

2027

Formulary Formulario

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



Formulary Introduction

SUMMARY OF FORMULARY BENEFITS

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

HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS

To find the cost of your prescription please visit

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

FORMULARY BY HEALTH BENEFIT PLAN

Plan	Formulary	Summary of Benefits and Coverage
Ambetter Health Solutions Bronze 5500	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Bronze 5500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Bronze HSA 6700	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Bronze HSA 6700 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Gold 0	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Gold 0 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Gold 1850	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Gold 1850 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Gold 2500	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Gold 2500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Gold 3000	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html

Plan	Formulary	Summary of Benefits and Coverage
Ambetter Health Solutions Gold 3000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Gold HSA 2000	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Gold HSA 2000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver 3350	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver 3350 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver 4500	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver 4500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver 5500	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver 5500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver Copay HSA 4250	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver Copay HSA 4250 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver HSA 4250	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver HSA 4250 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Choice Bronze	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Choice Bronze + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Choice Bronze HSA	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Choice Bronze HSA + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Complete Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Complete Gold + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Complete VALUE Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html

Plan	Formulary	Summary of Benefits and Coverage
Enhanced Diabetes Care Silver \$0 Rx Options	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Enhanced Diabetes Care Silver \$0 Rx Options + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Everyday Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Everyday Gold + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Focused Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Focused Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Focused VALUE Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Focused VALUE Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Signature Expanded Bronze	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Signature Expanded Bronze + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Signature Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Signature Gold + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Signature Gold VALUE	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Signature Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Signature Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Signature Silver VALUE	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Signature Silver VALUE + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Streamlined Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Streamlined Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Streamlined VALUE Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Texas Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html

DRUG BY COST-SHARING TIER

Tier	Percent of drugs in each cost-sharing tier:
0	6.03%
1a	13.13%
1b	70.59%
2	0.98%
3	3.27%
4	6%

HOW PRESCRIPTION DRUGS ARE COVERED UNDER THE PLAN

A. FORMULARY COMPOSITION:

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

B. RIGHT TO APPEAL

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

C. CONTINUATION OF COVERAGE

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

D. OFF-LABEL DRUG USE

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

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

E. COST SHARING

Cost sharing is your monetary participation in your care. You will need to know few items to determine the cost-share you are responsible for. Knowing the following items will help you estimate the cost you'll be responsible for at any given time: how much of your deductible you have already paid, how much deductible

remains, what drug you are prescriber, and your maximum out of pocket allowance. All those items, with the exception of the tier, can be obtained from the Summary of Benefits and Coverage (see links above). To obtain the tier for your drug please consult the Formulary. To determine your cost share please follow steps below:

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

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

D. MEDICAL MANAGEMENT REQUIREMENTS

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

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

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

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

STANDARD FORMULARY

The Ambetter 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

RESUMEN DE BENEFICIOS DEL FORMULARIO

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

CÓMO ENCONTRAR INFORMACIÓN SOBRE EL COSTO DE LOS MEDICAMENTOS RECETADOS

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

FORMULARIO POR PLAN DE BENEFICIOS DE SALUD

Plan	Formulario	Beneficios de salud
Ambetter Health Solutions Bronze 5500	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Bronze 5500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Bronze HSA 6700	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Bronze HSA 6700 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Gold 0	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Gold 0 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Gold 1850	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Gold 1850 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Gold 2500	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Gold 2500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Gold 3000	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Gold 3000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Gold HSA 2000	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html

Plan	Formulario	Beneficios de salud
Ambetter Health Solutions Gold HSA 2000 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver 3350	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver 3350 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver 4500	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver 4500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver 5500	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver 5500 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver Copay HSA 4250	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver Copay HSA 4250 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver HSA 4250	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Ambetter Health Solutions Silver HSA 4250 + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Choice Bronze	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Choice Bronze + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Choice Bronze HSA	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Choice Bronze HSA + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Complete Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Complete Gold + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Complete VALUE Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Enhanced Diabetes Care Silver \$0 Rx Options	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Enhanced Diabetes Care Silver \$0 Rx Options + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Everyday Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Everyday Gold + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html

Plan	Formulario	Beneficios de salud
Focused Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Focused Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Focused VALUE Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Focused VALUE Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Signature Expanded Bronze	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Signature Expanded Bronze + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Signature Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Signature Gold + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Signature Gold VALUE	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Signature Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Signature Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Signature Silver VALUE	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Signature Silver VALUE + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Streamlined Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Streamlined Silver + Vision + Adult Dental	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Streamlined VALUE Silver	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html
Texas Gold	Standard Formulary	https://ambetter.superiorhealthplan.com/2027-brochures.html

MEDICAMENTO POR NIVEL DE COSTO COMPARTIDO

Nivel	Porcentaje de medicamentos en cada nivel de costo compartido:
0	6.03%
1a	13.13%
1b	70.59%
2	0.98%
3	3.27%
4	6%

CÓMO CUBRE EL PLAN LOS MEDICAMENTOS RECETADOS

A. COMPOSICIÓN DEL FORMULARIO:

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

B. DERECHO A APELAR

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

C. CONTINUACIÓN DE COBERTURA

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

D. USO DE MEDICAMENTOS FUERA DE LO INDICADO

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

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

E. COSTO COMPARTIDO

El costo compartido es su participación monetaria en su atención médica. Deberá conocer algunos puntos para determinar el costo compartido que le corresponde. Conocer los siguientes elementos lo ayudará a estimar el costo del que será responsable en un momento dado:

qué parte del deducible ya ha pagado, cuánto le queda de deducible, qué medicamento le han recetado y la cantidad máxima que puede pagar de su bolsillo. Todos estos datos, a excepción del nivel, se pueden obtener en el Resumen de beneficios y cobertura (ver los enlaces anteriores). Para obtener información del nivel de su medicamento, consulte el Formulario.

Para determinar su costo compartido, siga los siguientes pasos:

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

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

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

D. REQUISITOS DE ADMINISTRACIÓN MÉDICA

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

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

Límite de cantidad (QL): Los medicamentos que tienen una indicación QL en el Formulario están limitados a la cantidad indicada. Esos límites de cantidad se basan en las dosis máximas aprobadas por la FDA. Si su proveedor desea

solicitar una excepción a esos límites, puede presentar una solicitud de autorización previa. Todas las solicitudes de excepción de límite de cantidad se procesarán bajo nuestra política de medicamentos fuera de lo indicado.

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

FORMULARIO ESTÁNDAR

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

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

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

Clave de la lista de medicamentos:

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

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

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

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

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

Nivel 3 - El copago alto cubre los medicamentos de marca de costo más alto y medicamentos genéricos no preferidos. Este nivel también puede cubrir medicamentos no especializados que no figuran en la Lista de medicamentos recetados, pero cuya cobertura ha sido aprobada.

Nivel 4 - El copago más alto es para medicamentos “de especialidad” usados para tratar condiciones crónicas complejas que pueden requerir una manipulación, almacenamiento o administración clínica especiales. Los medicamentos recetados cubiertos en el nivel de especialidad pueden tener que ser surtidos en una farmacia que participe de las redes de “especialidad” o de “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	Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders			DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NF	QL(4 EA daily)
Amphetamines			dextroamphetamine sulfate CP24 5 MG	1B	
ADDERALL XR CP24 15 MG (Use amphetamine-dextroamphetamine)	NF		dextroamphetamine sulfate CP24 10 MG, 15 MG	1B	QL(4 EA daily)
ADDERALL XR CP24 5 MG, 10 MG (Use amphetamine-dextroamphetamine)	NF	QL(1 EA daily)	dextroamphetamine sulfate TABS 5 MG, 10 MG	1B	QL(4 EA daily)
ADDERALL XR CP24 20 MG, 25 MG, 30 MG (Use amphetamine-dextroamphetamine)	NF	QL(2 EA daily)	dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	1B	
ADDERALL TABS 30 MG (Use amphetamine-dextroamphetamine)	NF	QL(2 EA daily)	EVEKEO TABS (Use amphetamine sulfate)	NF	PA
ADDERALL TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG (Use amphetamine-dextroamphetamine)	NF	QL(3 EA daily)	lisdexamfetamine dimesylate CAPS	1B	QL(1 EA daily); ST
amphetamine sulfate TABS	3	PA	lisdexamfetamine dimesylate CHEW	1B	QL(1 EA daily); ST
amphetamine-dextroamphetamine CP24 15 MG	1B		methamphetamine hcl	1B	QL(5 EA daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG	1B	QL(2 EA daily)	VYVANSE CAPS (Use lisdexamfetamine dimesylate)	NF	QL(1 EA daily); ST
amphetamine-dextroamphetamine CP24 5 MG, 10 MG	1B	QL(1 EA daily)	VYVANSE CHEW (Use lisdexamfetamine dimesylate)	NF	QL(1 EA daily); ST
amphetamine-dextroamphetamine TABS 30 MG	1B	QL(2 EA daily)	Anorexiants Non-Amphetamine		
amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG	1B	QL(3 EA daily)	phendimetrazine tartrate TABS	1B	PA
DESOXYN (Use methamphetamine hcl)	NF	QL(5 EA daily); AL(At least 6 yrs old)	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)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clonidine hcl (adhd) TB12</i>	1B		METADATE CD CPR	NF	QL(1 EA daily); AL(At least 6 yrs old)
<i>guanfacine hcl (adhd)</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)	(Use methylphenidate hcl)		
INTUNIV (Use guanfacine hcl (adhd))	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)
STRATTERA 60 MG, 80 MG, 100 MG (Use atomoxetine hcl)	NF	QL(1 EA daily); AL(At least 6 yrs old)	<i>methylphenidate hcl CHEW 10 MG</i>	1B	QL(5 EA daily)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (Use atomoxetine hcl)	NF	QL(2 EA daily); AL(At least 6 yrs old)	<i>methylphenidate hcl CHEW 2.5 MG</i>	1B	QL(2 EA daily)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)			<i>methylphenidate hcl CHEW 5 MG</i>	1B	QL(6 EA daily)
SUNOSI 75 MG	3	QL(2 EA daily); PA	<i>methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
SUNOSI 150 MG	3	QL(1 EA daily); PA	<i>methylphenidate hcl CP24</i>	1B	QL(1 EA daily)
Stimulants - Misc.			<i>methylphenidate hcl CP24 30 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
APTENSIO XR CP24 (Use methylphenidate hcl)	NF	QL(1 EA daily)	<i>methylphenidate hcl CPR</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>armodafinil</i>	1B	QL(1 EA daily); AL(At least 17 yrs old); PA	<i>methylphenidate hcl SOLN</i>	1B	QL(30 ML 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)	<i>methylphenidate hcl TABS 5 MG</i>	1B	QL(6 EA daily); AL(At least 6 yrs old)
CONCERTA TBCR 18 MG, 27 MG (Use methylphenidate hcl)	NF	QL(1 EA daily); AL(At least 6 yrs old)	<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	1B	QL(5 EA daily); AL(At least 6 yrs old)
DAYTRANA PTCH (Use methylphenidate)	NF	QL(1 EA daily); PA	<i>methylphenidate hcl TB24 18 MG, 27 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>dexmethylphenidate hcl CP24</i>	1B	QL(1 EA daily)	<i>methylphenidate hcl TB24 36 MG, 54 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>dexmethylphenidate hcl TABS</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)	<i>methylphenidate hcl TBCR 18 MG, 27 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
FOCALIN XR CP24 (Use dexmethylphenidate hcl)	NF	QL(1 EA daily)	<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1B	QL(3 EA daily); AL(At least 6 yrs old)
FOCALIN TABS (Use dexmethylphenidate hcl)	NF	QL(2 EA daily); AL(At least 6 yrs old)	<i>methylphenidate hcl TBCR 36 MG, 54 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
			<i>methylphenidate PTCH</i>	1B	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>modafinil 100 MG</i>	1B	QL(1 EA daily); PA
<i>modafinil 200 MG</i>	1B	QL(2 EA daily); PA
NUVIGIL (<i>Use armodafinil</i>)	NF	QL(1 EA daily); AL(At least 17 yrs old); PA
PROVIGIL 200 MG (<i>Use modafinil</i>)	NF	QL(2 EA daily); PA
PROVIGIL 100 MG (<i>Use modafinil</i>)	NF	QL(1 EA daily); PA
RITALIN LA CP24 10 MG, 20 MG, 40 MG (<i>Use methylphenidate hcl</i>)	NF	QL(1 EA daily); AL(At least 6 yrs old)
RITALIN LA CP24 30 MG (<i>Use methylphenidate hcl</i>)	NF	QL(2 EA daily); AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 MG (<i>Use methylphenidate hcl</i>)	NF	QL(5 EA daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG (<i>Use methylphenidate hcl</i>)	NF	QL(6 EA daily); AL(At least 6 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASSTK SUBL	3	PA
PALFORZIA INITIAL DOSE 1-3YRS CSPK	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1B	
ARIKAYCE	4	PA
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i>	1B	
<i>gentamicin sulfate IJ 40 MG/ML</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>Use tobramycin</i>)	NF	QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA
<i>neomycin sulfate TABS</i>	1B	
<i>streptomycin sulfate SOLR</i>	3	
TOBI NEBU (<i>Use tobramycin</i>)	NF	QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA
<i>tobramycin NEBU</i>	4	QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ LQ SOLN	4	QL(12 ML daily); PA
RINVOQ TB24	4	QL(1 EA daily); PA
<i>tofacitinib citrate SOLN 1 MG/ML</i>	4	QL(20 ML daily); PA
<i>tofacitinib citrate TABS 5 MG, 10 MG</i>	4	QL(2 EA daily); PA
<i>tofacitinib citrate TB24 11 MG, 22 MG</i>	4	QL(1 EA daily); PA
XELJANZ XR TB24 11 MG, 22 MG (<i>Use tofacitinib citrate</i>)	4	QL(1 EA daily); PA
XELJANZ SOLN 1 MG/ML (<i>Use tofacitinib citrate</i>)	4	QL(20 ML daily); PA
XELJANZ TABS 5 MG, 10 MG (<i>Use tofacitinib citrate</i>)	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	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	HUMIRA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
Anti-TNF-alpha - Monoclonal Antibodies			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/UEIT 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
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	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	<i>diclofenac sodium TBEC</i>	1B	
Gold Compounds			<i>diclofenac w/ misoprostol TBEC</i>	1B	
AURANOFIN 3 MG	3	QL(3 EA daily)	EC-NAPROSYN TBEC 500 MG (<i>Use naproxen</i>)	NF	QL(3 EA daily)
RIDAURA	3	QL(3 EA daily)	EC-NAPROSYN TBEC 375 MG (<i>Use naproxen</i>)	NF	
Interleukin-6 Receptor Inhibitors			<i>etodolac CAPS</i>	1B	
ACTEMRA ACTPEN SOAJ	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA	<i>etodolac TABS</i>	1B	
ACTEMRA SOLN 80 MG/4ML	4	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); PA	<i>fenoprofen calcium TABS</i>	1B	QL(4 EA daily); ST
ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML	4	QL(40 ML per 28 day(s) retail; 40 ML per 28 days mail); PA	<i>flurbiprofen TABS</i>	1B	
ACTEMRA SOSY	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA	<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	1B	RX/OTC
KEVZARA SOAJ	4	QL(0.082 ML daily); PA	<i>ibuprofen TABS 400 MG, 600 MG</i>	1A	
KEVZARA SOSY	4	QL(0.082 ML daily); PA	<i>ibuprofen TABS 800 MG</i>	1B	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>indomethacin CAPS 25 MG, 50 MG</i>	1B	
ALEVE TABS (<i>Use naproxen sodium</i>)	NF		<i>indomethacin CPCR</i>	1B	
ANAPROX DS TABS (<i>Use naproxen sodium</i>)	NF		<i>ketoprofen CAPS 50 MG, 75 MG</i>	1B	
ARTHROTEC TBEC (<i>Use diclofenac w/ misoprostol</i>)	NF		<i>ketorolac tromethamine TABS</i>	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
CELEBREX (<i>Use celecoxib</i>)	NF	QL(2 EA daily)	LODINE TABS (<i>Use etodolac</i>)	NF	
<i>celecoxib</i>	1B	QL(2 EA daily)	LURBIPR TABS 100 MG (<i>Use flurbiprofen</i>)	NF	
DAYPRO TABS (<i>Use oxaprozin</i>)	NF		LURBIRO TABS 100 MG (<i>Use flurbiprofen</i>)	NF	
<i>diclofenac potassium TABS 50 MG</i>	1B		<i>meclofenamate sodium CAPS</i>	3	
<i>diclofenac sodium TB24</i>	1B		<i>mefenamic acid CAPS</i>	1B	QL(5 EA daily); ST
			<i>meloxicam TABS</i>	1A	QL(1 EA daily)
			<i>nabumetone</i>	1B	
			NAPROSYN SUSP (<i>Use naproxen</i>)	NF	PA

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Muscle and Joint Conditions			<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B	
Opioid Agonists			<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 EA daily)
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply	<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 EA daily); PA
CODEINE SULFATE TABS	1B	New starts limited to 7 day supply	<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 EA daily); PA
DEMEROL SOLN IJ (<i>Use meperidine hcl</i>)	NF		<i>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply
DILAUDID LIQD (<i>Use hydromorphone hcl</i>)	NF	New starts limited to 7 day supply	<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B	
DILAUDID TABS (<i>Use hydromorphone hcl</i>)	NF	New starts limited to 7 day supply; QL(8 EA daily)	<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ML per fill retail)
DISKETTS TBSO 40 MG (<i>Use methadone hcl</i>)	NF	QL(2 EA daily)	<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
DURAMORPH SOLN IJ 0.5 MG/ML, 1 MG/ML (<i>Use morphine sulfate</i>)	NF		<i>methadone hcl CONC</i>	1B	QL(10 ML daily)
FENTANYL CITRATE (PF) SOLN IJ 50 MCG/ML (<i>Use fentanyl citrate</i>)	NF	QL(2 ML daily); PA	<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B	
<i>fentanyl citrate LPOP</i>	1B	QL(4 EA daily); PA	<i>methadone hcl SOLN PO 5 MG/5ML</i>	1B	QL(100 ML daily)
<i>fentanyl citrate SOLN IJ 50 MCG/ML</i>	3	QL(2 ML daily); PA	<i>methadone hcl SOLN PO 10 MG/5ML</i>	1B	QL(50 ML daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1B	QL(0.34 EA daily)	METHADONE HCL SOLN IJ (<i>Use methadone hcl</i>)	1B	
<i>hydrocodone bitartrate CP12</i>	3	QL(2 EA daily); PA	<i>methadone hcl TABS 10 MG</i>	1B	QL(10 EA daily)
<i>hydrocodone bitartrate T24A</i>	3	QL(2 EA daily); PA	<i>methadone hcl TABS 5 MG</i>	1B	QL(4 EA daily)
HYDROMORPHONE HCL PF SOLN IJ (<i>Use hydromorphone hcl</i>)	NF		<i>methadone hcl TBSO</i>	1B	QL(2 EA daily)
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply	METHADOSE SUGAR-FREE CONC (<i>Use methadone hcl</i>)	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 20 MG/5ML	1B	New starts limited to 7 day supply; QL(50 ML daily)
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 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 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 w/ codeine TABS 15 MG-300 MG	1B	New starts limited to 7 day supply; QL(13 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-300 MG	1B	New starts limited to 7 day supply
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-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	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1B	New starts limited to 7 day supply; QL(180 ML daily)	<i>tramadol-acetaminophen</i>	1B	New starts limited to 7 day supply; QL(8 EA daily)
<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	1B	New starts limited to 7 day supply	Opioid Partial Agonists		
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1B	QL(3 EA daily)
<i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1B	QL(2 EA daily)
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1A	QL(3 EA daily)
<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1B	New starts limited to 7 day supply; QL(5 EA daily)	<i>buprenorphine hcl SOLN</i>	1B	
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1B	PA	<i>buprenorphine hcl SUBL</i>	1A	QL(3 EA daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 EA daily)	<i>buprenorphine PTWK</i>	1B	QL(0.143 EA daily); PA
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)	<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1B	
PERCOCET TABS 325 MG-2.5 MG (Use <i>oxycodone w/ acetaminophen</i>)	NF	New starts limited to 7 day supply; QL(13 EA daily)	<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ML daily); PA
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use <i>oxycodone w/ acetaminophen</i>)	NF	New starts limited to 7 day supply; QL(12 EA daily)	BUTRANS PTWK (Use <i>buprenorphine</i>)	NF	QL(0.143 EA daily); PA
			<i>nalbuphine hcl 10 MG/ML</i>	3	QL(8 ML daily); PA
			<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply
			SUBOXONE FILM SL 3 MG-12 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(2 EA daily)
			SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	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
<i>danazol CAPS</i>	1B	
<i>methyltestosterone TABS</i>	3	
<i>testosterone cypionate SOLN IM</i>	1B	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1B	
<i>testosterone enanthate SOLN IM</i>	1B	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	4	QL(3.2 GM daily); PA
CORTENEMA (Use <i>hydrocortisone (intrarectal)</i>)	NF	
<i>hydrocortisone (intrarectal)</i>	1B	
UCERIS (Use <i>budesonide (intrarectal)</i>)	NF	QL(3.2 GM daily); PA
Rectal Steroids		
ANUCORT-HC 25 MG (Use <i>hydrocortisone acetate (rectal)</i>)	NF	
ANUSOL-HC EX (Use <i>hydrocortisone (rectal)</i>)	NF	
ANUSOL-HC 25 MG (Use <i>hydrocortisone acetate (rectal)</i>)	NF	
HEMMOREX-HC 25 MG, 30 MG (Use <i>hydrocortisone acetate (rectal)</i>)	NF	
<i>hydrocortisone (rectal) EX</i>	1B	
<i>hydrocortisone acetate (rectal)</i>	1B	
PROCTOCORT (Use <i>hydrocortisone acetate (rectal)</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1B	QL(2 GM daily)
RECTIV (Use <i>nitroglycerin (intra-anal)</i>)	NF	QL(2 GM daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1B	PA
BILTRICIDE (Use <i>praziquantel</i>)	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
<i>ivermectin</i>	1B	QL(9 EA per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail
<i>praziquantel</i>	1B	PA
STROMEKTOL (Use <i>ivermectin</i>)	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		
<i>ranolazine TB12 500 MG</i>	1B	QL(3 EA daily)
<i>ranolazine TB12 1000 MG</i>	1B	QL(2 EA daily)
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (Use <i>isosorbide dinitrate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1B		ATIVAN TABS 1 MG (<i>Use lorazepam</i>)	NF	QL(4 EA daily)
<i>isosorbide mononitrate TABS</i>	1B		<i>chlordiazepoxide hcl CAPS</i>	1B	
<i>isosorbide mononitrate TB24</i>	1A		<i>clorazepate dipotassium TABS</i>	1B	
NITRO-DUR PT24 (<i>Use nitroglycerin</i>)	NF		<i>diazepam CONC</i>	1B	
<i>nitroglycerin OINT</i>	1B		<i>diazepam SOLN PO 5 MG/5ML</i>	1B	
<i>nitroglycerin PT24</i>	1B		<i>diazepam TABS</i>	1A	QL(4 EA daily)
NITROGLYCERIN SOLN IV	1B		<i>lorazepam CONC</i>	1B	
<i>nitroglycerin SUBL</i>	1B		<i>lorazepam TABS 1 MG</i>	1A	QL(4 EA daily)
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NF		<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 EA daily)
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety			<i>oxazepam CAPS</i>	1B	
Antianxiety Agents - Misc.			VALIUM TABS (<i>Use diazepam</i>)	NF	QL(4 EA daily)
<i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B		XANAX XR TB24 (<i>Use alprazolam</i>)	NF	
<i>buspirone hcl 5 MG</i>	1A		XANAX TABS (<i>Use alprazolam</i>)	NF	QL(4 EA daily)
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	1B		ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
<i>hydroxyzine hcl SYRP</i>	1B		Antiarrhythmics Type I-A		
<i>hydroxyzine hcl TABS</i>	1B		<i>disopyramide phosphate CAPS</i>	1B	
<i>hydroxyzine pamoate CAPS</i>	1B		NORPACE CAPS (<i>Use disopyramide phosphate</i>)	NF	
<i>meprobamate</i>	1B		<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
VISTARIL CAPS 25 MG (<i>Use hydroxyzine pamoate</i>)	NF		<i>quinidine sulfate TABS</i>	1B	
Benzodiazepines			Antiarrhythmics Type I-B		
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	QL(4 EA daily)	<i>mexiletine hcl</i>	1B	
<i>alprazolam TABS 2 MG</i>	1B	QL(4 EA daily)	Antiarrhythmics Type I-C		
<i>alprazolam TB24</i>	1B		<i>flecainide acetate</i>	1B	
<i>alprazolam TBDP</i>	1B		<i>propafenone hcl CP12</i>	1B	
ATIVAN TABS 0.5 MG, 2 MG (<i>Use lorazepam</i>)	NF	QL(3 EA daily)	<i>propafenone hcl TABS</i>	1B	
			Antiarrhythmics Type III		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amiodarone hcl SOLN 150 MG/3ML</i>	1B		ACCOLATE (<i>Use zafirlukast</i>)	NF	QL(2 EA daily)
<i>amiodarone hcl TABS</i>	1B		<i>montelukast sodium CHEW</i>	1B	QL(1 EA daily)
<i>dofetilide</i>	1B		<i>montelukast sodium PACK</i>	1B	QL(1 EA daily)
TIKOSYN (<i>Use dofetilide</i>)	NF		<i>montelukast sodium TABS</i>	1B	QL(1 EA daily)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions			SINGULAIR CHEW (<i>Use montelukast sodium</i>)	NF	QL(1 EA daily)
Antiasthmatic - Monoclonal Antibodies			SINGULAIR PACK (<i>Use montelukast sodium</i>)	NF	QL(1 EA daily)
FASENRA PEN SOAJ	4	QL(0.036 ML daily); PA	SINGULAIR TABS (<i>Use montelukast sodium</i>)	NF	QL(1 EA daily)
FASENRA SOSY 30 MG/ML	4	QL(0.036 ML daily); PA	<i>zafirlukast</i>	1B	QL(2 EA daily)
FASENRA SOSY 10 MG/0.5ML	4	QL(0.018 ML daily); PA	<i>zileuton TB12</i>	3	QL(4 EA daily); PA
Anti-Inflammatory Agents			Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>cromolyn sodium NEBU</i>	1B	QL(8 ML daily)	DALIRESP (<i>Use roflumilast</i>)	NF	QL(1 EA daily)
Bronchodilators - Anticholinergics			<i>roflumilast</i>	1B	QL(1 EA daily)
ATROVENT HFA 17 MCG/ACT (<i>Use ipratropium bromide hfa</i>)	NF	QL(0.44 GM daily)	Steroid Inhalants		
INCRUSE ELLIPTA 62.5 MCG/ACT (<i>Use umeclidinium bromide</i>)	1B	QL(1 EA daily)	ALVESCO	3	PA
<i>ipratropium bromide hfa 17 MCG/ACT</i>	1B	QL(0.44 GM daily)	ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>Use fluticasone furoate (inhalation)</i>)	NF	
<i>ipratropium bromide SOLN 0.02 %</i>	1B	QL(15 ML daily)	ASMANEX (120 METERED DOSES) AEPB	1B	QL(0.04 EA daily)
SPIRIVA HANDIHALER CAPS IN (<i>Use tiotropium bromide</i>)	NF	QL(1 EA daily)	ASMANEX (14 METERED DOSES) AEPB	1B	QL(0.04 EA daily)
SPIRIVA RESPIMAT AERS IN	1B	QL(0.14 GM daily)	ASMANEX (30 METERED DOSES) AEPB	1B	QL(0.04 EA daily)
<i>tiotropium bromide CAPS IN 18 MCG</i>	1B	QL(1 EA daily)	ASMANEX (60 METERED DOSES) AEPB	1B	QL(0.04 EA daily)
TUDORZA PRESSAIR	1B	QL(0.04 EA daily)	ASMANEX HFA AERO	1B	QL(0.44 GM daily)
<i>umeclidinium bromide 62.5 MCG/INH</i>	1B	QL(1 EA daily)	<i>beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT</i>	1B	
Leukotriene Modulators					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide (inhalation) SUSP</i>	1B	QL(4 ML daily); PA	<i>albuterol sulfate NEBU</i>	1B	
FLOVENT HFA 44 MCG/ACT (Use <i>fluticasone propionate hfa</i>)	NF		<i>albuterol sulfate SYRP</i>	1B	
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>albuterol sulfate TABS</i>	1B	
<i>fluticasone propionate (inhalation) AEPB</i>	1B		ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use <i>umeclidinium-vilanterol</i>)	NF	
<i>fluticasone propionate hfa</i>	1B	QL(0.8 GM daily)	<i>arformoterol tartrate</i>	1B	QL(4 ML daily)
PULMICORT FLEXHALER AEPB 180 MCG/ACT	1B	QL(0.07 EA daily)	BEVESPI AEROSPHERE	1B	QL(0.36 GM daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	1B	QL(0.27 EA daily)	BREO ELLIPTA	1B	
PULMICORT SUSP (Use <i>budesonide (inhalation)</i>)	NF	QL(4 ML daily); PA	BREO ELLIPTA (Use <i>fluticasone furoate-vilanterol</i>)	1B	
QVAR REDHALER 80 MCG/ACT	1B	QL(0.72 GM daily)	BREZTRI AEROSPHERE	1B	QL(0.38 GM daily)
QVAR REDHALER 40 MCG/ACT	1B	QL(0.36 GM daily)	BROVANA (Use <i>arformoterol tartrate</i>)	NF	QL(4 ML daily)
Sympathomimetics			<i>budesonide-formoterol fumarate dihydrate</i>	1B	
ADVAIR DISKUS AEPB (Use <i>fluticasone-salmeterol</i>)	NF		COMBIVENT RESPIMAT AERS	3	QL(0.16 GM daily); PA
ADVAIR HFA AERO (Use <i>fluticasone-salmeterol</i>)	NF		DULERA	1B	
AIRDUO RESPICLICK 113/14 AEPB (Use <i>fluticasone-salmeterol</i>)	NF		<i>fluticasone furoate-vilanterol</i>	1B	
AIRDUO RESPICLICK 232/14 AEPB (Use <i>fluticasone-salmeterol</i>)	NF		<i>fluticasone-salmeterol AEPB</i>	1B	
AIRDUO RESPICLICK 55/14 AEPB (Use <i>fluticasone-salmeterol</i>)	NF		<i>fluticasone-salmeterol AERO</i>	1B	
AIRSUPRA	1B		<i>formoterol fumarate NEBU</i>	1B	QL(4 ML daily)
<i>albuterol sulfate AERS</i>	1B		<i>ipratropium-albuterol SOLN</i>	1B	QL(18 ML daily)
			<i>levalbuterol hcl</i>	1B	
			<i>levalbuterol tartrate</i>	1B	QL(0.5 GM daily)
			PERFOROMIST NEBU (Use <i>formoterol fumarate</i>)	NF	QL(4 ML daily)
			PROAIR RESPICLICK AEPB	1B	
			PROVENTIL HFA AERS (Use <i>albuterol sulfate</i>)	NF	

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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 15 MG	2	QL(2 EA daily)
XARELTO TABS 2.5 MG (Use rivaroxaban)	NF	QL(2 EA daily)
XARELTO TABS 10 MG, 20 MG	2	QL(1 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 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)
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)
enoxaparin sodium SOLN IJ 300 MG/3ML	4	QL(6 ML daily)
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	4	QL(2 ML daily)
enoxaparin sodium SOSY 40 MG/0.4ML	4	QL(0.8 ML daily)
enoxaparin sodium SOSY 60 MG/0.6ML	4	QL(1.2 ML daily)
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	4	QL(1.6 ML daily)
enoxaparin sodium SOSY 30 MG/0.3ML	4	QL(0.6 ML daily)
fondaparinux sodium 7.5 MG/0.6ML	4	QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail)	AMPA Glutamate Receptor Antagonists		
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail)	FYCOMPA TABS 4 MG (<i>Use perampanel</i>)	NF	QL(3 EA daily); PA
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail)	FYCOMPA TABS 6 MG (<i>Use perampanel</i>)	NF	QL(2 EA daily); PA
FRAGMIN SOSY	4	PA	FYCOMPA TABS 8 MG, 10 MG, 12 MG (<i>Use perampanel</i>)	NF	QL(1 EA daily); PA
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML	1B		FYCOMPA TABS 2 MG (<i>Use perampanel</i>)	NF	QL(6 EA daily); PA
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B		<i>perampanel TABS 6 MG</i>	1B	QL(2 EA daily); PA
LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NF	QL(6 ML daily)	<i>perampanel TABS 4 MG</i>	1B	QL(3 EA daily); PA
LOVENOX SOSY 40 MG/0.4ML (<i>Use enoxaparin sodium</i>)	NF	QL(0.8 ML daily)	<i>perampanel TABS 8 MG, 10 MG, 12 MG</i>	1B	QL(1 EA daily); PA
LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>Use enoxaparin sodium</i>)	NF	QL(2 ML daily)	<i>perampanel TABS 2 MG</i>	1B	QL(6 EA daily); PA
LOVENOX SOSY 30 MG/0.3ML (<i>Use enoxaparin sodium</i>)	NF	QL(0.6 ML daily)	Anticonvulsants - Benzodiazepines		
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>Use enoxaparin sodium</i>)	NF	QL(1.6 ML daily)	<i>clobazam SUSP</i>	1B	QL(16 ML daily); PA
LOVENOX SOSY 60 MG/0.6ML (<i>Use enoxaparin sodium</i>)	NF	QL(1.2 ML daily)	<i>clobazam TABS</i>	1B	QL(2 EA daily); PA
Thrombin Inhibitors			<i>clonazepam TABS</i>	1A	
<i>dabigatran etexilate mesylate CAPS</i>	1B		DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	NF	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
PRADAXA CAPS (<i>Use dabigatran etexilate mesylate</i>)	NF		<i>diazepam (anticonvulsant) GEL</i>	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
ANTICONVULSANTS - Drugs to Treat Seizures			KLONOPIN TABS (<i>Use clonazepam</i>)	NF	
			ONFI SUSP (<i>Use clobazam</i>)	NF	QL(16 ML daily); PA
			ONFI TABS (<i>Use clobazam</i>)	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	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	CARBATROL CP12 100 MG (<i>Use carbamazepine</i>)	NF	
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA	<i>eslicarbazepine acetate</i> 200 MG, 400 MG, 600 MG, 800 MG	1B	QL(2 EA daily); ST
VALTOCO 5 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA	<i>gabapentin CAPS</i>	1B	
Anticonvulsants - Misc.			<i>gabapentin SOLN</i>	1B	QL(60 ML daily)
APTiom 200 MG, 400 MG, 600 MG, 800 MG (<i>Use eslicarbazepine acetate</i>)	NF	QL(2 EA daily); ST	<i>gabapentin TABS</i> 600 MG, 800 MG	1B	
BANZEL SUSP (<i>Use rufinamide</i>)	NF	QL(80 ML daily); PA	KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NF	QL(4 EA daily)
BANZEL TABS 400 MG (<i>Use rufinamide</i>)	NF	QL(8 EA daily); PA	KEPPRA SOLN PO 100 MG/ML (<i>Use levetiracetam</i>)	NF	QL(30 ML daily)
BANZEL TABS 200 MG (<i>Use rufinamide</i>)	NF	QL(2 EA daily); PA	KEPPRA TABS 1000 MG (<i>Use levetiracetam</i>)	NF	QL(3 EA daily)
<i>brivaracetam SOLN PO</i> 10 MG/ML	1B	QL(20 ML daily); PA	KEPPRA TABS 500 MG (<i>Use levetiracetam</i>)	NF	QL(6 EA daily)
BRIVIACT SOLN PO 10 MG/ML (<i>Use brivaracetam</i>)	3	QL(20 ML daily); PA	KEPPRA TABS 250 MG, 750 MG (<i>Use levetiracetam</i>)	NF	QL(4 EA daily)
<i>carbamazepine CHEW</i>	1B		<i>lacosamide SOLN PO</i> 10 MG/ML, 50 MG/5ML, 100 MG/10ML	1B	QL(40 ML daily)
<i>carbamazepine CP12</i> 100 MG	1B		<i>lacosamide TABS</i>	1B	QL(2 EA daily)
<i>carbamazepine CP12</i> 200 MG	1B	QL(6 EA daily)	LAMICTAL ODT TBDP (<i>Use lamotrigine</i>)	NF	QL(1 EA daily)
<i>carbamazepine CP12</i> 300 MG	1B	QL(4 EA daily)	LAMICTAL CHEW 25 MG (<i>Use lamotrigine</i>)	NF	QL(20 EA daily)
<i>carbamazepine SUSP</i>	1B		LAMICTAL CHEW 5 MG (<i>Use lamotrigine</i>)	NF	QL(100 EA daily)
<i>carbamazepine TABS</i>	1B		LAMICTAL TABS (<i>Use lamotrigine</i>)	NF	
<i>carbamazepine TB12</i> 200 MG	1B	QL(6 EA daily)	<i>lamotrigine CHEW</i> 5 MG	1B	QL(100 EA daily)
<i>carbamazepine TB12</i> 100 MG, 400 MG	1B	QL(4 EA daily)	<i>lamotrigine CHEW</i> 25 MG	1B	QL(20 EA daily)
CARBATROL CP12 300 MG (<i>Use carbamazepine</i>)	NF	QL(4 EA daily)	<i>lamotrigine TABS</i>	1B	
CARBATROL CP12 200 MG (<i>Use carbamazepine</i>)	NF	QL(6 EA daily)	<i>lamotrigine TBDP</i>	1B	QL(1 EA daily)
			<i>levetiracetam SOLN PO</i> 100 MG/ML, 500 MG/5ML	1B	QL(30 ML daily)

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

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

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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	2	
DILANTIN (Use phenytoin sodium extended)	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
<i>bupropion hcl TB12</i>	1B	
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1B	
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NF	
WELLBUTRIN SR TB12 (<i>Use bupropion hcl</i>)	NF	
WELLBUTRIN XL TB24 (<i>Use bupropion hcl</i>)	NF	
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 EA daily)
MARPLAN	2	QL(6 EA daily)
NARDIL (<i>Use phenelzine sulfate</i>)	NF	
PARNATE (<i>Use tranylcypromine sulfate</i>)	NF	
<i>phenelzine sulfate</i>	1B	
<i>tranylcypromine sulfate</i>	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 (<i>Use citalopram hydrobromide</i>)	NF	
<i>citalopram hydrobromide SOLN</i>	1A	
<i>citalopram hydrobromide TABS</i>	1A	
<i>escitalopram oxalate SOLN</i>	1B	
<i>escitalopram oxalate TABS</i>	1B	
<i>fluoxetine hcl CAPS</i>	1A	
<i>fluoxetine hcl CPDR</i>	1A	
<i>fluoxetine hcl SOLN</i>	1B	
<i>fluoxetine hcl TABS</i>	1B	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FETZIMA TITRATION C4PK	3	PA	<i>alogliptin-metformin hcl</i>	1B	QL(2 EA daily); PA
FETZIMA CP24	3	QL(1 EA daily); PA	<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1B	QL(1 EA daily); PA
PRISTIQ (Use desvenlafaxine succinate)	NF		<i>alogliptin-pioglitazone 30 MG-12.5 MG</i>	1B	QL(2 EA daily); PA
<i>venlafaxine hcl CP24</i>	1B		<i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-5 MG</i>	1B	QL(2 EA daily)
<i>venlafaxine hcl TABS</i>	1B		<i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG</i>	1B	QL(1 EA daily)
<i>venlafaxine hcl TB24</i>	1B		DUETACT (Use pioglitazone hcl-glimepiride)	NF	QL(1 EA daily)
Tricyclic Agents			<i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>	1B	QL(2 EA daily)
<i>amitriptyline hcl TABS</i>	1A		<i>glipizide-metformin hcl 500 MG-5 MG</i>	1B	QL(4 EA daily)
<i>amoxapine</i>	1B		<i>glyburide-metformin 250 MG-1.25 MG</i>	1B	QL(2 EA daily)
ANAFRANIL (Use clomipramine hcl)	NF		<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1B	QL(4 EA daily)
<i>clomipramine hcl</i>	1B		GLYXAMBI	1B	QL(1 EA daily)
<i>desipramine hcl TABS</i>	1B		INVOKAMET XR TB24 500 MG-50 MG	3	QL(4 EA daily); PA
<i>doxepin hcl CAPS</i>	1B		INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG, 500 MG-150 MG	3	QL(2 EA daily); PA
<i>doxepin hcl CONC</i>	1B		INVOKAMET TABS 1000 MG-150 MG, 1000 MG-50 MG, 500 MG-150 MG	3	QL(2 EA daily); PA
<i>imipramine hcl TABS</i>	1B		INVOKAMET TABS 500 MG-50 MG	3	QL(4 EA daily); PA
<i>imipramine pamoate</i>	1B		JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG (Use sitagliptin phosphate-metformin hcl)	NF	QL(2 EA daily)
NORPRAMIN TABS 10 MG, 25 MG (Use desipramine hcl)	NF				
<i>nortriptyline hcl CAPS</i>	1B				
<i>nortriptyline hcl SOLN</i>	1B				
PAMELOR CAPS (Use nortriptyline hcl)	NF				
<i>protriptyline hcl</i>	1B				
<i>trimipramine maleate CAPS</i>	1B				
ANTIDIABETICS - Drugs to Regulate Blood Sugar					
Alpha-Glucosidase Inhibitors					
<i>acarbose</i>	1B	QL(3 EA daily)			
<i>miglitol</i>	1B	QL(3 EA daily)			
Antidiabetic Combinations					
ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)	NF	QL(2 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JANUMET XR TB24 1000 MG-100 MG (<i>Use sitagliptin phosphate-metformin hcl</i>)	NF	QL(1 EA daily)	SYNJARDY TABS	1B	QL(2 EA daily)
JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (<i>Use sitagliptin phosphate-metformin hcl</i>)	NF	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)
JENTADUETO XR TB24 1000 MG-2.5 MG	3	QL(2 EA daily); PA	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	1B	QL(1 EA daily)
JENTADUETO XR TB24 1000 MG-5 MG	3	QL(1 EA daily); PA	XIGDUO XR TB24 PO (<i>Use dapagliflozin free base-metformin hcl</i>)	NF	QL(1 EA daily)
JENTADUETO TABS	3	QL(2 EA daily); PA	XIGDUO XR TB24 PO 1000 MG-5 MG (<i>Use dapagliflozin free base-metformin hcl</i>)	NF	QL(2 EA daily)
<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 EA daily)	XULTOPHY	1B	QL(0.5 ML daily); PA
<i>pioglitazone hcl-metformin hcl TABS</i>	1B	QL(2 EA daily)	Biguanides		
<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1B	QL(1 EA daily)	GLUMETZA TB24 (<i>Use metformin hcl</i>)	NF	
<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1B	QL(2 EA daily)	<i>metformin hcl TABS 500 MG</i>	1A	QL(5 EA daily)
SEGLUROMET 1000 MG-2.5 MG, 1000 MG-7.5 MG, 500 MG-7.5 MG	3	QL(2 EA daily); PA	<i>metformin hcl TABS 1000 MG</i>	1A	QL(2.5 EA daily)
SEGLUROMET 500 MG-2.5 MG	3	QL(4 EA daily); PA	<i>metformin hcl TABS 850 MG</i>	0	QL(3 EA daily)
<i>sitagliptin phosphate-metformin hcl TABS</i>	1B	QL(2 EA daily)	<i>metformin hcl TB24 500 MG</i>	1B	QL(4 EA daily)
<i>sitagliptin phosphate-metformin hcl TB24</i>	1B	QL(2 EA daily)	<i>metformin hcl TB24 750 MG</i>	1B	QL(3 EA daily)
<i>sitagliptin phosphate-metformin hcl TB24</i>	1B	QL(1 EA daily)	Diabetic Other		
SOLIQUA	1B	QL(0.5 ML daily); PA	<i>diazoxide</i>	1B	
STEGLUJAN	3	QL(1 EA daily); PA	GLUCAGON EMERGENCY SOLR IJ 1 MG (<i>Use glucagon</i>)	NF	QL(0.035 EA daily)
SYNJARDY XR TB24 1000 MG-25 MG	1B	QL(1 EA daily)	<i>glucagon SOLR IJ 1 MG</i>	1B	QL(0.035 EA daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	1B	QL(2 EA daily)	PROGLYCEM (<i>Use diazoxide</i>)	NF	
			Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
			<i>alogliptin benzoate</i>	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JANUVIA 25 MG, 50 MG, 100 MG (<i>Use sitagliptin phosphate</i>)	NF	QL(1 EA daily)	FIASP SOLN	1B	
ONGLYZA 5 MG (<i>Use saxagliptin hcl</i>)	NF	QL(1 EA daily)	HUMALOG JUNIOR KWIKPEN SOPN	1B	
<i>saxagliptin hcl</i>	1B	QL(1 EA daily)	HUMALOG KWIKPEN SOPN	1B	
<i>sitagliptin phosphate 25 MG, 50 MG, 100 MG</i>	1B	QL(1 EA daily)	HUMALOG MIX 50/50 KWIKPEN SUPN	1B	
TRADJENTA	3	QL(1 EA daily); PA	HUMALOG MIX 50/50 SUSP	1B	
Incretin Mimetic Agents			HUMALOG MIX 75/25 KWIKPEN SUPN	1B	
<i>liraglutide</i>	1B	Smart PA; QL(0.3 ML daily)	HUMALOG MIX 75/25 SUSP	1B	
MOUNJARO	1B	Smart PA; QL(0.072 ML daily)	HUMALOG SOCT	1B	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	1B	Smart PA; QL(0.108 ML daily)	HUMALOG SOLN IJ	1B	
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	1B	Smart PA; QL(0.108 ML daily)	HUMULIN 70/30 KWIKPEN SUPN	1B	
OZEMPIC (2 MG/DOSE) SOPN	1B	Smart PA; QL(0.108 ML daily)	HUMULIN 70/30 SUSP	1B	
OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	1B	Smart PA; QL(1 EA daily)	HUMULIN N KWIKPEN SUPN	1B	
RYBELSUS TABS	1B	Smart PA; QL(1 EA daily)	HUMULIN N SUSP	1B	
TRULICITY	1B	Smart PA; QL(0.143 ML daily)	HUMULIN R U-500 (CONCENTRATED) SOLN SC	1B	QL(1.34 ML daily)
VICTOZA (<i>Use liraglutide</i>)	NF	Smart PA; QL(0.3 ML daily)	HUMULIN R U-500 KWIKPEN SOPN SC	1B	QL(1.34 ML daily)
Insulin			HUMULIN R SOLN IJ	1B	
APIDRA SOLOSTAR SOPN	3	PA	INSULIN ASPART FLEXPEN SOPN	1B	
APIDRA SOLN	3	PA	INSULIN ASPART SOLN IJ	1B	
FIASP FLEXTouch SOPN	1B		INSULIN DEGLUDEC FLEXTouch SOPN	1B	
FIASP PENFILL SOCT	1B		INSULIN DEGLUDEC SOLN	1B	
FIASP PUMPCART SOCT	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	Drug Name	Drug Tier	Requirements/ Limits
INSULIN GLARGINE-YFGN SOPN	1B		NOVOLOG MIX 70/30 SUSP	1B	
INSULIN LISPRO (1 UNIT DIAL) SOPN	1B		NOVOLOG PENFILL SOCT	1B	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	1B		NOVOLOG RELION SOLN IJ	1B	
INSULIN LISPRO PROT & LISPRO SUPN	1B		NOVOLOG SOLN IJ	1B	
INSULIN LISPRO SOLN IJ	1B		REZVOGLAR KWIKPEN	3	PA
LANTUS SOLOSTAR SOPN	1B		TOUJEO MAX SOLOSTAR SOPN	1B	
NOVOLIN 70/30 FLEXPEN RELION SUPN	1B		TOUJEO SOLOSTAR SOPN	1B	
NOVOLIN 70/30 FLEXPEN SUPN	1B		TRESIBA FLEXTOUCH SOPN	1B	
NOVOLIN 70/30 RELION SUSP	1B		TRESIBA SOLN	1B	
NOVOLIN 70/30 SUSP	1B		Insulin Sensitizing Agents		
NOVOLIN N FLEXPEN RELION SUPN	1B		ACTOS (<i>Use pioglitazone hcl</i>)	NF	QL(1 EA daily)
NOVOLIN N FLEXPEN SUPN	1B		<i>pioglitazone hcl</i>	1B	QL(1 EA daily)
NOVOLIN N RELION SUSP	1B		Meglitinide Analogues		
NOVOLIN N RELION SUSP	1B		<i>nateglinide</i>	1B	QL(3 EA daily)
NOVOLIN N SUSP	1B		<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 EA daily)
NOVOLIN R FLEXPEN RELION SOPN IJ	1B		<i>repaglinide 2 MG</i>	1B	QL(8 EA daily)
NOVOLIN R FLEXPEN SOPN IJ	1B		Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
NOVOLIN R RELION SOLN IJ	1B		<i>dapagliflozin TABS PO 5 MG, 10 MG</i>	1B	QL(1 EA daily)
NOVOLIN R SOLN IJ	1B		FARXIGA TABS PO (<i>Use dapagliflozin</i>)	NF	QL(1 EA daily)
NOVOLOG 70/30 FLEXPEN RELION SUPN	1B		INVOKANA	3	QL(1 EA daily); PA
NOVOLOG FLEXPEN RELION SOPN	1B		JARDIANCE	1B	QL(1 EA daily)
NOVOLOG FLEXPEN SOPN	1B		STEGLATRO 15 MG	3	QL(1 EA daily); PA
NOVOLOG MIX 70/30 FLEXPEN SUPN	1B		STEGLATRO 5 MG	3	QL(2 EA daily); PA
NOVOLOG MIX 70/30 RELION SUSP	1B		Sulfonylureas		
			<i>glimepiride 1 MG, 2 MG</i>	1A	QL(4 EA daily)
			<i>glimepiride 4 MG</i>	1A	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide TABS 5 MG, 10 MG</i>	1A	QL(4 EA daily)
<i>glipizide TB24</i>	1A	QL(2 EA daily)
GLUCOTROL XL TB24 5 MG, 10 MG (<i>Use glipizide</i>)	NF	QL(2 EA daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	QL(4 EA daily)
<i>glyburide TABS</i>	1A	QL(4 EA daily)

ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea

Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1B	
<i>diphenoxylate w/ atropine TABS</i>	1B	
LOMOTIL TABS (<i>Use diphenoxylate w/ atropine</i>)	NF	
<i>loperamide hcl CAPS</i>	1B	RX/OTC
MOTOFEN	3	

ANTIDOTES AND SPECIFIC ANTAGONISTS

Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	PA
<i>deferasirox TBSO</i>	4	PA
EXJADE TBSO (<i>Use deferasirox</i>)	NF	PA
JADENU SPRINKLE PACK (<i>Use deferasirox</i>)	NF	PA
JADENU TABS (<i>Use deferasirox</i>)	NF	PA
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
<i>naloxone hcl LIQD</i>	1B	QL(2 EA per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1A	
<i>naltrexone hcl</i>	1A	
NARCAN LIQD (<i>Use naloxone hcl</i>)	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
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B	
<i>granisetron hcl TABS</i>	1B	QL(0.34 EA daily)
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1B	QL(3.34 ML daily)
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B	
<i>ondansetron hcl SOSY</i>	1B	
<i>ondansetron hcl TABS 4 MG</i>	1B	QL(4 EA daily; 60 EA per fill retail; 60 per fill mail)
<i>ondansetron hcl TABS 24 MG</i>	1B	QL(0.143 EA daily)
<i>ondansetron hcl TABS 8 MG</i>	1B	QL(3 EA daily; 45 EA per fill retail; 45 per fill mail)
<i>ondansetron TBDP 8 MG</i>	1B	
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 EA daily)
<i>palonosetron hcl SOLN</i>	1B	
Antiemetics - Anticholinergic		
ANTIVERT TABS 50 MG (<i>Use meclizine hcl</i>)	NF	

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>gemfibrozil TABS</i>	1B	QL(2 EA daily)
LOPID TABS (<i>Use gemfibrozil</i>)	NF	QL(2 EA daily)
TRICOR TABS (<i>Use fenofibrate</i>)	NF	QL(1 EA daily)
TRILIPIX (<i>Use choline fenofibrate</i>)	NF	QL(1 EA daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1A	QL(1 EA daily)
CRESTOR TABS (<i>Use rosuvastatin calcium</i>)	NF	QL(1 EA daily)
<i>fluvastatin sodium CAPS 40 MG</i>	1B	QL(2 EA daily)
<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 EA daily)
LIPITOR TABS (<i>Use atorvastatin calcium</i>)	NF	QL(1 EA daily)
<i>lovastatin TABS 40 MG</i>	1A	QL(2 EA daily); PV
<i>lovastatin TABS 10 MG, 20 MG</i>	1A	QL(1 EA daily); PV
<i>pravastatin sodium</i>	1B	QL(1 EA daily)
<i>rosuvastatin calcium TABS</i>	1B	QL(1 EA daily)
<i>simvastatin TABS</i>	1A	QL(1 EA daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>Use simvastatin</i>)	NF	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1B	QL(1 EA daily)
ZETIA (<i>Use ezetimibe</i>)	NF	QL(1 EA daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1B	QL(2 EA daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
REPATHA PUSHTRONEX SYSTEM SOCT	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 <i>quinapril hcl</i>)	NF	QL(2 EA daily)
ACCUPRIL 20 MG, 40 MG (Use <i>quinapril hcl</i>)	NF	
ALTACE CAPS 1.25 MG, 5 MG, 10 MG (Use <i>ramipril</i>)	NF	
<i>benazepril hcl</i>	1A	
<i>captopril 12.5 MG</i>	1B	
<i>captopril 25 MG, 50 MG, 100 MG</i>	1B	QL(3 EA daily)
<i>enalapril maleate TABS</i>	1A	
<i>fosinopril sodium</i>	1B	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1A	
LOTENSIN 10 MG, 20 MG, 40 MG (Use <i>benazepril hcl</i>)	NF	
<i>moexipril hcl</i>	1B	QL(2 EA daily)
<i>perindopril erbumine 4 MG</i>	1B	
<i>perindopril erbumine 2 MG, 8 MG</i>	1B	QL(2 EA daily)
<i>quinapril hcl 20 MG, 40 MG</i>	1B	
<i>quinapril hcl 5 MG, 10 MG</i>	1B	QL(2 EA daily)
<i>ramipril CAPS</i>	1B	
<i>trandolapril 4 MG</i>	1B	QL(2 EA daily)
<i>trandolapril 1 MG, 2 MG</i>	1B	QL(1 EA daily)
VASOTEC TABS (Use <i>enalapril maleate</i>)	NF	
ZESTRIL TABS (Use <i>lisinopril</i>)	NF	

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>doxazosin mesylate</i>	1B		<i>bisoprolol & hydrochlorothiazide</i>	1B	QL(2 EA daily)
<i>guanfacine hcl</i>	1B		<i>candesartan cilexetil-hydrochlorothiazide</i>	1B	
<i>methyldopa TABS</i>	1B	QL(6 EA daily)	DIOVAN HCT (Use <i>valsartan-hydrochlorothiazide</i>)	NF	QL(1 EA daily)
<i>prazosin hcl CAPS</i>	1B	QL(4 EA daily)	<i>enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG</i>	1B	QL(2 EA daily)
<i>terazosin hcl</i>	1B		<i>enalapril maleate & hydrochlorothiazide 25 MG-10 MG</i>	1B	
Antihypertensive Combinations			EXFORGE (Use <i>amlodipine besylate-valsartan</i>)	NF	QL(1 EA daily)
ACCURETIC 12.5 MG-20 MG (Use <i>quinapril-hydrochlorothiazide</i>)	NF	QL(4 EA daily)	EXFORGE HCT (Use <i>amlodipine-valsartan-hydrochlorothiazide</i>)	NF	
ACCURETIC 12.5 MG-10 MG (Use <i>quinapril-hydrochlorothiazide</i>)	NF	QL(3 EA daily)	<i>fosinopril sodium & hydrochlorothiazide</i>	1B	QL(1 EA daily)
<i>amlodipine besylate-benazepril hcl</i>	1B		HYZAAR 12.5 MG-100 MG, 25 MG-100 MG (Use <i>losartan potassium & hydrochlorothiazide</i>)	NF	QL(1 EA daily)
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST	HYZAAR 12.5 MG-50 MG (Use <i>losartan potassium & hydrochlorothiazide</i>)	NF	QL(2 EA daily)
<i>amlodipine besylate-valsartan</i>	1B	QL(1 EA daily)	<i>irbesartan-hydrochlorothiazide</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1B		<i>lisinopril & hydrochlorothiazide</i>	1A	
ATACAND HCT (Use <i>candesartan cilexetil-hydrochlorothiazide</i>)	NF		<i>losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1A	QL(1 EA daily)
<i>atenolol & chlorthalidone</i>	1B		<i>losartan potassium & hydrochlorothiazide 12.5 MG-50 MG</i>	1A	QL(2 EA daily)
AVALIDE (Use <i>irbesartan-hydrochlorothiazide</i>)	NF		LOTENSIN HCT 12.5 MG-10 MG, 25 MG-20 MG (Use <i>benazepril & hydrochlorothiazide</i>)	NF	QL(1 EA daily)
AZOR (Use <i>amlodipine besylate-olmesartan medoxomil</i>)	NF	ST			
<i>benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1B				
<i>benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1B	QL(1 EA daily)			
BENICAR HCT (Use <i>olmesartan medoxomil-hydrochlorothiazide</i>)	NF				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LOTENSIN HCT 12.5 MG-20 MG (Use benazepril & hydrochlorothiazide)	NF		trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	1B	QL(1 EA daily)
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)	NF		TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NF	ST
metoprolol & hydrochlorothiazide TABS 25 MG-50 MG	1B	QL(1 EA daily)	valsartan-hydrochlorothiazide	1B	QL(1 EA daily)
metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG	1B		VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	NF	
MICARDIS HCT (Use telmisartan-hydrochlorothiazide)	NF	QL(1 EA daily)	ZESTORETIC (Use lisinopril & hydrochlorothiazide)	NF	
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1B	ST	Antihypertensives - Misc.		
olmesartan medoxomil-hydrochlorothiazide	1B		VECAMYL	3	PA
quinapril-hydrochlorothiazide 12.5 MG-10 MG	1B	QL(3 EA daily)	Direct Renin Inhibitors		
quinapril-hydrochlorothiazide 12.5 MG-20 MG	1B	QL(4 EA daily)	aliskiren fumarate	1B	QL(1 EA daily)
quinapril-hydrochlorothiazide 25 MG-20 MG	1B	QL(2 EA daily)	TEKTURNA (Use aliskiren fumarate)	NF	QL(1 EA daily)
telmisartan-amlodipine	1B	QL(1 EA daily)	Selective Aldosterone Receptor Antagonists (SARAs)		
telmisartan-hydrochlorothiazide	1B	QL(1 EA daily)	eplerenone	1B	
TENORETIC 100 (Use atenolol & chlorthalidone)	NF		INSPIRA (Use eplerenone)	NF	
TENORETIC 50 (Use atenolol & chlorthalidone)	NF		Vasodilators		
trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG	1B		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
<i>pentamidine isethionate IN</i>	1B	
<i>tinidazole</i>	1B	
<i>trimethoprim TABS</i>	1B	
XIFAXAN 550 MG	3	QL(3 EA daily); AL(At least 12 yrs old); PA
XIFAXAN 200 MG	3	QL(3 EA daily; 9 EA per 3 day(s) retail; 9 EA per 3 days mail); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	
BACTRIM TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	
<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
Antiprotozoal Agents		
<i>atovaquone</i>	1B	
MEPRON (<i>Use atovaquone</i>)	NF	
<i>nitazoxanide TABS</i>	1B	PA
Carbapenems		
<i>ertapenem sodium IJ</i>	1B	
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	4	PA
Cyclic Lipopeptides		
<i>daptomycin 500 MG</i>	1B	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Oxazolidinones			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
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			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
fosfomycin tromethamine	1B				
HIPREX (Use methenamine hippurate)	NF				
MACROBID (Use nitrofurantoin monohyd macro)	NF				
MACRODANTIN (Use nitrofurantoin macrocrystal)	NF				
methenamine hippurate	1B		Antimalarials		
nitrofurantoin	1B		chloroquine phosphate TABS 250 MG	1B	QL(3 EA daily)
nitrofurantoin macrocrystal 50 MG, 100 MG	1B		chloroquine phosphate TABS 500 MG	1B	
nitrofurantoin monohyd macro	1B		DARAPRIM (Use pyrimethamine)	NF	QL(3 EA daily); PA
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)			hydroxychloroquine sulfate 400 MG	1B	QL(1 EA daily)
Antimalarial Combinations			hydroxychloroquine sulfate 100 MG	1B	QL(4 EA daily)
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	hydroxychloroquine sulfate 200 MG	1B	QL(3 EA daily)
			KRINTAFEL	3	QL(2 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mefloquine hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	<i>pyridostigmine bromide SOLN PO</i>	1B	
			<i>pyridostigmine bromide TABS 60 MG</i>	1B	
			<i>pyridostigmine bromide TBCR</i>	1B	
			ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
			Antimycobacterial Agents		
PLAQUENIL (Use hydroxychloroquine sulfate)	NF	QL(3 EA daily)	<i>cycloserine</i>	1B	QL(4 EA daily)
<i>primaquine phosphate TABS</i>	3		<i>ethambutol hcl TABS</i>	1B	
PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)	NF		<i>isoniazid SOLN</i>	1B	
<i>pyrimethamine</i>	1B	QL(3 EA daily); PA	<i>isoniazid SYRP</i>	1B	
QUALAQUIN CAPS (Use quinine sulfate)	NF	PA	<i>isoniazid TABS</i>	1A	
<i>quinine sulfate CAPS 324 MG</i>	1B	PA	MYCOBUTIN (Use rifabutin)	NF	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS			PRETOMANID	3	PA
Antimychasthenic/Cholinergic Agents			PRIFTIN 150 MG (Use rifapentine)	3	
MESTINON SOLN PO (Use pyridostigmine bromide)	NF		<i>pyrazinamide</i>	1B	
MESTINON TABS (Use pyridostigmine bromide)	NF		<i>rifabutin</i>	1B	PA
MESTINON TBCR (Use pyridostigmine bromide)	NF		RIFADIN SOLR (Use rifampin)	NF	
NEOSTIGMINE METHYLSULFATE RFID SOSY (Use neostigmine methylsulfate)	NF	PA	<i>rifampin CAPS</i>	1B	
<i>neostigmine methylsulfate SOSY</i>	3	PA	<i>rifampin SOLR</i>	1B	
NEOSTIGMINE METHYLSULFATE SOSY (Use neostigmine methylsulfate)	NF	PA	<i>rifapentine 150 MG</i>	1B	
			SIRTURO	3	PA
			ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
			Alkylating Agents		
			<i>busulfan SOLN</i>	4	PA
			BUSULFEX SOLN (Use busulfan)	NF	PA
			<i>carmustine</i>	4	PA
			<i>cisplatin SOLN 100 MG/100ML</i>	4	PA
			<i>cyclophosphamide CAPS</i>	1B	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLEOSTINE 40 MG, 100 MG (Use lomustine)	NF	PA	methotrexate sodium TABS 2.5 MG	1B	
GLEOSTINE 10 MG (Use lomustine)	NF	PA	nelarabine	4	PA
LEUKERAN	4	PA	pemetrexed disodium SOLR 500 MG	4	PA
lomustine 10 MG	4	PA	pralatrexate 20 MG/ML	4	PA
lomustine 40 MG, 100 MG	4	PA	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	PA
melphalan hcl IV	1B		VIDAZA SUSR (Use azacitidine)	NF	PA
TEMODAR SOLR	4		XELODA (Use capecitabine)	NF	PA
temozolomide CAPS	4	PA	Antineoplastic - Angiogenesis Inhibitors		
TEPADINA 15 MG (Use thiotepa)	NF	PA	LENVIMA (10 MG DAILY DOSE)	4	QL(1 EA daily); PA
thiotepa 15 MG	4	PA	LENVIMA (12 MG DAILY DOSE)	4	QL(3 EA daily); PA
ZANOSAR	4	PA	LENVIMA (14 MG DAILY DOSE)	4	QL(2 EA daily); PA
Antimetabolites			LENVIMA (18 MG DAILY DOSE)	4	QL(3 EA daily); PA
ALIMTA SOLR 100 MG (Use pemetrexed disodium)	NF		LENVIMA (20 MG DAILY DOSE)	4	QL(2 EA daily); PA
ALIMTA SOLR 500 MG (Use pemetrexed disodium)	NF	PA	LENVIMA (24 MG DAILY DOSE)	4	QL(3 EA daily); PA
ARRANON (Use nelarabine)	NF	PA	LENVIMA (4 MG DAILY DOSE)	4	QL(1 EA daily); PA
azacitidine SUSR	4	PA	LENVIMA (8 MG DAILY DOSE)	4	QL(2 EA daily); PA
capecitabine	4	PA	ZALTRAP 100 MG/4ML	4	PA
clofarabine	4	PA	Antineoplastic - Antibodies		
decitabine	4	PA	ARZERRA	4	PA
floxuridine	4	PA	LOQTORZI	4	PA
fludarabine phosphate SOLN	4	PA	RUXIENCE	4	PA
fludarabine phosphate SOLR	4	PA	TRUXIMA	4	PA
FOLOTYN 20 MG/ML (Use pralatrexate)	NF	PA	Antineoplastic - EGFR Inhibitors		
mercaptopurine TABS	1B		erlotinib hcl	4	QL(1 EA daily); PA
methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML	1B		gefitinib	4	QL(2 EA daily); PA
methotrexate sodium SOLR	1B				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IRESSA (Use gefitinib)	NF	QL(2 EA daily); PA	megestrol acetate TABS	1B	
TARCEVA 100 MG, 150 MG (Use erlotinib hcl)	NF	QL(1 EA daily); PA	NILANDRON (Use nilutamide)	NF	QL(2 EA daily); PA
Antineoplastic - Hedgehog Pathway Inhibitors			nilutamide	4	QL(2 EA daily); PA
DAURISMO	4	PA	NUBEQA	4	QL(4 EA daily); PA
Antineoplastic - Hormonal and Related Agents			tamoxifen citrate TABS	0	
abiraterone acetate 250 MG	4	QL(4 EA daily); PA	toremifene citrate	1B	
abiraterone acetate 500 MG	4	QL(2 EA daily); PA	XTANDI CAPS	4	QL(4 EA daily); PA
anastrozole	1B	QL(1 EA daily)	XTANDI TABS 40 MG	4	QL(4 EA daily); PA
ARIMIDEX (Use anastrozole)	NF	QL(1 EA daily)	XTANDI TABS 80 MG	4	QL(2 EA daily); PA
AROMASIN (Use exemestane)	NF	QL(1 EA daily)	ZYTIGA 250 MG (Use abiraterone acetate)	NF	QL(4 EA daily); PA
bicalutamide	1B	QL(1 EA daily)	ZYTIGA 500 MG (Use abiraterone acetate)	NF	QL(2 EA daily); PA
CASODEX (Use bicalutamide)	NF	QL(1 EA daily)	Antineoplastic - Immunomodulators		
ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	PA	pomalidomide 1 MG, 2 MG, 3 MG, 4 MG	4	QL(1 EA daily); PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 EA daily); PA	POMALYST 1 MG, 2 MG, 3 MG, 4 MG (Use pomalidomide)	NF	QL(1 EA daily); PA
EMCYT	4	PA	Antineoplastic Antibiotics		
ERLEADA 60 MG	4	QL(4 EA daily); PA	bleomycin sulfate 15 UNIT	4	PA
ERLEADA 240 MG	4	QL(1 EA daily); PA	dactinomycin	4	PA
exemestane	4	QL(1 EA daily)	doxorubicin hcl SOLR 10 MG, 50 MG	4	PA
FARESTON (Use toremifene citrate)	NF		IDAMYCIN PFS 5 MG/5ML, 10 MG/10ML (Use idarubicin hcl)	NF	PA
FASLODEX SOSY (Use fulvestrant)	NF	QL(0.357 ML daily); PA	IDAMYCIN PFS 20 MG/20ML (Use idarubicin hcl)	NF	PA
FEMARA (Use letrozole)	NF		idarubicin hcl 20 MG/20ML	4	PA
fulvestrant SOSY	4	QL(0.357 ML daily); PA	idarubicin hcl 5 MG/5ML, 10 MG/10ML	4	PA
letrozole	1B		mitomycin SOLR IV 20 MG	4	PA
leuprolide acetate KIT IJ 1 MG/0.2ML	4	PA			
LYSODREN	4	PA			
megestrol acetate SUSP	1B				

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lithium carbonate CAPS</i>	1B		RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	NF	
<i>lithium carbonate TABS</i>	1B		<i>risperidone microspheres</i>	1B	QL(0.072 EA daily); PA
<i>lithium carbonate TBCR</i>	1B		<i>risperidone SOLN</i>	1B	
LITHOBID TBCR (Use <i>lithium carbonate</i>)	NF		<i>risperidone TABS</i>	1B	
Antipsychotics - Misc.			<i>risperidone TBDP</i>	1B	
EQUETRO 300 MG	3	QL(4 EA daily); ST	Butyrophenones		
EQUETRO 200 MG	3	QL(8 EA daily); ST	HALDOL DECANOATE (Use <i>haloperidol decanoate</i>)	NF	QL(0.036 ML daily)
EQUETRO 100 MG	3	QL(2 EA daily); ST	<i>haloperidol decanoate</i>	1B	QL(0.036 ML daily)
GEODON 20 MG, 60 MG, 80 MG (Use <i>ziprasidone hcl</i>)	NF	QL(2 EA daily); AL(At least 18 yrs old)	<i>haloperidol lactate CONC</i>	1B	
LATUDA 20 MG, 40 MG, 60 MG, 120 MG (Use <i>lurasidone hcl</i>)	NF	QL(1 EA daily)	<i>haloperidol lactate SOLN</i>	1B	
LATUDA 80 MG (Use <i>lurasidone hcl</i>)	NF	QL(2 EA daily)	<i>haloperidol TABS</i>	1B	
<i>lurasidone hcl</i> 20 MG, 40 MG, 60 MG, 120 MG	1B	QL(1 EA daily)	Dibenzapines		
<i>lurasidone hcl</i> 80 MG	1B	QL(2 EA daily)	<i>asenapine maleate</i> 5 MG, 10 MG	1B	QL(2 EA daily); PA
<i>ziprasidone hcl</i>	1B	QL(2 EA daily); AL(At least 18 yrs old)	<i>asenapine maleate</i> 2.5 MG	1B	QL(4 EA daily); PA
Benzisoxazoles			<i>clozapine TABS</i>	1B	
FANAPT	2	QL(2 EA daily); PA	<i>clozapine TBDP</i> 100 MG	1B	QL(9 EA daily)
FANAPT TITRATION PACK A	2	PA	<i>clozapine TBDP</i> 12.5 MG, 150 MG	1B	QL(6 EA daily)
INVEGA 3 MG, 6 MG, 9 MG (Use <i>paliperidone</i>)	NF		<i>clozapine TBDP</i> 25 MG	1B	QL(3 EA daily)
<i>paliperidone</i>	1B		CLOZARIL TABS (Use <i>clozapine</i>)	NF	
PERSERIS PRSY	2	QL(0.072 EA daily); PA	<i>loxapine succinate</i>	1B	
RISPERDAL CONSTA (Use <i>risperidone microspheres</i>)	NF	QL(0.072 EA daily); PA	<i>olanzapine SOLR</i>	1B	QL(0.215 EA daily)
RISPERDAL SOLN (Use <i>risperidone</i>)	NF		<i>olanzapine TABS</i> 7.5 MG, 10 MG, 15 MG, 20 MG	1B	QL(2 EA daily)
			<i>olanzapine TABS</i> 2.5 MG, 5 MG	1B	QL(4 EA daily)
			<i>olanzapine TBDP</i> 5 MG, 10 MG, 15 MG	1B	QL(2 EA daily)
			<i>olanzapine TBDP</i> 20 MG	1B	QL(1 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>ABILIFY TABS (Use aripiprazole)</i>	NF	QL(1 EA daily); AL(At least 6 yrs old)
<i>aripiprazole SOLN PO</i>	1B	QL(30 ML daily); AL(At least 6 yrs old)
<i>aripiprazole TABS</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>REXULTI</i>	3	PA
Thioxanthenes		
<i>thiothixene</i>	1B	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	1B	QL(32 ML daily)
<i>abacavir sulfate TABS</i>	1B	QL(2 EA daily)
<i>APTIVUS CAPS</i>	2	QL(4 EA daily)
<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 EA daily)
<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 EA daily)
<i>BIKTARVY</i>	2	QL(1 EA daily)
<i>CABENUVA 900 MG/3ML-600 MG/3ML</i>	2	QL(6 ML per 30 day(s) retail; 6 ML per 30 days mail)
<i>CABENUVA 600 MG/2ML-400 MG/2ML</i>	2	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
<i>CIMDUO</i>	2	QL(1 EA daily)
<i>COMPLERA 200 MG-300 MG-25 MG (Use emtricitabine- rilpivirine-tenofovir disoproxil fumarate)</i>	NF	QL(1 EA daily)
<i>darunavir TABS 600 MG</i>	1B	QL(2 EA daily)
<i>darunavir TABS 800 MG</i>	1B	QL(1 EA daily)
<i>DELSTRIGO</i>	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 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	1B	QL(1 EA daily)
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	0	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 150 MG (Use lamivudine)	NF	QL(2 EA daily)
EPIVIR TABS 300 MG (Use lamivudine)	NF	QL(1 EA daily)
etravirine 100 MG	1B	QL(4 EA daily)
etravirine 200 MG	1B	QL(2 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 25 MG	3	QL(8 EA daily)
INTELENCE 200 MG (Use etravirine)	NF	QL(2 EA daily)
INTELENCE 100 MG (Use etravirine)	NF	QL(4 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 150 MG	1B	QL(2 EA daily)
maraviroc TABS 300 MG	1B	QL(4 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 600 MG (Use darunavir)	NF	QL(2 EA daily)
PREZISTA TABS 800 MG (Use darunavir)	NF	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RETROVIR CAPS (<i>Use zidovudine</i>)	NF	QL(6 EA daily)	VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 EA daily)
RETROVIR SOLN	3	QL(60 ML daily)	VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)
RETROVIR SYRP (<i>Use zidovudine</i>)	NF	QL(60 ML daily)	ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	NF	QL(32 ML daily)
REYATAZ CAPS 200 MG (<i>Use atazanavir sulfate</i>)	NF	QL(2 EA daily)	zidovudine CAPS	1B	QL(6 EA daily)
REYATAZ CAPS 300 MG (<i>Use atazanavir sulfate</i>)	NF	QL(1 EA daily)	zidovudine SYRP	1B	QL(60 ML daily)
rilpivirine hcl 25 MG	1B	QL(1 EA daily)	zidovudine TABS	1B	QL(2 EA daily)
ritonavir TABS	1B	QL(12 EA daily)	CMV Agents		
SELZENTRY SOLN	3	QL(30 ML daily)	cidofovir	3	
SELZENTRY TABS 150 MG (<i>Use maraviroc</i>)	NF	QL(2 EA daily)	ganciclovir sodium SOLR	1B	
SELZENTRY TABS 300 MG (<i>Use maraviroc</i>)	NF	QL(4 EA daily)	VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NF	QL(4 EA daily); PA
STRIBILD	2	QL(1 EA daily)	valganciclovir hcl TABS	1B	QL(4 EA daily); PA
SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)	Hepatitis Agents		
SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)	adefovir dipivoxil	4	QL(1 EA daily)
SYMTUZA	2	QL(1 EA daily)	BARACLUDE TABS (<i>Use entecavir</i>)	NF	QL(1 EA daily)
tenofovir disoproxil fumarate TABS	1B	QL(1 EA daily)	entecavir TABS	4	QL(1 EA daily)
TIVICAY PD TBSO	2	QL(6 EA daily)	lamivudine (hcv) TABS	1B	QL(3 EA daily)
TIVICAY TABS 50 MG	2	QL(2 EA daily)	PEGASYS SOLN	4	QL(0.0714 ML daily); PA
TRIUMEQ PD TBSO	2	QL(6 EA daily)	PEGASYS SOSY	4	QL(0.072 ML daily); PA
TRIUMEQ TABS	2	QL(1 EA daily)	ribavirin (hepatitis c) CAPS	1B	QL(7 EA daily)
TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)	ribavirin (hepatitis c) TABS 200 MG	1B	QL(7 EA daily)
TYBOST	2	QL(1 EA daily)	SOFOSBUVIR-VELPATASVIR TABS	1B	QL(1 EA daily); PA
VIRACEPT TABS 250 MG	3	QL(10 EA daily)	VOSEVI	4	QL(1 EA daily); PA
VIRACEPT TABS 625 MG	3	QL(4 EA daily)	Herpes Agents		
VIREAD POWD	2	QL(7.5 GM daily)	acyclovir CAPS	1A	QL(5 EA daily; 50 EA per fill retail; 50 per fill mail)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	1B	QL(1 EA daily)	Calcium Channel Blockers		
<i>nebivolol hcl 20 MG</i>	1B	QL(2 EA daily)	<i>amlodipine besylate TABS</i>	1B	
TENORMIN TABS (<i>Use atenolol</i>)	NF		CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML, 2.5 MG/ML (<i>Use nicardipine hcl</i>)	NF	
TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>Use metoprolol succinate</i>)	NF		CARDIZEM CD CP24 180 MG, 240 MG (<i>Use diltiazem hcl coated beads</i>)	NF	QL(2 EA daily)
TOPROL XL TB24 200 MG (<i>Use metoprolol succinate</i>)	NF	QL(2 EA daily)	CARDIZEM CD CP24 120 MG, 300 MG, 360 MG (<i>Use diltiazem hcl coated beads</i>)	NF	
Beta Blockers Non-Selective			CARDIZEM LA TB24 (<i>Use diltiazem hcl</i>)	NF	
BETAPACE AF (<i>Use sotalol hcl (afib/afl)</i>)	NF		CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>Use diltiazem hcl</i>)	NF	
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>Use sotalol hcl</i>)	NF	QL(2 EA daily)	<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 EA daily)
CORGARD TABS 40 MG (<i>Use nadolol</i>)	NF	QL(6 EA daily)	<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	
CORGARD TABS 20 MG (<i>Use nadolol</i>)	NF	QL(3 EA daily)	<i>diltiazem hcl extended release beads</i>	1B	
HEMANGEOL SOLN PO	4	QL(75 ML daily); PA	<i>diltiazem hcl CP12</i>	1B	QL(2 EA daily)
INDERAL LA CP24 (<i>Use propranolol hcl</i>)	NF	QL(2 EA daily)	<i>diltiazem hcl CP24</i>	1B	
<i>nadolol TABS 20 MG</i>	1B	QL(3 EA daily)	<i>diltiazem hcl SOLN 50 MG/10ML</i>	1B	
<i>nadolol TABS 40 MG</i>	1B	QL(6 EA daily)	DILTIAZEM HCL SOLR	1B	
<i>nadolol TABS 80 MG</i>	1B		<i>diltiazem hcl TABS</i>	1B	
<i>pindolol TABS</i>	1B		<i>diltiazem hcl TB24</i>	1B	
<i>propranolol hcl CP24</i>	1B	QL(2 EA daily)	<i>felodipine</i>	1B	
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1B		<i>isradipine CAPS</i>	1B	
<i>propranolol hcl TABS</i>	1B		<i>nicardipine hcl CAPS</i>	1B	
<i>sotalol hcl (afib/afl)</i>	1B		<i>nicardipine hcl SOLN</i>	1B	
<i>sotalol hcl TABS 240 MG</i>	1B		NICARDIPINE HCL SOLN (<i>Use nicardipine hcl</i>)	NF	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 EA daily)	<i>nifedipine CAPS 20 MG</i>	1B	QL(9 EA daily)
<i>timolol maleate TABS</i>	1B				
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure					

Drug Name	Drug Tier	Requirements/ Limits
<i>nifedipine CAPS 10 MG</i>	1B	
<i>nifedipine TB24 90 MG</i>	1B	QL(1 EA daily)
<i>nifedipine TB24 60 MG</i>	1B	QL(2 EA daily)
<i>nifedipine TB24</i>	1B	
<i>nimodipine CAPS</i>	1B	
<i>nisoldipine</i>	1B	
NORVASC TABS (<i>Use amlodipine besylate</i>)	NF	
PROCARDIA XL TB24 (<i>Use nifedipine</i>)	NF	
SULAR 8.5 MG, 17 MG, 34 MG (<i>Use nisoldipine</i>)	NF	
TIAZAC (<i>Use diltiazem hcl extended release beads</i>)	NF	
VERAPAMIL HCL ER CP24 (<i>Use verapamil hcl</i>)	NF	
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1B	
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	1B	QL(1 EA daily)
<i>verapamil hcl TABS</i>	1B	
<i>verapamil hcl TBCR</i>	1B	
VERELAN PM CP24 (<i>Use verapamil hcl</i>)	NF	
VERELAN CP24 (<i>Use verapamil hcl</i>)	NF	QL(1 EA daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1B	
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1B	
LANOXIN SOLN IJ (<i>Use digoxin</i>)	2	
LANOXIN TABS 250 MCG (<i>Use digoxin</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
LANOXIN TABS 62.5 MCG, 125 MCG (<i>Use digoxin</i>)	NF	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 EA daily)
BIDIL (<i>Use isosorbide dinitrate-hydralazine hcl</i>)	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 (<i>Use amlodipine besylate-atorvastatin calcium</i>)	NF	QL(1 EA daily)
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (<i>Use sacubitril-valsartan</i>)	NF	QL(2 EA daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1B	
<i>sacubitril-valsartan TABS</i>	1B	QL(2 EA daily)
Impotence Agents		
<i>avanafil</i>	1B	QL(0.134 EA daily)
CIALIS 5 MG (<i>Use tadalafil</i>)	NF	BPH Only; QL(1 EA daily); PA
<i>sildenafil citrate</i>	1B	QL(0.1334 EA daily); PA
STENDRA (<i>Use avanafil</i>)	NF	QL(0.134 EA daily)
<i>tadalafil 5 MG</i>	1B	BPH Only; QL(1 EA daily); PA
VIAGRA (<i>Use sildenafil citrate</i>)	NF	QL(0.1334 EA daily); PA
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	4	PA
FLOLAN 1.5 MG (<i>Use epoprostenol sodium</i>)	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>treprostinil SOLN IJ</i>	4	PA
VELETRI (<i>Use epoprostenol sodium</i>)	NF	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	4	QL(1 EA daily); PA
<i>bosentan TABS</i>	4	QL(2 EA daily); PA
<i>bosentan TBSO 32 MG</i>	4	QL(2 EA daily); PA
LETAIRIS (<i>Use ambrisentan</i>)	NF	QL(1 EA daily); PA
TRACLEER TABS (<i>Use bosentan</i>)	NF	QL(2 EA daily); PA
TRACLEER TBSO 32 MG (<i>Use bosentan</i>)	NF	QL(2 EA daily); PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (<i>Use tadalafil (pulmonary hypertension)</i>)	NF	QL(2 EA daily); PA
REVATIO SOLN (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	QL(37.5 ML daily); PA
REVATIO SUSR (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	QL(6 ML daily); PA
REVATIO TABS (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	QL(3 EA daily); PA
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ML daily); PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ML daily); PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 EA daily); PA
<i>tadalafil (pulmonary hypertension) TABS</i>	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 (<i>Use ivabradine hcl</i>)	NF	QL(2 EA daily); PA
<i>ivabradine hcl TABS</i>	3	QL(2 EA daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1B	
<i>cefadroxil SUSR</i>	1B	
<i>cefadroxil TABS</i>	1B	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	1B	
<i>cephalexin CAPS</i>	1B	
<i>cephalexin SUSR</i>	1B	
Cephalosporins - 2nd Generation		
<i>cefaclor CAPS</i>	1B	
<i>cefaclor SUSR 250 MG/5ML</i>	1B	
CEFOTAN IJ (<i>Use cefotetan disodium</i>)	NF	
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1B	
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	1B	
<i>cefprozil SUSR</i>	1B	
<i>cefprozil TABS</i>	1B	
<i>cefuroxime axetil TABS</i>	1B	
<i>cefuroxime sodium IJ 750 MG</i>	1B	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1B	
<i>cefdinir SUSR</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cefixime CAPS</i>	1B		<i>levonorgestrel & eth estradiol TABS</i>	0	
<i>cefixime SUSR</i>	1B	ST	<i>levonorgestrel-eth estradiol (triphasic)</i>	0	
<i>cefpodoxime proxetil SUSR</i>	1B		<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	
<i>cefpodoxime proxetil TABS</i>	1B		<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	
<i>ceftazidime IJ 1 GM, 6 GM</i>	1B		<i>levonorgestrel-ethinyl estradiol-iron</i>	0	
Cephalosporins - 4th Generation			LO LOESTRIN FE TABS	0	
<i>cefepime hcl SOLR IJ 1 GM</i>	1B		MIRCETTE (Use <i>desogestrel-ethinyl estradiol (biphasic)</i>)	NF	
Cephalosporins - 5th Generation			NATAZIA	0	
<i>ceftaroline fosamil 400 MG, 600 MG</i>	1B		NEXTSTELLIS	0	
TEFLARO 400 MG, 600 MG (Use <i>ceftaroline fosamil</i>)	3		<i>norethin acet & estrad-fe CAPS</i>	0	
CONTRACEPTIVES - Drugs to Prevent Pregnancy			<i>norethin acet & estrad-fe CHEW</i>	0	
Combination Contraceptives - Oral			<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0	
AVERI TABS PO	0		<i>norethindrone & eth estradiol</i>	0	
BALCOLTRA (Use <i>levonorgestrel-ethinyl estradiol-iron</i>)	NF		<i>norethindrone & ethinyl estradiol-fe</i>	0	
BEYAZ (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF		<i>norethindrone acet & eth estra TABS</i>	0	
<i>desogestrel & ethinyl estradiol</i>	0		<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0		<i>norethindrone-eth estradiol (triphasic)</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0		<i>norgestimate-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0		<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0		<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0	
<i>ethynodiol diacet & eth estrad</i>	0				
FEMLYV TBDP	0				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SAFYRAL (Use drospirenone-ethinyl estradiol-levomefolate calcium)	NF		DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive))	NF	QL(1 ML per 90 day(s) retail)
SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	NF		DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive))	NF	QL(1 ML per 90 day(s) retail; 1 ML per 90 days mail)
TAYTULLA CAPS (Use norethin acet & estrad-fe)	NF		DEPO-SUBQ PROVERA 104 SUSY SC	0	
TYBLUME CHEW	0		medroxyprogesterone acetate (contraceptive) SUSP IM	0	QL(1 ML per 90 day(s) retail)
YASMIN 28 (Use drospirenone-ethinyl estradiol)	NF		medroxyprogesterone acetate (contraceptive) SUSY IM	0	QL(1 ML per 90 day(s) retail; 1 ML per 90 days mail)
YAZ (Use drospirenone-ethinyl estradiol)	NF		Progestin Contraceptives - IUD		
Combination Contraceptives - Transdermal			KYLEENA	0	
norelgestromin-ethinyl estradiol	0		LILETTA (52 MG)	0	
TWIRLA	0	QL(3 EA per 28 day(s) retail; 9 EA per 84 days mail)	MIRENA (52 MG)	0	
Combination Contraceptives - Vaginal			SKYLA	0	
ANNOVERA	0		Progestin Contraceptives - Oral		
etonogestrel-ethinyl estradiol	0	QL(0.05 EA daily)	norethindrone (contraceptive)	0	
NUVARING (Use etonogestrel-ethinyl estradiol)	NF	QL(0.05 EA daily)	OPILL	0	
Copper Contraceptives - IUD			SLYND	0	QL(1 EA daily)
MIUDELLA	0		CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
PARAGARD INTRAUTERINE COPPER	0		Glucocorticosteroids		
Emergency Contraceptives			budesonide CPEP	1B	QL(3 EA daily)
ELLA	0		CORTEF TABS (Use hydrocortisone)	NF	
levonorgestrel (emergency oc) 1.5 MG	0		DEPO-MEDROL SUSP	3	
Progestin Contraceptives - Implants			DEPO-MEDROL SUSP (Use methylprednisolone acetate)	NF	
NEXPLANON	0		DEXAMETHASONE INTENSOL CONC	1B	
Progestin Contraceptives - Injectable			dexamethasone ELIX	1B	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone SOLN</i>	1B		<i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A		<i>prednisone TBPB</i>	1B	
<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B		SOLU-CORTEF 250 MG	3	
<i>hydrocortisone sod succinate 100 MG</i>	1B	2 max fill(s) per 30 day(s) retail	SOLU-CORTEF 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
<i>hydrocortisone TABS</i>	1B		SOLU-CORTEF (Use <i>hydrocortisone sod succinate</i>)	NF	2 max fill(s) per 30 day(s) retail
KENALOG-40 SUSP (Use <i>triamcinolone acetonide</i>)	NF		SOLU-MEDROL 2 GM	3	
MEDROL TABS 4 MG, 8 MG, 16 MG (Use <i>methylprednisolone</i>)	NF		SOLU-MEDROL 500 MG, 1000 MG (Use <i>methylprednisolone sod succ</i>)	NF	
MEDROL TABS	3		<i>triamcinolone acetonide SUSP 40 MG/ML</i>	1B	
MEDROL TBPB (Use <i>methylprednisolone</i>)	NF		Mineralocorticoids		
<i>methylprednisolone acetate SUSP</i>	1B		<i>fludrocortisone acetate TABS</i>	1B	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
<i>methylprednisolone TABS</i>	1B		Antitussives		
<i>methylprednisolone TBPB</i>	1B		<i>benzonatate 100 MG</i>	1B	QL(6 EA daily)
ORAPRED ODT TBPB (Use <i>prednisolone sodium phosphate</i>)	NF		<i>benzonatate 150 MG</i>	1B	QL(4 EA daily)
PEDIAPRED SOLN (Use <i>prednisolone sodium phosphate</i>)	NF		<i>benzonatate 200 MG</i>	1B	QL(3 EA daily)
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1B		Cough/Cold/Allergy Combinations		
<i>prednisolone sodium phosphate TBPB</i>	3		<i>hydrocodone polistirex-chlorpheniramine polistirex SUEP</i>	1B	
<i>prednisolone SOLN</i>	1B		Misc. Respiratory Inhalants		
<i>prednisolone TABS</i>	1B		HYPERSAL NEBU (Use <i>sodium chloride (inhalant)</i>)	NF	
<i>prednisone SOLN</i>	1B		HYPERSAL NEBU	1B	
<i>prednisone TABS 1 MG, 5 MG</i>	1B		NEBUSAL NEBU	1B	
			PULMOSAL NEBU 7 % (Use <i>sodium chloride (inhalant)</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sodium chloride (inhalant) NEBU 7 %</i>	1B		<i>benzoyl peroxide LIQD 4 %, 10 %</i>	1B	AL(At least 12 yrs old)
Mucolytics			CLEOCIN-T LOTN (<i>Use clindamycin phosphate (topical)</i>)	NF	AL(At least 12 yrs old)
<i>acetylcysteine SOLN</i>	1B		CLINDAGEL GEL (<i>Use clindamycin phosphate (topical)</i>)	NF	QL(8 ML daily)
DERMATOLOGICALS - Drugs to Treat Skin Conditions			<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA
Acne Products			<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 ML daily)
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (<i>Use isotretinoin</i>)	NF	AL(At least 12 yrs old); PA	<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1B	AL(At least 12 yrs old); ST	<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ML daily); AL(At least 12 yrs old)
<i>adapalene CREA</i>	1B	AL(At least 12 yrs old)	<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)
<i>adapalene GEL</i>	1B	AL(At least 12 yrs old); RX/OTC	<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA
AVAR CLEANSER LIQD 10 %-5 % (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(At least 12 yrs old)	<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA
AVAR-E EMOLLIENT CREA 10 %-5 % (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(At least 12 yrs old)	<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST
BENZAMYCIN GEL (<i>Use benzoyl peroxide-erythromycin</i>)	NF	AL(At least 12 yrs old); PA	DIFFERIN CREA (<i>Use adapalene</i>)	NF	AL(At least 12 yrs old)
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old)	DIFFERIN GEL (<i>Use adapalene</i>)	NF	AL(At least 12 yrs old); RX/OTC
BENZEPRO FOAM 5.3 %	2	AL(At least 12 yrs old)	DIFFERIN LOTN	2	AL(At least 12 yrs old); ST
<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA	EPIDUO FORTE GEL (<i>Use adapalene-benzoyl peroxide</i>)	NF	
<i>benzoyl peroxide FOAM 9.8 %</i>	1B	AL(At least 12 yrs old)	EPIDUO GEL (<i>Use adapalene-benzoyl peroxide</i>)	NF	AL(At least 12 yrs old); ST
<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old)	<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)	<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA	<i>tretinoin microsphere 0.1 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
KLARON (Use <i>sulfacetamide sodium (acne)</i>)	NF	AL(At least 12 yrs old)	<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old)	<i>tretinoin GEL 0.01 %, 0.025 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO 0.1 % (Use <i>tretinoin microsphere</i>)	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA	ZIANA (Use <i>clindamycin phosphate-tretinoin</i>)	NF	AL(At least 12 yrs old); ST
RETIN-A MICRO 0.04 % (Use <i>tretinoin microsphere</i>)	NF		Antibiotics - Topical		
RETIN-A MICRO PUMP 0.1 % (Use <i>tretinoin microsphere</i>)	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA	<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 GM daily)
RETIN-A CREA (Use <i>tretinoin</i>)	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)	<i>gentamicin sulfate (topical) OINT</i>	1B	
RETIN-A GEL (Use <i>tretinoin</i>)	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)	<i>mupirocin OINT</i>	1B	QL(6 GM daily)
SSS 10-5 CREA 10 %-5 % (Use <i>sulfacetamide sodium w/ sulfur</i>)	NF	AL(At least 12 yrs old)	NEO-SYNALAR	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)	Antifungals - Topical		
<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)	<i>butenafine hcl</i>	1B	QL(6 GM daily)
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST	<i>ciclopirox olamine CREA</i>	1B	QL(90 GM per fill retail); 1 max fill(s) per 30 day(s) retail
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1B	AL(At least 12 yrs old)	<i>ciclopirox olamine SUSP</i>	1B	
SUMADAN WASH LIQD (Use <i>sulfacetamide sodium w/ sulfur</i>)	NF	AL(At least 12 yrs old); ST	<i>ciclopirox GEL</i>	1B	QL(3.35 GM daily)
			<i>ciclopirox SHAM</i>	1B	QL(10 ML daily)
			<i>ciclopirox SOLN</i>	1B	QL(0.22 ML daily)
			<i>clotrimazole (topical) CREA</i>	1B	QL(4.5 GM daily); RX/OTC
			<i>clotrimazole (topical) SOLN</i>	1B	QL(10 ML daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin-triamcinolone CREA</i>	1B	QL(10 GM daily)
<i>nystatin-triamcinolone OINT</i>	1B	QL(4 GM daily)
<i>oxiconazole nitrate CREA</i>	1B	Limit 1 Fill per 180 days; QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
OXISTAT LOTN	2	Limit 1 Fill per 180 days; QL(2 ML daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>sulconazole nitrate CREA</i>	1B	
<i>sulconazole nitrate SOLN</i>	1B	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>tavaborole</i>	1B	PA
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 EA daily); PA
<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 GM daily); RX/OTC
FLECTOR PTCH EX (<i>Use diclofenac epolamine</i>)	NF	
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	4	PA
CARAC CREA (<i>Use fluorouracil (topical)</i>)	NF	
<i>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 GM daily); PA
EFUDEX CREA (<i>Use fluorouracil (topical)</i>)	NF	QL(4 GM daily)
<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 GM daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ML daily)	<i>calcitriol (topical)</i>	1B	QL(3.34 GM daily)
PANRETIN	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)	COSENTYX (300 MG DOSE) SOSY	4	QL(0.072 ML daily); PA
TARGRETIN (<i>Use bexarotene (topical)</i>)	NF	PA	COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(0.072 ML daily); PA
Antipruritics - Topical			COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ML daily); PA
<i>doxepin hcl (antipruritic)</i>	3	Limit 1 fill every 180 days; QL(45 GM per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	COSENTYX UNOREADY SOAJ	4	QL(0.072 ML daily); PA
PRUDOXIN (<i>Use doxepin hcl (antipruritic)</i>)	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	COSENTYX SOSY 150 MG/ML	4	QL(0.036 ML daily); PA
ZONALON (<i>Use doxepin hcl (antipruritic)</i>)	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	COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ML daily); PA
Antipsoriatics			IMULDOSA SOSY SC 45 MG/0.5ML	4	QL(0.012 ML daily); PA
<i>acitretin 25 MG</i>	1B	QL(2 EA daily)	IMULDOSA SOSY SC 90 MG/ML	4	QL(0.018 ML daily); PA
<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 EA daily)	<i>methoxsalen rapid</i>	1B	QL(4 EA daily)
<i>calcipotriene CREA</i>	1B	QL(4 GM daily); PA	PELLIX SOLN 0.005 % (<i>Use calcipotriene</i>)	NF	QL(4 ML daily); PA
<i>calcipotriene OINT</i>	1B	QL(4 GM daily); PA	PYZCHIVA 45 MG/0.5ML	4	QL(0.012 ML daily); PA
<i>calcipotriene SOLN</i>	1B	QL(4 ML daily); PA	PYZCHIVA 90 MG/ML	4	QL(0.018 ML daily); PA
			PYZCHIVA SC 45 MG/0.5ML	4	QL(0.012 ML daily); PA
			SKYRIZI PEN SOAJ	4	QL(0.025 ML daily); PA
			SKYRIZI SOSY	4	QL(0.025 ML daily); PA
			STEQEYMA 45 MG/0.5ML	4	QL(0.012 ML daily); PA
			STEQEYMA 90 MG/ML	4	QL(0.018 ML daily); PA
			<i>tazarotene CREA 0.1 %</i>	1B	QL(1 GM daily)
			TAZORAC CREA 0.1 % (<i>Use tazarotene</i>)	NF	QL(1 GM daily)
			VECTICAL (<i>Use calcitriol (topical)</i>)	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	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate FOAM</i>	1B	QL(1.67 GM daily)	<i>desonide LOTN</i>	1B	QL(4 ML daily)
<i>betamethasone valerate LOTN</i>	1B	QL(5 ML daily)	<i>desonide OINT</i>	1B	QL(3 GM daily)
<i>betamethasone valerate OINT</i>	1B	QL(3 GM daily)	<i>desoximetasone CREA 0.25 %</i>	1B	QL(4 GM daily)
<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST	<i>desoximetasone GEL</i>	1B	QL(3 GM daily)
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1B	ST	<i>desoximetasone OINT 0.25 %</i>	1B	QL(4 GM daily)
<i>clobetasol propionate emollient base 0.05 %</i>	1B	QL(1 GM daily); PA	<i>diflorasone diacetate CREA</i>	1B	PA
<i>clobetasol propionate CREA 0.05 %</i>	1B	QL(3 GM daily); PA	<i>diflorasone diacetate OINT</i>	1B	PA
<i>clobetasol propionate FOAM</i>	1B	QL(3 GM daily); ST	DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i>)	NF	QL(3.5 GM daily)
<i>clobetasol propionate GEL 0.05 %</i>	1B	QL(2 GM daily); ST	<i>fluocinolone acetonide CREA 0.025 %</i>	1B	QL(4 GM daily)
<i>clobetasol propionate OINT 0.05 %</i>	1B	QL(1 GM daily); PA	<i>fluocinolone acetonide CREA 0.01 %</i>	1B	
<i>clobetasol propionate SOLN 0.05 %</i>	1B	QL(3.34 ML daily); PA	<i>fluocinolone acetonide OIL</i>	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
<i>clocortolone pivalate</i>	3	QL(3 GM daily)	<i>fluocinolone acetonide OINT</i>	1B	QL(4 GM daily)
CLODERM (Use <i>clocortolone pivalate</i>)	NF	QL(3 GM daily)	<i>fluocinolone acetonide SOLN</i>	1B	QL(4 ML daily)
CORDRAN TAPE	3	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>fluocinonide emulsified base</i>	1B	QL(2 GM daily)
DERMA-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetonide</i>)	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	<i>fluocinonide CREA 0.1 %</i>	1B	QL(4 GM daily)
DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NF	QL(8 ML daily)	<i>fluocinonide CREA 0.05 %</i>	1B	QL(2 GM daily)
<i>desonide CREA</i>	1B	QL(4 GM daily)	<i>fluocinonide GEL</i>	1B	
			<i>fluocinonide OINT</i>	1B	QL(2 GM daily)
			<i>fluocinonide SOLN</i>	1B	QL(2 ML daily)
			<i>flurandrenolide CREA</i>	2	QL(2 GM daily)
			<i>flurandrenolide LOTN</i>	2	QL(2 ML daily)
			<i>fluticasone propionate CREA 0.05 %</i>	1B	QL(4 GM daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate</i> LOTN	1B	QL(6 ML daily)	TOPICORT CREA 0.25 % (Use desoximetasone)	NF	QL(4 GM daily)
<i>fluticasone propionate</i> OINT	1B	QL(4 GM daily)	TOPICORT CREA 0.05 % (Use desoximetasone)	NF	
<i>halcinonide</i> CREA	1B	PA	TOPICORT GEL (Use desoximetasone)	NF	QL(3 GM daily)
<i>halobetasol propionate</i> CREA	1B	QL(3.5 GM daily)	TOPICORT OINT 0.25 % (Use desoximetasone)	NF	QL(4 GM daily)
<i>halobetasol propionate</i> OINT	1B	QL(3.5 GM daily)	<i>triamcinolone acetonide</i> (topical) CREA 0.025 %	1B	QL(15.15 GM daily)
HALOG CREA (Use <i>halcinonide</i>)	NF	PA	<i>triamcinolone acetonide</i> (topical) CREA 0.5 %	1B	QL(5 GM daily)
HALOG OINT	3	PA	<i>triamcinolone acetonide</i> (topical) CREA 0.1 %	1B	QL(3.34 GM daily)
<i>hydrocortisone</i> (topical) CREA 1 %, 2.5 %	1B	QL(15.15 EA daily); RX/OTC	<i>triamcinolone acetonide</i> (topical) LOTN 0.025 %	1B	
<i>hydrocortisone</i> (topical) LOTN 2.5 %	1B		<i>triamcinolone acetonide</i> (topical) LOTN 0.1 %	1B	QL(6 ML daily)
<i>hydrocortisone</i> (topical) OINT 1 %, 2.5 %	1B	QL(15.15 GM daily); RX/OTC	<i>triamcinolone acetonide</i> (topical) OINT 0.5 %	1B	QL(6 GM daily)
<i>hydrocortisone butyrate</i> CREA	1B	QL(3 GM daily)	<i>triamcinolone acetonide</i> (topical) OINT 0.025 %, 0.1 %	1B	QL(15.15 GM daily)
<i>hydrocortisone butyrate</i> OINT	1B	QL(3 GM daily)	VANOS CREA (Use <i>fluocinonide</i>)	NF	QL(4 GM daily)
<i>hydrocortisone butyrate</i> SOLN	1B	QL(5 ML daily)	Eczema Agents		
<i>hydrocortisone valerate</i> CREA	1B		DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ML daily); PA
<i>hydrocortisone valerate</i> OINT	1B		DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily); PA
<i>mometasone furoate</i> CREA	1B	QL(3 GM daily)	DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily); PA
<i>mometasone furoate</i> OINT	1B	QL(4 GM daily)	DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ML daily); PA
<i>mometasone furoate</i> SOLN	1B	QL(5 ML daily)	Emollients		
SYNALAR CREA (Use <i>fluocinolone acetonide</i>)	NF	QL(4 GM daily)	<i>lactic acid</i> (ammonium lactate) CREA	1B	QL(12.9 GM daily); RX/OTC
SYNALAR OINT (Use <i>fluocinolone acetonide</i>)	NF	QL(4 GM daily)	<i>lactic acid</i> (ammonium lactate) LOTN 12 %	1B	RX/OTC
TACLONEX SUSP (Use <i>calcipotriene-betamethasone dipropionate</i>)	NF	ST	Enzymes - Topical		
			SANTYL OINT	3	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Immunomodulating Agents - Topical			METROGEL GEL 1 % (Use metronidazole topical))	NF	QL(5 GM daily)
<i>imiquimod 5 %</i>	1B	QL(12 EA per fill retail; 12 per fill mail)	<i>metronidazole (topical) CREA</i>	1B	QL(3 GM daily)
Immunosuppressive Agents - Topical			<i>metronidazole (topical) GEL 1 %</i>	1B	QL(5 GM daily)
<i>ELIDEL (Use pimecrolimus)</i>	NF	QL(3 GM daily); AL(At least 2 yrs old); PA	<i>metronidazole (topical) GEL 0.75 %</i>	1B	QL(3 GM daily)
<i>pimecrolimus</i>	1B	QL(3 GM daily); AL(At least 2 yrs old); PA	<i>metronidazole (topical) LOTN</i>	1B	
<i>tacrolimus (topical) OINT</i>	1B	AL(At least 2 yrs old); PA	MIRVASO (Use brimonidine tartrate topical))	NF	QL(1 GM daily); PA
Keratolytic/Antimitotic/Vesicant Agents			Scabicides & Pediculicides		
CANTHARIDIN SOLN	3	PA	<i>crotamiton LOTN</i>	1B	PA
<i>podofilox SOLN</i>	1B		ELIMITE CREA (Use permethrin)	NF	
YCANTH SOLN	3	PA	<i>ivermectin (pediculicide)</i>	1B	PA
Local Anesthetics - Topical			<i>malathion</i>	1B	
<i>lidocaine hcl GEL 2 %</i>	1B	QL(4 ML daily)	NATROBA (Use spinosad)	NF	PA
<i>lidocaine hcl PRSY</i>	1B	QL(4 ML daily)	OVIDE (Use malathion)	NF	
<i>lidocaine hcl SOLN</i>	1B	QL(10 ML daily)	<i>permethrin CREA</i>	1B	
<i>lidocaine-prilocaine CREA</i>	1B	QL(1 GM daily)	PERMETHRIN CREA 5 % (Use permethrin)	NF	
<i>lidocaine PTCH 5 %</i>	1B	PA	<i>permethrin LIQD EX</i>	1B	
LIDODERM PTCH (Use lidocaine)	NF	PA	<i>spinosad</i>	1B	PA
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			DIAGNOSTIC PRODUCTS		
EUCRISA	3	QL(2 GM daily); PA	Diagnostic Drugs		
Rosacea Agents			THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
<i>azelaic acid GEL</i>	1B	QL(1.67 GM daily)	Diagnostic Tests		
<i>brimonidine tartrate (topical)</i>	3	QL(1 GM daily); PA	CHEMSTRIP K STRP	1B	
METROCREAM CREA (Use metronidazole topical))	NF	QL(3 GM daily)	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 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	Non-FDA approved uses require Prior Authorization
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2	

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

Carbonic Anhydrase Inhibitors		
<i>acetazolamide sodium</i>	1B	

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>raloxifene hcl</i>	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
<i>betaine</i>	4	PA
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	NF	PA
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	NF	PA
<i>calcitriol CAPS</i>	1B	
<i>calcitriol SOLN PO</i>	1B	
<i>cinacalcet hcl</i>	1B	QL(4 EA daily); PA
CYSTADANE (<i>Use betaine</i>)	NF	PA
<i>doxercalciferol CAPS</i>	1B	
<i>doxercalciferol SOLN</i>	1B	
LUMIZYME	4	PA
MYALEPT	4	PA
<i>paricalcitol CAPS</i>	1B	
<i>paricalcitol SOLN</i>	1B	
ROCALtrol CAPS (<i>Use calcitriol</i>)	NF	
ROCALtrol SOLN PO (<i>Use calcitriol</i>)	NF	
SENSIPAR (<i>Use cinacalcet hcl</i>)	NF	QL(4 EA daily); PA
<i>sodium phenylbutyrate POWD</i>	1B	PA
<i>sodium phenylbutyrate TABS</i>	1B	PA
STRENSIQ	4	PA

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol & norethindrone acetate TABS</i>	3	
ESTRATEST H.S. (<i>Use esterified estrogens & methyltestosterone</i>)	NF	
<i>norethindrone acetate-ethinyl estradiol</i>	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 (<i>Use estradiol</i>)	NF	
DELESTROGEN (<i>Use estradiol valerate</i>)	NF	
DEPO-ESTRADIOL	3	
DIVIGEL GEL (<i>Use estradiol</i>)	NF	
ELESTRIN GEL	3	
ESTRACE TABS (<i>Use estradiol</i>)	NF	
<i>estradiol valerate</i>	1B	
<i>estradiol GEL</i>	1B	
<i>estradiol GEL</i>	3	
<i>estradiol PTTW</i>	1B	QL(0.572 EA daily)
<i>estradiol PTWK</i>	1B	
<i>estradiol TABS</i>	1B	
ESTROGEL GEL (<i>Use estradiol</i>)	NF	
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	1B	QL(1 EA daily)
EVAMIST SOLN	3	
MENEST 2.5 MG	3	
MENOSTAR PTWK	3	

Drug Name	Drug Tier	Requirements/Limits
MINIVELLE PTTW (<i>Use estradiol</i>)	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 (<i>Use estrogens, conjugated</i>)	NF	QL(1 EA daily)
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NF	QL(0.572 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1B	
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NF	
<i>levofloxacin in d5w 500 MG/100ML</i>	1B	
<i>levofloxacin SOLN PO</i>	1B	
<i>levofloxacin TABS 500 MG</i>	1A	
<i>levofloxacin TABS 250 MG, 750 MG</i>	1B	
<i>moxifloxacin hcl in sodium chloride</i>	1B	
<i>moxifloxacin hcl TABS</i>	1B	
<i>ofloxacin 300 MG, 400 MG</i>	1B	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY (<i>Use prucalopride succinate</i>)	NF	QL(1 EA daily)
<i>prucalopride succinate</i>	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 (<i>Use ursodiol</i>)	NF	
<i>ursodiol CAPS</i>	1B	QL(3 EA daily)
<i>ursodiol TABS</i>	1B	
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>Use lubiprostone</i>)	NF	QL(2 EA daily)
<i>lubiprostone</i>	1B	QL(2 EA daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1B	QL(60 ML daily)
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	1B	
<i>metoclopramide hcl TABS</i>	1A	QL(6 EA daily)
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NF	QL(6 EA daily)
Inflammatory Bowel Agents		
APRISO CP24 (<i>Use mesalamine</i>)	NF	
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NF	
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NF	
<i>balsalazide disodium CAPS</i>	1B	QL(9 EA daily)
CANASA SUPP (<i>Use mesalamine</i>)	NF	
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NF	QL(9 EA daily)
DELZICOL CPDR (<i>Use mesalamine</i>)	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		
<i>lactulose (encephalopathy)</i>	1B	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1B	QL(2 EA daily)
LINZESS	2	QL(1 EA daily)
LOTRONEX (Use alosetron hcl)	NF	QL(2 EA daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1B	
MOVANTIK	3	QL(1 EA daily); PA
Phosphate Binder Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>calcium acetate (phosphate binder) CAPS</i>	1B	
<i>calcium acetate (phosphate binder) TABS</i>	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		
<i>potassium citrate (alkalinizer) TBCR</i>	1B	
<i>sodium citrate & citric acid</i>	1B	RX/OTC
UROCIT-K 10 TBCR (Use <i>potassium citrate (alkalinizer)</i>)	NF	
UROCIT-K 15 TBCR (Use <i>potassium citrate (alkalinizer)</i>)	NF	
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid 0.25 %</i>	1B	
ARGYLE STERILE SALINE 0.9 % (Use <i>sodium chloride (gu irrigant)</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
CURITY STERILE SALINE 0.9 % (<i>Use sodium chloride (gu irrigant)</i>)	NF	
<i>glycine (gu irrigant) SOLN 1.5 %</i>	1B	
<i>sodium chloride (gu irrigant) 0.9 %</i>	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		
<i>alfuzosin hcl</i>	1B	QL(1 EA daily)
AVODART (<i>Use dutasteride</i>)	NF	QL(1 EA daily)
<i>dutasteride</i>	1B	QL(1 EA daily)
<i>dutasteride-tamsulosin hcl</i>	1B	PA
<i>finasteride</i>	1B	5 mg only
JALYN (<i>Use dutasteride-tamsulosin hcl</i>)	NF	PA
PROSCAR (<i>Use finasteride</i>)	NF	5 mg only
RAPAFLO (<i>Use silodosin</i>)	NF	
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
UROXATRAL (<i>Use alfuzosin hcl</i>)	NF	QL(1 EA daily)
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	1B	
PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
Gout Agents		
<i>allopurinol 100 MG, 300 MG</i>	1A	
<i>colchicine TABS</i>	1B	QL(1 EA daily)
<i>febuxostat</i>	1B	QL(1 EA daily); PA
ULORIC (<i>Use febuxostat</i>)	NF	QL(1 EA daily); PA
Uricosurics		
<i>probenecid</i>	1B	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	PA
BENEFIX KIT	4	PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (<i>Use icatibant acetate</i>)	NF	QL(9 ML daily); PA
<i>icatibant acetate SOSY</i>	4	QL(9 ML daily); PA
Complement Inhibitors		
GOHIBIC	4	PA
HAEGARDA SOLR SC	4	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1B	QL(3 EA daily)
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (<i>Use anagrelide hcl</i>)	NF	
<i>anagrelide hcl</i>	1B	
<i>aspirin-dipyridamole</i>	1B	QL(2 EA daily); PA
BRILINTA 60 MG, 90 MG (<i>Use ticagrelor</i>)	NF	QL(2 EA daily)
<i>cilostazol</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clopidogrel bisulfate 75 MG</i>	1A	QL(1 EA daily)	LEUKINE SOLR IJ	4	PA
<i>clopidogrel bisulfate 300 MG</i>	1B		MIRCERA	4	PA
<i>dipyridamole</i>	1B		PROMACTA PACK 12.5 MG, 25 MG (<i>Use eltrombopag olamine</i>)	NF	QL(1 EA daily); PA
EFFIENT (<i>Use prasugrel hcl</i>)	NF	QL(1 EA daily)	PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (<i>Use eltrombopag olamine</i>)	NF	QL(1 EA daily); PA
<i>eptifibatide 200 MG/100ML</i>	4	PA	RETACRIT	4	PA
PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	NF	QL(1 EA daily)	UDENYCA ONBODY SOSY	4	PA
<i>prasugrel hcl</i>	1B	QL(1 EA daily)	UDENYCA SOAJ	4	PA
<i>ticagrelor 60 MG, 90 MG</i>	1B	QL(2 EA daily)	UDENYCA SOSY	4	PA
ZONTIVITY	3	PA	ZARXIO	4	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders			Hematopoietic Mixtures		
Agents for Sickle Cell Disease			HEMATINIC/FOLIC ACID	1B	QL(1 EA daily)
DROXIA CAPS	3		Iron		
Cobalamins			<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	0	AL(Up to 1 yrs old)
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1B	QL(1 ML daily)	<i>ferrous sulfate TABS</i>	0	
Folic Acid/Folates			<i>ferrous sulfate TBEC 325 MG</i>	0	
<i>folic acid TABS</i>	0	RX/OTC	HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hematopoietic Growth Factors			Hemostatics - Systemic		
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	PA	<i>aminocaproic acid TABS</i>	3	PA
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA	CYKLOKAPRON SOLN (<i>Use tranexamic acid</i>)	NF	
<i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>	3	QL(1 EA daily); PA	<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	3	QL(1 EA daily); PA	<i>tranexamic acid TABS</i>	1B	
FULPHILA	4	PA	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
			Barbiturate Hypnotics		
			<i>phenobarbital ELIX</i>	1B	
			<i>phenobarbital TABS</i>	1B	

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Surfactant Laxatives			ERYPED 200 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NF	
<i>docusate calcium</i>	1A	QL(1 EA daily)	ERYPED 400 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NF	
<i>docusate sodium CAPS 250 MG</i>	1A		<i>erythromycin base CPEP</i>	3	
<i>docusate sodium CAPS 100 MG</i>	1A	QL(4 EA daily)	<i>erythromycin base TABS</i>	3	
MACROLIDES - Drugs to Treat Bacterial Infections			<i>erythromycin base TBEC</i>	1B	
Azithromycin			<i>erythromycin ethylsuccinate SUSR</i>	1B	
<i>azithromycin PACK</i>	1B		<i>erythromycin ethylsuccinate TABS</i>	3	
<i>azithromycin SUSR</i>	1B		Fidaxomicin		
<i>azithromycin TABS 250 MG</i>	1B	QL(6 EA per fill retail; 6 per fill mail)	DIFICID TABS 200 MG (<i>Use fidaxomicin</i>)	NF	
<i>azithromycin TABS 500 MG</i>	1B	QL(4 EA per fill retail; 4 per fill mail)	<i>fidaxomicin TABS 200 MG</i>	1B	
<i>azithromycin TABS 600 MG</i>	1B	QL(0.286 EA daily)	MEDICAL DEVICES AND SUPPLIES		
ZITHROMAX TRI-PAK TABS (<i>Use azithromycin</i>)	NF	QL(4 EA per fill retail; 4 per fill mail)	Contraceptives		
ZITHROMAX Z-PAK TABS (<i>Use azithromycin</i>)	NF	QL(6 EA per fill retail; 6 per fill mail)	AIMSCO LUBRICATED MISC	0	
ZITHROMAX SUSR (<i>Use azithromycin</i>)	NF		CAYA DPRH	0	
ZITHROMAX TABS 500 MG (<i>Use azithromycin</i>)	NF	QL(4 EA per fill retail; 4 per fill mail)	DUREX EXTRA SENSITIVE THIN DEVI	0	
ZITHROMAX TABS 250 MG (<i>Use azithromycin</i>)	NF	QL(6 EA per fill retail; 6 per fill mail)	DUREX EXTRA SENSITIVE THIN MISC	0	
Clarithromycin			DUREX TROPICAL MISC	0	
<i>clarithromycin SUSR</i>	1B		FANTASY LUBRICATED/SPERMICI DE MISC	0	
<i>clarithromycin TABS</i>	1B		FANTASY LUBRICATED MISC	0	
<i>clarithromycin TB24</i>	1B		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
Erythromycins			FEMCAP DEVI	0	
E.E.S. GRANULES SUSR (<i>Use erythromycin ethylsuccinate</i>)	NF				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KAMELEON LUBRICATED MISC	0		TRUSTEX LUB/RIBBED/STUDDERED MISC	0	
KIMONO COLORS DEVI	0		TRUSTEX LUB/SPERMICIDE EX ST MISC	0	
KIMONO MAXX-LARGE FLARE MISC	0		TRUSTEX LUB/SPERMICIDE XL MISC	0	
KIMONO MICRO THIN PLUS MISC	0		TRUSTEX LUBRICATED EX LARGE MISC	0	
KIMONO PLUS MISC	0		TRUSTEX LUBRICATED EXTRA ST MISC	0	
KIMONO PS PLUS MISC	0		TRUSTEX LUBRICATED/SPERMICIDE MISC	0	
KIMONO PS MISC	0		TRUSTEX LUBRICATED MISC	0	
KIMONO SENSATION PLUS MISC	0		TRUSTEX NATURAL CONDOMS + LUBE MISC	0	
KIMONO SENSATION MISC	0		TRUSTEX RIA LUB/SPERMICIDE MISC	0	
KIMONO SPECIAL DEVI	0		TRUSTEX RIA LUBRICATED MISC	0	
KIMONO MISC	0		TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	0	
MAXX PLUS MISC	0		WIDE-SEAL DIAPHRAGM 60	0	
MAXX MISC	0		WIDE-SEAL DIAPHRAGM 65	0	
OMNIFLEX DIAPHRAGM	0		WIDE-SEAL DIAPHRAGM 70	0	
REALITY LATEX CONDOMS MISC	0		WIDE-SEAL DIAPHRAGM 75	0	
REALITY LATEX/ULTRA TEXTURED DEVI	0		WIDE-SEAL DIAPHRAGM 80	0	
REALITY LATEX/ULTRA THIN DEVI	0		WIDE-SEAL DIAPHRAGM 85	0	
TROJAN BARESKIN DEVI	0		WIDE-SEAL DIAPHRAGM 90	0	
TROJAN MAGNUM MISC	0		WIDE-SEAL DIAPHRAGM 95	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				
			Diabetic Supplies		

Ambetter Formulary Updated January 2027

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEXCOM G6 RECEIVER	1B	QL(1 EA per 365 day(s) retail); PA	OMNIPOD 5 LIBRE PODS MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
DEXCOM G6 SENSOR	1B	QL(0.072 EA daily); PA	OMNIPOD CLASSIC PODS (GEN 3) MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
DEXCOM G6 TRANSMITTER	1B	QL(1 EA per 90 day(s) retail; 1 EA per 90 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
DEXCOM G7 15 DAY SENSOR	1B	QL(0.072 EA daily); PA	OMNIPOD POD PALS	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
DEXCOM G7 RECEIVER	1B	QL(1 EA per 365 day(s) retail); PA	ONETOUCH DELICA SAFETY LANCING	1B	QL(6.6667 EA daily); RX/OTC
DEXCOM G7 SENSOR	1B	QL(0.072 EA daily); PA	RELION LANCET DEVICES 30G	1B	QL(6.6667 EA daily); RX/OTC
FREESTYLE LIBRE 14 DAY READER	1B	QL(1 EA per 365 day(s) retail); PA	RELION LANCETS	1B	QL(6.6667 EA daily); RX/OTC
FREESTYLE LIBRE 14 DAY SENSOR	1B	QL(0.072 EA daily); PA	TRUE METRIX LEVEL 3 SOLN	1B	
FREESTYLE LIBRE 2 PLUS SENSOR	1B	QL(0.072 EA daily); PA	Parenteral Therapy Supplies		
FREESTYLE LIBRE 2 READER	1B	QL(1 EA per 365 day(s) retail); PA	BD PEN NEEDLE NANO 2ND GEN	1B	QL(5 EA daily); RX/OTC
FREESTYLE LIBRE 2 SENSOR	1B	QL(0.072 EA daily); PA	EMBECTA AUTOSHIELD DUO	1B	QL(5 EA daily); RX/OTC
FREESTYLE LIBRE 3 PLUS SENSOR	1B	QL(0.072 EA daily); PA	EMBECTA PEN NEEDLE NANO	1B	QL(5 EA daily); RX/OTC
FREESTYLE LIBRE 3 READER	1B	QL(1 EA per 365 day(s) retail); PA	EMBECTA PEN NEEDLE NANO 2 GEN	1B	QL(5 EA daily); RX/OTC
FREESTYLE LIBRE 3 SENSOR	1B	QL(0.072 EA daily); PA	EMBECTA PEN NEEDLE ULTRAFINE	1B	QL(5 EA daily)
FREESTYLE LIBRE READER	1B	QL(1 EA per 365 day(s) retail); PA	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
MINT REFILL KIT MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA	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	Drug Name	Drug Tier	Requirements/ Limits
EMGALITY SOAJ	2	QL(0.07 ML daily); PA	FROVA (<i>Use frovatriptan succinate</i>)	NF	QL(0.4 EA daily); AL(At least 18 yrs old); ST
EMGALITY SOSY	2	QL(0.07 ML daily); PA	<i>frovatriptan succinate</i>	1B	QL(0.4 EA daily); AL(At least 18 yrs old); ST
UBRELVY	3	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); 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)
Migraine Combinations			IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	2	QL(0.134 ML daily); AL(At least 18 yrs old)
CAFERGOT TABS (<i>Use ergotamine w/ caffeine</i>)	NF	QL(1.5 EA daily)	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NF	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 EA daily)	IMITREX TABS (<i>Use sumatriptan succinate</i>)	NF	QL(0.3 EA daily); AL(At least 18 yrs old)
<i>sumatriptan-naproxen sodium</i>	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)	MAXALT-MLT TBDP 10 MG (<i>Use rizatriptan benzoate</i>)	NF	QL(0.6 EA daily); AL(At least 6 yrs old)
TREXIMET (<i>Use sumatriptan-naproxen sodium</i>)	NF	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)	MAXALT TABS 10 MG (<i>Use rizatriptan benzoate</i>)	NF	QL(0.6 EA daily); AL(At least 6 yrs old)
Migraine Products			<i>naratriptan hcl</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ML daily)	RELPAK (<i>Use eletriptan hydrobromide</i>)	NF	QL(0.2 EA daily); AL(At least 18 yrs old); ST
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B		<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)
ERGOMAR SUBL	3	QL(0.667 EA daily)	<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)
MIGRANAL SOLN NA (<i>Use dihydroergotamine mesylate</i>)	NF	QL(0.267 ML daily)	<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)
Serotonin Agonists					
<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 EA daily); AL(At least 12 yrs old); ST			
<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST			
<i>eletriptan hydrobromide</i>	1B	QL(0.2 EA daily); AL(At least 18 yrs old); ST			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)	CALCIUM CHLORIDE SOLN 10 % (<i>Use calcium chloride (dihydrate)</i>)	NF	
<i>sumatriptan</i>	1B	QL(0.2 EA daily); AL(At least 18 yrs old)	Electrolyte Mixtures		
<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)	<i>electrolyte-148</i>	1B	
<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)	<i>electrolyte-a</i>	1B	
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)	IONOSOL-MB IN D5W	1B	
<i>sumatriptan succinate TABS</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)	ISOLYTE-P IN D5W	1B	
<i>zolmitriptan SOLN</i>	1B	QL(0.2 EA daily); AL(At least 12 yrs old); ST	ISOLYTE-S	1B	
<i>zolmitriptan TABS</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST	KCL IN DEXTROSE-NACL (<i>Use potassium chloride in dextrose & sodium chloride</i>)	NF	
<i>zolmitriptan TBDP</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST	KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (<i>Use potassium chloride in dextrose & sodium chloride</i>)	1B	
ZOMIG SOLN (<i>Use zolmitriptan</i>)	NF	QL(0.2 EA daily); AL(At least 12 yrs old); ST	KCL-LACTATED RINGERS-D5W	1B	
MINERALS & ELECTROLYTES			NORMOSOL-M IN D5W	1B	
Bicarbonates			NORMOSOL-R PH 7.4	1B	
<i>sodium acetate SOLN</i>	1B		PLASMA-LYTE 148	1B	
SODIUM ACETATE SOLN (<i>Use sodium acetate</i>)	1B		PLASMA-LYTE A (<i>Use electrolyte-a</i>)	1B	
Calcium			<i>potassium chloride in dextrose 20 MEQ/L</i>	1B	
<i>calcium chloride (dihydrate) SOLN</i>	1B		<i>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 %</i>	1B	
			POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L (<i>Use potassium chloride in dextrose</i>)	NF	
			<i>ringer's</i>	1B	
			Fluoride		

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

Drug Name	Drug Tier	Requirements/ Limits
DEPEN TITRATABS TABS (<i>Use penicillamine</i>)	NF	QL(8 EA daily)
<i>penicillamine TABS</i>	1B	QL(8 EA daily)
SYPRINE (<i>Use trientine hcl</i>)	NF	QL(8 EA daily); PA
<i>trientine hcl 250 MG</i>	4	QL(8 EA daily); PA
Immunomodulators		
<i>lenalidomide</i>	4	QL(1 EA daily); PA
REVLIMID (<i>Use lenalidomide</i>)	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	
<i>azathioprine TABS</i>	1B	
CELLCEPT CAPS (<i>Use mycophenolate mofetil</i>)	NF	
CELLCEPT TABS (<i>Use mycophenolate mofetil</i>)	NF	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1B	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1B	
<i>cyclosporine CAPS</i>	1B	
<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 EA daily); PA
<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 EA daily); PA
IMURAN TABS (<i>Use azathioprine</i>)	NF	
<i>mycophenolate mofetil CAPS</i>	1B	
<i>mycophenolate mofetil TABS</i>	1B	
<i>mycophenolate sodium</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MYFORTIC (Use mycophenolate sodium)	NF		LOKELMA	3	QL(1 EA daily); PA
NEORAL CAPS (Use cyclosporine modified (for microemulsion))	NF		sodium polystyrene sulfonate POWD	1B	
NEORAL SOLN (Use cyclosporine modified (for microemulsion))	NF		sodium polystyrene sulfonate SUSP CO 15 GM/60ML	1B	
PROGRAF CAPS (Use tacrolimus)	NF		MOUTH/THROAT/DENTAL AGENTS		
PROGRAF SOLN 5 MG/ML (Use tacrolimus)	2		Anesthetics Topical Oral		
RAPAMUNE TABS (Use sirolimus)	NF		lidocaine hcl (mouth-throat) 4 %	1B	
SANDIMMUNE CAPS (Use cyclosporine)	NF		lidocaine hcl (mouth-throat) 2 %	1B	QL(4 ML daily)
SIMULECT	3		Anti-infectives - Throat		
sirolimus TABS	1B		clotrimazole	1B	
tacrolimus CAPS	1B		NYSTATIN (Use nystatin (mouth-throat))	NF	
tacrolimus SOLN 5 MG/ML	1B		nystatin (mouth-throat)	1B	
THYMOGLOBULIN	4	PA	Antiseptics - Mouth/Throat		
ZORTRESS 1 MG (Use everolimus (immunosuppressant))	NF	QL(10 EA daily); PA	chlorhexidine gluconate (mouth-throat)	1B	
ZORTRESS 0.25 MG, 0.5 MG, 0.75 MG (Use everolimus (immunosuppressant))	NF	QL(20 EA daily); PA	PERIDEX (Use chlorhexidine gluconate (mouth-throat))	NF	
Irrigation Solutions			Dental Products		
ARGYLE STERILE WATER (Use water for irrigation, sterile)	NF		FLUORIDEX DAILY RENEWAL CONC 0.63 %	0	RX/OTC
irrigation solutions, physiological	1B		PERIOMED CONC 0.63 %	0	RX/OTC
lactated ringer's (irrigation)	1B		stannous fluoride CONC	0	RX/OTC
ringer's irrigation	1B		Steroids - Mouth/Throat/Dental		
water for irrigation, sterile	1B		triamcinolone acetonide (mouth)	1B	
Potassium Removing Agents			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 -		

Drug Name	Drug Tier	Requirements/Limits
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	Drug Name	Drug Tier	Requirements/ Limits
Beta-blockers - Ophthalmic			<i>gatifloxacin (ophth)</i>	1B	
<i>betaxolol hcl (ophth) SOLN</i>	1B		<i>gentamicin sulfate (ophth) SOLN</i>	1B	
<i>brimonidine tartrate-timolol maleate</i>	1B		<i>levofloxacin (ophth) 0.5 %</i>	1B	
<i>carteolol hcl (ophth)</i>	1B		<i>moxifloxacin hcl (ophth) SOLN OP</i>	1B	
COMBIGAN (Use <i>brimonidine tartrate-timolol maleate</i>)	NF		NATACYN	2	
COSOPT (Use <i>dorzolamide hcl-timolol maleate</i>)	NF		<i>neomycin-bacitracin zn-polymyxin</i>	1B	
<i>dorzolamide hcl-timolol maleate</i>	1B		OCUFLOX (Use <i>ofloxacin (ophth)</i>)	NF	
<i>levobunolol hcl 0.5 %</i>	1B		<i>ofloxacin (ophth)</i>	1B	
<i>timolol maleate (ophth) SOLG</i>	1B		<i>polymyxin b-trimethoprim</i>	1B	
<i>timolol maleate (ophth) SOLN</i>	1B		<i>sulfacetamide sodium (ophth) SOLN</i>	1B	
Cycloplegic Mydriatics			<i>tobramycin (ophth) SOLN</i>	1B	
MYDRIACYL SOLN (Use <i>tropicamide</i>)	NF		<i>trifluridine</i>	1B	
<i>tropicamide SOLN 0.5 %</i>	1B	QL(2.5 ML daily)	VIGAMOX SOLN OP (Use <i>moxifloxacin hcl (ophth)</i>)	NF	
<i>tropicamide SOLN 1 %</i>	1B		ZIRGAN GEL	2	
Miotics			Ophthalmic Immunomodulators		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1B		<i>cyclosporine (ophth) EMUL</i>	3	PA
Ophthalmic Adrenergic Agents			RESTASIS EMUL (Use <i>cyclosporine (ophth)</i>)	NF	PA
<i>brimonidine tartrate 0.15 %, 0.2 %</i>	1B		Ophthalmic Local Anesthetics		
Ophthalmic Anti-infectives			ALCAINE (Use <i>proparacaine hcl</i>)	NF	
<i>bacitracin (ophthalmic)</i>	3		<i>proparacaine hcl</i>	1B	
<i>besifloxacin hcl 0.6 %</i>	1B	PA	Ophthalmic Steroids		
BESIVANCE 0.6 % (Use <i>besifloxacin hcl</i>)	3	PA	ALREX SUSP (Use <i>loteprednol etabonate</i>)	NF	PA
<i>ciprofloxacin hcl (ophth) SOLN</i>	1B		<i>dexamethasone sodium phosphate (ophth)</i>	1B	QL(0.4 ML daily)
<i>erythromycin (ophth)</i>	1B		<i>difluprednate</i>	1B	PA
			DUREZOL (Use <i>difluprednate</i>)	NF	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluorometholone (ophth) SUSP</i>	1B		ZYLET 0.3 %-0.5 % (<i>Use loteprednol etabonate-tobramycin</i>)	3	PA
FML FORTE SUSP	3	PA	Ophthalmic Surgical Aids		
FML LIQUIFILM SUSP (<i>Use fluorometholone (ophth)</i>)	NF		HEALON PRO SOSY	3	PA
LOTEMAX GEL (<i>Use loteprednol etabonate</i>)	NF	PA	PROVISC SOSY	3	PA
LOTEMAX OINT	3	PA	Ophthalmics - Misc.		
LOTEMAX SUSP (<i>Use loteprednol etabonate</i>)	NF	PA	ACULAR (<i>Use ketorolac tromethamine (ophth)</i>)	NF	
<i>loteprednol etabonate GEL</i>	1B	PA	ACULAR LS (<i>Use ketorolac tromethamine (ophth)</i>)	NF	
<i>loteprednol etabonate SUSP</i>	1B	PA	ALOCRIAL	3	PA
<i>loteprednol etabonate-tobramycin</i>	1B	PA	ALOMIDE	3	PA
MAXIDEX SUSP OP	3	PA	<i>azelastine hcl (ophth)</i>	1B	
MAXITROL OINT (<i>Use neomycin-polymyx-dexameth</i>)	NF		AZOPT (<i>Use brinzolamide</i>)	NF	
MAXITROL SUSP (<i>Use neomycin-polymyx-dexameth</i>)	NF		<i>bepotastine besilate</i>	3	PA
<i>neomycin-polymyx-dexameth OINT</i>	1B		BEPREVE (<i>Use bepotastine besilate</i>)	NF	PA
<i>neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1B		<i>brinzolamide</i>	1B	
<i>neomycin-polymyxin-hc (ophth)</i>	1B	QL(2.5 ML daily)	<i>bromfenac sodium (ophth)</i>	1B	
PRED FORTE (<i>Use prednisolone acetate (ophth)</i>)	NF		BROMSITE (<i>Use bromfenac sodium (ophth)</i>)	NF	
PRED MILD	3	PA	<i>cromolyn sodium (ophth)</i>	1B	
<i>prednisolone acetate (ophth)</i>	1B		CYSTARAN	2	QL(2.143 ML daily); PA
<i>sulfacetamide sod-prednisolone SOLN</i>	3	PA	<i>diclofenac sodium (ophth)</i>	1B	
<i>tobramycin-dexamethasone SUSP</i>	1B		<i>dorzolamide hcl</i>	1B	
			<i>epinastine hcl (ophth)</i>	1B	
			<i>flurbiprofen sodium</i>	1B	
			<i>ketorolac tromethamine (ophth)</i>	1B	
			<i>ketotifen fumarate (ophth) 0.035 %</i>	1B	
			<i>olopatadine hcl 0.2 %</i>	1B	RX/OTC
			<i>olopatadine hcl 0.1 %</i>	1B	QL(0.34 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
PROLENSA (Use bromfenac sodium (ophth))	NF	
ZERVIAE	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	
ENFLONISIA 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 200 MG/5ML, 250 MG/5ML, 400 MG/5ML	1B	
amoxicillin SUSR 125 MG/5ML	1A	
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	Drug Name	Drug Tier	Requirements/ Limits
<i>penicillin v potassium TABS</i>	1B		PROVERA 5 MG, 10 MG (Use <i>medroxyprogesterone acetate</i>)	NF	
Penicillin Combinations			PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
<i>amoxicillin & pot clavulanate CHEW 57 MG-400 MG</i>	1B		Agents for Chemical Dependency		
<i>amoxicillin & pot clavulanate SUSR</i>	1B		<i>acamprosate calcium</i>	1B	
<i>amoxicillin & pot clavulanate TABS</i>	1B		<i>disulfiram</i>	1B	
<i>amoxicillin & pot clavulanate TB12</i>	1B		<i>lofexidine hcl</i>	1B	QL(224 EA per 14 day(s) retail; 224 EA per 14 days mail); PA
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NF		LUCEMYRA (Use <i>lofexidine hcl</i>)	NF	QL(224 EA per 14 day(s) retail; 224 EA per 14 days mail); PA
AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NF		Antidementia Agents		
Penicillinase-Resistant Penicillins			ARICEPT TABS 10 MG (Use <i>donepezil hydrochloride</i>)	NF	QL(2 EA daily)
<i>dicloxacillin sodium</i>	1B		ARICEPT TABS 5 MG, 23 MG (Use <i>donepezil hydrochloride</i>)	NF	QL(1 EA daily)
<i>nafcillin sodium IJ 1 GM</i>	1B		<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1B	QL(1 EA daily)
<i>oxacillin sodium IJ 1 GM</i>	1B		<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 EA daily)
PROGESTINS - Hormone Replacement/Modifying Drugs			<i>donepezil hydrochloride TBDP 5 MG</i>	1B	QL(1 EA daily)
Progestins			<i>donepezil hydrochloride TBDP 10 MG</i>	1B	QL(2 EA daily)
<i>medroxyprogesterone acetate 10 MG</i>	1A		<i>galantamine hydrobromide CP24</i>	1B	QL(1 EA daily)
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B		<i>galantamine hydrobromide SOLN</i>	1B	QL(6 ML daily)
<i>megestrol acetate (appetite)</i>	1B	PA	<i>galantamine hydrobromide TABS</i>	1B	QL(2 EA daily)
<i>norethindrone acetate TABS</i>	0		KISUNLA	4	PA
<i>progesterone CAPS</i>	1B		<i>memantine hcl TABS</i>	1B	QL(2 EA daily)
PROMETRIUM CAPS (Use <i>progesterone</i>)	NF				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl TABS</i>	1B		COPAXONE SOSY 40 MG/ML (<i>Use glatiramer acetate</i>)	NF	QL(0.43 ML daily)
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NF		<i>dalfampridine</i>	4	QL(2 EA daily); PA
<i>rivastigmine tartrate CAPS</i>	1B		<i>dimethyl fumarate CDPK</i>	1B	QL(2 EA daily)
Combination Psychotherapeutics			<i>dimethyl fumarate CPDR</i>	1B	QL(2 EA daily)
<i>chlordiazepoxide-amitriptyline</i>	1B		<i> fingolimod hcl</i>	3	QL(1 EA daily)
<i>perphenazine-amitriptyline</i>	1B	QL(4 EA daily)	GILENYA (<i>Use fingolimod hcl</i>)	NF	QL(1 EA daily)
Fibromyalgia Agents			<i>glatiramer acetate SOSY 40 MG/ML</i>	4	QL(0.43 ML daily)
<i>milnacipran hcl MISC</i>	1B	1 max fill(s) per 365 day(s) retail; PA	<i>glatiramer acetate SOSY 20 MG/ML</i>	4	QL(1 ML daily)
<i>milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG</i>	1B	QL(2 EA daily); PA	LEMTRADA	4	QL(1.2 ML daily); PA
SAVELLA TITRATION PACK MISC (<i>Use milnacipran hcl</i>)	NF	1 max fill(s) per 365 day(s) retail; PA	PLEGRIDY STARTER PACK SOAJ	4	QL(0.036 ML daily); PA
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (<i>Use milnacipran hcl</i>)	NF	QL(2 EA daily); PA	PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ML daily); PA
Movement Disorder Drug Therapy			PLEGRIDY SOAJ	4	QL(0.036 ML daily); PA
<i>tetrabenazine</i>	4	QL(3 EA daily); PA	PLEGRIDY SOSY IM	4	QL(0.036 ML daily); PA
XENAZINE (<i>Use tetrabenazine</i>)	NF	QL(3 EA daily); PA	REBIF REBIDOSE TITRATION PACK SOAJ	4	1 max fill(s) per 365 day(s) retail; PA
Multiple Sclerosis Agents			REBIF REBIDOSE SOAJ	4	QL(0.214 ML daily); PA
AMPYRA (<i>Use dalfampridine</i>)	NF	QL(2 EA daily); PA	REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; PA
AUBAGIO (<i>Use teriflunomide</i>)	NF	QL(1 EA daily)	REBIF SOSY	4	QL(0.214 ML daily); PA
AVONEX PEN AJKT	4	QL(0.0714 EA daily); PA	TECFIDERA CDPK (<i>Use dimethyl fumarate</i>)	NF	QL(2 EA daily)
AVONEX PREFILLED PSKT	4	QL(0.0714 EA daily); PA	TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	NF	QL(2 EA daily)
BETASERON KIT	4	QL(0.5 EA daily); PA	<i>teriflunomide</i>	3	QL(1 EA daily)
COPAXONE SOSY 20 MG/ML (<i>Use glatiramer acetate</i>)	NF	QL(1 ML daily)	Psychotherapeutic and Neurological Agents - Misc.		
			<i>ergoloid mesylates TABS</i>	1B	
			<i>pimozide</i>	1B	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>pirfenidone CAPS</i>	4	QL(1 EA daily); PA
<i>pirfenidone TABS 534 MG</i>	4	QL(3 EA daily); PA
<i>pirfenidone TABS 267 MG, 801 MG</i>	4	QL(1 EA daily); PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	1B	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>demeclocycline hcl TABS</i>	1B	
<i>doxycycline (monohydrate) CAPS 75 MG</i>	1B	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1B	QL(2 EA daily)
<i>doxycycline (monohydrate) TABS 100 MG</i>	1B	QL(2 EA daily)
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG</i>	1B	
<i>doxycycline hyclate CAPS</i>	1B	QL(2 EA daily)
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1B	QL(2 EA daily)
<i>minocycline hcl CAPS</i>	1B	QL(3 EA daily)
<i>minocycline hcl TABS</i>	1B	QL(3 EA daily)
<i>tetracycline hcl CAPS</i>	1B	QL(8 EA daily)
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NF	QL(2 EA daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1B	
<i>propylthiouracil</i>	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	Drug Name	Drug Tier	Requirements/ Limits
CARAFATE SUSP (<i>Use sucralfate</i>)	NF	QL(40 ML daily)	PREVACID 24HR CPDR (<i>Use lansoprazole</i>)	NF	QL(2 EA daily); RX/OTC
CARAFATE TABS (<i>Use sucralfate</i>)	NF	QL(4 EA daily)	PREVACID CPDR 30 MG (<i>Use lansoprazole</i>)	NF	
<i>sucralfate SUSP</i>	1B	QL(40 ML daily)	PROTONIX TBEC 40 MG (<i>Use pantoprazole sodium</i>)	NF	
<i>sucralfate TABS</i>	1B	QL(4 EA daily)	PROTONIX TBEC 20 MG (<i>Use pantoprazole sodium</i>)	NF	QL(1 EA daily)
Proton Pump Inhibitors			<i>rabeprazole sodium TBEC</i>	1B	QL(1 EA daily)
ACIPHEX TBEC (<i>Use rabeprazole sodium</i>)	NF	QL(1 EA daily)	Ulcer Drugs - Prostaglandins		
DEXILANT (<i>Use dexlansoprazole</i>)	NF	QL(1 EA daily)	CYTOTEC (<i>Use misoprostol</i>)	NF	QL(4 EA daily)
<i>dexlansoprazole</i>	3	QL(1 EA daily)	<i>misoprostol</i>	1B	QL(4 EA daily)
<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 EA daily)	Ulcer Therapy Combinations		
<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 EA daily); RX/OTC	<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1B	14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail
<i>esomeprazole magnesium TBEC</i>	1B	QL(2 EA daily)	<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	3	PA
<i>lansoprazole CPDR 30 MG</i>	1B		<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1B	QL(1 EA daily); RX/OTC
<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 EA daily); RX/OTC	PYLERA (<i>Use bismuth subcitrate potassium-metronidazole-tetracycline</i>)	NF	PA
NEXIUM 24HR CPDR (<i>Use esomeprazole magnesium</i>)	1B	QL(2 EA daily); RX/OTC	ZEGERID CAPS 1100 MG-20 MG (<i>Use omeprazole-sodium bicarbonate</i>)	NF	QL(1 EA daily); RX/OTC
NEXIUM 24HR TBEC 20 MG	1B	QL(2 EA daily)	ZEGERID CAPS 1100 MG-40 MG (<i>Use omeprazole-sodium bicarbonate</i>)	NF	
NEXIUM CPDR 20 MG (<i>Use esomeprazole magnesium</i>)	NF	RX/OTC	URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
NEXIUM CPDR 40 MG (<i>Use esomeprazole magnesium</i>)	NF	QL(1 EA daily)	Urinary Antispasmodic - Antimuscarinics		
<i>omeprazole magnesium CPDR</i>	1B	QL(4 EA daily)			
<i>omeprazole CPDR</i>	1B	QL(2 EA daily)			
<i>omeprazole TBEC</i>	1B	QL(2 EA daily)			
<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 EA daily)			
<i>pantoprazole sodium TBEC 40 MG</i>	1B				

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Drug Name	Drug Tier	Requirements/ Limits
(Anticholinergic)		
<i>darifenacin hydrobromide</i>	1B	QL(1 EA daily)
DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	NF	QL(1 EA daily)
DETROL TABS (<i>Use tolterodine tartrate</i>)	NF	
<i>fesoterodine fumarate</i>	1B	QL(1 EA daily)
<i>oxybutynin chloride SOLN</i>	1B	
<i>oxybutynin chloride TABS 5 MG</i>	1B	
<i>oxybutynin chloride TB24</i>	1B	
<i>solifenacin succinate TABS</i>	1B	QL(1 EA daily)
<i>tolterodine tartrate CP24</i>	1B	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	1B	
TOVIAZ (<i>Use fesoterodine fumarate</i>)	NF	QL(1 EA daily)
<i>trospium chloride CP24</i>	1B	QL(1 EA daily)
<i>trospium chloride TABS</i>	1B	QL(3 EA daily)
VESICARE TABS (<i>Use solifenacin succinate</i>)	NF	QL(1 EA daily)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
<i>mirabegron TB24</i>	3	PA
MYRBETRIQ TB24 (<i>Use mirabegron</i>)	NF	PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 EA daily)
<i>bethanechol chloride 25 MG</i>	1B	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	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	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	SHINGRIX IM 50 MCG/0.5ML	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
IPOL IJ	0		SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	0	
JYNNEOS	0		SPIKEVAX SUSP	0	
MFLUSIVA SUSY IM 0.38 ML	0	1 max fill(s) per 180 day(s) retail	SPIKEVAX SUSY	0	
M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail	TWINRIX SUSY	0	
MNEXSPIKE SUSY 10 MCG/0.2ML	0		VAQTA	0	
MODERNA COVID-19 VAC 6M-11Y SUSY	0		VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	0	
MRESVIA	0		VARIVAX SUSR	0	2 max fill(s) per 365 day(s) retail
NOVAVAX COVID-19 VACCINE SUSY	0		VAGINAL AND RELATED PRODUCTS		
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	0		Spermicides		
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0		TODAY SPONGE MISC	0	
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0		VCF VAGINAL CONTRACEPTIVE FILM	0	
PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail	Vaginal Anti-infectives		
PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail	CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NF	
PROQUAD SUSR	0	2 max fill(s) per 365 day(s) retail	<i>clindamycin phosphate vaginal CREA</i>	1B	
RECOMBIVAX HB SUSP	0		<i>clotrimazole vaginal CREA 1 %</i>	1B	
RECOMBIVAX HB SUSY	0		GYNAZOLE-1	3	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail)
ROTARIX SUSP	0		<i>metronidazole vaginal</i>	1B	
ROTATEQ SOLN	0		<i>miconazole nitrate vaginal SUPP 200 MG</i>	1B	
SHINGRIX	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)	<i>terconazole vaginal CREA</i>	1B	
			<i>terconazole vaginal SUPP</i>	1B	
			Vaginal Anti-inflammatory Agents		
			<i>hydrocortisone vaginal</i>	1B	QL(15.15 GM daily)

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	

Drug Name	Drug Tier	Requirements/ Limits
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	

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ABILIFY TABS (Use aripiprazole) .	39	acetylcysteine SOLN	49	ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	80
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abiraterone acetate 500 MG	35	acitretin 10 MG, 17.5 MG	52	ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML	4
ABRYSVO	82	acitretin 25 MG	52	ADALIMUMAB-AATY (2 PEN) AJKT .	4
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (Use isotretinoin)	49	ACTEMRA ACTPEN SOAJ	5	ADALIMUMAB-AATY (2 SYRINGE) PSKT	4
acamprosate calcium	77	ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML	5	ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	4
acarbose	20	ACTEMRA SOLN 80 MG/4ML	5	ADALIMUMAB-ADAZ SOAJ	4
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ACCUPRIL 5 MG, 10 MG (Use quinapril hcl)	28	ACTIMMUNE 100 MCG/0.5ML	36	ADALIMUMAB-ADBM (2 SYRINGE) PSKT	4
ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	29	ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate)	60	ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	4
ACCURETIC 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide)	29	ACTONEL TABS 150 MG (Use risedronate sodium)	58	ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	4
acebutolol hcl CAPS	42	ACTONEL TABS 35 MG (Use risedronate sodium)	58	adapalene CREA	49
acetaminophen w/ codeine SOLN ..	8	ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)	20	adapalene GEL	49
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acetaminophen w/ codeine TABS 60 MG-300 MG	8	ACULAR LS (Use ketorolac tromethamine (ophth))	75	ADDERALL TABS 30 MG (Use amphetamine-dextroamphetamine) .	1
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	8	acyclovir CAPS	41	ADDERALL TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG (Use	
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amphetamine-dextroamphetamine) .1	AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol) 13	alogliptin-metformin hcl 20
ADDERALL XR CP24 15 MG (Use amphetamine-dextroamphetamine) .1	AIRSUPRA 13	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG 20
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adefovir dipivoxil 41	albuterol sulfate NEBU 13	alosetron hcl 62
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AFLURIA PRESERVATIVE FREE SUSY 82	ALDACTONE TABS (Use spironolactone) 57	ALTACE CAPS 1.25 MG, 5 MG, 10 MG (Use ramipril) 28
AFLURIA QUADRIVALENT SUSY 0.5 ML 82	ALDURAZYME 59	ALVESCO 12
AFLURIA SUSP 82	ALECENSA 36	alvimopan 62
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT 63	alendronate sodium TABS 35 MG, 70 MG 58	amantadine hcl CAPS 37
AGRYLIN 0.5 MG (Use anagrelide hcl) 63	alendronate sodium TABS 5 MG, 10 MG 58	amantadine hcl SOLN 37
AIMOVIG 68	ALEVE TABS (Use naproxen sodium) 5	amantadine hcl TABS 37
AIMSCO LUBRICATED MISC 66	alfuzosin hcl 63	AMBIEN CR TBCR (Use zolpidem tartrate) 65
AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol) 13	ALIMTA SOLR 100 MG (Use pemetrexed disodium) 34	AMBIEN TABS (Use zolpidem tartrate) 65
AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol) 13	ALIMTA SOLR 500 MG (Use pemetrexed disodium) 34	ambrisentan 45
	aliskiren fumarate 30	amcinonide CREA 53
	allopurinol 100 MG, 300 MG 63	amcinonide OINT 53
	almotriptan malate 12.5 MG 69	AMERITHROID TABS 180 MG, 240 MG, 300 MG 80
	almotriptan malate 6.25 MG 69	amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML 3
	ALOCRIIL 75	amiloride & hydrochlorothiazide ..57
	alogliptin benzoate 21	

amiloride hcl TABS 57	amphetamine sulfate TABS 1	ANUSOL-HC 25 MG (Use hydrocortisone acetate (rectal)) 10
aminocaproic acid TABS 64	amphetamine-dextroamphetamine CP24 15 MG 1	ANUSOL-HC EX (Use hydrocortisone (rectal)) 10
amiodarone hcl SOLN 150 MG/3ML . 12	amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG 1	ANZEMET TABS 50 MG 24
amiodarone hcl TABS 12	amphetamine-dextroamphetamine CP24 5 MG, 10 MG 1	APIDRA SOLN 22
AMITIZA (Use lubiprostone) 61	amphetamine-dextroamphetamine TABS 30 MG 1	APIDRA SOLOSTAR SOPN 22
amitriptyline hcl TABS 20	amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG 1	apomorphine hydrochloride SOCT 37
amlodipine besylate TABS 43	amphotericin b IV 25	aprepitant CAPS 40 MG, 125 MG .25
amlodipine besylate-atorvastatin calcium 44	ampicillin CAPS 500 MG 76	aprepitant CAPS 80 MG 25
amlodipine besylate-benazepril hcl 29	ampicillin sodium IJ 1 GM 76	aprepitant CPPK PO 25
amlodipine besylate-olmesartan medoxomil 29	AMPYRA (Use dalfampridine) 78	APRISO CP24 (Use mesalamine) .61
amlodipine besylate-valsartan 29	ANAFRANIL (Use clomipramine hcl) 20	APTENSIO XR CP24 (Use methylphenidate hcl) 2
amlodipine-valsartan-hydrochlorothiazide 29	anagrelide hcl 63	APTIOM 200 MG, 400 MG, 600 MG, 800 MG (Use eslicarbazepine acetate) 16
amoxapine 20	ANAPROX DS TABS (Use naproxen sodium) 5	APTIVUS CAPS 39
amoxicillin & pot clavulanate CHEW 57 MG-400 MG 77	anastrozole 35	ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML 64
amoxicillin & pot clavulanate SUSR 77	ANCOBON (Use flucytosine) 25	ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML 64
amoxicillin & pot clavulanate TABS 77	ANDRODERM PT24 2 MG/24HR, 4 MG/24HR 10	ARAVA (Use leflunomide) 6
amoxicillin & pot clavulanate TB12 77	ANGELIQ 60	AREXVY 82
amoxicillin CAPS 76	ANNOVERA 47	arformoterol tartrate 13
amoxicillin CHEW 125 MG, 250 MG . 76	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (Use umeclidinium-vilanterol) 13	ARGYLE STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant)) 62
amoxicillin SUSR 125 MG/5ML 76	ANTIVERT TABS 50 MG (Use meclizine hcl) 24	ARGYLE STERILE WATER (Use water for irrigation, sterile) 72
amoxicillin SUSR 200 MG/5ML, 250 MG/5ML 76	ANUCORT-HC 25 MG (Use hydrocortisone acetate (rectal)) 10	ARICEPT TABS 10 MG (Use donepezil hydrochloride) 77
amoxicillin TABS 76		ARICEPT TABS 5 MG, 23 MG (Use
amoxicillin-clarithromycin w/ lansoprazole THPK 81		

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

37	BAXDELA TABS	61	BEPREVE (Use bepotastine besilate)	75	
azilsartan medoxomil 40 MG, 80 MG 28	BD PEN NEEDLE NANO 2ND GEN . 68		besifloxacin hcl 0.6 %	74	
azithromycin PACK	66	beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT	12	BESIVANCE 0.6 % (Use besifloxacin hcl)	74
azithromycin SUSR	66	benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG ...	29	betaine	59
azithromycin TABS 250 MG	66	benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG ..	29	betamethasone dipropionate (topical) CREA	53
azithromycin TABS 500 MG	66	benazepril hcl	28	betamethasone dipropionate (topical) LOTN	53
azithromycin TABS 600 MG	66	BENEFIX KIT	63	betamethasone dipropionate (topical) OINT	53
AZOPT (Use brinzolamide)	75	BENICAR (Use olmesartan medoxomil)	28	betamethasone dipropionate augmented CREA	53
AZOR (Use amlodipine besylate-olmesartan medoxomil)	29	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ...	29	betamethasone dipropionate augmented LOTN	53
aztreonam 1 GM	31	BENTYL SOLN IM (Use dicyclomine hcl)	80	betamethasone dipropionate augmented OINT	53
AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	61	BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	49	betamethasone valerate CREA ...	53
AZULFIDINE TABS (Use sulfasalazine)	61	BENZEPRO CREAMY WASH LIQD . 49		betamethasone valerate FOAM ...	54
bacitracin (ophthalmic)	74	BENZEPRO FOAM 5.3 %	49	betamethasone valerate LOTN	54
baclofen TABS	73	benzonatate 100 MG	48	betamethasone valerate OINT	54
BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ...	31	benzonatate 150 MG	48	BETAPACE AF (Use sotalol hcl (afib/af))	43
BACTRIM TABS (Use sulfamethoxazole-trimethoprim) ...	31	benzonatate 200 MG	48	BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	43
BALCOLTRA (Use levonorgestrel-ethinyl estradiol-iron)	46	benzoyl peroxide FOAM 9.8 % ...	49	BETASERON KIT	78
balsalazide disodium CAPS	61	benzoyl peroxide GEL 10 %	49	betaxolol hcl (ophth) SOLN	74
BANZEL SUSP (Use rufinamide) ..	16	benzoyl peroxide GEL 5 %	49	betaxolol hcl	42
BANZEL TABS 200 MG (Use rufinamide)	16	benzoyl peroxide LIQD 4 %, 10 % .	49	bethanechol chloride 25 MG	82
BANZEL TABS 400 MG (Use rufinamide)	16	benzoyl peroxide-erythromycin GEL . 49		bethanechol chloride 5 MG, 10 MG, 50 MG	82
BARACLUDE TABS (Use entecavir) . 41		benztropine mesylate TABS	37	BEVESPI AEROSPHERE	13
BAXDELA SOLR	61	bepotastine besilate	75	bexarotene (topical)	51

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

BUTRANS PTWK (Use buprenorphine)	9	(Use calcium chloride (dihydrate)) .70	CARBATROL CP12 300 MG (Use carbamazepine)	16	
BYSTOLIC 2.5 MG, 5 MG, 10 MG (Use nebivolol hcl)	42	calcium polycarbophil TABS	65	carbidopa	37
BYSTOLIC 20 MG (Use nebivolol hcl)	42	CAMPTOSAR 40 MG/2ML, 100 MG/5ML (Use irinotecan hcl)	37	carbidopa-levodopa TABS	37
CABENUVA 600 MG/2ML-400 MG/2ML	39	CANASA SUPP (Use mesalamine) 61		carbidopa-levodopa TBCR	37
CABENUVA 900 MG/3ML-600 MG/3ML	39	candesartan cilexetil	28	carbidopa-levodopa TBDP	37
cabergoline	59	candesartan cilexetil-hydrochlorothiazide	29	carbidopa-levodopa-entacapone ..	37
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	CANTHARIDIN SOLN	56	carbinoxamine maleate SOLN	26
CAFERGOT TABS (Use ergotamine w/ caffeine)	69	capecitabine	34	carbinoxamine maleate TABS 4 MG .	26
calcipotriene CREA	52	captopril 12.5 MG	28	CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML, 2.5 MG/ML (Use nifedipine hcl) ..	43
calcipotriene OINT	52	captopril 25 MG, 50 MG, 100 MG .	28	CARDIZEM CD CP24 120 MG, 300 MG, 360 MG (Use diltiazem hcl coated beads)	43
calcipotriene SOLN	52	CAPVAXIVE	82	CARDIZEM CD CP24 180 MG, 240 MG (Use diltiazem hcl coated beads)	43
calcipotriene-betamethasone dipropionate OINT	54	CARAC CREA (Use fluorouracil (topical))	51	CARDIZEM LA TB24 (Use diltiazem hcl)	43
calcipotriene-betamethasone dipropionate SUSP	54	CARAFATE SUSP (Use sucralfate) 81		CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	43
calcitonin (salmon) NA	58	CARAFATE TABS (Use sucralfate) 81		CARDURA (Use doxazosin mesylate)	28
calcitriol (topical)	52	carbamazepine CHEW	16	carisoprodol TABS	73
calcitriol CAPS	59	carbamazepine CP12 100 MG	16	carmustine	33
calcitriol SOLN PO	59	carbamazepine CP12 200 MG	16	carteolol hcl (ophth)	74
calcium acetate (phosphate binder) CAPS	62	carbamazepine CP12 300 MG	16	carvedilol	42
calcium acetate (phosphate binder) TABS	62	carbamazepine SUSP	16	carvedilol phosphate	42
calcium chloride (dihydrate) SOLN 70		carbamazepine TABS	16	CASODEX (Use bicalutamide)	35
CALCIUM CHLORIDE SOLN 10 %		carbamazepine TB12 100 MG, 400 MG	16	CATAPRES-TTS-1 PTWK (Use clonidine)	28
		carbamazepine TB12 200 MG	16	CATAPRES-TTS-2 PTWK (Use	
		CARBATROL CP12 100 MG (Use carbamazepine)	16		
		CARBATROL CP12 200 MG (Use carbamazepine)	16		

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

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

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

tranexamic acid) 64	darunavir TABS 600 MG 39	DEPO-ESTRADIOL 60
CYMBALTA CPEP (Use duloxetine hcl) 19	darunavir TABS 800 MG 39	DEPO-MEDROL SUSP (Use methylprednisolone acetate) 47
cyproheptadine hcl SYRP 26	dasatinib 36	DEPO-MEDROL SUSP 47
cyproheptadine hcl TABS 26	DAURISMO 35	DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive)) 47
CYSTADANE (Use betaine) 59	DAYPRO TABS (Use oxaprozin) ... 5	DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive)) 47
CYSTAGON CAPS 62	DAYTRANA PTCH (Use methylphenidate) 2	DEPO-SUBQ PROVERA 104 SUSY SC 47
CYSTARAN 75	DDAVP PF SOLN IJ (Use desmopressin acetate) 59	DERMA-SMOOTH/FS BODY OIL (Use fluocinolone acetonide) 54
CYTOMEL TABS (Use liothyronine sodium) 80	DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate) 59	DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide) 54
CYTOTEC (Use misoprostol) 81	DDAVP TABS 0.1 MG (Use desmopressin acetate) 59	DERMOTIC (Use fluocinolone acetonide (otic)) 76
dabigatran etexilate mesylate CAPS . 15	DDAVP TABS 0.2 MG (Use desmopressin acetate) 59	DESCOVY 200 MG-25 MG 40
dactinomycin 35	decitabine 34	desipramine hcl TABS 20
dalfampridine 78	deferasirox PACK 24	desloratadine TABS 26
DALIRESP (Use roflumilast) 12	deferasirox TABS 24	desloratadine TBDP 2.5 MG 26
danazol CAPS 10	deferasirox TBSO 24	desmopressin acetate SOLN IJ ... 59
DANTRIUM CAPS 25 MG (Use dantrolene sodium) 73	DELESTROGEN (Use estradiol valerate) 60	DESMOPRESSIN ACETATE SOLN NA 59
dantrolene sodium CAPS 73	DELSTRIGO 39	desmopressin acetate spray 59
dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG 20	DELZICOL CPDR (Use mesalamine) 61	desmopressin acetate spray refrigerated 0.01 % 59
dapagliflozin free base-metformin hcl TB24 PO 1000 MG-5 MG 20	demeclocycline hcl TABS 79	desmopressin acetate TABS 0.1 MG 59
dapagliflozin TABS PO 5 MG, 10 MG 23	DEMEROL SOLN IJ (Use meperidine hcl) 7	desmopressin acetate TABS 0.2 MG 59
dapsone 31	DENAVIR (Use penciclovir) 53	desogestrel & ethinyl estradiol 46
DAPTACEL 80	DEPAKOTE ER TB24 (Use divalproex sodium) 18	desogestrel-ethinyl estradiol (biphasic) 46
DAPTOMYCIN (Use daptomycin) .31	DEPAKOTE TBEC (Use divalproex sodium) 18	
daptomycin 500 MG 31	DEPEN TITRATABS TABS (Use penicillamine) 71	
DARAPRIM (Use pyrimethamine) 32		
darifenacin hydrobromide 82		

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

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

DUPIXENT SOSY 300 MG/2ML ...55	efavirenz-emtricitabine-tenofovir disoproxil fumarate 40	EMCYT 35
DURAMORPH SOLN IJ 0.5 MG/ML, 1 MG/ML (Use morphine sulfate) ... 7	efavirenz-lamivudine-tenofovir disoproxil fumarate 40	EMEND BIPACK CAPS 80 MG (Use aprepitant) 25
DUREX EXTRA SENSITIVE THIN DEVI 66	EFFEXOR XR CP24 (Use venlafaxine hcl) 19	EMEND TRIPACK CPPK PO (Use aprepitant) 25
DUREX EXTRA SENSITIVE THIN MISC 66	EFFIENT (Use prasugrel hcl) 64	EMGALITY (300 MG DOSE) SOSY 68
DUREX TROPICAL MISC 66	EFUDEX CREA (Use fluorouracil (topical)) 51	EMGALITY SOAJ 69
DUREZOL (Use difluprednate) ...74	electrolyte-148 70	EMGALITY SOSY 69
dutasteride 63	electrolyte-a 70	EMSAM 19
dutasteride-tamsulosin hcl 63	ELESTRIN GEL 60	emtricitabine CAPS 40
DYRENIUM CAPS (Use triamterene) 57	eletriptan hydrobromide 69	emtricitabine-rilpivirine-tenofovir disoproxil fumarate 40
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) 66	ELIDEL (Use pimecrolimus) 56	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG 40
EC-NAPROSYN TBEC 375 MG (Use naproxen) 5	ELIGARD KIT SC 7.5 MG 35	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG 40
EC-NAPROSYN TBEC 500 MG (Use naproxen) 5	ELIGARD SC 22.5 MG, 30 MG, 45 MG 35	EMTRIVA CAPS (Use emtricitabine) . 40
econazole nitrate CREA 51	ELIMITE CREA (Use permethrin) .56	EMTRIVA SOLN 40
EDARBI 40 MG, 80 MG (Use azilsartan medoxomil) 28	ELIQUIS DVT/PE STARTER PACK TBPK 14	EMVERM CHEW 10
EDECRIN (Use ethacrynic acid) ..57	ELIQUIS TABS 14	enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 29
EDURANT 25 MG (Use rilpivirine hcl) 40	ELLA 47	enalapril maleate & hydrochlorothiazide 25 MG-10 MG 29
EEMT 2.5 MG-1.25 MG (Use esterified estrogens & methyltestosterone) 60	ELMIRON CAPS 63	enalapril maleate TABS 28
EEMT HS 1.25 MG-0.625 MG (Use esterified estrogens & methyltestosterone) 60	eltrombopag olamine PACK 12.5 MG, 25 MG 64	ENBREL MINI SOCT 6
efavirenz CAPS 200 MG 40	eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG 64	ENBREL SOLN 6
efavirenz CAPS 50 MG 40	EMBECTA AUTOSHIELD DUO ..68	ENBREL SOSY 25 MG/0.5ML 6
efavirenz TABS 40	EMBECTA PEN NEEDLE NANO .68	ENBREL SOSY 50 MG/ML 6
	EMBECTA PEN NEEDLE NANO 2 GEN 68	ENBREL SURECLICK SOAJ 6
	EMBECTA PEN NEEDLE ULTRAFINE 68	ENFLONSIA SOSY IM 105

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

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

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

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

GEODON 20 MG, 60 MG, 80 MG (Use ziprasidone hcl) 38	glycine (gu irrigant) SOLN 1.5 % .. 63	haloperidol decanoate 38
GILENYA (Use fingolimod hcl) 78	glycopyrrolate SOLN IJ 4 MG/20ML 80	haloperidol lactate CONC 38
glatiramer acetate SOSY 20 MG/ML . 78	glycopyrrolate TABS 1 MG 80	haloperidol lactate SOLN 38
glatiramer acetate SOSY 40 MG/ML . 78	glycopyrrolate TABS 2 MG 80	haloperidol TABS 38
GLEEVEC TABS (Use imatinib mesylate) 36	GLYXAMBI 20	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML 83
GLEOSTINE 10 MG (Use lomustine) 34	GOHIBIC 63	HEALON PRO SOSY 75
GLEOSTINE 40 MG, 100 MG (Use lomustine) 34	GOJJI BLOOD KETONE TEST ... 57	HEMANGEOL SOLN PO 43
glimepiride 1 MG, 2 MG 23	GOLYTELY SOLR (Use peg 3350- kcl-sod bicarb-sod chloride-sod sulfate) 65	HEMATINIC/FOLIC ACID 64
glimepiride 4 MG 23	granisetron hcl SOLN IV 1 MG/ML 24	HEMMOREX-HC 25 MG, 30 MG (Use hydrocortisone acetate (rectal)) 10
glipizide TABS 5 MG, 10 MG 24	granisetron hcl TABS 24	HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML 15
glipizide TB24 24	GRASTEK SUBL 3	heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML 15
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG 20	griseofulvin microsize SUSP 25	HEPLISAV-B SOSY 84
glipizide-metformin hcl 500 MG-5 MG 20	griseofulvin microsize TABS 25	HIBERIX SOLR IJ 82
GLUCAGON EMERGENCY SOLR IJ 1 MG (Use glucagon) 21	griseofulvin ultramicrosize 25	HIPREX (Use methenamine hippurate) 32
glucagon SOLR IJ 1 MG 21	guanfacine hcl (adhd) 2	HUMALOG JUNIOR KWIKPEN SOPN 22
GLUCOTROL XL TB24 5 MG, 10 MG (Use glipizide) 24	guanfacine hcl 29	HUMALOG KWIKPEN SOPN 22
GLUMETZA TB24 (Use metformin hcl) 21	GYNAZOLE-1 84	HUMALOG MIX 50/50 KWIKPEN SUPN 22
glyburide micronized 1.5 MG, 3 MG, 6 MG 24	HAEGARDA SOLR SC 63	HUMALOG MIX 50/50 SUSP 22
glyburide TABS 24	HALAVEN (Use eribulin mesylate) 36	HUMALOG MIX 75/25 KWIKPEN SUPN 22
glyburide-metformin 250 MG-1.25 MG 20	halcinonide CREA 55	HUMALOG MIX 75/25 SUSP 22
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG 20	HALCION 0.25 MG (Use triazolam) 65	HUMALOG SOCT 22
	HALDOL DECANOATE (Use haloperidol decanoate) 38	HUMALOG SOLN IJ 22
	halobetasol propionate CREA 55	HUMIRA (2 PEN) AJKT 80
	halobetasol propionate OINT 55	
	HALOG CREA (Use halcinonide) .. 55	
	HALOG OINT 55	

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

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

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

67	lamotrigine) 16	leflunomide 6
KIMONO SPECIAL DEVI 67	LAMICTAL CHEW 5 MG (Use lamotrigine) 16	LEMTRADA 78
KINRIX SUSY 80	LAMICTAL ODT TBDP (Use lamotrigine) 16	lenalidomide 71
KISUNLA 77	LAMICTAL TABS (Use lamotrigine) 16	LENVIMA (10 MG DAILY DOSE) .34
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use tobramycin) 3	lamivudine (hbv) TABS 41	LENVIMA (12 MG DAILY DOSE) .34
KLARON (Use sulfacetamide sodium (acne)) 50	lamivudine SOLN 40	LENVIMA (14 MG DAILY DOSE) .34
KLONOPIN TABS (Use clonazepam) 15	lamivudine TABS 150 MG 40	LENVIMA (18 MG DAILY DOSE) .34
KLOR-CON 10 TBCR 10 MEQ (Use potassium chloride) 71	lamivudine TABS 300 MG 40	LENVIMA (20 MG DAILY DOSE) .34
KLOR-CON TBCR 8 MEQ (Use potassium chloride) 71	lamivudine-zidovudine 40	LENVIMA (24 MG DAILY DOSE) .34
KRINTAFEL 32	lamotrigine CHEW 25 MG 16	LENVIMA (4 MG DAILY DOSE) .. 34
K-TAB TBCR 20 MEQ (Use potassium chloride) 71	lamotrigine CHEW 5 MG 16	LENVIMA (8 MG DAILY DOSE) .. 34
KYLEENA 47	lamotrigine TABS 16	LETAIRIS (Use ambrisentan) 45
labetalol hcl SOLN 42	lamotrigine TBDP 16	letrozole 35
labetalol hcl TABS 100 MG, 200 MG . 42	LANOXIN SOLN IJ (Use digoxin) .44	leucovorin calcium SOLR 36
labetalol hcl TABS 300 MG 42	LANOXIN TABS 250 MCG (Use digoxin) 44	leucovorin calcium TABS 36
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML 16	LANOXIN TABS 62.5 MCG, 125 MCG (Use digoxin) 44	LEUKERAN 34
lacosamide TABS 16	lansoprazole CPDR 15 MG 81	LEUKINE SOLR IJ 64
lactated ringer's (irrigation) 72	lansoprazole CPDR 30 MG 81	leuprolide acetate KIT IJ 1 MG/0.2ML 35
lactic acid (ammonium lactate) CREA 55	lanthanum carbonate CHEW 62	levalbuterol hcl 13
lactic acid (ammonium lactate) LOTN 12 % 55	LANTUS SOLOSTAR SOPN 23	levalbuterol tartrate 13
lactulose (encephalopathy) 62	lapatinib ditosylate 36	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML 16
lactulose SOLN 65	LASIX TABS (Use furosemide) 57	levetiracetam TABS 1000 MG 17
LAMICTAL CHEW 25 MG (Use	latanoprost SOLN 76	levetiracetam TABS 250 MG, 750 MG 17
	LATUDA 20 MG, 40 MG, 60 MG, 120 MG (Use lurasidone hcl) 38	levetiracetam TABS 500 MG 17
	LATUDA 80 MG (Use lurasidone hcl) 38	levetiracetam TB24 17
		levobunolol hcl 0.5 % 74
		levocetirizine dihydrochloride SOLN 26

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

hydrochlorothiazide) 29	loxapine succinate 38	MARPLAN 19
LOTENSIN HCT 12.5 MG-20 MG (Use benazepril & hydrochlorothiazide) 30	lubiprostone 61	MATULANE 36
loteprednol etabonate GEL 75	LUCEMYRA (Use lofexidine hcl) .. 77	MAXALT TABS 10 MG (Use rizatriptan benzoate) 69
loteprednol etabonate SUSP 75	luliconazole 51	MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate) 69
loteprednol etabonate-tobramycin 75	LUMIZYME 59	MAXIDEX SUSP OP 75
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl) 30	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG 38	MAXITROL OINT (Use neomycin- polymy-dexameth) 75
LOTRIMIN AF CREA (Use clotrimazole (topical)) 51	lurasidone hcl 80 MG 38	MAXITROL SUSP (Use neomycin- polymy-dexameth) 75
LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical)) 51	LURBIPR TABS 100 MG (Use flurbiprofen) 5	MAXX MISC 67
LOTRIMIN ULTRA (Use butenafine hcl) 51	LURBIRO TABS 100 MG (Use flurbiprofen) 5	MAXX PLUS MISC 67
LOTRONEX (Use alosetron hcl) .. 62	LUZU (Use luliconazole) 51	meclizine hcl TABS 12.5 MG 25
lovastatin TABS 10 MG, 20 MG ... 27	LYNPARZA TABS 36	meclizine hcl TABS 25 MG 25
lovastatin TABS 40 MG 27	LYRICA CAPS 225 MG, 300 MG (Use pregabalin) 17	meclofenamate sodium CAPS 5
LOVAZA (Use omega-3-acid ethyl esters) 26	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (Use pregabalin) 17	MEDROL TABS 4 MG, 8 MG, 16 MG (Use methylprednisolone) 48
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium) 15	LYRICA SOLN (Use pregabalin) ... 17	MEDROL TABS 48
LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium) . 15	LYSODREN 35	MEDROL TBPK (Use methylprednisolone) 48
LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium) 15	MACROBID (Use nitrofurantoin monohyd macro) 32	medroxyprogesterone acetate (contraceptive) SUSP IM 47
LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium) 15	MACRODANTIN (Use nitrofurantoin macrocrystal) 32	medroxyprogesterone acetate (contraceptive) SUSY IM 47
LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium) 15	mafenide acetate PACK 53	medroxyprogesterone acetate 10 MG 77
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium) . 15	MALARONE (Use atovaquone- proguanil hcl) 32	medroxyprogesterone acetate 2.5 MG, 5 MG 77
	malathion 56	mefenamic acid CAPS 5
	maraviroc TABS 150 MG 40	mefloquine hcl 33
	maraviroc TABS 300 MG 40	megestrol acetate (appetite) 77
	MARINOL CAPS (Use dronabinol) 25	megestrol acetate SUSP 35

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

methylestosterone TABS 10	MICARDIS (Use telmisartan) 28	84
metoclopramide hcl SOLN IJ 5 MG/ML 61	MICARDIS HCT (Use telmisartan- hydrochlorothiazide) 30	modafinil 100 MG 3
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML 61	miconazole nitrate vaginal SUPP 200 MG 84	modafinil 200 MG 3
metoclopramide hcl TABS 61	midodrine hcl 85	MODERNA COVID-19 VAC 6M-11Y SUSY 84
metolazone 58	miglitol 20	moexipril hcl 28
metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG 30	MIGRANAL SOLN NA (Use dihydroergotamine mesylate) 69	mometasone furoate (nasal) SUSP 73
metoprolol & hydrochlorothiazide TABS 25 MG-50 MG 30	milnacipran hcl MISC 78	mometasone furoate CREA 55
metoprolol succinate TB24 200 MG 42	milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG 78	mometasone furoate OINT 55
metoprolol succinate TB24 25 MG, 50 MG, 100 MG 42	MINIVELLE PTTW (Use estradiol) 61	mometasone furoate SOLN 55
metoprolol tartrate SOLN IV 5 MG/5ML 42	minocycline hcl CAPS 79	montelukast sodium CHEW 12
metoprolol tartrate TABS 25 MG, 50 MG, 100 MG 42	minocycline hcl TABS 79	montelukast sodium PACK 12
METROCREAM CREA (Use metronidazole (topical)) 56	minoxidil 2.5 MG, 10 MG 30	montelukast sodium TABS 12
METROGEL GEL 1 % (Use metronidazole (topical)) 56	MINT REFILL KIT MISC 68	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG 8
metronidazole (topical) CREA 56	mirabegron TB24 82	morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML 8
metronidazole (topical) GEL 0.75 % 56	MIRCERA 64	morphine sulfate SOLN PO 10 MG/5ML 8
metronidazole (topical) GEL 1 % .. 56	MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic)) 46	morphine sulfate SOLN PO 20 MG/5ML 8
metronidazole (topical) LOTN 56	MIRENA (52 MG) 47	morphine sulfate TABS 8
metronidazole TABS 250 MG, 500 MG 30	mirtazapine TABS 18	morphine sulfate TBCR 8
metronidazole vaginal 84	mirtazapine TBDP 18	MOTEGRITY (Use prucalopride succinate) 61
mexiletine hcl 11	MIRVASO (Use brimonidine tartrate (topical)) 56	MOTOFEN 24
MFLUSIVA SUSY IM 0.38 ML 84	misoprostol 81	MOUNJARO 22
	mitomycin SOLR IV 20 MG 35	MOVANTIK 62
	mitoxantrone hcl 25 MG/12.5ML ... 36	MOVIPREP (Use peg 3350-kcl-nacl- na sulfate-na ascorbate-ascorbic acid) 65
	MIUDELLA 47	
	M-M-R II SOLR 84	
	MNEXSPIKE SUSY 10 MCG/0.2ML .	

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

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

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

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

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

posaconazole TBEC	25	phosphates)	71	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	17
POTASSIUM ACETATE SOLN (Use potassium acetate)	71	PR BENZOYL PEROXIDE WASH LIQD	50	pregabalin SOLN	17
potassium acetate SOLN 2 MEQ/ML . 71		PRADAXA CAPS (Use dabigatran etexilate mesylate)	15	PREHEVBRIO	84
potassium bicarbonate TBEF	71	pralatrexate 20 MG/ML	34	PREMARIN	85
potassium chloride CPCR	71	pramipexole dihydrochloride TABS 0.125 MG	37	PREMARIN SOLR	61
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	pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	37	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (Use estrogens, conjugated)	61
potassium chloride in dextrose 20 MEQ/L	70	prasugrel hcl	64	PREMPHASE	60
potassium chloride microencapsulated crystals er	71	pravastatin sodium	27	PREMPRO	60
potassium chloride PACK PO 20 MEQ	71	praziquantel	10	PRETOMANID	33
POTASSIUM CHLORIDE SOLN IV (Use potassium chloride)	71	prazosin hcl CAPS	29	PREVACID 24HR CPDR (Use lansoprazole)	81
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (Use potassium chloride)	71	PRECISION XTRA KETONE	57	PREVACID CPDR 30 MG (Use lansoprazole)	81
potassium chloride SOLN PO 10 %, 10 %	71	PRED FORTE (Use prednisolone acetate (ophth))	75	PREVNAR 20	82
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	71	PRED MILD	75	PREZCOBIX	40
potassium citrate (alkalinizer) TBCR . 62		prednisolone acetate (ophth)	75	PREZISTA SUSP	40
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L (Use potassium chloride in dextrose)	70	prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML	48	PREZISTA TABS 600 MG (Use darunavir)	40
potassium phosphates 45 MMOLE/15ML	71	prednisolone sodium phosphate TBDP	48	PREZISTA TABS 75 MG, 150 MG 40	
POTASSIUM PHOSPHATES(66 MEQ K) (Use potassium		prednisolone SOLN	48	PREZISTA TABS 800 MG (Use darunavir)	40
		prednisolone TABS	48	PRIFTIN 150 MG (Use rifapentine) 33	
		prednisone SOLN	48	PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)	33
		prednisone TABS 1 MG, 5 MG	48	primaquine phosphate TABS	33
		prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG	48	primidone 50 MG, 250 MG	17
		prednisone TBPK	48	PRIORIX SUSR	84
		pregabalin CAPS 225 MG, 300 MG 17		PRISTIQ (Use desvenlafaxine succinate)	20

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

quinapril-hydrochlorothiazide 12.5 MG-10 MG	30	REBIF REBIDOSE SOAJ	78	REPATHA SOSY	28
quinapril-hydrochlorothiazide 12.5 MG-20 MG	30	REBIF REBIDOSE TITRATION PACK SOAJ	78	REPATHA SURECLICK SOAJ	28
quinapril-hydrochlorothiazide 25 MG-20 MG	30	REBIF SOSY	78	RESTASIS EMUL (Use cyclosporine (ophth))	74
quinidine sulfate TABS	11	REBIF TITRATION PACK SOSY ..	78	RESTORIL (Use temazepam)	65
quinine sulfate CAPS 324 MG	33	RECLAST SOLN (Use zoledronic acid)	58	RETACRIT	64
QUZYTIR SOLN IV	26	RECOMBIVAX HB SUSP	84	RETIN-A CREA (Use tretinoin)	50
QVAR REDHALER 40 MCG/ACT .13		RECOMBIVAX HB SUSY	84	RETIN-A GEL (Use tretinoin)	50
QVAR REDHALER 80 MCG/ACT .13		RECTIV (Use nitroglycerin (intra-anal))	10	RETIN-A MICRO 0.04 % (Use tretinoin microsphere)	50
rabeprazole sodium TBEC	81	REGLAN TABS (Use metoclopramide hcl)	61	RETIN-A MICRO 0.1 % (Use tretinoin microsphere)	50
raloxifene hcl	59	RELENZA DISKHALER	42	RETIN-A MICRO PUMP 0.1 % (Use tretinoin microsphere)	50
ramelteon	65	RELION KETONE TEST STRP ...	57	RETROVIR CAPS (Use zidovudine) .	41
ramipril CAPS	28	RELION LANCET DEVICES 30G .68		RETROVIR SOLN	41
ranitidine hcl TABS 150 MG, 300 MG	80	RELION LANCETS	68	RETROVIR SYRP (Use zidovudine) .	41
ranolazine TB12 1000 MG	10	RELION TRUE METRIX TEST STRIPS STRP	57	REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) .	45
ranolazine TB12 500 MG	10	RELPA (Use eletriptan hydrobromide)	69	REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) .	45
RAPAFLO (Use silodosin)	63	REMERON SOLTAB TBDP (Use mirtazapine)	18	REVATIO TABS (Use sildenafil citrate (pulmonary hypertension)) .	45
RAPAMUNE TABS (Use sirolimus) 72		REMERON TABS 15 MG, 30 MG (Use mirtazapine)	18	REVLIMID (Use lenalidomide)	71
rasagiline mesylate	37	RENFLEXIS	62	REXULTI	39
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	RENVELA PACK (Use sevelamer carbonate)	62	REYATAZ CAPS 200 MG (Use atazanavir sulfate)	41
REALITY LATEX CONDOMS MISC .	67	RENVELA TABS (Use sevelamer carbonate)	62	REYATAZ CAPS 300 MG (Use atazanavir sulfate)	41
REALITY LATEX/ULTRA TEXTURED DEVI	67	repaglinide 0.5 MG, 1 MG	23	REZVOGLAR KWIKPEN	23
REALITY LATEX/ULTRA THIN DEVI	67	repaglinide 2 MG	23	ribavirin (hepatitis c) CAPS	41
		REPATHA PUSHTRONEX SYSTEM SOCT	27	ribavirin (hepatitis c) TABS 200 MG	

41	RITALIN LA CP24 30 MG (Use methylphenidate hcl)	3	ROZEREM (Use ramelteon)	65
RIDAURA		5	rufinamide SUSP	17
rifabutin		33	rufinamide TABS 200 MG	17
RIFADIN SOLR (Use rifampin)		33	rufinamide TABS 400 MG	17
rifampin CAPS		33	RUXIENCE	34
rifampin SOLR		33	RYBELSUS TABS	22
rifapentine 150 MG		33	SABRIL PACK (Use vigabatrin)	18
rilpivirine hcl 25 MG		41	SABRIL TABS (Use vigabatrin)	18
riluzole TABS		73	sacubitril-valsartan TABS	44
rimantadine hydrochloride TABS		42	SAFYRAL (Use drospirenone-ethinyl estradiol-levomefolate calcium)	47
ringer's		70	SALAGEN (Use pilocarpine hcl (oral))	73
ringer's irrigation		72	salsalate	6
RINVOQ LQ SOLN		3	SAMSCA TABS PO (Use tolvaptan (hyponatremia))	60
RINVOQ TB24		3	SANDIMMUNE CAPS (Use cyclosporine)	72
risedronate sodium TABS 150 MG		58	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate)	60
risedronate sodium TABS 35 MG		58	SANTYL OINT	55
risedronate sodium TABS 5 MG, 30 MG		58	SAPHRIS 2.5 MG (Use asenapine maleate)	39
risedronate sodium TBEC		58	SAPHRIS 5 MG, 10 MG (Use asenapine maleate)	39
RISPERDAL CONSTA (Use risperidone microspheres)		38	SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (Use milnacipran hcl)	78
RISPERDAL SOLN (Use risperidone)		38	SAVELLA TITRATION PACK MISC (Use milnacipran hcl)	78
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)		38	saxagliptin hcl	22
risperidone microspheres		38	saxagliptin-metformin hcl 1000 MG-2.5 MG	21
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		

saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG	21	sertraline hcl TABS	19	sodium)	12
scopolamine	25	sevelamer carbonate PACK	62	sirolimus TABS	72
SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	47	sevelamer carbonate TABS	62	SIRTURO	33
SEGLUROMET 1000 MG-2.5 MG, 1000 MG-7.5 MG, 500 MG-7.5 MG 21		SHINGRIX	84	sitagliptin phosphate 25 MG, 50 MG, 100 MG	22
SEGLUROMET 500 MG-2.5 MG ..	21	SHINGRIX IM 50 MCG/0.5ML	84	sitagliptin phosphate-metformin hcl TABS	21
selegiline hcl CAPS	37	SIGNIFOR	60	sitagliptin phosphate-metformin hcl TB24	21
selegiline hcl TABS	37	sildenafil citrate (pulmonary hypertension) SOLN	45	SKYLA	47
selenium sulfide LOTN 2.5 %	53	sildenafil citrate (pulmonary hypertension) SUSR	45	SKYRIZI PEN SOAJ	52
SELSUN BLUE CARE MENS MAX STR LOTN (Use selenium sulfide) 53		sildenafil citrate (pulmonary hypertension) TABS	45	SKYRIZI SOCT	62
SELSUN BLUE DAILY LOTN (Use selenium sulfide)	53	sildenafil citrate	44	SKYRIZI SOLN	62
SELSUN BLUE LOTN (Use selenium sulfide)	53	SILENOR (Use doxepin hcl (sleep)) . 65		SKYRIZI SOSY	52
SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)	53	silodosin	63	SLYND	47
SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide)	53	SILVADENE (Use silver sulfadiazine)	53	SODIUM ACETATE SOLN (Use sodium acetate)	70
SELZENTRY SOLN	41	silver sulfadiazine	53	sodium acetate SOLN	70
SELZENTRY TABS 150 MG (Use maraviroc)	41	SIMLANDI (1 PEN) AJKT	4	sodium chloride (gu irrigant) 0.9 % 63	
SELZENTRY TABS 300 MG (Use maraviroc)	41	SIMLANDI (1 SYRINGE) PSKT	4	sodium chloride (inhalant) NEBU 7 %	49
SENSIPAR (Use cinacalcet hcl) ..	59	SIMLANDI (2 PEN) AJKT	4	sodium citrate & citric acid	62
SEREVENT DISKUS	14	SIMLANDI (2 SYRINGE) PSKT	4	sodium fluoride CHEW	71
SEROQUEL TABS (Use quetiapine fumarate)	39	SIMULECT	72	sodium phenylbutyrate POWD	59
SEROQUEL XR TB24 (Use quetiapine fumarate)	39	simvastatin TABS	27	sodium phenylbutyrate TABS	59
sertraline hcl CONC	19	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa)	37	sodium polystyrene sulfonate POWD 72	
		SINGULAIR CHEW (Use montelukast sodium)	12	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	72
		SINGULAIR PACK (Use montelukast sodium)	12	sodium sulfate-potassium sulfate-magnesium sulfate	65
		SINGULAIR TABS (Use montelukast		SOFOSBUVIR-VELPATASVIR TABS	41

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

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

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

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

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

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

hcl) 27	XELODA (Use capecitabine) 34	YUFLYMA (2 SYRINGE) PSKT 4
WELCHOL TABS (Use colesevelam hcl) 27	XENAZINE (Use tetrabenazine) .. 78	YUFLYMA-CD/UC/HS STARTER AJKT 5
WELLBUTRIN SR TB12 (Use bupropion hcl) 19	XHANCE EXHU 73	zafirlukast 12
WELLBUTRIN XL TB24 (Use bupropion hcl) 19	XIFAXAN 200 MG 31	zaleplon 10 MG 65
WIDE-SEAL DIAPHRAGM 60 67	XIFAXAN 550 MG 31	zaleplon 5 MG 65
WIDE-SEAL DIAPHRAGM 65 67	XIGDUO XR TB24 PO (Use dapagliflozin free base-metformin hcl) 21	ZALTRAP 100 MG/4ML 34
WIDE-SEAL DIAPHRAGM 70 67	XIGDUO XR TB24 PO 1000 MG-5 MG (Use dapagliflozin free base-metformin hcl) 21	ZANAFLEX CAPS (Use tizanidine hcl) 73
WIDE-SEAL DIAPHRAGM 75 67	XOPENEX HFA (Use levalbuterol tartrate) 14	ZANAFLEX TABS 4 MG (Use tizanidine hcl) 73
WIDE-SEAL DIAPHRAGM 80 67	XTANDI CAPS 35	ZANOSAR 34
WIDE-SEAL DIAPHRAGM 85 67	XTANDI TABS 40 MG 35	ZARONTIN CAPS (Use ethosuximide) 18
WIDE-SEAL DIAPHRAGM 90 67	XTANDI TABS 80 MG 35	ZARONTIN SOLN (Use ethosuximide) 18
WIDE-SEAL DIAPHRAGM 95 67	XULTOPHY 21	ZARXIO 64
XALATAN SOLN (Use latanoprost) 76	XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML .. 26	ZEGERID CAPS 1100 MG-20 MG (Use omeprazole-sodium bicarbonate) 81
XANAX TABS (Use alprazolam) 11	YASMIN 28 (Use drospirenone-ethinyl estradiol) 47	ZEGERID CAPS 1100 MG-40 MG (Use omeprazole-sodium bicarbonate) 81
XANAX XR TB24 (Use alprazolam) 11	YAZ (Use drospirenone-ethinyl estradiol) 47	ZELBORAF 36
XARELTO STARTER PACK TBPK 14	YCANTH SOLN 56	ZEMPLAR CAPS 1 MCG, 2 MCG (Use paricalcitol) 59
XARELTO SUSR 1 MG/ML (Use rivaroxaban) 14	YESINTEK 130 MG/26ML 62	ZEMPLAR SOLN (Use paricalcitol) 59
XARELTO TABS 10 MG, 20 MG .. 14	YESINTEK SOLN 45 MG/0.5ML .. 52	
XARELTO TABS 15 MG 14	YESINTEK SOSY 45 MG/0.5ML .. 53	
XARELTO TABS 2.5 MG (Use rivaroxaban) 14	YESINTEK SOSY 90 MG/ML 53	
XELJANZ SOLN 1 MG/ML (Use tofacitinib citrate) 3	YUFLYMA (1 PEN) AJKT 40 MG/0.4ML 4	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
XELJANZ TABS 5 MG, 10 MG (Use tofacitinib citrate) 3	YUFLYMA (1 PEN) AJKT 80 MG/0.8ML 4	
XELJANZ XR TB24 11 MG, 22 MG (Use tofacitinib citrate) 3	YUFLYMA (2 PEN) AJKT 4	

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

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