



FROM



2026

Formulary

EFFECTIVE JANUARY 1, 2026



Formulary Introduction

FORMULARY

The Ambetter from Louisiana Healthcare Connections Formulary, 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.

Not all dosage forms or strengths of a drug may be covered.

FORMULARY CHANGES

The Ambetter from Louisiana Healthcare Connection Formulary is reviewed at least quarterly and updated monthly. Positive formulary changes, such as addition of products to the formulary, removal of utilization management restrictions (Prior Authorization, Quantity Limit, etc.) can take place monthly. Negative formulary changes, such as removal of products from the formulary and addition of utilization management techniques will take place only at the beginning of each new benefit year. If you are affected by a negative formulary change, you will be notified in writing at least 60 days in advance of such change.

USING THE FORMULARY

The Ambetter from Louisiana Healthcare Connection Formulary is structured in two parts. The first part of the formulary lists covered medications by conditions that they treat. You can utilize this section to quickly find all medications that we cover for your specific condition. The second part of the formulary lists all products alphabetically. You can use this part of the formulary to look up your specific medication by the name. Products are listed on the formulary on several tiers each corresponding to associated copay or co-insurance you may be responsible for. Drug list key below provides a general overview of tiers.

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 limits apply.

Tier 1_A - Lowest copayment for those drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) 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.

The formulary contains other important information. Utilization management restrictions such as Prior Authorization, Step Therapy, Quantity Limits, Age Limits and other restrictions are described next to each product.

Prior Authorization

Medication listed on the formulary with abbreviation PA are restricted by Prior Authorization requirement. Prior to obtaining this medication, your provider will have to submit a request to Ambetter from Louisiana Healthcare Connections to approve this product for you.

Step Therapy

Medications listed on the formulary with abbreviation ST are restricted by Step Therapy requirement. If you have tried the required product prior to requesting a fill for a medication restricted by ST, your claim will process. If we do not have a record that you tried required product, your prescriber can reach out to Ambetter from Louisiana Healthcare Connections to obtain an authorization

Quantity Limit

A Quantity Limit restricts medications listed on the formulary with abbreviation QL. We list each quantity limit in units that can be obtained per time period (i.e. 2 tablets per day).

Age Limit

Medications listed on the formulary with abbreviation AL are restricted to certain ages. We list each age limit based on FDA approval for medications.

Non-formulary

Medications listed on the formulary with abbreviation NF are non-formulary medications. To obtain access to non-formulary medications your prescriber can reach out to Ambetter from Louisiana Healthcare Connection to obtain an authorization. More information is provided in the section below.

PRIOR AUTHORIZATION FOR NON-FORMULARY DRUGS

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

DISCLOSURE ON EXCESS COST

Any savings or rebates we received on the cost of drugs purchased under this contract from drug manufacturers are used to stabilize rates. You may be subject to an excess consumer cost burden when covered prescription drugs are purchased under this contract.

EXCEPTION TO STEP THERAPY

We will grant exception to step therapy or fail first protocol when:

- (1) The prescribing physician can demonstrate to the health coverage plan, based on sound clinical evidence, that the preferred treatment required under step therapy or fail first protocol has been ineffective in the treatment of the insured's disease or medical condition.
- (2) The prescribing physician can demonstrate to the health coverage plan, based on sound clinical evidence, that the preferred treatment required under the step therapy or fail first protocol is reasonably expected to be ineffective based on the known relevant physical or mental characteristics and medical history of the insured and known characteristics of the drug regimen.
- (3) The prescribing physician can demonstrate to the health coverage plan, based on sound clinical evidence, that the preferred treatment required under the step therapy or fail first protocol will cause or will likely cause an adverse reaction or other physical harm to the insured.

To obtain exception to Step Therapy your provider can follow regular Prior Authorization process

Formulary Abbreviations:

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

Opioid Medications:

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

Introducción al Formulario

FORMULARIO

El Formulario de Ambetter from Louisiana Healthcare Connections 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.

Es posible que no estén cubiertas todas las formas farmacéuticas o concentraciones de un medicamento.

CAMBIOS EN EL FORMULARIO

El Formulario de Ambetter from Louisiana Healthcare Connections se revisa al menos trimestralmente y se actualiza todos los meses. Los cambios positivos en el Formulario, como la incorporación de productos al Formulario y la eliminación de restricciones de administración de la utilización (autorizaciones previas, límite de cantidad, etc.) se pueden producir una vez por mes. Los cambios negativos, como la eliminación de productos del Formulario y la incorporación de técnicas de administración de la utilización se pueden producir únicamente al comienzo de cada nuevo año de beneficios. Si usted se ve afectado por un cambio negativo en el Formulario, será notificado por escrito al menos 60 días antes de que se produzca.

USO DEL FORMULARIO

El Formulario de Ambetter from Louisiana Healthcare Connections está estructurado en dos partes. La primera parte del Formulario cita los medicamentos cubiertos por las condiciones que tratan. Puede utilizar esta sección para encontrar rápidamente todos los medicamentos que están cubiertos para su condición específica. La segunda parte del Formulario cita todos los productos alfabéticamente. Puede utilizar esta parte del Formulario para buscar su medicamento específico por nombre. Los productos aparecen en el Formulario en varios niveles, cada uno correspondiente a un copago o coseguro asociado del que usted puede ser responsable. La clave de la lista de medicamentos a continuación brinda una visión general de los niveles.

Clave de la lista de medicamentos:

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

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

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

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

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

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

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

Nivel 4 - El copago más alto es para medicamentos “de especialidad” usados para tratar condiciones crónicas complejas que pueden requerir una manipulación, almacenamiento o administración clínica especiales. Los medicamentos recetados cubiertos en el nivel de especialidad pueden tener que ser surtidos en una farmacia que participe de las redes de “especialidad” o de “hemofilia” de Ambetter. Para obtener información adicional sobre qué farmacias están dentro de nuestras redes de “especialidad” o “hemofilia”, debe consultar la sección de información farmacéutica del sitio web de Ambetter.

El Formulario contiene otra información importante. Las restricciones de administración de la utilización, como la autorización previa, la terapia escalonada, los límites de cantidad, los límites de edad y otras están descritas junto a cada producto.

Autorización previa

Los medicamentos que figuran en el Formulario con la abreviatura PA están restringidos por el requisito de autorización previa. Antes de obtener este medicamento, su proveedor deberá presentar una solicitud a Ambetter from Louisiana Healthcare Connections para que le apruebe este producto.

Terapia escalonada

Los medicamentos que figuran en el Formulario con la abreviatura ST están restringidos por el requisito de terapia escalonada. Si ha probado el producto requerido antes de solicitar un surtido para un medicamento restringido por ST, su reclamo será procesado. Si no tenemos registro de que usted haya probado el producto requerido, el profesional que expide sus recetas puede ponerse en contacto con Ambetter from Louisiana Healthcare Connections para obtener una autorización

Límite de cantidad

Un límite de cantidad restringe los medicamentos que figuran en el Formulario con la abreviatura QL. Detallamos cada límite de cantidad en unidades que se pueden obtener por período de tiempo (p.ej., 2 comprimidos por día).

Límite de edad

Los medicamentos que figuran en el Formulario con la abreviatura AL están restringidos a determinadas edades. Cada límite de edad aparece en función de la aprobación de la FDA para los medicamentos.

No incluido en el Formulario

Los medicamentos que figuran en el Formulario con la abreviatura NF son medicamentos no incluidos en el Formulario. Para obtener acceso a medicamentos no incluidos en el Formulario, el profesional que expide sus recetas puede ponerse en contacto con Ambetter from Louisiana Healthcare Connections para obtener una autorización. En la sección siguiente encontrará más información.

AUTORIZACIÓN PREVIA PARA MEDICAMENTOS NO INCLUIDOS EN EL FORMULARIO

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

DIVULGACIÓN SOBRE COSTO EXCEDENTE

Cualquier ahorro o reembolso que recibamos de los fabricantes sobre el costo de los medicamentos comprados bajo este contrato de medicamentos se utiliza para estabilizar las tarifas. Usted puede estar sujeto a una carga por exceso de costos para el consumidor cuando los medicamentos recetados cubiertos se compran bajo este contrato.

EXCEPCIÓN A LA TERAPIA ESCALONADA

Otorgaremos una excepción a la terapia escalonada o al protocolo *fail first* cuando:

- (1) El médico que expide sus recetas pueda demostrar al plan de cobertura médica, basado en evidencias clínicas sólidas, que el tratamiento preferido requerido en el marco de la terapia escalonada o del protocolo *fail first* ha sido ineficaz en el tratamiento de la enfermedad o condición médica del asegurado.
- (2) El médico que expide sus recetas pueda demostrar al plan de cobertura médica, basado en evidencias clínicas sólidas, que el tratamiento preferido solicitado en el marco de la terapia escalonada o del protocolo *fail first* se espera razonablemente que sea ineficaz sobre la base de las características físicas o mentales relevantes conocidas y los antecedentes médicos del asegurado y las características conocidas del régimen del medicamento.
- (3) El médico que expide sus recetas pueda demostrar al plan de cobertura médica, basado en evidencias clínicas sólidas, que el tratamiento preferido requerido en el marco de la terapia escalonada o del protocolo *fail first* causará o podría causar una reacción adversa u otro daño físico al asegurado.

Para obtener una excepción a la terapia escalonada, su proveedor puede seguir el procedimiento regular de la autorización previa

Abreviaturas del Formulario:

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

Medicamentos opioides:

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

Drug Name	Drug Tier	Requirements/ Limits	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 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 CP24 5 MG	1B	
ADDERALL XR CP24 20 MG, 25 MG, 30 MG (Use amphetamine-dextroamphetamine)	NF	QL(2 EA daily)	dextroamphetamine sulfate TABS 5 MG, 10 MG	1B	QL(4 EA daily)
ADDERALL XR CP24 15 MG (Use amphetamine-dextroamphetamine)	NF		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 20 MG, 25 MG, 30 MG	1B	QL(2 EA daily)	methamphetamine hcl	1B	QL(5 EA daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine CP24 15 MG	1B		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 10 MG, 18 MG, 25 MG, 40 MG	1B	QL(2 EA daily); AL(At least 6 yrs old)
			atomoxetine hcl 60 MG, 80 MG, 100 MG	1B	QL(1 EA daily); AL(At least 6 yrs old)

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)	<i>(Use methylphenidate hcl)</i>		
INTUNIV <i>(Use guanfacine hcl (adhd))</i>	NF	QL(1 EA daily); AL(At least 6 yrs old)	METHYLIN SOLN <i>(Use methylphenidate hcl)</i>	NF	QL(30 ML daily); AL(At least 6 yrs old)
STRATTERA 60 MG, 80 MG, 100 MG <i>(Use atomoxetine hcl)</i>	NF	QL(1 EA daily); AL(At least 6 yrs old)	<i>methylphenidate hcl CHEW 5 MG</i>	1B	QL(6 EA daily)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG <i>(Use atomoxetine hcl)</i>	NF	QL(2 EA daily); AL(At least 6 yrs old)	<i>methylphenidate hcl CHEW 10 MG</i>	1B	QL(5 EA daily)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)			<i>methylphenidate hcl CHEW 2.5 MG</i>	1B	QL(2 EA daily)
SUNOSI 150 MG	3	QL(1 EA daily); PA	<i>methylphenidate hcl CP24 30 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
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)
Stimulants - Misc.			<i>methylphenidate hcl CP24</i>	1B	QL(1 EA daily)
APTENSIO XR CP24 <i>(Use methylphenidate hcl)</i>	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 <i>(Use methylphenidate hcl)</i>	NF	QL(2 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)
CONCERTA TBCR 18 MG, 27 MG <i>(Use methylphenidate hcl)</i>	NF	QL(1 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)
DAYTRANA PTCH <i>(Use methylphenidate)</i>	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 36 MG, 54 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
FOCALIN XR CP24 <i>(Use dexmethylphenidate hcl)</i>	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 <i>(Use dexmethylphenidate hcl)</i>	NF	QL(2 EA daily); AL(At least 6 yrs old)	<i>methylphenidate hcl TBCR 18 MG, 27 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
			<i>methylphenidate 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 (Use <i>armodafinil</i>)	NF	QL(1 EA daily); AL(At least 17 yrs old); PA
PROVIGIL 200 MG (Use <i>modafinil</i>)	NF	QL(2 EA daily); PA
PROVIGIL 100 MG (Use <i>modafinil</i>)	NF	QL(1 EA daily); PA
RITALIN LA CP24 30 MG (Use <i>methylphenidate hcl</i>)	NF	QL(2 EA daily); AL(At least 6 yrs old)
RITALIN LA CP24 10 MG, 20 MG, 40 MG (Use <i>methylphenidate hcl</i>)	NF	QL(1 EA daily); AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 MG (Use <i>methylphenidate hcl</i>)	NF	QL(5 EA daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG (Use <i>methylphenidate hcl</i>)	NF	QL(6 EA daily); AL(At least 6 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASSTK SUBL	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1B	
ARIKAYCE	4	PA
<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	
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use <i>tobramycin</i>)	NF	QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA
<i>neomycin sulfate TABS</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>streptomycin sulfate SOLR</i>	3	
TOBI NEBU (Use <i>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	7	QL(12 ML daily); PA
RINVOQ TB24	7	QL(1 EA daily); PA
<i>tofacitinib citrate SOLN 1 MG/ML</i>	1A	QL(20 ML daily); PA
<i>tofacitinib citrate TABS 10 MG</i>	4	QL(2 EA daily); PA
<i>tofacitinib citrate TABS 5 MG, 10 MG</i>	1A	QL(2 EA daily); PA
<i>tofacitinib citrate TB24 11 MG, 22 MG</i>	1A	QL(1 EA daily); PA
<i>tofacitinib citrate TB24 11 MG</i>	4	QL(1 EA daily); PA
XELJANZ XR TB24 11 MG, 22 MG (Use <i>tofacitinib citrate</i>)	7	QL(1 EA daily); PA
XELJANZ SOLN 1 MG/ML (Use <i>tofacitinib citrate</i>)	7	QL(20 ML daily); PA
XELJANZ TABS 5 MG, 10 MG (Use <i>tofacitinib citrate</i>)	7	QL(2 EA daily); PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA

Drug Name	Drug Tier	Requirements/ Limits
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML	7	QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML	7	QL(0.143 EA daily); PA
ADALIMUMAB-AATY (2 PEN) AJKT	7	QL(0.143 EA daily); PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT	7	QL(0.143 EA daily); PA
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	7	QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
ADALIMUMAB-ADAZ SOAJ	7	QL(0.143 ML daily); PA
ADALIMUMAB-ADAZ SOSY	7	QL(0.143 ML daily); PA
ADALIMUMAB-ADBM (2 PEN) AJKT	7	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	7	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	7	QL(0.143 EA daily); PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	7	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT	7	QL(0.143 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	7	QL(0.072 EA daily); PA
HUMIRA (2 SYRINGE) PSKT	7	QL(0.143 EA daily); PA
HUMIRA-CD/UC/HS STARTER AJKT	7	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
HUMIRA-PSORIASIS/UEIT STARTER AJKT	7	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
SIMLANDI (1 PEN) AJKT	7	QL(0.143 EA daily); PA
SIMLANDI (1 SYRINGE) PSKT	7	QL(0.143 EA daily); PA
SIMLANDI (2 PEN) AJKT	7	QL(0.143 EA daily); PA
SIMLANDI (2 SYRINGE) PSKT	7	QL(0.143 EA daily); PA
SIMPONI ARIA SOLN	4	PA
YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	7	QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	7	QL(0.143 EA daily); PA
YUFLYMA (2 PEN) AJKT	7	QL(0.143 EA daily); PA
YUFLYMA (2 SYRINGE) PSKT 40 MG/0.4ML	7	QL(0.143 EA daily); PA
YUFLYMA (2 SYRINGE) PSKT 20 MG/0.2ML	4	QL(0.143 EA daily); PA
YUFLYMA-CD/UC/HS STARTER AJKT	7	QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA

Drug Name	Drug Tier	Requirements/ Limits
Gold Compounds		
AURANOFIN 3 MG	3	QL(3 EA daily)
RIDAURA	3	QL(3 EA daily)
Interleukin-1 Blockers		
ARCALYST	4	QL(0.286 EA daily); PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	7	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
ACTEMRA SOLN 80 MG/4ML	7	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); PA
ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML	7	QL(40 ML per 28 day(s) retail; 40 ML per 28 days mail); PA
ACTEMRA SOSY	7	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
AVTOZMA SOAJ SC 162 MG/0.9ML	7	PA
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	7	PA
AVTOZMA SOSY SC 162 MG/0.9ML	7	PA
KEVZARA SOAJ	4	QL(0.082 ML daily); PA
KEVZARA SOSY	4	QL(0.082 ML daily); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS (Use naproxen sodium)	NF	
ARTHROTEC TBEC (Use diclofenac w/ misoprostol)	NF	
CELEBREX (Use celecoxib)	NF	QL(2 EA daily)
celecoxib	1B	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
DAYPRO TABS (Use oxaprozin)	NF	
diclofenac potassium TABS 50 MG	1B	
diclofenac sodium TB24	1B	
diclofenac sodium TBEC	1B	
diclofenac w/ misoprostol TBEC	1B	
EC-NAPROSYN TBEC 375 MG (Use naproxen)	NF	
EC-NAPROSYN TBEC 500 MG (Use naproxen)	NF	QL(3 EA daily)
etodolac CAPS	1B	
etodolac TABS	1B	
fenoprofen calcium TABS	1B	QL(4 EA daily); ST
flurbiprofen TABS	1B	
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML	1B	RX/OTC
ibuprofen TABS 800 MG	1B	
ibuprofen TABS 400 MG, 600 MG	1A	
indomethacin CAPS 25 MG, 50 MG	1B	
indomethacin CPCR	1B	
ketoprofen CAPS 50 MG, 75 MG	1B	
ketorolac tromethamine TABS	1B	QL(20 EA per fill retail; 20 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
LODINE TABS (Use etodolac)	NF	
LURBIPR TABS 100 MG (Use flurbiprofen)	NF	
LURBIRO TABS 100 MG (Use flurbiprofen)	NF	
meclofenamate sodium CAPS	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>mefenamic acid CAPS</i>	1B	Must try ibuprofen.; QL(5 EA daily); ST
<i>meloxicam TABS</i>	1A	QL(1 EA daily)
<i>nabumetone</i>	1B	
NAPROSYN SUSP (<i>Use naproxen</i>)	NF	PA
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	7	QL(1 EA daily); PA
OTEZLA/OTEZLA XR INITIATION PK TBPk	7	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
OTEZLA TABS	7	QL(2 EA daily); PA
OTEZLA TBPk	7	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
OTEZLA TBPk	7	1 package(s) per 180 day(s) retail; PA
Pyrimidine Synthesis Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
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	7	QL(0.146 ML daily); PA
ENBREL SURECLICK SOAJ	7	QL(0.146 ML daily); PA
ENBREL SOLN	7	QL(0.146 ML daily); PA
ENBREL SOSY 50 MG/ML	7	QL(0.286 ML daily); PA
ENBREL SOSY 25 MG/0.5ML	7	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-325 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1B	QL(6 EA daily)
<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)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methadone hcl TBSO</i>	1B	QL(2 EA daily)	<i>tramadol hcl TB24</i>	1B	QL(1 EA daily)
METHADOSE SUGAR-FREE CONC (Use <i>methadone hcl</i>)	NF	QL(10 ML daily)	Opioid Combinations		
METHADOSE CONC (Use <i>methadone hcl</i>)	NF	QL(10 ML daily)	<i>acetaminophen w/ codeine SOLN</i>	1A	New starts limited to 7 day supply; QL(75 ML daily)
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1B	QL(2 EA daily); PA	<i>acetaminophen w/ codeine TABS 15 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)
<i>morphine sulfate SOLN PO 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ML daily)	<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
<i>morphine sulfate SOLN PO 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ML daily)	<i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>	1A	New starts limited to 7 day supply; QL(12 EA daily)
<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B		<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1B	New starts limited to 7 day supply
<i>morphine sulfate TABS</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	New starts limited to 7 day supply; PA
<i>morphine sulfate TBCR</i>	1B	QL(2 EA daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1B	New starts limited to 7 day supply
MS CONTIN TBCR (Use <i>morphine sulfate</i>)	NF	QL(2 EA daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
<i>oxycodone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(12 EA daily)	<i>butalbital-aspirin-caffeine w/cod</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
<i>oxymorphone hcl TABS</i>	1B	QL(12 EA daily); PA	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use <i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NF	New starts limited to 7 day supply
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	QL(2 EA daily); PA	<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	1B	New starts limited to 7 day supply
<i>oxymorphone hcl TB12 40 MG</i>	1B	QL(4 EA daily); PA			
ROXICODONE TABS 15 MG, 30 MG (Use <i>oxycodone hcl</i>)	NF	New starts limited to 7 day supply; QL(12 EA daily)			
<i>tramadol hcl TABS 50 MG</i>	1A	New starts limited to 7 day supply; QL(8 EA daily)			

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>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-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 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>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1B	New starts limited to 7 day supply; QL(5 EA daily)	<i>buprenorphine PTWK</i>	1B	QL(0.143 EA daily); PA
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1B	New starts limited to 7 day supply; QL(12 EA daily)	<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ML 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	
<i>PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)</i>	NF	New starts limited to 7 day supply; QL(12 EA daily)	<i>BUTRANS PTWK (Use buprenorphine)</i>	NF	QL(0.143 EA daily); PA
<i>PERCOCET TABS 325 MG-2.5 MG (Use oxycodone w/ acetaminophen)</i>	NF	New starts limited to 7 day supply; QL(13 EA daily)	<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply
<i>tramadol-acetaminophen</i>	1B	New starts limited to 7 day supply; QL(8 EA daily)	<i>SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)</i>	NF	QL(2 EA daily)
Opioid Partial Agonists			<i>SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)</i>	NF	QL(3 EA daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones					
Androgens					
<i>ANDRODERM PT24 2 MG/24HR, 4 MG/24HR</i>	2	QL(1 EA daily); PA	<i>danazol CAPS</i>	1B	
<i>methyldtestosterone TABS</i>	3		<i>testosterone cypionate SOLN IM</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
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 hydrocortisone (intrarectal))	NF	
<i>hydrocortisone (intrarectal)</i>	1B	
UCERIS (Use budesonide (intrarectal))	NF	QL(3.2 GM daily); PA
Rectal Steroids		
ANUCORT-HC 25 MG (Use hydrocortisone acetate (rectal))	NF	
ANUSOL-HC EX (Use hydrocortisone (rectal))	NF	
ANUSOL-HC 25 MG (Use hydrocortisone acetate (rectal))	NF	
HEMMOREX-HC 25 MG, 30 MG (Use hydrocortisone acetate (rectal))	NF	
<i>hydrocortisone (rectal) EX</i>	1B	
<i>hydrocortisone acetate (rectal)</i>	1B	
PROCTOCORT (Use hydrocortisone acetate (rectal))	NF	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1B	QL(2 GM daily)
RECTIV (Use nitroglycerin (intra-anal))	NF	QL(2 GM daily)
ANTHELMINTICS - Drugs to Treat Worm		

Drug Name	Drug Tier	Requirements/ Limits
Infections		
Anthelmintics		
<i>albendazole</i>	1B	PA
BILTRICIDE (Use praziquantel)	NF	PA
EMVERM CHEW	2	QL(2 EA daily; 6 EA per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail
<i>ivermectin</i>	1B	QL(9 EA per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail
<i>praziquantel</i>	1B	PA
STROMEKTOL (Use ivermectin)	NF	QL(9 EA per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<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 isosorbide dinitrate)	NF	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate TABS</i>	1B	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>clorazepate dipotassium TABS</i>	1B	
<i>diazepam CONC</i>	1B	
<i>diazepam SOLN PO 5 MG/5ML</i>	1B	
<i>diazepam TABS</i>	1A	QL(4 EA daily)
<i>lorazepam CONC</i>	1B	
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 EA daily)
<i>lorazepam TABS 1 MG</i>	1A	QL(4 EA daily)
<i>oxazepam CAPS</i>	1B	
VALIUM TABS (<i>Use diazepam</i>)	NF	QL(4 EA daily)
XANAX XR TB24 (<i>Use alprazolam</i>)	NF	
XANAX TABS (<i>Use alprazolam</i>)	NF	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1B	
NORPACE CAPS (<i>Use disopyramide phosphate</i>)	NF	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl CP12</i>	1B	
<i>propafenone hcl TABS</i>	1B	
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 150 MG/3ML</i>	1B	
<i>amiodarone hcl TABS</i>	1B	
<i>dofetilide</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TIKOSYN (Use dofetilide)	NF		montelukast sodium TABS	1B	C; QL(1 EA daily)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions			SINGULAIR CHEW (Use montelukast sodium)	NF	C; QL(1 EA daily)
Antiasthmatic - Monoclonal Antibodies			SINGULAIR PACK (Use montelukast sodium)	NF	C; QL(1 EA daily)
FASENRA PEN SOAJ	7	QL(0.036 ML daily); PA	SINGULAIR TABS (Use montelukast sodium)	NF	C; QL(1 EA daily)
FASENRA SOSY 10 MG/0.5ML	7	QL(0.018 ML daily); PA	zafirlukast	1B	C; QL(2 EA daily)
FASENRA SOSY 30 MG/ML	7	QL(0.036 ML daily); PA	zileuton TB12	3	QL(4 EA daily); PA
Anti-Inflammatory Agents			Selective Phosphodiesterase 4 (PDE4) Inhibitors		
cromolyn sodium NEBU	1B	C; QL(8 ML daily)	DALIRESP (Use roflumilast)	NF	QL(1 EA daily)
Bronchodilators - Anticholinergics			roflumilast	1B	QL(1 EA daily)
ATROVENT HFA 17 MCG/ACT (Use ipratropium bromide hfa)	3	QL(0.44 GM daily)	Steroid Inhalants		
INCRUSE ELLIPTA 62.5 MCG/ACT (Use umecclidinium bromide)	2	C; QL(1 EA daily)	ALVESCO	3	PA
ipratropium bromide hfa 17 MCG/ACT	1B	QL(0.44 GM daily)	ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation))	2	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
ipratropium bromide SOLN 0.02 %	1B	C; QL(15 ML daily)	beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT	1B	
SPIRIVA HANDIHALER CAPS IN (Use tiotropium bromide)	NF	C; QL(1 EA daily)	budesonide (inhalation) SUSP	1B	C; QL(4 ML daily); PA
SPIRIVA RESPIMAT AERS IN	2	C; QL(0.14 GM daily)	FLOVENT HFA 44 MCG/ACT (Use fluticasone propionate hfa)	NF	
tiotropium bromide CAPS IN 18 MCG	1B	C; QL(1 EA daily)	fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
umecclidinium bromide 62.5 MCG/INH	1B	C; QL(1 EA daily)	fluticasone propionate (inhalation) AEPB	1B	C
Leukotriene Modulators			fluticasone propionate hfa	1B	C; QL(0.8 GM daily)
ACCOLATE (Use zafirlukast)	NF	C; QL(2 EA daily)	PULMICORT FLEXHALER AEPB	2	C
montelukast sodium CHEW	1B	C; QL(1 EA daily)			
montelukast sodium PACK	1B	C; QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PULMICORT FLEXHALER AEPB	2	C	<i>budesonide-formoterol fumarate dihydrate</i>	1B	
PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	NF	C; QL(4 ML daily); PA	COMBIVENT RESPIMAT AERS	2	QL(0.16 GM daily)
QVAR REDIHALER	2	C	DULERA	2	C
Sympathomimetics			<i>fluticasone furoate-vilanterol</i>	1B	
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	NF		<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1B	
ADVAIR HFA AERO (<i>Use fluticasone-salmeterol</i>)	NF		<i>fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT</i>	1B	C
AIRDUO RESPICLICK 113/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF		<i>fluticasone-salmeterol AERO</i>	1B	C
AIRDUO RESPICLICK 232/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF		<i>formoterol fumarate NEBU</i>	1B	C; QL(4 ML daily)
AIRDUO RESPICLICK 55/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF		<i>ipratropium-albuterol SOLN</i>	1B	C; QL(18 ML daily)
AIRSUPRA	2		<i>levalbuterol hcl</i>	1B	C
<i>albuterol sulfate AERS</i>	1B	C	<i>levalbuterol tartrate</i>	1B	C; QL(0.5 GM daily)
<i>albuterol sulfate NEBU</i>	1B	C	PERFOROMIST NEBU (<i>Use formoterol fumarate</i>)	NF	C; QL(4 ML daily)
<i>albuterol sulfate SYRP</i>	1B	C	PROAIR RESPICLICK AEPB	3	
<i>albuterol sulfate TABS</i>	1B	C	PROVENTIL HFA AERS (<i>Use albuterol sulfate</i>)	NF	
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>Use umecclidinium-vilanterol</i>)	NF		SEREVENT DISKUS	2	C
<i>arformoterol tartrate</i>	1B	C; QL(4 ML daily)	STIOLTO RESPIMAT	2	C
BREO ELLIPTA (<i>Use fluticasone furoate-vilanterol</i>)	2		STRIVERDI RESPIMAT	2	C
BREO ELLIPTA 50 MCG/INH-25 MCG/INH	2	C	SYMBICORT (<i>Use budesonide-formoterol fumarate dihydrate</i>)	NF	
BREZTRI AEROSPHERE	2		<i>terbutaline sulfate SOLN</i>	1B	C
BREZTRI AEROSPHERE	2	C; QL(0.38 GM daily)	<i>terbutaline sulfate TABS</i>	1B	C
BROVANA (<i>Use arformoterol tartrate</i>)	NF	C; QL(4 ML daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRELEGY ELLIPTA	2	C; QL(2 EA daily)	ARIXTRA 5 MG/0.4ML (Use fondaparinux sodium)	NF	QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail)
umeclidinium-vilanterol	2	C; QL(2 EA daily)	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)
VENTOLIN HFA AERS (Use albuterol sulfate)	NF		ARIXTRA 10 MG/0.8ML (Use fondaparinux sodium)	NF	QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail)
XOPENEX HFA (Use levalbuterol tartrate)	NF		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)
Xanthines			enoxaparin sodium SOLN IJ 300 MG/3ML	4	QL(6 ML daily)
theophylline ELIX	1B		enoxaparin sodium SOSY 60 MG/0.6ML	4	QL(1.2 ML daily)
theophylline SOLN	1B	C; QL(56 ML daily)	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	4	QL(1.6 ML daily)
theophylline TB12	1B	C	enoxaparin sodium SOSY 30 MG/0.3ML	4	QL(0.6 ML daily)
theophylline TB24	1B	C	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	4	QL(2 ML daily)
ANTICOAGULANTS - Blood Thinners			enoxaparin sodium SOSY 40 MG/0.4ML	4	QL(0.8 ML daily)
Coumarin Anticoagulants			fondaparinux sodium 5 MG/0.4ML	4	QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail)
warfarin sodium TABS	1A		fondaparinux sodium 7.5 MG/0.6ML	4	QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail)
Direct Factor Xa Inhibitors			fondaparinux sodium 2.5 MG/0.5ML	4	QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail)
ELIQUIS DVT/PE STARTER PACK TBPB	2	QL(2.47 EA daily); 1 max fill(s) per 180 day(s) retail	fondaparinux sodium 10 MG/0.8ML	4	QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail)
ELIQUIS TABS	2	QL(2 EA daily)	FRAGMIN SOSY	4	PA
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 TBPB	2	1 max fill(s) per 365 day(s) retail			
XARELTO SUSR 1 MG/ML (Use rivaroxaban)	2	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)			
XARELTO TABS 15 MG	2	QL(2 EA daily)			
XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)			
XARELTO TABS 2.5 MG (Use rivaroxaban)	NF	QL(2 EA daily)			
Heparins And Heparinoid-Like Agents					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML	1B		<i>perampanel TABS 6 MG</i>	1B	QL(2 EA daily); PA
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B		<i>perampanel TABS 2 MG</i>	1B	QL(6 EA daily); PA
LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NF	QL(6 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 4 MG</i>	1B	QL(3 EA daily); PA
LOVENOX SOSY 60 MG/0.6ML (<i>Use enoxaparin sodium</i>)	NF	QL(1.2 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 40 MG/0.4ML (<i>Use enoxaparin sodium</i>)	NF	QL(0.8 ML daily)	<i>clobazam TABS</i>	1B	QL(2 EA daily); PA
LOVENOX SOSY 30 MG/0.3ML (<i>Use enoxaparin sodium</i>)	NF	QL(0.6 ML daily)	<i>clonazepam TABS</i>	1A	
Thrombin Inhibitors			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
<i>dabigatran etexilate mesylate CAPS</i>	1B		<i>diazepam (anticonvulsant) GEL</i>	3	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		KLONOPIN TABS (<i>Use clonazepam</i>)	NF	
ANTICONVULSANTS - Drugs to Treat Seizures			NAYZILAM	3	QL(10 EA per 30 day(s) retail); PA
AMPA Glutamate Receptor Antagonists			ONFI SUSP (<i>Use clobazam</i>)	NF	QL(16 ML daily); PA
FYCOMPA TABS 4 MG (<i>Use perampanel</i>)	NF	QL(3 EA daily); PA	ONFI TABS (<i>Use clobazam</i>)	NF	QL(2 EA daily); PA
FYCOMPA TABS 8 MG, 10 MG, 12 MG (<i>Use perampanel</i>)	NF	QL(1 EA daily); PA	VALTOCO 10 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
FYCOMPA TABS 2 MG (<i>Use perampanel</i>)	NF	QL(6 EA daily); PA	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
FYCOMPA TABS 6 MG (<i>Use perampanel</i>)	NF	QL(2 EA daily); PA	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
			VALTOCO 5 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
			Anticonvulsants - Misc.		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
APTIOM 200 MG, 400 MG, 600 MG, 800 MG (Use eslicarbazepine acetate)	NF	QL(2 EA daily); ST	eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	1B	QL(2 EA daily); ST
BANZEL SUSP (Use rufinamide)	NF	QL(80 ML daily); PA	gabapentin CAPS	1B	
BANZEL TABS 400 MG (Use rufinamide)	2	QL(8 EA daily); PA	gabapentin SOLN	1B	QL(60 ML daily)
BANZEL TABS 200 MG (Use rufinamide)	2	QL(2 EA daily); PA	gabapentin TABS 600 MG, 800 MG	1B	
brivaracetam SOLN PO 10 MG/ML	1B	QL(20 ML daily); PA	KEPPRA XR TB24 (Use levetiracetam)	NF	QL(4 EA daily)
BRIVIACT SOLN PO 10 MG/ML (Use brivaracetam)	3	QL(20 ML daily); PA	KEPPRA SOLN PO 100 MG/ML (Use levetiracetam)	NF	QL(30 ML daily)
carbamazepine CHEW	1B		KEPPRA TABS 500 MG (Use levetiracetam)	NF	QL(6 EA daily)
carbamazepine CP12 300 MG	1B	QL(4 EA daily)	KEPPRA TABS 1000 MG (Use levetiracetam)	NF	QL(3 EA daily)
carbamazepine CP12 200 MG	1B	QL(6 EA daily)	KEPPRA TABS 250 MG, 750 MG (Use levetiracetam)	NF	QL(4 EA daily)
carbamazepine CP12 100 MG	1B		lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	1B	QL(40 ML daily)
carbamazepine SUSP	1B		lacosamide TABS	1B	QL(2 EA daily)
carbamazepine TABS	1B		LAMICTAL ODT TBDP (Use lamotrigine)	NF	QL(1 EA daily)
carbamazepine TB12 200 MG	1B	QL(6 EA daily)	LAMICTAL CHEW 25 MG (Use lamotrigine)	NF	QL(20 EA daily)
carbamazepine TB12 100 MG, 400 MG	1B	QL(4 EA daily)	LAMICTAL CHEW 5 MG (Use lamotrigine)	NF	QL(100 EA daily)
CARBATROL CP12 300 MG (Use carbamazepine)	NF	QL(4 EA daily)	LAMICTAL TABS (Use lamotrigine)	NF	
CARBATROL CP12 100 MG (Use carbamazepine)	NF		lamotrigine CHEW 5 MG	1B	QL(100 EA daily)
CARBATROL CP12 200 MG (Use carbamazepine)	NF	QL(6 EA daily)	lamotrigine CHEW 25 MG	1B	QL(20 EA daily)
DIACOMIT CAPS 250 MG	4	QL(12 EA daily); PA	lamotrigine TABS	1B	
DIACOMIT CAPS 500 MG	4	QL(6 EA daily); PA	lamotrigine TBDP	1B	QL(1 EA daily)
DIACOMIT PACK 500 MG	4	QL(6 EA daily); PA	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	1B	QL(30 ML daily)
DIACOMIT PACK 250 MG	4	QL(12 EA daily); PA	levetiracetam TABS 500 MG	1B	QL(6 EA daily)
EPIDIOLEX	3	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 EA daily)	TEGRETOL SUSP (<i>Use carbamazepine</i>)	2	
<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 EA daily)	TEGRETOL TABS (<i>Use carbamazepine</i>)	2	
<i>levetiracetam TB24</i>	1B	QL(4 EA daily)	TEGRETOL-XR TB12 100 MG, 400 MG (<i>Use carbamazepine</i>)	NF	QL(4 EA daily)
LYRICA CAPS 225 MG, 300 MG (<i>Use pregabalin</i>)	NF	QL(2 EA daily); ST	TEGRETOL-XR TB12 200 MG (<i>Use carbamazepine</i>)	NF	QL(6 EA daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>Use pregabalin</i>)	NF	QL(3 EA daily); ST	TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>)	NF	QL(6 EA daily)
LYRICA SOLN (<i>Use pregabalin</i>)	NF	QL(30 ML daily); ST	TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NF	QL(8 EA daily)
MYSOLINE (<i>Use primidone</i>)	NF		TOPAMAX TABS 25 MG, 100 MG (<i>Use topiramate</i>)	NF	QL(4 EA daily)
NEURONTIN CAPS (<i>Use gabapentin</i>)	NF		TOPAMAX TABS 50 MG (<i>Use topiramate</i>)	NF	QL(6 EA daily)
NEURONTIN SOLN (<i>Use gabapentin</i>)	NF	QL(60 ML daily)	TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	NF	QL(2 EA daily)
NEURONTIN TABS (<i>Use gabapentin</i>)	NF		<i>topiramate CPSP 15 MG</i>	1B	QL(6 EA daily)
<i>oxcarbazepine SUSP</i>	1B	QL(40 ML daily)	<i>topiramate CPSP 25 MG</i>	1B	QL(8 EA daily)
<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1B	QL(3 EA daily)	<i>topiramate CS24</i>	3	PA
<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 EA daily)	<i>topiramate TABS 50 MG</i>	1B	QL(6 EA daily)
<i>pregabalin CAPS 225 MG, 300 MG</i>	1B	QL(2 EA daily); ST	<i>topiramate TABS 200 MG</i>	1B	QL(2 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>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 EA daily)
<i>pregabalin SOLN</i>	1B	QL(30 ML daily); ST	TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	NF	QL(40 ML daily)
<i>primidone 50 MG, 250 MG</i>	1B		TRILEPTAL TABS 150 MG, 300 MG (<i>Use oxcarbazepine</i>)	NF	QL(3 EA daily)
QUDEXY XR CS24 (<i>Use topiramate</i>)	NF	PA	TRILEPTAL TABS 600 MG (<i>Use oxcarbazepine</i>)	NF	QL(4 EA daily)
<i>rufinamide SUSP</i>	1B	QL(80 ML daily); PA	VIMPAT SOLN PO 10 MG/ML (<i>Use lacosamide</i>)	NF	QL(40 ML daily)
<i>rufinamide TABS 400 MG</i>	1B	QL(8 EA daily); PA	VIMPAT TABS (<i>Use lacosamide</i>)	NF	QL(2 EA daily)
<i>rufinamide TABS 200 MG</i>	1B	QL(2 EA daily); PA	ZONEGRAN CAPS 25 MG, 100 MG (<i>Use zonisamide</i>)	NF	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>zonisamide CAPS</i>	1B	QL(6 EA daily)
Carbamates		
<i>felbamate SUSP</i>	1B	QL(30 ML daily)
<i>felbamate TABS 600 MG</i>	1B	QL(6 EA daily)
<i>felbamate TABS 400 MG</i>	1B	QL(9 EA daily)
FELBATOL SUSP (<i>Use felbamate</i>)	NF	QL(30 ML daily)
FELBATOL TABS 400 MG (<i>Use felbamate</i>)	NF	QL(9 EA daily)
FELBATOL TABS 600 MG (<i>Use felbamate</i>)	NF	QL(6 EA daily)
GABA Modulators		
SABRIL PACK (<i>Use vigabatrin</i>)	NF	QL(6 EA daily); PA
SABRIL TABS (<i>Use vigabatrin</i>)	NF	QL(6 EA daily); PA
<i>tiagabine hcl</i>	1B	
<i>vigabatrin PACK</i>	4	QL(6 EA daily); PA
<i>vigabatrin TABS</i>	4	QL(6 EA daily); PA
Hydantoins		
CEREBYX (<i>Use fosphenytoin sodium</i>)	NF	
DILANTIN (<i>Use phenytoin sodium extended</i>)	2	
DILANTIN	2	
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	2	
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	2	
DILANTIN SUSP (<i>Use phenytoin</i>)	2	
<i>fosphenytoin sodium</i>	1B	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1B	
<i>phenytoin sodium SOLN</i>	1B	
<i>phenytoin CHEW</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin SUSP</i>	1B	
Succinimides		
CELONTIN (<i>Use methsuximide</i>)	NF	QL(4 EA daily)
<i>ethosuximide CAPS</i>	1B	QL(6 EA daily)
<i>ethosuximide SOLN</i>	1B	QL(30 ML daily)
<i>methsuximide</i>	1B	QL(4 EA daily)
ZARONTIN CAPS (<i>Use ethosuximide</i>)	2	QL(6 EA daily)
ZARONTIN SOLN (<i>Use ethosuximide</i>)	NF	QL(30 ML daily)
Valproic Acid		
DEPAKOTE ER TB24 (<i>Use divalproex sodium</i>)	NF	
DEPAKOTE TBEC (<i>Use divalproex sodium</i>)	NF	
<i>divalproex sodium TB24</i>	1B	
<i>divalproex sodium TBEC</i>	1B	
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1B	
<i>valproic acid CAPS</i>	1B	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1B	
<i>mirtazapine TBDP</i>	1B	
REMERON SOLTAB TBDP (<i>Use mirtazapine</i>)	NF	
REMERON TABS 15 MG, 30 MG (<i>Use mirtazapine</i>)	NF	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1B	D+/C
<i>bupropion hcl TB12</i>	1B	D+/C
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1B	
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WELLBUTRIN SR TB12 (Use bupropion hcl)	NF	D+/C	LEXAPRO TABS (Use escitalopram oxalate)	NF	D+/C
WELLBUTRIN XL TB24 (Use bupropion hcl)	NF		paroxetine hcl SUSP	1B	
Monoamine Oxidase Inhibitors (MAOIs)			paroxetine hcl TABS	1B	D/C
EMSAM	3	QL(1 EA daily)	paroxetine hcl TB24	1B	
MARPLAN	2	QL(6 EA daily)	PAXIL CR TB24 (Use paroxetine hcl)	NF	
NARDIL (Use phenelzine sulfate)	NF		PAXIL SUSP (Use paroxetine hcl)	NF	
PARNATE (Use tranylcypromine sulfate)	NF		PAXIL TABS (Use paroxetine hcl)	NF	D/C
phenelzine sulfate	1B		PROZAC CAPS (Use fluoxetine hcl)	NF	D/C
tranylcypromine sulfate	1B		sertraline hcl CONC	1B	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			sertraline hcl TABS	1B	D/C
SPRAVATO (56 MG DOSE)	4	PA	ZOLOFT CONC (Use sertraline hcl)	NF	
SPRAVATO (84 MG DOSE)	4	PA	ZOLOFT TABS (Use sertraline hcl)	NF	D/C
Selective Serotonin Reuptake Inhibitors (SSRIs)			Serotonin Modulators		
CELEXA TABS (Use citalopram hydrobromide)	NF	D/C	nefazodone hcl	1B	
citalopram hydrobromide SOLN	1A		trazodone hcl TABS	1B	
citalopram hydrobromide TABS	1A	D/C	TRINTELLIX	3	QL(1 EA daily); PA
escitalopram oxalate SOLN	1B		VIIBRYD TABS (Use vilazodone hcl)	NF	
escitalopram oxalate TABS	1B	D+/C	vilazodone hcl TABS	1B	
fluoxetine hcl CAPS	1A	D/C	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
fluoxetine hcl CPDR	1A		CYMBALTA CPEP (Use duloxetine hcl)	NF	D/C
fluoxetine hcl SOLN	1B		desvenlafaxine succinate	1B	
fluoxetine hcl TABS	1B		duloxetine hcl CPEP	1B	D/C
FLUOXETINE HCL TABS (Use fluoxetine hcl)	NF		EFFEXOR XR CP24 (Use venlafaxine hcl)	NF	D+/C
fluvoxamine maleate TABS	1B	D+/C	FETZIMA TITRATION C4PK	3	PA
			FETZIMA CP24	3	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRISTIQ (Use desvenlafaxine succinate)	NF		alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG	1B	QL(1 EA daily); PA
venlafaxine hcl CP24	1B	D+/C	alogliptin-pioglitazone 30 MG-12.5 MG	1B	QL(2 EA daily); PA
venlafaxine hcl TABS	1B	D/C	dapagliflozin free base-metformin hcl TB24 PO 1000 MG-5 MG	1B	QL(2 EA daily)
venlafaxine hcl TB24	1B		dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG	1B	QL(1 EA daily)
Tricyclic Agents			DUETACT (Use pioglitazone hcl-glimepiride)	NF	QL(1 EA daily)
amitriptyline hcl TABS	1A	D/C	glipizide-metformin hcl 500 MG-5 MG	1B	D+; QL(4 EA daily)
amoxapine	1B		glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG	1B	D+; QL(2 EA daily)
ANAFRANIL (Use clomipramine hcl)	NF		glyburide-metformin 250 MG-1.25 MG	1B	D+; QL(2 EA daily)
clomipramine hcl	1B		glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG	1B	D+; QL(4 EA daily)
desipramine hcl TABS	1B		GLYXAMBI	2	QL(1 EA daily)
doxepin hcl CAPS	1B		JANUMET XR TB24 1000 MG-100 MG (Use sitagliptin phosphate-metformin hcl)	2	QL(1 EA daily)
doxepin hcl CONC	1B		JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG (Use sitagliptin phosphate-metformin hcl)	2	QL(2 EA daily)
imipramine hcl TABS	1B	D+/C	JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (Use sitagliptin phosphate-metformin hcl)	2	QL(2 EA daily)
imipramine pamoate	1B		pioglitazone hcl-glimepiride	1B	QL(1 EA daily)
NORPRAMIN TABS 10 MG, 25 MG (Use desipramine hcl)	NF		pioglitazone hcl-metformin hcl TABS	1B	QL(2 EA daily)
nortriptyline hcl CAPS	1B		saxagliptin-metformin hcl 1000 MG-2.5 MG	1B	QL(2 EA daily)
nortriptyline hcl SOLN	1B				
PAMELOR CAPS (Use nortriptyline hcl)	NF				
protriptyline hcl	1B				
trimipramine maleate CAPS	1B				
ANTIDIABETICS - Drugs to Regulate Blood Sugar					
Alpha-Glucosidase Inhibitors					
acarbose	1B	QL(3 EA daily)			
miglitol	1B	QL(3 EA daily)			
Antidiabetic Combinations					
ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)	NF	QL(2 EA daily)			
alogliptin-metformin hcl	1B	QL(2 EA daily); PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1B	QL(1 EA daily)	<i>metformin hcl TABS 1000 MG</i>	1A	D+; QL(2.5 EA daily)
<i>sitagliptin phosphate-metformin hcl TABS</i>	1B	QL(2 EA daily)	<i>metformin hcl TB24 750 MG</i>	1B	D+; QL(3 EA daily)
<i>sitagliptin phosphate-metformin hcl TB24</i>	1B	QL(2 EA daily)	<i>metformin hcl TB24 500 MG</i>	1B	D+; QL(4 EA daily)
<i>sitagliptin phosphate-metformin hcl TB24</i>	1B	QL(1 EA daily)	Diabetic Other		
SOLIQUA	2	QL(0.5 ML daily); PA	<i>diazoxide</i>	3	
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 EA daily)	GLUCAGON EMERGENCY SOLR IJ 1 MG (<i>Use glucagon</i>)	NF	D+; QL(0.035 EA daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)	<i>glucagon SOLR IJ 1 MG</i>	1B	D+; QL(0.035 EA daily)
SYNJARDY TABS	2	QL(2 EA daily)	PROGLYCEM (<i>Use diazoxide</i>)	NF	
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 EA daily)	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 EA daily)	<i>alogliptin benzoate</i>	1B	QL(1 EA daily)
XIGDUO XR TB24 PO 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)	JANUVIA 25 MG, 50 MG, 100 MG (<i>Use sitagliptin phosphate</i>)	2	QL(1 EA daily)
XIGDUO XR TB24 PO (<i>Use dapagliflozin free base-metformin hcl</i>)	2	QL(1 EA daily)	ONGLYZA 5 MG (<i>Use saxagliptin hcl</i>)	NF	QL(1 EA daily)
XIGDUO XR TB24 PO (<i>Use dapagliflozin free base-metformin hcl</i>)	2	QL(2 EA daily)	<i>saxagliptin hcl</i>	1B	QL(1 EA daily)
XULTOPHY	2	QL(0.5 ML daily); PA	<i>sitagliptin phosphate 25 MG, 50 MG, 100 MG</i>	1B	QL(1 EA daily)
Biguanides			Incretin Mimetic Agents		
GLUMETZA TB24 (<i>Use metformin hcl</i>)	NF		<i>liraglutide</i>	1B	QL(0.3 ML daily)
<i>metformin hcl TABS 850 MG</i>	0	QL(3 EA daily)	MOUNJARO	2	Smart PA; QL(0.072 ML daily)
<i>metformin hcl TABS 500 MG</i>	1A	D+; QL(5 EA daily)	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Smart PA; QL(0.108 ML daily)
			OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	Smart PA; QL(0.108 ML daily)
			OZEMPIC (2 MG/DOSE) SOPN	2	Smart PA; QL(0.108 ML daily)
			OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	2	Smart PA; QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
RYBELSUS TABS	2	Smart PA; QL(1 EA daily)
TRULICITY	2	Smart PA; QL(0.143 ML daily)
VICTOZA (<i>Use liraglutide</i>)	NF	QL(0.3 ML daily)
Insulin		
APIDRA SOLOSTAR SOPN	3	PA
APIDRA SOLN	3	PA
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	D; QL(1.34 ML daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	D; QL(1.34 ML daily)
INSULIN GLARGINE-YFGN SOLN	2	
INSULIN GLARGINE-YFGN SOPN	2	
INSULIN LISPRO (1 UNIT DIAL) SOPN	7	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	7	
INSULIN LISPRO PROT & LISPRO SUPN	7	
INSULIN LISPRO SOLN IJ	7	D
KIRSTY SOLN IJ 100 UNIT/ML	7	
KIRSTY SOPN SC 100 UNIT/ML	7	
KIRSTY SOPN SC 100 UNIT/ML	7	PA
NOVOLIN 70/30 FLEXPEN SUPN	2	D
NOVOLIN 70/30 SUSP	2	D
NOVOLIN N FLEXPEN SUPN	2	D
NOVOLIN N SUSP	2	D
NOVOLIN R FLEXPEN SOPN IJ	2	D
NOVOLIN R SOLN IJ	2	D

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG FLEXPEN SOPN	1B	D
NOVOLOG MIX 70/30 FLEXPEN SUPN	1B	D
NOVOLOG MIX 70/30 SUSP	1B	D
NOVOLOG PENFILL SOCT	1B	D
NOVOLOG SOLN IJ	1B	D
REZVOGLAR KWIKPEN	3	PA
TRESIBA FLEXTOUCH SOPN	2	D
TRESIBA SOLN	2	D
Insulin Sensitizing Agents		
ACTOS (<i>Use pioglitazone hcl</i>)	NF	D+; QL(1 EA daily)
<i>pioglitazone hcl</i>	1B	D+; QL(1 EA daily)
Meglitinide Analogues		
<i>nateglinide</i>	1B	QL(3 EA daily)
<i>repaglinide 2 MG</i>	1B	QL(8 EA daily)
<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 EA daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin TABS PO 5 MG, 10 MG</i>	1B	QL(1 EA daily)
FARXIGA TABS PO (<i>Use dapagliflozin</i>)	2	QL(1 EA daily)
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
<i>glimepiride 1 MG, 2 MG</i>	1A	D+; QL(4 EA daily)
<i>glimepiride 4 MG</i>	1A	D+; QL(2 EA daily)
<i>glipizide TABS 5 MG, 10 MG</i>	1A	D+; QL(4 EA daily)
<i>glipizide TB24</i>	1A	D+; QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOTROL XL TB24 5 MG, 10 MG (<i>Use glipizide</i>)	NF	D+; QL(2 EA daily)
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	D+; QL(4 EA daily)
<i>glyburide TABS</i>	1A	D+; 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		
<i>naloxone hcl LIQD</i>	1B	QL(2 EA per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<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 IJ 4 MG/2ML</i>	1B	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1B	QL(3.34 ML daily)
<i>ondansetron hcl SOSY</i>	1B	
<i>ondansetron hcl TABS 8 MG</i>	1B	QL(3 EA daily; 45 EA per fill retail; 45 per fill mail)
<i>ondansetron hcl TABS 24 MG</i>	1B	QL(0.143 EA daily)
<i>ondansetron hcl TABS 4 MG</i>	1B	QL(4 EA daily; 60 EA per fill retail; 60 per fill mail)
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 EA daily)
<i>ondansetron TBDP 8 MG</i>	1B	
<i>palonosetron hcl SOLN</i>	1B	
Antiemetics - Anticholinergic		
<i>meclizine hcl TABS 12.5 MG</i>	1A	RX/OTC
<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC
<i>scopolamine</i>	1B	QL(0.34 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits
flucytosine	1B	
griseofulvin microsize SUSP	1B	AL(At least 2 yrs old)
griseofulvin microsize TABS	1B	
griseofulvin ultramicrosize	1B	
nystatin TABS	1B	
terbinafine hcl TABS	1B	QL(1 EA daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	PA
DIFLUCAN SUSR 40 MG/ML (Use fluconazole)	NF	
DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)	NF	
fluconazole SUSR	1B	
fluconazole TABS	1B	
itraconazole CAPS	1B	QL(4 EA daily); PA
itraconazole SOLN	1B	QL(20 ML daily); PA
ketoconazole	1B	
NOXAFIL SUSP (Use posaconazole)	NF	QL(20 ML daily)
NOXAFIL TBEC (Use posaconazole)	NF	QL(6 EA daily)
posaconazole SUSP	3	QL(20 ML daily)
posaconazole TBEC	3	QL(6 EA daily)
SPORANOX CAPS (Use itraconazole)	NF	QL(4 EA daily); PA
SPORANOX SOLN (Use itraconazole)	NF	QL(20 ML daily); PA
TOLSURA CAPS	4	PA
VFEND TABS 200 MG (Use voriconazole)	NF	QL(4 EA daily)
voriconazole TABS	1B	QL(4 EA daily)
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carbinoxamine maleate SOLN</i>	1B		<i>levocetirizine dihydrochloride SOLN</i>	1B	QL(10 ML daily); RX/OTC
<i>carbinoxamine maleate TABS 4 MG</i>	1B		<i>levocetirizine dihydrochloride TABS</i>	1B	QL(1 EA daily); RX/OTC
<i>clemastine fumarate SYRP</i>	1B		<i>loratadine CAPS</i>	1B	
<i>clemastine fumarate TABS 2.68 MG</i>	1B		<i>loratadine CHEW</i>	1B	
CLEMASZ TABS 2.68 MG (Use <i>clemastine fumarate</i>)	NF		<i>loratadine SOLN</i>	1B	
CLEMSZA TABS 2.68 MG (Use <i>clemastine fumarate</i>)	NF		<i>loratadine TABS</i>	1A	
<i>diphenhydramine hcl CAPS 50 MG</i>	1A		<i>loratadine TBDP</i>	1B	
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B		QUZYTIR SOLN IV	3	PA
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1B	QL(20 ML daily)	XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML	2	QL(10 ML daily); RX/OTC
Antihistamines - Non-Sedating			ZYTEC ALLERGY TABS (Use <i>cetirizine hcl</i>)	NF	QL(1 EA daily)
<i>cetirizine hcl TABS</i>	1A	QL(1 EA daily)	Antihistamines - Phenothiazines		
CLARINEX TABS (Use <i>desloratadine</i>)	NF	QL(1 EA daily)	<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 EA daily)
CLARITIN ALLERGY CHILDRENS SOLN (Use <i>loratadine</i>)	NF		<i>promethazine hcl SUPP 50 MG</i>	1B	
CLARITIN CHILDRENS CHEW (Use <i>loratadine</i>)	NF		<i>promethazine hcl TABS</i>	1B	
CLARITIN REDITABS TBDP (Use <i>loratadine</i>)	NF		Antihistamines - Piperidines		
CLARITIN CAPS (Use <i>loratadine</i>)	NF		<i>cyproheptadine hcl SYRP</i>	1B	
CLARITIN CHEW (Use <i>loratadine</i>)	NF		<i>cyproheptadine hcl TABS</i>	1B	
CLARITIN SOLN (Use <i>loratadine</i>)	NF		ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
CLARITIN TABS (Use <i>loratadine</i>)	NF		Antihyperlipidemics - Combinations		
<i>desloratadine TABS</i>	1B	QL(1 EA daily)	<i>ezetimibe-simvastatin</i>	1B	QL(1 EA daily)
<i>desloratadine TBDP 2.5 MG</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	D+; QL(4 EA daily)
			<i>omega-3-acid ethyl esters</i>	1B	D+; QL(4 EA daily)
			VASCEPA 1 GM (Use <i>icosapent ethyl</i>)	NF	QL(4 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Bile Acid Sequestrants			FENOGLIDE TABS (<i>Use fenofibrate</i>)	NF	
<i>cholestyramine light PACK</i>	1B	QL(6 EA daily)	<i>gemfibrozil TABS</i>	1B	D+; QL(2 EA daily)
<i>cholestyramine light POWD</i>	1B	QL(24 GM daily)	LOPID TABS (<i>Use gemfibrozil</i>)	NF	D+; QL(2 EA daily)
<i>cholestyramine PACK</i>	1B	QL(6 EA daily)	TRICOR TABS (<i>Use fenofibrate</i>)	NF	D+; QL(1 EA daily)
<i>cholestyramine POWD</i>	1B	QL(25.2 GM daily)	TRILIPIX (<i>Use choline fenofibrate</i>)	NF	D+; QL(1 EA daily)
<i>colesevelam hcl PACK</i>	1B	QL(1 EA daily); PA	HMG CoA Reductase Inhibitors		
<i>colesevelam hcl TABS</i>	1B	QL(7 EA daily)	<i>atorvastatin calcium TABS</i>	1A	D+; QL(1 EA daily)
COLESTID GRAN (<i>Use colestipol hcl</i>)	NF	QL(6 GM daily)	CRESTOR TABS (<i>Use rosuvastatin calcium</i>)	NF	QL(1 EA daily)
COLESTID PACK (<i>Use colestipol hcl</i>)	NF	QL(6 EA daily)	<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 EA daily)
COLESTID TABS (<i>Use colestipol hcl</i>)	NF	QL(16 EA daily)	<i>fluvastatin sodium CAPS 40 MG</i>	1B	QL(2 EA daily)
<i>colestipol hcl GRAN</i>	1B	QL(6 GM daily)	LIPITOR TABS (<i>Use atorvastatin calcium</i>)	NF	D+; QL(1 EA daily)
<i>colestipol hcl PACK</i>	1B	QL(6 EA daily)	<i>lovastatin TABS 10 MG, 20 MG</i>	1A	D+; QL(1 EA daily); PV
<i>colestipol hcl TABS</i>	1B	QL(16 EA daily)	<i>lovastatin TABS 40 MG</i>	1A	D+; QL(2 EA daily); PV
QUESTRAN LIGHT POWD (<i>Use cholestyramine light</i>)	NF	QL(24 GM daily)	<i>pravastatin sodium</i>	1B	D+; QL(1 EA daily)
QUESTRAN PACK (<i>Use cholestyramine</i>)	NF	QL(6 EA daily)	<i>rosuvastatin calcium TABS</i>	1B	QL(1 EA daily)
QUESTRAN POWD (<i>Use cholestyramine</i>)	NF	QL(25.2 GM daily)	<i>simvastatin TABS</i>	1A	D+; QL(1 EA daily)
WELCHOL PACK (<i>Use colesevelam hcl</i>)	NF	QL(1 EA daily); PA	ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>Use simvastatin</i>)	NF	D+; QL(1 EA daily)
WELCHOL TABS (<i>Use colesevelam hcl</i>)	NF	QL(7 EA daily)	Intestinal Cholesterol Absorption Inhibitors		
Fibric Acid Derivatives			<i>ezetimibe</i>	1B	D+; QL(1 EA daily)
<i>choline fenofibrate</i>	1B	D+; QL(1 EA daily)	ZETIA (<i>Use ezetimibe</i>)	NF	D+; QL(1 EA daily)
<i>fenofibrate micronized 43 MG, 130 MG</i>	1B	QL(1 EA daily)	Nicotinic Acid Derivatives		
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1B	D+; QL(1 EA daily)	<i>niacin (antihyperlipidemic) TBCR</i>	1B	QL(2 EA daily)
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	D+; QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			<i>trandolapril 4 MG</i>	1B	D+; QL(2 EA daily)
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(0.25 ML daily); PA	<i>trandolapril 1 MG, 2 MG</i>	1B	D+; QL(1 EA daily)
REPATHA SURECLICK SOAJ	4	QL(0.0714 ML daily); PA	VASOTEC TABS (<i>Use enalapril maleate</i>)	NF	D+
REPATHA SOSY	4	QL(0.0714 ML daily); PA	ZESTRIL TABS (<i>Use lisinopril</i>)	NF	D+
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			Agents for Pheochromocytoma		
ACE Inhibitors			DIBENZYLINE (<i>Use phenoxybenzamine hcl</i>)	NF	PA
ACCUPRIL 5 MG, 10 MG (<i>Use quinapril hcl</i>)	NF	QL(2 EA daily)	<i>phenoxybenzamine hcl</i>	3	PA
ACCUPRIL 20 MG, 40 MG (<i>Use quinapril hcl</i>)	NF		Angiotensin II Receptor Antagonists		
ALTACE CAPS 1.25 MG, 5 MG, 10 MG (<i>Use ramipril</i>)	NF	D+	ATACAND (<i>Use candesartan cilexetil</i>)	NF	QL(1 EA daily)
<i>benazepril hcl</i>	1A	D+	AVAPRO 150 MG, 300 MG (<i>Use irbesartan</i>)	NF	D+; QL(1 EA daily)
<i>captopril 12.5 MG</i>	1B		<i>azilsartan medoxomil 40 MG, 80 MG</i>	1B	QL(1 EA daily); ST
<i>captopril 25 MG, 50 MG, 100 MG</i>	1B	QL(3 EA daily)	BENICAR (<i>Use olmesartan medoxomil</i>)	NF	D+; QL(1 EA daily)
<i>enalapril maleate TABS</i>	1A	D+	<i>candesartan cilexetil</i>	1B	QL(1 EA daily)
<i>fosinopril sodium</i>	1B	D+	COZAAR (<i>Use losartan potassium</i>)	NF	D+; QL(1 EA daily)
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1A	D+	DIOVAN TABS (<i>Use valsartan</i>)	NF	D+; QL(1 EA daily)
LOTENSIN 10 MG, 20 MG, 40 MG (<i>Use benazepril hcl</i>)	NF	D+	EDARBI 40 MG, 80 MG (<i>Use azilsartan medoxomil</i>)	3	QL(1 EA daily); ST
<i>moexipril hcl</i>	1B	QL(2 EA daily)	<i>irbesartan</i>	1B	D+; QL(1 EA daily)
<i>perindopril erbumine 4 MG</i>	1B		<i>losartan potassium</i>	1A	D+; QL(1 EA daily)
<i>perindopril erbumine 2 MG, 8 MG</i>	1B	QL(2 EA daily)	MICARDIS (<i>Use telmisartan</i>)	NF	QL(1 EA daily)
<i>quinapril hcl 20 MG, 40 MG</i>	1B		<i>olmesartan medoxomil</i>	1B	D+; QL(1 EA daily)
<i>quinapril hcl 5 MG, 10 MG</i>	1B	QL(2 EA daily)	<i>telmisartan</i>	1B	QL(1 EA daily)
<i>ramipril CAPS</i>	1B	D+	<i>valsartan TABS</i>	1B	D+; QL(1 EA daily)
			Antiadrenergic Antihypertensives		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARDURA (Use doxazosin mesylate)	NF		benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG	1B	
CATAPRES-TTS-1 PTWK (Use clonidine)	NF	QL(0.15 EA daily)	benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG	1B	QL(1 EA daily)
CATAPRES-TTS-2 PTWK (Use clonidine)	NF	QL(0.15 EA daily)	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide)	NF	
CATAPRES-TTS-3 PTWK (Use clonidine)	NF	QL(0.15 EA daily)	bisoprolol & hydrochlorothiazide	1B	QL(2 EA daily)
clonidine hcl TABS	1A	D+; QL(8 EA daily)	candesartan cilexetil-hydrochlorothiazide	1B	
clonidine PTWK	1B	QL(0.15 EA daily)	DIOVAN HCT (Use valsartan-hydrochlorothiazide)	NF	QL(1 EA daily)
doxazosin mesylate	1B		enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG	1B	QL(2 EA daily)
guanfacine hcl	1B		enalapril maleate & hydrochlorothiazide 25 MG-10 MG	1B	
methyldopa TABS	1B	QL(6 EA daily)	EXFORGE (Use amlodipine besylate-valsartan)	NF	QL(1 EA daily)
prazosin hcl CAPS	1B	QL(4 EA daily)	EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	NF	
terazosin hcl	1B		fosinopril sodium & hydrochlorothiazide	1B	QL(1 EA daily)
Antihypertensive Combinations			HYZAAR 12.5 MG-100 MG, 25 MG-100 MG (Use losartan potassium & hydrochlorothiazide)	NF	D+; QL(1 EA daily)
ACCURETIC 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide)	NF	QL(4 EA daily)	HYZAAR 12.5 MG-50 MG (Use losartan potassium & hydrochlorothiazide)	NF	D+; QL(2 EA daily)
ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	NF	QL(3 EA daily)	irbesartan-hydrochlorothiazide	1B	D+
amlodipine besylate-benazepril hcl	1B		lisinopril & hydrochlorothiazide	1A	D+
amlodipine besylate-olmesartan medoxomil	1B	ST			
amlodipine besylate-valsartan	1B	QL(1 EA daily)			
amlodipine-valsartan-hydrochlorothiazide	3				
ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	NF				
atenolol & chlorthalidone	1B				
AVALIDE (Use irbesartan-hydrochlorothiazide)	NF	D+			
AZOR (Use amlodipine besylate-olmesartan medoxomil)	NF	ST			

Drug Name	Drug Tier	Requirements/ Limits
<i>losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1A	D+; QL(1 EA daily)
<i>losartan potassium & hydrochlorothiazide 12.5 MG-50 MG</i>	1A	D+; QL(2 EA daily)
LOTENSIN HCT 12.5 MG-10 MG, 25 MG-20 MG (Use <i>benazepril & hydrochlorothiazide</i>)	NF	QL(1 EA daily)
LOTENSIN HCT 12.5 MG-20 MG (Use <i>benazepril & hydrochlorothiazide</i>)	NF	
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use <i>amlodipine besylate-benazepril hcl</i>)	NF	
<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B	
<i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG</i>	1B	QL(1 EA daily)
MICARDIS HCT (Use <i>telmisartan-hydrochlorothiazide</i>)	NF	QL(1 EA daily)
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B	
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1B	QL(4 EA daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1B	QL(3 EA daily)
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 EA daily)
<i>telmisartan-amlodipine</i>	1B	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 EA daily)
TENORETIC 100 (Use <i>atenolol & chlorthalidone</i>)	NF	
TENORETIC 50 (Use <i>atenolol & chlorthalidone</i>)	NF	
<i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3	
<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 EA daily)
TRIBENZOR (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NF	ST
<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 EA daily)
VASERETIC 25 MG-10 MG (Use <i>enalapril maleate & hydrochlorothiazide</i>)	NF	
ZESTORETIC (Use <i>lisinopril & hydrochlorothiazide</i>)	NF	D+
Antihypertensives - Misc.		
VECAMYL	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1B	QL(1 EA daily)
TEKTURNA (Use <i>aliskiren fumarate</i>)	NF	QL(1 EA daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1B	
INSPIRA (Use <i>eplerenone</i>)	NF	
Vasodilators		
<i>hydralazine hcl SOLN</i>	1B	
<i>hydralazine hcl TABS</i>	1B	D+
<i>minoxidil 2.5 MG, 10 MG</i>	1B	D+

Drug Name	Drug Tier	Requirements/ Limits
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole TABS 250 MG, 500 MG</i>	1B	
NEBUPENT IN (<i>Use pentamidine isethionate</i>)	NF	
<i>pentamidine isethionate IN</i>	1B	
<i>tinidazole</i>	1B	
<i>trimethoprim TABS</i>	1B	
XIFAXAN 200 MG	3	QL(3 EA daily; 9 EA per 3 day(s) retail; 9 EA per 3 days mail); AL(At least 12 yrs old); PA
XIFAXAN 550 MG	3	QL(3 EA daily); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		
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	

Drug Name	Drug Tier	Requirements/ Limits
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	4	PA
Cyclic Lipopeptides		
<i>daptomycin 500 MG</i>	1B	
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	

Drug Name	Drug Tier	Requirements/ Limits
Monobactams		
AZACTAM 1 GM (<i>Use aztreonam</i>)	NF	
<i>aztreonam 1 GM</i>	1B	
CAYSTON	4	QL(3 ML daily); PA
Oxazolidinones		
<i>linezolid SUSR</i>	1B	
<i>linezolid TABS</i>	1B	QL(2 EA daily); PA
ZYVOX SUSR (<i>Use linezolid</i>)	NF	
ZYVOX TABS (<i>Use linezolid</i>)	NF	QL(2 EA daily); PA
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1B	
HIPREX (<i>Use methenamine hippurate</i>)	NF	
MACROBID (<i>Use nitrofurantoin monohydrate macro</i>)	NF	
MACRODANTIN (<i>Use nitrofurantoin macrocrystal</i>)	NF	
<i>methenamine hippurate</i>	1B	
<i>nitrofurantoin</i>	1B	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	
<i>nitrofurantoin monohydrate macro</i>	1B	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		

Drug Name	Drug Tier	Requirements/ Limits
<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 EA per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
MALARONE (<i>Use atovaquone-proguanil hcl</i>)	NF	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
Antimalarials		
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 EA daily)
DARAPRIM (<i>Use pyrimethamine</i>)	NF	QL(3 EA daily); PA
<i>hydroxychloroquine sulfate 100 MG</i>	1B	QL(4 EA daily)
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxychloroquine sulfate 400 MG</i>	1B	QL(1 EA daily)	NEOSTIGMINE METHYLSULFATE SOSY (Use neostigmine methylsulfate)	NF	PA
KRINTAFEL	3	QL(2 EA per 30 day(s) retail)	<i>pyridostigmine bromide SOLN PO</i>	1B	
<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 TABS 60 MG</i>	1B	
PLAQUENIL (Use <i>hydroxychloroquine sulfate</i>)	NF	QL(3 EA daily)	<i>pyridostigmine bromide TBCR</i>	1B	
<i>primaquine phosphate TABS</i>	3		ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
PRIMAQUINE PHOSPHATE TABS (Use <i>primaquine phosphate</i>)	NF		Antimycobacterial Agents		
<i>pyrimethamine</i>	1B	QL(3 EA daily); PA	<i>cycloserine</i>	1B	QL(4 EA daily)
QUALAQUIN CAPS (Use <i>quinine sulfate</i>)	NF	PA	<i>ethambutol hcl TABS</i>	1B	
<i>quinine sulfate CAPS 324 MG</i>	1B	PA	<i>isoniazid SOLN</i>	1B	
ANTIMYASTHENIC/CHOLINERGIC AGENTS			<i>isoniazid SYRP</i>	1B	
Antimyasthenic/Cholinergic Agents			<i>isoniazid TABS</i>	1A	
MESTINON SOLN PO (Use <i>pyridostigmine bromide</i>)	NF		MYCOBUTIN (Use <i>rifabutin</i>)	NF	PA
MESTINON TABS (Use <i>pyridostigmine bromide</i>)	NF		PRIFTIN 150 MG (Use <i>rifapentine</i>)	3	
MESTINON TBCR (Use <i>pyridostigmine bromide</i>)	NF		<i>pyrazinamide</i>	1B	
NEOSTIGMINE METHYLSULFATE RFID SOSY (Use <i>neostigmine methylsulfate</i>)	NF	PA	<i>rifabutin</i>	1B	PA
<i>neostigmine methylsulfate SOSY</i>	3	PA	RIFADIN SOLR (Use <i>rifampin</i>)	NF	
			<i>rifampin CAPS</i>	1B	
			<i>rifampin SOLR</i>	1B	
			<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 <i>busulfan</i>)	NF	PA
			<i>carmustine</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cisplatin SOLN 100 MG/100ML</i>	4	PA	<i>clofarabine</i>	4	PA
<i>cyclophosphamide CAPS</i>	1B	PA	<i>decitabine</i>	4	PA
<i>cyclophosphamide SOLR IJ</i>	4		<i>floxuridine</i>	4	PA
GLEOSTINE 10 MG, 100 MG (<i>Use lomustine</i>)	NF		<i>fludarabine phosphate SOLN</i>	4	PA
GLEOSTINE 40 MG, 100 MG (<i>Use lomustine</i>)	4	PA	<i>fludarabine phosphate SOLR</i>	4	PA
GLEOSTINE 10 MG (<i>Use lomustine</i>)	4	PA	<i>fluorouracil 500 MG/10ML</i>	4	PA
IFEX SOLR (<i>Use ifosfamide</i>)	NF	PA	FOLOTYN 20 MG/ML (<i>Use pralatrexate</i>)	NF	PA
<i>ifosfamide SOLN 1 GM/20ML</i>	4	PA	<i>gemcitabine hcl SOLR 2 GM, 200 MG</i>	4	PA
<i>ifosfamide SOLR</i>	4	PA	<i>mercaptopurine TABS</i>	1B	
LEUKERAN	4	PA	<i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i>	1B	
<i>lomustine 10 MG</i>	1B	PA	<i>methotrexate sodium SOLR</i>	1B	
<i>lomustine 40 MG, 100 MG</i>	1B	PA	<i>methotrexate sodium TABS 2.5 MG</i>	1B	
<i>melphalan hcl IV</i>	1B		<i>nelarabine</i>	4	PA
MYLERAN TABS	4	PA	<i>pemetrexed disodium SOLR 500 MG</i>	4	PA
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	4	PA	<i>pralatrexate 20 MG/ML</i>	4	PA
TEMODAR SOLR	4		TABLOID	4	PA
<i>temozolomide CAPS</i>	4	PA	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	PA
TEPADINA 15 MG (<i>Use thiotepa</i>)	NF	PA	VIDAZA SUSR (<i>Use azacitidine</i>)	NF	PA
<i>thiotepa 15 MG</i>	4	PA	XELODA (<i>Use capecitabine</i>)	NF	PA
ZANOSAR	4	PA	Antineoplastic - Angiogenesis Inhibitors		
Antimetabolites			INLYTA	4	QL(2 EA daily); PA
ALIMTA SOLR 100 MG (<i>Use pemetrexed disodium</i>)	NF		LENVIMA (10 MG DAILY DOSE)	4	QL(1 EA daily); PA
ALIMTA SOLR 500 MG (<i>Use pemetrexed disodium</i>)	NF	PA	LENVIMA (12 MG DAILY DOSE)	4	QL(3 EA daily); PA
ARRANON (<i>Use nelarabine</i>)	NF	PA	LENVIMA (14 MG DAILY DOSE)	4	QL(2 EA daily); PA
<i>azacitidine SUSR</i>	4	PA			
<i>capecitabine</i>	4	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (18 MG DAILY DOSE)	4	QL(3 EA daily); PA	VECTIBIX 100 MG/5ML	4	PA
LENVIMA (20 MG DAILY DOSE)	4	QL(2 EA daily); PA	VIZIMPRO	4	QL(1 EA daily); PA
LENVIMA (24 MG DAILY DOSE)	4	QL(3 EA daily); PA	Antineoplastic - Hedgehog Pathway Inhibitors		
LENVIMA (4 MG DAILY DOSE)	4	QL(1 EA daily); PA	DAURISMO	4	PA
LENVIMA (8 MG DAILY DOSE)	4	QL(2 EA daily); PA	ERIVEDGE	4	QL(1 EA daily); PA
MVASI	4	PA	ODOMZO	4	QL(1 EA daily); PA
ZALTRAP 100 MG/4ML	4	PA	Antineoplastic - Hormonal and Related Agents		
ZIRABEV	4	PA	<i>abiraterone acetate 500 MG</i>	4	QL(2 EA daily); PA
Antineoplastic - Antibodies			<i>abiraterone acetate 250 MG</i>	4	QL(4 EA daily); PA
ARZERRA	4	PA	<i>anastrozole</i>	1B	QL(1 EA daily)
LOQTORZI	4	PA	ARIMIDEX (<i>Use anastrozole</i>)	NF	QL(1 EA daily)
RUXIENCE	4	PA	AROMASIN (<i>Use exemestane</i>)	NF	QL(1 EA daily)
TRUXIMA	4	PA	<i>bicalutamide</i>	1B	QL(1 EA daily)
YERVOY	4	PA	CASODEX (<i>Use bicalutamide</i>)	NF	QL(1 EA daily)
Antineoplastic - Anti-HER2 Agents			ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	PA
KANJINTI	4	PA	ELIGARD KIT SC 7.5 MG	4	QL(0.0089 EA daily); PA
OGIVRI	4	PA	EMCYT	4	PA
TRAZIMERA	4	PA	ERLEADA 240 MG	4	QL(1 EA daily); PA
TUKYSA	4	PA	ERLEADA 60 MG	4	QL(4 EA daily); PA
Antineoplastic - EGFR Inhibitors			<i>exemestane</i>	4	QL(1 EA daily)
ERBITUX	4	PA	FARESTON (<i>Use toremifene citrate</i>)	NF	
<i>erlotinib hcl</i>	4	QL(1 EA daily); PA	FASLODEX SOSY (<i>Use fulvestrant</i>)	NF	QL(0.357 ML daily); PA
<i>gefitinib</i>	4	QL(2 EA daily); PA	FEMARA (<i>Use letrozole</i>)	NF	
GILOTRIF	4	QL(1 EA daily); PA	FIRMAGON 80 MG	4	QL(0.143 EA daily); PA
IRESSA (<i>Use gefitinib</i>)	NF	QL(2 EA daily); PA	FIRMAGON (240 MG DOSE)	4	QL(0.143 EA daily); PA
TAGRISSE 40 MG	4	QL(2 EA daily); PA			
TAGRISSE 80 MG	4	QL(1 EA daily); PA			
TARCEVA 100 MG, 150 MG (<i>Use erlotinib hcl</i>)	NF	QL(1 EA daily); PA			

Drug Name	Drug Tier	Requirements/ Limits
<i>fulvestrant SOSY</i>	4	QL(0.357 ML daily); PA
<i>letrozole</i>	1B	
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	PA
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0358 EA daily); PA
LUPRON DEPOT (3-MONTH) KIT IM	4	PA
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 EA daily); PA
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 EA daily); PA
LYSODREN	4	PA
<i>megestrol acetate SUSP</i>	1B	
<i>megestrol acetate TABS</i>	1B	
NILANDRON (<i>Use nilutamide</i>)	NF	QL(2 EA daily)
<i>nilutamide</i>	1B	QL(2 EA daily)
NUBEQA	4	QL(4 EA daily); PA
ORGOVYX	4	PA
<i>tamoxifen citrate TABS</i>	0	
<i>toremifene citrate</i>	1B	
TRELSTAR MIXJECT	4	PA
VABRINTY SC 22.5 MG, 30 MG, 45 MG	4	PA
VABRINTY KIT SC 7.5 MG	4	QL(0.0089 EA daily); PA
XTANDI CAPS	4	QL(4 EA daily); PA
XTANDI TABS 40 MG	4	QL(4 EA daily); PA
XTANDI TABS 80 MG	4	QL(2 EA daily); PA
YONSA	4	QL(4 EA daily); PA
ZOLADEX 10.8 MG	4	QL(0.0119 EA daily); PA
ZOLADEX 3.6 MG	4	QL(0.0357 EA daily); PA
ZYTIGA 500 MG (<i>Use abiraterone acetate</i>)	NF	QL(2 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
ZYTIGA 250 MG (<i>Use abiraterone acetate</i>)	NF	QL(4 EA daily); PA
Antineoplastic - Immunomodulators		
<i>pomalidomide 1 MG, 2 MG, 3 MG, 4 MG</i>	1B	QL(1 EA daily); PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG (<i>Use pomalidomide</i>)	4	QL(1 EA daily); PA
Antineoplastic Antibiotics		
<i>bleomycin sulfate 15 UNIT</i>	4	PA
<i>dactinomycin</i>	4	PA
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	PA
IDAMYCIN PFS 20 MG/20ML (<i>Use idarubicin hcl</i>)	NF	PA
IDAMYCIN PFS 5 MG/5ML, 10 MG/10ML (<i>Use idarubicin hcl</i>)	NF	PA
<i>idarubicin hcl 20 MG/20ML</i>	4	PA
<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	PA
<i>mitomycin SOLR IV 20 MG</i>	4	PA
<i>mitoxantrone hcl 25 MG/12.5ML</i>	4	PA
<i>valrubicin</i>	4	PA
VALSTAR (<i>Use valrubicin</i>)	NF	PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS (<i>Use everolimus</i>)	NF	QL(1 EA daily); PA
ALECENSA	4	QL(8 EA daily); PA
<i>bortezomib SOLR IJ</i>	4	PA
CABOMETYX TABS	4	QL(1 EA daily); PA
CAPRELSA	4	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ (100 MG DAILY DOSE) KIT	4	QL(2 EA daily); PA	NEXAVAR (Use <i>sorafenib tosylate</i>)	NF	QL(4 EA daily); PA
COMETRIQ (140 MG DAILY DOSE) KIT	4	QL(4 EA daily); PA	<i>pazopanib hcl</i>	4	QL(4 EA daily); PA
COMETRIQ (60 MG DAILY DOSE) KIT	4	QL(3 EA daily); PA	<i>pazopanib hcl</i>	4	QL(2 EA daily); PA
<i>dasatinib</i>	4	QL(1 EA daily); PA	PIQRAY (200 MG DAILY DOSE)	4	QL(1 EA daily); PA
<i>everolimus TABS</i>	4	QL(1 EA daily); PA	PIQRAY (250 MG DAILY DOSE)	4	QL(2 EA daily); PA
GLEEVEC TABS (Use <i>imatinib mesylate</i>)	NF	QL(2 EA daily); PA	PIQRAY (300 MG DAILY DOSE)	4	QL(2 EA daily); PA
IBRANCE CAPS 100 MG, 125 MG	4	QL(1 EA daily); PA	<i>romidepsin SOLR</i>	4	PA
IBRANCE TABS	4	QL(1 EA daily); PA	ROZLYTREK CAPS	4	PA
ICLUSIG	4	QL(1 EA daily); PA	RUBRACA	4	QL(4 EA daily); PA
<i>imatinib mesylate TABS</i>	4	QL(2 EA daily); PA	SCEMBLIX 20 MG, 40 MG	4	QL(2 EA daily); PA
ISTODAX SOLR (Use <i>romidepsin</i>)	NF	PA	SCEMBLIX 100 MG	4	QL(4 EA daily); PA
JAKAFI	4	QL(2 EA daily); PA	<i>sorafenib tosylate</i>	4	QL(4 EA daily); PA
KISQALI (200 MG DOSE)	4	QL(2 EA daily); PA	SPRYCEL (Use <i>dasatinib</i>)	NF	QL(1 EA daily); PA
KISQALI (400 MG DOSE)	4	QL(2 EA daily); PA	STIVARGA	4	QL(4 EA daily); PA
KISQALI (600 MG DOSE)	4	QL(2.5 EA daily); PA	<i>sunitinib malate</i>	4	QL(1 EA daily); PA
KYPROLIS	4	PA	SUTENT (Use <i>sunitinib malate</i>)	NF	QL(1 EA daily); PA
<i>lapatinib ditosylate</i>	4	QL(6 EA daily); PA	TAFINLAR CAPS	4	QL(4 EA daily); PA
LORBRENA	4	QL(1 EA daily); PA	TAFINLAR TBSO	4	QL(30 EA daily); PA
LUMAKRAS 320 MG	3	QL(3 EA daily); PA	TALZENNA	4	QL(1 EA daily); PA
LUMAKRAS 120 MG, 240 MG	3	QL(2 EA daily); PA	TAZVERIK	4	PA
LYNPARZA TABS	4	QL(4 EA daily); PA	<i>temsirolimus</i>	4	QL(0.143 ML daily); PA
MEKINIST SOLR	4	QL(40 ML daily); PA	TORISEL (Use <i>temsirolimus</i>)	NF	QL(0.143 ML daily); PA
MEKINIST TABS 0.5 MG	4	QL(3 EA daily); PA	TURALIO 125 MG	4	PA
MEKINIST TABS 2 MG	4	QL(1 EA daily); PA	TYKERB (Use <i>lapatinib ditosylate</i>)	NF	QL(6 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
VELCADE SOLR IJ (<i>Use bortezomib</i>)	NF	PA
VERZENIO	4	QL(2 EA daily); PA
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VOTRIENT (<i>Use pazopanib hcl</i>)	NF	QL(4 EA daily); PA
XALKORI CAPS	4	QL(2 EA daily); PA
XOSPATA	4	PA
ZEJULA TABS	4	QL(1 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 (<i>Use hydroxyurea</i>)	NF	
<i>hydroxyurea</i>	1B	
MATULANE	4	PA
NIPENT	4	PA
PHOTOFRIN	4	PA
PROLEUKIN	4	PA
TARGRETIN (<i>Use 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

Drug Name	Drug Tier	Requirements/ Limits
Mitotic Inhibitors		
ABRAXANE (<i>Use paclitaxel protein-bound particles</i>)	NF	PA
<i>docetaxel CONC 20 MG/ML</i>	4	PA
DOCETAXEL CONC 20 MG/ML (<i>Use docetaxel</i>)	NF	PA
DOCETAXEL CONC 80 MG/4ML, 160 MG/8ML (<i>Use docetaxel</i>)	NF	
<i>eribulin mesylate</i>	4	PA
ETOPOPHOS	4	PA
<i>etoposide CAPS</i>	4	PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	PA
HALAVEN (<i>Use eribulin mesylate</i>)	NF	PA
IXEMPRA KIT 15 MG	4	PA
<i>paclitaxel 100 MG/16.7ML, 150 MG/25ML</i>	4	PA
<i>paclitaxel protein-bound particles</i>	4	PA
<i>vincristine sulfate</i>	4	PA
<i>vinorelbine tartrate 10 MG/ML</i>	4	PA
Topoisomerase I Inhibitors		
CAMPTOSAR 40 MG/2ML, 100 MG/5ML (<i>Use irinotecan hcl</i>)	NF	PA
HYCANTIN CAPS	4	PA
HYCANTIN SOLR (<i>Use topotecan hcl</i>)	NF	
<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i>	4	PA
<i>topotecan hcl SOLN</i>	4	
TOPOTECAN HCL SOLN (<i>Use topotecan hcl</i>)	NF	
<i>topotecan hcl SOLR</i>	4	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease					
Antiparkinson Adjunctive Therapy			<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1B	QL(4 EA daily)
<i>carbidopa</i>	1B		<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1B	
LODOSYN (Use <i>carbidopa</i>)	NF		<i>ropinirole hydrochloride TABS</i>	1B	
Antiparkinson Anticholinergics			<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1B	QL(2 EA daily); ST
<i>benztropine mesylate TABS</i>	1B		<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 EA daily); ST
<i>trihexyphenidyl hcl SOLN</i>	1B		SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use <i>carbidopa-levodopa</i>)	NF	
<i>trihexyphenidyl hcl TABS</i>	1B		Antiparkinson Monoamine Oxidase Inhibitors		
Antiparkinson COMT Inhibitors			AZILECT (Use <i>rasagiline mesylate</i>)	NF	QL(1 EA daily); PA
<i>entacapone</i>	1B	QL(8 EA daily)	<i>rasagiline mesylate</i>	1B	QL(1 EA daily); PA
TASMAR (Use <i>tolcapone</i>)	NF		<i>selegiline hcl CAPS</i>	1B	
<i>tolcapone</i>	1B		<i>selegiline hcl TABS</i>	1B	
Antiparkinson Dopaminergics			ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
<i>amantadine hcl CAPS</i>	1B		Antimanic Agents		
<i>amantadine hcl SOLN</i>	1B		<i>lithium</i>	1B	
<i>amantadine hcl TABS</i>	1B		<i>lithium carbonate CAPS</i>	1B	
<i>apomorphine hydrochloride SOCT</i>	4	PA	<i>lithium carbonate TABS</i>	1B	
<i>bromocriptine mesylate CAPS</i>	1B		<i>lithium carbonate TBCR</i>	1B	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1B		LITHOBID TBCR (Use <i>lithium carbonate</i>)	NF	
<i>carbidopa-levodopa-entacapone</i>	1B		Antipsychotics - Misc.		
<i>carbidopa-levodopa TABS</i>	1B		EQUETRO 200 MG	3	QL(8 EA daily); ST
<i>carbidopa-levodopa TBCR</i>	1B		EQUETRO 300 MG	3	QL(4 EA daily); ST
<i>carbidopa-levodopa TBDP</i>	1B		EQUETRO 100 MG	3	QL(2 EA daily); ST
NEUPRO	2				
PARLODEL CAPS (Use <i>bromocriptine mesylate</i>)	NF				
PARLODEL TABS (Use <i>bromocriptine mesylate</i>)	NF				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GEODON (<i>Use ziprasidone hcl</i>)	NF	QL(2 EA daily); AL(At least 18 yrs old)	HALDOL DECANOATE (<i>Use haloperidol decanoate</i>)	NF	QL(0.036 ML daily)
LATUDA 20 MG, 40 MG, 60 MG, 120 MG (<i>Use lurasidone hcl</i>)	NF	QL(1 EA daily)	<i>haloperidol decanoate</i>	1B	QL(0.036 ML daily)
LATUDA 80 MG (<i>Use lurasidone hcl</i>)	NF	QL(2 EA daily)	<i>haloperidol lactate CONC</i>	1B	
<i>lurasidone hcl 80 MG</i>	1B	QL(2 EA daily)	<i>haloperidol lactate SOLN</i>	1B	
<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	1B	QL(1 EA daily)	<i>haloperidol TABS</i>	1B	
<i>ziprasidone hcl</i>	1B	QL(2 EA daily); AL(At least 18 yrs old)	Dibenzapines		
Benzisoxazoles			<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 EA daily); PA
FANAPT	2	QL(2 EA daily); PA	<i>asenapine maleate 2.5 MG</i>	1B	QL(4 EA daily); PA
FANAPT TITRATION PACK A	2	PA	<i>clozapine TABS</i>	1B	
FANAPT TITRATION PACK B	2	PA	<i>clozapine TBDP 25 MG</i>	1B	QL(3 EA daily)
FANAPT TITRATION PACK C	2	PA	<i>clozapine TBDP 100 MG</i>	1B	QL(9 EA daily)
INVEGA 3 MG, 6 MG, 9 MG (<i>Use paliperidone</i>)	NF		<i>clozapine TBDP 12.5 MG, 150 MG</i>	1B	QL(6 EA daily)
<i>paliperidone</i>	1B		CLOZARIL TABS (<i>Use clozapine</i>)	NF	
PERSERIS PRSY	2	QL(0.072 EA daily); PA	<i>loxapine succinate</i>	1B	
RISPERDAL CONSTA (<i>Use risperidone microspheres</i>)	NF	QL(0.072 EA daily); PA	<i>olanzapine SOLR</i>	1B	QL(0.215 EA daily)
RISPERDAL SOLN (<i>Use risperidone</i>)	NF		<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 EA daily)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>Use risperidone</i>)	NF		<i>olanzapine TABS 2.5 MG, 5 MG</i>	1B	QL(4 EA daily)
<i>risperidone microspheres</i>	1B	QL(0.072 EA daily); PA	<i>olanzapine TBDP 20 MG</i>	1B	QL(1 EA daily)
<i>risperidone SOLN</i>	1B		<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1B	QL(2 EA daily)
<i>risperidone TABS</i>	1B		<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>risperidone TBDP</i>	1B		<i>quetiapine fumarate TB24</i>	1B	
Butyrophenones			SAPHRIS 5 MG, 10 MG (<i>Use asenapine maleate</i>)	NF	QL(2 EA daily); PA
			SAPHRIS 2.5 MG (<i>Use asenapine maleate</i>)	NF	QL(4 EA daily); PA
			SEROQUEL XR TB24 (<i>Use quetiapine fumarate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SEROQUEL TABS (<i>Use quetiapine fumarate</i>)	NF	AL(At least 10 yrs old)	ANTIVIRALS - Drugs to Treat Viral Infections		
ZYPREXA ZYDIS TBDP 20 MG (<i>Use olanzapine</i>)	NF	QL(1 EA daily)	Antiretrovirals		
ZYPREXA ZYDIS TBDP 5 MG, 10 MG, 15 MG (<i>Use olanzapine</i>)	NF	QL(2 EA daily)	<i>abacavir sulfate-lamivudine</i>	1B	QL(1 EA daily)
ZYPREXA SOLR (<i>Use olanzapine</i>)	NF	QL(0.215 EA daily)	<i>abacavir sulfate SOLN</i>	1B	QL(32 ML daily)
ZYPREXA TABS 7.5 MG, 10 MG, 15 MG, 20 MG (<i>Use olanzapine</i>)	NF	QL(2 EA daily)	<i>abacavir sulfate TABS</i>	1B	QL(2 EA daily)
ZYPREXA TABS 2.5 MG, 5 MG (<i>Use olanzapine</i>)	NF	QL(4 EA daily)	APTIVUS CAPS	3	QL(4 EA daily)
Phenothiazines			<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 EA daily)
<i>chlorpromazine hcl SOLN</i>	3		<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 EA daily)
<i>chlorpromazine hcl TABS</i>	1B		BIKTARVY	3	QL(1 EA daily)
<i>fluphenazine hcl CONC</i>	1B		CABENUVA	3	
<i>fluphenazine hcl ELIX</i>	1B		CIMDUO	3	QL(1 EA daily); ST
<i>fluphenazine hcl SOLN</i>	1B		COMPLERA 200 MG-300 MG-25 MG (<i>Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	3	QL(1 EA daily)
<i>fluphenazine hcl TABS</i>	1B		<i>darunavir TABS</i>	1B	
<i>perphenazine TABS</i>	1B		DELSTRIGO	3	QL(1 EA daily)
<i>prochlorperazine</i>	1B		DESCOVY 200 MG-25 MG	3	
<i>prochlorperazine maleate TABS</i>	1B		DOVATO	3	QL(1 EA daily)
<i>thioridazine hcl</i>	1B		EDURANT 25 MG (<i>Use rilpivirine hcl</i>)	3	QL(1 EA daily)
<i>trifluoperazine hcl TABS</i>	1B		<i>efavirenz CAPS 50 MG</i>	1B	QL(3 EA daily)
Quinolinone Derivatives			<i>efavirenz CAPS 200 MG</i>	1B	QL(2 EA daily)
ABILIFY TABS (<i>Use aripiprazole</i>)	NF	QL(1 EA daily); AL(At least 6 yrs old)	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)
<i>aripiprazole SOLN PO</i>	1B	QL(30 ML daily); AL(At least 6 yrs old)	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)
<i>aripiprazole TABS</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)	<i>efavirenz TABS</i>	1B	QL(1 EA daily)
REXULTI	3	PA	<i>emtricitabine CAPS</i>	1B	QL(1 EA daily)
Thioxanthenes			<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)
<i>thiothixene</i>	1B				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 EA daily)	<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ML daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 EA daily)	<i>lopinavir-ritonavir TABS</i>	1B	QL(4 EA daily)
EMTRIVA CAPS (<i>Use emtricitabine</i>)	NF	QL(1 EA daily)	<i>maraviroc TABS 300 MG</i>	1B	QL(4 EA daily)
EMTRIVA SOLN	3	QL(24 ML daily)	<i>maraviroc TABS 150 MG</i>	1B	QL(2 EA daily)
EPIVIR SOLN (<i>Use lamivudine</i>)	NF	QL(30 ML daily)	<i>nevirapine SUSP</i>	1B	QL(40 ML daily)
EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	NF	QL(1 EA daily)	<i>nevirapine TABS</i>	1B	QL(2 EA daily)
EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	NF	QL(2 EA daily)	<i>nevirapine TB24 400 MG</i>	1B	QL(1 EA daily)
<i>etravirine 100 MG</i>	1B	QL(4 EA daily)	NORVIR PACK	3	QL(12 EA daily)
<i>etravirine 200 MG</i>	1B	QL(2 EA daily)	NORVIR TABS (<i>Use ritonavir</i>)	NF	QL(12 EA daily)
EVOTAZ	3	QL(1 EA daily)	ODEFSEY	3	QL(1 EA daily)
<i>fosamprenavir calcium TABS</i>	1B	QL(4 EA daily)	PIFELTRO	3	QL(1 EA daily)
FUZEON SOLR	4	PA	PREZCOBIX	3	QL(1 EA daily)
GENVOYA	3	QL(1 EA daily)	PREZISTA SUSP	3	QL(12 ML daily)
INTELENCE 200 MG (<i>Use etravirine</i>)	NF	QL(2 EA daily)	PREZISTA TABS (<i>Use darunavir</i>)	NF	
INTELENCE 25 MG	3	QL(8 EA daily)	PREZISTA TABS 75 MG, 150 MG	3	QL(2 EA daily)
INTELENCE 100 MG (<i>Use etravirine</i>)	NF	QL(4 EA daily)	RETROVIR CAPS (<i>Use zidovudine</i>)	NF	QL(6 EA daily)
ISENTRESS HD TABS	3	QL(2 EA daily)	RETROVIR SOLN	3	
ISENTRESS CHEW	3	QL(6 EA daily)	RETROVIR SYRP (<i>Use zidovudine</i>)	NF	QL(60 ML daily)
ISENTRESS TABS	3	QL(2 EA daily)	REYATAZ CAPS 300 MG (<i>Use atazanavir sulfate</i>)	NF	QL(1 EA daily)
JULUCA	3	QL(1 EA daily)	REYATAZ CAPS 200 MG (<i>Use atazanavir sulfate</i>)	NF	QL(2 EA daily)
KALETRA SOLN	2	QL(12.5 ML daily)	<i>rilpivirine hcl 25 MG</i>	1B	QL(1 EA daily)
KALETRA TABS (<i>Use lopinavir-ritonavir</i>)	NF	QL(4 EA daily)	<i>ritonavir TABS</i>	1B	QL(12 EA daily)
<i>lamivudine SOLN</i>	1B	QL(30 ML daily)	SELZENTRY SOLN	3	QL(30 ML daily)
<i>lamivudine TABS 150 MG</i>	1B	QL(2 EA daily)	SELZENTRY TABS 150 MG (<i>Use maraviroc</i>)	NF	QL(2 EA daily)
<i>lamivudine TABS 300 MG</i>	1B	QL(1 EA daily)	SELZENTRY TABS 300 MG (<i>Use maraviroc</i>)	NF	QL(4 EA daily)
<i>lamivudine-zidovudine</i>	1B	QL(2 EA daily)	STRIBILD	3	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	NF	QL(1 EA daily)
SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	NF	QL(1 EA daily)
SYMTUZA	3	
tenofovir disoproxil fumarate TABS	1B	
TIVICAY PD TBSO	3	
TIVICAY TABS 50 MG	3	QL(2 EA daily)
TRIUMEQ PD TBSO	3	
TRIUMEQ TABS	3	QL(1 EA daily)
TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate)	NF	QL(1 EA daily)
TYBOST	3	QL(1 EA daily)
VIRACEPT TABS 625 MG	3	QL(4 EA daily)
VIRACEPT TABS 250 MG	3	QL(10 EA daily)
VIREAD POWD	3	QL(7.5 GM daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 EA daily)
VIREAD TABS (Use tenofovir disoproxil fumarate)	NF	
ZIAGEN SOLN (Use abacavir sulfate)	NF	QL(32 ML daily)
zidovudine CAPS	1B	QL(6 EA daily)
zidovudine SYRP	1B	QL(60 ML daily)
zidovudine TABS	1B	QL(2 EA daily)
CMV Agents		
cidofovir	3	
ganciclovir sodium SOLR	1B	
VALCYTE TABS (Use valganciclovir hcl)	NF	QL(4 EA daily); PA
valganciclovir hcl TABS	1B	QL(4 EA daily); PA
Hepatitis Agents		

Drug Name	Drug Tier	Requirements/ Limits
adefovir dipivoxil	4	QL(1 EA daily)
BARACLUDE TABS (Use entecavir)	NF	QL(1 EA daily)
entecavir TABS	4	QL(1 EA daily)
lamivudine (hbv) TABS	1B	QL(3 EA daily)
PEGASYS SOLN	4	QL(0.0714 ML daily); PA
PEGASYS SOSY	4	QL(0.072 ML daily); PA
ribavirin (hepatitis c) CAPS	1B	QL(7 EA daily)
ribavirin (hepatitis c) TABS 200 MG	1B	QL(7 EA daily)
SOFOSBUVIR-VELPATASVIR TABS	1B	QL(1 EA daily); PA
SOVALDI TABS	3	QL(1 EA daily); PA
VOSEVI	4	QL(1 EA daily); PA
Herpes Agents		
acyclovir CAPS	1A	QL(5 EA daily; 50 EA per fill retail; 50 per fill mail)
acyclovir SUSP	1B	QL(13.34 ML daily)
acyclovir TABS PO	1B	QL(5 EA daily)
famciclovir 500 MG	1B	QL(4 EA daily)
famciclovir 125 MG, 250 MG	1B	QL(3 EA daily)
valacyclovir hcl 1 GM	1B	QL(4 EA daily)
valacyclovir hcl 500 MG	1B	QL(2 EA daily)
VALTREX 1 GM (Use valacyclovir hcl)	NF	QL(4 EA daily)
VALTREX 500 MG (Use valacyclovir hcl)	NF	QL(2 EA daily)
Influenza Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate CAPS</i>	1B	Limit 1 fill every 90 days.; QL(10 EA per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail	<i>labetalol hcl TABS 100 MG, 200 MG</i>	1B	D+
<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	Beta Blockers Cardio-Selective		
RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail	<i>acebutolol hcl CAPS</i>	1B	
<i>rimantadine hydrochloride TABS</i>	1B	QL(2 EA daily)	<i>atenolol TABS</i>	1A	D+
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>betaxolol hcl</i>	1B	
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	<i>bisoprolol fumarate</i>	1B	D+
BETA BLOCKERS - Drugs to Treat High Blood Pressure			BYSTOLIC 2.5 MG, 5 MG, 10 MG (<i>Use nebivolol hcl</i>)	NF	QL(1 EA daily)
Alpha-Beta Blockers			BYSTOLIC 20 MG (<i>Use nebivolol hcl</i>)	NF	QL(2 EA daily)
<i>carvedilol</i>	1A	D+	LOPRESSOR TABS (<i>Use metoprolol tartrate</i>)	NF	D+
<i>carvedilol phosphate</i>	3	QL(1 EA daily)	<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1B	D+
COREG (<i>Use carvedilol</i>)	NF	D+	<i>metoprolol succinate TB24 200 MG</i>	1B	D+; QL(2 EA daily)
COREG CR (<i>Use carvedilol phosphate</i>)	NF	QL(1 EA daily)	<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1B	
<i>labetalol hcl SOLN</i>	1B		<i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>	1A	D+
<i>labetalol hcl TABS 300 MG</i>	1B	D+; QL(8 EA daily)	<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 EA daily)
			<i>nebivolol hcl 20 MG</i>	3	QL(2 EA daily)
			TENORMIN TABS (<i>Use atenolol</i>)	NF	D+
			TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>Use metoprolol succinate</i>)	NF	D+
			TOPROL XL TB24 200 MG (<i>Use metoprolol succinate</i>)	NF	D+; QL(2 EA daily)
			Beta Blockers Non-Selective		
			BETAPACE AF (<i>Use sotalol hcl (afib/af)</i>)	NF	
			BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>Use sotalol hcl</i>)	NF	QL(2 EA daily)
			CORGARD TABS 40 MG (<i>Use nadolol</i>)	NF	QL(6 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CORGARD TABS 20 MG (Use nadolol)	NF	QL(3 EA daily)	diltiazem hcl coated beads CP24 180 MG, 240 MG	1B	QL(2 EA daily)
HEMANGEOL SOLN PO	4	QL(75 ML daily); PA	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG	1B	
INDERAL LA CP24 (Use propranolol hcl)	NF	QL(2 EA daily)	diltiazem hcl extended release beads 420 MG	1B	
nadolol TABS 40 MG	1B	QL(6 EA daily)	diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1B	D+
nadolol TABS 80 MG	1B		diltiazem hcl CP12	1B	QL(2 EA daily)
nadolol TABS 20 MG	1B	QL(3 EA daily)	diltiazem hcl CP24	1B	D+
pindolol TABS	1B		diltiazem hcl SOLN 50 MG/10ML	1B	
propranolol hcl CP24	1B	QL(2 EA daily)	DILTIAZEM HCL SOLR	1B	
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	1B		diltiazem hcl TABS	1B	D+
propranolol hcl TABS	1B		diltiazem hcl TB24	1B	
sotalol hcl (afib/af)	1B		felodipine	1B	D+
sotalol hcl TABS 240 MG	1B		isradipine CAPS	1B	
sotalol hcl TABS 80 MG, 120 MG, 160 MG	1B	QL(2 EA daily)	nicardipine hcl CAPS	1B	
timolol maleate TABS	1B		nicardipine hcl SOLN	1B	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			NICARDIPINE HCL SOLN (Use nicardipine hcl)	NF	
Calcium Channel Blockers			nifedipine CAPS 20 MG	1B	QL(9 EA daily)
amlodipine besylate TABS	1B	D+	nifedipine CAPS 10 MG	1B	
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML, 2.5 MG/ML (Use nicardipine hcl)	NF		nifedipine TB24	1B	
CARDIZEM CD CP24 180 MG, 240 MG (Use diltiazem hcl coated beads)	NF	QL(2 EA daily)	nimodipine CAPS	1B	
CARDIZEM CD CP24 120 MG, 300 MG, 360 MG (Use diltiazem hcl coated beads)	NF		nisoldipine	1B	
CARDIZEM LA TB24 (Use diltiazem hcl)	NF		NORVASC TABS (Use amlodipine besylate)	NF	D+
CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	NF	D+	PROCARDIA XL TB24 (Use nifedipine)	NF	
			SULAR 8.5 MG, 17 MG, 34 MG (Use nisoldipine)	NF	
			TIAZAC 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (Use diltiazem hcl extended release beads)	NF	D+

Drug Name	Drug Tier	Requirements/ Limits
TIAZAC 420 MG (<i>Use diltiazem hcl extended release beads</i>)	NF	
VERAPAMIL HCL ER CP24 (<i>Use verapamil hcl</i>)	NF	
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	1B	QL(1 EA daily)
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1B	
<i>verapamil hcl TABS</i>	1B	D+
<i>verapamil hcl TBCR</i>	1B	D+
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 62.5 MCG, 125 MCG, 250 MCG (<i>Use digoxin</i>)	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 EA daily)
BIDIL (<i>Use isosorbide dinitrate-hydralazine hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
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
ORENITRAM TBCR	4	PA
<i>treprostinil SOLN IJ</i>	4	PA
TYVASO REFILL KIT SOLN IN	4	PA
TYVASO STARTER KIT SOLN IN	4	PA
TYVASO SOLN IN	4	PA
VELETRI (<i>Use epoprostenol sodium</i>)	NF	PA
Pulmonary Hypertension - Endothelin Receptor		

Drug Name	Drug Tier	Requirements/ Limits
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>	1B	QL(2 EA daily); PA
LETAIRIS (Use <i>ambrisentan</i>)	NF	QL(1 EA daily); PA
TRACLEER TABS (Use <i>bosentan</i>)	NF	QL(2 EA daily); PA
TRACLEER TBSO 32 MG (Use <i>bosentan</i>)	4	QL(2 EA daily); PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (Use <i>tadalafil (pulmonary hypertension)</i>)	NF	QL(2 EA daily); PA
REVATIO SOLN (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NF	QL(37.5 ML daily); PA
REVATIO SUSR (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NF	QL(6 ML daily); PA
REVATIO TABS (Use <i>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
Pulmonary Hypertension - Prostacyclin Receptor Agonist		

Drug Name	Drug Tier	Requirements/ Limits
UPTRAVI TITRATION TBPk	4	1 max fill(s) per 180 day(s) retail; PA
UPTRAVI TABS 200 MCG	4	PA
UPTRAVI TABS	4	QL(2 EA daily); PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	QL(3 EA daily); PA
Sinus Node Inhibitors		
CORLANOR TABS (Use <i>ivabradine hcl</i>)	NF	QL(2 EA daily); PA
<i>ivabradine hcl TABS</i>	3	QL(2 EA daily); PA
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 EA daily); PA
VYNDAQEL	4	QL(4 EA daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1B	
<i>cefadroxil SUSR</i>	1B	
<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 (Use <i>cefotetan disodium</i>)	NF	
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	1B		<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	
<i>cefprozil SUSR</i>	1B		<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	
<i>cefprozil TABS</i>	1B		<i>drospirenone-ethinyl estradiol</i>	0	
<i>cefuroxime axetil TABS</i>	1B		<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	
<i>cefuroxime sodium IJ 750 MG</i>	1B		<i>ethynodiol diacet & eth estrad</i>	0	
Cephalosporins - 3rd Generation			FEMLYV TBDP	0	
<i>cefdinir CAPS</i>	1B		<i>levonorgestrel & eth estradiol TABS</i>	0	
<i>cefdinir SUSR</i>	1B		<i>levonorgestrel-eth estradiol (triphasic)</i>	0	
<i>cefixime CAPS</i>	1B		<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	
<i>cefixime SUSR</i>	1B	ST	<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	
<i>cefpodoxime proxetil SUSR</i>	1B		<i>levonorgestrel-ethinyl estradiol-iron</i>	0	
<i>cefpodoxime proxetil TABS</i>	1B		LO LOESTRIN FE TABS	0	
<i>ceftazidime IJ 1 GM, 6 GM</i>	1B		MIRCETTE (Use <i>desogestrel-ethinyl estradiol (biphasic)</i>)	NF	
Cephalosporins - 4th Generation			NATAZIA	0	
<i>cefepime hcl SOLR IJ 1 GM</i>	1B		NEXTSTELLIS	0	
Cephalosporins - 5th Generation			<i>norethin acet & estrad-fe CAPS</i>	0	
<i>ceftaroline fosamil 400 MG, 600 MG</i>	1B		<i>norethin acet & estrad-fe CHEW</i>	0	
TEFLARO 400 MG, 600 MG (Use <i>ceftaroline fosamil</i>)	3		<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0	
CONTRACEPTIVES - Drugs to Prevent Pregnancy			<i>norethindrone & eth estradiol</i>	0	
Combination Contraceptives - Oral			<i>norethindrone & ethinyl estradiol-fe</i>	0	
AVERI TABS PO	0		<i>norethindrone acet & eth estra TABS</i>	0	
BALCOLTRA (Use <i>levonorgestrel-ethinyl estradiol-iron</i>)	NF				
BEYAZ (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF				
<i>desogestrel & ethinyl estradiol</i>	0				

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Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	
<i>norethindrone-eth estradiol (triphasic)</i>	0	
<i>norgestimate-ethinyl estradiol</i>	0	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0	
SAFYRAL (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	
SEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
TAYTULLA CAPS (Use <i>norethin acet & estrad-fe</i>)	NF	
TYBLUME CHEW	0	
YASMIN 28 (Use <i>drospirenone-ethinyl estradiol</i>)	NF	
YAZ (Use <i>drospirenone-ethinyl estradiol</i>)	NF	
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	0	
TWIRLA	0	QL(3 EA per 28 day(s) retail; 9 EA per 84 days mail)
Combination Contraceptives - Vaginal		
ANNOVERA	0	
<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 EA daily)
NUVARING (Use <i>etonogestrel-ethinyl estradiol</i>)	NF	QL(0.05 EA daily)
Copper Contraceptives - IUD		
MIUDELLA	0	

Drug Name	Drug Tier	Requirements/ Limits
PARAGARD INTRAUTERINE COPPER	0	
Emergency Contraceptives		
ELLA	0	
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	
Progestin Contraceptives - Implants		
NEXPLANON	0	
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(1 ML per 90 day(s) retail)
DEPO-PROVERA SUSY IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(1 ML per 90 day(s) retail; 1 ML per 90 days mail)
DEPO-SUBQ PROVERA 104 SUSY SC	0	
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	QL(1 ML per 90 day(s) retail)
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	QL(1 ML per 90 day(s) retail; 1 ML per 90 days mail)
Progestin Contraceptives - IUD		
KYLEENA	0	
LILETTA (52 MG)	0	
MIRENA (52 MG)	0	
SKYLA	0	
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	0	
OPILL	0	
SLYND	0	QL(1 EA daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide CPEP</i>	1B	QL(3 EA daily)	PEDIAPRED SOLN (<i>Use prednisolone sodium phosphate</i>)	NF	
CORTEF TABS (<i>Use hydrocortisone</i>)	NF		<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1B	
<i>deflazacort TABS</i>	4	PA	<i>prednisolone sodium phosphate TBDP</i>	3	
DEPO-MEDROL SUSP	3		<i>prednisolone SOLN</i>	1B	
DEPO-MEDROL SUSP (<i>Use methylprednisolone acetate</i>)	NF		<i>prednisolone TABS</i>	1B	
DEXAMETHASONE INTENSOL CONC	1B		<i>prednisone SOLN</i>	1B	
<i>dexamethasone ELIX</i>	1B		<i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>dexamethasone SOLN</i>	1B		<i>prednisone TABS 1 MG, 5 MG</i>	1B	
<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A		<i>prednisone TBPK</i>	1B	
<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B		SOLU-CORTEF 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
EMFLAZA TABS (<i>Use deflazacort</i>)	NF	PA	SOLU-CORTEF 250 MG	3	
<i>hydrocortisone sod succinate 100 MG</i>	1B	2 max fill(s) per 30 day(s) retail	SOLU-CORTEF (<i>Use hydrocortisone sod succinate</i>)	NF	2 max fill(s) per 30 day(s) retail
<i>hydrocortisone TABS</i>	1B		SOLU-MEDROL 2 GM	3	
KENALOG-40 SUSP (<i>Use triamcinolone acetonide</i>)	NF		SOLU-MEDROL 500 MG, 1000 MG (<i>Use methylprednisolone sod succ</i>)	NF	
MEDROL TABS 4 MG, 8 MG, 16 MG (<i>Use methylprednisolone</i>)	NF		<i>triamcinolone acetonide SUSP 40 MG/ML</i>	1B	
MEDROL TABS	3		Mineralocorticoids		
MEDROL TBPK (<i>Use methylprednisolone</i>)	NF		<i>fludrocortisone acetate TABS</i>	1B	
<i>methylprednisolone acetate SUSP</i>	1B		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B		Antitussives		
<i>methylprednisolone TABS</i>	1B		<i>benzonatate 100 MG</i>	1B	QL(6 EA daily)
<i>methylprednisolone TBPK</i>	1B		<i>benzonatate 200 MG</i>	1B	QL(3 EA daily)
ORAPRED ODT TBDP (<i>Use prednisolone sodium phosphate</i>)	NF		<i>benzonatate 150 MG</i>	1B	QL(4 EA daily)
			Cough/Cold/Allergy Combinations		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B		BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old)
Misc. Respiratory Inhalants			BENZEPRO FOAM 5.3 %	2	AL(At least 12 yrs old)
HYPERSAL NEBU (Use sodium chloride (inhalant))	NF		<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA
HYPERSAL NEBU	1B		<i>benzoyl peroxide FOAM 9.8 %</i>	1B	AL(At least 12 yrs old)
NEBUSAL NEBU	1B		<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old)
PULMOSAL NEBU 7 % (Use sodium chloride (inhalant))	NF		<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)
<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 (Use clindamycin phosphate (topical))	NF	AL(At least 12 yrs old)
<i>acetylcysteine SOLN</i>	1B		CLINDAGEL GEL (Use clindamycin phosphate (topical))	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 (Use isotretinoin)	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 % (Use sulfacetamide sodium w/ sulfur)	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 % (Use sulfacetamide sodium w/ sulfur)	NF	AL(At least 12 yrs old)	<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST
BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	NF	AL(At least 12 yrs old); PA	DIFFERIN CREA (Use adapalene)	NF	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
DIFFERIN GEL (<i>Use adapalene</i>)	NF	AL(At least 12 yrs old); RX/OTC
DIFFERIN LOTN	2	AL(At least 12 yrs old); ST
EPIDUO FORTE GEL (<i>Use adapalene-benzoyl peroxide</i>)	NF	
EPIDUO GEL (<i>Use adapalene-benzoyl peroxide</i>)	NF	AL(At least 12 yrs old); ST
<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)
<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA
KLARON (<i>Use sulfacetamide sodium (acne)</i>)	NF	AL(At least 12 yrs old)
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old)
RETIN-A MICRO 0.1 % (<i>Use tretinoin microsphere</i>)	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
RETIN-A MICRO 0.04 % (<i>Use tretinoin microsphere</i>)	NF	
RETIN-A MICRO PUMP 0.1 % (<i>Use tretinoin microsphere</i>)	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
RETIN-A CREA (<i>Use tretinoin</i>)	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A GEL (<i>Use tretinoin</i>)	NF	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
SSS 10-5 CREA 10 %-5 % (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(At least 12 yrs old)
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1B	AL(At least 12 yrs old)
SUMADAN WASH LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	AL(At least 12 yrs old); ST
<i>tretinoin microsphere 0.1 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
ZIANA (<i>Use clindamycin phosphate-tretinoin</i>)	NF	AL(At least 12 yrs old); ST
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(1 GM daily)
Antibiotics - Topical		
<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 GM daily)
<i>gentamicin sulfate (topical) OINT</i>	1B	
<i>mupirocin OINT</i>	1B	QL(6 GM daily)
NEO-SYNALAR	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA
Antifungals - Topical		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>butenafine hcl</i>	1B	QL(6 GM daily)	<i>naftifine hcl CREA 2 %</i>	1B	QL(2 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>ciclopirox olamine CREA</i>	1B	QL(90 GM per fill retail); 1 max fill(s) per 30 day(s) retail	<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>ciclopirox olamine SUSP</i>	1B		<i>nystatin (topical) CREA</i>	1B	QL(10 GM daily)
<i>ciclopirox GEL</i>	1B	QL(3.35 GM daily)	<i>nystatin (topical) OINT</i>	1B	QL(6 GM daily)
<i>ciclopirox SHAM</i>	1B	QL(10 ML daily)	<i>nystatin (topical) POWD EX</i>	1B	QL(10 GM daily)
<i>ciclopirox SOLN</i>	1B	QL(0.22 ML daily)	<i>nystatin-triamcinolone CREA</i>	1B	QL(10 GM daily)
<i>clotrimazole (topical) CREA</i>	1B	QL(4.5 GM daily); RX/OTC	<i>nystatin-triamcinolone OINT</i>	1B	QL(4 GM daily)
<i>clotrimazole (topical) SOLN</i>	1B	QL(10 ML daily); RX/OTC	<i>oxiconazole nitrate CREA</i>	1B	Limit 1 Fill per 180 days; QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>clotrimazole w/ betamethasone CREA</i>	1B	QL(8 GM daily)	<i>OXISTAT LOTN</i>	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>clotrimazole w/ betamethasone LOTN</i>	1B		<i>sulconazole nitrate CREA</i>	1B	
<i>econazole nitrate CREA</i>	1B	QL(85 GM per fill retail; 85 per fill mail)	<i>sulconazole nitrate SOLN</i>	1B	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
ERTACZO	3	QL(2.15 GM daily)	<i>tavaborole</i>	1B	PA
EXELDERM CREA (Use <i>sulconazole nitrate</i>)	NF		Anti-inflammatory Agents - Topical		
EXELDERM SOLN (Use <i>sulconazole nitrate</i>)	NF		<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 EA daily); PA
<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 (Use <i>clotrimazole (topical)</i>)	NF	QL(4.5 GM daily); RX/OTC			
LOTRIMIN AF CREA (Use <i>clotrimazole (topical)</i>)	NF	QL(4.5 GM daily); RX/OTC			
LOTRIMIN ULTRA (Use <i>butenafine hcl</i>)	NF	QL(6 GM daily)			
<i>luliconazole</i>	1B	PA			
LUZU (Use <i>luliconazole</i>)	NF				

Drug Name	Drug Tier	Requirements/ Limits
<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 GM daily); RX/OTC
FLECTOR PTCH EX (<i>Use diclofenac epolamine</i>)	NF	QL(2 EA daily)
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)
<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ML daily)
PANRETIN	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)
TARGRETIN (<i>Use bexarotene (topical)</i>)	NF	PA
Antipruritics - Topical		
<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

Drug Name	Drug Tier	Requirements/ Limits
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
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
Antipsoriatics		
<i>acitretin 25 MG</i>	1B	QL(2 EA daily)
<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 EA daily)
<i>calcipotriene CREA</i>	1B	QL(4 GM daily); PA
<i>calcipotriene OINT</i>	1B	QL(4 GM daily); PA
<i>calcipotriene SOLN</i>	1B	QL(4 ML daily); PA
<i>calcitriol (topical)</i>	1B	QL(3.34 GM daily)
COSENTYX (300 MG DOSE) SOSY	7	QL(0.072 ML daily); PA
COSENTYX SENSOREADY (300 MG) SOAJ	7	QL(0.072 ML daily); PA
COSENTYX SENSOREADY PEN SOAJ	7	QL(0.072 ML daily); PA
COSENTYX UNOREADY SOAJ	7	QL(0.072 ML daily); PA
COSENTYX SOSY 75 MG/0.5ML	7	QL(0.18 ML daily); PA
COSENTYX SOSY 150 MG/ML	7	QL(0.036 ML daily); PA
<i>methoxsalen rapid</i>	1B	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
PELLIX SOLN 0.005 % (Use calcipotriene)	NF	QL(4 ML daily); PA
PYZCHIVA SC 45 MG/0.5ML	7	QL(0.012 ML daily); PA
PYZCHIVA 45 MG/0.5ML	7	QL(0.012 ML daily); PA
PYZCHIVA 90 MG/ML	7	QL(0.018 ML daily); PA
SKYRIZI PEN SOAJ	7	QL(0.025 ML daily); PA
SKYRIZI SOSY	7	QL(0.025 ML daily); PA
SKYRIZI SOSY	7	QL(0.025 ML daily)
STELARA SOLN 45 MG/0.5ML	7	QL(0.012 ML daily); PA
STELARA SOSY 45 MG/0.5ML	7	QL(0.012 ML daily); PA
STELARA SOSY 90 MG/ML	7	QL(0.018 ML daily); PA
STEQEYMA SC	7	PA
STEQEYMA 90 MG/ML	7	QL(0.018 ML daily); PA
STEQEYMA 45 MG/0.5ML	7	QL(0.012 ML daily); PA
tazarotene CREA 0.1 %	1B	QL(1 GM daily)
TAZORAC CREA 0.1 % (Use tazarotene)	NF	QL(1 GM daily)
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	7	QL(0.018 ML daily); PA
TREMFYA PEN SOAJ 100 MG/ML	7	QL(0.018 ML daily); PA
TREMFYA SOSY 100 MG/ML	7	QL(0.018 ML daily); PA
VECTICAL (Use calcitriol (topical))	NF	QL(3.34 GM daily)
YESINTEK SOLN 45 MG/0.5ML	7	QL(0.012 ML daily); PA
YESINTEK SOSY 45 MG/0.5ML	7	QL(0.012 ML daily); PA
YESINTEK SOSY 90 MG/ML	7	QL(0.018 ML daily); PA
Antiseborrheic Products		

Drug Name	Drug Tier	Requirements/ Limits
selenium sulfide LOTN 2.5 %	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
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	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 GM daily)	<i>clocortolone pivalate</i>	3	QL(3 GM daily)
<i>betamethasone dipropionate (topical) LOTN</i>	1B		CLODERM (Use <i>clocortolone pivalate</i>)	NF	QL(3 GM daily)
<i>betamethasone dipropionate (topical) OINT</i>	1B	QL(3 GM daily)	CORDRAN TAPE	3	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail
<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 GM daily)	DERMA-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetoneide</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>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ML daily)	DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetoneide</i>)	NF	QL(8 ML daily)
<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 GM daily)	<i>desonide CREA</i>	1B	QL(4 GM daily)
<i>betamethasone valerate CREA</i>	1B	QL(2.5 GM daily)	<i>desonide LOTN</i>	1B	QL(4 ML daily)
<i>betamethasone valerate FOAM</i>	1B	QL(1.67 GM daily)	<i>desonide OINT</i>	1B	QL(3 GM daily)
<i>betamethasone valerate LOTN</i>	1B	QL(5 ML daily)	<i>desoximetasone CREA 0.25 %</i>	1B	QL(4 GM daily)
<i>betamethasone valerate OINT</i>	1B	QL(3 GM daily)	<i>desoximetasone GEL</i>	1B	QL(3 GM daily)
<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST	<i>desoximetasone OINT 0.25 %</i>	1B	QL(4 GM daily)
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1B	ST	<i>diflorasone diacetate CREA</i>	1B	PA
<i>clobetasol propionate emollient base 0.05 %</i>	1B	QL(1 GM daily); PA	<i>diflorasone diacetate OINT</i>	1B	PA
<i>clobetasol propionate CREA 0.05 %</i>	1B	QL(3 GM daily); PA	DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i>)	NF	QL(3.5 GM daily)
<i>clobetasol propionate FOAM</i>	1B	QL(3 GM daily); ST	<i>fluocinolone acetoneide CREA 0.01 %</i>	1B	
<i>clobetasol propionate GEL 0.05 %</i>	1B	QL(2 GM daily); ST	<i>fluocinolone acetoneide CREA 0.025 %</i>	1B	QL(4 GM daily)
<i>clobetasol propionate OINT 0.05 %</i>	1B	QL(1 GM daily); PA			
<i>clobetasol propionate SOLN 0.05 %</i>	1B	QL(3.34 ML daily); PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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>hydrocortisone butyrate CREA</i>	1B	QL(3 GM daily)
			<i>hydrocortisone butyrate OINT</i>	1B	QL(3 GM daily)
			<i>hydrocortisone butyrate SOLN</i>	1B	QL(5 ML daily)
<i>fluocinolone acetonide OINT</i>	1B	QL(4 GM daily)	<i>hydrocortisone valerate CREA</i>	1B	
<i>fluocinolone acetonide SOLN</i>	1B	QL(4 ML daily)	<i>hydrocortisone valerate OINT</i>	1B	
<i>fluocinonide emulsified base</i>	1B	QL(2 GM daily)	<i>mometasone furoate CREA</i>	1B	QL(3 GM daily)
<i>fluocinonide CREA 0.1 %</i>	1B	QL(4 GM daily)	<i>mometasone furoate OINT</i>	1B	QL(4 GM daily)
<i>fluocinonide CREA 0.05 %</i>	1B	QL(2 GM daily)	<i>mometasone furoate SOLN</i>	1B	QL(5 ML daily)
<i>fluocinonide GEL</i>	1B		SYNALAR CREA (Use <i>fluocinolone acetonide</i>)	NF	QL(4 GM daily)
<i>fluocinonide OINT</i>	1B	QL(2 GM daily)	SYNALAR OINT (Use <i>fluocinolone acetonide</i>)	NF	QL(4 GM daily)
<i>fluocinonide SOLN</i>	1B	QL(2 ML daily)	TACLONEX SUSP (Use <i>calcipotriene-betamethasone dipropionate</i>)	NF	ST
<i>flurandrenolide CREA</i>	2	QL(2 GM daily)	TOPICORT CREA 0.05 % (Use <i>desoximetasone</i>)	NF	
<i>flurandrenolide LOTN</i>	2	QL(2 ML daily)	TOPICORT CREA 0.25 % (Use <i>desoximetasone</i>)	NF	QL(4 GM daily)
<i>fluticasone propionate CREA 0.05 %</i>	1B	QL(4 GM daily)	TOPICORT GEL (Use <i>desoximetasone</i>)	NF	QL(3 GM daily)
<i>fluticasone propionate LOTN</i>	1B	QL(6 ML daily)	TOPICORT OINT 0.25 % (Use <i>desoximetasone</i>)	NF	QL(4 GM daily)
<i>fluticasone propionate OINT</i>	1B	QL(4 GM daily)	<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1B	QL(3.34 GM daily)
<i>halcinonide CREA</i>	1B	PA	<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1B	QL(5 GM daily)
<i>halobetasol propionate CREA</i>	1B	QL(3.5 GM daily)	<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1B	QL(15.15 GM daily)
<i>halobetasol propionate OINT</i>	1B	QL(3.5 GM daily)	<i>triamcinolone acetonide (topical) LOTN 0.025 %</i>	1B	
HALOG CREA (Use <i>halcinonide</i>)	NF	PA	<i>triamcinolone acetonide (topical) LOTN 0.1 %</i>	1B	QL(6 ML daily)
HALOG OINT	3	PA			
<i>hydrocortisone (topical) CREA 1 %, 2.5 %</i>	1B	QL(15.15 EA daily); RX/OTC			
<i>hydrocortisone (topical) LOTN 2.5 %</i>	1B				
<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	1B	QL(15.15 GM daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1B	QL(15.15 GM daily)
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 GM daily)
VANOS CREA (<i>Use fluocinonide</i>)	NF	QL(4 GM daily)
Eczema Agents		
DUPIXENT SOAJ 200 MG/1.14ML	7	QL(0.082 ML daily); PA
DUPIXENT SOAJ 300 MG/2ML	7	QL(0.29 ML daily); PA
DUPIXENT SOSY 200 MG/1.14ML	7	QL(0.082 ML daily); PA
DUPIXENT SOSY 300 MG/2ML	7	QL(0.29 ML daily); PA
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1B	QL(12.9 GM daily); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1B	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1B	QL(12 EA per fill retail; 12 per fill mail)
Immunosuppressive Agents - Topical		
ELIDEL (<i>Use pimecrolimus</i>)	NF	QL(3 GM daily); AL(At least 2 yrs old); PA
<i>pimecrolimus</i>	1B	QL(3 GM daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT</i>	1B	AL(At least 2 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox SOLN</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
Local Anesthetics - Topical		
<i>lidocaine hcl GEL 2 %</i>	1B	QL(4 ML daily)
<i>lidocaine hcl PRSY</i>	1B	QL(4 ML daily)
<i>lidocaine hcl SOLN</i>	1B	QL(10 ML daily)
<i>lidocaine-prilocaine CREA</i>	1B	QL(1 GM daily)
<i>lidocaine PTCH 5 %</i>	1B	PA
LIDODERM PTCH (<i>Use lidocaine</i>)	NF	PA
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 GM daily); PA
Rosacea Agents		
<i>azelaic acid GEL</i>	1B	QL(1.67 GM daily)
<i>brimonidine tartrate (topical)</i>	3	QL(1 GM daily); PA
METROCREAM CREA (<i>Use metronidazole (topical)</i>)	NF	QL(3 GM daily)
METROGEL GEL 1 % (<i>Use metronidazole (topical)</i>)	NF	QL(5 GM daily)
<i>metronidazole (topical) CREA</i>	1B	QL(3 GM daily)
<i>metronidazole (topical) GEL 1 %</i>	1B	QL(5 GM daily)
<i>metronidazole (topical) GEL 0.75 %</i>	1B	QL(3 GM daily)
<i>metronidazole (topical) LOTN</i>	1B	
MIRVASO (<i>Use brimonidine tartrate (topical)</i>)	NF	QL(1 GM daily); PA
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	1B	PA
ELIMITE CREA (<i>Use permethrin</i>)	NF	
EURAX CREA	3	
<i>ivermectin (pediculicide)</i>	1B	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>malathion</i>	1B	
NATROBA (Use <i>spinosad</i>)	NF	PA
OVIDE (Use <i>malathion</i>)	NF	
<i>permethrin CREA</i>	1B	
PERMETHRIN CREA 5 % (Use <i>permethrin</i>)	NF	
<i>permethrin LIQD EX</i>	1B	
<i>spinosad</i>	1B	PA
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
Diagnostic Tests		
ACCU-CHEK GUIDE TEST STRP	1B	QL(3.34 EA daily); RX/OTC
CHEMSTRIP K STRP	1B	D
FORA GTEL BLOOD KETONE TEST	1B	D
FORA TEST N'GO ADV-VOICE-6 CON	1B	D
GOJJI BLOOD KETONE TEST	1B	D
KETONE TEST STRP	1B	D
KETOSTIX STRP	1B	D
NOVA MAX PLUS KETONE TEST	1B	D
PRECISION XTRA KETONE	1B	D
RELION KETONE TEST STRP	1B	D
RELION TRUE METRIX TEST STRIPS STRP	1B	D; QL(3.34 EA daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1B	D; QL(3.34 EA daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		

Drug Name	Drug Tier	Requirements/ Limits
Digestive Enzymes		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	Non-FDA approved uses require Prior Authorization
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide sodium</i>	1B	
<i>acetazolamide CP12</i>	1B	QL(2 EA daily)
<i>acetazolamide TABS 125 MG</i>	1B	QL(8 EA daily)
<i>acetazolamide TABS 250 MG</i>	1B	QL(4 EA daily)
<i>methazolamide TABS</i>	1B	QL(6 EA daily)
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		

Drug Name	Drug Tier	Requirements/ Limits
<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>toremide 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)
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1A	
DIURIL SUSP	2	QL(20 ML daily)
<i>hydrochlorothiazide CAPS</i>	1B	QL(2 EA daily)
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1A	QL(2 EA daily)
<i>hydrochlorothiazide TABS 12.5 MG</i>	1B	QL(2 EA daily)
<i>indapamide TABS 1.25 MG</i>	1A	QL(1 EA daily)
<i>indapamide TABS 2.5 MG</i>	1A	QL(2 EA daily)
<i>metolazone</i>	1B	QL(2 EA daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		

Drug Name	Drug Tier	Requirements/ Limits
Bone Density Regulators		
ACTONEL TABS 150 MG (Use <i>risedronate sodium</i>)	NF	QL(0.036 EA daily); PA
ACTONEL TABS 35 MG (Use <i>risedronate sodium</i>)	NF	QL(0.143 EA daily); PA
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1A	QL(1 EA daily)
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1A	QL(0.143 EA daily)
ATELVIA TBEC (Use <i>risedronate sodium</i>)	NF	PA
BILDYOS SOSY SC 60 MG/ML	1B	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<i>calcitonin (salmon) NA</i>	1B	QL(0.14 ML daily)
ENOBY SOSY SC 60 MG/ML	1B	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
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 SOLN</i>	4	PA
<i>ibandronate sodium TABS</i>	1B	QL(0.036 EA daily)
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	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 TABS 35 MG</i>	1B	QL(0.143 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>risedronate sodium TABS 150 MG</i>	1B	QL(0.036 EA daily); PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1B	QL(1 EA daily); PA
<i>risedronate sodium TBEC</i>	1B	PA
STOBOCLO SOSY SC 60 MG/ML	1B	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
<i>teriparatide SOPN</i>	4	QL(0.09 ML daily); PA
TYMLOS	4	PA
<i>zoledronic acid SOLN 5 MG/100ML</i>	4	PA
Corticotropin		
ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML	3	PA
ACTHAR GEL	3	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	PA
<i>clomiphene citrate TABS</i>	3	PA
GnRH/LHRH Antagonists		
<i>ganirelix acetate</i>	4	PA
GANIRELIX ACETATE (Use <i>ganirelix acetate</i>)	NF	PA
ORLISSA	2	PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	4	PA
GENOTROPIN CART SC	4	PA
HUMATROPE CART IJ	4	PA
NORDITROPIN FLEXPPO SOPN	4	PA
Hormone Receptor Modulators		
EVISTA (Use <i>raloxifene hcl</i>)	NF	QL(1 EA daily)
OSPHEA	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		
FENSOLVI (6 MONTH) SC	4	PA
SYNAREL	4	PA
Metabolic Modifiers		
ALDURAZYME	4	PA
<i>betaine</i>	4	PA
BUPHENYL POWD (Use <i>sodium phenylbutyrate</i>)	NF	PA
BUPHENYL TABS (Use <i>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 (Use <i>betaine</i>)	NF	PA
<i>doxercalciferol CAPS</i>	1B	
<i>doxercalciferol SOLN</i>	1B	
ELAPRASE	4	PA
LUMIZYME	4	PA
MYALEPT	4	PA
<i>nitisinone CAPS</i>	4	PA
ORFADIN CAPS (Use <i>nitisinone</i>)	NF	PA
<i>paricalcitol CAPS</i>	1B	
<i>paricalcitol SOLN</i>	1B	
ROCALtrol CAPS (Use <i>calcitriol</i>)	NF	
ROCALtrol SOLN PO (Use <i>calcitriol</i>)	NF	
SENSIPAR (Use <i>cinacalcet hcl</i>)	NF	QL(4 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium phenylbutyrate POWD</i>	1B	PA
<i>sodium phenylbutyrate TABS</i>	1B	PA
STRENSIQ	4	PA
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 0.2 MG (<i>Use desmopressin acetate</i>)	NF	QL(8 EA daily)
DDAVP TABS 0.1 MG (<i>Use desmopressin acetate</i>)	NF	QL(6 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)
Prolactin Inhibitors		
<i>cabergoline</i>	1B	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	4	PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>Use octreotide acetate</i>)	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
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		
ACTIVEVELLA 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>)	3	
COVARYX HS 1.25 MG-0.625 MG (<i>Use esterified estrogens & methyltestosterone</i>)	3	
DUAVEE	3	
EEMT 2.5 MG-1.25 MG (<i>Use esterified estrogens & methyltestosterone</i>)	3	
EEMT HS 1.25 MG-0.625 MG (<i>Use esterified estrogens & methyltestosterone</i>)	3	
<i>esterified estrogens & methyltestosterone</i>	1B	
<i>estradiol & norethindrone acetate TABS</i>	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ESTRATEST H.S. (<i>Use esterified estrogens & methyltestosterone</i>)	3		PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>Use estrogens, conjugated</i>)	2	QL(1 EA daily)
norethindrone acetate-ethinyl estradiol	1B		VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NF	QL(0.572 EA daily)
PREMPHASE	2		FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
PREMPRO	2	QL(1 EA daily)	Fluoroquinolones		
Estrogens			BAXDELA SOLR	3	PA
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		BAXDELA TABS	3	PA
DELESTROGEN (<i>Use estradiol valerate</i>)	NF		ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	1B	
DEPO-ESTRADIOL	3		ciprofloxacin in d5w 200 MG/100ML	3	
DIVIGEL GEL (<i>Use estradiol</i>)	NF		CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NF	
ELESTRIN GEL	3		levofloxacin in d5w 500 MG/100ML	1B	
ESTRACE TABS (<i>Use estradiol</i>)	NF		levofloxacin SOLN PO	1B	
estradiol valerate	1B		levofloxacin TABS 250 MG, 750 MG	1B	
estradiol GEL	3		levofloxacin TABS 500 MG	1A	
estradiol GEL	1B		moxifloxacin hcl in sodium chloride	1B	
estradiol PTTW	1B	QL(0.572 EA daily)	moxifloxacin hcl TABS	1B	
estradiol PTWK	1B		ofloxacin 300 MG, 400 MG	1B	
estradiol TABS	1B		GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
ESTROGEL GEL (<i>Use estradiol</i>)	NF		5-HT4 Receptor Agonists		
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1B	QL(1 EA daily)	MOTEGRITY (<i>Use prucalopride succinate</i>)	NF	QL(1 EA daily)
EVAMIST SOLN	3		prucalopride succinate	1B	QL(1 EA daily)
MENEST 2.5 MG	3		Agents for Chronic Idiopathic Constipation (CIC)		
MENOSTAR PTWK	3		TRULANCE	2	QL(1 EA daily)
MINIVELLE PTTW (<i>Use estradiol</i>)	NF	QL(0.572 EA daily)			
PREMARIN SOLR	2				

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

Drug Name	Drug Tier	Requirements/Limits
LIALDA TBEC (Use mesalamine)	NF	
mesalamine CP24	1B	
mesalamine CPDR	1B	
mesalamine ENEM	3	
mesalamine SUPP	3	
mesalamine TBEC 800 MG	3	QL(6 EA daily)
mesalamine TBEC 1.2 GM	3	
PYZCHIVA 130 MG/26ML	7	QL(3.47 ML daily); PA
RENFLEXIS	4	PA
SKYRIZI SOCT	7	QL(0.043 ML daily); PA
SKYRIZI SOLN	7	QL(0.36 ML daily); PA
STELARA 130 MG/26ML	7	QL(3.47 ML daily); PA
STEQEYMA	7	QL(3.47 ML daily); PA
sulfasalazine TABS	1B	
sulfasalazine TBEC	1B	
TREMFYA PEN SOAJ SC 200 MG/2ML	7	QL(0.072 ML daily); PA
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	7	QL(0.143 ML daily); PA
TREMFYA SOLN IV	7	QL(0.72 ML daily); PA
TREMFYA SOSY SC 200 MG/2ML	7	QL(0.072 ML daily); PA
YESINTEK 130 MG/26ML	7	QL(3.47 ML daily); PA
Intestinal Acidifiers		
lactulose (encephalopathy)	1B	
Irritable Bowel Syndrome (IBS) Agents		
alosecron hcl	1B	QL(2 EA daily)
LINZESS	2	QL(1 EA daily)
LOTRONEX (Use alosetron hcl)	NF	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Peripheral Opioid Receptor Antagonists			<i>acetic acid 0.25 %</i>	1B	
<i>alvimopan</i>	1B		ARGYLE STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant))	NF	
MOVANTIK	3	QL(1 EA daily); PA	CURITY STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant))	NF	
Phosphate Binder Agents			<i>glycine (gu irrigant) SOLN 1.5 %</i>	1B	
<i>calcium acetate (phosphate binder) CAPS</i>	1B		<i>sodium chloride (gu irrigant) 0.9 %</i>	1B	
<i>calcium acetate (phosphate binder) TABS</i>	1B	RX/OTC	SORBITOL 3 %	1B	
FOSRENOL CHEW (Use lanthanum carbonate)	NF		SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	1B	
<i>lanthanum carbonate CHEW</i>	1B		Interstitial Cystitis Agents		
RENVELA PACK (Use sevelamer carbonate)	NF		ELMIRON CAPS	2	QL(3 EA daily)
RENVELA TABS (Use sevelamer carbonate)	NF		Prostatic Hypertrophy Agents		
<i>sevelamer carbonate PACK</i>	1B		<i>alfuzosin hcl</i>	1B	QL(1 EA daily)
<i>sevelamer carbonate TABS</i>	1B		AVODART (Use dutasteride)	NF	QL(1 EA daily)
VELPHORO	3	PA	<i>dutasteride</i>	1B	QL(1 EA daily)
GENITOURINARY AGENTS - MISCELLANEOUS -			<i>dutasteride-tamsulosin hcl</i>	1B	PA
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System			<i>finasteride</i>	1B	5 mg only
Alkalinizers			JALYN (Use dutasteride-tamsulosin hcl)	NF	PA
<i>potassium citrate (alkalinizer) TBCR</i>	1B		PROSCAR (Use finasteride)	NF	5 mg only
<i>sodium citrate & citric acid</i>	1B	RX/OTC	RAPAFLO (Use silodosin)	NF	
UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer))	NF		<i>silodosin</i>	1B	
UROCIT-K 15 TBCR (Use potassium citrate (alkalinizer))	NF		<i>tamsulosin hcl</i>	1B	
Cystinosis Agents			UROXATRAL (Use alfuzosin hcl)	NF	QL(1 EA daily)
CYSTAGON CAPS	3	PA	Urinary Analgesics		
Genitourinary Irrigants			<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1B	
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)
Plasma Kallikrein Inhibitors		
ORLADEYO	4	PA
TAKHZYRO SOLN	4	PA

Drug Name	Drug Tier	Requirements/ Limits
TAKHZYRO SOSY	4	PA
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	
<i>clopidogrel bisulfate 75 MG</i>	1A	QL(1 EA daily)
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>dipyridamole</i>	1B	
EFFIENT (<i>Use prasugrel hcl</i>)	NF	QL(1 EA daily)
<i>eptifibatide 200 MG/100ML</i>	4	PA
PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	NF	QL(1 EA daily)
<i>prasugrel hcl</i>	1B	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	1B	QL(2 EA daily)
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 EA daily); PA
CEREZYME 400 UNIT	4	PA
<i>miglustat</i>	4	QL(3 EA daily); PA
ZAVESCA (<i>Use miglustat</i>)	NF	QL(3 EA daily); PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1B	QL(1 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
Folic Acid/Folates		
<i>folic acid TABS</i>	0	RX/OTC
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	PA
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA
<i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>	3	QL(1 EA daily); PA
<i>eltrombopag olamine TABS 12.5 MG, 25 MG</i>	3	QL(1 EA daily); PA
<i>eltrombopag olamine TABS 50 MG, 75 MG</i>	3	QL(2 EA daily); PA
FULPHILA	4	PA
LEUKINE SOLR IJ	4	PA
MIRCERA	4	PA
NYVEPRIA	4	PA
PROMACTA PACK 12.5 MG, 25 MG (<i>Use eltrombopag olamine</i>)	NF	QL(1 EA daily); PA
PROMACTA TABS 12.5 MG, 25 MG (<i>Use eltrombopag olamine</i>)	NF	QL(1 EA daily); PA
PROMACTA TABS 50 MG, 75 MG (<i>Use eltrombopag olamine</i>)	NF	QL(2 EA daily); PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
Hematopoietic Mixtures		
HEMATINIC/FOLIC ACID	1B	QL(1 EA daily)
Iron		

Drug Name	Drug Tier	Requirements/ Limits
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate TABS</i>	0	
<i>ferrous sulfate TBEC 325 MG</i>	0	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid TABS</i>	1B	PA
CYKLOKAPRON SOLN (<i>Use tranexamic acid</i>)	NF	
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
<i>tranexamic acid TABS</i>	1B	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1B	
<i>phenobarbital TABS</i>	1B	
PHENOBARBITAL TABS 30 MG, 100 MG	1B	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1B	QL(1 EA daily); PA
SILENOR (<i>Use doxepin hcl (sleep)</i>)	NF	QL(1 EA daily); PA
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>Use zolpidem tartrate</i>)	NF	QL(1 EA daily)
AMBIEN TABS (<i>Use zolpidem tartrate</i>)	NF	QL(1 EA daily); AL(At least 18 yrs old)
<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 (<i>Use triazolam</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
LUNESTA (Use eszopiclone)	NF	QL(1 EA daily); AL(At least 18 yrs old); ST
RESTORIL (Use temazepam)	NF	QL(1 EA daily)
temazepam 15 MG, 30 MG	1A	QL(1 EA daily)
temazepam 7.5 MG, 22.5 MG	1B	QL(1 EA daily)
triazolam	1B	
zaleplon 5 MG	1B	QL(1 EA daily); AL(At least 18 yrs old)
zaleplon 10 MG	1B	QL(2 EA daily); AL(At least 18 yrs old)
zolpidem tartrate TABS	1A	QL(1 EA daily); AL(At least 18 yrs old)
zolpidem tartrate TBCR	1B	QL(1 EA daily)
Orexin Receptor Antagonists		
BELSOMRA	3	PA
Selective Melatonin Receptor Agonists		
ramelteon	1B	QL(1 EA daily); AL(At least 18 yrs old)
ROZEREM (Use ramelteon)	NF	QL(1 EA daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil TABS	1B	
Laxative Combinations		
GOLYTELY SOLR (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	NF	
MOVIPREP (Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	NF	

Drug Name	Drug Tier	Requirements/ Limits
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	1B	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM	0	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1B	PA
sodium sulfate-potassium sulfate-magnesium sulfate	1B	
SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate-magnesium sulfate)	NF	
Laxatives - Miscellaneous		
lactulose SOLN	1B	
Stimulant Laxatives		
bisacodyl SUPP	1A	
bisacodyl TBEC	1A	
DULCOLAX TBEC (Use bisacodyl)	NF	
Surfactant Laxatives		
docusate calcium	1A	QL(1 EA daily)
docusate sodium CAPS 250 MG	1A	
docusate sodium CAPS 100 MG	1A	QL(4 EA daily)
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	1B	
azithromycin SUSR	1B	
azithromycin TABS 500 MG	1B	QL(4 EA per fill retail; 4 per fill mail)
azithromycin TABS 250 MG	1B	QL(6 EA per fill retail; 6 per fill mail)
azithromycin TABS 600 MG	1B	QL(0.286 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX TRI-PAK TABS (<i>Use azithromycin</i>)	NF	QL(4 EA per fill retail; 4 per fill mail)	AIMSCO LUBRICATED MISC	0	
ZITHROMAX Z-PAK TABS (<i>Use azithromycin</i>)	NF	QL(6 EA per fill retail; 6 per fill mail)	CAYA DPRH	0	
ZITHROMAX SUSR (<i>Use azithromycin</i>)	NF		DUREX EXTRA SENSITIVE THIN DEVI	0	
ZITHROMAX TABS 500 MG (<i>Use azithromycin</i>)	NF	QL(4 EA per fill retail; 4 per fill mail)	DUREX EXTRA SENSITIVE THIN MISC	0	
ZITHROMAX TABS 250 MG (<i>Use azithromycin</i>)	NF	QL(6 EA per fill retail; 6 per fill mail)	DUREX TROPICAL MISC	0	
Clarithromycin			FANTASY LUBRICATED/SPERMICI DE MISC	0	
<i>clarithromycin SUSR</i>	1B		FANTASY LUBRICATED MISC	0	
<i>clarithromycin TABS</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
<i>clarithromycin TB24</i>	1B		FEMCAP DEVI	0	
Erythromycins			KAMELEON LUBRICATED MISC	0	
E.E.S. GRANULES SUSR (<i>Use erythromycin ethylsuccinate</i>)	NF		KIMONO COLORS DEVI	0	
ERYPED 200 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NF		KIMONO MAXX-LARGE FLARE MISC	0	
ERYPED 400 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NF		KIMONO MICRO THIN PLUS MISC	0	
<i>erythromycin base CPEP</i>	3		KIMONO PLUS MISC	0	
<i>erythromycin base TABS</i>	3		KIMONO PS PLUS MISC	0	
<i>erythromycin base TBEC</i>	1B		KIMONO PS MISC	0	
<i>erythromycin ethylsuccinate SUSR</i>	1B		KIMONO SENSATION PLUS MISC	0	
<i>erythromycin ethylsuccinate TABS</i>	3		KIMONO SENSATION MISC	0	
Fidaxomicin			KIMONO SPECIAL DEVI	0	
DIFICID TABS 200 MG (<i>Use fidaxomicin</i>)	2		KIMONO MISC	0	
<i>fidaxomicin TABS 200 MG</i>	1B		MAXX PLUS MISC	0	
MEDICAL DEVICES AND SUPPLIES			MAXX MISC	0	
Contraceptives			OMNIFLEX DIAPHRAGM	0	
			REALITY LATEX CONDOMS MISC	0	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REALITY LATEX/ULTRA TEXTURED DEVI	0		TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	0	
REALITY LATEX/ULTRA THIN DEVI	0		WIDE-SEAL DIAPHRAGM 60	0	
TROJAN BARESKIN DEVI	0		WIDE-SEAL DIAPHRAGM 65	0	
TROJAN MAGNUM MISC	0		WIDE-SEAL DIAPHRAGM 70	0	
TROJAN ULTRA THIN/SPERMICIDAL MISC	0		WIDE-SEAL DIAPHRAGM 75	0	
TROJAN ULTRA THIN MISC	0		WIDE-SEAL DIAPHRAGM 80	0	
TROJAN-ENZ LUBRICATED MISC	0		WIDE-SEAL DIAPHRAGM 85	0	
TROJAN-ENZ/SPERMICIDAL MISC	0		WIDE-SEAL DIAPHRAGM 90	0	
TRUE COVER DEVI	0		WIDE-SEAL DIAPHRAGM 95	0	
TRUSTEX COLOR CONDOMS + LUBE MISC	0		Diabetic Supplies		
TRUSTEX LUB/RIBBED/STUDDERED MISC	0		FREESTYLE LIBRE 14 DAY READER	3	QL(1 EA per 365 day(s) retail); PA
TRUSTEX LUB/SPERMICIDE EX ST MISC	0		FREESTYLE LIBRE 14 DAY SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUB/SPERMICIDE XL MISC	0		FREESTYLE LIBRE 2 PLUS SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUBRICATED EX LARGE MISC	0		FREESTYLE LIBRE 2 READER	3	QL(1 EA per 365 day(s) retail); PA
TRUSTEX LUBRICATED EXTRA ST MISC	0		FREESTYLE LIBRE 2 SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUBRICATED/SPERMICIDE MISC	0		FREESTYLE LIBRE 3 PLUS SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX LUBRICATED MISC	0		FREESTYLE LIBRE 3 READER	3	QL(1 EA per 365 day(s) retail); PA
TRUSTEX NATURAL CONDOMS + LUBE MISC	0		FREESTYLE LIBRE 3 SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX RIA LUB/SPERMICIDE MISC	0		FREESTYLE LIBRE READER	3	QL(1 EA per 365 day(s) retail); PA
TRUSTEX RIA LUBRICATED MISC	0				

Drug Name	Drug Tier	Requirements/ Limits
MINT REFILL KIT MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	3	QL(1 EA per 999 day(s) retail; 1 EA per 999 days mail); PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
OMNIPOD 5 LIBRE INTRO KIT	3	QL(1 EA per 999 day(s) retail; 1 EA per 999 days mail); PA
OMNIPOD 5 LIBRE PODS MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
OMNIPOD CLASSIC PODS (GEN 3) MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
OMNIPOD DASH INTRO (GEN 4) KIT	3	QL(1 EA per 999 day(s) retail; 1 EA per 999 days mail); PA
OMNIPOD DASH PDM (GEN 4) KIT	3	QL(1 EA per 999 day(s) retail; 1 EA per 999 days mail); PA
OMNIPOD DASH PODS (GEN 4) MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
OMNIPOD POD PALS	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
ONETOUCH DELICA SAFETY LANCING	1B	D; RX/OTC
RELION LANCET DEVICES 30G	1B	D; RX/OTC
RELION LANCETS	1B	D; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX LEVEL 3 SOLN	1B	D
Parenteral Therapy Supplies		
BD PEN NEEDLE NANO 2ND GEN	1B	D; QL(5 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	1B	D; QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO	1B	D; QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	1B	D; QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	1B	D; QL(5 EA daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	2	QL(0.04 ML daily); PA
EMGALITY (300 MG DOSE) SOSY	2	QL(0.1 ML daily); PA
EMGALITY SOAJ	2	QL(0.07 ML daily); PA
EMGALITY SOSY	2	QL(0.07 ML daily); PA
UBRELVY	3	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); ST
Migraine Combinations		
CAFERGOT TABS (<i>Use ergotamine w/ caffeine</i>)	NF	QL(1.5 EA daily)
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 EA daily)
<i>sumatriptan-naproxen sodium</i>	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
TREXIMET (<i>Use sumatriptan-naproxen sodium</i>)	NF	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ML daily)
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B	
ERGOMAR SUBL	3	QL(0.667 EA daily)
MIGRANAL SOLN NA (<i>Use dihydroergotamine mesylate</i>)	NF	QL(0.267 ML daily)
Serotonin Agonists		
<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 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
FROVA (<i>Use frovatriptan succinate</i>)	NF	QL(0.4 EA daily); AL(At least 18 yrs old); ST
<i>frovatriptan succinate</i>	1B	QL(0.4 EA daily); AL(At least 18 yrs old); ST
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML	2	QL(0.134 ML daily); AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	2	QL(0.134 ML daily); AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NF	QL(0.134 ML daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
IMITREX TABS (<i>Use sumatriptan succinate</i>)	NF	QL(0.3 EA daily); AL(At least 18 yrs old)
MAXALT-MLT TBDP 10 MG (<i>Use rizatriptan benzoate</i>)	NF	QL(0.6 EA daily); AL(At least 6 yrs old)
MAXALT TABS 10 MG (<i>Use rizatriptan benzoate</i>)	NF	QL(0.6 EA daily); AL(At least 6 yrs old)
<i>naratriptan hcl</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)
RELPAK (<i>Use eletriptan hydrobromide</i>)	NF	QL(0.2 EA daily); AL(At least 18 yrs old); ST
<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)
<i>sumatriptan</i>	1B	QL(0.2 EA daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate TABS</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)	KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (<i>Use potassium chloride in dextrose & sodium chloride</i>)	1B	
<i>zolmitriptan SOLN</i>	1B	QL(0.2 EA daily); AL(At least 12 yrs old); ST	KCL-LACTATED RINGERS-D5W	1B	
<i>zolmitriptan TABS</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST	NORMOSOL-M IN D5W	1B	
<i>zolmitriptan TBDP</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST	NORMOSOL-R PH 7.4	1B	
ZOMIG SOLN (<i>Use zolmitriptan</i>)	NF	QL(0.2 EA daily); AL(At least 12 yrs old); ST	PLASMA-LYTE 148	1B	
MINERALS & ELECTROLYTES			PLASMA-LYTE A (<i>Use electrolyte-a</i>)	1B	
Bicarbonates			<i>potassium chloride in dextrose 20 MEQ/L</i>	1B	
<i>sodium acetate 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	
SODIUM ACETATE SOLN (<i>Use sodium acetate</i>)	1B		POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L (<i>Use potassium chloride in dextrose</i>)	NF	
Calcium			<i>ringer's</i>	1B	
<i>calcium chloride (dihydrate) SOLN</i>	1B		Fluoride		
CALCIUM CHLORIDE SOLN 10 % (<i>Use calcium chloride (dihydrate)</i>)	NF		<i>sodium fluoride CHEW</i>	0	QL(1 EA daily)
Electrolyte Mixtures			Phosphate		
<i>electrolyte-148</i>	1B		<i>potassium phosphates 45 MMOLE/15ML</i>	1B	
<i>electrolyte-a</i>	1B		POTASSIUM PHOSPHATES(66 MEQ K) (<i>Use potassium phosphates</i>)	NF	
IONOSOL-MB IN D5W	1B		Potassium		
ISOLYTE-P IN D5W	1B		KLOR-CON 10 TBCR 10 MEQ (<i>Use potassium chloride</i>)	NF	
ISOLYTE-S	1B				
KCL IN DEXTROSE-NACL (<i>Use potassium chloride in dextrose & sodium chloride</i>)	NF				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KLOR-CON TBCR 8 MEQ (Use <i>potassium chloride</i>)	NF		REVLIMID (Use <i>lenalidomide</i>)	NF	QL(1 EA daily); PA
K-TAB TBCR 20 MEQ (Use <i>potassium chloride</i>)	NF		THALOMID 50 MG, 100 MG, 200 MG	4	QL(3 EA daily); PA
<i>potassium acetate SOLN 2 MEQ/ML</i>	1B		Immunosuppressive Agents		
POTASSIUM ACETATE SOLN (Use <i>potassium acetate</i>)	NF		ATGAM	4	PA
<i>potassium bicarbonate TBEF</i>	1B		AZATHIOPRINE SODIUM	1B	
<i>potassium chloride microencapsulated crystals er</i>	1B		<i>azathioprine TABS</i>	1B	
<i>potassium chloride CPCR</i>	1B		CELLCEPT CAPS (Use <i>mycophenolate mofetil</i>)	NF	
<i>potassium chloride PACK PO 20 MEQ</i>	1B	PA	CELLCEPT TABS (Use <i>mycophenolate mofetil</i>)	NF	
<i>potassium chloride SOLN PO 10 %, 10 %</i>	1B		<i>cyclosporine modified (for microemulsion) CAPS</i>	1B	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (Use <i>potassium chloride</i>)	1B		<i>cyclosporine modified (for microemulsion) SOLN</i>	1B	
POTASSIUM CHLORIDE SOLN IV (Use <i>potassium chloride</i>)	NF		<i>cyclosporine CAPS</i>	1B	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1B		<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 EA daily); PA
MISCELLANEOUS THERAPEUTIC CLASSES			<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 EA daily); PA
Chelating Agents			IMURAN TABS (Use <i>azathioprine</i>)	NF	
CUPRIMINE CAPS (Use <i>penicillamine</i>)	NF	PA	<i>mycophenolate mofetil CAPS</i>	1B	
DEPEN TITRATABS TABS (Use <i>penicillamine</i>)	NF	QL(8 EA daily)	<i>mycophenolate mofetil TABS</i>	1B	
<i>penicillamine CAPS</i>	1B	PA	<i>mycophenolate sodium</i>	1B	
<i>penicillamine TABS</i>	1B	QL(8 EA daily)	MYFORTIC (Use <i>mycophenolate sodium</i>)	NF	
SYPRINE (Use <i>trientine hcl</i>)	NF	QL(8 EA daily); PA	NEORAL CAPS (Use <i>cyclosporine modified (for microemulsion)</i>)	NF	
<i>trientine hcl 250 MG</i>	4	QL(8 EA daily); PA	NEORAL SOLN (Use <i>cyclosporine modified (for microemulsion)</i>)	NF	
Immunomodulators			PROGRAF CAPS (Use <i>tacrolimus</i>)	NF	
<i>lenalidomide</i>	4	QL(1 EA daily); PA	PROGRAF PACK	2	PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG- 1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	2	QL(1 EA daily)	PRENATAL PLUS VITAMIN/MINERAL TABS	2	QL(1 EA daily); RX/OTC
DERMACINRX PNV PRENATOL TABS	2	QL(1 EA daily); RX/OTC	PRENATAL PLUS TABS	2	QL(1 EA daily); RX/OTC
EQL PRENATAL FORMULA TABS	2	QL(1 EA daily)	PRENATAL VITAMIN AND MINERAL TABS	2	QL(1 EA daily)
FT PRENATAL TABS	2	QL(1 EA daily)	PRENATAL VITAMINS TABS 100 MG-800 MCG- 1.84 MG-18 MG-2.6 MG- 1.7 MG-27 MG-10 MCG- 4.95 MG-25 MG-200 MG- 160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG- 800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 EA daily)
GNP PRENATAL/FOLIC ACID TABS	2	QL(1 EA daily)	PRENATAL TABS	2	QL(1 EA daily)
GNP PRENATAL TABS	2	QL(1 EA daily)	PRENATRIX TABS	2	QL(1 EA daily); RX/OTC
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 EA daily)	PRENATRYL TABS	2	QL(1 EA daily); RX/OTC
MASONATAL TABS	2	QL(1 EA daily)	QC PRENATAL TABS	2	QL(1 EA daily)
MATRONEX TABS	2	QL(1 EA daily); RX/OTC	RELEVIA TABS	2	QL(1 EA daily); RX/OTC
M-NATAL PLUS TABS	2	QL(1 EA daily); RX/OTC	SM PRENATAL VITAMINS TABS	2	QL(1 EA daily)
MULTI PRENATAL TABS	2	QL(1 EA daily)	THERANATAL CORE NUTRITION TABS	2	QL(1 EA daily); RX/OTC
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG- 12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	QL(1 EA daily); RX/OTC	TRICARE TABS	2	QL(1 EA daily); RX/OTC
NEONATAL PLUS TABS	2	QL(1 EA daily); RX/OTC	VITATHELY WITH GINGER TABS	2	QL(1 EA daily); RX/OTC
NEONATAL PRENATAL TABS	2	QL(1 EA daily)	WESTAB PLUS TABS	2	QL(1 EA daily); RX/OTC
NEONATAL VITAMIN TABS	2	QL(1 EA daily)	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
NIVA-PLUS TABS	2	QL(1 EA daily); RX/OTC	Central Muscle Relaxants		
NURTIVA TABS	2	QL(1 EA daily); RX/OTC	<i>baclofen TABS</i>	1B	
ONE VITE WOMENS PLUS TABS	2	QL(1 EA daily); RX/OTC	<i>carisoprodol TABS</i>	1B	
ONE VITE WOMENS TABS	2	QL(1 EA daily)	<i>chlorzoxazone TABS 500 MG</i>	1B	QL(6 EA daily)
PRENATAL ONE DAILY TABS	2	QL(1 EA daily)	<i>chlorzoxazone TABS 750 MG</i>	1B	QL(4 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1A	QL(3 EA daily)
<i>metaxalone 800 MG</i>	1B	QL(4 EA daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	1B	
<i>orphenadrine citrate TB12</i>	1B	QL(2 EA daily)
SOMA TABS (Use <i>carisoprodol</i>)	NF	
<i>tizanidine hcl CAPS</i>	1B	
<i>tizanidine hcl TABS</i>	1B	
ZANAFLEX CAPS (Use <i>tizanidine hcl</i>)	NF	
ZANAFLEX TABS 4 MG (Use <i>tizanidine hcl</i>)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG (Use <i>dantrolene sodium</i>)	NF	QL(4 EA daily)
<i>dantrolene sodium CAPS</i>	1B	QL(4 EA daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl</i>	1B	
<i>olopatadine hcl (nasal)</i>	1B	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.03 %</i>	1B	QL(1 ML daily)
<i>ipratropium bromide (nasal) 0.06 %</i>	1B	
Nasal Steroids		
<i>budesonide (nasal)</i>	1B	
<i>flunisolide (nasal)</i>	1B	1 package(s) per fill retail
<i>fluticasone propionate (nasal) SUSP</i>	1B	Limit 2 inhalers per month; QL(32 GM per 30 day(s) retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1B	QL(1.14 ML daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (nasal) AERO</i>	1B	
XHANCE EXHU	3	PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole TABS</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
XEOMIN	3	PA
Nondepolarizing Muscle Relaxants		
<i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i>	3	PA
NUTRIENTS		
Proteins		
CLINIMIX/DEXTROSE (4.25/10)	3	
CLINIMIX/DEXTROSE (4.25/5)	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	1B	
<i>brimonidine tartrate-timolol maleate</i>	1B	
<i>carteolol hcl (ophth)</i>	1B	
COMBIGAN (Use <i>brimonidine tartrate-timolol maleate</i>)	NF	
COSOPT (Use <i>dorzolamide hcl-timolol maleate</i>)	NF	
<i>dorzolamide hcl-timolol maleate</i>	1B	
<i>levobunolol hcl 0.5 %</i>	1B	
<i>timolol maleate (ophth) SOLG</i>	1B	
<i>timolol maleate (ophth) SOLN</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
Cycloplegic Mydriatics		
MYDRIACYL SOLN (Use tropicamide)	NF	
tropicamide SOLN 0.5 %	1B	QL(2.5 ML daily)
tropicamide SOLN 1 %	1B	
Miotics		
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1B	
Ophthalmic Adrenergic Agents		
brimonidine tartrate 0.15 %, 0.2 %	1B	
Ophthalmic Anti-infectives		
bacitracin (ophthalmic)	3	
besifloxacin hcl 0.6 %	1B	PA
BESIVANCE 0.6 % (Use besifloxacin hcl)	3	PA
ciprofloxacin hcl (ophth) SOLN	1B	
erythromycin (ophth)	1B	
gatifloxacin (ophth)	1B	
gentamicin sulfate (ophth) SOLN	1B	
levofloxacin (ophth) 0.5 %	1B	
moxifloxacin hcl (ophth) SOLN OP	1B	
NATACYN	2	
neomycin-bacitracin zn-polymyxin	1B	
OCUFLOX (Use ofloxacin (ophth))	NF	
ofloxacin (ophth)	1B	
polymyxin b-trimethoprim	1B	
sulfacetamide sodium (ophth) SOLN	1B	
tobramycin (ophth) SOLN	1B	
trifluridine	1B	

Drug Name	Drug Tier	Requirements/ Limits
VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	NF	
ZIRGAN GEL	2	
Ophthalmic Immunomodulators		
cyclosporine (ophth) EMUL	3	PA
RESTASIS EMUL (Use cyclosporine (ophth))	NF	PA
Ophthalmic Local Anesthetics		
ALCAINE (Use proparacaine hcl)	NF	
proparacaine hcl	1B	
Ophthalmic Steroids		
dexamethasone sodium phosphate (ophth)	1B	QL(0.4 ML daily)
difluprednate	1B	PA
DUREZOL (Use difluprednate)	NF	PA
fluorometholone (ophth) SUSP	1B	
FML FORTE SUSP	3	PA
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	NF	
LOTEMAX GEL (Use loteprednol etabonate)	NF	PA
LOTEMAX OINT	3	PA
LOTEMAX SUSP (Use loteprednol etabonate)	NF	PA
loteprednol etabonate GEL	1B	PA
loteprednol etabonate SUSP	1B	PA
loteprednol etabonate-tobramycin	1B	PA
MAXIDEX SUSP OP	3	PA
MAXITROL OINT (Use neomycin-polymy-dexameth)	NF	

Drug Name	Drug Tier	Requirements/ Limits
MAXITROL SUSP (Use neomycin-polymyx-dexameth)	NF	
neomycin-polymyx-dexameth OINT	1B	
neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	1B	
neomycin-polymyxin-hc (ophth)	1B	QL(2.5 ML daily)
PRED FORTE (Use prednisolone acetate (ophth))	NF	
PRED MILD	3	PA
prednisolone acetate (ophth)	1B	
PREDNISOLONE SODIUM PHOSPHATE	3	
sulfacetamide sod-prednisolone SOLN	3	PA
tobramycin-dexamethasone SUSP	1B	
ZYLET 0.3 %-0.5 % (Use loteprednol etabonate-tobramycin)	3	PA
Ophthalmic Surgical Aids		
HEALON PRO SOSY	3	PA
PROVISC SOSY	3	PA
Ophthalmics - Misc.		
ACULAR (Use ketorolac tromethamine (ophth))	NF	
ACULAR LS (Use ketorolac tromethamine (ophth))	NF	
ALOCRIAL	3	PA
ALOMIDE	3	PA
azelastine hcl (ophth)	1B	
AZOPT (Use brinzolamide)	NF	
bepotastine besilate	3	PA

Drug Name	Drug Tier	Requirements/ Limits
brinzolamide	1B	
bromfenac sodium (ophth)	1B	
BROMSITE (Use bromfenac sodium (ophth))	NF	
cromolyn sodium (ophth)	1B	
CYSTARAN	2	QL(2.143 ML daily); PA
diclofenac sodium (ophth)	1B	
dorzolamide hcl	1B	
epinastine hcl (ophth)	1B	
flurbiprofen sodium	1B	
ketorolac tromethamine (ophth)	1B	
ketotifen fumarate (ophth) 0.035 %	1B	
LASTACFT	3	PA
NEVANAC	3	QL(0.2 ML daily); ST
olopatadine hcl 0.1 %	1B	QL(0.34 ML daily)
olopatadine hcl 0.2 %	1B	RX/OTC
PROLENSA (Use bromfenac sodium (ophth))	NF	
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		

Drug Name	Drug Tier	Requirements/ Limits
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		
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	
Passive Immunizing Agents - Combinations		
HYQVIA	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
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	
penicillin v potassium TABS	1B	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW 57 MG-400 MG	1B	
amoxicillin & pot clavulanate SUSR	1B	
amoxicillin & pot clavulanate TABS	1B	
amoxicillin & pot clavulanate TB12	1B	
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1B	
<i>nafcillin sodium IJ 1 GM</i>	1B	
<i>oxacillin sodium IJ 1 GM</i>	1B	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	
<i>medroxyprogesterone acetate 10 MG</i>	1A	
<i>megestrol acetate (appetite)</i>	1B	PA
<i>norethindrone acetate TABS</i>	0	
<i>progesterone CAPS</i>	1B	
PROMETRIUM CAPS (Use progesterone)	NF	
PROVERA 5 MG, 10 MG (Use medroxyprogesterone acetate)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1B	
<i>disulfiram</i>	1B	
<i>lofexidine hcl</i>	1B	QL(224 EA per 14 day(s) retail); PA
LUCEMYRA (Use lofexidine hcl)	NF	QL(224 EA per 14 day(s) retail); PA
Antidementia Agents		
ARICEPT TABS 10 MG (Use donepezil hydrochloride)	NF	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ARICEPT TABS 5 MG, 23 MG (Use donepezil hydrochloride)	NF	QL(1 EA daily)
<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 EA daily)
<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1B	QL(1 EA daily)
<i>donepezil hydrochloride TBDP 10 MG</i>	1B	QL(2 EA daily)
<i>donepezil hydrochloride TBDP 5 MG</i>	1B	QL(1 EA daily)
<i>galantamine hydrobromide CP24</i>	1B	QL(1 EA daily)
<i>galantamine hydrobromide SOLN</i>	1B	QL(6 ML daily)
<i>galantamine hydrobromide TABS</i>	1B	QL(2 EA daily)
<i>memantine hcl TABS</i>	1B	
<i>memantine hcl TABS</i>	1B	QL(2 EA daily)
NAMENDA TITRATION PAK TABS (Use memantine hcl)	NF	
<i>rivastigmine tartrate CAPS</i>	1B	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	1B	
<i>perphenazine-amitriptyline</i>	1B	QL(4 EA daily)
Fibromyalgia Agents		
<i>milnacipran hcl MISC</i>	1B	1 max fill(s) per 365 day(s) retail; PA
<i>milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG</i>	1B	QL(2 EA daily); PA
SAVELLA TITRATION PACK MISC (Use milnacipran hcl)	2	1 max fill(s) per 365 day(s) retail; PA
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (Use milnacipran hcl)	2	QL(2 EA daily); PA
Movement Disorder Drug Therapy		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO TABS	4	QL(4 EA daily); PA	REBIF REBIDOSE TITRATION PACK SOAJ	4	1 max fill(s) per 365 day(s) retail; PA
<i>tetrabenazine</i>	4	QL(3 EA daily); PA	REBIF REBIDOSE SOAJ	4	QL(0.214 ML daily); PA
XENAZINE (Use <i>tetrabenazine</i>)	NF	QL(3 EA daily); PA	REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; PA
Multiple Sclerosis Agents			REBIF SOSY	4	QL(0.214 ML daily); PA
AMPYRA (Use <i>dalfampridine</i>)	NF	QL(2 EA daily); PA	TECFIDERA CDPK (Use <i>dimethyl fumarate</i>)	NF	QL(2 EA daily)
AUBAGIO (Use <i>teriflunomide</i>)	NF	QL(1 EA daily)	TECFIDERA CPDR (Use <i>dimethyl fumarate</i>)	NF	QL(2 EA daily)
AVONEX PEN AJKT	4	QL(0.0714 EA daily); PA	<i>teriflunomide</i>	3	QL(1 EA daily)
AVONEX PREFILLED PSKT	4	QL(0.0714 EA daily); PA	Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
BETASERON KIT	4	QL(0.5 EA daily); PA	LYRICA CR 330 MG (Use <i>pregabalin (once-daily)</i>)	NF	QL(2 EA daily); PA
COPAXONE SOSY 40 MG/ML (Use <i>glatiramer acetate</i>)	NF	QL(0.43 ML daily)	LYRICA CR 82.5 MG, 165 MG (Use <i>pregabalin (once-daily)</i>)	NF	QL(1 EA daily); PA
COPAXONE SOSY 20 MG/ML (Use <i>glatiramer acetate</i>)	NF	QL(1 ML daily)	<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 EA daily); PA
<i>dalfampridine</i>	4	QL(2 EA daily); PA	<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 EA daily); PA
<i>dimethyl fumarate CDPK</i>	1B	QL(2 EA daily)	Pseudobulbar Affect (PBA) Agents		
<i>dimethyl fumarate CPDR</i>	1B	QL(2 EA daily)	<i>dextromethorphan hbr-quinidine sulfate</i>	1B	QL(2 EA daily); PA
<i> fingolimod hcl</i>	3	QL(1 EA daily)	NUDEXTA 20 MG-10 MG (Use <i>dextromethorphan hbr-quinidine sulfate</i>)	3	QL(2 EA daily); PA
GILENYA (Use <i> fingolimod hcl</i>)	NF	QL(1 EA daily)	Psychotherapeutic and Neurological Agents - Misc.		
<i>glatiramer acetate SOSY 20 MG/ML</i>	4	QL(1 ML daily)	<i>ergoloid mesylates TABS</i>	1B	
<i>glatiramer acetate SOSY 40 MG/ML</i>	4	QL(0.43 ML daily)	<i>pimozide</i>	1B	
LEMTRADA	4	QL(1.2 ML daily); PA	Smoking Deterrents		
PLEGRIDY STARTER PACK SOAJ	4	QL(0.036 ML daily); PA	<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 EA daily)
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ML daily); PA			
PLEGRIDY SOAJ	4	QL(0.036 ML daily); PA			
PLEGRIDY SOSY IM	4	QL(0.036 ML daily); PA			

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Drug Name	Drug Tier	Requirements/Limits
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		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 EA daily); PA
ORKAMBI PACK	4	QL(2 EA daily); PA
ORKAMBI TABS	4	QL(4 EA daily); PA
PULMOZYME	4	QL(2.5 ML daily); PA
TRIKAFTA TBPK	4	QL(3 EA 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

Drug Name	Drug Tier	Requirements/Limits
<i>nintedanib esylate 100 MG, 150 MG</i>	1B	QL(2 EA daily); PA
OFEV 100 MG, 150 MG (<i>Use nintedanib esylate</i>)	4	QL(2 EA daily); PA
<i>pirfenidone CAPS</i>	4	QL(1 EA daily); PA
<i>pirfenidone TABS 267 MG, 801 MG</i>	4	QL(1 EA daily); PA
<i>pirfenidone TABS 534 MG</i>	4	QL(3 EA daily); PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	1B	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
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		

Drug Name	Drug Tier	Requirements/ Limits
Antithyroid Agents		
<i>methimazole TABS</i>	1B	
<i>propylthiouracil</i>	1B	
Thyroid Hormones		
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2	
AMERITHROID TABS 180 MG, 240 MG, 300 MG	2	QL(1 EA daily)
ARMOUR THYROID TABS	2	QL(1 EA daily)
CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NF	
EVEXITHROID TABS 180 MG	2	QL(1 EA daily)
<i>levothyroxine sodium TABS</i>	1A	
<i>liothyronine sodium SOLN</i>	1B	
<i>liothyronine sodium TABS</i>	1B	
NP THYROID TABS	1B	QL(1 EA daily)
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	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	

Drug Name	Drug Tier	Requirements/ Limits
TENIVAC SUSP 2 LFU-5 LFU	0	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	0	
VAXELIS SUSP	0	
VAXELIS SUSY	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BENTYL SOLN IM (<i>Use dicyclomine hcl</i>)	NF	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B	
<i>dicyclomine hcl CAPS</i>	1B	
<i>dicyclomine hcl SOLN PO</i>	1B	
<i>dicyclomine hcl TABS</i>	1B	
<i>glycopyrrolate SOLN IJ 4 MG/20ML</i>	1B	
<i>glycopyrrolate TABS 2 MG</i>	1B	QL(6 EA daily)
<i>glycopyrrolate TABS 1 MG</i>	1B	
LIBRAX (<i>Use chlordiazepoxide hcl-clidinium bromide</i>)	NF	
<i>methscopolamine bromide</i>	1B	
ROBINUL-FORTE TABS (<i>Use glycopyrrolate</i>)	NF	QL(6 EA daily)
ROBINUL TABS (<i>Use glycopyrrolate</i>)	NF	
H-2 Antagonists		
<i>cimetidine TABS</i>	1B	RX/OTC
<i>famotidine in nacl SOLN</i>	1B	
<i>famotidine SUSR</i>	1B	QL(10 ML daily)
<i>famotidine TABS 20 MG, 40 MG</i>	1B	RX/OTC
<i>nizatidine CAPS</i>	1B	
PEPCID TABS (<i>Use famotidine</i>)	NF	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ranitidine hcl TABS 150 MG, 300 MG</i>	1B		<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 EA daily)
Misc. Anti-Ulcer			PREVACID 24HR CPDR (Use <i>lansoprazole</i>)	NF	QL(2 EA daily); RX/OTC
CARAFATE SUSP (Use <i>sucralfate</i>)	NF	QL(40 ML daily)	PREVACID CPDR 30 MG (Use <i>lansoprazole</i>)	NF	
CARAFATE TABS (Use <i>sucralfate</i>)	NF	QL(4 EA daily)	PROTONIX TBEC 20 MG (Use <i>pantoprazole sodium</i>)	NF	QL(1 EA daily)
<i>sucralfate SUSP</i>	1B	QL(40 ML daily)	PROTONIX TBEC 40 MG (Use <i>pantoprazole sodium</i>)	NF	
<i>sucralfate TABS</i>	1B	QL(4 EA daily)	<i>rabeprazole sodium TBEC</i>	1B	QL(1 EA daily)
Proton Pump Inhibitors			Ulcer Drugs - Prostaglandins		
ACIPHEX TBEC (Use <i>rabeprazole sodium</i>)	NF	QL(1 EA daily)	CYTOTEC (Use <i>misoprostol</i>)	NF	QL(4 EA daily)
DEXILANT (Use <i>dexlansoprazole</i>)	NF	QL(1 EA daily)	<i>misoprostol</i>	1B	QL(4 EA daily)
<i>dexlansoprazole</i>	3	QL(1 EA daily)	Ulcer Therapy Combinations		
<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 EA daily)	<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 CPDR 20 MG</i>	1B	QL(2 EA daily); RX/OTC	<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1B	QL(1 EA daily); RX/OTC
<i>esomeprazole magnesium TBEC</i>	1B	QL(2 EA daily)	ZEGERID CAPS 1100 MG-20 MG (Use <i>omeprazole-sodium bicarbonate</i>)	NF	QL(1 EA daily); RX/OTC
<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 EA daily); RX/OTC	ZEGERID CAPS 1100 MG-40 MG (Use <i>omeprazole-sodium bicarbonate</i>)	NF	
<i>lansoprazole CPDR 30 MG</i>	1B		URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
NEXIUM 24HR TBEC 20 MG	1B	QL(2 EA daily)	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
NEXIUM CPDR 20 MG (Use <i>esomeprazole magnesium</i>)	NF	QL(2 EA daily); RX/OTC	<i>darifenacin hydrobromide</i>	1B	QL(1 EA daily)
NEXIUM CPDR 40 MG (Use <i>esomeprazole magnesium</i>)	NF	QL(1 EA daily)			
<i>omeprazole magnesium CPDR</i>	1B	QL(4 EA daily)			
<i>omeprazole CPDR</i>	1B	QL(2 EA daily)			
<i>omeprazole TBEC</i>	1B	QL(2 EA daily)			
<i>pantoprazole sodium TBEC 40 MG</i>	1B				

Drug Name	Drug Tier	Requirements/ Limits
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 25 MG</i>	1B	
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 EA daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1B	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	
BEXSERO 0.5 ML	0	
CAPVAXIVE	0	
HIBERIX SOLR IJ	0	

Drug Name	Drug Tier	Requirements/ Limits
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 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	1 max fill(s) per 180 day(s) retail
AFLURIA SUSP	0	1 max fill(s) per 180 day(s) retail
AREXVY	0	
AUDENZ EMUL	0	
AUDENZ PRSY	0	
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	0	
COMIRNATY SUSP	0	
COMIRNATY SUSY	0	
ENGRIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENGERIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail	FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail
FLUAD	0	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
FLUAD QUADRIVALENT	0	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
FLUARIX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail	GARDASIL 9 SUSY 0.5 ML	0	3 max fill(s) per 365 day(s) retail
FLUARIX SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	0	
FLUBLOK SOSY	0	1 max fill(s) per 180 day(s) retail	HEPLISAV-B SOSY	0	2 max fill(s) per 292 day(s) retail; 2 max fill(s) per 292 day(s) mail
FLUCELVAX QUADRIVALENT SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	IPOL IJ	0	
FLUCELVAX SUSP	0	1 max fill(s) per 180 day(s) retail	JYNNEOS	0	
FLUCELVAX SUSY	0	1 max fill(s) per 180 day(s) retail	MFLUSIVA SUSY IM 0.38 ML	0	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLULAVAL SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail
FLUMIST	0	1 max fill(s) per 180 day(s) retail	MNEXSPIKE SUSY 10 MCG/0.2ML	0	
FLUZONE HIGH-DOSE QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VAC 6M-11Y SUSY	0	
FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) retail	MRESVIA	0	
FLUZONE QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE SUSY	0	
			NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	0	
			PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	
			PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0	

Drug Name	Drug Tier	Requirements/Limits
PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail
PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
PROQUAD SUSR	0	2 max fill(s) per 365 day(s) retail
RECOMBIVAX HB SUSP	0	
RECOMBIVAX HB SUSY	0	
ROTARIX SUSP	0	
ROTATEQ SOLN	0	
SHINGRIX	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
SHINGRIX IM 50 MCG/0.5ML	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	0	
SPIKEVAX SUSP	0	
SPIKEVAX SUSY	0	
TWINRIX SUSY	0	
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	0	
VAQTA	0	
VARIVAX SUSR	0	2 max fill(s) per 365 day(s) retail
VAGINAL AND RELATED PRODUCTS		
Spermicides		
TODAY SPONGE MISC	0	
VCF VAGINAL CONTRACEPTIVE FILM	0	
Vaginal Anti-infectives		
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate vaginal CREA</i>	1B	
<i>clotrimazole vaginal CREA 1 %</i>	1B	
GYNAZOLE-1	3	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail)
<i>metronidazole vaginal</i>	1B	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal SUPP</i>	1B	
Vaginal Anti-inflammatory Agents		
<i>hydrocortisone vaginal</i>	1B	QL(15.15 GM daily)
Vaginal Contraceptive - pH Modulators		
PHEXX	0	PV
PHEXXI	0	PV
Vaginal Estrogens		
ESTRACE CREA (<i>Use estradiol vaginal</i>)	NF	QL(2 GM daily)
<i>estradiol vaginal CREA</i>	1B	QL(2 GM daily)
<i>estradiol vaginal TABS</i>	1B	
ESTRING RING 7.5 MCG/24HR	3	
FEMRING	3	
PREMARIN	2	QL(1.5 GM daily)
VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis) SOAJ</i>	1B	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	NF	
EPIPEN JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	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		
<i>midodrine hcl</i>	1B	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS</i>	1A	
<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	0	
DRISDOL CAPS (Use <i>ergocalciferol</i>)	NF	
<i>ergocalciferol CAPS</i>	0	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	1B	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
Water Soluble Vitamins		
<i>ascorbic acid SOLN IJ</i>	3	QL(0.4 ML daily)
NIACIN ER TBCR	1B	
<i>niacinamide TABS 100 MG</i>	1B	
<i>niacinamide TABS 500 MG</i>	1A	
<i>niacin CPCR 250 MG</i>	1A	
<i>niacin TABS</i>	1A	
<i>niacin TBCR</i>	1A	

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bleomycin sulfate 15 UNIT	35	bumetanide SOLN 0.25 MG/ML ...	59	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	6
BOOSTRIX SUSP	83	bumetanide TABS	59	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	8
BOOSTRIX SUSY	83	BUMEX TABS 0.5 MG (Use bumetanide)	59	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	8
bortezomib SOLR IJ	35	BUPHENYL POWD (Use sodium phenylbutyrate)	60	butalbital-aspirin-caffeine CAPS	6
bosentan TABS	46	BUPHENYL TABS (Use sodium phenylbutyrate)	60	butalbital-aspirin-caffeine w/cod	8
bosentan TBSO 32 MG	46	buprenorphine hcl SOLN	9	butenafine hcl	52
BREO ELLIPTA (Use fluticasone furoate-vilanterol)	13	buprenorphine hcl SUBL	9	butorphanol tartrate IJ 1 MG/ML, 2 MG/ML	9
BREO ELLIPTA 50 MCG/INH-25 MCG/INH	13	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	9	butorphanol tartrate NA 10 MG/ML ..	9
BREZTRI AEROSPHERE	13	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	9	BUTRANS PTWK (Use	
BRILINTA 60 MG, 90 MG (Use ticagrelor)	65				
brimonidine tartrate (topical)	57				
brimonidine tartrate 0.15 %, 0.2 %	77				
brimonidine tartrate-timolol maleate	76				

buprenorphine) 9	CAMPTOSAR 40 MG/2ML, 100 MG/5ML (Use irinotecan hcl) 37	carbidopa 38
BYSTOLIC 2.5 MG, 5 MG, 10 MG (Use nebivolol hcl) 43	CANASA SUPP (Use mesalamine) 63	carbidopa-levodopa TABS 38
BYSTOLIC 20 MG (Use nebivolol hcl) 43	candesartan cilexetil 27	carbidopa-levodopa TBCR 38
CABENUVA 40	candesartan cilexetil- hydrochlorothiazide 28	carbidopa-levodopa TBDP 38
cabergoline 61	capecitabine 33	carbidopa-levodopa-entacapone ..38
CABOMETYX TABS 35	CAPRELSA 35	carbinoxamine maleate SOLN 25
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) 45	captopril 12.5 MG 27	carbinoxamine maleate TABS 4 MG . 25
CAFERGOT TABS (Use ergotamine w/ caffeine) 70	captopril 25 MG, 50 MG, 100 MG .27	CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML, 2.5 MG/ML (Use nicardipine hcl) ..44
calcipotriene CREA 53	CAPVAXIVE 85	CARDIZEM CD CP24 120 MG, 300 MG, 360 MG (Use diltiazem hcl coated beads) 44
calcipotriene OINT 53	CARAC CREA (Use fluorouracil (topical)) 53	CARDIZEM CD CP24 180 MG, 240 MG (Use diltiazem hcl coated beads) 44
calcipotriene SOLN 53	CARAFATE SUSP (Use sucralfate) 84	CARDIZEM LA TB24 (Use diltiazem hcl) 44
calcipotriene-betamethasone dipropionate OINT 55	CARAFATE TABS (Use sucralfate) 84	CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl) 44
calcipotriene-betamethasone dipropionate SUSP 55	carbamazepine CHEW 16	CARDURA (Use doxazosin mesylate) 28
calcitonin (salmon) NA 59	carbamazepine CP12 100 MG 16	carisoprodol TABS 75
calcitriol (topical) 53	carbamazepine CP12 200 MG 16	carmustine 32
calcitriol CAPS 60	carbamazepine CP12 300 MG 16	carteolol hcl (ophth) 76
calcitriol SOLN PO 60	carbamazepine SUSP 16	carvedilol 43
calcium acetate (phosphate binder) CAPS 64	carbamazepine TABS 16	carvedilol phosphate 43
calcium acetate (phosphate binder) TABs 64	carbamazepine TB12 100 MG, 400 MG 16	CASODEX (Use bicalutamide) ...34
calcium chloride (dihydrate) SOLN 72	carbamazepine TB12 200 MG 16	CATAPRES-TTS-1 PTWK (Use clonidine) 28
CALCIUM CHLORIDE SOLN 10 % (Use calcium chloride (dihydrate)) .72	CARBATROL CP12 100 MG (Use carbamazepine) 16	CATAPRES-TTS-2 PTWK (Use clonidine) 28
calcium polycarbophil TABS 67	CARBATROL CP12 200 MG (Use carbamazepine) 16	CATAPRES-TTS-3 PTWK (Use

clonidine) 28	hydrobromide) 19	MG 31
CAYA DPRH 68	CELLCEPT CAPS (Use mycophenolate mofetil) 73	chloroquine phosphate TABS 500 MG 31
CAYSTON 31	CELLCEPT TABS (Use mycophenolate mofetil) 73	chlorpromazine hcl SOLN 40
cefaclor CAPS 46	CELONTIN (Use methsuximide) ..18	chlorpromazine hcl TABS 40
cefaclor SUSR 250 MG/5ML 46	cephalexin CAPS 46	chlorthalidone 25 MG, 50 MG 59
cefadroxil CAPS 46	cephalexin SUSR 46	chlorzoxazone TABS 500 MG 75
cefadroxil SUSR 46	CERDELGA 65	chlorzoxazone TABS 750 MG 75
cefadroxil TABS 46	CEREBYX (Use fosphenytoin sodium) 18	CHOLBAM 63
cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG 46	CEREZYME 400 UNIT 65	cholecalciferol CAPS 88
cefdinir CAPS 47	cetirizine hcl TABS 25	cholecalciferol TABS 10 MCG, 400 UNIT 88
cefdinir SUSR 47	CETRAXAL (Use ciprofloxacin hcl (otic)) 79	cholestyramine light PACK 26
cefepime hcl SOLR IJ 1 GM 47	cevimeline hcl 74	cholestyramine light POWD 26
cefixime CAPS 47	CHANTIX CONTINUING MONTH PAK TABS (Use varenicline tartrate) . 82	cholestyramine PACK 26
cefixime SUSR 47	CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate) ...82	cholestyramine POWD 26
CEFOTAN IJ (Use cefotetan disodium) 46	CHANTIX TABS (Use varenicline tartrate) 82	choline fenofibrate 26
cefotetan disodium IJ 1 GM, 2 GM 46	CHEMET 23	CHORIONIC GONADOTROPIN IM 60
cefoxitin sodium IV 1 GM, 2 GM ...47	CHEMSTRIP K STRP 58	CIALIS 5 MG (Use tadalafil) 45
cefpodoxime proxetil SUSR 47	chloramphenicol sodium succinate 30	ciclopirox GEL 52
cefpodoxime proxetil TABS 47	chlordiazepoxide hcl CAPS 11	ciclopirox olamine CREA 52
cefprozil SUSR 47	chlordiazepoxide hcl-clidinium bromide 83	ciclopirox olamine SUSP 52
cefprozil TABS 47	chlordiazepoxide-amitriptyline 80	ciclopirox SHAM 52
ceftaroline fosamil 400 MG, 600 MG . 47	chlorhexidine gluconate (mouth- throat) 74	ciclopirox SOLN 52
ceftazidime IJ 1 GM, 6 GM 47	chloroquine phosphate TABS 250	cidofovir 42
cefuroxime axetil TABS 47		cilostazol 65
cefuroxime sodium IJ 750 MG 47		CIMDUO 40
CELEBREX (Use celecoxib) 5		cimetidine TABS 83
celecoxib 5		cinacalcet hcl 60
CELEXA TABS (Use citalopram		CIPRO TABS 250 MG, 500 MG (Use

ciprofloxacin hcl) 62	clemastine fumarate) 25	87
ciprofloxacin hcl (ophth) SOLN 77	CLEMSZA TABS 2.68 MG (Use clemastine fumarate) 25	clindamycin phosphate-benzoyl peroxide (refrigerate) 50
ciprofloxacin hcl (otic) 79	CLEOCIN (Use clindamycin hcl) ..30	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % 50
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG 62	CLEOCIN (Use clindamycin palmitate hydrochloride) 30	clindamycin phosphate-tretinoin ..50
ciprofloxacin in d5w 200 MG/100ML . 62	CLEOCIN CREA (Use clindamycin phosphate vaginal) 87	CLINIMIX/DEXTROSE (4.25/10) ..76
ciprofloxacin-dexamethasone 79	CLEOCIN PHOSPHATE SOLN IJ (Use clindamycin phosphate) 30	CLINIMIX/DEXTROSE (4.25/5) ...76
ciprofloxacin-fluocinolone acetone . 79	CLEOCIN-T LOTN (Use clindamycin phosphate (topical)) 50	clobazam SUSP 15
cisplatin SOLN 100 MG/100ML 33	CLIMARA PRO 61	clobazam TABS 15
citalopram hydrobromide SOLN ...19	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) 62	clobetasol propionate CREA 0.05 % . 55
citalopram hydrobromide TABS ...19	CLINDAGEL GEL (Use clindamycin phosphate (topical)) 50	clobetasol propionate emollient base 0.05 % 55
CLARINEX TABS (Use desloratadine) 25	clindamycin hcl 30	clobetasol propionate FOAM 55
clarithromycin SUSR 68	clindamycin palmitate hydrochloride . 30	clobetasol propionate GEL 0.05 % 55
clarithromycin TABS 68	clindamycin phosphate (topical) FOAM 50	clobetasol propionate OINT 0.05 % 55
clarithromycin TB24 68	clindamycin phosphate (topical) GEL 50	clobetasol propionate SOLN 0.05 % . 55
CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine) 25	clindamycin phosphate (topical) LOTN 50	clocortolone pivalate 55
CLARITIN CAPS (Use loratadine) .25	clindamycin phosphate (topical) SOLN 50	CLODERM (Use clocortolone pivalate) 55
CLARITIN CHEW (Use loratadine) 25	clindamycin phosphate (topical) SWAB 50	clofarabine 33
CLARITIN CHILDRENS CHEW (Use loratadine) 25	clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML 30	clomiphene citrate TABS 60
CLARITIN REDITABS TBP (Use loratadine) 25	clindamycin phosphate vaginal CREA	clomipramine hcl 20
CLARITIN SOLN (Use loratadine) .25		clonazepam TABS 15
CLARITIN TABS (Use loratadine) .25		clonidine hcl (adhd) TB12 2
CLASSIC PRENATAL TABS 74		clonidine hcl TABS 28
clemastine fumarate SYRP 25		clonidine PTWK 28
clemastine fumarate TABS 2.68 MG . 25		clopidogrel bisulfate 300 MG 65
CLEMASZ TABS 2.68 MG (Use		clopidogrel bisulfate 75 MG 65

clorazepate dipotassium TABS	11	colestipol hcl TABS	26	hcl)	46
clotrimazole (topical) CREA	52	COMBIGAN (Use brimonidine tartrate-timolol maleate)	76	CORTEF TABS (Use hydrocortisone)	49
clotrimazole (topical) SOLN	52	COMBIPATCH PTTW	61	CORTENEMA (Use hydrocortisone (intrarectal))	10
clotrimazole	74	COMBIVENT RESPIMAT AERS ..	13	CORTISPORIN-TC	79
clotrimazole vaginal CREA 1 % ...	87	COMETRIQ (100 MG DAILY DOSE) KIT	36	COSENTYX (300 MG DOSE) SOSY .	53
clotrimazole w/ betamethasone CREA	52	COMETRIQ (140 MG DAILY DOSE) KIT	36	COSENTYX SENSOREADY (300 MG) SOAJ	53
clotrimazole w/ betamethasone LOTN	52	COMETRIQ (60 MG DAILY DOSE) KIT	36	COSENTYX SENSOREADY PEN SOAJ	53
clozapine TABS	39	COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	85	COSENTYX SOSY 150 MG/ML ...	53
clozapine TBDP 100 MG	39	COMIRNATY SUSP	85	COSENTYX SOSY 75 MG/0.5ML .	53
clozapine TBDP 12.5 MG, 150 MG 39		COMIRNATY SUSY	85	COSENTYX UNOREADY SOAJ ..	53
clozapine TBDP 25 MG	39	COMPLERA 200 MG-300 MG-25 MG (Use emtricitabine- rilpivirine-tenofovir disoproxil fumarate)	40	COSOPT (Use dorzolamide hcl- timolol maleate)	76
CLOZARIL TABS (Use clozapine) .	39	CONCERTA TBCR 18 MG, 27 MG (Use methylphenidate hcl)	2	COVARYX 2.5 MG-1.25 MG (Use esterified estrogens & methyltestosterone)	61
COARTEM	31	CONCERTA TBCR 36 MG, 54 MG (Use methylphenidate hcl)	2	COVARYX HS 1.25 MG-0.625 MG (Use esterified estrogens & methyltestosterone)	61
codeine sulfate TABS 30 MG	7	COPAXONE SOSY 20 MG/ML (Use glatiramer acetate)	81	COZAAR (Use losartan potassium) 27	
CODEINE SULFATE TABS	7	COPAXONE SOSY 40 MG/ML (Use glatiramer acetate)	81	CREON CPEP	58
COLAZAL CAPS (Use balsalazide disodium)	63	CORDRAN TAPE	55	CRESEMBA CAPS 186 MG	24
colchicine TABS	65	COREG (Use carvedilol)	43	CRESTOR TABS (Use rosuvastatin calcium)	26
colchicine w/ probenecid	65	COREG CR (Use carvedilol phosphate)	43	cromolyn sodium (ophth)	78
colesevelam hcl PACK	26	CORGARD TABS 20 MG (Use nadolol)	44	cromolyn sodium NEBU	12
colesevelam hcl TABS	26	CORGARD TABS 40 MG (Use nadolol)	43	crotamiton LOTN	57
COLESTID GRAN (Use colestipol hcl)	26	CORLANOR TABS (Use ivabradine			

CURITY STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant))	64	dalfampridine	81	deferasirox PACK	23
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG- 263 MG-11 UNIT-4000 UNIT	75	DALIRESP (Use roflumilast)	12	deferasirox TABS	23
cyanocobalamin SOLN IJ 1000 MCG/ML	65	danazol CAPS	9	deferasirox TBSO	23
cyclobenzaprine hcl TABS 5 MG, 10 MG	76	DANTRIUM CAPS 25 MG (Use dantrolene sodium)	76	deflazacort TABS	49
cyclophosphamide CAPS	33	dantrolene sodium CAPS	76	DELESTROGEN (Use estradiol valerate)	62
cyclophosphamide SOLR IJ	33	dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG	20	DELSTRIGO	40
cycloserine	32	dapagliflozin free base-metformin hcl TB24 PO 1000 MG-5 MG	20	DELZICOL CPDR (Use mesalamine)	63
cyclosporine (ophth) EMUL	77	dapagliflozin TABS PO 5 MG, 10 MG	22	demeclocycline hcl TABS	82
cyclosporine CAPS	73	dapsone	30	DEMEROL SOLN IJ (Use meperidine hcl)	7
cyclosporine modified (for microemulsion) CAPS	73	DAPTACEL	83	DENAVIR (Use penciclovir)	54
cyclosporine modified (for microemulsion) SOLN	73	DAPTOMYCIN (Use daptomycin)	30	DEPAKOTE ER TB24 (Use divalproex sodium)	18
CYKLOKAPRON SOLN (Use tranexamic acid)	66	daptomycin 500 MG	30	DEPAKOTE TBEC (Use divalproex sodium)	18
CYMBALTA CPEP (Use duloxetine hcl)	19	DARAPRIM (Use pyrimethamine)	31	DEPEN TITRATABS TABS (Use penicillamine)	73
cyproheptadine hcl SYRP	25	darifenacin hydrobromide	84	DEPO-ESTRADIOL	62
cyproheptadine hcl TABS	25	darunavir TABS	40	DEPO-MEDROL SUSP (Use methylprednisolone acetate)	49
CYSTADANE (Use betaine)	60	dasatinib	36	DEPO-MEDROL SUSP	49
CYSTAGON CAPS	64	DAURISMO	34	DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive))	48
CYSTARAN	78	DDAVP PF SOLN IJ (Use desmopressin acetate)	61	DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive))	48
CYTOMEL TABS (Use liothyronine sodium)	83	DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	61	DEPO-SUBQ PROVERA 104 SUSY SC	48
CYTOTEC (Use misoprostol)	84	DDAVP TABS 0.1 MG (Use desmopressin acetate)	61	DERMACINRX PNV PRENATOL TABS	75
dabigatran etexilate mesylate CAPS	15	DDAVP TABS 0.2 MG (Use desmopressin acetate)	61	DERMA-SMOOTH/FS BODY OIL (Use fluocinolone acetonide)	55
dactinomycin	35	decitabine	33		

DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide) 55	tartrate) 85	DIACOMIT PACK 500 MG 16
DERMOTIC (Use fluocinolone acetonide (otic)) 79	DETROL TABS (Use tolterodine tartrate) 85	DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant)) 15
DESCOVY 200 MG-25 MG 40	dexamethasone ELIX 49	diazepam (anticonvulsant) GEL ... 15
desipramine hcl TABS 20	DEXAMETHASONE INTENSOL CONC 49	diazepam CONC 11
desloratadine TABS 25	dexamethasone sodium phosphate (ophth) 77	diazepam SOLN PO 5 MG/5ML ... 11
desloratadine TBDP 2.5 MG 25	dexamethasone SOLN 49	diazepam TABS 11
desmopressin acetate SOLN IJ ...61	dexamethasone TABS 0.5 MG, 0.75 MG 49	diazoxide 21
DESMOPRESSIN ACETATE SOLN NA 61	dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG 49	DIBENZYLINE (Use phenoxybenzamine hcl) 27
desmopressin acetate spray 61	DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate) ...1	DICLEGIS TBEC (Use doxylamine- pyridoxine) 24
desmopressin acetate spray refrigerated 0.01 % 61	DEXILANT (Use dexlansoprazole) 84	diclofenac epolamine PTCH EX ...52
desmopressin acetate TABS 0.1 MG 61	dexlansoprazole 84	diclofenac potassium TABS 50 MG .5
desmopressin acetate TABS 0.2 MG 61	dexmethylphenidate hcl CP24 2	diclofenac sodium (actinic keratoses) EX 53
desogestrel & ethinyl estradiol 47	dexmethylphenidate hcl TABS 2	diclofenac sodium (ophth) 78
desogestrel-ethinyl estradiol (biphasic) 47	dextroamphetamine sulfate CP24 10 MG, 15 MG 1	diclofenac sodium (topical) GEL EX 53
desogestrel-ethinyl estradiol (triphasic) 47	dextroamphetamine sulfate CP24 5 MG 1	diclofenac sodium TB24 5
desonide CREA 55	dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1	diclofenac sodium TBEC 5
desonide LOTN 55	dextroamphetamine sulfate TABS 5 MG, 10 MG 1	diclofenac w/ misoprostol TBEC 5
desonide OINT 55	dextromethorphan hbr-quinidine sulfate 81	dicloxacillin sodium 80
desoximetasone CREA 0.25 % 55	DIACOMIT CAPS 250 MG 16	dicyclomine hcl CAPS 83
desoximetasone GEL 55	DIACOMIT CAPS 500 MG 16	dicyclomine hcl SOLN PO 83
desoximetasone OINT 0.25 % 55	DIACOMIT PACK 250 MG 16	dicyclomine hcl TABS 83
DESOXYN (Use methamphetamine hcl) 1		DIFFERIN CREA (Use adapalene) 50
desvenlafaxine succinate 19		DIFFERIN GEL (Use adapalene) .51
DETROL LA CP24 (Use tolterodine		DIFFERIN LOTN 51
		DIFICID TABS 200 MG (Use fidaxomicin) 68

diflorasone diacetate CREA	55	120 MG, 180 MG, 240 MG, 300 MG, 360 MG	44	divalproex sodium TBEC	18
diflorasone diacetate OINT	55	diltiazem hcl extended release beads 420 MG	44	DIVIGEL GEL (Use estradiol)	62
DIFLUCAN SUSR 40 MG/ML (Use fluconazole)	24	diltiazem hcl SOLN 50 MG/10ML ..	44	DOCETAXEL CONC 20 MG/ML (Use docetaxel)	37
DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)	24	DILTIAZEM HCL SOLR	44	docetaxel CONC 20 MG/ML	37
diflunisal TABS	7	diltiazem hcl TABS	44	DOCETAXEL CONC 80 MG/4ML, 160 MG/8ML (Use docetaxel)	37
difluprednate	77	diltiazem hcl TB24	44	docusate calcium	67
digoxin SOLN PO 0.05 MG/ML	45	dimethyl fumarate CDPK	81	docusate sodium CAPS 100 MG ..	67
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	45	dimethyl fumarate CPDR	81	docusate sodium CAPS 250 MG ..	67
dihydroergotamine mesylate SOLN IJ 1 MG/ML	71	DIOVAN HCT (Use valsartan-hydrochlorothiazide)	28	dofetilide	11
dihydroergotamine mesylate SOLN NA 4 MG/ML	71	DIOVAN TABS (Use valsartan) ...	27	donepezil hydrochloride TABS 10 MG	80
DILANTIN (Use phenytoin sodium extended)	18	DIPENTUM	63	donepezil hydrochloride TABS 5 MG, 23 MG	80
DILANTIN	18	diphenhydramine hcl CAPS 50 MG 25	25	donepezil hydrochloride TBDP 10 MG	80
DILANTIN INFATABS CHEW (Use phenytoin)	18	diphenhydramine hcl ELIX 12.5 MG/5ML	25	donepezil hydrochloride TBDP 5 MG 80	80
DILANTIN SUSP (Use phenytoin) .	18	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	25	dorzolamide hcl	78
DILANTIN-125 SUSP (Use phenytoin)	18	diphenoxylate w/ atropine LIQD ...	23	dorzolamide hcl-timolol maleate ..	76
DILAUDID LIQD (Use hydromorphone hcl)	7	diphenoxylate w/ atropine TABS ..	23	DOVATO	40
DILAUDID TABS (Use hydromorphone hcl)	7	DIPROLENE OINT (Use betamethasone dipropionate augmented)	55	doxazosin mesylate	28
diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG	44	dipyridamole	65	doxepin hcl (antipruritic)	53
diltiazem hcl coated beads CP24 180 MG, 240 MG	44	DISKETS TBSO 40 MG (Use methadone hcl)	7	doxepin hcl (sleep)	66
diltiazem hcl CP12	44	disopyramide phosphate CAPS ...	11	doxepin hcl CAPS	20
diltiazem hcl CP24	44	disulfiram	80	doxepin hcl CONC	20
diltiazem hcl extended release beads		DIURIL SUSP	59	doxercalciferol CAPS	60
		divalproex sodium TB24	18	doxercalciferol SOLN	60
				doxorubicin hcl SOLR 10 MG, 50 MG	35
				doxycycline (monohydrate) CAPS 50 MG, 100 MG	82

doxycycline (monohydrate) CAPS 75 MG 82	DUREX EXTRA SENSITIVE THIN MISC 68	EFFIENT (Use prasugrel hcl) 65
doxycycline (monohydrate) TABS 100 MG 82	DUREX TROPICAL MISC 68	EFUDEX CREA (Use fluorouracil (topical)) 53
doxycycline (monohydrate) TABS 50 MG, 75 MG 82	DUREZOL (Use difluprednate) 77	ELAPRASE 60
doxycycline hyclate CAPS 82	dutasteride 64	electrolyte-148 72
doxycycline hyclate TABS 20 MG, 100 MG 82	dutasteride-tamsulosin hcl 64	electrolyte-a 72
doxylamine-pyridoxine TBEC 24	DYRENIUM CAPS (Use triamterene) 59	ELESTRIN GEL 62
DRISDOL CAPS (Use ergocalciferol) 88	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) 68	eletriptan hydrobromide 71
dronabinol CAPS 24	EC-NAPROSYN TBEC 375 MG (Use naproxen) 5	ELIDEL (Use pimecrolimus) 57
drospirenone-ethinyl estradiol 47	EC-NAPROSYN TBEC 500 MG (Use naproxen) 5	ELIGARD KIT SC 7.5 MG 34
drospirenone-ethinyl estradiol-levomefolate calcium 47	econazole nitrate CREA 52	ELIGARD SC 22.5 MG, 30 MG, 45 MG 34
DROXIA CAPS 65	EDARBI 40 MG, 80 MG (Use azilsartan medoxomil) 27	ELIMITE CREA (Use permethrin) . 57
DUAVEE 61	EDECIN (Use ethacrynic acid) .. 59	ELIQUIS DVT/PE STARTER PACK TBPK 14
DUETACT (Use pioglitazone hcl-glimepiride) 20	EDURANT 25 MG (Use rilpivirine hcl) 40	ELIQUIS TABS 14
DULCOLAX TBEC (Use bisacodyl) 67	EEMT 2.5 MG-1.25 MG (Use esterified estrogens & methyltestosterone) 61	ELLA 48
DULERA 13	EEMT HS 1.25 MG-0.625 MG (Use esterified estrogens & methyltestosterone) 61	ELMIRON CAPS 64
duloxetine hcl CPEP 19	efavirenz CAPS 200 MG 40	eltrombopag olamine PACK 12.5 MG, 25 MG 66
DUPIXENT SOAJ 200 MG/1.14ML 57	efavirenz CAPS 50 MG 40	eltrombopag olamine TABS 12.5 MG, 25 MG 66
DUPIXENT SOAJ 300 MG/2ML ... 57	efavirenz TABS 40	eltrombopag olamine TABS 50 MG, 75 MG 66
DUPIXENT SOSY 200 MG/1.14ML 57	efavirenz-emtricitabine-tenofovir disoproxil fumarate 40	EMBECTA AUTOSHIELD DUO ... 70
DUPIXENT SOSY 300 MG/2ML ... 57	efavirenz-lamivudine-tenofovir disoproxil fumarate 40	EMBECTA PEN NEEDLE NANO . 70
DURAMORPH SOLN IJ 0.5 MG/ML, 1 MG/ML (Use morphine sulfate) ... 7	EFFEXOR XR CP24 (Use venlafaxine hcl) 19	EMBECTA PEN NEEDLE NANO 2 GEN 70
DUREX EXTRA SENSITIVE THIN DEVI 68		EMBECTA PEN NEEDLE ULTRAFINE 70
		EMCYT 34
		EMEND BIPACK CAPS 80 MG (Use aprepitant) 24

EMEND TRIPACK CPPK PO (Use aprepitant) 24	ENERGIX-B SUSP 20 MCG/ML ...85	EPIVIR TABS 300 MG (Use lamivudine) 41
EMFLAZA TABS (Use deflazacort) 49	ENERGIX-B SUSY 86	eplerenone 29
EMGALITY (300 MG DOSE) SOSY 70	ENOBYSOSY SC 60 MG/ML 59	epoprostenol sodium 45
EMGALITY SOAJ 70	enoxaparin sodium SOLN IJ 300 MG/3ML 14	eptifibatide 200 MG/100ML 65
EMGALITY SOSY 70	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML 14	EQL PRENATAL FORMULA TABS 75
EMSAM 19	enoxaparin sodium SOSY 30 MG/0.3ML 14	EQUETRO 100 MG 38
emtricitabine CAPS 40	enoxaparin sodium SOSY 40 MG/0.4ML 14	EQUETRO 200 MG 38
emtricitabine-rilpivirine-tenofovir disoproxil fumarate 40	enoxaparin sodium SOSY 60 MG/0.6ML 14	EQUETRO 300 MG 38
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG 41	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML 14	ERBITUX 34
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG 41	entacapone 38	ergocalciferol CAPS 88
EMTRIVA CAPS (Use emtricitabine) . 41	entecavir TABS 42	ergocalciferol SOLN PO 200 MCG/ML 88
EMTRIVA SOLN 41	ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (Use sacubitril-valsartan) 45	ergoloid mesylates TABS 81
EMVERM CHEW 10	EPIDIOLEX 16	ERGOMAR SUBL 71
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 28	EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide) 51	ergotamine w/ caffeine TABS 70
enalapril maleate & hydrochlorothiazide 25 MG-10 MG 28	EPIDUO GEL (Use adapalene- benzoyl peroxide) 51	eribulin mesylate 37
enalapril maleate TABS 27	epinastine hcl (ophth) 78	ERIVEDGE 34
ENBREL MINI SOCT 6	epinephrine (anaphylaxis) SOAJ .. 88	ERLEADA 240 MG 34
ENBREL SOLN 6	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis)) 88	ERLEADA 60 MG 34
ENBREL SOSY 25 MG/0.5ML 6	EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis)) 88	erlotinib hcl 34
ENBREL SOSY 50 MG/ML 6	EPIVIR SOLN (Use lamivudine) ...41	ERTACZO 52
ENBREL SURECLICK SOAJ 6	EPIVIR TABS 150 MG (Use lamivudine) 41	ertapenem sodium IJ 30
ENFLONISIA SOSY IM 105 MG/0.7ML 79		ERYPED 200 SUSR (Use erythromycin ethylsuccinate) 68
		ERYPED 400 SUSR (Use erythromycin ethylsuccinate) 68
		erythromycin (acne aid) PADS 51
		erythromycin (acne aid) SOLN 51
		erythromycin (ophth) 77
		erythromycin base CPEP 68

erythromycin base TABS	68	ESTRATEST H.S. (Use esterified estrogens & methyltestosterone) ..	62	EVEXITHROID TABS 180 MG	83
erythromycin base TBEC	68	ESTRING RING 7.5 MCG/24HR ..	87	EVISTA (Use raloxifene hcl)	60
erythromycin ethylsuccinate SUSR 68		ESTROGEL GEL (Use estradiol) ..	62	EVOTAZ	41
erythromycin ethylsuccinate TABS	68	estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	62	EVOXAC (Use cevimeline hcl)	74
ESBRIET CAPS (Use pirfenidone)	82	eszopiclone	66	EXELDERM CREA (Use sulconazole nitrate)	52
ESBRIET TABS (Use pirfenidone)	82	ethacrynic acid	59	EXELDERM SOLN (Use sulconazole nitrate)	52
escitalopram oxalate SOLN	19	ethambutol hcl TABS	32	exemestane	34
escitalopram oxalate TABS	19	ethosuximide CAPS	18	EXFORGE (Use amlodipine besylate-valsartan)	28
ESGIC TABS (Use butalbital- acetaminophen-caffeine)	6	ethosuximide SOLN	18	EXFORGE HCT (Use amlodipine- valsartan-hydrochlorothiazide)	28
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	16	ethynodiol diacet & eth estrad	47	EXJADE TBSO (Use deferasirox) ..	23
esomeprazole magnesium CPDR 20 MG	84	etodolac CAPS	5	ezetimibe	26
esomeprazole magnesium CPDR 40 MG	84	etodolac TABS	5	ezetimibe-simvastatin	25
esomeprazole magnesium TBEC ..	84	etonogestrel-ethinyl estradiol	48	famciclovir 125 MG, 250 MG	42
estazolam	66	ETOPOPHOS	37	famciclovir 500 MG	42
esterified estrogens & methyltestosterone	61	etoposide CAPS	37	famotidine in nacl SOLN	83
ESTRACE CREA (Use estradiol vaginal)	87	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	37	famotidine SUSR	83
ESTRACE TABS (Use estradiol) ..	62	etravirine 100 MG	41	famotidine TABS 20 MG, 40 MG ..	83
estradiol & norethindrone acetate TABS	61	etravirine 200 MG	41	FANAPT	39
estradiol GEL	62	EUCRISA	57	FANAPT TITRATION PACK A	39
estradiol PTTW	62	EURAX CREA	57	FANAPT TITRATION PACK B	39
estradiol PTWK	62	EVAMIST SOLN	62	FANAPT TITRATION PACK C	39
estradiol TABS	62	EVEKEO TABS (Use amphetamine sulfate)	1	FANTASY LUBRICATED MISC ...	68
estradiol vaginal CREA	87	everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	73	FANTASY LUBRICATED/SPERMICIDE MISC	68
estradiol vaginal TABS	87	everolimus (immunosuppressant) 1 MG	73	FARESTON (Use toremifene citrate)	34
estradiol valerate	62	everolimus TABS	36	FARXIGA TABS PO (Use dapagliflozin)	22

FASENRA PEN SOAJ	12	MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	7	FLUAD QUADRIVALENT	86
FASENRA SOSY 10 MG/0.5ML ...	12	ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	66	FLUARIX QUADRIVALENT SUSY	86
FASENRA SOSY 30 MG/ML	12	ferrous sulfate TABS	66	FLUARIX SUSY	86
FASLODEX SOSY (Use fulvestrant) .	34	ferrous sulfate TBEC 325 MG	66	FLUBLOK SOSY	86
FC2 FEMALE CONDOM	68	fesoterodine fumarate	85	FLUCELVAX QUADRIVALENT SUSY	86
febuxostat	65	FETZIMA CP24	19	FLUCELVAX SUSP	86
felbamate SUSP	18	FETZIMA TITRATION C4PK	19	FLUCELVAX SUSY	86
felbamate TABS 400 MG	18	fidaxomicin TABS 200 MG	68	fluconazole SUSR	24
felbamate TABS 600 MG	18	finasteride	64	fluconazole TABS	24
FELBATOL SUSP (Use felbamate)	18	fingolimod hcl	81	flucytosine	24
FELBATOL TABS 400 MG (Use felbamate)	18	FIORICET CAPS (Use butalbital-acetaminophen-cafeine)	6	fludarabine phosphate SOLN	33
FELBATOL TABS 600 MG (Use felbamate)	18	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use butalbital-acetaminophen-cafeine w/ codeine) .	8	fludarabine phosphate SOLR	33
felodipine	44	FIRAZYR SOSY (Use icatibant acetate)	65	fludrocortisone acetate TABS	49
FEMARA (Use letrozole)	34	FIRMAGON (240 MG DOSE)	34	FLULAVAL SUSY	86
FEMCAP DEVI	68	FIRMAGON 80 MG	34	FLUMIST	86
FEMLYV TBDP	47	FIRVANQ SOLR PO (Use vancomycin hcl)	30	flunisolide (nasal)	76
FEMRING	87	flavoxate hcl	85	fluocinolone acetonide (otic)	79
fenofibrate micronized 43 MG, 130 MG	26	flecainide acetate	11	fluocinolone acetonide CREA 0.01 %	55
fenofibrate micronized 67 MG, 134 MG, 200 MG	26	FLECTOR PTCH EX (Use diclofenac epolamine)	53	fluocinolone acetonide CREA 0.025 %	55
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	26	FLOLAN 1.5 MG (Use epoprostenol sodium)	45	fluocinolone acetonide OIL	56
FENOGLIDE TABS (Use fenofibrate)	26	FLOVENT HFA 44 MCG/ACT (Use fluticasone propionate hfa)	12	fluocinolone acetonide OINT	56
fenoprofen calcium TABS	5	floxuridine	33	fluocinolone acetonide SOLN	56
FENSOLVI (6 MONTH) SC	60	FLUAD	86	fluocinonide CREA 0.05 %	56
fentanyl citrate LPOP	7			fluocinonide CREA 0.1 %	56
fentanyl PT72 12 MCG/HR, 25				fluocinonide emulsified base	56

FLUORIDEX DAILY RENEWAL CONC 0.63 %	74	fluticasone propionate LOTN	56	fondaparinux sodium 5 MG/0.4ML .	14
fluorometholone (ophth) SUSP	77	fluticasone propionate OINT	56	fondaparinux sodium 7.5 MG/0.6ML .	14
fluorouracil (topical) CREA 5 %	53	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250		FORA GTEL BLOOD KETONE TEST	58
fluorouracil (topical) SOLN	53	MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	13	FORA TEST N'GO ADV-VOICE-6 CON	58
fluorouracil 500 MG/10ML	33	fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232		FORFIVO XL TB24 (Use bupropion hcl)	18
fluoxetine hcl CAPS	19	MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	13	formoterol fumarate NEBU	13
fluoxetine hcl CPDR	19	fluticasone-salmeterol AERO	13	FORTEO SOPN (Use teriparatide)	59
fluoxetine hcl SOLN	19	fluvastatin sodium CAPS 20 MG ..	26	FOSAMAX PLUS D	59
FLUOXETINE HCL TABS (Use fluoxetine hcl)	19	fluvastatin sodium CAPS 40 MG ..	26	FOSAMAX TABS 70 MG (Use alendronate sodium)	59
fluoxetine hcl TABS	19	fluvoxamine maleate TABS	19	fosamprenavir calcium TABS	41
fluphenazine hcl CONC	40	FLUZONE HIGH-DOSE QUADRIVALENT	86	fosfomycin tromethamine	31
fluphenazine hcl ELIX	40	FLUZONE HIGH-DOSE SUSY	86	fosinopril sodium & hydrochlorothiazide	28
fluphenazine hcl SOLN	40	FLUZONE QUADRIVALENT SUSY 86		fosinopril sodium	27
fluphenazine hcl TABS	40	FLUZONE SUSP	86	fosphenytoin sodium	18
flurandrenolide CREA	56	FLUZONE SUSY	86	FOSRENOL CHEW (Use lanthanum carbonate)	64
flurandrenolide LOTN	56	FML FORTE SUSP	77	FRAGMIN SOSY	14
flurazepam hcl	66	FML LIQUIFILM SUSP (Use fluorometholone (ophth))	77	FREESTYLE LIBRE 14 DAY READER	69
flurbiprofen sodium	78	FOCALIN TABS (Use dexmethylphenidate hcl)	2	FREESTYLE LIBRE 14 DAY SENSOR	69
flurbiprofen TABS	5	FOCALIN XR CP24 (Use dexmethylphenidate hcl)	2	FREESTYLE LIBRE 2 PLUS SENSOR	69
fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	12	folic acid TABS	66	FREESTYLE LIBRE 2 READER ..	69
fluticasone furoate-vilanterol	13	FOLOTYN 20 MG/ML (Use pralatrexate)	33	FREESTYLE LIBRE 2 SENSOR ..	69
fluticasone propionate (inhalation) AEPB	12	fondaparinux sodium 10 MG/0.8ML 14		FREESTYLE LIBRE 3 PLUS SENSOR	69
fluticasone propionate (nasal) SUSP . 76		fondaparinux sodium 2.5 MG/0.5ML . 14		FREESTYLE LIBRE 3 READER ..	69
fluticasone propionate CREA 0.05 % 56					
fluticasone propionate hfa	12				

FREESTYLE LIBRE 3 SENSOR ..69	GARDASIL 9 SUSY 0.5 ML 86	glipizide TABS 5 MG, 10 MG 22
FREESTYLE LIBRE READER 69	gatifloxacin (ophth) 77	glipizide TB24 22
FROVA (Use frovatriptan succinate) 71	gefitinib 34	glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG 20
frovatriptan succinate 71	gemcitabine hcl SOLR 2 GM, 200 MG 33	glipizide-metformin hcl 500 MG-5 MG 20
FT PRENATAL TABS 75	gemfibrozil TABS 26	GLUCAGON EMERGENCY SOLR IJ 1 MG (Use glucagon) 21
FULPHILA 66	GENOTROPIN CART SC 60	glucagon SOLR IJ 1 MG 21
fulvestrant SOSY 35	GENOTROPIN MINISQUICK PRSY 60	GLUCOTROL XL TB24 5 MG, 10 MG (Use glipizide) 23
furosemide SOLN IJ 10 MG/ML ...59	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	GLUMETZA TB24 (Use metformin hcl) 21
furosemide TABS 59	gentamicin sulfate (ophth) SOLN ..77	glyburide micronized 1.5 MG, 3 MG, 6 MG 23
FUZEON SOLR 41	gentamicin sulfate (topical) CREA .51	glyburide TABS 23
FYCOMPA TABS 2 MG (Use perampanel) 15	gentamicin sulfate (topical) OINT ..51	glyburide-metformin 250 MG-1.25 MG 20
FYCOMPA TABS 4 MG (Use perampanel) 15	gentamicin sulfate IJ 40 MG/ML 3	glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG 20
FYCOMPA TABS 6 MG (Use perampanel) 15	GENVOYA 41	glycine (gu irrigant) SOLN 1.5 % ..64
FYCOMPA TABS 8 MG, 10 MG, 12 MG (Use perampanel) 15	GEODON (Use ziprasidone hcl) ..39	glycopyrrolate SOLN IJ 4 MG/20ML 83
gabapentin CAPS 16	GILENYA (Use fingolimod hcl) ...81	glycopyrrolate TABS 1 MG 83
gabapentin SOLN 16	GILOTRIF 34	glycopyrrolate TABS 2 MG 83
gabapentin TABS 600 MG, 800 MG 16	glatiramer acetate SOSY 20 MG/ML . 81	GLYXAMBI 20
galantamine hydrobromide CP24 ..80	glatiramer acetate SOSY 40 MG/ML . 81	GNP PRENATAL TABS 75
galantamine hydrobromide SOLN .80	GLEEVEC TABS (Use imatinib mesylate) 36	GNP PRENATAL/FOLIC ACID TABS 75
galantamine hydrobromide TABS .80	GLEOSTINE 10 MG (Use lomustine) 33	GOHIBIC 65
GAMUNEX-C 79	GLEOSTINE 10 MG, 100 MG (Use lomustine) 33	GOJJI BLOOD KETONE TEST ...58
ganciclovir sodium SOLR 42	GLEOSTINE 40 MG, 100 MG (Use lomustine) 33	GOLYTELY SOLR (Use peg 3350- kcl-sod bicarb-sod chloride-sod sulfate) 67
GANIRELIX ACETATE (Use ganirelix acetate) 60	glimepiride 1 MG, 2 MG 22	
ganirelix acetate 60	glimepiride 4 MG 22	
GARDASIL 9 SUSP 0.5 ML 86		

granisetron hcl SOLN IV 1 MG/ML	23	10	MG	59
granisetron hcl TABS	23	HEPARIN (PORCINE) IN NACL	hydrocodone bitartrate CP12	7
GRASTEK SUBL	3	SOLN IV 0.45 %-12500 UNIT/250ML	hydrocodone bitartrate T24A	7
griseofulvin microsize SUSP	24	15	hydrocodone polistirex-	
griseofulvin microsize TABS	24	heparin sodium (porcine) SOLN IJ	chlorpheniramine polistirex SUER	.50
griseofulvin ultramicrosize	24	5000 UNIT/ML, 10000 UNIT/ML,	hydrocodone-acetaminophen SOLN	
guanfacine hcl (adhd)	2	20000 UNIT/ML	108 MG/5ML-2.5 MG/5ML, 217	
guanfacine hcl	28	HEPLISAV-B SOSY	MG/10ML-5 MG/10ML, 325	
GYNAZOLE-1	87	HIBERIX SOLR IJ	MG/15ML-7.5 MG/15ML	9
HAEGARDA SOLR SC	65	HIPREX (Use methenamine	hydrocodone-acetaminophen SOLN	
HALAVEN (Use eribulin mesylate)	37	hippurate)	325 MG/15ML-10 MG/15ML	8
halcinonide CREA	56	HUMATROPE CART IJ	hydrocodone-acetaminophen TABS	
HALCION 0.25 MG (Use triazolam)	66	HUMIRA (2 PEN) AJKT 80	300 MG-10 MG, 300 MG-5 MG, 300	
HALDOL DECANOATE (Use		MG/0.8ML	MG-7.5 MG	9
haloperidol decanoate)	39	HUMIRA (2 PEN) AJKT	hydrocodone-acetaminophen TABS	
halobetasol propionate CREA	56	HUMIRA (2 SYRINGE) PSKT	325 MG-10 MG, 325 MG-5 MG, 325	
halobetasol propionate OINT	56	HUMIRA-CD/UC/HS STARTER	MG-7.5 MG	9
HALOG CREA (Use halcinonide)	56	AJKT	hydrocodone-acetaminophen TABS	
HALOG OINT	56	HUMIRA-PSORIASIS/UEIT	325 MG-2.5 MG	9
haloperidol decanoate	39	STARTER AJKT	hydrocodone-ibuprofen 10 MG-200	
haloperidol lactate CONC	39	HUMULIN R U-500	MG, 5 MG-200 MG	9
haloperidol lactate SOLN	39	(CONCENTRATED) SOLN SC	hydrocodone-ibuprofen 7.5 MG-200	
haloperidol TABS	39	SC	MG	9
HAVRIX IM 720 EL U/0.5ML, 1440		HUMULIN R U-500 KWIKPEN SOPN	hydrocortisone (intrarectal)	10
EL U/ML	86	SC	hydrocortisone (rectal) EX	10
HEALON PRO SOSY	78	HYCANTIN CAPS	hydrocortisone (topical) CREA 1 %,	
HEMANGEOL SOLN PO	44	HYCANTIN SOLR (Use topotecan	2.5 %	56
HEMATINIC/FOLIC ACID	66	hcl)	hydrocortisone (topical) LOTN 2.5 %	.
HEMMOREX-HC 25 MG, 30 MG		hydralazine hcl SOLN	56	
(Use hydrocortisone acetate (rectal))		hydralazine hcl TABS	hydrocortisone (topical) OINT 1 %,	
		HYDREA (Use hydroxyurea)	2.5 %	56
		hydrochlorothiazide CAPS	hydrocortisone acetate (rectal)	10
		hydrochlorothiazide TABS 12.5 MG	hydrocortisone butyrate CREA	56
		59	hydrocortisone butyrate OINT	56
		hydrochlorothiazide TABS 25 MG, 50	hydrocortisone butyrate SOLN	56

hydrocortisone sod succinate 100 MG 49	100 MG (Use losartan potassium & hydrochlorothiazide) 28	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML 71
hydrocortisone TABS 49	HYZAAR 12.5 MG-50 MG (Use losartan potassium & hydrochlorothiazide) 28	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate) 71
hydrocortisone vaginal 87	ibandronate sodium SOLN 59	IMITREX TABS (Use sumatriptan succinate) 71
hydrocortisone valerate CREA 56	ibandronate sodium TABS 59	IMURAN TABS (Use azathioprine) 73
hydrocortisone valerate OINT 56	IBRANCE CAPS 100 MG, 125 MG 36	INCRELEX 60
hydrocortisone w/acetic acid 79	IBRANCE TABS 36	INCRUSE ELLIPTA 62.5 MCG/ACT (Use umecclidinium bromide) 12
hydromorphone hcl LIQD 7	ibuprofen SUSP 100 MG/5ML, 200 MG/10ML 5	indapamide TABS 1.25 MG 59
HYDROMORPHONE HCL PF SOLN IJ (Use hydromorphone hcl) 7	ibuprofen TABS 400 MG, 600 MG .. 5	indapamide TABS 2.5 MG 59
hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 7	ibuprofen TABS 800 MG 5	INDERAL LA CP24 (Use propranolol hcl) 44
hydromorphone hcl TABS 7	icatibant acetate SOSY 65	indomethacin CAPS 25 MG, 50 MG 5
hydromorphone hcl TB24 32 MG ... 7	ICLUSIG 36	indomethacin CPCR 5
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG 7	icosapent ethyl 1 GM 25	INFANRIX 83
hydroxychloroquine sulfate 100 MG 31	IDAMYCIN PFS 20 MG/20ML (Use idarubicin hcl) 35	INFLECTRA SOLR 63
hydroxychloroquine sulfate 200 MG 31	IDAMYCIN PFS 5 MG/5ML, 10 MG/10ML (Use idarubicin hcl) 35	INLYTA 33
hydroxychloroquine sulfate 400 MG 32	idarubicin hcl 20 MG/20ML 35	INSPIRA (Use eplerenone) 29
hydroxyurea 37	idarubicin hcl 5 MG/5ML, 10 MG/10ML 35	INSULIN GLARGINE-YFGN SOLN 22
hydroxyzine hcl SOLN 50 MG/ML . 11	IFEX SOLR (Use ifosfamide) 33	INSULIN GLARGINE-YFGN SOPN 22
hydroxyzine hcl SYRP 11	ifosfamide SOLN 1 GM/20ML 33	INSULIN LISPRO (1 UNIT DIAL) SOPN 22
hydroxyzine hcl TABS 11	ifosfamide SOLR 33	INSULIN LISPRO JUNIOR KWIKPEN SOPN 22
hydroxyzine pamoate CAPS 11	imatinib mesylate TABS 36	INSULIN LISPRO PROT & LISPRO SUPN 22
HYPERSAL NEBU (Use sodium chloride (inhalant)) 50	imipramine hcl TABS 20	INSULIN LISPRO SOLN IJ 22
HYPERSAL NEBU 50	imipramine pamoate 20	INTELENCE 100 MG (Use etravirine) 41
HYQVIA 79	imiquimod 5 % 57	
HYZAAR 12.5 MG-100 MG, 25 MG-	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML 71	

INTELENCE 200 MG (Use etravirine)	isosorbide dinitrate TABS 5 MG, 10	JULUCA	41
41	MG, 20 MG, 30 MG	JYNARQUE TABS 15 MG, 30 MG	
INTELENCE 25 MG	45	(Use tolvaptan)	61
INTUNIV (Use guanfacine hcl	isosorbide dinitrate-hydralazine hcl	JYNNEOS	86
(adhd))	45	KALETRA SOLN	41
2	isosorbide mononitrate TABS	KALETRA TABS (Use lopinavir-	
INVEGA 3 MG, 6 MG, 9 MG (Use	11	ritonavir)	41
paliperidone)	isotretinoin 10 MG, 20 MG, 30 MG,	KALYDECO TABS	82
39	40 MG	KAMELEON LUBRICATED MISC	68
IONOSOL-MB IN D5W	51	KANJINTI	34
72	isradipine CAPS	KCL IN DEXTROSE-NACL (Use	
IPOL IJ	44	potassium chloride in dextrose &	
86	ISTODAX SOLR (Use romidepsin)	sodium chloride)	72
ipratropium bromide (nasal) 0.03 %	36	KCL IN DEXTROSE-NACL 5 %-40	
76	itraconazole CAPS	MEQ/L-0.9 % (Use potassium	
ipratropium bromide (nasal) 0.06 %	24	chloride in dextrose & sodium	
76	itraconazole SOLN	chloride)	72
ipratropium bromide hfa 17	46	KCL-LACTATED RINGERS-D5W	72
MCG/ACT	57	KENALOG-40 SUSP (Use	
12	ivermectin (pediculicide)	triamcinolone acetonide)	49
ipratropium bromide SOLN 0.02 %	10	KEPPRA SOLN PO 100 MG/ML (Use	
12	ivermectin	levetiracetam)	16
ipratropium-albuterol SOLN	37	KEPPRA TABS 1000 MG (Use	
13	IXEMPRA KIT 15 MG	levetiracetam)	16
irbesartan	23	KEPPRA TABS 250 MG, 750 MG	
27	JADENU SPRINKLE PACK (Use	(Use levetiracetam)	16
irbesartan-hydrochlorothiazide	23	KEPPRA TABS 500 MG (Use	
28	JADENU TABS (Use deferasirox)	levetiracetam)	16
IRESSA (Use gefitinib)	36	KEPPRA XR TB24 (Use	
34	JAKAFI	levetiracetam)	16
irinotecan hcl 40 MG/2ML, 100	64	ketoconazole (topical) CREA	52
MG/5ML	JALYN (Use dutasteride-tamsulosin	ketoconazole (topical) SHAM 2 %	52
37	hcl)	ketoconazole	24
irrigation solutions, physiological	20	KETONE TEST STRP	58
74	JANUMET TABS 1000 MG-50 MG,		
ISENTRESS CHEW	500 MG-50 MG (Use sitagliptin		
41	phosphate-metformin hcl)		
ISENTRESS HD TABS	20		
41	JANUMET XR TB24 1000 MG-100		
ISENTRESS TABS	MG (Use sitagliptin phosphate-		
41	metformin hcl)		
ISOLYTE-P IN D5W	20		
72	JANUMET XR TB24 1000 MG-50		
ISOLYTE-S	MG, 500 MG-50 MG (Use sitagliptin		
72	phosphate-metformin hcl)		
isoniazid SOLN	20		
32	JANUVIA 25 MG, 50 MG, 100 MG		
isoniazid SYRP	(Use sitagliptin phosphate)		
32	21		
isoniazid TABS	22		
32	JARDIANCE		
ISORDIL TITRADOSE TABS 5 MG			
(Use isosorbide dinitrate)			
10			

ketoprofen CAPS 50 MG, 75 MG ...5	KLONOPIN TABS (Use clonazepam) 16	
ketorolac tromethamine (ophth) ...78	15	lamivudine (hbv) TABS 42
ketorolac tromethamine TABS 5	KLOR-CON 10 TBCR 10 MEQ (Use potassium chloride) 72	lamivudine SOLN 41
KETOSTIX STRP 58	KLOR-CON TBCR 8 MEQ (Use potassium chloride) 73	lamivudine TABS 150 MG 41
ketotifen fumarate (ophth) 0.035 % 78	KP PRENATAL MULTIVITAMINS TABS 75	lamivudine TABS 300 MG 41
KEVZARA SOAJ 5	KRINTAFEL 32	lamivudine-zidovudine 41
KEVZARA SOSY 5	K-TAB TBCR 20 MEQ (Use potassium chloride) 73	lamotrigine CHEW 25 MG 16
KIMONO COLORS DEVI 68	KYLEENA 48	lamotrigine CHEW 5 MG 16
KIMONO MAXX-LARGE FLARE MISC 68	KYPROLIS 36	lamotrigine TABS 16
KIMONO MICRO THIN PLUS MISC . 68	labetalol hcl SOLN 43	lamotrigine TBDP 16
KIMONO MISC 68	labetalol hcl TABS 100 MG, 200 MG . 43	LANOXIN SOLN IJ (Use digoxin) .45
KIMONO PLUS MISC 68	labetalol hcl TABS 300 MG 43	LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (Use digoxin) 45
KIMONO PS MISC 68	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML 16	lansoprazole CPDR 15 MG 84
KIMONO PS PLUS MISC 68	lacosamide TABS 16	lansoprazole CPDR 30 MG 84
KIMONO SENSATION MISC 68	lactated ringer's (irrigation) 74	lanthanum carbonate CHEW 64
KIMONO SENSATION PLUS MISC 68	lactic acid (ammonium lactate) CREA 57	lapatinib ditosylate 36
KIMONO SPECIAL DEVI 68	lactic acid (ammonium lactate) LOTN 12 % 57	LASIX TABS (Use furosemide) 59
KINRIX SUSY 83	lactulose (encephalopathy) 63	LASTACAFT 78
KIRSTY SOLN IJ 100 UNIT/ML ... 22	lactulose SOLN 67	latanoprost SOLN 78
KIRSTY SOPN SC 100 UNIT/ML ..22	LAMICTAL CHEW 25 MG (Use lamotrigine) 16	LATUDA 20 MG, 40 MG, 60 MG, 120 MG (Use lurasidone hcl) 39
KISQALI (200 MG DOSE) 36	LAMICTAL CHEW 5 MG (Use lamotrigine) 16	LATUDA 80 MG (Use lurasidone hcl) 39
KISQALI (400 MG DOSE) 36	LAMICTAL ODT TBDP (Use lamotrigine) 16	leflunomide 6
KISQALI (600 MG DOSE) 36	LAMICTAL TABS (Use lamotrigine)	LEMTRADA 81
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (Use tobramycin) 3		lenalidomide 73
KLARON (Use sulfacetamide sodium (acne)) 51		LENVIMA (10 MG DAILY DOSE) .33
		LENVIMA (12 MG DAILY DOSE) .33
		LENVIMA (14 MG DAILY DOSE) .33
		LENVIMA (18 MG DAILY DOSE) .34

LENVIMA (20 MG DAILY DOSE) .34	levofloxacin TABS 500 MG 62	LINZESS 63
LENVIMA (24 MG DAILY DOSE) .34	levonorgestrel & eth estradiol TABS 47	liothyronine sodium SOLN 83
LENVIMA (4 MG DAILY DOSE) .. 34	levonorgestrel (emergency oc) 1.5 MG 48	liothyronine sodium TABS 83
LENVIMA (8 MG DAILY DOSE) .. 34	levonorgestrel-eth estradiol (triphasic) 47	LIPITOR TABS (Use atorvastatin calcium) 26
LETAIRIS (Use ambrisentan) 46	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG 47	liraglutide 21
letrozole 35	levonorgestrel-ethinyl estradiol (continuous) 47	lisdexamphetamine dimesylate CAPS 1
leucovorin calcium SOLR 37	levonorgestrel-ethinyl estradiol-iron 47	lisdexamphetamine dimesylate CHEW . 1
leucovorin calcium TABS 37	levorphanol tartrate TABS 2 MG 7	lisinopril & hydrochlorothiazide 28
LEUKERAN 33	levothyroxine sodium TABS 83	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG 27
LEUKINE SOLR IJ 66	LEXAPRO TABS (Use escitalopram oxalate) 19	lithium 38
leuprolide acetate KIT IJ 1 MG/0.2ML 35	LIALDA TBEC (Use mesalamine) . 63	lithium carbonate CAPS 38
levabuterol hcl 13	LIBRAX (Use chlordiazepoxide hcl- clidinium bromide) 83	lithium carbonate TABS 38
levabuterol tartrate 13	lidocaine hcl (mouth-throat) 2 % ... 74	lithium carbonate TBCR 38
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML 16	lidocaine hcl (mouth-throat) 4 % ... 74	LITHOBID TBCR (Use lithium carbonate) 38
levetiracetam TABS 1000 MG 17	lidocaine hcl GEL 2 % 57	LO LOESTRIN FE TABS 47
levetiracetam TABS 250 MG, 750 MG 17	lidocaine hcl PRSY 57	LODINE TABS (Use etodolac) 5
levetiracetam TABS 500 MG 16	lidocaine hcl SOLN 57	LODOSYN (Use carbidopa) 38
levetiracetam TB24 17	lidocaine PTCH 5 % 57	lofexidine hcl 80
levobunolol hcl 0.5 % 76	lidocaine-prilocaine CREA 57	LOKELMA 74
levocetirizine dihydrochloride SOLN 25	LIDODERM PTCH (Use lidocaine) 57	LOMOTIL TABS (Use diphenoxylate w/ atropine) 23
levocetirizine dihydrochloride TABS 25	LILETTA (52 MG) 48	lomustine 10 MG 33
levofloxacin (ophth) 0.5 % 77	LINCOCIN (Use lincomycin hcl) .. 30	lomustine 40 MG, 100 MG 33
levofloxacin in d5w 500 MG/100ML 62	lincomycin hcl 30	loperamide hcl CAPS 23
levofloxacin SOLN PO 62	linezolid SUSR 31	LOPID TABS (Use gemfibrozil) 26
levofloxacin TABS 250 MG, 750 MG . 62	linezolid TABS 31	lopinavir-ritonavir SOLN 41
		lopinavir-ritonavir TABS 41
		LOPRESSOR TABS (Use metoprolol

tartrate) 43	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl) 29	LUNESTA (Use eszopiclone) 67
LOQTORZI 34	LOTRIMIN AF CREA (Use clotrimazole (topical)) 52	LUPRON DEPOT (1-MONTH) KIT IM 35
loratadine CAPS 25	LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical)) 52	LUPRON DEPOT (3-MONTH) KIT IM 35
loratadine CHEW 25	LOTRIMIN ULTRA (Use butenafine hcl) 52	LUPRON DEPOT (4-MONTH) IM . 35
loratadine SOLN 25	LOTRONEX (Use alosetron hcl) .. 63	LUPRON DEPOT (6-MONTH) IM . 35
loratadine TABS 25	lovastatin TABS 10 MG, 20 MG ... 26	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG 39
loratadine TBDP 25	lovastatin TABS 40 MG 26	lurasidone hcl 80 MG 39
lorazepam CONC 11	LOVAZA (Use omega-3-acid ethyl esters) 25	LURBIPR TABS 100 MG (Use flurbiprofen) 5
lorazepam TABS 0.5 MG, 2 MG ... 11	LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium) 15	LURBIRO TABS 100 MG (Use flurbiprofen) 5
lorazepam TABS 1 MG 11	LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium) . 15	LUZU (Use luliconazole) 52
LORBRENA 36	LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium) 15	LYNPARZA TABS 36
losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG 29	LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium) 15	LYRICA CAPS 225 MG, 300 MG (Use pregabalin) 17
losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 29	LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium) 15	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (Use pregabalin) 17
losartan potassium 27	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium) . 15	LYRICA CR 330 MG (Use pregabalin (once-daily)) 81
LOTEMAX GEL (Use loteprednol etabonate) 77	loxapine succinate 39	LYRICA CR 82.5 MG, 165 MG (Use pregabalin (once-daily)) 81
LOTEMAX OINT 77	lubiprostone 63	LYRICA SOLN (Use pregabalin) ... 17
LOTEMAX SUSP (Use loteprednol etabonate) 77	LUCEMYRA (Use lofexidine hcl) .. 80	LYSODREN 35
LOTENSIN 10 MG, 20 MG, 40 MG (Use benazepril hcl) 27	luliconazole 52	MACROBID (Use nitrofurantoin monohyd macro) 31
LOTENSIN HCT 12.5 MG-10 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide) 29	LUMAKRAS 120 MG, 240 MG 36	MACRODANTIN (Use nitrofurantoin macrocrystal) 31
LOTENSIN HCT 12.5 MG-20 MG (Use benazepril & hydrochlorothiazide) 29	LUMAKRAS 320 MG 36	mafenide acetate PACK 54
loteprednol etabonate GEL 77	LUMIZYME 60	MALARONE (Use atovaquone-proguanil hcl) 31
loteprednol etabonate SUSP 77		
loteprednol etabonate-tobramycin 77		

malathion	58	medroxyprogesterone acetate 2.5 MG, 5 MG	80	mesalamine TBEC 800 MG	63
maraviroc TABS 150 MG	41	mefenamic acid CAPS	6	MESTINON SOLN PO (Use pyridostigmine bromide)	32
maraviroc TABS 300 MG	41	mefloquine hcl	32	MESTINON TABS (Use pyridostigmine bromide)	32
MARINOL CAPS (Use dronabinol)	24	megestrol acetate (appetite)	80	MESTINON TBCR (Use pyridostigmine bromide)	32
MARPLAN	19	megestrol acetate SUSP	35	METADATE CD CPR (Use methylphenidate hcl)	2
MASONATAL TABS	75	megestrol acetate TABS	35	metaxalone 800 MG	76
MATRONEX TABS	75	MEKINIST SOLR	36	metformin hcl TABS 1000 MG	21
MATULANE	37	MEKINIST TABS 0.5 MG	36	metformin hcl TABS 500 MG	21
MAXALT TABS 10 MG (Use rizatriptan benzoate)	71	MEKINIST TABS 2 MG	36	metformin hcl TABS 850 MG	21
MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	71	meloxicam TABS	6	metformin hcl TB24 500 MG	21
MAXIDEX SUSP OP	77	melphalan hcl IV	33	metformin hcl TB24 750 MG	21
MAXITROL OINT (Use neomycin- polymy-dexameth)	77	memantine hcl TABS	80	methadone hcl CONC	7
MAXITROL SUSP (Use neomycin- polymy-dexameth)	78	MENEST 2.5 MG	62	METHADONE HCL SOLN IJ (Use methadone hcl)	7
MAXX MISC	68	MENOSTAR PTWK	62	methadone hcl SOLN IJ 10 MG/ML	7
MAXX PLUS MISC	68	MENQUADFI 0.5 ML	85	methadone hcl SOLN PO 10 MG/5ML	7
meclizine hcl TABS 12.5 MG	23	MENVEO SOLN	85	methadone hcl SOLN PO 5 MG/5ML 7	
meclizine hcl TABS 25 MG	23	MENVEO SOLR	85	methadone hcl TABS 10 MG	7
meclofenamate sodium CAPS	5	meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	7	methadone hcl TABS 5 MG	7
MEDROL TABS 4 MG, 8 MG, 16 MG (Use methylprednisolone)	49	meperidine hcl SOLN PO 50 MG/5ML	7	methadone hcl TBSO	8
MEDROL TABS	49	meperidine hcl TABS 50 MG	7	METHADOSE CONC (Use methadone hcl)	8
MEDROL TBP (Use methylprednisolone)	49	meprobamate	11	METHADOSE SUGAR-FREE CONC (Use methadone hcl)	8
medroxyprogesterone acetate (contraceptive) SUSP IM	48	MEPRON (Use atovaquone)	30	methamphetamine hcl	1
medroxyprogesterone acetate (contraceptive) SUSY IM	48	mercaptopurine TABS	33	methazolamide TABS	58
medroxyprogesterone acetate 10 MG	80	mesalamine CP24	63	methenamine hippurate	31
		mesalamine CPDR	63		
		mesalamine ENEM	63		
		mesalamine SUPP	63		
		mesalamine TBEC 1.2 GM	63		

methimazole TABS 83	27 MG 2	metronidazole (topical) GEL 0.75 % 57
methocarbamol TABS 500 MG, 750 MG 76	methylphenidate hcl TBCR 36 MG, 54 MG 2	metronidazole (topical) GEL 1 % .. 57
methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML 33	methylphenidate PTCH 2	metronidazole (topical) LOTN 57
methotrexate sodium SOLR 33	methylprednisolone acetate SUSP 49	metronidazole TABS 250 MG, 500 MG 30
methotrexate sodium TABS 2.5 MG 33	methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG 49	metronidazole vaginal 87
methoxsalen rapid 53	methylprednisolone TABS 49	mexiletine hcl 11
methscopolamine bromide 83	methylprednisolone TBPk 49	MFLUSIVA SUSY IM 0.38 ML 86
methsuximide 18	methyltestosterone TABS 9	MICARDIS (Use telmisartan) 27
methyldopa TABS 28	metoclopramide hcl SOLN IJ 5 MG/ML 63	MICARDIS HCT (Use telmisartan- hydrochlorothiazide) 29
METHYLIN SOLN (Use methylphenidate hcl) 2	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML 63	miconazole nitrate vaginal SUPP 200 MG 87
methylphenidate hcl CHEW 10 MG .2	metoclopramide hcl TABS 63	midodrine hcl 88
methylphenidate hcl CHEW 2.5 MG 2	metolazone 59	miglitol 20
methylphenidate hcl CHEW 5 MG .. 2	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG 29	miglustat 65
methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG 2	metoprolol & hydrochlorothiazide TABS 25 MG-50 MG 29	MIGRANAL SOLN NA (Use dihydroergotamine mesylate) 71
methylphenidate hcl CP24 30 MG .. 2	metoprolol succinate TB24 200 MG 43	milnacipran hcl MISC 80
methylphenidate hcl CP24 2	metoprolol succinate TB24 25 MG, 50 MG, 100 MG 43	milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG 80
methylphenidate hcl CPR 2	metoprolol tartrate SOLN IV 5 MG/5ML 43	MINIVELLE PTTW (Use estradiol) 62
methylphenidate hcl SOLN 2	metoprolol tartrate TABS 25 MG, 50 MG, 100 MG 43	minocycline hcl CAPS 82
methylphenidate hcl TABS 10 MG, 20 MG 2	METROCREAM CREA (Use metronidazole (topical)) 57	minocycline hcl TABS 82
methylphenidate hcl TABS 5 MG ... 2	METROGEL GEL 1 % (Use metronidazole (topical)) 57	minoxidil 2.5 MG, 10 MG 29
methylphenidate hcl TB24 18 MG, 27 MG 2	metronidazole (topical) CREA 57	MINT REFILL KIT MISC 70
methylphenidate hcl TB24 36 MG, 54 MG 2		mirabegron TB24 85
methylphenidate hcl TBCR 10 MG, 20 MG 2		MIRCERA 66
methylphenidate hcl TBCR 18 MG,		MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic)) 47
		MIRENA (52 MG) 48

mirtazapine TABS	18	MG/5ML	8	MYSOLINE (Use primidone)	17
mirtazapine TBDP	18	morphine sulfate TABS	8	nabumetone	6
MIRVASO (Use brimonidine tartrate (topical))	57	morphine sulfate TBCR	8	nadolol TABS 20 MG	44
misoprostol	84	MOTEGRITY (Use prucalopride succinate)	62	nadolol TABS 40 MG	44
mitomycin SOLR IV 20 MG	35	MOTOFEN	23	nadolol TABS 80 MG	44
mitoxantrone hcl 25 MG/12.5ML ...	35	MOUNJARO	21	nafcillin sodium IJ 1 GM	80
MIUDELLA	48	MOVANTIK	64	naftifine hcl CREA 1 %	52
M-M-R II SOLR	86	MOVIPREP (Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	67	naftifine hcl CREA 2 %	52
M-NATAL PLUS TABS	75	moxifloxacin hcl (ophth) SOLN OP	77	naloxone hcl LIQD	23
MNEXSPIKE SUSY 10 MCG/0.2ML .	86	moxifloxacin hcl in sodium chloride	62	naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	23
modafinil 100 MG	3	moxifloxacin hcl TABS	62	naltrexone hcl	23
modafinil 200 MG	3	MRESVIA	86	NAMENDA TITRATION PAK TABS (Use memantine hcl)	80
MODERNA COVID-19 VAC 6M-11Y SUSY	86	MS CONTIN TBCR (Use morphine sulfate)	8	NAPROSYN SUSP (Use naproxen)	6
moexipril hcl	27	MULTI PRENATAL TABS	75	NAPROSYN TABS 500 MG (Use naproxen)	6
mometasone furoate (nasal) SUSP	76	mupirocin OINT	51	naproxen sodium TABS 550 MG ...	6
mometasone furoate CREA	56	MVASI	34	naproxen SUSP	6
mometasone furoate OINT	56	MYALEPT	60	naproxen TABS	6
mometasone furoate SOLN	56	MYCOBUTIN (Use rifabutin)	32	naproxen TBEC 500 MG	6
montelukast sodium CHEW	12	mycophenolate mofetil CAPS	73	naratriptan hcl	71
montelukast sodium PACK	12	mycophenolate mofetil TABS	73	NARCAN LIQD (Use naloxone hcl)	23
montelukast sodium TABS	12	mycophenolate sodium	73	NARDIL (Use phenelzine sulfate) .	19
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	8	MYDRIACYL SOLN (Use tropicamide)	77	NATACYN	77
morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML	8	MYFORTIC (Use mycophenolate sodium)	73	NATAZIA	47
morphine sulfate SOLN PO 10 MG/5ML	8	MYLERAN TABS	33	nateglinide	22
morphine sulfate SOLN PO 20		MYRBETRIQ TB24 (Use mirabegron)	85	NATROBA (Use spinosad)	58

nebivolol hcl 20 MG 43	neostigmine methylsulfate SOSY ..32	nicardipine hcl SOLN 44
NEBUPENT IN (Use pentamidine isethionate) 30	NEO-SYNALAR 51	NICORETTE MINI LOZG 4 MG (Use nicotine polacrilex) 82
NEBUSAL NEBU 50	NEUPRO 38	NICOTINE KIT 82
nefazodone hcl 19	NEURONTIN CAPS (Use gabapentin) 17	nicotine polacrilex GUM 82
nelarabine 33	NEURONTIN SOLN (Use gabapentin) 17	nicotine polacrilex LOZG 82
neomycin sulfate TABS 3	NEURONTIN TABS (Use gabapentin) 17	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR 82
neomycin-bacitracin zn-polymyxin 77	NEVANAC 78	NICOTROL INHA 82
neomycin-polymy-dexameth OINT 78	nevirapine SUSP 41	NICOTROL NS SOLN 82
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 % 78	nevirapine TABS 41	nifedipine CAPS 10 MG 44
neomycin-polymyxin-hc (ophth) ...78	nevirapine TB24 400 MG 41	nifedipine CAPS 20 MG 44
neomycin-polymyxin-hc (otic) SOLN . 79	NEXAVAR (Use sorafenib tosylate) . 36	nifedipine TB24 44
neomycin-polymyxin-hc (otic) SUSP . 79	NEXIUM 24HR TBEC 20 MG 84	NILANDRON (Use nilutamide) 35
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG 75	NEXIUM CPDR 20 MG (Use esomeprazole magnesium) 84	nilutamide 35
NEONATAL PLUS TABS 75	NEXIUM CPDR 40 MG (Use esomeprazole magnesium) 84	nimodipine CAPS 44
NEONATAL PRENATAL TABS 75	NEXPLANON 48	nintedanib esylate 100 MG, 150 MG . 82
NEONATAL VITAMIN TABS 75	NEXTSTELLIS 47	NIPENT 37
NEORAL CAPS (Use cyclosporine modified (for microemulsion)) 73	niacin (antihyperlipidemic) TBCR ..26	nisoldipine 44
NEORAL SOLN (Use cyclosporine modified (for microemulsion)) 73	niacin CPCR 250 MG 88	nitazoxanide TABS 30
NEOSTIGMINE METHYLSULFATE RFID SOSY (Use neostigmine methylsulfate) 32	NIACIN ER TBCR 88	nitisinone CAPS 60
NEOSTIGMINE METHYLSULFATE SOSY (Use neostigmine methylsulfate) 32	niacin TABS 88	NITRO-DUR PT24 (Use nitroglycerin) 11
	niacin TBCR 88	nitrofurantoin 31
	niacinamide TABS 100 MG 88	nitrofurantoin macrocrystal 50 MG, 100 MG 31
	niacinamide TABS 500 MG 88	nitrofurantoin monohyd macro 31
	nicardipine hcl CAPS 44	nitroglycerin (intra-anal) 10
	NICARDIPINE HCL SOLN (Use nicardipine hcl) 44	nitroglycerin OINT 11
		nitroglycerin PT24 11
		NITROGLYCERIN SOLN IV 11

nitroglycerin SUBL	11	NORPRAMIN TABS 10 MG, 25 MG (Use desipramine hcl)	20	NURTIVA TABS	75
NITROSTAT SUBL (Use nitroglycerin)	11	nortriptyline hcl CAPS	20	NUVARING (Use etonogestrel- ethinyl estradiol)	48
NIVA-PLUS TABS	75	nortriptyline hcl SOLN	20	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	86
nizatidine CAPS	83	NORVASC TABS (Use amlodipine besylate)	44	NUVIGIL (Use armodafinil)	3
NORDITROPIN FLEXPEN SOPN ..	60	NORVIR PACK	41	NYSTATIN (Use nystatin (mouth- throat))	74
norelgestromin-ethinyl estradiol ...	48	NORVIR TABS (Use ritonavir)	41	nystatin (mouth-throat)	74
norethin acet & estrad-fe CAPS ...	47	NOVA MAX PLUS KETONE TEST 58		nystatin (topical) CREA	52
norethin acet & estrad-fe CHEW ..	47	NOVAVAX COVID-19 VACCINE SUSY	86	nystatin (topical) OINT	52
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	47	NOVOLIN 70/30 FLEXPEN SUPN ..	22	nystatin (topical) POWD EX	52
norethindrone & eth estradiol	47	NOVOLIN 70/30 SUSP	22	nystatin TABS	24
norethindrone & ethinyl estradiol-fe 47		NOVOLIN N FLEXPEN SUPN	22	nystatin-triamcinolone CREA	52
norethindrone (contraceptive)	48	NOVOLIN N SUSP	22	nystatin-triamcinolone OINT	52
norethindrone acet & eth estra TABS 47		NOVOLIN R FLEXPEN SOPN IJ ..	22	NYVEPRIA	66
norethindrone acetate TABS	80	NOVOLIN R SOLN IJ	22	octreotide acetate SOLN	61
norethindrone acetate-ethinyl estradiol	62	NOVOLOG FLEXPEN SOPN	22	OCUFLOX (Use ofloxacin (ophth)) 77	
norethindrone acetate-ethinyl estradiol-fe	48	NOVOLOG MIX 70/30 FLEXPEN SUPN	22	ODEFSEY	41
norethindrone-eth estradiol (triphasic)	48	NOVOLOG MIX 70/30 SUSP	22	ODOMZO	34
norgestimate-ethinyl estradiol (triphasic)	48	NOVOLOG PENFILL SOCT	22	OFEV 100 MG, 150 MG (Use nintedanib esylate)	82
norgestimate-ethinyl estradiol	48	NOVOLOG SOLN IJ	22	ofloxacin (ophth)	77
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	48	NOXAFIL SUSP (Use posaconazole)	24	ofloxacin (otic)	79
NORMOSOL-M IN D5W	72	NOXAFIL TBEC (Use posaconazole) 24		ofloxacin 300 MG, 400 MG	62
NORMOSOL-R PH 7.4	72	NP THYROID TABS	83	OGIVRI	34
NORPACE CAPS (Use disopyramide phosphate)	11	NUBEQA	35	olanzapine SOLR	39
		NUDEXTA 20 MG-10 MG (Use dextromethorphan hbr-quinidine sulfate)	81	olanzapine TABS 2.5 MG, 5 MG ..	39
				olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG	39
				olanzapine TBDP 20 MG	39

olanzapine TBDP 5 MG, 10 MG, 15 MG	39	ondansetron hcl SOLN PO 4 MG/5ML	23	OTEZLA TBPK	6
olmesartan medoxomil	27	ondansetron hcl SOSY	23	OTEZLA XR TB24 PO 75 MG	6
olmesartan medoxomil-amlodipine-hydrochlorothiazide	29	ondansetron hcl TABS 24 MG	23	OTEZLA/OTEZLA XR INITIATION PK TBPK	6
olmesartan medoxomil-hydrochlorothiazide	29	ondansetron hcl TABS 4 MG	23	OTOVEL (Use ciprofloxacin-fluocinolone acetonide)	79
olopatadine hcl (nasal)	76	ondansetron hcl TABS 8 MG	23	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
olopatadine hcl 0.1 %	78	ondansetron TBDP 4 MG	23	OVIDE (Use malathion)	58
olopatadine hcl 0.2 %	78	ondansetron TBDP 8 MG	23	oxacillin sodium IJ 1 GM	80
omega-3-acid ethyl esters	25	ONE VITE WOMENS PLUS TABS 75	75	oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	33
omeprazole CPDR	84	ONE VITE WOMENS TABS	75	oxaprozin TABS	6
omeprazole magnesium CPDR	84	ONETOUCH DELICA SAFETY LANCING	70	oxazepam CAPS	11
omeprazole TBEC	84	ONFI SUSP (Use clobazam)	15	oxcarbazepine SUSP	17
omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG	84	ONFI TABS (Use clobazam)	15	oxcarbazepine TABS 150 MG, 300 MG	17
OMNIFLEX DIAPHRAGM	68	ONGLYZA 5 MG (Use saxagliptin hcl)	21	oxcarbazepine TABS 600 MG	17
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	70	OPILL	48	oxiconazole nitrate CREA	52
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	70	ORAPRED ODT TBDP (Use prednisolone sodium phosphate) ..	49	OXISTAT LOTN	52
OMNIPOD 5 LIBRE INTRO KIT ...	70	ORENITRAM TBCR	45	oxybutynin chloride SOLN	85
OMNIPOD 5 LIBRE PODS MISC ..	70	ORFADIN CAPS (Use nitisinone) .	60	oxybutynin chloride TABS 5 MG ...	85
OMNIPOD CLASSIC PODS (GEN 3) MISC	70	ORGOVYX	35	oxybutynin chloride TB24	85
OMNIPOD DASH INTRO (GEN 4) KIT	70	ORILISSA	60	oxycodone hcl TABS	8
OMNIPOD DASH PDM (GEN 4) KIT .	70	ORKAMBI PACK	82	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	9
OMNIPOD DASH PODS (GEN 4) MISC	70	ORKAMBI TABS	82	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	9
OMNIPOD POD PALS	70	ORLADEYO	65	oxymorphone hcl TABS	8
ondansetron hcl SOLN IJ 4 MG/2ML .	23	orphenadrine citrate TB12	76	oxymorphone hcl TB12 40 MG	8
		oseltamivir phosphate CAPS	43		
		oseltamivir phosphate SUSR	43		
		OSPHENA	60		
		OTEZLA TABS	6		

oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG 8	paroxetine hcl SUSP 19	penicillin g potassium 5000000 UNIT 79
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 21	paroxetine hcl TABS 19	penicillin g sodium 79
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML 21	paroxetine hcl TB24 19	penicillin v potassium SOLR 79
OZEMPIC (2 MG/DOSE) SOPN ...21	PAXIL CR TB24 (Use paroxetine hcl) 19	penicillin v potassium TABS 79
OZEMPIC TABS 1.5 MG, 4 MG, 9 MG 21	PAXIL SUSP (Use paroxetine hcl) .19	PENMENVY SUSR IM 85
paclitaxel 100 MG/16.7ML, 150 MG/25ML 37	PAXIL TABS (Use paroxetine hcl) .19	PENTACEL 83
paclitaxel protein-bound particles .37	pazopanib hcl 36	pentamidine isethionate IN 30
paliperidone 39	PEDIAPRED SOLN (Use prednisolone sodium phosphate) ..49	pentazocine w/ naloxone hcl 9
palonosetron hcl SOLN 23	PEDIARIX SUSY 83	pentoxifylline 65
PAMELOR CAPS (Use nortriptyline hcl) 20	pediatric multivitamins w/fl CHEW .74	PEPCID TABS (Use famotidine) ...83
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML 59	PEDVAXHIB SUSP 7.5 MCG/0.5ML .85	perampanel TABS 2 MG 15
PAMIDRONATE DISODIUM SOLN 59	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid 67	perampanel TABS 4 MG 15
PANRETIN 53	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 67	perampanel TABS 6 MG 15
pantoprazole sodium TBEC 20 MG 84	peg 3350-potassium chloride-sod bicarbonate-sod chloride 67	perampanel TABS 8 MG, 10 MG, 12 MG 15
pantoprazole sodium TBEC 40 MG 84	PEGASYS SOLN 42	PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen) 9
PARAGARD INTRAUTERINE COPPER 48	PEGASYS SOSY 42	PERCOCET TABS 325 MG-2.5 MG (Use oxycodone w/ acetaminophen) .9
paricalcitol CAPS 60	PELLIX SOLN 0.005 % (Use calcipotriene) 54	PERFOROMIST NEBU (Use formoterol fumarate) 13
paricalcitol SOLN 60	pemetrexed disodium SOLR 500 MG 33	PERIDEX (Use chlorhexidine gluconate (mouth-throat)) 74
PARLODEL CAPS (Use bromocriptine mesylate) 38	PENBRAYA 85	perindopril erbumine 2 MG, 8 MG .27
PARLODEL TABS (Use bromocriptine mesylate) 38	penciclovir 54	perindopril erbumine 4 MG 27
PARNATE (Use tranlylcypromine sulfate) 19	penicillamine CAPS 73	PERIOMED CONC 0.63 % 74
	penicillamine TABS 73	PERMETHRIN CREA 5 % (Use permethrin) 58
	PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML .79	permethrin CREA 58
		permethrin LIQD EX 58

perphenazine TABS	40	pioglitazone hcl	22	posaconazole TBEC	24
perphenazine-amitriptyline	80	pioglitazone hcl-glimepiride	20	POTASSIUM ACETATE SOLN (Use potassium acetate)	73
PERSERIS PRSY	39	pioglitazone hcl-metformin hcl TABS .	20	potassium acetate SOLN 2 MEQ/ML .	73
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	86	PIQRAY (200 MG DAILY DOSE) .	36	potassium bicarbonate TBEF	73
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	86	PIQRAY (250 MG DAILY DOSE) .	36	potassium chloride CPCR	73
phenazopyridine hcl TABS 100 MG, 200 MG	64	PIQRAY (300 MG DAILY DOSE) .	36	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 %	72
phendimetrazine tartrate TABS	1	pirfenidone CAPS	82	potassium chloride in dextrose 20 MEQ/L	72
phenelzine sulfate	19	pirfenidone TABS 267 MG, 801 MG 82		potassium chloride	
phenobarbital ELIX	66	pirfenidone TABS 534 MG	82	microencapsulated crystals er	73
PHENOBARBITAL TABS 30 MG, 100 MG	66	piroxicam CAPS	6	potassium chloride PACK PO 20 MEQ	73
phenobarbital TABS	66	PLAQUENIL (Use hydroxychloroquine sulfate)	32	POTASSIUM CHLORIDE SOLN IV (Use potassium chloride)	73
phenoxybenzamine hcl	27	PLASMA-LYTE 148	72	POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (Use potassium chloride)	73
phentermine hcl CAPS	1	PLASMA-LYTE A (Use electrolyte-a)	72	potassium chloride SOLN PO 10 %, 10 %	73
phenytoin CHEW	18	PLAVIX 75 MG (Use clopidogrel bisulfate)	65	potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	73
phenytoin sodium extended 100 MG, 200 MG, 300 MG	18	PLEGRIDY SOAJ	81	potassium citrate (alkalinizer) TBCR .	64
phenytoin sodium SOLN	18	PLEGRIDY SOSY IM	81	POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L (Use potassium chloride in dextrose)	72
phenytoin SUSP	18	PLEGRIDY STARTER PACK SOAJ .	81	potassium phosphates 45 MMOLE/15ML	72
PHEXX	87	PLEGRIDY STARTER PACK SOSY SC	81	POTASSIUM PHOSPHATES(66 MEQ K) (Use potassium	
PHEXXI	87	PNEUMOVAX 23 SOSY	85		
PHOTOFRIN	37	podofilox SOLN	57		
PIFELTRO	41	polymyxin b-trimethoprim	77		
pilocarpine hcl (oral)	74	pomalidomide 1 MG, 2 MG, 3 MG, 4 MG	35		
pilocarpine hcl SOLN 1 %, 2 %, 4 % .	77	POMALYST 1 MG, 2 MG, 3 MG, 4 MG (Use pomalidomide)	35		
pimecrolimus	57	posaconazole SUSP	24		
pimozide	81				
pindolol TABS	44				

phosphates) 72	pregabalin (once-daily) 330 MG ... 81	PREVACID CPDR 30 MG (Use lansoprazole) 84
PR BENZOYL PEROXIDE WASH LIQD 51	pregabalin (once-daily) 82.5 MG, 165 MG 81	PREVNAR 20 85
PRADAXA CAPS (Use dabigatran etexilate mesylate) 15	pregabalin CAPS 225 MG, 300 MG 17	PREZCOBIX 41
pralatrexate 20 MG/ML 33	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ... 17	PREZISTA SUSP 41
pramipexole dihydrochloride TABS 0.125 MG 38	pregabalin SOLN 17	PREZISTA TABS (Use darunavir) .41
pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG 38	PREHEVBRIO 87	PREZISTA TABS 75 MG, 150 MG 41
prasugrel hcl 65	PREMARIN 87	PRIFTIN 150 MG (Use rifapentine) 32
pravastatin sodium 26	PREMARIN SOLR 62	PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate) 32
praziquantel 10	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (Use estrogens, conjugated) 62	primaquine phosphate TABS 32
prazosin hcl CAPS 28	PREMPHASE 62	primidone 50 MG, 250 MG 17
PRECISION XTRA KETONE 58	PREMPRO 62	PRIORIX SUSR 87
PRED FORTE (Use prednisolone acetate (ophth)) 78	PRENATAL ONE DAILY TABS ...75	PRISTIQ (Use desvenlafaxine succinate) 20
PRED MILD 78	PRENATAL PLUS TABS 75	PROAIR RESPICLICK AEPB 13
prednisolone acetate (ophth) 78	PRENATAL PLUS VITAMIN/MINERAL TABS 75	probenecid 65
PREDNISOLONE SODIUM PHOSPHATE 78	PRENATAL TABS 75	procainamide hcl SOLN 500 MG/ML . 11
prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 49	PRENATAL VITAMIN AND MINERAL TABS 75	PROCARDIA XL TB24 (Use nifedipine) 44
prednisolone sodium phosphate TBDP 49	PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT 75	prochlorperazine 40
prednisolone SOLN 49	PRENATRIX TABS 75	prochlorperazine maleate TABS ...40
prednisolone TABS 49	PRENATRYL TABS 75	PROCTOCORT (Use hydrocortisone acetate (rectal)) 10
prednisone SOLN 49	PREVACID 24HR CPDR (Use lansoprazole) 84	progesterone CAPS 80
prednisone TABS 1 MG, 5 MG 49		PROGLYCEM (Use diazoxide) ... 21
prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG 49		PROGRAF CAPS (Use tacrolimus) 73
prednisone TBPk 49		PROGRAF PACK 73
		PROGRAF SOLN 5 MG/ML (Use tacrolimus) 74

PROLASTIN-C SOLN 82	albuterol sulfate) 13	QUADRACEL SUSY 83
PROLENSA (Use bromfenac sodium (ophth)) 78	PROVERA 5 MG, 10 MG (Use medroxyprogesterone acetate) 80	QUALAQUIN CAPS (Use quinine sulfate) 32
PROLEUKIN 37	PROVIGIL 100 MG (Use modafinil) .3	QUDEXY XR CS24 (Use topiramate) 17
PROLIA SOSY 59	PROVIGIL 200 MG (Use modafinil) .3	QUESTRAN LIGHT POWD (Use cholestyramine light) 26
PROMACTA PACK 12.5 MG, 25 MG (Use eltrombopag olamine) 66	PROVISC SOSY 78	QUESTRAN PACK (Use cholestyramine) 26
PROMACTA TABS 12.5 MG, 25 MG (Use eltrombopag olamine) 66	PROZAC CAPS (Use fluoxetine hcl) . 19	QUESTRAN POWD (Use cholestyramine) 26
PROMACTA TABS 50 MG, 75 MG (Use eltrombopag olamine) 66	prucalopride succinate 62	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG 39
promethazine hcl SUPP 12.5 MG, 25 MG 25	PRUDOXIN (Use doxepin hcl (antipruritic)) 53	quetiapine fumarate TB24 39
promethazine hcl SUPP 50 MG ... 25	PULMICORT FLEXHALER AEPB .12	quinapril hcl 20 MG, 40 MG 27
promethazine hcl TABS 25	PULMICORT FLEXHALER AEPB .13	quinapril hcl 5 MG, 10 MG 27
PROMETRIUM CAPS (Use progesterone) 80	PULMICORT SUSP (Use budesonide (inhalation)) 13	quinapril-hydrochlorothiazide 12.5 MG-10 MG 29
propafenone hcl CP12 11	PULMOSAL NEBU 7 % (Use sodium chloride (inhalant)) 50	quinapril-hydrochlorothiazide 12.5 MG-20 MG 29
propafenone hcl TABS 11	PULMOZYME 82	quinapril-hydrochlorothiazide 25 MG- 20 MG 29
proparacaine hcl 77	pyrazinamide 32	quinidine sulfate TABS 11
propranolol hcl CP24 44	PYRIDIDIUM TABS (Use phenazopyridine hcl) 65	quinine sulfate CAPS 324 MG 32
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML 44	pyridostigmine bromide SOLN PO .32	QUZYTIR SOLN IV 25
propranolol hcl TABS 44	pyridostigmine bromide TABS 60 MG 32	QVAR REDHALER 13
propylthiouracil 83	pyridostigmine bromide TBCR 32	rabeprazole sodium TBEC 84
PROQUAD SUSR 87	pyrimethamine 32	raloxifene hcl 60
PROSCAR (Use finasteride) 64	PYZCHIVA 130 MG/26ML 63	ramelteon 67
PROTONIX TBEC 20 MG (Use pantoprazole sodium) 84	PYZCHIVA 45 MG/0.5ML 54	ramipril CAPS 27
PROTONIX TBEC 40 MG (Use pantoprazole sodium) 84	PYZCHIVA 90 MG/ML 54	ranitidine hcl TABS 150 MG, 300 MG 84
protriptyline hcl 20	PYZCHIVA SC 45 MG/0.5ML 54	ranolazine TB12 1000 MG 10
PROVENTIL HFA AERS (Use	QC PRENATAL TABS 75	
	QUADRACEL SUSP 83	

ranolazine TB12 500 MG 10	RELION TRUE METRIX TEST STRIPS STRP 58	RETROVIR SYRP (Use zidovudine) . 41
RAPAFLO (Use silodosin) 64	RELMAX (Use eletriptan hydrobromide) 71	REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) . 46
RAPAMUNE TABS (Use sirolimus) 74	REMERON SOLTAB TBDP (Use mirtazapine) 18	REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) . 46
rasagiline mesylate 38	REMERON TABS 15 MG, 30 MG (Use mirtazapine) 18	REVATIO TABS (Use sildenafil citrate (pulmonary hypertension)) . 46
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	RENFLEXIS 63	REVLIMID (Use lenalidomide) 73
REALITY LATEX CONDOMS MISC . 68	RENVELA PACK (Use sevelamer carbonate) 64	REXULTI 40
REALITY LATEX/ULTRA TEXTURED DEVI 69	RENVELA TABS (Use sevelamer carbonate) 64	REYATAZ CAPS 200 MG (Use atazanavir sulfate) 41
REALITY LATEX/ULTRA THIN DEVI 69	repaglinide 0.5 MG, 1 MG 22	REYATAZ CAPS 300 MG (Use atazanavir sulfate) 41
REBIF REBIDOSE SOAJ 81	repaglinide 2 MG 22	REZVOGLAR KWIKPEN 22
REBIF REBIDOSE TITRATION PACK SOAJ 81	REPATHA PUSHTRONEX SYSTEM SOCT 27	ribavirin (hepatitis c) CAPS 42
REBIF SOSY 81	REPATHA SOSY 27	ribavirin (hepatitis c) TABS 200 MG 42
REBIF TITRATION PACK SOSY .. 81	REPATHA SURECLICK SOAJ 27	RIDAURA 5
RECLAST SOLN (Use zoledronic acid) 59	RESTASIS EMUL (Use cyclosporine (ophth)) 77	rifabutin 32
RECOMBIVAX HB SUSP 87	RESTORIL (Use temazepam) 67	RIFADIN SOLR (Use rifampin) 32
RECOMBIVAX HB SUSY 87	RETACRIT 66	rifampin CAPS 32
RECTIV (Use nitroglycerin (intra-anal)) 10	RETIN-A CREA (Use tretinoin) 51	rifampin SOLR 32
REGLAN TABS (Use metoclopramide hcl) 63	RETIN-A GEL (Use tretinoin) 51	rifapentine 150 MG 32
RELENZA DISKHALER 43	RETIN-A MICRO 0.04 % (Use tretinoin microsphere) 51	rilpivirine hcl 25 MG 41
RELEVIA TABS 75	RETIN-A MICRO 0.1 % (Use tretinoin microsphere) 51	riluzole TABS 76
RELION KETONE TEST STRP ... 58	RETIN-A MICRO PUMP 0.1 % (Use tretinoin microsphere) 51	rimantadine hydrochloride TABS .. 43
RELION LANCET DEVICES 30G . 70	RETROVIR CAPS (Use zidovudine) . 41	ringer's 72
RELION LANCETS 70	RETROVIR SOLN 41	ringer's irrigation 74
		RINVOQ LQ SOLN 3
		RINVOQ TB24 3
		risedronate sodium TABS 150 MG 60

risedronate sodium TABS 35 MG ..59	ROBINUL-FORTE TABS (Use glycopyrrolate) 83	salsalate 7
risedronate sodium TABS 5 MG, 30 MG 60	ROCALTROL CAPS (Use calcitriol) 60	SAMSCA TABS PO (Use tolvaptan (hyponatremia)) 61
risedronate sodium TBEC 60	ROCALTROL SOLN PO (Use calcitriol) 60	SANDIMMUNE CAPS (Use cyclosporine) 74
RISPERDAL CONSTA (Use risperidone microspheres) 39	roflumilast 12	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate) 61
RISPERDAL SOLN (Use risperidone) 39	romidepsin SOLR 36	SANTYL OINT 57
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) 39	ropinirole hydrochloride TABS 38	SAPHRIS 2.5 MG (Use asenapine maleate) 39
risperidone microspheres 39	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG 38	SAPHRIS 5 MG, 10 MG (Use asenapine maleate) 39
risperidone SOLN 39	ropinirole hydrochloride TB24 8 MG, 12 MG 38	SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (Use milnacipran hcl) 80
risperidone TABS 39	rosuvastatin calcium TABS 26	SAVELLA TITRATION PACK MISC (Use milnacipran hcl) 80
risperidone TBDP 39	ROTARIX SUSP 87	saxagliptin hcl 21
RITALIN LA CP24 10 MG, 20 MG, 40 MG (Use methylphenidate hcl) 3	ROTATEQ SOLN 87	saxagliptin-metformin hcl 1000 MG-2.5 MG 20
RITALIN LA CP24 30 MG (Use methylphenidate hcl) 3	ROXICODONE TABS 15 MG, 30 MG (Use oxycodone hcl) 8	saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG 21
RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl) 3	ROZEREM (Use ramelteon) 67	SCSEMBLIX 100 MG 36
RITALIN TABS 5 MG (Use methylphenidate hcl) 3	ROZLYTREK CAPS 36	SCSEMBLIX 20 MG, 40 MG 36
ritonavir TABS 41	RUBRACA 36	scopolamine 23
rivaroxaban SUSR 1 MG/ML 14	rufinamide SUSP 17	SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day)) 48
rivaroxaban TABS 2.5 MG 14	rufinamide TABS 200 MG 17	selegiline hcl CAPS 38
rivastigmine tartrate CAPS 80	rufinamide TABS 400 MG 17	selegiline hcl TABS 38
rizatriptan benzoate TABS 10 MG .71	RUXIENCE 34	selenium sulfide LOTN 2.5 % 54
rizatriptan benzoate TABS 5 MG ..71	RYBELSUS TABS 22	SELZENTRY SOLN 41
rizatriptan benzoate TBDP 10 MG .71	SABRIL PACK (Use vigabatrin) ...18	SELZENTRY TABS 150 MG (Use maraviroc) 41
rizatriptan benzoate TBDP 5 MG ..71	SABRIL TABS (Use vigabatrin) ...18	
ROBINUL TABS (Use glycopyrrolate) 83	sacubitril-valsartan TABS 45	
	SAFYRAL (Use drospirenone-ethinyl estradiol-levomefolate calcium) ...48	
	SALAGEN (Use pilocarpine hcl (oral)) 74	

SELZENTRY TABS 300 MG (Use maraviroc)	41	SIMULECT	74	sodium fluoride CHEW	72
SENSIPAR (Use cinacalcet hcl) ..	60	simvastatin TABS	26	sodium phenylbutyrate POWD	61
SEREVENT DISKUS	13	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa)	38	sodium phenylbutyrate TABS	61
SEROQUEL TABS (Use quetiapine fumarate)	40	SINGULAIR CHEW (Use montelukast sodium)	12	sodium polystyrene sulfonate POWD 74	
SEROQUEL XR TB24 (Use quetiapine fumarate)	39	SINGULAIR PACK (Use montelukast sodium)	12	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	74
sertraline hcl CONC	19	SINGULAIR TABS (Use montelukast sodium)	12	sodium sulfate-potassium sulfate-magnesium sulfate	67
sertraline hcl TABS	19	sirolimus TABS	74	SOFOSBUVIR-VELPATASVIR TABS	42
sevelamer carbonate PACK	64	SIRTURO	32	solifenacin succinate TABS	85
sevelamer carbonate TABS	64	sitagliptin phosphate 25 MG, 50 MG, 100 MG	21	SOLQUA	21
SHINGRIX	87	sitagliptin phosphate-metformin hcl TABS	21	SOLU-CORTEF (Use hydrocortisone sod succinate)	49
SHINGRIX IM 50 MCG/0.5ML	87	sitagliptin phosphate-metformin hcl TB24	21	SOLU-CORTEF 250 MG	49
SIGNIFOR	61	SKYLA	48	SOLU-CORTEF 500 MG, 1000 MG 49	
sildenafil citrate (pulmonary hypertension) SOLN	46	SKYRIZI PEN SOAJ	54	SOLU-MEDROL 2 GM	49
sildenafil citrate (pulmonary hypertension) SUSR	46	SKYRIZI SOCT	63	SOLU-MEDROL 500 MG, 1000 MG (Use methylprednisolone sod succ) 49	
sildenafil citrate (pulmonary hypertension) TABS	46	SKYRIZI SOLN	63	SOMA TABS (Use carisoprodol) ..	76
sildenafil citrate	45	SKYRIZI SOSY	54	sorafenib tosylate	36
SILENOR (Use doxepin hcl (sleep)) .	66	SLYND	48	SORBITOL 3 %	64
silodosin	64	SM PRENATAL VITAMINS TABS .	75	SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	64
SILVADENE (Use silver sulfadiazine)	54	SODIUM ACETATE SOLN (Use sodium acetate)	72	sotalol hcl (afib/afib)	44
silver sulfadiazine	54	sodium acetate SOLN	72	sotalol hcl TABS 240 MG	44
SIMLANDI (1 PEN) AJKT	4	sodium chloride (gu irrigant) 0.9 %	64	sotalol hcl TABS 80 MG, 120 MG, 160 MG	44
SIMLANDI (1 SYRINGE) PSKT	4	sodium chloride (inhalant) NEBU 7 %	50	SOVALDI TABS	42
SIMLANDI (2 PEN) AJKT	4	sodium citrate & citric acid	64	SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	87
SIMLANDI (2 SYRINGE) PSKT	4				
SIMPONI ARIA SOLN	4				

SPIKEVAX SUSP	87	40 MG (Use atomoxetine hcl)	2		30
SPIKEVAX SUSY	87	STRATTERA 60 MG, 80 MG, 100		sulfamethoxazole-trimethoprim SUSP	
spinosad	58	MG (Use atomoxetine hcl)	2		30
SPIRIVA HANDIHALER CAPS IN		STRENSIQ	61	sulfamethoxazole-trimethoprim TABS	
(Use tiotropium bromide)	12	streptomycin sulfate SOLR	3		30
SPIRIVA RESPIMAT AERS IN	12	STRIBILD	41	SULFAMYLON CREA	54
spironolactone & hydrochlorothiazide		STRIVERDI RESPIMAT	13	sulfasalazine TABS	63
.....	58	STROMECTOL (Use ivermectin) .	10	sulfasalazine TBEC	63
spironolactone TABS	59	SUBOXONE FILM SL 0.5 MG-2 MG,		sulindac TABS	6
SPORANOX CAPS (Use		1 MG-4 MG, 2 MG-8 MG (Use		SUMADAN WASH LIQD (Use	
itraconazole)	24	buprenorphine hcl-naloxone hcl		sulfacetamide sodium w/ sulfur) ...	51
SPORANOX SOLN (Use		dihydrate)	9	sumatriptan	71
itraconazole)	24	SUBOXONE FILM SL 3 MG-12 MG		sumatriptan succinate SOAJ	71
SPRAVATO (56 MG DOSE)	19	(Use buprenorphine hcl-naloxone hcl		sumatriptan succinate SOCT	71
SPRAVATO (84 MG DOSE)	19	dihydrate)	9	sumatriptan succinate SOLN 6	
SPRYCEL (Use dasatinib)	36	sucralfate SUSP	84	MG/0.5ML	71
SSS 10-5 CREA 10 %-5 % (Use		sucralfate TABS	84	sumatriptan succinate TABS	72
sulfacetamide sodium w/ sulfur) ...	51	SULAR 8.5 MG, 17 MG, 34 MG (Use		sumatriptan-naproxen sodium	70
stannous fluoride CONC	74	nisoldipine)	44	sunitinib malate	36
STELARA 130 MG/26ML	63	sulconazole nitrate CREA	52	SUNOSI 150 MG	2
STELARA SOLN 45 MG/0.5ML ...	54	sulconazole nitrate SOLN	52	SUNOSI 75 MG	2
STELARA SOSY 45 MG/0.5ML ...	54	sulfacetamide sodium (acne)	51	SUPREP BOWEL PREP KIT (Use	
STELARA SOSY 90 MG/ML	54	sulfacetamide sodium (ophth) SOLN .		sodium sulfate-potassium sulfate-	
STENDRA (Use avanafil)	45	77		magnesium sulfate)	67
STEQEYMA	63	sulfacetamide sodium w/ sulfur		SUTENT (Use sunitinib malate) ...	36
STEQEYMA 45 MG/0.5ML	54	CREA 10 %-5 %	51	SYMBICORT (Use budesonide-	
STEQEYMA 90 MG/ML	54	sulfacetamide sodium w/ sulfur LIQD		formoterol fumarate dihydrate)	13
STEQEYMA SC	54	10 %-5 %	51	SYMFI (Use efavirenz-lamivudine-	
STIOLTO RESPIMAT	13	sulfacetamide sodium w/ sulfur LIQD		tenofovir disoproxil fumarate)	42
STIVARGA	36	9 %-4.5 %	51	SYMFI LO (Use efavirenz-	
STOBOCLO SOSY SC 60 MG/ML 60		sulfacetamide sod-prednisolone		lamivudine-tenofovir disoproxil	
STRATTERA 10 MG, 18 MG, 25 MG,		SOLN	78	fumarate)	42
		sulfadiazine TABS	82	SYMTUZA	42
		sulfamethoxazole-trimethoprim SOLN			

SYNALAR CREA (Use fluocinolone acetone)	56	phosphate)	43		29
SYNALAR OINT (Use fluocinolone acetone)	56	TAMIFLU SUSR (Use oseltamivir phosphate)	43	telmisartan	27
SYNAREL	60	tamoxifen citrate TABS	35	telmisartan-amlodipine	29
SYNJARDY TABS	21	tamsulosin hcl	64	telmisartan-hydrochlorothiazide ...	29
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	21	TARCEVA 100 MG, 150 MG (Use erlotinib hcl)	34	temazepam 15 MG, 30 MG	67
SYNJARDY XR TB24 1000 MG-25 MG	21	TARGRETIN (Use bexarotene (topical))	53	temazepam 7.5 MG, 22.5 MG	67
SYNTHROID TABS (Use levothyroxine sodium)	83	TARGRETIN (Use bexarotene) ...	37	TEMODAR SOLR	33
SYPRINE (Use trientine hcl)	73	TASMAR (Use tolcapone)	38	temozolomide CAPS	33
TABLOID	33	tavaborole	52	temsirolimus	36
TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	56	TAYTULLA CAPS (Use norethin acet & estrad-fe)	48	TENIVAC SUSP 2 LFU-5 LFU	83
tacrolimus (topical) OINT	57	tazarotene CREA 0.1 %	54	tenofovir disoproxil fumarate TABS	42
tacrolimus CAPS	74	TAZORAC CREA 0.1 % (Use tazarotene)	54	TENORETIC 100 (Use atenolol & chlorthalidone)	29
tacrolimus SOLN 5 MG/ML	74	TAZVERIK	36	TENORETIC 50 (Use atenolol & chlorthalidone)	29
tadalafil (pulmonary hypertension) TABS	46	TDVAX SUSP	83	TENORMIN TABS (Use atenolol) .	43
tadalafil 5 MG	45	TECFIDERA CDPK (Use dimethyl fumarate)	81	TEPADINA 15 MG (Use thiotepa) .	33
TAFINLAR CAPS	36	TECFIDERA CPDR (Use dimethyl fumarate)	81	terazosin hcl	28
TAFINLAR TBSO	36	TEFLARO 400 MG, 600 MG (Use ceftaroline fosamil)	47	terbinafine hcl TABS	24
tafluprost	78	TEGRETOL SUSP (Use carbamazepine)	17	terbutaline sulfate SOLN	13
TAGRISSO 40 MG	34	TEGRETOL TABS (Use carbamazepine)	17	terbutaline sulfate TABS	13
TAGRISSO 80 MG	34	TEGRETOL-XR TB12 100 MG, 400 MG (Use carbamazepine)	17	terconazole vaginal CREA	87
TAKHZYRO SOLN	65	TEGRETOL-XR TB12 200 MG (Use carbamazepine)	17	terconazole vaginal SUPP	87
TAKHZYRO SOSY	65	TEKTURNA (Use aliskiren fumarate)		teriflunomide	81
TALZENNA	36			teriparatide SOPN	60
TAMIFLU CAPS (Use oseltamivir				TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	10

tetrabenazine	81	tizanidine hcl TABS	76	TOPAMAX TABS 50 MG (Use topiramate)	17
tetracycline hcl CAPS	82	TOBI NEBU (Use tobramycin)	3	TOPICORT CREA 0.05 % (Use desoximetasone)	56
THALOMID 50 MG, 100 MG, 200 MG	73	tobramycin (ophth) SOLN	77	TOPICORT CREA 0.25 % (Use desoximetasone)	56
theophylline ELIX	14	tobramycin NEBU	3	TOPICORT GEL (Use desoximetasone)	56
theophylline SOLN	14	tobramycin-dexamethasone SUSP 78		TOPICORT OINT 0.25 % (Use desoximetasone)	56
theophylline TB12	14	TODAY SPONGE MISC	87	topiramate CPSP 15 MG	17
theophylline TB24	14	tofacitinib citrate SOLN 1 MG/ML ...	3	topiramate CPSP 25 MG	17
THERANATAL CORE NUTRITION TABS	75	tofacitinib citrate TABS 10 MG	3	topiramate CS24	17
thioridazine hcl	40	tofacitinib citrate TABS 5 MG, 10 MG 3		topiramate TABS 200 MG	17
thiotepa 15 MG	33	tofacitinib citrate TB24 11 MG, 22 MG	3	topiramate TABS 25 MG, 100 MG .	17
thiothixene	40	tofacitinib citrate TB24 11 MG	3	topiramate TABS 50 MG	17
THYMOGLOBULIN	74	tolcapone	38	TOPOTECAN HCL SOLN (Use topotecan hcl)	37
THYROGEN 0.9 MG	58	TOLECTIN DS CAPS 400 MG (Use tolmetin sodium)	6	topotecan hcl SOLN	37
tiagabine hcl	18	tolmetin sodium CAPS	6	topotecan hcl SOLR	37
TIAZAC 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (Use diltiazem hcl extended release beads)	44	tolmetin sodium TABS 600 MG	6	TOPROL XL TB24 200 MG (Use metoprolol succinate)	43
TIAZAC 420 MG (Use diltiazem hcl extended release beads)	45	TOLSURA CAPS	24	TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate) 43	
ticagrelor 60 MG, 90 MG	65	tolterodine tartrate CP24	85	toremifene citrate	35
TIKOSYN (Use dofetilide)	12	tolterodine tartrate TABS	85	TORISEL (Use temsirolimus)	36
timolol maleate (ophth) SOLG	76	tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG	61	torsemide TABS	59
timolol maleate (ophth) SOLN	76	tolvaptan TABS	61	TOVIAZ (Use fesoterodine fumarate)	85
timolol maleate TABS	44	TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate)	17	TRACLEER TABS (Use bosentan) 46	
tinidazole	30	TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate)	17	TRACLEER TBSO 32 MG (Use bosentan)	46
tiotropium bromide CAPS IN 18 MCG	12	TOPAMAX TABS 200 MG (Use topiramate)	17		
TIVICAY PD TBSO	42	TOPAMAX TABS 25 MG, 100 MG (Use topiramate)	17		
TIVICAY TABS 50 MG	42				
tizanidine hcl CAPS	76				

tramadol hcl TABS 50 MG	8	63	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	58
tramadol hcl TB24	8	TREMFYA-CD/UC INDUCTION	triamterene & hydrochlorothiazide TABS	58
tramadol-acetaminophen	9	SOAJ SC 200 MG/2ML	triamterene CAPS	59
trandolapril 1 MG, 2 MG	27	treprostinil SOLN IJ	triazolam	67
trandolapril 4 MG	27	TRESIBA FLEXTOUCH SOPN ...	TRIBENZOR (Use olmesartan medoxomil-amlodipine- hydrochlorothiazide)	29
trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG	29	TRESIBA SOLN	TRICARE TABS	75
trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	29	tretinoin (chemotherapy)	TRICOR TABS (Use fenofibrate) ..	26
tranexamic acid SOLN 1000 MG/10ML	66	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	trientine hcl 250 MG	73
tranexamic acid TABS	66	tretinoin GEL 0.01 %, 0.025 %	trifluoperazine hcl TABS	40
TRANSDERM SCOP 1 MG/3DAYS (Use scopolamine)	24	tretinoin microsphere 0.1 %	trifluridine	77
TRANSDERM-SCOP (Use scopolamine)	24	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	trihexyphenidyl hcl SOLN	38
tranylcypromine sulfate	19	TREXIMET (Use sumatriptan- naproxen sodium)	trihexyphenidyl hcl TABS	38
TRAVATAN Z SOLN (Use travoprost)	78	triamcinolone acetonide (mouth) ..	TRIJARDY XR 1000 MG-2.5 MG- 12.5 MG, 1000 MG-2.5 MG-5 MG ..	21
travoprost SOLN	78	triamcinolone acetonide (nasal) AERO	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	21
TRAZIMERA	34	triamcinolone acetonide (topical) CREA 0.025 %	TRIKAFTA TBPK	82
trazodone hcl TABS	19	triamcinolone acetonide (topical) CREA 0.1 %	TRILEPTAL SUSP (Use oxcarbazepine)	17
TRELEGY ELLIPTA	14	triamcinolone acetonide (topical) CREA 0.5 %	TRILEPTAL TABS 150 MG, 300 MG (Use oxcarbazepine)	17
TRELSTAR MIXJECT	35	triamcinolone acetonide (topical) LOTN 0.025 %	TRILEPTAL TABS 600 MG (Use oxcarbazepine)	17
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	54	triamcinolone acetonide (topical) LOTN 0.1 %	TRILIPIX (Use choline fenofibrate) 26	
TREMFYA PEN SOAJ 100 MG/ML 54		triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	trimethobenzamide hcl CAPS	24
TREMFYA PEN SOAJ SC 200 MG/2ML	63	triamcinolone acetonide (topical) OINT 0.5 %	trimethoprim TABS	30
TREMFYA SOLN IV	63	triamcinolone acetonide SUSP 40 MG/ML	trimipramine maleate CAPS	20
TREMFYA SOSY 100 MG/ML	54		TRINTELLIX	19
TREMFYA SOSY SC 200 MG/2ML				

TRIUMEQ PD TBSO 42	MISC 69	UDENYCA SOSY 66
TRIUMEQ TABS 42	TRUSTEX LUBRICATED MISC ...69	ULORIC (Use febuxostat) 65
TROJAN BARESKIN DEVI 69	TRUSTEX	umeclidinium bromide 62.5 MCG/INH
TROJAN MAGNUM MISC 69	LUBRICATED/SPERMICIDE MISC	12
TROJAN ULTRA THIN MISC 69	69	umeclidinium-vilanterol 14
TROJAN ULTRA	TRUSTEX NATURAL CONDOMS +	UPTRAVI TABS 200 MCG 46
THIN/SPERMICIDAL MISC 69	LUBE MISC 69	UPTRAVI TABS 46
TROJAN-ENZ LUBRICATED MISC	TRUSTEX RIA LUB/SPERMICIDE	UPTRAVI TITRATION TBPK 46
69	MISC 69	UROCIT-K 10 TBCR (Use potassium
TROJAN-ENZ/SPERMICIDAL MISC .	TRUSTEX RIA LUBRICATED MISC .	citrate (alkalinizer)) 64
69	69	UROCIT-K 15 TBCR (Use potassium
tropicamide SOLN 0.5 % 77	TRUSTEX-NONOXYNOL-	citrate (alkalinizer)) 64
tropicamide SOLN 1 % 77	9/RIB/STUD MISC 69	UROXATRAL (Use alfuzosin hcl) .64
tropium chloride CP24 85	TRUVADA (Use emtricitabine-	URSO FORTE TABS (Use ursodiol) .
tropium chloride TABS 85	tenofovir disoproxil fumarate) 42	63
TRUE COVER DEVI 69	TRUXIMA 34	ursodiol CAPS 63
TRUE METRIX BLOOD GLUCOSE	TUKYSA 34	ursodiol TABS 63
TEST STRP 58	TURALIO 125 MG 36	UVADEX 37
TRUE METRIX LEVEL 3 SOLN ...70	TWINRIX SUSY 87	VABRINTY KIT SC 7.5 MG 35
TRULANCE 62	TWIRLA 48	VABRINTY SC 22.5 MG, 30 MG, 45
TRULICITY 22	TYBLUME CHEW 48	MG 35
TRUMENBA 0.5 ML 85	TYBOST 42	VAGIFEM TABS (Use estradiol
TRUSTEX COLOR CONDOMS +	TYKERB (Use lapatinib ditosylate)	vaginal) 87
LUBE MISC 69	36	valacyclovir hcl 1 GM 42
TRUSTEX LUB/RIBBED/STUDED	TYMLOS 60	valacyclovir hcl 500 MG 42
MISC 69	TYVASO REFILL KIT SOLN IN ...45	VALCYTE TABS (Use valganciclovir
TRUSTEX LUB/SPERMICIDE EX ST	TYVASO SOLN IN 45	hcl) 42
MISC 69	TYVASO STARTER KIT SOLN IN 45	valganciclovir hcl TABS 42
TRUSTEX LUB/SPERMICIDE XL	UBRELVY 70	VALIUM TABS (Use diazepam) ...11
MISC 69	UCERIS (Use budesonide	valproate sodium SOLN PO 250
TRUSTEX LUBRICATED EX LARGE	(intrarectal)) 10	MG/5ML, 500 MG/10ML 18
MISC 69	UDENYCA ONBODY SOSY 66	valproic acid CAPS 18
TRUSTEX LUBRICATED EXTRA ST	UDENYCA SOAJ 66	valrubicin 35

valsartan TABS	27	VAXELIS SUSY	83	VFEND TABS 200 MG (Use voriconazole)	24
valsartan-hydrochlorothiazide	29	VAXNEUVANCE	85	VIAGRA (Use sildenafil citrate) ...	45
VALSTAR (Use valrubicin)	35	VCF VAGINAL CONTRACEPTIVE FILM	87	VIBRAMYCIN CAPS (Use doxycycline hyclate)	82
VALTOCO 10 MG DOSE LIQD	15	VECAMEYL	29	VICTOZA (Use liraglutide)	22
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	15	VECTIBIX 100 MG/5ML	34	VIDAZA SUSR (Use azacitidine) ..	33
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	15	VECTICAL (Use calcitriol (topical)) 54		vigabatrin PACK	18
VALTOCO 5 MG DOSE LIQD	15	VELCADE SOLR IJ (Use bortezomib)	37	vigabatrin TABS	18
VALTREX 1 GM (Use valacyclovir hcl)	42	VELETRI (Use epoprostenol sodium)	45	VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	77
VALTREX 500 MG (Use valacyclovir hcl)	42	VELPHORO	64	VIIBRYD TABS (Use vilazodone hcl) 19	
VANOCOCIN CAPS (Use vancomycin hcl)	30	venlafaxine hcl CP24	20	vilazodone hcl TABS	19
vancomycin hcl CAPS	30	venlafaxine hcl TABS	20	VIMPAT SOLN PO 10 MG/ML (Use lacosamide)	17
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML .	30	venlafaxine hcl TB24	20	VIMPAT TABS (Use lacosamide) ..	17
VANOS CREA (Use fluocinonide) .	57	VENTOLIN HFA AERS (Use albuterol sulfate)	14	vincristine sulfate	37
VAQTA	87	verapamil hcl CP24 100 MG, 200 MG, 300 MG	45	vinorelbine tartrate 10 MG/ML	37
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	87	verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	45	VIRACEPT TABS 250 MG	42
varenicline tartrate TABS	82	VERAPAMIL HCL ER CP24 (Use verapamil hcl)	45	VIRACEPT TABS 625 MG	42
varenicline tartrate TBPK	82	verapamil hcl TABS	45	VIREAD POWD	42
VARIVAX SUSR	87	verapamil hcl TBCR	45	VIREAD TABS (Use tenofovir disoproxil fumarate)	42
VARUBI (180 MG DOSE) TBPK ..	24	VEREGEN	51	VIREAD TABS 150 MG, 200 MG, 250 MG	42
VASCEPA 1 GM (Use icosapent ethyl)	25	VERELAN CP24 (Use verapamil hcl) 45		VISTARIL CAPS 25 MG (Use hydroxyzine pamoate)	11
VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	29	VERELAN PM CP24 (Use verapamil hcl)	45	VISTOGARD	23
VASOTEC TABS (Use enalapril maleate)	27	VERZENIO	37	VITAMIN D2 TABS 400 UNIT	88
VAXELIS SUSP	83	VESICARE TABS (Use solifenacin succinate)	85	VITATHELY WITH GINGER TABS 75	

VITRAKVI SOLN	37	WIDE-SEAL DIAPHRAGM 90	69	tartrate)	14
VIVELLE-DOT PTTW (Use estradiol 62		WIDE-SEAL DIAPHRAGM 95	69	XOSPATA	37
VIZIMPRO	34	XALATAN SOLN (Use latanoprost) 78		XTANDI CAPS	35
VORAXAZE	37	XALKORI CAPS	37	XTANDI TABS 40 MG	35
voriconazole TABS	24	XANAX TABS (Use alprazolam) ...	11	XTANDI TABS 80 MG	35
VOSEVI	42	XANAX XR TB24 (Use alprazolam) 11		XULTOPHY	21
VOTRIENT (Use pazopanib hcl) ..	37	XARELTO STARTER PACK TBPK 14		XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML ..	25
VYNDAMAX	46	XARELTO SUSR 1 MG/ML (Use rivaroxaban)	14	YASMIN 28 (Use drospirenone-ethinyl estradiol)	48
VYNDAQEL	46	XARELTO TABS 10 MG, 20 MG ..	14	YAZ (Use drospirenone-ethinyl estradiol)	48
VYTORIN (Use ezetimibe-simvastatin)	25	XARELTO TABS 15 MG	14	YERVOY	34
VYVANSE CAPS (Use lisdexamfetamine dimesylate)	1	XARELTO TABS 2.5 MG (Use rivaroxaban)	14	YESINTEK 130 MG/26ML	63
VYVANSE CHEW (Use lisdexamfetamine dimesylate)	1	XELJANZ SOLN 1 MG/ML (Use tofacitinib citrate)	3	YESINTEK SOLN 45 MG/0.5ML ..	54
warfarin sodium TABS	14	XELJANZ TABS 5 MG, 10 MG (Use tofacitinib citrate)	3	YESINTEK SOSY 45 MG/0.5ML ..	54
water for irrigation, sterile	74	XELJANZ XR TB24 11 MG, 22 MG (Use tofacitinib citrate)	3	YESINTEK SOSY 90 MG/ML	54
WELCHOL PACK (Use colestevlam hcl)	26	XELODA (Use capecitabine)	33	YONSA	35
WELCHOL TABS (Use colestevlam hcl)	26	XENAZINE (Use tetrabenazine) ..	81	YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	4
WELLBUTRIN SR TB12 (Use bupropion hcl)	19	XEOMIN	76	YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	4
WELLBUTRIN XL TB24 (Use bupropion hcl)	19	XHANCE EXHU	76	YUFLYMA (2 PEN) AJKT	4
WESTAB PLUS TABS	75	XIFAXAN 200 MG	30	YUFLYMA (2 SYRINGE) PSKT 20 MG/0.2ML	4
WIDE-SEAL DIAPHRAGM 60	69	XIFAXAN 550 MG	30	YUFLYMA (2 SYRINGE) PSKT 40 MG/0.4ML	4
WIDE-SEAL DIAPHRAGM 65	69	XIGDUO XR TB24 PO (Use dapagliflozin free base-metformin hcl)	21	YUFLYMA-CD/UC/HS STARTER AJKT	4
WIDE-SEAL DIAPHRAGM 70	69	XIGDUO XR TB24 PO 1000 MG-2.5 MG, 1000 MG-5 MG	21	zafirlukast	12
WIDE-SEAL DIAPHRAGM 75	69	XOPENEX HFA (Use levalbuterol		zaleplon 10 MG	67
WIDE-SEAL DIAPHRAGM 80	69			zaleplon 5 MG	67
WIDE-SEAL DIAPHRAGM 85	69			ZALTRAP 100 MG/4ML	34

ZANAFLEX CAPS (Use tizanidine hcl)	76	ZETIA (Use ezetimibe)	26	ZOLOFT CONC (Use sertraline hcl)	19
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	76	ZIAGEN SOLN (Use abacavir sulfate)	42	ZOLOFT TABS (Use sertraline hcl)	19
ZANOSAR	33	ZIANA (Use clindamycin phosphate-tretinoin)	51	zolpidem tartrate TABS	67
ZARONTIN CAPS (Use ethosuximide)	18	zidovudine CAPS	42	zolpidem tartrate TBCR	67
ZARONTIN SOLN (Use ethosuximide)	18	zidovudine SYRP	42	ZOMIG SOLN (Use zolmitriptan) ..	72
ZARXIO	66	zidovudine TABS	42	ZONALON (Use doxepin hcl (antipruritic))	53
ZAVESCA (Use miglustat)	65	zileuton TB12	12	ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)	17
ZEGERID CAPS 1100 MG-20 MG (Use omeprazole-sodium bicarbonate)	84	ZIOPTAN (Use tafluprost)	78	zonisamide CAPS	18
ZEGERID CAPS 1100 MG-40 MG (Use omeprazole-sodium bicarbonate)	84	ziprasidone hcl	39	ZONTIVITY	65
ZEJULA TABS	37	ZIRABEV	34	ZORTRESS 0.25 MG, 0.5 MG, 0.75 MG (Use everolimus (immunosuppressant))	74
ZELBORAF	37	ZIRGAN GEL	77	ZORTRESS 1 MG (Use everolimus (immunosuppressant))	74
ZEMPLAR CAPS 1 MCG, 2 MCG (Use paricalcitol)	61	ZITHROMAX SUSR (Use azithromycin)	68	ZOVIRAX CREA (Use acyclovir topical)	54
ZEMPLAR SOLN (Use paricalcitol)	61	ZITHROMAX TABS 250 MG (Use azithromycin)	68	ZOVIRAX OINT (Use acyclovir topical)	54
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	58	ZITHROMAX TABS 500 MG (Use azithromycin)	68	ZYDELIG	37
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	58	ZITHROMAX TRI-PAK TABS (Use azithromycin)	68	ZYLET 0.3 %-0.5 % (Use loteprednol etabonate-tobramycin)	78
ZESTORETIC (Use lisinopril & hydrochlorothiazide)	29	ZITHROMAX Z-PAK TABS (Use azithromycin)	68	ZYPREXA SOLR (Use olanzapine)	40
ZESTRIL TABS (Use lisinopril)	27	ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)	26	ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)	40
		ZOLADEX 10.8 MG	35	ZYPREXA TABS 7.5 MG, 10 MG, 15 MG, 20 MG (Use olanzapine)	40
		ZOLADEX 3.6 MG	35	ZYPREXA ZYDIS TBDP 20 MG (Use olanzapine)	40
		zoledronic acid SOLN 5 MG/100ML	60	ZYPREXA ZYDIS TBDP 5 MG, 10 MG, 15 MG (Use olanzapine)	40
		ZOLINZA	37		
		zolmitriptan SOLN	72		
		zolmitriptan TABS	72		
		zolmitriptan TBDP	72		

ZYRTEC ALLERGY TABS (Use cetirizine hcl)	25
ZYTIGA 250 MG (Use abiraterone acetate)	35
ZYTIGA 500 MG (Use abiraterone acetate)	35
ZYVOX SUSR (Use linezolid)	31
ZYVOX TABS (Use linezolid)	31

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