPYRA (Use dalfampridine) 78

ANAFRANIL (Use clomipramine hcl) 20

anagrelide hcl 63

ANAPROX DS TABS (Use naproxen sodium) 5

anastrozole 35

ANCOBON (Use flucytosine) 25

ANDRODERM PT24 2 MG/24HR, 4 MG/24HR 10

ANGELIQ 60

ANNOVERA 47

ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use umeclidinium-vilanterol) 13

ANTIVERT TABS 50 MG (Use meclizine hcl) 24

ANUCORT-HC 25 MG (Use hydrocortisone acetate (rectal)) 10

ANUSOL-HC 25 MG (Use hydrocortisone acetate (rectal)) 10

ANUSOL-HC EX (Use hydrocortisone (rectal)) 10

ANZEMET TABS 50 MG 24

APIDRA SOLN 22

APIDRA SOLOSTAR SOPN 22

apomorphine hydrochloride SOCT 37

aprepitant CAPS 40 MG, 125 MG . 25

aprepitant CAPS 80 MG 25

aprepitant CPPK PO 25

APRISO CP24 (Use mesalamine) .61

APTENSIO XR CP24 (Use methylphenidate hcl) 2

APTIOM 200 MG, 400 MG, 600 MG, 800 MG (Use eslicarbazepine acetate) 16

APTIVUS CAPS 39

ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML 64

ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML 64

ARAVA (Use leflunomide) 6

AREXVY 82

arformoterol tartrate 13

ARGYLE STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant)) 62

ARGYLE STERILE WATER (Use water for irrigation, sterile) 72

ARICEPT TABS 10 MG (Use donepezil hydrochloride) 77

ARICEPT TABS 5 MG, 23 MG (Use

donepezil hydrochloride) 77
ARIKAYCE 3
ARIMIDEX (Use anastrozole) 35
aripiprazole SOLN PO 39
aripiprazole TABS 39
ARIXTRA 10 MG/0.8ML (Use fondaparinux sodium) 14
ARIXTRA 2.5 MG/0.5ML (Use fondaparinux sodium) 14
ARIXTRA 5 MG/0.4ML (Use fondaparinux sodium) 14
ARIXTRA 7.5 MG/0.6ML (Use fondaparinux sodium) 14
armodafinil 2
ARMOUR THYROID TABS 80
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation)) 12
AROMASIN (Use exemestane) ...35
ARRANON (Use nelarabine) 34
arsenic trioxide 10 MG/10ML 36
ARTHROTEC TBEC (Use diclofenac w/ misoprostol) 5
ARZERRA 34
ascorbic acid SOLN IJ 85
asenapine maleate 2.5 MG 38
asenapine maleate 5 MG, 10 MG . 38
ASMANEX (120 METERED DOSES) AEPB 12
ASMANEX (14 METERED DOSES) AEPB 12
ASMANEX (30 METERED DOSES) AEPB 12
ASMANEX (60 METERED DOSES) AEPB 12
ASMANEX HFA AERO 12
aspirin CHEW 6
aspirin TABS 325 MG 6
aspirin TBEC 325 MG 6
aspirin TBEC 81 MG 6
aspirin-dipyridamole 63
ATACAND (Use candesartan cilexetil) 28
ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide) 29
atazanavir sulfate CAPS 150 MG, 300 MG 39
atazanavir sulfate CAPS 200 MG . .39
ATELVIA TBEC (Use risedronate sodium) 58
atenolol & chlorthalidone 29
atenolol TABS 42
ATGAM 71
ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam) 11
ATIVAN TABS 1 MG (Use lorazepam) 11
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG 1
atomoxetine hcl 60 MG, 80 MG, 100 MG 1
atorvastatin calcium TABS 27
atovaquone 31
atovaquone-proguanil hcl 32
atracurium besylate 50 MG/5ML, 100 MG/10ML 73
ATROVENT HFA 17 MCG/ACT (Use ipratropium bromide hfa) 12
AUBAGIO (Use teriflunomide) 78
AUDENZ EMUL 82
AUDENZ PRSY 82
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate) 77
AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate) 77
AURANOFIN 3 MG 5
AVALIDE (Use irbesartan-hydrochlorothiazide) 29
avanafil 44
AVAPRO 150 MG, 300 MG (Use irbesartan) 28
AVAR CLEANSER LIQD 10 %-5 % (Use sulfacetamide sodium w/ sulfur) 49
AVAR-E EMOLLIENT CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur) 49
AVERI TABS PO 46
AVODART (Use dutasteride) 63
AVONEX PEN AJKT 78
AVONEX PREFILLED PSKT 78
azacitidine SUSR 34
AZACTAM (Use aztreonam) 31
AZATHIOPRINE SODIUM 71
azathioprine TABS 71
azelaic acid GEL 56
azelastine hcl (ophth) 75
azelastine hcl 73
AZILECT (Use rasagiline mesylate) .

37

azilsartan medoxomil 40 MG, 80 MG 28

azithromycin PACK 66

azithromycin SUSR 66

azithromycin TABS 250 MG 66

azithromycin TABS 500 MG 66

azithromycin TABS 600 MG 66

AZOPT (Use brinzolamide) 75

AZOR (Use amlodipine besylate-olmesartan medoxomil) 29

aztreonam 1 GM 31

AZULFIDINE EN-TABS TBEC (Use sulfasalazine) 61

AZULFIDINE TABS (Use sulfasalazine) 61

bacitracin (ophthalmic) 74

baclofen TABS 73

BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) . . . 31

BACTRIM TABS (Use sulfamethoxazole-trimethoprim) . . . 31

BALCOLTRA (Use levonorgestrel-ethinyl estradiol-iron) 46

balsalazide disodium CAPS 61

BANZEL SUSP (Use rufinamide) . . 16

BANZEL TABS 200 MG (Use rufinamide) 16

BANZEL TABS 400 MG (Use rufinamide) 16

BARACLUDE TABS (Use entecavir) . 41

BAXDELA SOLR 61

BAXDELA TABS 61

BD PEN NEEDLE NANO 2ND GEN . 68

beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT 12

benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG . . . 29

benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG . . 29

benazepril hcl 28

BENEFIX KIT 63

BENICAR (Use olmesartan medoxomil) 28

BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) . . . 29

BENTYL SOLN IM (Use dicyclomine hcl) 80

BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin) 49

BENZEPRO CREAMY WASH LIQD . 49

BENZEPRO FOAM 5.3 % 49

benzonatate 100 MG 48

benzonatate 150 MG 48

benzonatate 200 MG 48

benzoyl peroxide FOAM 9.8 % 49

benzoyl peroxide GEL 10 % 49

benzoyl peroxide GEL 5 % 49

benzoyl peroxide LIQD 4 %, 10 % . 49

benzoyl peroxide-erythromycin GEL . 49

benztropine mesylate TABS 37

bepotastine besilate 75

BEPREVE (Use bepotastine besilate) 75

besifloxacin hcl 0.6 % 74

BESIVANCE 0.6 % (Use besifloxacin hcl) 74

betaine 59

betamethasone dipropionate (topical) CREA 53

betamethasone dipropionate (topical) LOTN 53

betamethasone dipropionate (topical) OINT 53

betamethasone dipropionate augmented CREA 53

betamethasone dipropionate augmented LOTN 53

betamethasone dipropionate augmented OINT 53

betamethasone valerate CREA 53

betamethasone valerate FOAM . . . 54

betamethasone valerate LOTN 54

betamethasone valerate OINT 54

BETAPACE AF (Use sotalol hcl (afib/afl)) 43

BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl) 43

BETASERON KIT 78

betaxolol hcl (ophth) SOLN 74

betaxolol hcl 42

bethanechol chloride 25 MG 82

bethanechol chloride 5 MG, 10 MG, 50 MG 82

BEVESPI AEROSPHERE 13

bexarotene (topical) 51

bexarotene 36
BEXSERO 0.5 ML 82
BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium) 46
BEYFORTUS 76
bicalutamide 35
BIDIL (Use isosorbide dinitrate-hydralazine hcl) 44
BIJUVA 60
BIKTARVY 39
BILTRICIDE (Use praziquantel) ...10
bimatoprost SOLN 76
bisacodyl SUPP 65
bisacodyl TBEC 65
bismuth subcitrate potassium-metronidazole-tetracycline 81
bisoprolol & hydrochlorothiazide ..29
bisoprolol fumarate 42
bleomycin sulfate 15 UNIT 35
BOOSTRIX SUSP 80
BOOSTRIX SUSY 80
bosentan TABS 45
bosentan TBSO 32 MG 45
BREO ELLIPTA (Use fluticasone furoate-vilanterol) 13
BREO ELLIPTA 13
BREZTRI AEROSPHERE 13
BRILINTA 60 MG, 90 MG (Use ticagrelor) 63
brimonidine tartrate (topical) 56
brimonidine tartrate 0.15 %, 0.2 % 74
brimonidine tartrate-timolol maleate . 74
brinzolamide 75
brivaracetam SOLN PO 10 MG/ML 16
BRIVIACT SOLN PO 10 MG/ML (Use brivaracetam) 16
bromfenac sodium (ophth) 75
bromocriptine mesylate CAPS 37
bromocriptine mesylate TABS 2.5 MG 37
BROMSITE (Use bromfenac sodium (ophth)) 75
BROVANA (Use arformoterol tartrate) 13
budesonide (inhalation) SUSP 13
budesonide (intrarectal) 10
budesonide (nasal) 73
budesonide CPEP 47
budesonide-formoterol fumarate dihydrate 13
bumetanide SOLN 0.25 MG/ML ...57
bumetanide TABS 57
BUMEX TABS 0.5 MG (Use bumetanide) 57
BUPHENYL POWD (Use sodium phenylbutyrate) 59
BUPHENYL TABS (Use sodium phenylbutyrate) 59
buprenorphine hcl SOLN 9
buprenorphine hcl SUBL 9
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG 9
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG 9
buprenorphine hcl-naloxone hcl dihydrate SUBL 9
buprenorphine PTWK 9
bupropion hcl (smoking deterrent) 79
bupropion hcl TABS 18
bupropion hcl TB12 19
bupropion hcl TB24 150 MG, 300 MG 19
buspirone hcl 5 MG 11
buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG 11
busulfan SOLN 33
BUSULFEX SOLN (Use busulfan) .33
butalbital-acetaminophen TABS 50 MG-325 MG 6
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG 6
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG 6
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG 6
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG 8
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG 8
butalbital-aspirin-caffeine CAPS 6
butalbital-aspirin-caffeine w/cod 8
butenafine hcl 50
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML 9
butorphanol tartrate NA 10 MG/ML . 9

BUTRANS PTWK (Use buprenorphine) 9

BYSTOLIC 2.5 MG, 5 MG, 10 MG (Use nebivolol hcl) 42

BYSTOLIC 20 MG (Use nebivolol hcl) 42

CABENUVA 600 MG/2ML-400 MG/2ML 39

CABENUVA 900 MG/3ML-600 MG/3ML 39

cabergoline 59

CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use amlodipine besylate-atorvastatin calcium) 44

CAFERGOT TABS (Use ergotamine w/ caffeine) 69

calcipotriene CREA 52

calcipotriene OINT 52

calcipotriene SOLN 52

calcipotriene-betamethasone dipropionate OINT 54

calcipotriene-betamethasone dipropionate SUSP 54

calcitonin (salmon) NA 58

calcitriol (topical) 52

calcitriol CAPS 59

calcitriol SOLN PO 59

calcium acetate (phosphate binder) CAPS 62

calcium acetate (phosphate binder) TABS 62

calcium chloride (dihydrate) SOLN 70

CALCIUM CHLORIDE SOLN 10 % (Use calcium chloride (dihydrate)) . 70

calcium polycarbophil TABS 65

CAMPTOSAR 40 MG/2ML, 100 MG/5ML (Use irinotecan hcl) 37

CANASA SUPP (Use mesalamine) 61

candesartan cilexetil 28

candesartan cilexetil-hydrochlorothiazide 29

CANTHARIDIN SOLN 56

capecitabine 34

captopril 12.5 MG 28

captopril 25 MG, 50 MG, 100 MG . 28

CAPVAXIVE 82

CARAC CREA (Use fluorouracil (topical)) 51

CARAFATE SUSP (Use sucralfate) 81

CARAFATE TABS (Use sucralfate) 81

carbamazepine CHEW 16

carbamazepine CP12 100 MG 16

carbamazepine CP12 200 MG 16

carbamazepine CP12 300 MG 16

carbamazepine SUSP 16

carbamazepine TABS 16

carbamazepine TB12 100 MG, 400 MG 16

carbamazepine TB12 200 MG 16

CARBATROL CP12 100 MG (Use carbamazepine) 16

CARBATROL CP12 200 MG (Use carbamazepine) 16

CARBATROL CP12 300 MG (Use carbamazepine) 16

carbidopa 37

carbidopa-levodopa TABS 37

carbidopa-levodopa TBCR 37

carbidopa-levodopa TBDP 37

carbidopa-levodopa-entacapone . . 37

carbinoxamine maleate SOLN 26

carbinoxamine maleate TABS 4 MG . 26

CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML, 2.5 MG/ML (Use nicardipine hcl) . . 43

CARDIZEM CD CP24 120 MG, 300 MG, 360 MG (Use diltiazem hcl coated beads) 43

CARDIZEM CD CP24 180 MG, 240 MG (Use diltiazem hcl coated beads) 43

CARDIZEM LA TB24 (Use diltiazem hcl) 43

CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl) 43

CARDURA (Use doxazosin mesylate) 28

carisoprodol TABS 73

carmustine 33

carteolol hcl (ophth) 74

carvedilol 42

carvedilol phosphate 42

CASODEX (Use bicalutamide) 35

CATAPRES-TTS-1 PTWK (Use clonidine) 28

CATAPRES-TTS-2 PTWK (Use

clonidine) 28
CATAPRES-TTS-3 PTWK (Use clonidine) 28
CAYA DPRH 66
CAYSTON 31
cefaclor CAPS 45
cefaclor SUSR 250 MG/5ML 45
cefadroxil CAPS 45
cefadroxil SUSR 45
cefadroxil TABS 45
cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG 45
cefdinir CAPS 45
cefdinir SUSR 45
cefepime hcl SOLR IJ 1 GM 46
cefixime CAPS 46
cefixime SUSR 46
CEFOTAN IJ (Use cefotetan disodium) 45
cefotetan disodium IJ 1 GM, 2 GM 45
cefoxitin sodium IV 1 GM, 2 GM ... 45
cefpodoxime proxetil SUSR 46
cefpodoxime proxetil TABS 46
cefprozil SUSR 45
cefprozil TABS 45
ceftaroline fosamil 400 MG, 600 MG . 46
ceftazidime IJ 1 GM, 6 GM 46
cefuroxime axetil TABS 45
cefuroxime sodium IJ 750 MG 45
CELEBREX (Use celecoxib) 5
celecoxib 5
CELEXA TABS (Use citalopram hydrobromide) 19
CELLCEPT CAPS (Use mycophenolate mofetil) 71
CELLCEPT TABS (Use mycophenolate mofetil) 71
CELONTIN (Use methsuximide) .. 18
cephalexin CAPS 45
cephalexin SUSR 45
CEREBYX (Use fosphenytoin sodium) 18
cetirizine hcl TABS 26
CETRAXAL (Use ciprofloxacin hcl (otic)) 76
cevimeline hcl 72
CHANTIX CONTINUING MONTH PAK TABS (Use varenicline tartrate) . 79
CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate) 79
CHANTIX TABS (Use varenicline tartrate) 79
CHEMET 24
CHEMSTRIP K STRP 56
chloramphenicol sodium succinate 31
chlordiazepoxide hcl CAPS 11
chlordiazepoxide hcl-clidinium bromide 80
chlordiazepoxide-amitriptyline 78
chlorhexidine gluconate (mouth-throat) 72
chloroquine phosphate TABS 250 MG 32
chloroquine phosphate TABS 500 MG 32
chlorpromazine hcl SOLN 39
chlorpromazine hcl TABS 39
chlorthalidone 25 MG, 50 MG 58
chlorzoxazone TABS 500 MG 73
chlorzoxazone TABS 750 MG 73
CHOLBAM 61
cholecalciferol CAPS 85
cholecalciferol TABS 10 MCG, 400 UNIT 85
cholestyramine light PACK 27
cholestyramine light POWD 27
cholestyramine PACK 27
cholestyramine POWD 27
choline fenofibrate 27
CHORIONIC GONADOTROPIN IM 58
CIALIS 5 MG (Use tadalafil) 44
ciclopirox GEL 50
ciclopirox olamine CREA 50
ciclopirox olamine SUSP 50
ciclopirox SHAM 50
ciclopirox SOLN 50
cidofovir 41
cilostazol 63
CIMDUO 39
cimetidine TABS 80
cinacalcet hcl 59
CIPRO TABS 250 MG, 500 MG (Use

ciprofloxacin hcl) 61
ciprofloxacin hcl (ophth) SOLN 74
ciprofloxacin hcl (otic) 76
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG 61
ciprofloxacin-dexamethasone 76
ciprofloxacin-fluocinolone acetonide . 76
cisplatin SOLN 100 MG/100ML 33
citalopram hydrobromide SOLN . . . 19
citalopram hydrobromide TABS . . . 19
CLARINEX TABS (Use desloratadine) 26
clarithromycin SUSR 66
clarithromycin TABS 66
clarithromycin TB24 66
CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine) 26
CLARITIN CAPS (Use loratadine) . 26
CLARITIN CHEW (Use loratadine) 26
CLARITIN CHILDRENS CHEW (Use loratadine) 26
CLARITIN REDITABS TBDP (Use loratadine) 26
CLARITIN SOLN (Use loratadine) . 26
CLARITIN TABS (Use loratadine) . 26
clemastine fumarate TABS 2.68 MG . 26
CLEMASZ TABS 2.68 MG (Use clemastine fumarate) 26
CLEMSZA TABS 2.68 MG (Use clemastine fumarate) 26
CLEOCIN (Use clindamycin hcl) . . 31
CLEOCIN (Use clindamycin palmitate hydrochloride) 31
CLEOCIN CREA (Use clindamycin phosphate vaginal) 84
CLEOCIN PHOSPHATE SOLN IJ (Use clindamycin phosphate) 31
CLEOCIN-T LOTN (Use clindamycin phosphate (topical)) 49
CLIMARA PRO 60
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol) 60
CLINDAGEL GEL (Use clindamycin phosphate (topical)) 49
clindamycin hcl 31
clindamycin palmitate hydrochloride . 31
clindamycin phosphate (topical) FOAM 49
clindamycin phosphate (topical) GEL 49
clindamycin phosphate (topical) LOTN 49
clindamycin phosphate (topical) SOLN 49
clindamycin phosphate (topical) SWAB 49
clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML 31
clindamycin phosphate vaginal CREA 84
clindamycin phosphate-benzoyl peroxide (refrigerate) 49
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % 49
clindamycin phosphate-tretinoin . . 49
CLINIMIX/DEXTROSE (4.25/10) . . 73
CLINIMIX/DEXTROSE (4.25/5) . . . 73
clobazam SUSP 15
clobazam TABS 15
clobetasol propionate CREA 0.05 % . 54
clobetasol propionate emollient base 0.05 % 54
clobetasol propionate FOAM 54
clobetasol propionate GEL 0.05 % 54
clobetasol propionate OINT 0.05 % 54
clobetasol propionate SOLN 0.05 % . 54
clocortolone pivalate 54
CLODERM (Use clocortolone pivalate) 54
clofarabine 34
clomiphene citrate TABS 58
clomipramine hcl 20
clonazepam TABS 15
clonidine hcl (adhd) TB12 2
clonidine hcl TABS 28
clonidine PTWK 28
clopidogrel bisulfate 300 MG 64
clopidogrel bisulfate 75 MG 64
clorazepate dipotassium TABS 11
clotrimazole (topical) CREA 50
clotrimazole (topical) SOLN 50
clotrimazole 72
clotrimazole vaginal CREA 1 % . . . 84

clotrimazole w/ betamethasone CREA 51
clotrimazole w/ betamethasone LOTN 51
clozapine TABS 38
clozapine TBDP 100 MG 38
clozapine TBDP 12.5 MG, 150 MG 38
clozapine TBDP 25 MG 38
CLOZARIL TABS (Use clozapine) 38
COARTEM 32
codeine sulfate TABS 30 MG 7
CODEINE SULFATE TABS 7
COLAZAL CAPS (Use balsalazide disodium) 61
colchicine TABS 63
colchicine w/ probenecid 63
colesevelam hcl PACK 27
colesevelam hcl TABS 27
COLESTID GRAN (Use colestipol hcl) 27
COLESTID PACK (Use colestipol hcl) 27
COLESTID TABS (Use colestipol hcl) 27
colestipol hcl GRAN 27
colestipol hcl PACK 27
colestipol hcl TABS 27
COMBIGAN (Use brimonidine tartrate-timolol maleate) 74
COMBIPATCH PTTW 60
COMBIVENT RESPIMAT AERS .. 13
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML 82
COMIRNATY SUSP 83
COMIRNATY SUSY 83
COMPLERA 200 MG-300 MG-25 MG (Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate) 39
CONCERTA TBCR 18 MG, 27 MG (Use methylphenidate hcl) 2
CONCERTA TBCR 36 MG, 54 MG (Use methylphenidate hcl) 2
COPAXONE SOSY 20 MG/ML (Use glatiramer acetate) 78
COPAXONE SOSY 40 MG/ML (Use glatiramer acetate) 78
CORDRAN TAPE 54
COREG (Use carvedilol) 42
COREG CR (Use carvedilol phosphate) 42
CORGARD TABS 20 MG (Use nadolol) 43
CORGARD TABS 40 MG (Use nadolol) 43
CORLANOR TABS (Use ivabradine hcl) 45
CORTEF TABS (Use hydrocortisone) 47
CORTENEMA (Use hydrocortisone (intrarectal)) 10
CORTISPORIN-TC 76
COSENTYX (300 MG DOSE) SOSY . 52
COSENTYX SENSOREADY (300 MG) SOAJ 52
COSENTYX SENSOREADY PEN SOAJ 52
COSENTYX SOSY 150 MG/ML ... 52
COSENTYX SOSY 75 MG/0.5ML . 52
COSENTYX UNOREADY SOAJ .. 52
COSOPT (Use dorzolamide hcl-timolol maleate) 74
COVARYX 2.5 MG-1.25 MG (Use esterified estrogens & methyltestosterone) 60
COVARYX HS 1.25 MG-0.625 MG (Use esterified estrogens & methyltestosterone) 60
COZAAR (Use losartan potassium) 28
CREON CPEP 57
CRESTOR TABS (Use rosuvastatin calcium) 27
cromolyn sodium (ophth) 75
cromolyn sodium NEBU 12
crotamiton LOTN 56
CURITY STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant)) 63
cyanocobalamin SOLN IJ 1000 MCG/ML 64
cyclobenzaprine hcl TABS 5 MG, 10 MG 73
cyclophosphamide CAPS 33
cycloserine 33
cyclosporine (ophth) EMUL 74
cyclosporine CAPS 71
cyclosporine modified (for microemulsion) CAPS 71
cyclosporine modified (for microemulsion) SOLN 71
CYKLOKAPRON SOLN (Use

tranexamic acid) 64

CYMBALTA CPEP (Use duloxetine hcl) 19

cyproheptadine hcl SYRP 26

cyproheptadine hcl TABS 26

CYSTADANE (Use betaine) 59

CYSTAGON CAPS 62

CYSTARAN 75

CYTOMEL TABS (Use liothyronine sodium) 80

CYTOTEC (Use misoprostol) 81

dabigatran etexilate mesylate CAPS . 15

dactinomycin 35

dalfampridine 78

DALIRESP (Use roflumilast) 12

danazol CAPS 10

DANTRIUM CAPS 25 MG (Use dantrolene sodium) 73

dantrolene sodium CAPS 73

dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG 20

dapagliflozin free base-metformin hcl TB24 PO 1000 MG-5 MG 20

dapagliflozin TABS PO 5 MG, 10 MG 23

dapsone 31

DAPTACEL 80

DAPTOMYCIN (Use daptomycin) . 31

daptomycin 500 MG 31

DARAPRIM (Use pyrimethamine) 32

darifenacin hydrobromide 82

darunavir TABS 600 MG 39

darunavir TABS 800 MG 39

dasatinib 36

DAURISMO 35

DAYPRO TABS (Use oxaprozin) . . . 5

DAYTRANA PTCH (Use methylphenidate) 2

DDAVP PF SOLN IJ (Use desmopressin acetate) 59

DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate) 59

DDAVP TABS 0.1 MG (Use desmopressin acetate) 59

DDAVP TABS 0.2 MG (Use desmopressin acetate) 59

decitabine 34

deferasirox PACK 24

deferasirox TABS 24

deferasirox TBSO 24

DELESTROGEN (Use estradiol valerate) 60

DELSTRIGO 39

DELZICOL CPDR (Use mesalamine) 61

demeclocycline hcl TABS 79

DEMEROL SOLN IJ (Use meperidine hcl) 7

DENAVIR (Use penciclovir) 53

DEPAKOTE ER TB24 (Use divalproex sodium) 18

DEPAKOTE TBEC (Use divalproex sodium) 18

DEPEN TITRATABS TABS (Use penicillamine) 71

DEPO-ESTRADIOL 60

DEPO-MEDROL SUSP (Use methylprednisolone acetate) 47

DEPO-MEDROL SUSP 47

DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive)) 47

DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive)) 47

DEPO-SUBQ PROVERA 104 SUSY SC 47

DERMA-SMOOTHE/FS BODY OIL (Use fluocinolone acetonide) 54

DERMA-SMOOTHE/FS SCALP OIL (Use fluocinolone acetonide) 54

DERMOTIC (Use fluocinolone acetonide (otic)) 76

DESCOVY 200 MG-25 MG 40

desipramine hcl TABS 20

desloratadine TABS 26

desloratadine TBDP 2.5 MG 26

desmopressin acetate SOLN IJ . . . 59

DESMOPRESSIN ACETATE SOLN NA 59

desmopressin acetate spray 59

desmopressin acetate spray refrigerated 0.01 % 59

desmopressin acetate TABS 0.1 MG 59

desmopressin acetate TABS 0.2 MG 59

desogestrel & ethinyl estradiol 46

desogestrel-ethinyl estradiol (biphasic) 46

desogestrel-ethinyl estradiol (triphasic) 46
desonide CREA 54
desonide LOTN 54
desonide OINT 54
desoximetasone CREA 0.25 % 54
desoximetasone GEL 54
desoximetasone OINT 0.25 % 54
DESOXYN (Use methamphetamine hcl) 1
desvenlafaxine succinate 19
DETROL LA CP24 (Use tolterodine tartrate) 82
DETROL TABS (Use tolterodine tartrate) 82
dexamethasone ELIX 47
DEXAMETHASONE INTENSOL CONC 47
dexamethasone sodium phosphate (ophth) 74
dexamethasone SOLN 48
dexamethasone TABS 0.5 MG, 0.75 MG 48
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG 48
DEXCOM G6 RECEIVER 68
DEXCOM G6 SENSOR 68
DEXCOM G6 TRANSMITTER 68
DEXCOM G7 15 DAY SENSOR 68
DEXCOM G7 RECEIVER 68
DEXCOM G7 SENSOR 68
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate) 1
DEXILANT (Use dexlansoprazole) 81
dexlansoprazole 81
dexmethylphenidate hcl CP24 2
dexmethylphenidate hcl TABS 2
dextroamphetamine sulfate CP24 10 MG, 15 MG 1
dextroamphetamine sulfate CP24 5 MG 1
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1
dextroamphetamine sulfate TABS 5 MG, 10 MG 1
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant)) 15
diazepam (anticonvulsant) GEL 15
diazepam CONC 11
diazepam SOLN PO 5 MG/5ML 11
diazepam TABS 11
diazoxide 21
DIBENZYLINE (Use phenoxybenzamine hcl) 28
DICLEGIS TBEC (Use doxylamine-pyridoxine) 25
diclofenac epolamine PTCH EX 51
diclofenac potassium TABS 50 MG .5
diclofenac sodium (actinic keratoses) EX 51
diclofenac sodium (ophth) 75
diclofenac sodium (topical) GEL EX 51
diclofenac sodium TB24 5
diclofenac sodium TBEC 5
diclofenac w/ misoprostol TBEC 5
dicloxacillin sodium 77
dicyclomine hcl CAPS 80
dicyclomine hcl SOLN PO 80
dicyclomine hcl TABS 80
DIFFERIN CREA (Use adapalene) 49
DIFFERIN GEL (Use adapalene) ..49
DIFFERIN LOTN 49
DIFICID TABS 200 MG (Use fidaxomicin) 66
diflorasone diacetate CREA 54
diflorasone diacetate OINT 54
DIFLUCAN SUSR 40 MG/ML (Use fluconazole) 25
DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole) 25
diflunisal TABS 6
difluprednate 74
digoxin SOLN PO 0.05 MG/ML 44
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG 44
dihydroergotamine mesylate SOLN IJ 1 MG/ML 69
dihydroergotamine mesylate SOLN NA 4 MG/ML 69
DILANTIN (Use phenytoin sodium extended) 18
DILANTIN 18
DILANTIN INFATABS CHEW (Use phenytoin) 18
DILANTIN SUSP (Use phenytoin) .18
DILANTIN-125 SUSP (Use

phenytoin) 18
DILAUDID LIQD (Use hydromorphone hcl) 7
DILAUDID TABS (Use hydromorphone hcl) 7
diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG 43
diltiazem hcl coated beads CP24 180 MG, 240 MG 43
diltiazem hcl CP12 43
diltiazem hcl CP24 43
diltiazem hcl extended release beads 43
diltiazem hcl SOLN 50 MG/10ML .. 43
DILTIAZEM HCL SOLR 43
diltiazem hcl TABS 43
diltiazem hcl TB24 43
dimethyl fumarate CDPK 78
dimethyl fumarate CPDR 78
DIOVAN HCT (Use valsartan-hydrochlorothiazide) 29
DIOVAN TABS (Use valsartan) 28
DIPENTUM 61
diphenhydramine hcl CAPS 50 MG 26
diphenhydramine hcl ELIX 12.5 MG/5ML 26
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML 26
diphenoxylate w/ atropine LIQD ... 24
diphenoxylate w/ atropine TABS ... 24
DIPROLENE OINT (Use betamethasone dipropionate augmented) 54
dipyridamole 64
DISKETS TBSO 40 MG (Use methadone hcl) 7
disopyramide phosphate CAPS ... 11
disulfiram 77
DIURIL SUSP 58
divalproex sodium TB24 18
divalproex sodium TBEC 18
DIVIGEL GEL (Use estradiol) 60
docusate calcium 66
docusate sodium CAPS 100 MG .. 66
docusate sodium CAPS 250 MG .. 66
dofetilide 12
donepezil hydrochloride TABS 10 MG 77
donepezil hydrochloride TABS 5 MG, 23 MG 77
donepezil hydrochloride TBDP 10 MG 77
donepezil hydrochloride TBDP 5 MG 77
DORAL (Use quazepam) 65
dorzolamide hcl 75
dorzolamide hcl-timolol maleate .. 74
DOVATO 40
doxazosin mesylate 29
doxepin hcl (antipruritic) 52
doxepin hcl (sleep) 65
doxepin hcl CAPS 20
doxepin hcl CONC 20
doxercalciferol CAPS 59
doxercalciferol SOLN 59
doxorubicin hcl SOLR 10 MG, 50 MG 35
doxycycline (monohydrate) CAPS 50 MG, 100 MG 79
doxycycline (monohydrate) CAPS 75 MG 79
doxycycline (monohydrate) TABS 100 MG 79
doxycycline (monohydrate) TABS 50 MG, 75 MG 79
doxycycline hyclate CAPS 79
doxycycline hyclate TABS 20 MG, 100 MG 79
doxylamine-pyridoxine TBEC 25
DRISDOL CAPS (Use ergocalciferol) 85
dronabinol CAPS 25
drospirenone-ethinyl estradiol 46
drospirenone-ethinyl estradiol-levomefolate calcium 46
DROXIA CAPS 64
DUAVEE 60
DUETACT (Use pioglitazone hcl-glimepiride) 20
DULCOLAX TBEC (Use bisacodyl) 65
DULERA 13
duloxetine hcl CPEP 19
DUPIXENT SOAJ 200 MG/1.14ML 55
DUPIXENT SOAJ 300 MG/2ML ... 55
DUPIXENT SOSY 200 MG/1.14ML 55

DUPIXENT SOSY 300 MG/2ML . . .55

DURAMORPH SOLN IJ 0.5 MG/ML, 1 MG/ML (Use morphine sulfate) . . . 7

DUREX EXTRA SENSITIVE THIN DEVI 66

DUREX EXTRA SENSITIVE THIN MISC 66

DUREX TROPICAL MISC 66

DUREZOL (Use difluprednate) 74

dutasteride 63

dutasteride-tamsulosin hcl 63

DYRENIUM CAPS (Use triamterene) 57

E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) 66

EC-NAPROSYN TBEC 375 MG (Use naproxen) 5

EC-NAPROSYN TBEC 500 MG (Use naproxen) 5

econazole nitrate CREA 51

EDARBI 40 MG, 80 MG (Use azilsartan medoxomil) 28

EDECRIN (Use ethacrynic acid) . . 57

EDURANT 25 MG (Use rilpivirine hcl) 40

EEMT 2.5 MG-1.25 MG (Use esterified estrogens & methyltestosterone) 60

EEMT HS 1.25 MG-0.625 MG (Use esterified estrogens & methyltestosterone) 60

efavirenz CAPS 200 MG 40

efavirenz CAPS 50 MG 40

efavirenz TABS 40

efavirenz-emtricitabine-tenofovir disoproxil fumarate 40

efavirenz-lamivudine-tenofovir disoproxil fumarate 40

EFFEXOR XR CP24 (Use venlafaxine hcl) 19

EFFIENT (Use prasugrel hcl) 64

EFUDEX CREA (Use fluorouracil (topical)) 51

electrolyte-148 70

electrolyte-a 70

ELESTRIN GEL 60

eletriptan hydrobromide 69

ELIDEL (Use pimecrolimus) 56

ELIGARD KIT SC 7.5 MG 35

ELIGARD SC 22.5 MG, 30 MG, 45 MG 35

ELIMITE CREA (Use permethrin) . 56

ELIQUIS DVT/PE STARTER PACK TBPK 14

ELIQUIS TABS 14

ELLA 47

ELMIRON CAPS 63

eltrombopag olamine PACK 12.5 MG, 25 MG 64

eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG 64

EMBECTA AUTOSHIELD DUO . . .68

EMBECTA PEN NEEDLE NANO .68

EMBECTA PEN NEEDLE NANO 2 GEN 68

EMBECTA PEN NEEDLE ULTRAFINE 68

EMCYT 35

EMEND BIPACK CAPS 80 MG (Use aprepitant) 25

EMEND TRIPACK CPPK PO (Use aprepitant) 25

EMGALITY (300 MG DOSE) SOSY 68

EMGALITY SOAJ 69

EMGALITY SOSY 69

EMSAM 19

emtricitabine CAPS 40

emtricitabine-rilpivirine-tenofovir disoproxil fumarate 40

emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG 40

emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG 40

EMTRIVA CAPS (Use emtricitabine) . 40

EMTRIVA SOLN 40

EMVERM CHEW 10

enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 29

enalapril maleate & hydrochlorothiazide 25 MG-10 MG 29

enalapril maleate TABS 28

ENBREL MINI SOCT 6

ENBREL SOLN 6

ENBREL SOSY 25 MG/0.5ML 6

ENBREL SOSY 50 MG/ML 6

ENBREL SURECLICK SOAJ 6

ENFLONSIA SOSY IM 105

MG/0.7ML 76
ENGERIX-B SUSP 20 MCG/ML ...83
ENGERIX-B SUSY 83
enoxaparin sodium SOLN IJ 300 MG/3ML 14
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML 14
enoxaparin sodium SOSY 30 MG/0.3ML 14
enoxaparin sodium SOSY 40 MG/0.4ML 14
enoxaparin sodium SOSY 60 MG/0.6ML 14
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML 14
entacapone 37
entecavir TABS 41
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (Use sacubitril-valsartan) 44
EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide) 49
EPIDUO GEL (Use adapalene-benzoyl peroxide) 49
epinastine hcl (ophth) 75
epinephrine (anaphylaxis) SOAJ ..85
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis)) 85
EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis)) 85
EPIVIR SOLN (Use lamivudine) ...40
EPIVIR TABS 150 MG (Use lamivudine) 40
EPIVIR TABS 300 MG (Use lamivudine) 40
eplerenone 30
epoprostenol sodium 44
eptifibatide 200 MG/100ML 64
EQUETRO 100 MG 38
EQUETRO 200 MG 38
EQUETRO 300 MG 38
ergocalciferol CAPS 85
ergocalciferol SOLN PO 200 MCG/ML 85
ergoloid mesylates TABS 78
ERGOMAR SUBL 69
ergotamine w/ caffeine TABS 69
eribulin mesylate 36
ERLEADA 240 MG 35
ERLEADA 60 MG 35
erlotinib hcl 34
ERTACZO 51
ertapenem sodium IJ 31
ERYPED 200 SUSR (Use erythromycin ethylsuccinate) 66
ERYPED 400 SUSR (Use erythromycin ethylsuccinate) 66
erythromycin (acne aid) PADS 49
erythromycin (acne aid) SOLN 49
erythromycin (ophth) 74
erythromycin base CPEP 66
erythromycin base TABS 66
erythromycin base TBEC 66
erythromycin ethylsuccinate SUSR 66
erythromycin ethylsuccinate TABS 66
ESBRIET CAPS (Use pirfenidone) 79
ESBRIET TABS (Use pirfenidone) 79
escitalopram oxalate SOLN 19
escitalopram oxalate TABS 19
ESGIC TABS (Use butalbital-acetaminophen-caffeine) 6
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG 16
esomeprazole magnesium CPDR 20 MG 81
esomeprazole magnesium CPDR 40 MG 81
esomeprazole magnesium TBEC ..81
estazolam 65
esterified estrogens & methyltestosterone 60
ESTRACE CREA (Use estradiol vaginal) 85
ESTRACE TABS (Use estradiol) ..60
estradiol & norethindrone acetate TABS 60
estradiol GEL 60
estradiol PTTW 60
estradiol PTWK 60
estradiol TABS 60
estradiol vaginal CREA 85
estradiol vaginal TABS 85
estradiol valerate 60
ESTRATEST H.S. (Use esterified estrogens & methyltestosterone) ..60
ESTRING RING 7.5 MCG/24HR ..85
ESTROGEL GEL (Use estradiol) ..60
estrogens, conjugated TABS 0.3 MG,

0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG 60
eszopiclone 65
ethacrynic acid 57
ethambutol hcl TABS 33
ethosuximide CAPS 18
ethosuximide SOLN 18
ethynodiol diacet & eth estrad 46
etodolac CAPS 5
etodolac TABS 5
etonogestrel-ethinyl estradiol 47
etoposide CAPS 36
etravirine 100 MG 40
etravirine 200 MG 40
EUCRISA 56
EVAMIST SOLN 60
EVEKEO TABS (Use amphetamine sulfate) 1
everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG 71
everolimus (immunosuppressant) 1 MG 71
everolimus TABS 36
EVEXITHROID TABS 180 MG 80
EVISTA (Use raloxifene hcl) 58
EVOTAZ 40
EVOXAC (Use cevimeline hcl) 72
EXELDERM CREA (Use sulconazole nitrate) 51
EXELDERM SOLN (Use sulconazole nitrate) 51
exemestane 35
EXFORGE (Use amlodipine besylate-valsartan) 29
EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide) 29
EXJADE TBSO (Use deferasirox) . 24
ezetimibe 27
ezetimibe-simvastatin 26
famciclovir 125 MG, 250 MG 42
famciclovir 500 MG 42
famotidine in nacl SOLN 80
famotidine SUSR 80
famotidine TABS 20 MG, 40 MG .. 80
FANAPT 38
FANAPT TITRATION PACK A 38
FANTASY LUBRICATED MISC ... 66
FANTASY LUBRICATED/SPERMICIDE MISC 66
FARESTON (Use toremifene citrate) 35
FARXIGA TABS PO (Use dapagliflozin) 23
FASENRA PEN SOAJ 12
FASENRA SOSY 10 MG/0.5ML ...12
FASENRA SOSY 30 MG/ML 12
FASLODEX SOSY (Use fulvestrant) . 35
FC2 FEMALE CONDOM 66
febuxostat 63
felbamate SUSP 18
felbamate TABS 400 MG 18
felbamate TABS 600 MG 18
FELBATOL SUSP (Use felbamate) 18
FELBATOL TABS 400 MG (Use felbamate) 18
FELBATOL TABS 600 MG (Use felbamate) 18
felodipine 43
FEMARA (Use letrozole) 35
FEMCAP DEVI 66
FEMLYV TBDP 46
FEMRING 85
fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG ... 27
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG 27
FENOGLIDE TABS (Use fenofibrate) 27
fenoprofen calcium TABS 5
FENTANYL CITRATE (PF) SOLN IJ 50 MCG/ML (Use fentanyl citrate) .. 7
fentanyl citrate LPOP 7
fentanyl citrate SOLN IJ 50 MCG/ML 7
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR 7
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML 64
ferrous sulfate TABS 64
ferrous sulfate TBEC 325 MG 64
fesoterodine fumarate 82
FETZIMA CP24 20
FETZIMA TITRATION C4PK 20
FIASP FLEXTOUCH SOPN 22

FIASP PENFILL SOCT 22
FIASP PUMPCART SOCT 22
FIASP SOLN 22
fidaxomicin TABS 200 MG 66
finasteride 63
fingolimod hcl 78
FIORICET CAPS (Use butalbital-acetaminophen-caffeine) 6
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use butalbital-acetaminophen-caffeine w/ codeine) . 8
FIRAZYR SOSY (Use icatibant acetate) 63
FIRVANQ SOLR PO (Use vancomycin hcl) 31
flavoxate hcl 82
flecainide acetate 11
FLECTOR PTCH EX (Use diclofenac epolamine) 51
FLOLAN 1.5 MG (Use epoprostenol sodium) 44
FLOVENT HFA 44 MCG/ACT (Use fluticasone propionate hfa) 13
floxuridine 34
FLUAD 83
FLUAD QUADRIVALENT 83
FLUARIX QUADRIVALENT SUSY 83
FLUARIX SUSY 83
FLUBLOK SOSY 83
FLUCELVAX QUADRIVALENT SUSY 83
FLUCELVAX SUSP 83
FLUCELVAX SUSY 83
fluconazole SUSR 25
fluconazole TABS 25
flucytosine 25
fludarabine phosphate SOLN 34
fludarabine phosphate SOLR 34
fludrocortisone acetate TABS 48
FLULAVAL SUSY 83
FLUMIST 83
flunisolide (nasal) 73
fluocinolone acetonide (otic) 76
fluocinolone acetonide CREA 0.01 % 54
fluocinolone acetonide CREA 0.025 % 54
fluocinolone acetonide OIL 54
fluocinolone acetonide OINT 54
fluocinolone acetonide SOLN 54
fluocinonide CREA 0.05 % 54
fluocinonide CREA 0.1 % 54
fluocinonide emulsified base 54
fluocinonide GEL 54
fluocinonide OINT 54
fluocinonide SOLN 54
FLUORIDEX DAILY RENEWAL CONC 0.63 % 72
fluorometholone (ophth) SUSP 75
fluorouracil (topical) CREA 5 % 51
fluorouracil (topical) SOLN 52
fluoxetine hcl CAPS 19
fluoxetine hcl CPDR 19
fluoxetine hcl SOLN 19
FLUOXETINE HCL TABS (Use fluoxetine hcl) 19
fluoxetine hcl TABS 19
fluphenazine hcl CONC 39
fluphenazine hcl ELIX 39
fluphenazine hcl SOLN 39
fluphenazine hcl TABS 39
flurandrenolide CREA 54
flurandrenolide LOTN 54
flurazepam hcl 65
flurbiprofen sodium 75
flurbiprofen TABS 5
fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT 13
fluticasone furoate-vilanterol 13
fluticasone propionate (inhalation) AEPB 13
fluticasone propionate (nasal) SUSP . 73
fluticasone propionate CREA 0.05 % 54
fluticasone propionate hfa 13
fluticasone propionate LOTN 55
fluticasone propionate OINT 55
fluticasone-salmeterol AEPB 13
fluticasone-salmeterol AERO 13
fluvastatin sodium CAPS 20 MG .. 27
fluvastatin sodium CAPS 40 MG .. 27
fluvoxamine maleate TABS 19
FLUZONE HIGH-DOSE

QUADRIVALENT 83
FLUZONE HIGH-DOSE SUSY 83
FLUZONE QUADRIVALENT SUSY 83
FLUZONE SUSP 83
FLUZONE SUSY 83
FML FORTE SUSP 75
FML LIQUIFILM SUSP (Use fluorometholone (ophth)) 75
FOCALIN TABS (Use dexmethylphenidate hcl) 2
FOCALIN XR CP24 (Use dexmethylphenidate hcl) 2
folic acid TABS 64
FOLOTYN 20 MG/ML (Use pralatrexate) 34
fondaparinux sodium 10 MG/0.8ML 15
fondaparinux sodium 2.5 MG/0.5ML . 15
fondaparinux sodium 5 MG/0.4ML .14
fondaparinux sodium 7.5 MG/0.6ML . 15
FORA GTEL BLOOD KETONE TEST 56
FORA TEST N'GO ADV-VOICE-6 CON 57
FORFIVO XL TB24 (Use bupropion hcl) 19
formoterol fumarate NEBU 13
FORTEO SOPN (Use teriparatide) 58
FOSAMAX PLUS D 58
FOSAMAX TABS 70 MG (Use alendronate sodium) 58
fosamprenavir calcium TABS 40
fosfomycin tromethamine 32
fosinopril sodium & hydrochlorothiazide 29
fosinopril sodium 28
fosphenytoin sodium 18
FOSRENOL CHEW (Use lanthanum carbonate) 62
FRAGMIN SOSY 15
FREESTYLE LIBRE 14 DAY READER 68
FREESTYLE LIBRE 14 DAY SENSOR 68
FREESTYLE LIBRE 2 PLUS SENSOR 68
FREESTYLE LIBRE 2 READER ..68
FREESTYLE LIBRE 2 SENSOR ..68
FREESTYLE LIBRE 3 PLUS SENSOR 68
FREESTYLE LIBRE 3 READER ..68
FREESTYLE LIBRE 3 SENSOR ..68
FREESTYLE LIBRE READER 68
FROVA (Use frovatriptan succinate) 69
frovatriptan succinate 69
FULPHILA 64
fulvestrant SOSY 35
furosemide SOLN IJ 10 MG/ML ... 57
furosemide TABS 57
FUZEON SOLR 40
FYCOMPA TABS 2 MG (Use perampanel) 15
FYCOMPA TABS 4 MG (Use perampanel) 15
FYCOMPA TABS 6 MG (Use perampanel) 15
FYCOMPA TABS 8 MG, 10 MG, 12 MG (Use perampanel) 15
gabapentin CAPS 16
gabapentin SOLN 16
gabapentin TABS 600 MG, 800 MG 16
galantamine hydrobromide CP24 ..77
galantamine hydrobromide SOLN .77
galantamine hydrobromide TABS . 77
GAMUNEX-C 76
ganciclovir sodium SOLR 41
GANIRELIX ACETATE (Use ganirelix acetate) 58
ganirelix acetate 58
GARDASIL 9 SUSP 0.5 ML 83
GARDASIL 9 SUSY 0.5 ML 83
gatifloxacin (ophth) 74
gefitinib 34
gemfibrozil TABS 27
GENOTROPIN CART SC 58
GENOTROPIN MINIQUICK PRSY 58
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 % 3
gentamicin sulfate (ophth) SOLN ..74
gentamicin sulfate (topical) CREA .50
gentamicin sulfate (topical) OINT ..50
gentamicin sulfate IJ 40 MG/ML 3
GENVOYA 40

GEODON 20 MG, 60 MG, 80 MG (Use ziprasidone hcl) 38

GILENYA (Use fingolimod hcl) 78

glatiramer acetate SOSY 20 MG/ML . 78

glatiramer acetate SOSY 40 MG/ML . 78

GLEEVEC TABS (Use imatinib mesylate) 36

GLEOSTINE 10 MG (Use lomustine) 34

GLEOSTINE 40 MG, 100 MG (Use lomustine) 34

glimepiride 1 MG, 2 MG 23

glimepiride 4 MG 23

glipizide TABS 5 MG, 10 MG 24

glipizide TB24 24

glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG 20

glipizide-metformin hcl 500 MG-5 MG 20

GLUCAGON EMERGENCY SOLR IJ 1 MG (Use glucagon) 21

glucagon SOLR IJ 1 MG 21

GLUCOTROL XL TB24 5 MG, 10 MG (Use glipizide) 24

GLUMETZA TB24 (Use metformin hcl) 21

glyburide micronized 1.5 MG, 3 MG, 6 MG 24

glyburide TABS 24

glyburide-metformin 250 MG-1.25 MG 20

glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG 20

glycine (gu irrigant) SOLN 1.5 % . . 63

glycopyrrolate SOLN IJ 4 MG/20ML 80

glycopyrrolate TABS 1 MG 80

glycopyrrolate TABS 2 MG 80

GLYXAMBI 20

GOHIBIC 63

GOJJI BLOOD KETONE TEST . . . 57

GOLYTELY SOLR (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) 65

granisetron hcl SOLN IV 1 MG/ML 24

granisetron hcl TABS 24

GRASTEK SUBL 3

griseofulvin microsize SUSP 25

griseofulvin microsize TABS 25

griseofulvin ultramicrosize 25

guanfacine hcl (adhd) 2

guanfacine hcl 29

GYNAZOLE-1 84

HAEGARDA SOLR SC 63

HALAVEN (Use eribulin mesylate) 36

halcinonide CREA 55

HALCION 0.25 MG (Use triazolam) 65

HALDOL DECANOATE (Use haloperidol decanoate) 38

halobetasol propionate CREA 55

halobetasol propionate OINT 55

HALOG CREA (Use halcinonide) . . 55

HALOG OINT 55

haloperidol decanoate 38

haloperidol lactate CONC 38

haloperidol lactate SOLN 38

haloperidol TABS 38

HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML 83

HEALON PRO SOSY 75

HEMANGEOL SOLN PO 43

HEMATINIC/FOLIC ACID 64

HEMMOREX-HC 25 MG, 30 MG (Use hydrocortisone acetate (rectal)) 10

HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML 15

heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML 15

HEPLISAV-B SOSY 84

HIBERIX SOLR IJ 82

HIPREX (Use methenamine hippurate) 32

HUMALOG JUNIOR KWIKPEN SOPN 22

HUMALOG KWIKPEN SOPN 22

HUMALOG MIX 50/50 KWIKPEN SUPN 22

HUMALOG MIX 50/50 SUSP 22

HUMALOG MIX 75/25 KWIKPEN SUPN 22

HUMALOG MIX 75/25 SUSP 22

HUMALOG SOCT 22

HUMALOG SOLN IJ 22

HUMIRA (2 PEN) AJKT 80

MG/0.8ML 4
HUMIRA (2 PEN) AJKT 4
HUMIRA (2 SYRINGE) PSKT 4
HUMIRA-CD/UC/HS STARTER AJKT 4
HUMIRA-PED>/=40KG UC STARTER AJKT 4
HUMIRA-PS/UV/ADOL HS STARTER AJKT 4
HUMIRA-PSORIASIS/UVEIT STARTER AJKT 4
HUMULIN 70/30 KWIKPEN SUPN 22
HUMULIN 70/30 SUSP 22
HUMULIN N KWIKPEN SUPN 22
HUMULIN N SUSP 22
HUMULIN R SOLN IJ 22
HUMULIN R U-500 (CONCENTRATED) SOLN SC 22
HUMULIN R U-500 KWIKPEN SOPN SC 22
HYCAMTIN CAPS 37
HYCAMTIN SOLR (Use topotecan hcl) 37
hydralazine hcl SOLN 30
hydralazine hcl TABS 30
HYDREA (Use hydroxyurea) 36
hydrochlorothiazide CAPS 58
hydrochlorothiazide TABS 12.5 MG 58
hydrochlorothiazide TABS 25 MG, 50 MG 58
hydrocodone bitartrate CP12 7
hydrocodone bitartrate T24A 7
hydrocodone polistirex-chlorpheniramine polistirex SUER . 48
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 9
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML 9
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG 9
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG 9
hydrocodone-acetaminophen TABS 325 MG-2.5 MG 9
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG 9
hydrocodone-ibuprofen 7.5 MG-200 MG 9
hydrocortisone (intrarectal) 10
hydrocortisone (rectal) EX 10
hydrocortisone (topical) CREA 1 %, 2.5 % 55
hydrocortisone (topical) LOTN 2.5 % . 55
hydrocortisone (topical) OINT 1 %, 2.5 % 55
hydrocortisone acetate (rectal) 10
hydrocortisone butyrate CREA 55
hydrocortisone butyrate OINT 55
hydrocortisone butyrate SOLN 55
hydrocortisone sod succinate 100 MG 48
hydrocortisone TABS 48
hydrocortisone vaginal 84
hydrocortisone valerate CREA 55
hydrocortisone valerate OINT 55
hydrocortisone w/acetic acid 76
hydromorphone hcl LIQD 7
HYDROMORPHONE HCL PF SOLN IJ (Use hydromorphone hcl) 7
hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 7
hydromorphone hcl TABS 7
hydromorphone hcl TB24 32 MG . . . 7
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG 7
hydroxychloroquine sulfate 100 MG 32
hydroxychloroquine sulfate 200 MG 32
hydroxychloroquine sulfate 400 MG 32
hydroxyurea 36
hydroxyzine hcl SOLN 50 MG/ML . 11
hydroxyzine hcl SYRP 11
hydroxyzine hcl TABS 11
hydroxyzine pamoate CAPS 11
HYPERSAL NEBU (Use sodium chloride (inhalant)) 48
HYPERSAL NEBU 48
HYZAAR 12.5 MG-100 MG, 25 MG-100 MG (Use losartan potassium & hydrochlorothiazide) 29
HYZAAR 12.5 MG-50 MG (Use losartan potassium & hydrochlorothiazide) 29

ibandronate sodium SOLN 58
ibandronate sodium TABS 58
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML 5
ibuprofen TABS 400 MG, 600 MG ..5
ibuprofen TABS 800 MG 5
icatibant acetate SOSY 63
icosapent ethyl 1 GM 26
IDAMYCIN PFS 20 MG/20ML (Use idarubicin hcl) 35
IDAMYCIN PFS 5 MG/5ML, 10 MG/10ML (Use idarubicin hcl) 35
idarubicin hcl 20 MG/20ML 35
idarubicin hcl 5 MG/5ML, 10 MG/10ML 35
imatinib mesylate TABS 36
imipramine hcl TABS 20
imipramine pamoate 20
imiquimod 5 % 56
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML 69
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML 69
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate) 69
IMITREX TABS (Use sumatriptan succinate) 69
IMULDOSA SOLN IV 130 MG/26ML . 62
IMULDOSA SOSY SC 45 MG/0.5ML 52
IMULDOSA SOSY SC 90 MG/ML .52
IMURAN TABS (Use azathioprine) 71
INCRELEX 59
INCRUSE ELLIPTA 62.5 MCG/ACT (Use umeclidinium bromide) 12
indapamide TABS 1.25 MG 58
indapamide TABS 2.5 MG 58
INDERAL LA CP24 (Use propranolol hcl) 43
indomethacin CAPS 25 MG, 50 MG 5
indomethacin CPCR 5
INFANRIX 80
INFLECTRA SOLR 62
INSPRA (Use eplerenone) 30
INSULIN ASPART FLEXPEN SOPN . 22
INSULIN ASPART SOLN IJ 22
INSULIN DEGLUDEC FLEXTOUCH SOPN 22
INSULIN DEGLUDEC SOLN 22
INSULIN GLARGINE MAX SOLOSTAR SOPN 22
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML 22
INSULIN GLARGINE-YFGN SOLN 22
INSULIN GLARGINE-YFGN SOPN 23
INSULIN LISPRO (1 UNIT DIAL) SOPN 23
INSULIN LISPRO JUNIOR KWIKPEN SOPN 23
INSULIN LISPRO PROT & LISPRO SUPN 23
INSULIN LISPRO SOLN IJ 23
INTELENCE 100 MG (Use etravirine) 40
INTELENCE 200 MG (Use etravirine) 40
INTELENCE 25 MG 40
INTUNIV (Use guanfacine hcl (adhd)) 2
INVEGA 3 MG, 6 MG, 9 MG (Use paliperidone) 38
INVOKAMET TABS 1000 MG-150 MG, 1000 MG-50 MG, 500 MG-150 MG 20
INVOKAMET TABS 500 MG-50 MG . 20
INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG, 500 MG-150 MG 20
INVOKAMET XR TB24 500 MG-50 MG 20
INVOKANA 23
IONOSOL-MB IN D5W 70
IPOL IJ 84
ipratropium bromide (nasal) 0.03 % 73
ipratropium bromide (nasal) 0.06 % 73
ipratropium bromide hfa 17 MCG/ACT 12
ipratropium bromide SOLN 0.02 % 12
ipratropium-albuterol SOLN 13
irbesartan 28
irbesartan-hydrochlorothiazide 29
IRESSA (Use gefitinib) 35
irinotecan hcl 40 MG/2ML, 100 MG/5ML 37

irrigation solutions, physiological ..72
ISENTRESS CHEW 40
ISENTRESS HD TABS 40
ISENTRESS TABS 40
ISOLYTE-P IN D5W 70
ISOLYTE-S 70
isoniazid SOLN 33
isoniazid SYRP 33
isoniazid TABS 33
ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate) 10
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG 11
isosorbide dinitrate-hydralazine hcl 44
isosorbide mononitrate TABS 11
isosorbide mononitrate TB24 11
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG 50
isradipine CAPS 43
itraconazole CAPS 25
itraconazole SOLN 25
ivabradine hcl TABS 45
ivermectin (pediculicide) 56
ivermectin 10
IXEMPRA KIT 15 MG 36
JADENU SPRINKLE PACK (Use deferasirox) 24
JADENU TABS (Use deferasirox) . 24
JAKAFI 36
JALYN (Use dutasteride-tamsulosin hcl) 63
JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (Use sitagliptin phosphate-metformin hcl) 21
JANUMET XR TB24 1000 MG-100 MG (Use sitagliptin phosphate-metformin hcl) 20
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG (Use sitagliptin phosphate-metformin hcl) 21
JANUVIA 25 MG, 50 MG, 100 MG (Use sitagliptin phosphate) 22
JARDIANCE 23
JENTADUETO TABS 21
JENTADUETO XR TB24 1000 MG-2.5 MG 21
JENTADUETO XR TB24 1000 MG-5 MG 21
JULUCA 40
JYNARQUE TABS 15 MG, 30 MG (Use tolvaptan) 60
JYNNEOS 84
KALETRA SOLN 40
KALETRA TABS (Use lopinavir-ritonavir) 40
KALYDECO TABS 79
KAMELEON LUBRICATED MISC .67
KCL IN DEXTROSE-NACL (Use potassium chloride in dextrose & sodium chloride) 70
KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (Use potassium chloride in dextrose & sodium chloride) 70
KCL-LACTATED RINGERS-D5W 70
KENALOG-40 SUSP (Use triamcinolone acetonide) 48
KEPPRA SOLN PO 100 MG/ML (Use levetiracetam) 16
KEPPRA TABS 1000 MG (Use levetiracetam) 16
KEPPRA TABS 250 MG, 750 MG (Use levetiracetam) 16
KEPPRA TABS 500 MG (Use levetiracetam) 16
KEPPRA XR TB24 (Use levetiracetam) 16
ketoconazole (topical) CREA 51
ketoconazole (topical) SHAM 2 % .51
ketoconazole 25
KETONE TEST STRP 57
ketoprofen CAPS 50 MG, 75 MG ... 5
ketorolac tromethamine (ophth) ...75
ketorolac tromethamine TABS 5
KETOSTIX STRP 57
ketotifen fumarate (ophth) 0.035 % 75
KEVZARA SOAJ 5
KEVZARA SOSY 5
KIMONO COLORS DEVI 67
KIMONO MAXX-LARGE FLARE MISC 67
KIMONO MICRO THIN PLUS MISC . 67
KIMONO MISC 67
KIMONO PLUS MISC 67
KIMONO PS MISC 67
KIMONO PS PLUS MISC 67
KIMONO SENSATION MISC 67
KIMONO SENSATION PLUS MISC

67

KIMONO SPECIAL DEVI 67

KINRIX SUSY 80

KISUNLA 77

KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use tobramycin) 3

KLARON (Use sulfacetamide sodium (acne)) 50

KLONOPIN TABS (Use clonazepam) 15

KLOR-CON 10 TBCR 10 MEQ (Use potassium chloride) 71

KLOR-CON TBCR 8 MEQ (Use potassium chloride) 71

KRINTAFEL 32

K-TAB TBCR 20 MEQ (Use potassium chloride) 71

KYLEENA 47

labetalol hcl SOLN 42

labetalol hcl TABS 100 MG, 200 MG . 42

labetalol hcl TABS 300 MG 42

lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML 16

lacosamide TABS 16

lactated ringer's (irrigation) 72

lactic acid (ammonium lactate) CREA 55

lactic acid (ammonium lactate) LOTN 12 % 55

lactulose (encephalopathy) 62

lactulose SOLN 65

LAMICTAL CHEW 25 MG (Use lamotrigine) 16

LAMICTAL CHEW 5 MG (Use lamotrigine) 16

LAMICTAL ODT TBDP (Use lamotrigine) 16

LAMICTAL TABS (Use lamotrigine) 16

lamivudine (hbv) TABS 41

lamivudine SOLN 40

lamivudine TABS 150 MG 40

lamivudine TABS 300 MG 40

lamivudine-zidovudine 40

lamotrigine CHEW 25 MG 16

lamotrigine CHEW 5 MG 16

lamotrigine TABS 16

lamotrigine TBDP 16

LANOXIN SOLN IJ (Use digoxin) ..44

LANOXIN TABS 250 MCG (Use digoxin) 44

LANOXIN TABS 62.5 MCG, 125 MCG (Use digoxin) 44

lansoprazole CPDR 15 MG 81

lansoprazole CPDR 30 MG 81

lanthanum carbonate CHEW 62

LANTUS SOLOSTAR SOPN 23

lapatinib ditosylate 36

LASIX TABS (Use furosemide) 57

latanoprost SOLN 76

LATUDA 20 MG, 40 MG, 60 MG, 120 MG (Use lurasidone hcl) 38

LATUDA 80 MG (Use lurasidone hcl) 38

leflunomide 6

LEMTRADA 78

lenalidomide 71

LENVIMA (10 MG DAILY DOSE) .34

LENVIMA (12 MG DAILY DOSE) .34

LENVIMA (14 MG DAILY DOSE) .34

LENVIMA (18 MG DAILY DOSE) .34

LENVIMA (20 MG DAILY DOSE) .34

LENVIMA (24 MG DAILY DOSE) .34

LENVIMA (4 MG DAILY DOSE) .. 34

LENVIMA (8 MG DAILY DOSE) .. 34

LETAIRIS (Use ambrisentan) 45

letrozole 35

leucovorin calcium SOLR 36

leucovorin calcium TABS 36

LEUKERAN 34

LEUKINE SOLR IJ 64

leuprolide acetate KIT IJ 1 MG/0.2ML 35

levalbuterol hcl 13

levalbuterol tartrate 13

levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML 16

levetiracetam TABS 1000 MG 17

levetiracetam TABS 250 MG, 750 MG 17

levetiracetam TABS 500 MG 17

levetiracetam TB24 17

levobunolol hcl 0.5 % 74

levocetirizine dihydrochloride SOLN 26

levocetirizine dihydrochloride TABS 26
levofloxacin (ophth) 0.5 % 74
levofloxacin in d5w 500 MG/100ML 61
levofloxacin SOLN PO 61
levofloxacin TABS 250 MG, 750 MG . 61
levofloxacin TABS 500 MG 61
levonorgestrel & eth estradiol TABS 46
levonorgestrel (emergency oc) 1.5 MG 47
levonorgestrel-eth estradiol (triphasic) 46
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG 46
levonorgestrel-ethinyl estradiol (continuous) 46
levonorgestrel-ethinyl estradiol-iron 46
levorphanol tartrate TABS 2 MG 7
levothyroxine sodium TABS 80
LEXAPRO TABS (Use escitalopram oxalate) 19
LIALDA TBEC (Use mesalamine) . 62
LIBRAX (Use chlordiazepoxide hcl-clidinium bromide) 80
lidocaine hcl (mouth-throat) 2 % ... 72
lidocaine hcl (mouth-throat) 4 % ... 72
lidocaine hcl GEL 2 % 56
lidocaine hcl PRSY 56
lidocaine hcl SOLN 56
lidocaine PTCH 5 % 56
lidocaine-prilocaine CREA 56
LIDODERM PTCH (Use lidocaine) 56
LILETTA (52 MG) 47
LINCOCIN (Use lincomycin hcl) .. 31
lincomycin hcl 31
linezolid SUSR 32
linezolid TABS 32
LINZESS 62
liothyronine sodium SOLN 80
liothyronine sodium TABS 80
LIPITOR TABS (Use atorvastatin calcium) 27
liraglutide 22
lisdexamfetamine dimesylate CAPS 1
lisdexamfetamine dimesylate CHEW . 1
lisinopril & hydrochlorothiazide 29
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG 28
lithium 37
lithium carbonate CAPS 38
lithium carbonate TABS 38
lithium carbonate TBCR 38
LITHOBID TBCR (Use lithium carbonate) 38
LO LOESTRIN FE TABS 46
LODINE TABS (Use etodolac) 5
LODOSYN (Use carbidopa) 37
lofexidine hcl 77
LOKELMA 72
LOMOTIL TABS (Use diphenoxylate w/ atropine) 24
lomustine 10 MG 34
lomustine 40 MG, 100 MG 34
loperamide hcl CAPS 24
LOPID TABS (Use gemfibrozil) 27
lopinavir-ritonavir SOLN 40
lopinavir-ritonavir TABS 40
LOPRESSOR TABS (Use metoprolol tartrate) 42
LOQTORZI 34
loratadine CAPS 26
loratadine CHEW 26
loratadine SOLN 26
loratadine TABS 26
loratadine TBDP 26
lorazepam CONC 11
lorazepam TABS 0.5 MG, 2 MG ... 11
lorazepam TABS 1 MG 11
losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG 29
losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 29
losartan potassium 28
LOTEMAX GEL (Use loteprednol etabonate) 75
LOTEMAX OINT 75
LOTEMAX SUSP (Use loteprednol etabonate) 75
LOTENSIN 10 MG, 20 MG, 40 MG (Use benazepril hcl) 28
LOTENSIN HCT 12.5 MG-10 MG, 25 MG-20 MG (Use benazepril &

hydrochlorothiazide) 29

LOTENSIN HCT 12.5 MG-20 MG (Use benazepril & hydrochlorothiazide) 30

loteprednol etabonate GEL 75

loteprednol etabonate SUSP 75

loteprednol etabonate-tobramycin 75

LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl) 30

LOTRIMIN AF CREA (Use clotrimazole (topical)) 51

LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical)) 51

LOTRIMIN ULTRA (Use butenafine hcl) 51

LOTRONEX (Use alosetron hcl) . . 62

lovastatin TABS 10 MG, 20 MG . . . 27

lovastatin TABS 40 MG 27

LOVAZA (Use omega-3-acid ethyl esters) 26

LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium) 15

LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium) . 15

LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium) 15

LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium) 15

LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium) 15

LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium) . 15

loxapine succinate 38

lubiprostone 61

LUCEMYRA (Use lofexidine hcl) . . 77

luliconazole 51

LUMIZYME 59

LUNESTA (Use eszopiclone) 65

lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG 38

lurasidone hcl 80 MG 38

LURBIPR TABS 100 MG (Use flurbiprofen) 5

LURBIRO TABS 100 MG (Use flurbiprofen) 5

LUZU (Use luliconazole) 51

LYNPARZA TABS 36

LYRICA CAPS 225 MG, 300 MG (Use pregabalin) 17

LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (Use pregabalin) 17

LYRICA SOLN (Use pregabalin) . . . 17

LYSODREN 35

MACROBID (Use nitrofurantoin monohyd macro) 32

MACRODANTIN (Use nitrofurantoin macrocrystal) 32

mafenide acetate PACK 53

MALARONE (Use atovaquone-proguanil hcl) 32

malathion 56

maraviroc TABS 150 MG 40

maraviroc TABS 300 MG 40

MARINOL CAPS (Use dronabinol) 25

MARPLAN 19

MATULANE 36

MAXALT TABS 10 MG (Use rizatriptan benzoate) 69

MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate) 69

MAXIDEX SUSP OP 75

MAXITROL OINT (Use neomycin-polymy-dexameth) 75

MAXITROL SUSP (Use neomycin-polymy-dexameth) 75

MAXX MISC 67

MAXX PLUS MISC 67

meclizine hcl TABS 12.5 MG 25

meclizine hcl TABS 25 MG 25

meclofenamate sodium CAPS 5

MEDROL TABS 4 MG, 8 MG, 16 MG (Use methylprednisolone) 48

MEDROL TABS 48

MEDROL TBPK (Use methylprednisolone) 48

medroxyprogesterone acetate (contraceptive) SUSP IM 47

medroxyprogesterone acetate (contraceptive) SUSY IM 47

medroxyprogesterone acetate 10 MG 77

medroxyprogesterone acetate 2.5 MG, 5 MG 77

mefenamic acid CAPS 5

mefloquine hcl 33

megestrol acetate (appetite) 77

megestrol acetate SUSP 35

megestrol acetate TABS 35
meloxicam TABS 5
melphalan hcl IV 34
memantine hcl TABS 77
memantine hcl TABS 78
MENEST 2.5 MG 60
MENOSTAR PTWK 60
MENQUADFI 0.5 ML 82
MENVEO SOLN 82
MENVEO SOLR 82
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML 7
meperidine hcl SOLN PO 50 MG/5ML 7
meperidine hcl TABS 50 MG 7
meprobamate 11
MEPRON (Use atovaquone) 31
mercaptopurine TABS 34
mesalamine CP24 62
mesalamine CPDR 62
mesalamine ENEM 62
mesalamine SUPP 62
mesalamine TBEC 1.2 GM 62
mesalamine TBEC 800 MG 62
MESTINON SOLN PO (Use pyridostigmine bromide) 33
MESTINON TABS (Use pyridostigmine bromide) 33
MESTINON TBCR (Use pyridostigmine bromide) 33
METADATE CD CPCR (Use methylphenidate hcl) 2
metaxalone 800 MG 73
metformin hcl TABS 1000 MG 21
metformin hcl TABS 500 MG 21
metformin hcl TABS 850 MG 21
metformin hcl TB24 500 MG 21
metformin hcl TB24 750 MG 21
methadone hcl CONC 7
METHADONE HCL SOLN IJ (Use methadone hcl) 7
methadone hcl SOLN IJ 10 MG/ML .7
methadone hcl SOLN PO 10 MG/5ML 7
methadone hcl SOLN PO 5 MG/5ML 7
methadone hcl TABS 10 MG 7
methadone hcl TABS 5 MG 7
methadone hcl TBSO 7
METHADOSE CONC (Use methadone hcl) 8
METHADOSE SUGAR-FREE CONC (Use methadone hcl) 7
methamphetamine hcl 1
methazolamide TABS 57
methenamine hippurate 32
methimazole TABS 79
methocarbamol TABS 500 MG, 750 MG 73
methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML 34
methotrexate sodium SOLR 34
methotrexate sodium TABS 2.5 MG 34
methoxsalen rapid 52
methscopolamine bromide 80
methsuximide 18
methyldopa TABS 29
METHYLIN SOLN (Use methylphenidate hcl) 2
methylphenidate hcl CHEW 10 MG .2
methylphenidate hcl CHEW 2.5 MG 2
methylphenidate hcl CHEW 5 MG ..2
methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG 2
methylphenidate hcl CP24 30 MG ..2
methylphenidate hcl CP24 2
methylphenidate hcl CPCR 2
methylphenidate hcl SOLN 2
methylphenidate hcl TABS 10 MG, 20 MG 2
methylphenidate hcl TABS 5 MG ...2
methylphenidate hcl TB24 18 MG, 27 MG 2
methylphenidate hcl TB24 36 MG, 54 MG 2
methylphenidate hcl TBCR 10 MG, 20 MG 2
methylphenidate hcl TBCR 18 MG, 27 MG 2
methylphenidate hcl TBCR 36 MG, 54 MG 2
methylphenidate PTCH 2
methylprednisolone acetate SUSP 48
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG 48
methylprednisolone TABS 48
methylprednisolone TBPK 48

methyltestosterone TABS 10

metoclopramide hcl SOLN IJ 5 MG/ML 61

metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML 61

metoclopramide hcl TABS 61

metolazone 58

metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG 30

metoprolol & hydrochlorothiazide TABS 25 MG-50 MG 30

metoprolol succinate TB24 200 MG 42

metoprolol succinate TB24 25 MG, 50 MG, 100 MG 42

metoprolol tartrate SOLN IV 5 MG/5ML 42

metoprolol tartrate TABS 25 MG, 50 MG, 100 MG 42

METROCREAM CREA (Use metronidazole (topical)) 56

METROGEL GEL 1 % (Use metronidazole (topical)) 56

metronidazole (topical) CREA 56

metronidazole (topical) GEL 0.75 % 56

metronidazole (topical) GEL 1 % ..56

metronidazole (topical) LOTN 56

metronidazole TABS 250 MG, 500 MG 30

metronidazole vaginal 84

mexiletine hcl 11

MFLUSIVA SUSY IM 0.38 ML 84

MICARDIS (Use telmisartan) 28

MICARDIS HCT (Use telmisartan-hydrochlorothiazide) 30

miconazole nitrate vaginal SUPP 200 MG 84

midodrine hcl 85

miglitol 20

MIGRANAL SOLN NA (Use dihydroergotamine mesylate) 69

milnacipran hcl MISC 78

milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG 78

MINIVELLE PTTW (Use estradiol) .61

minocycline hcl CAPS 79

minocycline hcl TABS 79

minoxidil 2.5 MG, 10 MG 30

MINT REFILL KIT MISC 68

mirabegron TB24 82

MIRCERA 64

MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic)) 46

MIRENA (52 MG) 47

mirtazapine TABS 18

mirtazapine TBDP 18

MIRVASO (Use brimonidine tartrate (topical)) 56

misoprostol 81

mitomycin SOLR IV 20 MG 35

mitoxantrone hcl 25 MG/12.5ML ...36

MIUDELLA 47

M-M-R II SOLR 84

MNEXSPIKE SUSY 10 MCG/0.2ML . 84

modafinil 100 MG 3

modafinil 200 MG 3

MODERNA COVID-19 VAC 6M-11Y SUSY 84

moexipril hcl 28

mometasone furoate (nasal) SUSP 73

mometasone furoate CREA 55

mometasone furoate OINT 55

mometasone furoate SOLN 55

montelukast sodium CHEW 12

montelukast sodium PACK 12

montelukast sodium TABS 12

morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG 8

morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML 8

morphine sulfate SOLN PO 10 MG/5ML 8

morphine sulfate SOLN PO 20 MG/5ML 8

morphine sulfate TABS 8

morphine sulfate TBCR 8

MOTEGRITY (Use prucalopride succinate) 61

MOTOFEN 24

MOUNJARO 22

MOVANTIK 62

MOVIPREP (Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid) 65

moxifloxacin hcl (ophth) SOLN OP 74
moxifloxacin hcl in sodium chloride 61
moxifloxacin hcl TABS 61
MRESVIA 84
MS CONTIN TBCR (Use morphine sulfate) 8
mupirocin OINT 50
MYALEPT 59
MYCOBUTIN (Use rifabutin) 33
mycophenolate mofetil CAPS 71
mycophenolate mofetil TABS 71
mycophenolate sodium 71
MYDRIACYL SOLN (Use tropicamide) 74
MYFORTIC (Use mycophenolate sodium) 72
MYRBETRIQ TB24 (Use mirabegron) 82
MYSOLINE (Use primidone) 17
nabumetone 5
nadolol TABS 20 MG 43
nadolol TABS 40 MG 43
nadolol TABS 80 MG 43
nafcillin sodium IJ 1 GM 77
naftifine hcl CREA 1 % 51
naftifine hcl CREA 2 % 51
nalbuphine hcl 10 MG/ML 9
naloxone hcl LIQD 24
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML 24
naltrexone hcl 24
NAMENDA TITRATION PAK TABS (Use memantine hcl) 78
NAPROSYN SUSP (Use naproxen) 5
NAPROSYN TABS 500 MG (Use naproxen) 6
naproxen sodium TABS 550 MG 6
naproxen SUSP 6
naproxen TABS 6
naproxen TBEC 500 MG 6
naratriptan hcl 69
NARCAN LIQD (Use naloxone hcl) 24
NARDIL (Use phenelzine sulfate) .19
NATACYN 74
NATAZIA 46
nateglinide 23
NATROBA (Use spinosad) 56
nebivolol hcl 2.5 MG, 5 MG, 10 MG 43
nebivolol hcl 20 MG 43
NEBUPENT IN (Use pentamidine isethionate) 30
NEBUSAL NEBU 48
nefazodone hcl 19
nelarabine 34
neomycin sulfate TABS 3
neomycin-bacitracin zn-polymyxin 74
neomycin-polymy-dexameth OINT 75
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 % 75
neomycin-polymyxin-hc (ophth) ...75
neomycin-polymyxin-hc (otic) SOLN . 76
neomycin-polymyxin-hc (otic) SUSP . 76
NEORAL CAPS (Use cyclosporine modified (for microemulsion)) 72
NEORAL SOLN (Use cyclosporine modified (for microemulsion)) 72
NEOSTIGMINE METHYLSULFATE RFID SOSY (Use neostigmine methylsulfate) 33
NEOSTIGMINE METHYLSULFATE SOSY (Use neostigmine methylsulfate) 33
neostigmine methylsulfate SOSY ..33
NEO-SYNALAR 50
NEUPRO 37
NEURONTIN CAPS (Use gabapentin) 17
NEURONTIN SOLN (Use gabapentin) 17
NEURONTIN TABS (Use gabapentin) 17
nevirapine SUSP 40
nevirapine TABS 40
nevirapine TB24 400 MG 40
NEXAVAR (Use sorafenib tosylate) . 36
NEXIUM 24HR CPDR (Use esomeprazole magnesium) 81
NEXIUM 24HR TBEC 20 MG 81
NEXIUM CPDR 20 MG (Use esomeprazole magnesium) 81
NEXIUM CPDR 40 MG (Use esomeprazole magnesium) 81

NEXPLANON 47
NEXTSTELLIS 46
niacin (antihyperlipidemic) TBCR ..27
niacin CPCR 250 MG 85
NIACIN ER TBCR 85
niacin TABS 85
niacin TBCR 85
niacinamide TABS 100 MG 85
niacinamide TABS 500 MG 85
nicardipine hcl CAPS 43
NICARDIPINE HCL SOLN (Use nicardipine hcl) 43
nicardipine hcl SOLN 43
NICORETTE MINI LOZG 4 MG (Use nicotine polacrilex) 79
NICOTINE KIT 79
nicotine polacrilex GUM 79
nicotine polacrilex LOZG 79
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR 79
NICOTROL INHA 79
NICOTROL NS SOLN 79
nifedipine CAPS 10 MG 43
nifedipine CAPS 20 MG 44
nifedipine TB24 60 MG 44
nifedipine TB24 90 MG 44
nifedipine TB24 44
NILANDRON (Use nilutamide) 35
nilutamide 35
nimodipine CAPS 44
nintedanib esylate 100 MG, 150 MG . 79
nisoldipine 44
nitazoxanide TABS 31
NITRO-DUR PT24 (Use nitroglycerin) 11
nitrofurantoin 32
nitrofurantoin macrocrystal 50 MG, 100 MG 32
nitrofurantoin monohyd macro 32
nitroglycerin (intra-anal) 10
nitroglycerin OINT 11
nitroglycerin PT24 11
NITROGLYCERIN SOLN IV 11
nitroglycerin SUBL 11
NITROSTAT SUBL (Use nitroglycerin) 11
nizatidine CAPS 80
NORDITROPIN FLEXPRO SOPN .58
norelgestromin-ethinyl estradiol ...47
norethin acet & estrad-fe CAPS ... 46
norethin acet & estrad-fe CHEW ..46
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG 46
norethindrone & eth estradiol 46
norethindrone & ethinyl estradiol-fe 46
norethindrone (contraceptive) 47
norethindrone acet & eth estra TABS 46
norethindrone acetate TABS 77
norethindrone acetate-ethinyl estradiol 60
norethindrone acetate-ethinyl estradiol-fe 46
norethindrone-eth estradiol (triphasic) 46
norgestimate-ethinyl estradiol (triphasic) 46
norgestimate-ethinyl estradiol 46
norgestrel & ethinyl estradiol 30 MCG-0.3 MG 46
NORMOSOL-M IN D5W 70
NORMOSOL-R PH 7.4 70
NORPACE CAPS (Use disopyramide phosphate) 11
NORPRAMIN TABS 10 MG, 25 MG (Use desipramine hcl) 20
nortriptyline hcl CAPS 20
nortriptyline hcl SOLN 20
NORVASC TABS (Use amlodipine besylate) 44
NORVIR PACK 40
NORVIR TABS (Use ritonavir) 40
NOVA MAX PLUS KETONE TEST 57
NOVAVAX COVID-19 VACCINE SUSY 84
NOVOLIN 70/30 FLEXPEN RELION SUPN 23
NOVOLIN 70/30 FLEXPEN SUPN 23
NOVOLIN 70/30 RELION SUSP ..23
NOVOLIN 70/30 SUSP 23
NOVOLIN N FLEXPEN RELION SUPN 23
NOVOLIN N FLEXPEN SUPN 23
NOVOLIN N RELION SUSP 23

NOVOLIN N SUSP 23
NOVOLIN R FLEXPEN RELION SOPN IJ 23
NOVOLIN R FLEXPEN SOPN IJ .. 23
NOVOLIN R RELION SOLN IJ 23
NOVOLIN R SOLN IJ 23
NOVOLOG 70/30 FLEXPEN RELION SUPN 23
NOVOLOG FLEXPEN RELION SOPN 23
NOVOLOG FLEXPEN SOPN 23
NOVOLOG MIX 70/30 FLEXPEN SUPN 23
NOVOLOG MIX 70/30 RELION SUSP 23
NOVOLOG MIX 70/30 SUSP 23
NOVOLOG PENFILL SOCT 23
NOVOLOG RELION SOLN IJ 23
NOVOLOG SOLN IJ 23
NOXAFIL SUSP (Use posaconazole) 25
NOXAFIL TBEC (Use posaconazole) 25
NP THYROID TABS 80
NUBEQA 35
NUCYNTA TABS 50 MG (Use tapentadol hcl) 8
NUVARING (Use etonogestrel-ethinyl estradiol) 47
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML 84
NUVIGIL (Use armodafinil) 3
NYSTATIN (Use nystatin (mouth-throat)) 72
nystatin (mouth-throat) 72
nystatin (topical) CREA 51
nystatin (topical) OINT 51
nystatin (topical) POWD EX 51
nystatin TABS 25
nystatin-triamcinolone CREA 51
nystatin-triamcinolone OINT 51
octreotide acetate SOLN 59
OCUFLOX (Use ofloxacin (ophth)) 74
ODEFSEY 40
OFEV 100 MG, 150 MG (Use nintedanib esylate) 79
ofloxacin (ophth) 74
ofloxacin (otic) 76
ofloxacin 300 MG, 400 MG 61
olanzapine SOLR 38
olanzapine TABS 2.5 MG, 5 MG .. 38
olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG 38
olanzapine TBDP 20 MG 38
olanzapine TBDP 5 MG, 10 MG, 15 MG 38
olmesartan medoxomil 28
olmesartan medoxomil-amlodipine-hydrochlorothiazide 30
olmesartan medoxomil-hydrochlorothiazide 30
olopatadine hcl (nasal) 73
olopatadine hcl 0.1 % 75
olopatadine hcl 0.2 % 75
omega-3-acid ethyl esters 26
omeprazole CPDR 81
omeprazole magnesium CPDR 81
omeprazole TBEC 81
omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG 81
OMNIFLEX DIAPHRAGM 67
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC 68
OMNIPOD 5 LIBRE PODS MISC .. 68
OMNIPOD CLASSIC PODS (GEN 3) MISC 68
OMNIPOD DASH PODS (GEN 4) MISC 68
OMNIPOD POD PALS 68
ondansetron hcl SOLN IJ 4 MG/2ML . 24
ondansetron hcl SOLN PO 4 MG/5ML 24
ondansetron hcl SOSY 24
ondansetron hcl TABS 24 MG 24
ondansetron hcl TABS 4 MG 24
ondansetron hcl TABS 8 MG 24
ondansetron TBDP 4 MG 24
ondansetron TBDP 8 MG 24
ONETOUCH DELICA SAFETY LANCING 68
ONFI SUSP (Use clobazam) 15
ONFI TABS (Use clobazam) 15
ONGLYZA 5 MG (Use saxagliptin hcl) 22
OPILL 47
ORAPRED ODT TBDP (Use prednisolone sodium phosphate) .. 48

orphenadrine citrate TB12 73
orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG 73
oseltamivir phosphate CAPS 42
oseltamivir phosphate SUSR 42
OSPHENA 58
OTEZLA TABS 6
OTEZLA TBPK 6
OTEZLA XR TB24 PO 75 MG 6
OTEZLA/OTEZLA XR INITIATION PK TBPK 6
OTOVEL (Use ciprofloxacin-fluocinolone acetonide) 76
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML 3
OVACE PLUS SHAM (Use sulfacetamide sodium) 53
OVIDE (Use malathion) 56
oxacillin sodium IJ 1 GM 77
oxaprozin TABS 6
oxazepam CAPS 11
oxcarbazepine SUSP 17
oxcarbazepine TABS 150 MG, 300 MG 17
oxcarbazepine TABS 600 MG 17
oxiconazole nitrate CREA 51
OXISTAT LOTN 51
oxybutynin chloride SOLN 82
oxybutynin chloride TABS 5 MG 82
oxybutynin chloride TB24 82
oxycodone hcl TABS 8
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG 9
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG 9
oxymorphone hcl TABS 8
oxymorphone hcl TB12 40 MG 8
oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG 8
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 22
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML 22
OZEMPIC (2 MG/DOSE) SOPN 22
OZEMPIC TABS 1.5 MG, 4 MG, 9 MG 22
PALFORZIA INITIAL DOSE 1-3YRS CSPK 3
paliperidone 38
palonosetron hcl SOLN 24
PAMELOR CAPS (Use nortriptyline hcl) 20
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML 58
PAMIDRONATE DISODIUM SOLN 58
PANRETIN 52
pantoprazole sodium TBEC 20 MG 81
pantoprazole sodium TBEC 40 MG 81
PARAGARD INTRAUTERINE COPPER 47
paricalcitol CAPS 59
paricalcitol SOLN 59
PARLODEL CAPS (Use bromocriptine mesylate) 37
PARLODEL TABS (Use bromocriptine mesylate) 37
PARNATE (Use tranylcypromine sulfate) 19
paroxetine hcl SUSP 19
paroxetine hcl TABS 19
paroxetine hcl TB24 19
PAXIL CR TB24 (Use paroxetine hcl) 19
PAXIL SUSP (Use paroxetine hcl) 19
PAXIL TABS (Use paroxetine hcl) 19
pazopanib hcl 36
PEDIAPRED SOLN (Use prednisolone sodium phosphate) 48
PEDIARIX SUSY 80
pediatric multivitamins w/fl CHEW 73
PEDVAXHIB SUSP 7.5 MCG/0.5ML 82
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid 65
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 65
peg 3350-potassium chloride-sod bicarbonate-sod chloride 65
PEGASYS SOLN 41
PEGASYS SOSY 41
PELLIX SOLN 0.005 % (Use calcipotriene) 52
pemetrexed disodium SOLR 500 MG 34
PENBRAYA 82

penciclovir 53
penicillamine TABS 71
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML . 76
penicillin g potassium 5000000 UNIT 76
penicillin g sodium 76
penicillin v potassium SOLR 76
penicillin v potassium TABS 77
PENMENVY SUSR IM 82
PENTACEL 80
pentamidine isethionate IN 31
pentazocine w/ naloxone hcl 9
pentoxifylline 63
PEPCID TABS (Use famotidine) ... 80
perampanel TABS 2 MG 15
perampanel TABS 4 MG 15
perampanel TABS 6 MG 15
perampanel TABS 8 MG, 10 MG, 12 MG 15
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen) 9
PERCOCET TABS 325 MG-2.5 MG (Use oxycodone w/ acetaminophen) . 9
PERFOROMIST NEBU (Use formoterol fumarate) 13
PERIDEX (Use chlorhexidine gluconate (mouth-throat)) 72
perindopril erbumine 2 MG, 8 MG . 28
perindopril erbumine 4 MG 28
PERIOMED CONC 0.63 % 72
PERMETHRIN CREA 5 % (Use permethrin) 56
permethrin CREA 56
permethrin LIQD EX 56
perphenazine TABS 39
perphenazine-amitriptyline 78
PERSERIS PRSY 38
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP 84
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP 84
phenazopyridine hcl TABS 100 MG, 200 MG 63
phendimetrazine tartrate TABS 1
phenelzine sulfate 19
phenobarbital ELIX 64
phenobarbital TABS 64
phenoxybenzamine hcl 28
phentermine hcl CAPS 1
phenytoin CHEW 18
phenytoin sodium extended 100 MG, 200 MG, 300 MG 18
phenytoin sodium SOLN 18
phenytoin SUSP 18
PHEXX 85
PHEXXI 85
PHOTOFRIN 36
PIFELTRO 40
pilocarpine hcl (oral) 72
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 74
pimecrolimus 56
pimozide 78
pindolol TABS 43
pioglitazone hcl 23
pioglitazone hcl-glimepiride 21
pioglitazone hcl-metformin hcl TABS . 21
pirfenidone CAPS 79
pirfenidone TABS 267 MG, 801 MG 79
pirfenidone TABS 534 MG 79
piroxicam CAPS 6
PLAQUENIL (Use hydroxychloroquine sulfate) 33
PLASMA-LYTE 148 70
PLASMA-LYTE A (Use electrolyte-a) 70
PLAVIX 75 MG (Use clopidogrel bisulfate) 64
PLEGRIDY SOAJ 78
PLEGRIDY SOSY IM 78
PLEGRIDY STARTER PACK SOAJ . 78
PLEGRIDY STARTER PACK SOSY SC 78
PNEUMOVAX 23 SOLN 82
PNEUMOVAX 23 SOSY 82
podofilox SOLN 56
polymyxin b-trimethoprim 74
pomalidomide 1 MG, 2 MG, 3 MG, 4 MG 35
POMALYST 1 MG, 2 MG, 3 MG, 4 MG (Use pomalidomide) 35
posaconazole SUSP 25

posaconazole TBEC 25

POTASSIUM ACETATE SOLN (Use potassium acetate) 71

potassium acetate SOLN 2 MEQ/ML . 71

potassium bicarbonate TBEF 71

potassium chloride CPCR 71

potassium chloride in dextrose & sodium chloride 5 %-10 MEQ/L-0.45 %, 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 % 70

potassium chloride in dextrose 20 MEQ/L 70

potassium chloride microencapsulated crystals er 71

potassium chloride PACK PO 20 MEQ 71

POTASSIUM CHLORIDE SOLN IV (Use potassium chloride) 71

POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (Use potassium chloride) 71

potassium chloride SOLN PO 10 %, 10 % 71

potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ 71

potassium citrate (alkalinizer) TBCR . 62

POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L (Use potassium chloride in dextrose) 70

potassium phosphates 45 MMOLE/15ML 71

POTASSIUM PHOSPHATES(66 MEQ K) (Use potassium phosphates) 71

PR BENZOYL PEROXIDE WASH LIQD 50

PRADAXA CAPS (Use dabigatran etexilate mesylate) 15

pralatrexate 20 MG/ML 34

pramipexole dihydrochloride TABS 0.125 MG 37

pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG 37

prasugrel hcl 64

pravastatin sodium 27

praziquantel 10

prazosin hcl CAPS 29

PRECISION XTRA KETONE 57

PRED FORTE (Use prednisolone acetate (ophth)) 75

PRED MILD 75

prednisolone acetate (ophth) 75

prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 48

prednisolone sodium phosphate TBDP 48

prednisolone SOLN 48

prednisolone TABS 48

prednisone SOLN 48

prednisone TABS 1 MG, 5 MG 48

prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG 48

prednisone TBPK 48

pregabalin CAPS 225 MG, 300 MG 17

pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ... 17

pregabalin SOLN 17

PREHEVBRIO 84

PREMARIN 85

PREMARIN SOLR 61

PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (Use estrogens, conjugated) 61

PREMPHASE 60

PREMPRO 60

PRETOMANID 33

PREVACID 24HR CPDR (Use lansoprazole) 81

PREVACID CPDR 30 MG (Use lansoprazole) 81

PREVNAR 20 82

PREZCOBIX 40

PREZISTA SUSP 40

PREZISTA TABS 600 MG (Use darunavir) 40

PREZISTA TABS 75 MG, 150 MG 40

PREZISTA TABS 800 MG (Use darunavir) 40

PRIFTIN 150 MG (Use rifapentine) 33

PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate) 33

primaquine phosphate TABS 33

primidone 50 MG, 250 MG 17

PRIORIX SUSR 84

PRISTIQ (Use desvenlafaxine succinate) 20

PROAIR RESPICLICK AEPB 13
probenecid 63
procainamide hcl SOLN 500 MG/ML . 11
PROCARDIA XL TB24 (Use nifedipine) 44
prochlorperazine 39
prochlorperazine maleate TABS ...39
PROCTOCORT (Use hydrocortisone acetate (rectal)) 10
progesterone CAPS 77
PROGLYCEM (Use diazoxide) ... 21
PROGRAF CAPS (Use tacrolimus) 72
PROGRAF SOLN 5 MG/ML (Use tacrolimus) 72
PROLENSA (Use bromfenac sodium (ophth)) 76
PROLEUKIN 36
PROLIA SOSY 58
PROMACTA PACK 12.5 MG, 25 MG (Use eltrombopag olamine) 64
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (Use eltrombopag olamine) 64
promethazine hcl SUPP 12.5 MG, 25 MG 26
promethazine hcl SUPP 50 MG ... 26
promethazine hcl TABS 26
PROMETRIUM CAPS (Use progesterone) 77
propafenone hcl CP12 11
propafenone hcl TABS 11
proparacaine hcl 74
propranolol hcl CP24 43
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML 43
propranolol hcl TABS 43
propylthiouracil 79
PROQUAD SUSR 84
PROSCAR (Use finasteride) 63
PROTONIX TBEC 20 MG (Use pantoprazole sodium) 81
PROTONIX TBEC 40 MG (Use pantoprazole sodium) 81
protriptyline hcl 20
PROVENTIL HFA AERS (Use albuterol sulfate) 13
PROVERA 5 MG, 10 MG (Use medroxyprogesterone acetate) 77
PROVIGIL 100 MG (Use modafinil) .3
PROVIGIL 200 MG (Use modafinil) .3
PROVISC SOSY 75
PROZAC CAPS (Use fluoxetine hcl) . 19
prucalopride succinate 61
PRUDOXIN (Use doxepin hcl (antipruritic)) 52
PULMICORT FLEXHALER AEPB 180 MCG/ACT 13
PULMICORT FLEXHALER AEPB 90 MCG/ACT 13
PULMICORT SUSP (Use budesonide (inhalation)) 13
PULMOSAL NEBU 7 % (Use sodium chloride (inhalant)) 48
PULMOZYME 79
PYLERA (Use bismuth subcitrate potassium-metronidazole-tetracycline) 81
pyrazinamide 33
PYRIDIUM TABS (Use phenazopyridine hcl) 63
pyridostigmine bromide SOLN PO .33
pyridostigmine bromide TABS 60 MG 33
pyridostigmine bromide TBCR 33
pyrimethamine 33
PYZCHIVA 130 MG/26ML 62
PYZCHIVA 45 MG/0.5ML 52
PYZCHIVA 90 MG/ML 52
PYZCHIVA SC 45 MG/0.5ML 52
QUADRACEL SUSP 80
QUADRACEL SUSY 80
QUALAQUIN CAPS (Use quinine sulfate) 33
quazepam 65
QUDEXY XR CS24 (Use topiramate) 17
QUESTRAN LIGHT POWD (Use cholestyramine light) 27
QUESTRAN PACK (Use cholestyramine) 27
QUESTRAN POWD (Use cholestyramine) 27
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG 39
quetiapine fumarate TB24 39
quinapril hcl 20 MG, 40 MG 28
quinapril hcl 5 MG, 10 MG 28

quinapril-hydrochlorothiazide 12.5 MG-10 MG 30

quinapril-hydrochlorothiazide 12.5 MG-20 MG 30

quinapril-hydrochlorothiazide 25 MG-20 MG 30

quinidine sulfate TABS 11

quinine sulfate CAPS 324 MG 33

QUZYTTIR SOLN IV 26

QVAR REDIHALER 40 MCG/ACT . 13

QVAR REDIHALER 80 MCG/ACT . 13

rabeprazole sodium TBEC 81

raloxifene hcl 59

ramelteon 65

ramipril CAPS 28

ranitidine hcl TABS 150 MG, 300 MG 80

ranolazine TB12 1000 MG 10

ranolazine TB12 500 MG 10

RAPAFLO (Use silodosin) 63

RAPAMUNE TABS (Use sirolimus) 72

rasagiline mesylate 37

RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML 4

REALITY LATEX CONDOMS MISC . 67

REALITY LATEX/ULTRA TEXTURED DEVI 67

REALITY LATEX/ULTRA THIN DEVI 67

REBIF REBIDOSE SOAJ 78

REBIF REBIDOSE TITRATION PACK SOAJ 78

REBIF SOSY 78

REBIF TITRATION PACK SOSY .. 78

RECLAST SOLN (Use zoledronic acid) 58

RECOMBIVAX HB SUSP 84

RECOMBIVAX HB SUSY 84

RECTIV (Use nitroglycerin (intra-anal)) 10

REGLAN TABS (Use metoclopramide hcl) 61

RELENZA DISKHALER 42

RELION KETONE TEST STRP ... 57

RELION LANCET DEVICES 30G . 68

RELION LANCETS 68

RELION TRUE METRIX TEST STRIPS STRP 57

RELPAX (Use eletriptan hydrobromide) 69

REMERON SOLTAB TBDP (Use mirtazapine) 18

REMERON TABS 15 MG, 30 MG (Use mirtazapine) 18

RENFLEXIS 62

RENVELA PACK (Use sevelamer carbonate) 62

RENVELA TABS (Use sevelamer carbonate) 62

repaglinide 0.5 MG, 1 MG 23

repaglinide 2 MG 23

REPATHA PUSHTRONEX SYSTEM SOCT 27

REPATHA SOSY 28

REPATHA SURECLICK SOAJ 28

RESTASIS EMUL (Use cyclosporine (ophth)) 74

RESTORIL (Use temazepam) 65

RETACRIT 64

RETIN-A CREA (Use tretinoin) 50

RETIN-A GEL (Use tretinoin) 50

RETIN-A MICRO 0.04 % (Use tretinoin microsphere) 50

RETIN-A MICRO 0.1 % (Use tretinoin microsphere) 50

RETIN-A MICRO PUMP 0.1 % (Use tretinoin microsphere) 50

RETROVIR CAPS (Use zidovudine) . 41

RETROVIR SOLN 41

RETROVIR SYRP (Use zidovudine) . 41

REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) . 45

REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) . 45

REVATIO TABS (Use sildenafil citrate (pulmonary hypertension)) . 45

REVLIMID (Use lenalidomide) 71

REXULTI 39

REYATAZ CAPS 200 MG (Use atazanavir sulfate) 41

REYATAZ CAPS 300 MG (Use atazanavir sulfate) 41

REZVOGLAR KWIKPEN 23

ribavirin (hepatitis c) CAPS 41

ribavirin (hepatitis c) TABS 200 MG

41

RIDAURA 5

rifabutin 33

RIFADIN SOLR (Use rifampin) 33

rifampin CAPS 33

rifampin SOLR 33

rifapentine 150 MG 33

rilpivirine hcl 25 MG 41

riluzole TABS 73

rimantadine hydrochloride TABS .. 42

ringer's 70

ringer's irrigation 72

RINVOQ LQ SOLN 3

RINVOQ TB24 3

risedronate sodium TABS 150 MG 58

risedronate sodium TABS 35 MG ..58

risedronate sodium TABS 5 MG, 30 MG 58

risedronate sodium TBEC 58

RISPERDAL CONSTA (Use risperidone microspheres) 38

RISPERDAL SOLN (Use risperidone) 38

RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) 38

risperidone microspheres 38

risperidone SOLN 38

risperidone TABS 38

risperidone TBDP 38

RITALIN LA CP24 10 MG, 20 MG, 40 MG (Use methylphenidate hcl) 3

RITALIN LA CP24 30 MG (Use methylphenidate hcl) 3

RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl) 3

RITALIN TABS 5 MG (Use methylphenidate hcl) 3

ritonavir TABS 41

rivaroxaban SUSR 1 MG/ML 14

rivaroxaban TABS 2.5 MG 14

rivastigmine tartrate CAPS 78

rizatriptan benzoate TABS 10 MG .69

rizatriptan benzoate TABS 5 MG .. 69

rizatriptan benzoate TBDP 10 MG .69

rizatriptan benzoate TBDP 5 MG .. 70

ROBINUL TABS (Use glycopyrrolate) 80

ROBINUL-FORTE TABS (Use glycopyrrolate) 80

ROCALTROL CAPS (Use calcitriol) 59

ROCALTROL SOLN PO (Use calcitriol) 59

roflumilast 12

ropinirole hydrochloride TABS 37

ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG 37

ropinirole hydrochloride TB24 8 MG, 12 MG 37

rosuvastatin calcium TABS 27

ROTARIX SUSP 84

ROTATEQ SOLN 84

ROXICODONE TABS 15 MG, 30 MG (Use oxycodone hcl) 8

ROZEREM (Use ramelteon) 65

rufinamide SUSP 17

rufinamide TABS 200 MG 17

rufinamide TABS 400 MG 17

RUXIENCE 34

RYBELSUS TABS 22

SABRIL PACK (Use vigabatrin) ... 18

SABRIL TABS (Use vigabatrin) 18

sacubitril-valsartan TABS 44

SAFYRAL (Use drospirenone-ethinyl estradiol-levomefolate calcium) 47

SALAGEN (Use pilocarpine hcl (oral)) 73

salsalate 6

SAMSCA TABS PO (Use tolvaptan (hyponatremia)) 60

SANDIMMUNE CAPS (Use cyclosporine) 72

SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate) 60

SANTYL OINT 55

SAPHRIS 2.5 MG (Use asenapine maleate) 39

SAPHRIS 5 MG, 10 MG (Use asenapine maleate) 39

SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (Use milnacipran hcl) 78

SAVELLA TITRATION PACK MISC (Use milnacipran hcl) 78

saxagliptin hcl 22

saxagliptin-metformin hcl 1000 MG-2.5 MG 21

saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG 21

scopolamine 25

SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day)) 47

SEGLUROMET 1000 MG-2.5 MG, 1000 MG-7.5 MG, 500 MG-7.5 MG 21

SEGLUROMET 500 MG-2.5 MG .. 21

selegiline hcl CAPS 37

selegiline hcl TABS 37

selenium sulfide LOTN 2.5 % 53

SELSUN BLUE CARE MENS MAX STR LOTN (Use selenium sulfide) 53

SELSUN BLUE DAILY LOTN (Use selenium sulfide) 53

SELSUN BLUE LOTN (Use selenium sulfide) 53

SELSUN BLUE MEDICATED LOTN (Use selenium sulfide) 53

SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide) 53

SELZENTRY SOLN 41

SELZENTRY TABS 150 MG (Use maraviroc) 41

SELZENTRY TABS 300 MG (Use maraviroc) 41

SENSIPAR (Use cinacalcet hcl) .. 59

SEREVENT DISKUS 14

SEROQUEL TABS (Use quetiapine fumarate) 39

SEROQUEL XR TB24 (Use quetiapine fumarate) 39

sertraline hcl CONC 19

sertraline hcl TABS 19

sevelamer carbonate PACK 62

sevelamer carbonate TABS 62

SHINGRIX 84

SHINGRIX IM 50 MCG/0.5ML 84

SIGNIFOR 60

sildenafil citrate (pulmonary hypertension) SOLN 45

sildenafil citrate (pulmonary hypertension) SUSR 45

sildenafil citrate (pulmonary hypertension) TABS 45

sildenafil citrate 44

SILENOR (Use doxepin hcl (sleep)) . 65

silodosin 63

SILVADENE (Use silver sulfadiazine) 53

silver sulfadiazine 53

SIMLANDI (1 PEN) AJKT 4

SIMLANDI (1 SYRINGE) PSKT 4

SIMLANDI (2 PEN) AJKT 4

SIMLANDI (2 SYRINGE) PSKT 4

SIMULECT 72

simvastatin TABS 27

SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa) 37

SINGULAIR CHEW (Use montelukast sodium) 12

SINGULAIR PACK (Use montelukast sodium) 12

SINGULAIR TABS (Use montelukast sodium) 12

sirolimus TABS 72

SIRTURO 33

sitagliptin phosphate 25 MG, 50 MG, 100 MG 22

sitagliptin phosphate-metformin hcl TABS 21

sitagliptin phosphate-metformin hcl TB24 21

SKYLA 47

SKYRIZI PEN SOAJ 52

SKYRIZI SOCT 62

SKYRIZI SOLN 62

SKYRIZI SOSY 52

SLYND 47

SODIUM ACETATE SOLN (Use sodium acetate) 70

sodium acetate SOLN 70

sodium chloride (gu irrigant) 0.9 % 63

sodium chloride (inhalant) NEBU 7 % 49

sodium citrate & citric acid 62

sodium fluoride CHEW 71

sodium phenylbutyrate POWD 59

sodium phenylbutyrate TABS 59

sodium polystyrene sulfonate POWD 72

sodium polystyrene sulfonate SUSP CO 15 GM/60ML 72

sodium sulfate-potassium sulfate-magnesium sulfate 65

SOFOSBUVIR-VELPATASVIR TABS 41

solifenacin succinate TABS 82
SOLIQUA 21
SOLU-CORTEF (Use hydrocortisone sod succinate) 48
SOLU-CORTEF 250 MG 48
SOLU-CORTEF 500 MG, 1000 MG 48
SOLU-MEDROL 2 GM 48
SOLU-MEDROL 500 MG, 1000 MG (Use methylprednisolone sod succ) 48
SOMA TABS (Use carisoprodol) ...73
sorafenib tosylate 36
SORBITOL 3 % 63
SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML 63
sotalol hcl (afib/afl) 43
sotalol hcl TABS 240 MG 43
sotalol hcl TABS 80 MG, 120 MG, 160 MG 43
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML 84
SPIKEVAX SUSP 84
SPIKEVAX SUSY 84
spinosad 56
SPIRIVA HANDIHALER CAPS IN (Use tiotropium bromide) 12
SPIRIVA RESPIMAT AERS IN 12
spironolactone & hydrochlorothiazide 57
spironolactone TABS 57
SPORANOX CAPS (Use itraconazole) 25
SPORANOX SOLN (Use itraconazole) 25
SPRAVATO (56 MG DOSE) 19
SPRAVATO (84 MG DOSE) 19
SPRYCEL (Use dasatinib) 36
SSS 10-5 CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur) ... 50
stannous fluoride CONC 72
STEGLATRO 15 MG 23
STEGLATRO 5 MG 23
STEGLUJAN 21
STENDRA (Use avanafil) 44
STEQEYMA 62
STEQEYMA 45 MG/0.5ML 52
STEQEYMA 90 MG/ML 52
STIOLTO RESPIMAT 14
STIVARGA 36
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (Use atomoxetine hcl) 2
STRATTERA 60 MG, 80 MG, 100 MG (Use atomoxetine hcl) 2
STRENSIQ 59
streptomycin sulfate SOLR 3
STRIBILD 41
STRIVERDI RESPIMAT 14
STROMECTOL (Use ivermectin) . 10
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate) 9
SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate) 9
sucralfate SUSP 81
sucralfate TABS 81
SUFLAVE 65
SULAR 8.5 MG, 17 MG, 34 MG (Use nisoldipine) 44
sulconazole nitrate CREA 51
sulconazole nitrate SOLN 51
sulfacetamide sodium (acne) 50
sulfacetamide sodium (ophth) SOLN . 74
sulfacetamide sodium SHAM 10 % 53
sulfacetamide sodium w/ sulfur CREA 10 %-5 % 50
sulfacetamide sodium w/ sulfur LIQD 10 %-5 % 50
sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 % 50
sulfacetamide sod-prednisolone SOLN 75
sulfadiazine TABS 79
sulfamethoxazole-trimethoprim SOLN 31
sulfamethoxazole-trimethoprim SUSP 31
sulfamethoxazole-trimethoprim TABS 31
SULFAMYLON CREA 53
sulfasalazine TABS 62
sulfasalazine TBEC 62
sulindac TABS 6
SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur) ... 50
sumatriptan 70

sumatriptan succinate SOAJ 70
sumatriptan succinate SOCT 70
sumatriptan succinate SOLN 6 MG/0.5ML 70
sumatriptan succinate TABS 70
sumatriptan-naproxen sodium 69
sunitinib malate 36
SUNOSI 150 MG 2
SUNOSI 75 MG 2
SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate-magnesium sulfate) 65
SUTENT (Use sunitinib malate) ...36
SYMBICORT (Use budesonide-formoterol fumarate dihydrate) 14
SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate) 41
SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate) 41
SYMTUZA 41
SYNALAR CREA (Use fluocinolone acetonide) 55
SYNALAR OINT (Use fluocinolone acetonide) 55
SYNAREL 59
SYNJARDY TABS 21
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG 21
SYNJARDY XR TB24 1000 MG-25 MG 21
SYNTHROID TABS (Use levothyroxine sodium) 80
SYPRINE (Use trientine hcl) 71
TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate) 55
tacrolimus (topical) OINT 56
tacrolimus CAPS 72
tacrolimus SOLN 5 MG/ML 72
tadalafil (pulmonary hypertension) TABS 45
tadalafil 5 MG 44
tafluprost 76
TAMIFLU CAPS (Use oseltamivir phosphate) 42
TAMIFLU SUSR (Use oseltamivir phosphate) 42
tamoxifen citrate TABS 35
tamsulosin hcl 63
TAPENTADOL HCL ER TB12 50 MG 8
tapentadol hcl TABS 50 MG 8
TARCEVA 100 MG, 150 MG (Use erlotinib hcl) 35
TARGRETIN (Use bexarotene (topical)) 52
TARGRETIN (Use bexarotene) ...36
TASMAR (Use tolcapone) 37
tavaborole 51
TAYTULLA CAPS (Use norethin acet & estrad-fe) 47
tazarotene CREA 0.1 % 52
TAZORAC CREA 0.1 % (Use tazarotene) 52
TDVAX SUSP 80
TECFIDERA CDPK (Use dimethyl fumarate) 78
TECFIDERA CPDR (Use dimethyl fumarate) 78
TEFLARO 400 MG, 600 MG (Use ceftaroline fosamil) 46
TEGRETOL SUSP (Use carbamazepine) 17
TEGRETOL TABS (Use carbamazepine) 17
TEGRETOL-XR TB12 100 MG, 400 MG (Use carbamazepine) 17
TEGRETOL-XR TB12 200 MG (Use carbamazepine) 17
TEKTURNA (Use aliskiren fumarate) 30
telmisartan 28
telmisartan-amlodipine 30
telmisartan-hydrochlorothiazide ...30
temazepam 15 MG, 30 MG 65
temazepam 7.5 MG, 22.5 MG 65
TEMODAR SOLR 34
temozolomide CAPS 34
temsirolimus 36
TENIVAC SUSP 2 LFU-5 LFU 80
tenofovir disoproxil fumarate TABS 41
TENORETIC 100 (Use atenolol & chlorthalidone) 30
TENORETIC 50 (Use atenolol & chlorthalidone) 30
TENORMIN TABS (Use atenolol) . 43
TEPADINA 15 MG (Use thiotepa) . 34
terazosin hcl 29

terbinafine hcl TABS 25
terbutaline sulfate SOLN 14
terbutaline sulfate TABS 14
terconazole vaginal CREA 84
terconazole vaginal SUPP 84
teriflunomide 78
teriparatide SOPN 58
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML 10
testosterone cypionate SOLN IM .. 10
testosterone enanthate SOLN IM .. 10
TETANUS-DIPHTHERIA TOXOIDS TD SUSP 80
tetrabenazine 78
tetracycline hcl CAPS 79
THALOMID 50 MG, 100 MG, 200 MG 71
theophylline ELIX 14
theophylline SOLN 14
theophylline TB12 14
theophylline TB24 14
thioridazine hcl 39
thiotepa 15 MG 34
thiothixene 39
THYMOGLOBULIN 72
THYROGEN 0.9 MG 56
tiagabine hcl 18
TIAZAC (Use diltiazem hcl extended release beads) 44
ticagrelor 60 MG, 90 MG 64
TIKOSYN (Use dofetilide) 12
timolol maleate (ophth) SOLG 74
timolol maleate (ophth) SOLN 74
timolol maleate TABS 43
tinidazole 31
tiotropium bromide CAPS IN 18 MCG 12
TIVICAY PD TBSO 41
TIVICAY TABS 50 MG 41
tizanidine hcl CAPS 73
tizanidine hcl TABS 73
TOBI NEBU (Use tobramycin) 3
tobramycin (ophth) SOLN 74
tobramycin NEBU 3
tobramycin-dexamethasone SUSP 75
TODAY SPONGE MISC 84
tofacitinib citrate SOLN 1 MG/ML ... 3
tofacitinib citrate TABS 5 MG, 10 MG 3
tofacitinib citrate TB24 11 MG, 22 MG 3
tolcapone 37
TOLECTIN DS CAPS 400 MG (Use tolmetin sodium) 6
tolmetin sodium CAPS 6
tolmetin sodium TABS 600 MG 6
TOLSURA CAPS 25
tolterodine tartrate CP24 82
tolterodine tartrate TABS 82
tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG 60
tolvaptan TABS 60
TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate) 17
TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate) 17
TOPAMAX TABS 200 MG (Use topiramate) 17
TOPAMAX TABS 25 MG, 100 MG (Use topiramate) 17
TOPAMAX TABS 50 MG (Use topiramate) 17
TOPICORT CREA 0.05 % (Use desoximetasone) 55
TOPICORT CREA 0.25 % (Use desoximetasone) 55
TOPICORT GEL (Use desoximetasone) 55
TOPICORT OINT 0.25 % (Use desoximetasone) 55
topiramate CPSP 15 MG 17
topiramate CPSP 25 MG 17
topiramate CS24 17
topiramate TABS 200 MG 17
topiramate TABS 25 MG, 100 MG . 17
topiramate TABS 50 MG 17
TOPOTECAN HCL SOLN (Use topotecan hcl) 37
topotecan hcl SOLN 37
topotecan hcl SOLR 37
TOPROL XL TB24 200 MG (Use metoprolol succinate) 43
TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate) 43
toremifene citrate 35

TORISEL (Use temsirolimus) 36
torsemide TABS 57
TOUJEO MAX SOLOSTAR SOPN 23
TOUJEO SOLOSTAR SOPN 23
TOVIAZ (Use fesoterodine fumarate) 82
TRACLEER TABS (Use bosentan) 45
TRACLEER TBSO 32 MG (Use bosentan) 45
TRADJENTA 22
tramadol hcl TABS 50 MG 8
tramadol hcl TB24 8
tramadol-acetaminophen 9
trandolapril 1 MG, 2 MG 28
trandolapril 4 MG 28
trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG 30
trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG 30
tranexamic acid SOLN 1000 MG/10ML 64
tranexamic acid TABS 64
TRANSDERM SCOP 1 MG/3DAYS (Use scopolamine) 25
TRANSDERM-SCOP (Use scopolamine) 25
tranylcypromine sulfate 19
TRAVATAN Z SOLN (Use travoprost) 76
travoprost SOLN 76
trazodone hcl TABS 19
TRELEGY ELLIPTA 14
treprostinil SOLN IJ 45
TRESIBA FLEXTOUCH SOPN 23
TRESIBA SOLN 23
tretinoin (chemotherapy) 36
tretinoin CREA 0.025 %, 0.05 %, 0.1 % 50
tretinoin GEL 0.01 %, 0.025 % 50
tretinoin microsphere 0.1 % 50
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG 34
TREXIMET (Use sumatriptan-naproxen sodium) 69
triamcinolone acetonide (mouth) 72
triamcinolone acetonide (nasal) AERO 73
triamcinolone acetonide (topical) CREA 0.025 % 55
triamcinolone acetonide (topical) CREA 0.1 % 55
triamcinolone acetonide (topical) CREA 0.5 % 55
triamcinolone acetonide (topical) LOTN 0.025 % 55
triamcinolone acetonide (topical) LOTN 0.1 % 55
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % 55
triamcinolone acetonide (topical) OINT 0.5 % 55
triamcinolone acetonide SUSP 40 MG/ML 48
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG 57
triamterene & hydrochlorothiazide TABS 57
triamterene CAPS 57
triazolam 65
TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide) 30
TRICOR TABS (Use fenofibrate) 27
trientine hcl 250 MG 71
trifluoperazine hcl TABS 39
trifluridine 74
trihexyphenidyl hcl SOLN 37
trihexyphenidyl hcl TABS 37
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG 21
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG 21
TRILEPTAL SUSP (Use oxcarbazepine) 17
TRILEPTAL TABS 150 MG, 300 MG (Use oxcarbazepine) 17
TRILEPTAL TABS 600 MG (Use oxcarbazepine) 17
TRILIPIX (Use choline fenofibrate) 27
trimethobenzamide hcl CAPS 25
trimethoprim TABS 31
trimipramine maleate CAPS 20
TRINTELLIX 19
TRIUMEQ PD TBSO 41
TRIUMEQ TABS 41
TROJAN BARESKIN DEVI 67
TROJAN MAGNUM MISC 67

TROJAN ULTRA THIN MISC 67
TROJAN ULTRA THIN/SPERMICIDAL MISC 67
TROJAN-ENZ LUBRICATED MISC 67
TROJAN-ENZ/SPERMICIDAL MISC . 67
tropicamide SOLN 0.5 % 74
tropicamide SOLN 1 % 74
trospium chloride CP24 82
trospium chloride TABS 82
TRUE COVER DEVI 67
TRUE METRIX BLOOD GLUCOSE TEST STRP 57
TRUE METRIX LEVEL 3 SOLN ...68
TRULANCE 61
TRULICITY 22
TRUMENBA 0.5 ML 82
TRUSTEX COLOR CONDOMS + LUBE MISC 67
TRUSTEX LUB/RIBBED/STUDDED MISC 67
TRUSTEX LUB/SPERMICIDE EX ST MISC 67
TRUSTEX LUB/SPERMICIDE XL MISC 67
TRUSTEX LUBRICATED EX LARGE MISC 67
TRUSTEX LUBRICATED EXTRA ST MISC 67
TRUSTEX LUBRICATED MISC ...67
TRUSTEX LUBRICATED/SPERMICIDE MISC 67
TRUSTEX NATURAL CONDOMS + LUBE MISC 67
TRUSTEX RIA LUB/SPERMICIDE MISC 67
TRUSTEX RIA LUBRICATED MISC . 67
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC 67
TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate) 41
TRUXIMA 34
TUDORZA PRESSAIR 12
TURALIO 125 MG 36
TWINRIX SUSY 84
TWIRLA 47
TYBLUME CHEW 47
TYBOST 41
TYKERB (Use lapatinib ditosylate) 36
TYMLOS 58
UBRELVY 69
UCERIS (Use budesonide (intrarectal)) 10
UDENYCA ONBODY SOSY 64
UDENYCA SOAJ 64
UDENYCA SOSY 64
ULORIC (Use febuxostat) 63
umeclidinium bromide 62.5 MCG/INH 12
umeclidinium-vilanterol 14
UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer)) 62
UROCIT-K 15 TBCR (Use potassium citrate (alkalinizer)) 62
UROXATRAL (Use alfuzosin hcl) .63
URSO FORTE TABS (Use ursodiol) . 61
ursodiol CAPS 61
ursodiol TABS 61
UVADEX 36
VAGIFEM TABS (Use estradiol vaginal) 85
valacyclovir hcl 1 GM 42
valacyclovir hcl 500 MG 42
VALCYTE TABS (Use valganciclovir hcl) 41
valganciclovir hcl TABS 41
VALIUM TABS (Use diazepam) ... 11
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML 18
valproic acid CAPS 18
valrubicin 36
valsartan TABS 28
valsartan-hydrochlorothiazide 30
VALSTAR (Use valrubicin) 36
VALTOCO 10 MG DOSE LIQD 15
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML 16
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML 16
VALTOCO 5 MG DOSE LIQD 16
VALTREX 1 GM (Use valacyclovir hcl) 42
VALTREX 500 MG (Use valacyclovir hcl) 42
VANCOCIN CAPS (Use vancomycin

hcl) 31
vancomycin hcl CAPS 31
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML . 31
VANOS CREA (Use fluocinonide) . 55
VAQTA 84
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML 84
varenicline tartrate TABS 79
varenicline tartrate TBPK 79
VARIVAX SUSR 84
VARUBI (180 MG DOSE) TBPK . . . 25
VASCEPA 1 GM (Use icosapent ethyl) 26
VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide) 30
VASOPRESSIN SOLN IV 20 UNIT/ML (Use vasopressin) 59
vasopressin SOLN IV 59
VASOSTRICT SOLN IV (Use vasopressin) 59
VASOTEC TABS (Use enalapril maleate) 28
VAXELIS SUSP 80
VAXELIS SUSY 80
VAXNEUVANCE 82
VCF VAGINAL CONTRACEPTIVE FILM 84
VECAMYL 30
VECTICAL (Use calcitriol (topical)) 52
VELETRI (Use epoprostenol sodium) 45
VELPHORO 62
VELSIPITY 62
venlafaxine hcl CP24 20
venlafaxine hcl TABS 20
venlafaxine hcl TB24 20
VENTOLIN HFA AERS (Use albuterol sulfate) 14
verapamil hcl CP24 100 MG, 200 MG, 300 MG 44
verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG 44
VERAPAMIL HCL ER CP24 (Use verapamil hcl) 44
verapamil hcl TABS 44
verapamil hcl TBCR 44
VERELAN CP24 (Use verapamil hcl) 44
VERELAN PM CP24 (Use verapamil hcl) 44
VERZENIO 36
VESICARE TABS (Use solifenacin succinate) 82
VFEND TABS 200 MG (Use voriconazole) 25
VIAGRA (Use sildenafil citrate) . . . 44
VIBRAMYCIN CAPS (Use doxycycline hyclate) 79
VICTOZA (Use liraglutide) 22
VIDAZA SUSR (Use azacitidine) . . 34
vigabatrin PACK 18
vigabatrin TABS 18
VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth)) 74
VIIBRYD TABS (Use vilazodone hcl) 19
vilazodone hcl TABS 19
VIMPAT SOLN PO 10 MG/ML (Use lacosamide) 17
VIMPAT TABS (Use lacosamide) . . 17
vinorelbine tartrate 10 MG/ML 36
VIRACEPT TABS 250 MG 41
VIRACEPT TABS 625 MG 41
VIREAD POWD 41
VIREAD TABS (Use tenofovir disoproxil fumarate) 41
VIREAD TABS 150 MG, 200 MG, 250 MG 41
VISTARIL CAPS 25 MG (Use hydroxyzine pamoate) 11
VISTOGARD 24
VITAMIN D2 TABS 400 UNIT 85
VIVELLE-DOT PTTW (Use estradiol) 61
VORAXAZE 36
voriconazole TABS 25
VOSEVI 41
VOTRIENT (Use pazopanib hcl) . . 36
VYTORIN (Use ezetimibe-simvastatin) 26
VYVANSE CAPS (Use lisdexamfetamine dimesylate) 1
VYVANSE CHEW (Use lisdexamfetamine dimesylate) 1
warfarin sodium TABS 14
water for irrigation, sterile 72
WELCHOL PACK (Use colesevelam

hcl) 27

WELCHOL TABS (Use colesevelam hcl) 27

WELLBUTRIN SR TB12 (Use bupropion hcl) 19

WELLBUTRIN XL TB24 (Use bupropion hcl) 19

WIDE-SEAL DIAPHRAGM 60 67

WIDE-SEAL DIAPHRAGM 65 67

WIDE-SEAL DIAPHRAGM 70 67

WIDE-SEAL DIAPHRAGM 75 67

WIDE-SEAL DIAPHRAGM 80 67

WIDE-SEAL DIAPHRAGM 85 67

WIDE-SEAL DIAPHRAGM 90 67

WIDE-SEAL DIAPHRAGM 95 67

XALATAN SOLN (Use latanoprost) 76

XANAX TABS (Use alprazolam) . . . 11

XANAX XR TB24 (Use alprazolam) 11

XARELTO STARTER PACK TBPK 14

XARELTO SUSR 1 MG/ML (Use rivaroxaban) 14

XARELTO TABS 10 MG, 20 MG . . 14

XARELTO TABS 15 MG 14

XARELTO TABS 2.5 MG (Use rivaroxaban) 14

XELJANZ SOLN 1 MG/ML (Use tofacitinib citrate) 3

XELJANZ TABS 5 MG, 10 MG (Use tofacitinib citrate) 3

XELJANZ XR TB24 11 MG, 22 MG (Use tofacitinib citrate) 3

XELODA (Use capecitabine) 34

XENAZINE (Use tetrabenazine) . . 78

XHANCE EXHU 73

XIFAXAN 200 MG 31

XIFAXAN 550 MG 31

XIGDUO XR TB24 PO (Use dapagliflozin free base-metformin hcl) 21

XIGDUO XR TB24 PO 1000 MG-5 MG (Use dapagliflozin free base-metformin hcl) 21

XOPENEX HFA (Use levalbuterol tartrate) 14

XTANDI CAPS 35

XTANDI TABS 40 MG 35

XTANDI TABS 80 MG 35

XULTOPHY 21

XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML . . 26

YASMIN 28 (Use drospirenone-ethinyl estradiol) 47

YAZ (Use drospirenone-ethinyl estradiol) 47

YCANTH SOLN 56

YESINTEK 130 MG/26ML 62

YESINTEK SOLN 45 MG/0.5ML . . . 52

YESINTEK SOSY 45 MG/0.5ML . . 53

YESINTEK SOSY 90 MG/ML 53

YUFLYMA (1 PEN) AJKT 40 MG/0.4ML 4

YUFLYMA (1 PEN) AJKT 80 MG/0.8ML 4

YUFLYMA (2 PEN) AJKT 4

YUFLYMA (2 SYRINGE) PSKT 4

YUFLYMA-CD/UC/HS STARTER AJKT 5

zafirlukast 12

zaleplon 10 MG 65

zaleplon 5 MG 65

ZALTRAP 100 MG/4ML 34

ZANAFLEX CAPS (Use tizanidine hcl) 73

ZANAFLEX TABS 4 MG (Use tizanidine hcl) 73

ZANOSAR 34

ZARONTIN CAPS (Use ethosuximide) 18

ZARONTIN SOLN (Use ethosuximide) 18

ZARXIO 64

ZEGERID CAPS 1100 MG-20 MG (Use omeprazole-sodium bicarbonate) 81

ZEGERID CAPS 1100 MG-40 MG (Use omeprazole-sodium bicarbonate) 81

ZELBORAF 36

ZEMPLAR CAPS 1 MCG, 2 MCG (Use paricalcitol) 59

ZEMPLAR SOLN (Use paricalcitol) 59

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 57

ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT 57
ZERVIATE 76
ZESTORETIC (Use lisinopril & hydrochlorothiazide) 30
ZESTRIL TABS (Use lisinopril) 28
ZETIA (Use ezetimibe) 27
ZIAGEN SOLN (Use abacavir sulfate) 41
ZIANA (Use clindamycin phosphate-tretinoin) 50
zidovudine CAPS 41
zidovudine SYRP 41
zidovudine TABS 41
zileuton TB12 12
ZIOPTAN (Use tafluprost) 76
ziprasidone hcl 38
ZIRGAN GEL 74
ZITHROMAX SUSR (Use azithromycin) 66
ZITHROMAX TABS 250 MG (Use azithromycin) 66
ZITHROMAX TABS 500 MG (Use azithromycin) 66
ZITHROMAX TRI-PAK TABS (Use azithromycin) 66
ZITHROMAX Z-PAK TABS (Use azithromycin) 66
ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin) 27
zoledronic acid SOLN 5 MG/100ML 58
ZOLINZA 36
zolmitriptan SOLN 70
zolmitriptan TABS 70
zolmitriptan TBDP 70
ZOLOFT CONC (Use sertraline hcl) 19
ZOLOFT TABS (Use sertraline hcl) 19
zolpidem tartrate TABS 65
zolpidem tartrate TBCR 65
ZOMIG SOLN (Use zolmitriptan) .. 70
ZONALON (Use doxepin hcl (antipruritic)) 52
ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide) 18
zonisamide CAPS 18
ZONTIVITY 64
ZORTRESS 0.25 MG, 0.5 MG, 0.75 MG (Use everolimus (immunosuppressant)) 72
ZORTRESS 1 MG (Use everolimus (immunosuppressant)) 72
ZOVIRAX CREA (Use acyclovir topical) 53
ZOVIRAX OINT (Use acyclovir topical) 53
ZYDELIG 36
ZYLET 0.3 %-0.5 % (Use loteprednol etabonate-tobramycin) 75
ZYPREXA SOLR (Use olanzapine) 39
ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine) 39
ZYPREXA TABS 7.5 MG, 10 MG, 15 MG, 20 MG (Use olanzapine) 39
ZYPREXA ZYDIS TBDP 20 MG (Use olanzapine) 39
ZYPREXA ZYDIS TBDP 5 MG, 10 MG, 15 MG (Use olanzapine) 39
ZYRTEC ALLERGY TABS (Use cetirizine hcl) 26
ZYTIGA 250 MG (Use abiraterone acetate) 35
ZYTIGA 500 MG (Use abiraterone acetate) 35
ZYVOX SUSR (Use linezolid) 32
ZYVOX TABS (Use linezolid) 32

Ambetter Health is the brand name used for products and services provided by one or more of the wholly owned subsidiaries of Centene Corporation, who are issuers in the states indicated at AmbetterHealth.com. Health benefits and health insurance plans contain exclusions and limitations. © 2026 Centene Corporation, centene.com. All rights reserved. For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit AmbetterHealth.com and scroll to the bottom of the page.

Ambetter Health es la marca comercial que se usa para los productos y servicios ofrecidos por una o más de las subsidiarias de propiedad plena de Centene Corporation, que son emisoras en los estados que se indican en AmbetterHealth.com. Los beneficios de salud y los planes de seguro de salud contienen exclusiones y limitaciones. © 2026 Centene Corporation, centene.com. Todos los derechos reservados. Para obtener información sobre su derecho a recibir atención del plan de Ambetter Health libre de discriminación o sobre su derecho a obtener servicios de idiomas, asistencia visual o auditiva, visite AmbetterHealth.com y desplace el cursor hasta el final de la página.

AMB26-AHS-C-00056-TN

6854417_TN7CMPFORMLT_M