

2027

Formulary Formulario

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



Formulary Introduction

SUMMARY OF FORMULARY BENEFITS

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

HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS

To find the cost of your prescription please visit

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

FORMULARY BY HEALTH BENEFIT PLAN

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

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

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

DRUG BY COST-SHARING TIER

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

HOW PRESCRIPTION DRUGS ARE COVERED UNDER THE PLAN

A. FORMULARY COMPOSITION:

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

B. RIGHT TO APPEAL

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

C. CONTINUATION OF COVERAGE

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

D. OFF-LABEL DRUG USE

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

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

E. COST SHARING

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

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

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

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

D. MEDICAL MANAGEMENT REQUIREMENTS

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

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

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

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

STANDARD FORMULARY

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

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

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

Drug List Key:

Brand name drugs are listed in CAPS and generic drugs are lower case.

Drugs are covered under different copay tiers depending on your benefit:

- Tier 0 No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age limits may apply.
- Tier 1_A Lowest copayment for select drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.
- Tier 1_B Low copayment for those drugs that offer great value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.
- Tier 2 Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.
- Tier 3 High copayment covers higher cost brand name and non-preferred generic drugs. This tier may also cover non-specialty drugs that are not on the Prescription Drug List but approval has been granted for coverage.
- Tier 4 Highest copayment is for "specialty" drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management. Prescription drugs covered under the specialty tier may require fulfillment at a pharmacy that participates in Ambetter's "specialty" or "hemophilia" networks. For additional information on which pharmacies are within our "specialty" or "hemophilia" networks, please consult Ambetter website's pharmacy information section.

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

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

Opioid Medications:

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

Introducción al Formulario

RESUMEN DE BENEFICIOS DEL FORMULARIO

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

CÓMO ENCONTRAR INFORMACIÓN SOBRE EL COSTO DE LOS MEDICAMENTOS RECETADOS

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

FORMULARIO POR PLAN DE BENEFICIOS DE SALUD

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

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

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

MEDICAMENTO POR NIVEL DE COSTO COMPARTIDO

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

CÓMO CUBRE EL PLAN LOS MEDICAMENTOS RECETADOS

A. COMPOSICIÓN DEL FORMULARIO:

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

B. DERECHO A APELAR

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

C. CONTINUACIÓN DE COBERTURA

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

D. USO DE MEDICAMENTOS FUERA DE LO INDICADO

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

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

E. COSTO COMPARTIDO

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

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

Para determinar su costo compartido, siga los siguientes pasos:

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

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

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

D. REQUISITOS DE ADMINISTRACIÓN MÉDICA

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

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

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

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

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

FORMULARIO ESTÁNDAR

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

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

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

Clave de la lista de medicamentos:

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

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

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

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

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

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

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

Autorización previa para medicamentos no incluidos en el Formulario

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

Abreviaturas del Formulario:

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

Medicamentos opioides:

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
<i>amphetamine sulfate TABS</i>	3	PA
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG</i>	1B	QL(1 EA daily)
<i>amphetamine-dextroamphetamine CP24 15 MG</i>	1B	
<i>amphetamine-dextroamphetamine CP24 20 MG, 25 MG, 30 MG</i>	1B	QL(2 EA daily)
<i>amphetamine-dextroamphetamine TABS 30 MG</i>	1B	QL(2 EA daily)
<i>amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG</i>	1B	QL(3 EA daily)
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 EA daily)
<i>dextroamphetamine sulfate CP24 5 MG</i>	1B	
<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	1B	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1B	QL(4 EA daily)
<i>lisdexamfetamine dimesylate CAPS</i>	1B	QL(1 EA daily); ST
<i>lisdexamfetamine dimesylate CHEW</i>	1B	QL(1 EA daily); ST
<i>methamphetamine hcl</i>	1B	QL(5 EA daily); AL(At least 6 yrs old)
Anorexiants Non-Amphetamine		

Drug Name	Drug Tier	Requirements/Limits
<i>phendimetrazine tartrate TABS</i>	1B	PA
<i>phentermine hcl CAPS</i>	1B	PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) TB12</i>	1B	
<i>guanfacine hcl (adhd)</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRI)		
<i>SUNOSI 75 MG</i>	3	QL(2 EA daily); PA
<i>SUNOSI 150 MG</i>	3	QL(1 EA daily); PA
Stimulants - Misc.		
<i>armodafinil</i>	1B	QL(1 EA daily); AL(At least 17 yrs old); PA
<i>dexmethylphenidate hcl CP24</i>	1B	QL(1 EA daily)
<i>dexmethylphenidate hcl TABS</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CHEW 10 MG</i>	1B	QL(5 EA daily)
<i>methylphenidate hcl CHEW 2.5 MG</i>	1B	QL(2 EA daily)
<i>methylphenidate hcl CHEW 5 MG</i>	1B	QL(6 EA daily)
<i>methylphenidate hcl CP24 30 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl CP24</i>	1B	QL(1 EA daily)
<i>methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl CPCR</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl SOLN</i>	1B	QL(30 ML daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TABS 5 MG</i>	1B	QL(6 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)
<i>methylphenidate hcl TB24 36 MG, 54 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 18 MG, 27 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 36 MG, 54 MG</i>	1B	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 18 MG, 27 MG</i>	1B	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1B	QL(3 EA daily); AL(At least 6 yrs old)
<i>methylphenidate PTCH</i>	1B	QL(1 EA daily); PA
<i>modafinil 200 MG</i>	1B	QL(2 EA daily); PA
<i>modafinil 100 MG</i>	1B	QL(1 EA daily); PA
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
PALFORZIA INITIAL DOSE 1-3YRS CSPK	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1B	
ARIKAYCE	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i>	1B	
<i>gentamicin sulfate IJ 40 MG/ML</i>	1B	
<i>neomycin sulfate TABS</i>	1B	
<i>streptomycin sulfate SOLR</i>	3	
<i>tobramycin NEBU</i>	4	QL(280 ML per 56 day(s) retail; 280 ML per 56 days mail); PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ LQ SOLN	4	QL(12 ML daily); PA
RINVOQ TB24	4	QL(1 EA daily); PA
<i>tofacitinib citrate SOLN 1 MG/ML</i>	4	QL(20 ML daily); PA
<i>tofacitinib citrate TABS 5 MG, 10 MG</i>	4	QL(2 EA daily); PA
<i>tofacitinib citrate TB24 11 MG, 22 MG</i>	4	QL(1 EA daily); PA
XELJANZ XR TB24 11 MG, 22 MG (<i>tofacitinib citrate</i>)	4	QL(1 EA daily); PA
XELJANZ SOLN 1 MG/ML (<i>tofacitinib citrate</i>)	4	QL(20 ML daily); PA
XELJANZ TABS 5 MG, 10 MG (<i>tofacitinib citrate</i>)	4	QL(2 EA daily); PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
YUFLYMA (2 PEN) AJKT	4	QL(0.143 EA daily); PA	<i>etodolac TABS</i>	1B	
YUFLYMA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA	<i>fenoprofen calcium TABS</i>	1B	QL(4 EA daily); ST
YUFLYMA-CD/UC/HS STARTER AJKT	4	QL(0.143 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	<i>flurbiprofen TABS</i>	1B	
Gold Compounds			<i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i>	1B	RX/OTC
AURANOFIN 3 MG	3	QL(3 EA daily)	<i>ibuprofen TABS 800 MG</i>	1B	
RIDAURA	3	QL(3 EA daily)	<i>ibuprofen TABS 400 MG, 600 MG</i>	1A	
Interleukin-6 Receptor Inhibitors			<i>indomethacin CAPS 25 MG, 50 MG</i>	1B	
ACTEMRA ACTPEN SOAJ	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA	<i>indomethacin CPCR</i>	1B	
ACTEMRA SOLN 80 MG/4ML	4	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); PA	<i>ketoprofen CAPS 50 MG, 75 MG</i>	1B	
ACTEMRA SOLN 200 MG/10ML, 400 MG/20ML	4	QL(40 ML per 28 day(s) retail; 40 ML per 28 days mail); PA	<i>ketorolac tromethamine TABS</i>	1B	QL(20 EA per fill retail; 20 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
ACTEMRA SOSY	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA	<i>meloxicam TABS</i>	1A	QL(1 EA daily)
KEVZARA SOAJ	4	QL(0.082 ML daily); PA	<i>nabumetone</i>	1B	
KEVZARA SOSY	4	QL(0.082 ML daily); PA	<i>naproxen sodium TABS 550 MG</i>	1B	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>naproxen TABS</i>	1B	
<i>celecoxib</i>	1B	QL(2 EA daily)	<i>naproxen TBEC 500 MG</i>	1B	QL(3 EA daily)
<i>diclofenac potassium TABS 50 MG</i>	1B		<i>oxaprozin TABS</i>	1B	
<i>diclofenac sodium TB24</i>	1B		<i>piroxicam CAPS</i>	1B	
<i>diclofenac sodium TBEC</i>	1B		<i>sulindac TABS</i>	1B	
<i>diclofenac w/ misoprostol TBEC</i>	1B		<i>tolmetin sodium CAPS</i>	1B	
<i>etodolac CAPS</i>	1B		<i>tolmetin sodium TABS 600 MG</i>	1B	
			Phosphodiesterase 4 (PDE4) Inhibitors		
			OTEZLA XR TB24 PO 75 MG	4	QL(1 EA daily); PA
			OTEZLA/OTEZLA XR INITIATION PK TBPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA

Drug Name	Drug Tier	Requirements/ Limits
OTEZLA TABS	4	QL(2 EA daily); PA
OTEZLA TBPk	4	1 package(s) per 180 day(s) retail; PA
OTEZLA TBPk	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1B	QL(1 EA daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	QL(0.146 ML daily); PA
ENBREL SURECLICK SOAJ	4	QL(0.146 ML daily); PA
ENBREL SOLN	4	QL(0.146 ML daily); PA
ENBREL SOSY 50 MG/ML	4	QL(0.286 ML daily); PA
ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ML daily); PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1B	QL(6 EA daily)
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	QL(6 EA daily)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1B	QL(6 EA daily)
<i>butalbital-aspirin-caffeine CAPS</i>	1B	QL(4 EA daily)
Salicylates		

Drug Name	Drug Tier	Requirements/ Limits
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin TBEC 325 MG</i>	1A	
<i>diflunisal TABS</i>	1B	
<i>salsalate</i>	1B	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
<i>codeine sulfate TABS 30 MG</i>	1B	New starts limited to 7 day supply
CODEINE SULFATE TABS	1B	New starts limited to 7 day supply
<i>fentanyl citrate LPOP</i>	1B	QL(4 EA daily); PA
<i>fentanyl citrate SOLN IJ 50 MCG/ML</i>	3	QL(2 ML daily); PA
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1B	QL(0.34 EA daily)
<i>hydrocodone bitartrate CP12</i>	3	QL(2 EA daily); PA
<i>hydrocodone bitartrate T24A</i>	3	QL(2 EA daily); PA
<i>hydromorphone hcl LIQD</i>	1B	New starts limited to 7 day supply
<i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1B	
<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 EA daily)
<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1B	QL(2 EA daily); PA
<i>levorphanol tartrate TABS 2 MG</i>	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)
<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B	
<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
<i>methadone hcl CONC</i>	1B	QL(10 ML daily)
<i>methadone hcl SOLN PO 5 MG/5ML</i>	1B	QL(100 ML daily)
<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B	
<i>methadone hcl SOLN PO 10 MG/5ML</i>	1B	QL(50 ML daily)
<i>METHADONE HCL SOLN IJ (methadone hcl)</i>	1B	
<i>methadone hcl TABS 5 MG</i>	1B	QL(4 EA daily)
<i>methadone hcl TABS 10 MG</i>	1B	QL(10 EA daily)
<i>methadone hcl TBSO</i>	1B	QL(2 EA 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>morphine sulfate SOLN PO 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ML daily)
<i>morphine sulfate SOLN PO 20 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(50 ML daily)
<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate TABS</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
<i>morphine sulfate TBCR</i>	1B	QL(2 EA daily)
<i>oxycodone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(12 EA daily)
<i>oxymorphone hcl TABS</i>	1B	QL(12 EA daily); PA
<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>oxymorphone hcl TB12 40 MG</i>	1B	QL(4 EA daily); PA
<i>TAPENTADOL HCL ER TB12 50 MG</i>	3	QL(2 EA daily); PA
<i>tapentadol hcl TABS 50 MG</i>	3	QL(6 EA daily); PA
<i>tramadol hcl TABS 50 MG</i>	1A	New starts limited to 7 day supply; QL(8 EA daily)
<i>tramadol hcl TB24</i>	1B	QL(1 EA daily)
Opioid Combinations		
<i>acetaminophen w/ codeine SOLN</i>	1A	New starts limited to 7 day supply; QL(75 ML daily)
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)
<i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>	1A	New starts limited to 7 day supply; QL(12 EA daily)
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	New starts limited to 7 day supply; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1B	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1B	New starts limited to 7 day supply
<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>butalbital-aspirin-caffeine w/cod</i>	1B	New starts limited to 7 day supply; QL(6 EA daily)
<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>	1B	New starts limited to 7 day supply
<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>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>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>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1B	PA
<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1B	New starts limited to 7 day supply; QL(5 EA daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<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>tramadol-acetaminophen</i>	1B	New starts limited to 7 day supply; QL(8 EA daily)
Opioid Partial Agonists		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1B	QL(2 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1B	QL(3 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1A	QL(3 EA daily)
<i>buprenorphine hcl SOLN</i>	1B	
<i>buprenorphine hcl SUBL</i>	1A	QL(3 EA daily)
<i>buprenorphine PTWK</i>	1B	QL(0.143 EA daily); PA
<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1B	
<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ML daily); PA
<i>nalbuphine hcl 10 MG/ML</i>	3	QL(8 ML daily); PA
<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply
SUBOXONE	NF	
ZUBSOLV	NF	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
<i>danazol CAPS</i>	1B	
<i>methyltestosterone 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
<i>hydrocortisone (intrarectal)</i>	1B	
Rectal Steroids		
<i>hydrocortisone (rectal) EX</i>	1B	
<i>hydrocortisone acetate (rectal)</i>	1B	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1B	QL(2 GM daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1B	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
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		

Drug Name	Drug Tier	Requirements/ Limits
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		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1B	
<i>isosorbide mononitrate TABS</i>	1B	
<i>isosorbide mononitrate TB24</i>	1A	
<i>nitroglycerin OINT</i>	1B	
<i>nitroglycerin PT24</i>	1B	
NITROGLYCERIN SOLN IV	1B	
<i>nitroglycerin SUBL</i>	1B	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B	
<i>buspirone hcl 5 MG</i>	1A	
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	1B	
<i>hydroxyzine hcl SYRP</i>	1B	
<i>hydroxyzine hcl TABS</i>	1B	
<i>hydroxyzine pamoate CAPS</i>	1B	
<i>meprobamate</i>	1B	
Benzodiazepines		
<i>alprazolam TABS 2 MG</i>	1B	QL(4 EA daily)
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	QL(4 EA daily)
<i>alprazolam TB24</i>	1B	
<i>alprazolam TBDP</i>	1B	
<i>chlordiazepoxide hcl CAPS</i>	1B	
<i>clorazepate dipotassium TABS</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<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 1 MG</i>	1A	QL(4 EA daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 EA daily)
<i>oxazepam CAPS</i>	1B	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1B	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1B	
<i>propafenone hcl CP12</i>	1B	
<i>propafenone hcl TABS</i>	1B	
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 150 MG/3ML</i>	1B	
<i>amiodarone hcl TABS</i>	1B	
<i>dofetilide</i>	1B	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	QL(0.036 ML daily); PA
FASENRA SOSY 30 MG/ML	4	QL(0.036 ML daily); PA
FASENRA SOSY 10 MG/0.5ML	4	QL(0.018 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1B	C; QL(8 ML daily)
Bronchodilators - Anticholinergics		
INCRUSE ELLIPTA 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	2	C; QL(1 EA daily)
<i>ipratropium bromide hfa 17 MCG/ACT</i>	1B	QL(0.44 GM daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1B	C; QL(15 ML daily)
SPIRIVA RESPIMAT AERS IN	2	C; QL(0.14 GM daily)
<i>tiotropium bromide CAPS IN 18 MCG</i>	1B	C; QL(1 EA daily)
<i>umeclidinium bromide 62.5 MCG/INH</i>	1B	C; QL(1 EA daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1B	C; QL(1 EA daily)
<i>montelukast sodium PACK</i>	1B	C; QL(1 EA daily)
<i>montelukast sodium TABS</i>	1B	C; QL(1 EA daily)
<i>zafirlukast</i>	1B	C; QL(2 EA daily)
<i>zileuton TB12</i>	3	QL(4 EA daily); PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	1B	QL(1 EA daily)
Steroid Inhalants		
ALVESCO	3	PA
<i>beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT</i>	1B	
<i>budesonide (inhalation) SUSP</i>	1B	C; QL(4 ML daily); PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	1B	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail	<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1B	
<i>fluticasone propionate (inhalation) AEPB</i>	1B	C	<i>fluticasone-salmeterol AERO</i>	1B	C
<i>fluticasone propionate hfa</i>	1B	C; QL(0.8 GM daily)	<i>formoterol fumarate NEBU</i>	1B	C; QL(4 ML daily)
PULMICORT FLEXHALER AEPB	2	C	<i>ipratropium-albuterol SOLN</i>	1B	C; QL(18 ML daily)
PULMICORT FLEXHALER AEPB	2	C	<i>levalbuterol hcl</i>	1B	C
QVAR REDHALER	2	C	<i>levalbuterol tartrate</i>	1B	C; QL(0.5 GM daily)
Sympathomimetics			PROAIR RESPICLICK AEPB	3	
AIRSUPRA	2		SEREVENT DISKUS	2	C
<i>albuterol sulfate AERS</i>	1B	C	STIOLTO RESPIMAT	2	C
<i>albuterol sulfate NEBU</i>	1B	C	STRIVERDI RESPIMAT	2	C
<i>albuterol sulfate SYRP</i>	1B	C	<i>terbutaline sulfate SOLN</i>	1B	C
<i>albuterol sulfate TABS</i>	1B	C	<i>terbutaline sulfate TABS</i>	1B	C
<i>arformoterol tartrate</i>	1B	C; QL(4 ML daily)	TRELEGY ELLIPTA	2	C; QL(2 EA daily)
BREO ELLIPTA 50 MCG/INH-25 MCG/INH	2	C	<i>umeclidinium-vilanterol</i>	2	C; QL(2 EA daily)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2		Xanthines		
BREZTRI AEROSPHERE	2	C; QL(0.38 GM daily)	<i>theophylline ELIX</i>	1B	
<i>budesonide-formoterol fumarate dihydrate</i>	1B		<i>theophylline SOLN</i>	1B	C; QL(56 ML daily)
COMBIVENT RESPIMAT AERS	2	QL(0.16 GM daily)	<i>theophylline TB12</i>	1B	C
DULERA	2	C	<i>theophylline TB24</i>	1B	C
<i>fluticasone furoate-vilanterol</i>	1B		ANTICOAGULANTS - Blood Thinners		
<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	Coumarin Anticoagulants		
			<i>warfarin sodium TABS</i>	1A	
			Direct Factor Xa Inhibitors		
			ELIQUIS DVT/PE STARTER PACK TBPB	2	QL(2.47 EA daily); 1 max fill(s) per 180 day(s) retail
			ELIQUIS TABS	2	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>rivaroxaban SUSR 1 MG/ML</i>	1B	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail)
<i>rivaroxaban TABS 2.5 MG</i>	1B	QL(2 EA daily)
XARELTO STARTER PACK TBPB	2	1 max fill(s) per 365 day(s) retail
XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)
XARELTO TABS 15 MG	2	QL(2 EA daily)
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	4	QL(6 ML daily)
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	4	QL(1.2 ML daily)
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	4	QL(0.8 ML daily)
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	4	QL(0.6 ML daily)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	4	QL(2 ML daily)
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	4	QL(1.6 ML daily)
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(7.2 ML per 180 day(s) retail; 7 ML per 180 days mail)
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ML per 180 day(s) retail; 5 ML per 180 days mail)
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ML per 180 day(s) retail; 4 ML per 180 days mail)
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3.6 ML per 180 day(s) retail; 4 ML per 180 days mail)
FRAGMIN SOSY	4	PA
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B	
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS</i>	1B	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
<i>perampanel TABS 4 MG</i>	1B	QL(3 EA daily); PA
<i>perampanel TABS 2 MG</i>	1B	QL(6 EA daily); PA
<i>perampanel TABS 6 MG</i>	1B	QL(2 EA daily); PA
<i>perampanel TABS 8 MG, 10 MG, 12 MG</i>	1B	QL(1 EA daily); PA
Anticonvulsants - Benzodiazepines		
<i>clobazam SUSP</i>	1B	QL(16 ML daily); PA
<i>clobazam TABS</i>	1B	QL(2 EA daily); PA
<i>clonazepam TABS</i>	1A	
<i>diazepam (anticonvulsant) GEL</i>	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
NAYZILAM	3	QL(10 EA per 30 day(s) retail); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
VALTOCO 5 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
Anticonvulsants - Misc.		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>brivaracetam SOLN PO 10 MG/ML</i>	1B	QL(20 ML daily); PA	<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 EA daily)
<i>BRIVIACT SOLN PO 10 MG/ML (brivaracetam)</i>	3	QL(20 ML daily); PA	<i>levetiracetam TB24</i>	1B	QL(4 EA daily)
<i>carbamazepine CHEW</i>	1B		<i>oxcarbazepine SUSP</i>	1B	QL(40 ML daily)
<i>carbamazepine CP12 100 MG</i>	1B		<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1B	QL(3 EA daily)
<i>carbamazepine CP12 200 MG</i>	1B	QL(6 EA daily)	<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 EA daily)
<i>carbamazepine CP12 300 MG</i>	1B	QL(4 EA daily)	<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1B	QL(3 EA daily); ST
<i>carbamazepine SUSP</i>	1B		<i>pregabalin CAPS 225 MG, 300 MG</i>	1B	QL(2 EA daily); ST
<i>carbamazepine TABS</i>	1B		<i>pregabalin SOLN</i>	1B	QL(30 ML daily); ST
<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 EA daily)	<i>primidone 50 MG, 250 MG</i>	1B	
<i>carbamazepine TB12 200 MG</i>	1B	QL(6 EA daily)	<i>rufinamide SUSP</i>	3	QL(80 ML daily); PA
<i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i>	1B	QL(2 EA daily); ST	<i>rufinamide TABS 400 MG</i>	3	QL(8 EA daily); PA
<i>gabapentin CAPS</i>	1B		<i>rufinamide TABS 200 MG</i>	3	QL(2 EA daily); PA
<i>gabapentin SOLN</i>	1B	QL(60 ML daily)	<i>topiramate CPSP 25 MG</i>	1B	QL(8 EA daily)
<i>gabapentin TABS 600 MG, 800 MG</i>	1B		<i>topiramate CPSP 15 MG</i>	1B	QL(6 EA daily)
<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1B	QL(40 ML daily)	<i>topiramate CS24</i>	3	PA
<i>lacosamide TABS</i>	1B	QL(2 EA daily)	<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 EA daily)
<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 EA daily)	<i>topiramate TABS 50 MG</i>	1B	QL(6 EA daily)
<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 EA daily)	<i>topiramate TABS 200 MG</i>	1B	QL(2 EA daily)
<i>lamotrigine TABS</i>	1B		<i>zonisamide CAPS</i>	1B	QL(6 EA daily)
<i>lamotrigine TBDP</i>	1B	QL(1 EA daily)	Carbamates		
<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ML daily)	<i>felbamate SUSP</i>	1B	QL(30 ML daily)
<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 EA daily)	<i>felbamate TABS 600 MG</i>	1B	QL(6 EA daily)
<i>levetiracetam TABS 500 MG</i>	1B	QL(6 EA daily)	<i>felbamate TABS 400 MG</i>	1B	QL(9 EA daily)
			GABA Modulators		
			<i>tiagabine hcl</i>	1B	
			<i>vigabatrin PACK</i>	4	QL(6 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>vigabatrin TABS</i>	4	QL(6 EA daily); PA
Hydantoins		
DILANTIN	2	
DILANTIN (<i>phenytoin sodium extended</i>)	2	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	2	
DILANTIN-125 SUSP (<i>phenytoin</i>)	2	
DILANTIN SUSP (<i>phenytoin</i>)	2	
<i>fosphenytoin sodium</i>	1B	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1B	
<i>phenytoin sodium SOLN</i>	1B	
<i>phenytoin CHEW</i>	1B	
<i>phenytoin SUSP</i>	1B	
Succinimides		
<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)
Valproic Acid		
<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	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1B	D+/C
<i>bupropion hcl TB12</i>	1B	D+/C

Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1B	
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 EA daily)
MARPLAN	2	QL(6 EA daily)
<i>phenelzine sulfate</i>	1B	
<i>tranylcypromine sulfate</i>	1B	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	4	PA
SPRAVATO (84 MG DOSE)	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>citalopram hydrobromide SOLN</i>	1A	
<i>citalopram hydrobromide TABS</i>	1A	D/C
<i>escitalopram oxalate SOLN</i>	1B	
<i>escitalopram oxalate TABS</i>	1B	D+/C
<i>fluoxetine hcl CAPS</i>	1A	D/C
<i>fluoxetine hcl CPDR</i>	1A	
<i>fluoxetine hcl SOLN</i>	1B	
<i>fluoxetine hcl TABS</i>	1B	
<i>fluvoxamine maleate TABS</i>	1B	D+/C
<i>paroxetine hcl SUSP</i>	1B	
<i>paroxetine hcl TABS</i>	1B	D/C
<i>paroxetine hcl TB24</i>	1B	
<i>sertraline hcl CONC</i>	1B	
<i>sertraline hcl TABS</i>	1B	D/C
Serotonin Modulators		
<i>nefazodone hcl</i>	1B	
<i>trazodone hcl TABS</i>	1B	
TRINTELLIX	3	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>vilazodone hcl TABS</i>	1B	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>desvenlafaxine succinate</i>	1B	
<i>duloxetine hcl CPEP</i>	1B	D/C
FETZIMA TITRATION C4PK	3	PA
FETZIMA CP24	3	QL(1 EA daily); PA
<i>venlafaxine hcl CP24</i>	1B	D+/C
<i>venlafaxine hcl TABS</i>	1B	D/C
<i>venlafaxine hcl TB24</i>	1B	
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	1A	D/C
<i>amoxapine</i>	1B	
<i>clomipramine hcl</i>	1B	
<i>desipramine hcl TABS</i>	1B	
<i>doxepin hcl CAPS</i>	1B	
<i>doxepin hcl CONC</i>	1B	
<i>imipramine hcl TABS</i>	1B	D+/C
<i>imipramine pamoate</i>	1B	
<i>nortriptyline hcl CAPS</i>	1B	
<i>nortriptyline hcl SOLN</i>	1B	
<i>protriptyline hcl</i>	1B	
<i>trimipramine maleate CAPS</i>	1B	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1B	QL(3 EA daily)
<i>miglitol</i>	1B	QL(3 EA daily)
Antidiabetic Combinations		
<i>alogliptin-metformin hcl</i>	1B	QL(2 EA daily); PA
<i>alogliptin-pioglitazone 30 MG-12.5 MG</i>	1B	QL(2 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1B	QL(1 EA daily); PA
<i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-5 MG</i>	1B	QL(2 EA daily)
<i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG</i>	1B	QL(1 EA daily)
<i>glipizide-metformin hcl 500 MG-5 MG</i>	1B	D+; QL(4 EA daily)
<i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>	1B	D+; QL(2 EA daily)
<i>glyburide-metformin 250 MG-1.25 MG</i>	1B	D+; QL(2 EA daily)
<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1B	D+; QL(4 EA daily)
GLYXAMBI	2	QL(1 EA daily)
<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 EA daily)
<i>pioglitazone hcl-metformin hcl TABS</i>	1B	QL(2 EA daily)
<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1B	QL(1 EA daily)
<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1B	QL(2 EA daily)
<i>sitagliptin phosphate-metformin hcl TABS</i>	1B	QL(2 EA daily)
<i>sitagliptin phosphate-metformin hcl TB24</i>	1B	QL(1 EA daily)
<i>sitagliptin phosphate-metformin hcl TB24</i>	1B	QL(2 EA daily)
SOLQUA	2	QL(0.5 ML daily); PA
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
SYNJARDY TABS	2	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 EA daily)
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 EA daily)
XULTOPHY	2	QL(0.5 ML daily); PA
Biguanides		
<i>metformin hcl TABS 500 MG</i>	1A	D+; QL(5 EA daily)
<i>metformin hcl TABS 1000 MG</i>	1A	D+; QL(2.5 EA daily)
<i>metformin hcl TABS 850 MG</i>	0	QL(3 EA daily)
<i>metformin hcl TB24 500 MG</i>	1B	D+; QL(4 EA daily)
<i>metformin hcl TB24 750 MG</i>	1B	D+; QL(3 EA daily)
Diabetic Other		
<i>diazoxide</i>	3	
<i>glucagon SOLR IJ 1 MG</i>	1B	D+; QL(0.035 EA daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	1B	QL(1 EA daily)
<i>saxagliptin hcl</i>	1B	QL(1 EA daily)
<i>sitagliptin phosphate 25 MG, 50 MG, 100 MG</i>	1B	QL(1 EA daily)
Incretin Mimetic Agents		
<i>liraglutide</i>	1B	QL(0.3 ML daily)
MOUNJARO	2	Smart PA; QL(0.072 ML 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
RYBELSUS TABS	2	Smart PA; QL(1 EA daily)
TRULICITY	2	Smart PA; QL(0.143 ML daily)
Insulin		
APIDRA SOLOSTAR SOPN	3	PA
APIDRA SOLN	3	PA
FIASP FLEXTouch SOPN	1B	
FIASP PENFILL SOCT	1B	
FIASP PUMPCART SOCT	1B	
FIASP SOLN	1B	
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 ASPART FLEXPEN SOPN	1B	D
INSULIN ASPART SOLN IJ	1B	D
INSULIN GLARGINE-YFGN SOLN	2	
INSULIN GLARGINE-YFGN SOPN	2	
INSULIN LISPRO (1 UNIT DIAL) SOPN	1B	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	1B	
INSULIN LISPRO PROT & LISPRO SUPN	1B	
INSULIN LISPRO SOLN IJ	1B	D
NOVOLIN 70/30 FLEXPEN RELION SUPN	2	

Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN 70/30 FLEXPEN SUPN	2	D
NOVOLIN 70/30 RELION SUSP	2	
NOVOLIN 70/30 SUSP	2	D
NOVOLIN N FLEXPEN RELION SUPN	2	
NOVOLIN N FLEXPEN SUPN	2	D
NOVOLIN N RELION SUSP	2	
NOVOLIN N SUSP	2	D
NOVOLIN R FLEXPEN RELION SOPN IJ	2	
NOVOLIN R FLEXPEN SOPN IJ	2	
NOVOLIN R RELION SOLN IJ	2	
NOVOLIN R SOLN IJ	2	D
NOVOLOG 70/30 FLEXPEN RELION SUPN	1B	
NOVOLOG FLEXPEN RELION SOPN	1B	D
NOVOLOG FLEXPEN SOPN	1B	D
NOVOLOG MIX 70/30 FLEXPEN SUPN	1B	
NOVOLOG MIX 70/30 RELION SUSP	1B	
NOVOLOG MIX 70/30 SUSP	1B	
NOVOLOG PENFILL SOCT	1B	D
NOVOLOG RELION SOLN IJ	1B	D
NOVOLOG SOLN IJ	1B	D
REZVOGLAR KWIKPEN	3	PA
TRESIBA FLEXTOUCH SOPN	2	D
TRESIBA SOLN	2	D
Insulin Sensitizing Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>pioglitazone hcl</i>	1B	D+; QL(1 EA daily)
Meglitinide Analogues		
<i>nateglinide</i>	1B	QL(3 EA daily)
<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 EA daily)
<i>repaglinide 2 MG</i>	1B	QL(8 EA daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin TABS PO 5 MG, 10 MG</i>	1B	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)
<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	
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>deferasirox TBSO</i>	4	PA
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Opioid Antagonists		
<i>naloxone hcl LIQD</i>	1B	QL(2 EA per fill retail); 2 max fill(s) per 30 day(s) retail; RX/OTC
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1A	
<i>naltrexone hcl</i>	1A	
VIVITROL	NF	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	QL(0.167 EA daily); PA
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B	
<i>granisetron hcl TABS</i>	1B	QL(0.34 EA daily)
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1B	QL(3.34 ML daily)
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B	
<i>ondansetron hcl SOSY</i>	1B	
<i>ondansetron hcl TABS 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		

Drug Name	Drug Tier	Requirements/ Limits
<i>meclizine hcl TABS 12.5 MG</i>	1A	RX/OTC
<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC
<i>scopolamine</i>	1B	QL(0.34 EA daily)
<i>trimethobenzamide hcl CAPS</i>	1B	
Antiemetics - Miscellaneous		
<i>doxylamine-pyridoxine TBEC</i>	1B	QL(4 EA daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA
<i>dronabinol CAPS</i>	1B	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 EA daily)
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 EA daily)
<i>aprepitant CPPK PO</i>	1B	PA
VARUBI (180 MG DOSE) TBPK	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>amphotericin b IV</i>	3	
<i>flucytosine</i>	1B	
<i>griseofulvin microsize SUSP</i>	1B	AL(At least 2 yrs old)
<i>griseofulvin microsize TABS</i>	1B	
<i>griseofulvin ultramicrosize</i>	1B	
<i>nystatin TABS</i>	1B	
<i>terbinafine hcl TABS</i>	1B	QL(1 EA daily)
Imidazole-Related Antifungals		
<i>fluconazole SUSR</i>	1B	
<i>fluconazole TABS</i>	1B	

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Drug Name	Drug Tier	Requirements/ Limits
<i>itraconazole CAPS</i>	1B	QL(4 EA daily); PA
<i>itraconazole SOLN</i>	1B	QL(20 ML daily); PA
<i>ketoconazole</i>	1B	
<i>posaconazole SUSP</i>	3	QL(20 ML daily)
<i>posaconazole TBEC</i>	3	QL(6 EA daily)
TOLSURA CAPS	4	PA
<i>voriconazole TABS</i>	1B	QL(4 EA daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1B	
<i>carbinoxamine maleate TABS 4 MG</i>	1B	
<i>clemastine fumarate TABS 2.68 MG</i>	1B	
<i>diphenhydramine hcl CAPS 50 MG</i>	1A	
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B	
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1B	QL(20 ML daily)
Antihistamines - Non-Sedating		
<i>cetirizine hcl TABS</i>	1A	QL(1 EA daily)
<i>desloratadine TABS</i>	1B	QL(1 EA daily)
<i>desloratadine TBDP 2.5 MG</i>	1B	QL(1 EA daily)
<i>levocetirizine dihydrochloride SOLN</i>	1B	QL(10 ML daily); RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	1B	QL(1 EA daily); RX/OTC
<i>loratadine CAPS</i>	1B	
<i>loratadine CHEW</i>	1B	
<i>loratadine SOLN</i>	1B	
<i>loratadine TABS</i>	1A	
<i>loratadine TBDP</i>	1B	
QUZYTIR SOLN IV	3	PA

Drug Name	Drug Tier	Requirements/ Limits
XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML	2	QL(10 ML daily); RX/OTC
Antihistamines - Phenothiazines		
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 EA daily)
<i>promethazine hcl SUPP 50 MG</i>	1B	
<i>promethazine hcl TABS</i>	1B	
Antihistamines - Piperidines		
<i>ciproheptadine hcl SYRP</i>	1B	
<i>ciproheptadine hcl TABS</i>	1B	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1B	QL(1 EA daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl 1 GM</i>	1B	QL(4 EA daily); PA
<i>omega-3-acid ethyl esters</i>	1B	D+; QL(4 EA daily)
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1B	QL(6 EA daily)
<i>cholestyramine light POWD</i>	1B	QL(24 GM daily)
<i>cholestyramine PACK</i>	1B	QL(6 EA daily)
<i>cholestyramine POWD</i>	1B	QL(25.2 GM daily)
<i>colesevelam hcl PACK</i>	1B	QL(1 EA daily); PA
<i>colesevelam hcl TABS</i>	1B	QL(7 EA daily)
<i>colestipol hcl GRAN</i>	1B	QL(6 GM daily)
<i>colestipol hcl PACK</i>	1B	QL(6 EA daily)
<i>colestipol hcl TABS</i>	1B	QL(16 EA daily)
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	1B	D+; QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibrate micronized 43 MG, 130 MG</i>	1B	QL(1 EA daily)
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	1B	D+; QL(1 EA daily)
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1B	D+; QL(1 EA daily)
<i>gemfibrozil TABS</i>	1B	D+; QL(2 EA daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1A	D+; QL(1 EA daily)
<i>fluvastatin sodium CAPS 40 MG</i>	1B	QL(2 EA daily)
<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 EA daily)
<i>lovastatin TABS 40 MG</i>	1A	D+; QL(2 EA daily); PV
<i>lovastatin TABS 10 MG, 20 MG</i>	1A	D+; QL(1 EA daily); PV
<i>pravastatin sodium</i>	1B	D+; QL(1 EA daily)
<i>rosuvastatin calcium TABS</i>	1B	QL(1 EA daily)
<i>simvastatin TABS</i>	1A	D+; QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1B	D+; QL(1 EA daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1B	QL(2 EA daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(0.25 ML daily); PA
REPATHA SURECLICK SOAJ	4	QL(0.0714 ML daily); PA
REPATHA SOSY	4	QL(0.0714 ML daily); PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		

Drug Name	Drug Tier	Requirements/ Limits
ACE Inhibitors		
<i>benazepril hcl</i>	1A	D+
<i>captopril 25 MG, 50 MG, 100 MG</i>	1B	QL(3 EA daily)
<i>captopril 12.5 MG</i>	1B	
<i>enalapril maleate TABS</i>	1A	D+
<i>fosinopril sodium</i>	1B	D+
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1A	D+
<i>moexipril hcl</i>	1B	QL(2 EA daily)
<i>perindopril erbumine 4 MG</i>	1B	
<i>perindopril erbumine 2 MG, 8 MG</i>	1B	QL(2 EA daily)
<i>quinapril hcl 5 MG, 10 MG</i>	1B	QL(2 EA daily)
<i>quinapril hcl 20 MG, 40 MG</i>	1B	
<i>ramipril CAPS</i>	1B	D+
<i>trandolapril 1 MG, 2 MG</i>	1B	D+; QL(1 EA daily)
<i>trandolapril 4 MG</i>	1B	D+; QL(2 EA daily)
Agents for Pheochromocytoma		
<i>phenoxybenzamine hcl</i>	3	PA
Angiotensin II Receptor Antagonists		
<i>azilsartan medoxomil 40 MG, 80 MG</i>	1B	QL(1 EA daily); ST
<i>candesartan cilexetil</i>	1B	QL(1 EA daily)
EDARBI 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	3	QL(1 EA daily); ST
<i>irbesartan</i>	1B	D+; QL(1 EA daily)
<i>losartan potassium</i>	1A	D+; QL(1 EA daily)
<i>olmesartan medoxomil</i>	1B	D+; QL(1 EA daily)
<i>telmisartan</i>	1B	QL(1 EA daily)
<i>valsartan TABS</i>	1B	D+; QL(1 EA daily)
Antiadrenergic Antihypertensives		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clonidine hcl TABS</i>	1A	D+; QL(8 EA daily)	<i>lisinopril & hydrochlorothiazide</i>	1A	D+
<i>clonidine PTWK</i>	1B	QL(0.15 EA daily)	<i>losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1A	D+; QL(1 EA daily)
<i>doxazosin mesylate</i>	1B		<i>losartan potassium & hydrochlorothiazide 12.5 MG-50 MG</i>	1A	D+; QL(2 EA daily)
<i>guanfacine hcl</i>	1B		<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B	
<i>methyldopa TABS</i>	1B	QL(6 EA daily)	<i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG</i>	1B	QL(1 EA daily)
<i>prazosin hcl CAPS</i>	1B	QL(4 EA daily)	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST
<i>terazosin hcl</i>	1B		<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B	
Antihypertensive Combinations			<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1B	QL(3 EA daily)
<i>amlodipine besylate-benazepril hcl</i>	1B		<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 EA daily)
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST	<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1B	QL(4 EA daily)
<i>amlodipine besylate-valsartan</i>	1B	QL(1 EA daily)	<i>telmisartan-amlodipine</i>	1B	QL(1 EA daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	3		<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 EA daily)
<i>atenolol & chlorthalidone</i>	1B		<i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3	
<i>benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1B		<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 EA daily)
<i>benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1B	QL(1 EA daily)	<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 EA daily)
<i>bisoprolol & hydrochlorothiazide</i>	1B	QL(2 EA daily)	Antihypertensives - Misc.		
<i>candesartan cilexetil-hydrochlorothiazide</i>	1B		VECAMYL	3	PA
<i>enalapril maleate & hydrochlorothiazide 25 MG-10 MG</i>	1B				
<i>enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG</i>	1B	QL(2 EA daily)			
<i>fosinopril sodium & hydrochlorothiazide</i>	1B	QL(1 EA daily)			
<i>irbesartan-hydrochlorothiazide</i>	1B	D+			

Drug Name	Drug Tier	Requirements/ Limits
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1B	QL(1 EA daily)
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1B	
Vasodilators		
<i>hydralazine hcl SOLN</i>	1B	
<i>hydralazine hcl TABS</i>	1B	D+
<i>minoxidil 2.5 MG, 10 MG</i>	1B	D+
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole TABS 250 MG, 500 MG</i>	1B	
<i>pentamidine isethionate IN</i>	1B	
<i>tinidazole</i>	1B	
<i>trimethoprim TABS</i>	1B	
XIFAXAN 550 MG	3	QL(3 EA daily); AL(At least 12 yrs old); PA
XIFAXAN 200 MG	3	QL(3 EA daily; 9 EA per 3 day(s) retail; 9 EA per 3 days mail); AL(At least 12 yrs old); PA
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	
<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
Antiprotozoal Agents		
<i>atovaquone</i>	1B	
<i>nitazoxanide TABS</i>	1B	PA

Drug Name	Drug Tier	Requirements/ Limits
Carbapenems		
<i>ertapenem sodium IJ</i>	1B	
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	4	PA
Cyclic Lipopeptides		
<i>daptomycin 500 MG</i>	1B	
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1B	QL(4 EA daily; 40 EA per fill retail)
<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1B	QL(300 ML per fill retail)
Leprostatics		
<i>dapsone</i>	1B	
Lincosamides		
<i>clindamycin hcl</i>	1B	
<i>clindamycin palmitate hydrochloride</i>	1B	
<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML</i>	1B	
<i>lincomycin hcl</i>	1B	
Monobactams		
<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
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1B	
<i>methenamine hippurate</i>	1B	
<i>nitrofurantoin</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	
<i>nitrofurantoin monohydrate macro</i>	1B	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 EA per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 EA per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
Antimalarials		
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 EA daily)
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 EA daily)
<i>hydroxychloroquine sulfate 100 MG</i>	1B	QL(4 EA daily)
<i>hydroxychloroquine sulfate 400 MG</i>	1B	QL(1 EA daily)
KRINTAFEL	3	QL(2 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>mefloquine hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 EA daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>primaquine phosphate TABS</i>	3	
<i>pyrimethamine</i>	1B	QL(3 EA daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1B	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
<i>neostigmine methylsulfate SOSY</i>	3	PA
<i>pyridostigmine bromide SOLN PO</i>	1B	
<i>pyridostigmine bromide TABS 60 MG</i>	1B	
<i>pyridostigmine bromide TBCR</i>	1B	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	1B	QL(4 EA daily)
<i>ethambutol hcl TABS</i>	1B	
<i>isoniazid SOLN</i>	1B	
<i>isoniazid SYRP</i>	1B	
<i>isoniazid TABS</i>	1A	
PRETOMANID	3	PA
PRIFTIN 150 MG (<i>rifapentine</i>)	3	
<i>pyrazinamide</i>	1B	
<i>rifabutin</i>	1B	PA
<i>rifampin CAPS</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<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
<i>carmustine</i>	4	PA
<i>cisplatin SOLN 100 MG/100ML</i>	4	PA
<i>cyclophosphamide CAPS</i>	1B	PA
LEUKERAN	4	PA
<i>lomustine 40 MG, 100 MG</i>	4	PA
<i>lomustine 10 MG</i>	4	PA
<i>melphalan hcl IV</i>	1B	
TEMODAR SOLR	4	
<i>temozolomide CAPS</i>	4	PA
<i>thiotepa 15 MG</i>	4	PA
ZANOSAR	4	PA
Antimetabolites		
<i>azacitidine SUSR</i>	4	PA
<i>capecitabine</i>	4	PA
<i>clofarabine</i>	4	PA
<i>decitabine</i>	4	PA
<i>floxuridine</i>	4	PA
<i>fludarabine phosphate SOLN</i>	4	PA
<i>fludarabine phosphate SOLR</i>	4	PA
<i>mercaptopurine TABS</i>	1B	
<i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i>	1B	
<i>methotrexate sodium SOLR</i>	1B	
<i>methotrexate sodium TABS 2.5 MG</i>	1B	
<i>nelarabine</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>pemetrexed disodium SOLR 500 MG</i>	4	PA
<i>pralatrexate 20 MG/ML</i>	4	PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	PA
Antineoplastic - Angiogenesis Inhibitors		
LENVIMA (10 MG DAILY DOSE)	4	QL(1 EA daily); PA
LENVIMA (12 MG DAILY DOSE)	4	QL(3 EA daily); PA
LENVIMA (14 MG DAILY DOSE)	4	QL(2 EA daily); PA
LENVIMA (18 MG DAILY DOSE)	4	QL(3 EA daily); PA
LENVIMA (20 MG DAILY DOSE)	4	QL(2 EA daily); PA
LENVIMA (24 MG DAILY DOSE)	4	QL(3 EA daily); PA
LENVIMA (4 MG DAILY DOSE)	4	QL(1 EA daily); PA
LENVIMA (8 MG DAILY DOSE)	4	QL(2 EA daily); PA
ZALTRAP 100 MG/4ML	4	PA
Antineoplastic - Antibodies		
ARZERRA	4	PA
LOQTORZI	4	PA
RUXIENCE	4	PA
TRUXIMA	4	PA
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	4	QL(1 EA daily); PA
<i>gefitinib</i>	4	QL(2 EA daily); PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	4	PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate 500 MG</i>	4	QL(2 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>abiraterone acetate 250 MG</i>	4	QL(4 EA daily); PA	<i>idarubicin hcl 20 MG/20ML</i>	4	PA
<i>anastrozole</i>	1B	QL(1 EA daily)	<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	PA
<i>bicalutamide</i>	1B	QL(1 EA daily)	<i>mitomycin SOLR IV 20 MG</i>	4	PA
ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	PA	<i>mitoxantrone hcl 25 MG/12.5ML</i>	4	PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 EA daily); PA	<i>valrubicin</i>	4	PA
EMCYT	4	PA	Antineoplastic Enzyme Inhibitors		
ERLEADA 60 MG	4	QL(4 EA daily); PA	ALECENSA	4	QL(8 EA daily); PA
ERLEADA 240 MG	4	QL(1 EA daily); PA	<i>dasatinib</i>	4	QL(1 EA daily); PA
<i>exemestane</i>	4	QL(1 EA daily)	<i>everolimus TABS</i>	4	QL(1 EA daily); PA
<i>fulvestrant SOSY</i>	4	QL(0.357 ML daily); PA	<i>imatinib mesylate TABS</i>	4	QL(2 EA daily); PA
<i>letrozole</i>	1B		JAKAFI	4	QL(2 EA daily); PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	PA	<i>lapatinib ditosylate</i>	4	QL(6 EA daily); PA
LYSODREN	4	PA	LYNPARZA TABS	4	QL(4 EA daily); PA
<i>megestrol acetate SUSP</i>	1B		<i>pazopanib hcl</i>	4	QL(2 EA daily); PA
<i>megestrol acetate TABS</i>	1B		<i>pazopanib hcl</i>	4	QL(4 EA daily); PA
<i>nilutamide</i>	4	QL(2 EA daily); PA	<i>sorafenib tosylate</i>	4	QL(4 EA daily); PA
NUBEQA	4	QL(4 EA daily); PA	STIVARGA	4	QL(4 EA daily); PA
<i>tamoxifen citrate TABS</i>	0		<i>sunitinib malate</i>	4	QL(1 EA daily); PA
<i>toremifene citrate</i>	1B		<i>temsirolimus</i>	4	QL(0.143 ML daily); PA
XTANDI CAPS	4	QL(4 EA daily); PA	TURALIO 125 MG	4	PA
XTANDI TABS 80 MG	4	QL(2 EA daily); PA	VERZENIO	4	QL(2 EA daily); PA
XTANDI TABS 40 MG	4	QL(4 EA daily); PA	ZELBORAF	4	QL(8 EA daily); PA
Antineoplastic - Immunomodulators			ZOLINZA	4	QL(4 EA daily); PA
<i>pomalidomide 1 MG, 2 MG, 3 MG, 4 MG</i>	4	QL(1 EA daily); PA	ZYDELIG	4	QL(2 EA daily); PA
Antineoplastic Antibiotics			Antineoplastics Misc.		
<i>bleomycin sulfate 15 UNIT</i>	4	PA			
<i>dactinomycin</i>	4	PA			
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACTIMMUNE 100 MCG/0.5ML	4	PA	Antiparkinson COMT Inhibitors		
arsenic trioxide 10 MG/10ML	4	PA	entacapone	1B	QL(8 EA daily)
bexarotene	4	PA	tolcapone	1B	
hydroxyurea	1B		Antiparkinson Dopaminergics		
MATULANE	4	PA	amantadine hcl CAPS	1B	
PHOTOFRIN	4	PA	amantadine hcl SOLN	1B	
PROLEUKIN	4	PA	amantadine hcl TABS	1B	
tretinoin (chemotherapy)	1B		apomorphine hydrochloride SOCT	4	PA
UVADEX	4	PA	bromocriptine mesylate CAPS	1B	
Chemotherapy Rescue/Antidote/Protective Agents			bromocriptine mesylate TABS 2.5 MG	1B	
leucovorin calcium SOLR	1B		carbidopa-levodopa-entacapone	1B	
leucovorin calcium TABS	1B		carbidopa-levodopa TABS	1B	
VORAXAZE	4	PA	carbidopa-levodopa TBCR	1B	
Mitotic Inhibitors			carbidopa-levodopa TBDP	1B	
eribulin mesylate	4	PA	NEUPRO	2	
etoposide CAPS	4	PA	pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	1B	
IXEMPRA KIT 15 MG	4	PA	pramipexole dihydrochloride TABS 0.125 MG	1B	QL(4 EA daily)
vinorelbine tartrate 10 MG/ML	4	PA	ropinirole hydrochloride TABS	1B	
Topoisomerase I Inhibitors			ropinirole hydrochloride TB24 8 MG, 12 MG	1B	QL(2 EA daily); ST
HYCANTIN CAPS	4	PA	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG	1B	QL(1 EA daily); ST
irinotecan hcl 40 MG/2ML, 100 MG/5ML	4	PA	Antiparkinson Monoamine Oxidase Inhibitors		
topotecan hcl SOLN	4		rasagiline mesylate	1B	QL(1 EA daily); PA
topotecan hcl SOLR	4		selegiline hcl CAPS	1B	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			selegiline hcl TABS	1B	
Antiparkinson Adjunctive Therapy			ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
carbidopa	3				
Antiparkinson Anticholinergics					
benztropine mesylate TABS	1B				
trihexyphenidyl hcl SOLN	1B				
trihexyphenidyl hcl TABS	1B				

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Drug Name	Drug Tier	Requirements/ Limits
Antimanic Agents		
<i>lithium</i>	1B	
<i>lithium carbonate CAPS</i>	1B	
<i>lithium carbonate TABS</i>	1B	
<i>lithium carbonate TBCR</i>	1B	
Antipsychotics - Misc.		
EQUETRO 200 MG	3	QL(8 EA daily); ST
EQUETRO 100 MG	3	QL(2 EA daily); ST
EQUETRO 300 MG	3	QL(4 EA daily); ST
<i>lurasidone hcl 80 MG</i>	1B	QL(2 EA daily)
<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	1B	QL(1 EA daily)
<i>ziprasidone hcl</i>	1B	QL(2 EA daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT	2	QL(2 EA daily); PA
FANAPT TITRATION PACK A	2	PA
FANAPT TITRATION PACK B	2	PA
FANAPT TITRATION PACK C	2	PA
<i>paliperidone</i>	1B	
<i>risperidone microspheres</i>	1B	QL(0.072 EA daily); PA
<i>risperidone SOLN</i>	1B	
<i>risperidone TABS</i>	1B	
<i>risperidone TBDP</i>	1B	
Butyrophenones		
<i>haloperidol decanoate</i>	1B	QL(0.036 ML daily)
<i>haloperidol lactate CONC</i>	1B	
<i>haloperidol lactate SOLN</i>	1B	
<i>haloperidol TABS</i>	1B	
Dibenzapines		

Drug Name	Drug Tier	Requirements/ Limits
<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 EA daily); PA
<i>asenapine maleate 2.5 MG</i>	1B	QL(4 EA daily); PA
<i>clozapine TABS</i>	1B	
<i>clozapine TBDP 100 MG</i>	1B	QL(9 EA daily)
<i>clozapine TBDP 12.5 MG, 150 MG</i>	1B	QL(6 EA daily)
<i>clozapine TBDP 25 MG</i>	1B	QL(3 EA daily)
<i>loxapine succinate</i>	1B	
<i>olanzapine SOLR</i>	1B	QL(0.215 EA daily)
<i>olanzapine TABS 2.5 MG, 5 MG</i>	1B	QL(4 EA daily)
<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 EA daily)
<i>olanzapine TBDP 20 MG</i>	1B	QL(1 EA daily)
<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1B	QL(2 EA daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	1B	AL(At least 10 yrs old)
<i>quetiapine fumarate TB24</i>	1B	
Phenothiazines		
<i>chlorpromazine hcl SOLN</i>	3	
<i>chlorpromazine hcl TABS</i>	1B	
<i>fluphenazine hcl CONC</i>	1B	
<i>fluphenazine hcl ELIX</i>	1B	
<i>fluphenazine hcl SOLN</i>	1B	
<i>fluphenazine hcl TABS</i>	1B	
<i>perphenazine TABS</i>	1B	
<i>prochlorperazine</i>	1B	
<i>prochlorperazine maleate TABS</i>	1B	
<i>thioridazine hcl</i>	1B	
<i>trifluoperazine hcl TABS</i>	1B	
Quinolinone Derivatives		

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

Drug Name	Drug Tier	Requirements/ Limits
EDURANT PED PO 2.5 MG	3	QL(6 EA daily)
<i>efavirenz CAPS 50 MG</i>	1B	QL(3 EA daily)
<i>efavirenz CAPS 200 MG</i>	1B	QL(2 EA daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)
<i>efavirenz TABS</i>	1B	QL(1 EA daily)
<i>emtricitabine CAPS</i>	1B	QL(1 EA daily)
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	1B	QL(1 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 EA daily)
EMTRIVA SOLN	3	QL(24 ML daily)
<i>etravirine 200 MG</i>	1B	QL(2 EA daily)
<i>etravirine 100 MG</i>	1B	QL(4 EA daily)
EVOTAZ	3	QL(1 EA daily)
<i>fosamprenavir calcium TABS</i>	1B	QL(4 EA daily)
FUZEON SOLR	4	QL(2 EA daily)
GENVOYA	3	QL(1 EA daily)
IDVYNZO TABS PO	3	QL(1 EA daily)
INTELENCE 25 MG	3	QL(8 EA daily)
ISENTRESS HD TABS	3	QL(2 EA daily)
ISENTRESS CHEW	3	QL(6 EA daily)
ISENTRESS PACK	3	QL(2 EA daily)
ISENTRESS TABS	3	QL(2 EA daily)
JULUCA	3	QL(1 EA daily)
KALETRA SOLN	2	QL(12.5 ML daily)
<i>lamivudine SOLN</i>	1B	QL(30 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>lamivudine TABS 300 MG</i>	1B	QL(1 EA daily)
<i>lamivudine TABS 150 MG</i>	1B	QL(2 EA daily)
<i>lamivudine-zidovudine</i>	1B	QL(2 EA daily)
<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ML daily)
<i>lopinavir-ritonavir TABS</i>	1B	QL(4 EA daily)
<i>maraviroc TABS 300 MG</i>	1B	QL(4 EA daily)
<i>maraviroc TABS 150 MG</i>	1B	QL(2 EA daily)
<i>nevirapine SUSP</i>	1B	QL(40 ML daily)
<i>nevirapine TABS</i>	1B	QL(2 EA daily)
<i>nevirapine TB24 400 MG</i>	1B	QL(1 EA daily)
NORVIR PACK	3	QL(12 EA daily)
ODEFSEY	3	QL(1 EA daily)
PIFELTRO	3	QL(1 EA daily)
PREZCOBIX	3	QL(1 EA daily)
PREZISTA SUSP	3	QL(12 ML daily)
PREZISTA TABS 75 MG, 150 MG	3	QL(2 EA daily)
RETROVIR SOLN	3	QL(60 ML daily)
REYATAZ PACK	3	QL(4 EA daily)
<i>rilpivirine hcl 25 MG</i>	3	QL(1 EA daily)
<i>ritonavir TABS</i>	1B	QL(12 EA daily)
RUKOBIA	3	QL(2 EA daily)
SELZENTRY SOLN	3	QL(30 ML daily)
STRIBILD	3	QL(1 EA daily)
SUNLENCA SOLN	3	QL(3 ML per 180 day(s) retail; 3 ML per 180 days mail)
SUNLENCA TABS PO 300 MG	3	QL(0.167 EA daily)
SUNLENCA TBPK 300 MG	3	QL(5 EA per 180 day(s) retail; 5 EA per 180 days mail)

Drug Name	Drug Tier	Requirements/ Limits
SUNLENCA TBPK 300 MG	3	QL(4 EA per 180 day(s) retail; 4 EA per 180 days mail)
SYMTUZA	3	QL(1 EA daily)
<i>tenofovir disoproxil fumarate TABS</i>	1B	QL(1 EA daily)
TIVICAY PD TBSO	3	QL(6 EA daily)
TIVICAY TABS 50 MG	3	QL(2 EA daily)
TRIUMEQ PD TBSO	3	QL(6 EA daily)
TRIUMEQ TABS	3	QL(1 EA daily)
TROGARZO	4	QL(0.8 ML daily)
TYBOST	3	QL(1 EA daily)
VIRACEPT TABS 250 MG	3	QL(10 EA daily)
VIRACEPT TABS 625 MG	3	QL(4 EA daily)
VIREAD POWD	3	QL(7.5 GM daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 EA daily)
YEZTUGO SOLN 463.5 MG/1.5ML	3	QL(3 ML per 180 day(s) retail; 3 ML per 180 days mail)
YEZTUGO TABS PO 300 MG	3	QL(0.134 EA daily)
<i>zidovudine CAPS</i>	1B	QL(6 EA daily)
<i>zidovudine SYRP</i>	1B	QL(60 ML daily)
<i>zidovudine TABS</i>	1B	QL(2 EA daily)
CMV Agents		
<i>cidofovir</i>	3	
<i>ganciclovir sodium SOLR</i>	1B	
<i>valganciclovir hcl TABS</i>	1B	QL(4 EA daily); PA
Hepatitis Agents		
<i>adefovir dipivoxil</i>	4	QL(1 EA daily)
<i>entecavir TABS</i>	4	QL(1 EA daily)
<i>lamivudine (hbv) TABS</i>	1B	QL(3 EA daily)
PEGASYS SOLN	4	QL(0.0714 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
PEGASYS SOSY	4	QL(0.072 ML daily); PA
<i>ribavirin (hepatitis c) CAPS</i>	1B	QL(7 EA daily)
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1B	QL(7 EA daily)
SOFOSBUVIR-VELPATASVIR TABS	1B	QL(1 EA daily); PA
VOSEVI	4	QL(1 EA daily); PA
Herpes Agents		
<i>acyclovir CAPS</i>	1A	QL(5 EA daily; 50 EA per fill retail; 50 per fill mail)
<i>acyclovir SUSP</i>	1B	QL(13.34 ML daily)
<i>acyclovir TABS PO</i>	1B	QL(5 EA daily)
<i>famciclovir 500 MG</i>	1B	QL(4 EA daily)
<i>famciclovir 125 MG, 250 MG</i>	1B	QL(3 EA daily)
<i>valacyclovir hcl 1 GM</i>	1B	QL(4 EA daily)
<i>valacyclovir hcl 500 MG</i>	1B	QL(2 EA daily)
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1B	Limit 1 fill every 90 days.; QL(10 EA per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>oseltamivir phosphate SUSR</i>	1B	Limit 1 fill every 90 days.; QL(125 ML per fill retail); 1 max fill(s) per 90 day(s) retail
RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail
<i>rimantadine hydrochloride TABS</i>	1B	QL(2 EA daily)

BETA BLOCKERS - Drugs to Treat High Blood

Drug Name	Drug Tier	Requirements/ Limits
Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i>	1A	D+
<i>carvedilol phosphate</i>	3	QL(1 EA daily)
<i>labetalol hcl SOLN</i>	1B	
<i>labetalol hcl TABS 300 MG</i>	1B	D+; QL(8 EA daily)
<i>labetalol hcl TABS 100 MG, 200 MG</i>	1B	D+
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1B	
<i>atenolol TABS</i>	1A	D+
<i>betaxolol hcl</i>	1B	
<i>bisoprolol fumarate</i>	1B	D+
<i>metoprolol succinate TB24 200 MG</i>	1B	D+; QL(2 EA daily)
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1B	D+
<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1B	
<i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>	1A	D+
<i>nebivolol hcl 20 MG</i>	3	QL(2 EA daily)
<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 EA daily)
Beta Blockers Non-Selective		
<i>nadolol TABS 40 MG</i>	1B	QL(6 EA daily)
<i>nadolol TABS 20 MG</i>	1B	QL(3 EA daily)
<i>nadolol TABS 80 MG</i>	1B	
<i>pindolol TABS</i>	1B	
<i>propranolol hcl CP24</i>	1B	QL(2 EA daily)
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1B	
<i>propranolol hcl TABS</i>	1B	
<i>sotalol hcl (afib/afI)</i>	1B	
<i>sotalol hcl TABS 240 MG</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 EA daily)
<i>timolol maleate TABS</i>	1B	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	1B	D+
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 EA daily)
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	1B	D+
<i>diltiazem hcl extended release beads 420 MG</i>	1B	
<i>diltiazem hcl CP12</i>	1B	QL(2 EA daily)
<i>diltiazem hcl CP24</i>	1B	D+
<i>diltiazem hcl SOLN 50 MG/10ML</i>	1B	
<i>DILTIAZEM HCL SOLR</i>	1B	
<i>diltiazem hcl TABS</i>	1B	D+
<i>diltiazem hcl TB24</i>	1B	
<i>felodipine</i>	1B	D+
<i>isradipine CAPS</i>	1B	
<i>nicardipine hcl CAPS</i>	1B	
<i>nicardipine hcl SOLN</i>	1B	
<i>nifedipine CAPS 20 MG</i>	1B	QL(9 EA daily)
<i>nifedipine CAPS 10 MG</i>	1B	
<i>nifedipine TB24 30 MG</i>	1B	D+
<i>nifedipine TB24 90 MG</i>	1B	D+; QL(1 EA daily)
<i>nifedipine TB24 60 MG</i>	1B	D+; QL(2 EA daily)
<i>nifedipine TB24</i>	1B	
<i>nimodipine CAPS</i>	1B	
<i>nisoldipine</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1B	
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	1B	QL(1 EA daily)
<i>verapamil hcl TABS</i>	1B	D+
<i>verapamil hcl TBCR</i>	1B	D+
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	
<i>LANOXIN SOLN IJ (digoxin)</i>	2	
<i>LANOXIN TABS 250 MCG (digoxin)</i>	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 EA daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1B	
<i>sacubitril-valsartan TABS</i>	1B	QL(2 EA daily)
Impotence Agents		
<i>avanafil</i>	1B	QL(0.134 EA daily)
<i>sildenafil citrate</i>	1B	QL(0.1334 EA daily); PA
<i>tadalafil 5 MG</i>	1B	BPH Only; QL(1 EA daily); PA
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	4	PA
<i>treprostinil SOLN IJ</i>	4	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ambrisentan</i>	4	QL(1 EA daily); PA	<i>cefaclor SUSR 250 MG/5ML</i>	1B	
<i>bosentan TABS</i>	4	QL(2 EA daily); PA	<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1B	
<i>bosentan TBSO 32 MG</i>	4	QL(2 EA daily); PA	<i>cefoxitin sodium IV 1 GM, 2 GM</i>	1B	
Pulmonary Hypertension - Phosphodiesterase Inhibitors			<i>cefprozil SUSR</i>	1B	
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ML daily); PA	<i>cefprozil TABS</i>	1B	
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ML daily); PA	<i>cefuroxime axetil TABS</i>	1B	
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 EA daily); PA	<i>cefuroxime sodium IJ 750 MG</i>	1B	
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 EA daily); PA	Cephalosporins - 3rd Generation		
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator			<i>cefdinir CAPS</i>	1B	
ADEMPAS	4	QL(3 EA daily); PA	<i>cefdinir SUSR</i>	1B	
Sinus Node Inhibitors			<i>cefixime CAPS</i>	1B	
<i>ivabradine hcl TABS</i>	3	QL(2 EA daily); ST	<i>cefixime SUSR</i>	1B	ST
CEPHALOSPORINS - Drugs to Treat Bacterial Infections			<i>cefpodoxime proxetil SUSR</i>	1B	
Cephalosporins - 1st Generation			<i>cefpodoxime proxetil TABS</i>	1B	
<i>cefadroxil CAPS</i>	1B		<i>ceftazidime IJ 1 GM, 6 GM</i>	1B	
<i>cefadroxil SUSR</i>	1B		Cephalosporins - 4th Generation		
<i>cefadroxil TABS</i>	1B		<i>cefepime hcl SOLR IV 2 GM</i>	1B	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	1B		Cephalosporins - 5th Generation		
<i>cephalexin CAPS</i>	1B		<i>ceftaroline fosamil 400 MG, 600 MG</i>	1B	
<i>cephalexin SUSR</i>	1B		TEFLARO 400 MG, 600 MG (<i>ceftaroline fosamil</i>)	3	
Cephalosporins - 2nd Generation			CONTRACEPTIVES - Drugs to Prevent Pregnancy		
<i>cefaclor CAPS</i>	1B		Combination Contraceptives - Oral		
			AVERI TABS PO	0	
			<i>desogestrel & ethinyl estradiol</i>	0	
			<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0		<i>norgestimate-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0		<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0		<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0	
<i>ethynodiol diacet & eth estrad</i>	0		TYBLUME CHEW	0	
FEMLYV TBDP	0		Combination Contraceptives - Transdermal		
<i>levonorgestrel & eth estradiol TABS</i>	0		<i>norelgestromin-ethinyl estradiol</i>	0	
<i>levonorgestrel-eth estradiol (triphasic)</i>	0		TWIRLA	0	QL(3 EA per 28 day(s) retail; 9 EA per 84 days mail)
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0		Combination Contraceptives - Vaginal		
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0		ANNOVERA	0	
<i>levonorgestrel-ethinyl estradiol-iron</i>	0		<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 EA daily)
LO LOESTRIN FE TABS	0		Copper Contraceptives - IUD		
NATAZIA	0		MIUDELLA	0	
NEXTSTELLIS	0		PARAGARD INTRAUTERINE COPPER	0	
<i>norethin acet & estrad-fe CAPS</i>	0		Emergency Contraceptives		
<i>norethin acet & estrad-fe CHEW</i>	0		ELLA	0	
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0		<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	
<i>norethindrone & eth estradiol</i>	0		Progestin Contraceptives - Implants		
<i>norethindrone & ethinyl estradiol-fe</i>	0		NEXPLANON	0	
<i>norethindrone acet & eth estra TABS</i>	0		Progestin Contraceptives - Injectable		
<i>norethindrone acetate-ethinyl estradiol-fe</i>	0		DEPO-SUBQ PROVERA 104 SUSY SC	0	
<i>norethindrone-eth estradiol (triphasic)</i>	0		<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	QL(1 ML per 90 day(s) retail)
			<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	QL(1 ML per 90 day(s) retail; 1 ML per 90 days mail)
			Progestin Contraceptives - IUD		

Drug Name	Drug Tier	Requirements/ Limits
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		
<i>budesonide CPEP</i>	1B	QL(3 EA daily)
DEPO-MEDROL SUSP	3	
DEXAMETHASONE INTENSOL CONC	1B	
<i>dexamethasone ELIX</i>	1B	
<i>dexamethasone SOLN</i>	1B	
<i>dexamethasone TABS 0.5 MG, 0.75 MG</i>	1A	
<i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i>	1B	
<i>hydrocortisone sod succinate 100 MG</i>	1B	2 max fill(s) per 30 day(s) retail
<i>hydrocortisone TABS</i>	1B	
MEDROL TABS	3	
<i>methylprednisolone acetate SUSP</i>	1B	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1B	
<i>methylprednisolone TABS</i>	1B	
<i>methylprednisolone TBPk</i>	1B	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sodium phosphate TBPk</i>	3	
<i>prednisolone SOLN</i>	1B	
<i>prednisolone TABS</i>	1B	
<i>prednisone SOLN</i>	1B	
<i>prednisone TABS 1 MG, 5 MG</i>	1B	
<i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i>	1A	
<i>prednisone TBPk</i>	1B	
SOLU-CORTEF 250 MG	3	
SOLU-CORTEF 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
SOLU-MEDROL 2 GM	3	
<i>triamcinolone acetate SUSP 40 MG/ML</i>	1B	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1B	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 100 MG</i>	1B	QL(6 EA daily)
<i>benzonatate 200 MG</i>	1B	QL(3 EA daily)
<i>benzonatate 150 MG</i>	1B	QL(4 EA daily)
Cough/Cold/Allergy Combinations		
<i>hydrocodone polistirex-chlorpheniramine polistirex SUEr</i>	1B	
Misc. Respiratory Inhalants		
HYPERSAL NEBU	1B	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant) NEBU 7 %</i>	1B	
Mucolytics		
<i>acetylcysteine SOLN</i>	1B	
DERMATOLOGICALS - Drugs to Treat Skin		

Drug Name	Drug Tier	Requirements/Limits
Conditions		
Acne Products		
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1B	AL(At least 12 yrs old); ST
<i>adapalene CREA</i>	1B	AL(At least 12 yrs old)
<i>adapalene GEL</i>	1B	AL(At least 12 yrs old); RX/OTC
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old)
BENZEPRO FOAM 5.3 %	2	AL(At least 12 yrs old)
<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA
<i>benzoyl peroxide FOAM 9.8 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide GEL 5 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old)
<i>benzoyl peroxide LIQD 4 %, 10 %</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 GM daily)
<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ML daily); AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST
DIFFERIN LOTN	2	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
PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old)
<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>tretinoin microsphere 0.1 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old); PA
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1B	QL(3 GM daily); AL(At least 12 yrs old - Up to 30 yrs old)
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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antifungals - Topical			<i>nystatin (topical) OINT</i>	1B	QL(6 GM daily)
<i>butenafine hcl</i>	1B	QL(6 GM daily)	<i>nystatin (topical) POWD EX</i>	1B	QL(10 GM daily)
<i>ciclopirox olamine CREA</i>	1B	QL(90 GM per fill retail); 1 max fill(s) per 30 day(s) retail	<i>nystatin-triamcinolone CREA</i>	1B	QL(10 GM daily)
<i>ciclopirox olamine SUSP</i>	1B		<i>nystatin-triamcinolone OINT</i>	1B	QL(4 GM daily)
<i>ciclopirox GEL</i>	1B	QL(3.35 GM daily)	<i>oxiconazole nitrate CREA</i>	1B	Limit 1 Fill per 180 days; QL(3 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>ciclopirox SHAM</i>	1B	QL(10 ML daily)	OXISTAT LOTN	2	Limit 1 Fill per 180 days; QL(2 ML daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>ciclopirox SOLN</i>	1B	QL(0.22 ML daily)			
<i>clotrimazole (topical) CREA</i>	1B	QL(4.5 GM daily); RX/OTC	<i>sulconazole nitrate CREA</i>	1B	
<i>clotrimazole (topical) SOLN</i>	1B	QL(10 ML daily); RX/OTC	<i>sulconazole nitrate SOLN</i>	1B	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>clotrimazole w/ betamethasone CREA</i>	1B	QL(8 GM daily)	<i>tavaborole</i>	1B	PA
<i>clotrimazole w/ betamethasone LOTN</i>	1B		Anti-inflammatory Agents - Topical		
<i>econazole nitrate CREA</i>	1B	QL(85 GM per fill retail; 85 per fill mail)	<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 EA daily); PA
ERTACZO	3	QL(2.15 GM daily)	<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 GM daily); RX/OTC
<i>ketoconazole (topical) CREA</i>	1B	QL(10 GM daily)	Antineoplastic or Premalignant Lesion Agents - Topical		
<i>ketoconazole (topical) SHAM 2 %</i>	1B	QL(20 ML daily)	<i>bexarotene (topical)</i>	4	PA
<i>luliconazole</i>	1B	PA	<i>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 GM daily); PA
<i>naftifine hcl CREA 2 %</i>	1B	QL(2 GM daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 GM daily)
<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>fluorouracil (topical) SOLN</i>	1B	QL(2 ML daily)
<i>nystatin (topical) CREA</i>	1B	QL(10 GM daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PANRETIN	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)	<i>methoxsalen rapid</i>	1B	QL(4 EA daily)
Antipruritics - Topical			PYZCHIVA SC 45 MG/0.5ML	4	QL(0.012 ML daily); PA
<i>doxepin hcl (antipruritic)</i>	3	Limit 1 fill every 180 days; QL(45 GM per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	PYZCHIVA 90 MG/ML	4	QL(0.018 ML daily); PA
Antipsoriatics			PYZCHIVA 45 MG/0.5ML	4	QL(0.012 ML daily); PA
<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 EA daily)	SKYRIZI PEN SOAJ	4	QL(0.025 ML daily); PA
<i>acitretin 25 MG</i>	1B	QL(2 EA daily)	SKYRIZI SOSY	4	QL(0.025 ML daily); PA
<i>calcipotriene CREA</i>	1B	QL(4 GM daily); PA	STEQEYMA 45 MG/0.5ML	4	QL(0.012 ML daily); PA
<i>calcipotriene OINT</i>	1B	QL(4 GM daily); PA	STEQEYMA 90 MG/ML	4	QL(0.018 ML daily); PA
<i>calcipotriene SOLN</i>	1B	QL(4 ML daily); PA	<i>tazarotene CREA 0.1 %</i>	1B	QL(1 GM daily)
<i>calcitriol (topical)</i>	1B	QL(3.34 GM daily)	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	4	QL(0.018 ML daily); PA
COSENTYX (300 MG DOSE) SOSY	4	QL(0.072 ML daily); PA	TREMFYA PEN SOAJ 100 MG/ML	4	QL(0.018 ML daily); PA
COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(0.072 ML daily); PA	TREMFYA SOSY 100 MG/ML	4	QL(0.018 ML daily); PA
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ML daily); PA	YESINTEK SOLN 45 MG/0.5ML	4	QL(0.012 ML daily); PA
COSENTYX UNOREADY SOAJ	4	QL(0.072 ML daily); PA	YESINTEK SOSY 45 MG/0.5ML	4	QL(0.012 ML daily); PA
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ML daily); PA	YESINTEK SOSY 90 MG/ML	4	QL(0.018 ML daily); PA
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ML daily); PA	Antiseborrheic Products		
IMULDOSA SOSY SC 90 MG/ML	4	QL(0.018 ML daily); PA	<i>selenium sulfide LOTN 2.5 %</i>	1B	
IMULDOSA SOSY SC 45 MG/0.5ML	4	QL(0.012 ML daily); PA	<i>sulfacetamide sodium SHAM 10 %</i>	1B	
			Antivirals - Topical		
			<i>acyclovir topical OINT</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail
			<i>penciclovir</i>	3	QL(0.18 GM daily)
			Burn Products		
			<i>mafenide acetate PACK</i>	3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>silver sulfadiazine</i>	1B	QL(20 GM daily)	<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST
SULFAMYLON CREA	3		<i>calcipotriene-betamethasone dipropionate SUSP</i>	1B	ST
Corticosteroids - Topical			<i>clobetasol propionate emollient base 0.05 %</i>	1B	QL(1 GM daily); PA
<i>alclometasone dipropionate CREA</i>	1B	QL(2 GM daily)	<i>clobetasol propionate CREA 0.05 %</i>	1B	QL(3 GM daily); PA
<i>alclometasone dipropionate OINT</i>	1B	QL(3 GM daily)	<i>clobetasol propionate FOAM</i>	1B	QL(3 GM daily); ST
<i>amcinonide CREA</i>	1B	QL(60 GM per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail	<i>clobetasol propionate GEL 0.05 %</i>	1B	QL(2 GM daily); ST
<i>amcinonide OINT</i>	3		<i>clobetasol propionate OINT 0.05 %</i>	1B	QL(1 GM daily); PA
<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 GM daily)	<i>clobetasol propionate SOLN 0.05 %</i>	1B	QL(3.34 ML daily); PA
<i>betamethasone dipropionate (topical) LOTN</i>	1B		<i>clocortolone pivalate</i>	3	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)	<i>desonide CREA</i>	1B	QL(4 GM daily)
<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ML daily)	<i>desonide LOTN</i>	1B	QL(4 ML daily)
<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 GM daily)	<i>desonide OINT</i>	1B	QL(3 GM daily)
<i>betamethasone valerate CREA</i>	1B	QL(2.5 GM daily)	<i>desoximetasone CREA 0.25 %</i>	1B	QL(4 GM daily)
<i>betamethasone valerate FOAM</i>	1B	QL(1.67 GM daily)	<i>desoximetasone GEL</i>	1B	QL(3 GM daily)
<i>betamethasone valerate LOTN</i>	1B	QL(5 ML daily)	<i>desoximetasone OINT 0.25 %</i>	1B	QL(4 GM daily)
<i>betamethasone valerate OINT</i>	1B	QL(3 GM daily)	<i>diflorasone diacetate CREA</i>	1B	PA
			<i>diflorasone diacetate OINT</i>	1B	PA
			<i>fluocinolone acetonide CREA 0.025 %</i>	1B	QL(4 GM daily)
			<i>fluocinolone acetonide CREA 0.01 %</i>	1B	

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 OINT</i>	1B	QL(3 GM daily)
<i>fluocinolone acetonide OINT</i>	1B	QL(4 GM daily)	<i>hydrocortisone butyrate SOLN</i>	1B	QL(5 ML daily)
<i>fluocinolone acetonide SOLN</i>	1B	QL(4 ML daily)	<i>hydrocortisone valerate CREA</i>	1B	
<i>fluocinonide emulsified base</i>	1B	QL(2 GM daily)	<i>hydrocortisone valerate OINT</i>	1B	
<i>fluocinonide CREA 0.05 %</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 GEL</i>	1B		<i>mometasone furoate SOLN</i>	1B	QL(5 ML daily)
<i>fluocinonide OINT</i>	1B	QL(2 GM daily)	<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	1B	QL(3.34 GM daily)
<i>fluocinonide SOLN</i>	1B	QL(2 ML daily)	<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	1B	QL(5 GM daily)
<i>flurandrenolide CREA</i>	2	QL(2 GM daily)	<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	1B	QL(15.15 GM daily)
<i>flurandrenolide LOTN</i>	2	QL(2 ML daily)	<i>triamcinolone acetonide (topical) LOTN 0.1 %</i>	1B	QL(6 ML daily)
<i>fluticasone propionate CREA 0.05 %</i>	1B	QL(4 GM daily)	<i>triamcinolone acetonide (topical) LOTN 0.025 %</i>	1B	
<i>fluticasone propionate LOTN</i>	1B	QL(6 ML daily)	<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>	1B	QL(15.15 GM daily)
<i>fluticasone propionate OINT</i>	1B	QL(4 GM daily)	<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	1B	QL(6 GM daily)
<i>halcinonide CREA</i>	1B	PA	Eczema Agents		
<i>halobetasol propionate CREA</i>	1B	QL(3.5 GM daily)	DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily); PA
<i>halobetasol propionate OINT</i>	1B	QL(3.5 GM daily)	DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ML daily); PA
HALOG OINT	3	PA	DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily); PA
<i>hydrocortisone (topical) CREA 1 %, 2.5 %</i>	1B	QL(15.15 EA daily); RX/OTC	DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ML daily); PA
<i>hydrocortisone (topical) LOTN 2.5 %</i>	1B		Emollients		
<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	1B	QL(15.15 GM daily); RX/OTC	<i>lactic acid (ammonium lactate) CREA</i>	1B	QL(12.9 GM daily); RX/OTC
<i>hydrocortisone butyrate CREA</i>	1B	QL(3 GM daily)			

Drug Name	Drug Tier	Requirements/ Limits
<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		
<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		
CANTHARIDIN SOLN	3	PA
<i>podofilox SOLN</i>	1B	
YCANTH SOLN	3	PA
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
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 GM daily); PA
Rosacea Agents		
<i>azelaic acid GEL</i>	1B	QL(1.67 GM daily)
<i>brimonidine tartrate (topical)</i>	3	QL(1 GM daily); PA
<i>metronidazole (topical) CREA</i>	1B	QL(3 GM daily)
<i>metronidazole (topical) GEL 0.75 %</i>	1B	QL(3 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole (topical) GEL 1 %</i>	1B	QL(5 GM daily)
<i>metronidazole (topical) LOTN</i>	1B	
Scabicides & Pediculicides		
<i>crotamiton LOTN</i>	1B	PA
EURAX CREA	3	
<i>ivermectin (pediculicide)</i>	1B	PA
<i>malathion</i>	1B	
<i>permethrin CREA</i>	1B	
<i>permethrin LIQD EX</i>	1B	
<i>spinosad</i>	1B	PA
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

Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX BLOOD GLUCOSE TEST STRP	1B	D; QL(3.34 EA daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	Non-FDA approved uses require Prior Authorization
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<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	

Drug Name	Drug Tier	Requirements/ Limits
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1A	
<i>triamterene & hydrochlorothiazide TABS</i>	1A	
Loop Diuretics		
<i>bumetanide SOLN 0.25 MG/ML</i>	1B	
<i>bumetanide TABS</i>	1B	QL(5 EA daily)
<i>ethacrynic acid</i>	1B	QL(16 EA daily)
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1B	
<i>furosemide TABS</i>	1A	
<i>torseamide TABS</i>	1B	
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1B	
<i>spironolactone TABS</i>	1B	
<i>triamterene CAPS</i>	1B	QL(3 EA daily)
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1A	
DIURIL SUSP	2	QL(20 ML daily)
<i>hydrochlorothiazide CAPS</i>	1B	QL(2 EA daily)
<i>hydrochlorothiazide TABS 12.5 MG</i>	1B	QL(2 EA daily)
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1A	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		
Bone Density Regulators		

Drug Name	Drug Tier	Requirements/ Limits
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1A	QL(0.143 EA daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1A	QL(1 EA daily)
BILDYOS SOSY SC 60 MG/ML	4	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)
ENOBYSOSY SC 60 MG/ML	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
FOSAMAX PLUS D	3	QL(0.143 EA daily); PA
<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
<i>risedronate sodium TABS 150 MG</i>	1B	QL(0.036 EA daily); PA
<i>risedronate sodium TABS 35 MG</i>	1B	QL(0.143 EA daily); PA
<i>risedronate sodium 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	4	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

Drug Name	Drug Tier	Requirements/ Limits
<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
ORILISSA	2	PA
Growth Hormones		
GENOTROPIN MINISYN PRSY	4	PA
GENOTROPIN CART SC	4	PA
NORDITROPIN FLEXPRO SOPN	4	PA
Hormone Receptor Modulators		
OSPHEA	3	PA
<i>raloxifene hcl</i>	0	QL(1 EA daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
SYNAREL	4	QL(40 ML per 30 day(s) retail; 40 ML per 30 days mail); PA
Metabolic Modifiers		
ALDURAZYME	4	PA
<i>betaine</i>	4	PA
<i>calcitriol CAPS</i>	1B	
<i>calcitriol SOLN IV</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>cinacalcet hcl</i>	1B	QL(4 EA daily); PA
<i>doxercalciferol CAPS</i>	1B	
<i>doxercalciferol SOLN</i>	1B	
LUMIZYME	4	PA
MYALEPT	4	PA
<i>paricalcitol CAPS</i>	1B	
<i>paricalcitol SOLN</i>	1B	
<i>sodium phenylbutyrate POWD</i>	1B	PA
<i>sodium phenylbutyrate TABS</i>	1B	PA
STRENSIQ	4	PA
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1B	
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1B	
<i>desmopressin acetate SOLN IJ</i>	1B	PA
DESMOPRESSIN ACETATE SOLN NA	4	PA
<i>desmopressin acetate TABS 0.1 MG</i>	1B	QL(6 EA daily)
<i>desmopressin acetate TABS 0.2 MG</i>	1B	QL(8 EA daily)
<i>vasopressin SOLN IV</i>	4	PA
Prolactin Inhibitors		
<i>cabergoline</i>	1B	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	4	PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
<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		

Drug Name	Drug Tier	Requirements/ Limits
Estrogen Combinations		
ANGELIQ	3	
BIJUVA	3	
CLIMARA PRO	3	
COMBIPATCH PTTW	3	
DUAVEE	3	
<i>estradiol & norethindrone acetate TABS</i>	3	
<i>norethindrone acetate-ethinyl estradiol</i>	1B	
PREMPHASE	2	
PREMPRO	2	QL(1 EA daily)
Estrogens		
DEPO-ESTRADIOL	3	
ELESTRIN GEL	3	
<i>estradiol valerate</i>	1B	
<i>estradiol GEL</i>	1B	
<i>estradiol GEL</i>	3	
<i>estradiol PTTW</i>	1B	QL(0.572 EA daily)
<i>estradiol PTWK</i>	1B	
<i>estradiol TABS</i>	1B	
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	1B	QL(1 EA daily)
EVAMIST SOLN	3	
MENEST 2.5 MG	3	
MENOSTAR PTWK	3	
PREMARIN SOLR	2	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1B	

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Drug Name	Drug Tier	Requirements/ Limits
<i>levofloxacin in d5w 500 MG/100ML</i>	1B	
<i>levofloxacin SOLN PO</i>	1B	
<i>levofloxacin TABS 250 MG, 750 MG</i>	1B	
<i>levofloxacin TABS 500 MG</i>	1A	
<i>moxifloxacin hcl in sodium chloride</i>	1B	
<i>moxifloxacin hcl TABS</i>	1B	
<i>ofloxacin 300 MG, 400 MG</i>	1B	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
<i>prucalopride succinate</i>	1B	QL(1 EA daily)
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	2	QL(1 EA daily)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	4	PA
Gallstone Solubilizing Agents		
<i>ursodiol CAPS</i>	1B	QL(3 EA daily)
<i>ursodiol TABS</i>	1B	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1B	QL(2 EA daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	1B	
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1B	QL(60 ML daily)
<i>metoclopramide hcl TABS</i>	1A	QL(6 EA daily)
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1B	QL(9 EA daily)
DIPENTUM	2	

Drug Name	Drug Tier	Requirements/ Limits
IMULDOSA SOLN IV 130 MG/26ML	4	QL(3.47 ML daily); PA
INFLECTRA SOLR	4	PA
<i>mesalamine CP24</i>	1B	
<i>mesalamine CPDR</i>	1B	
<i>mesalamine ENEM</i>	3	
<i>mesalamine SUPP</i>	3	
<i>mesalamine TBEC 800 MG</i>	3	QL(6 EA daily)
<i>mesalamine TBEC 1.2 GM</i>	3	
PYZCHIVA 130 MG/26ML	4	QL(3.47 ML daily); PA
RENFLEXIS	4	PA
SKYRIZI SOCT	4	QL(0.043 ML daily); PA
SKYRIZI SOLN	4	QL(0.36 ML daily); PA
STEQEYMA	4	QL(3.47 ML daily); PA
<i>sulfasalazine TABS</i>	1B	
<i>sulfasalazine TBEC</i>	1B	
TREMFYA PEN SOAJ SC 200 MG/2ML	4	QL(0.072 ML daily); PA
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	4	QL(0.143 ML daily); PA
TREMFYA SOLN IV	4	QL(0.72 ML daily); PA
TREMFYA SOSY SC 200 MG/2ML	4	QL(0.072 ML daily); PA
YESINTEK 130 MG/26ML	4	QL(3.47 ML daily); PA
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1B	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1B	QL(2 EA daily)
LINZESS	2	QL(1 EA daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1B	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>dutasteride</i>	1B	QL(1 EA daily)
<i>dutasteride-tamsulosin hcl</i>	1B	PA
<i>finasteride</i>	1B	5 mg only
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	1B	
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
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		
<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		

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Drug Name	Drug Tier	Requirements/ Limits
ORLADEYO	4	PA
TAKHZYRO SOLN	4	PA
TAKHZYRO SOSY	4	PA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	1B	
<i>aspirin-dipyridamole</i>	1B	QL(2 EA daily); PA
<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	
<i>eptifibatide 200 MG/100ML</i>	4	PA
<i>prasugrel hcl</i>	1B	QL(1 EA daily)
<i>ticagrelor 60 MG, 90 MG</i>	1B	QL(2 EA daily)
ZONTIVITY	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 EA daily); PA
<i>miglustat</i>	4	QL(3 EA daily); PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1B	QL(1 ML daily)
Folic Acid/Folates		
<i>folic acid TABS</i>	0	
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	PA

Drug Name	Drug Tier	Requirements/ Limits
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 50 MG, 75 MG</i>	3	QL(2 EA daily); PA
<i>eltrombopag olamine TABS 12.5 MG, 25 MG</i>	3	QL(1 EA daily); PA
FULPHILA	4	PA
LEUKINE SOLR IJ	4	PA
MIRCERA	4	PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
Hematopoietic Mixtures		
HEMATINIC/FOLIC ACID	1B	QL(1 EA daily)
Iron		
<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate TABS</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>	3	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
<i>tranexamic acid TABS</i>	1B	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		

Drug Name	Drug Tier	Requirements/ Limits
<i>phenobarbital ELIX</i>	1B	
<i>phenobarbital TABS</i>	1B	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	3	QL(1 EA daily); PA
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1B	
<i>eszopiclone</i>	1B	QL(1 EA daily); AL(At least 18 yrs old); ST
<i>flurazepam hcl</i>	1B	PA
<i>quazepam</i>	3	PA
<i>temazepam 7.5 MG, 22.5 MG</i>	1B	QL(1 EA daily)
<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 EA daily)
<i>triazolam</i>	1B	
<i>zaleplon 5 MG</i>	1B	QL(1 EA daily); AL(At least 18 yrs old)
<i>zaleplon 10 MG</i>	1B	QL(2 EA daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TABS</i>	1A	QL(1 EA daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TBCR</i>	1B	QL(1 EA daily)
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1B	QL(1 EA daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	1B	
Laxative Combinations		
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	0	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1B	PA
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1B	
SUFLAVE	3	PA
Laxatives - Miscellaneous		
<i>lactulose SOLN</i>	1B	
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	1A	
<i>bisacodyl TBEC</i>	1A	
Surfactant Laxatives		
<i>docusate calcium</i>	1A	QL(1 EA daily)
<i>docusate sodium CAPS 250 MG</i>	1A	
<i>docusate sodium CAPS 100 MG</i>	1A	QL(4 EA daily)
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	1B	
<i>azithromycin SUSR</i>	1B	
<i>azithromycin TABS 600 MG</i>	1B	QL(0.286 EA daily)
<i>azithromycin TABS 500 MG</i>	1B	QL(4 EA per fill retail; 4 per fill mail)
<i>azithromycin TABS 250 MG</i>	1B	QL(6 EA per fill retail; 6 per fill mail)
Clarithromycin		
<i>clarithromycin SUSR</i>	1B	
<i>clarithromycin TABS</i>	1B	
<i>clarithromycin TB24</i>	1B	
Erythromycins		
<i>erythromycin base CPEP</i>	3	

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUBRICATED/SPERMICIDE MISC	0		DEXCOM G7 RECEIVER	3	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
TRUSTEX LUBRICATED MISC	0		DEXCOM G7 SENSOR	3	QL(0.107 EA daily); PA
TRUSTEX NATURAL CONDOMS + LUBE MISC	0		FREESTYLE LIBRE 14 DAY READER	3	PA
TRUSTEX RIA LUB/SPERMICIDE MISC	0		FREESTYLE LIBRE 14 DAY SENSOR	3	QL(0.072 EA daily); PA
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	0		FREESTYLE LIBRE 2 PLUS SENSOR	3	QL(0.072 EA daily); PA
WIDE-SEAL DIAPHRAGM 60	0		FREESTYLE LIBRE 2 READER	3	PA
WIDE-SEAL DIAPHRAGM 65	0		FREESTYLE LIBRE 2 SENSOR	3	QL(0.072 EA daily); PA
WIDE-SEAL DIAPHRAGM 70	0		FREESTYLE LIBRE 3 PLUS SENSOR	3	QL(0.072 EA daily); PA
WIDE-SEAL DIAPHRAGM 75	0		FREESTYLE LIBRE 3 READER	3	QL(1 EA per 365 day(s) retail); PA
WIDE-SEAL DIAPHRAGM 80	0		FREESTYLE LIBRE 3 SENSOR	3	QL(0.072 EA daily); PA
WIDE-SEAL DIAPHRAGM 85	0		FREESTYLE LIBRE READER	3	PA
WIDE-SEAL DIAPHRAGM 90	0		MINT REFILL KIT MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
WIDE-SEAL DIAPHRAGM 95	0		OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	3	PA
Diabetic Supplies			OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
DEXCOM G6 RECEIVER	3	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	OMNIPOD 5 LIBRE INTRO KIT	3	PA
DEXCOM G6 SENSOR	3	QL(0.107 EA daily); PA	OMNIPOD 5 LIBRE PODS MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA
DEXCOM G6 TRANSMITTER	3	QL(1 EA per 90 day(s) retail; 1 EA per 90 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
DEXCOM G7 15 DAY SENSOR	3	QL(0.072 EA daily); PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD DASH INTRO (GEN 4) KIT	3	PA	AIMOVIG	2	QL(0.04 ML daily); PA
OMNIPOD DASH PDM (GEN 4) KIT	3	PA	EMGALITY (300 MG DOSE) SOSY	2	QL(0.1 ML daily); PA
OMNIPOD DASH PODS (GEN 4) MISC	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); PA	EMGALITY SOAJ	2	QL(0.07 ML daily); PA
OMNIPOD POD PALS	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)	EMGALITY SOSY	2	QL(0.07 ML daily); PA
ONETOUCH DELICA SAFETY LANCING	1B	D; RX/OTC	UBRELVY	3	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); ST
RELION LANCET DEVICES 30G	1B	D; RX/OTC	Migraine Combinations		
RELION LANCETS	1B	D; RX/OTC	<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 EA daily)
SELECT LANCETS	1B	6.66/day	<i>sumatriptan-naproxen sodium</i>	3	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
SELECT LANCETS	1	6.66/day	Migraine Products		
TRUE METRIX LEVEL 3 SOLN	1B	D	<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	QL(0.267 ML daily)
Parenteral Therapy Supplies			<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1B	
BD PEN NEEDLE NANO 2ND GEN	1B	D; QL(5 EA daily); RX/OTC	ERGOMAR SUBL	3	QL(0.667 EA daily)
EMBECTA AUTOSHIELD DUO	1B	D; QL(5 EA daily); RX/OTC	Serotonin Agonists		
EMBECTA PEN NEEDLE NANO	1B	D; QL(5 EA daily); RX/OTC	<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 EA daily); AL(At least 12 yrs old); ST
EMBECTA PEN NEEDLE NANO 2 GEN	1B	D; QL(5 EA daily); RX/OTC	<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
EMBECTA PEN NEEDLE ULTRAFINE	1B	D; QL(5 EA daily)	<i>eletriptan hydrobromide</i>	1B	QL(0.2 EA daily); AL(At least 18 yrs old); ST
SELECT INSULIN SYRINGES	1B	5/day; #	<i>frovatriptan succinate</i>	1B	QL(0.4 EA daily); AL(At least 18 yrs old); ST
SELECT INSULIN SYRINGES	1	5/day			
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches					
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag					

Drug Name	Drug Tier	Requirements/Limits
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)
<i>naratriptan hcl</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 EA daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 EA daily); AL(At least 6 yrs old)
<i>sumatriptan</i>	1B	QL(0.2 EA daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ML daily); AL(At least 18 yrs old)
<i>sumatriptan succinate TABS</i>	1B	QL(0.3 EA daily); AL(At least 18 yrs old)
<i>zolmitriptan SOLN</i>	1B	QL(0.2 EA daily); AL(At least 12 yrs old); ST

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan TABS</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
<i>zolmitriptan TBDP</i>	1B	QL(0.3 EA daily); AL(At least 12 yrs old); ST
MINERALS & ELECTROLYTES		
Bicarbonates		
<i>sodium acetate SOLN</i>	1B	
SODIUM ACETATE SOLN (<i>sodium acetate</i>)	1B	
Calcium		
<i>calcium chloride (dihydrate) SOLN</i>	1B	
Electrolyte Mixtures		
<i>electrolyte-148</i>	1B	
<i>electrolyte-a</i>	1B	
IONOSOL-MB IN D5W	1B	
ISOLYTE-P IN D5W	1B	
ISOLYTE-S	1B	
KCL IN DEXTROSE-NACL 5 %-40 MEQ/L-0.9 % (<i>potassium chloride in dextrose & sodium chloride</i>)	1B	
KCL-LACTATED RINGERS-D5W	1B	
NORMOSOL-M IN D5W	1B	
NORMOSOL-R PH 7.4	1B	
PLASMA-LYTE 148	1B	
PLASMA-LYTE A (<i>electrolyte-a</i>)	1B	
<i>potassium chloride in dextrose 20 MEQ/L</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>ringer's</i>	1B	
Fluoride		
<i>sodium fluoride CHEW</i>	0	QL(1 EA daily)
Phosphate		
<i>potassium phosphates 45 MMOLE/15ML</i>	1B	
Potassium		
<i>potassium acetate SOLN 2 MEQ/ML</i>	1B	
<i>potassium bicarbonate TBEF</i>	1B	
<i>potassium chloride microencapsulated crystals er</i>	1B	
<i>potassium chloride CPCR</i>	1B	
<i>potassium chloride PACK PO 20 MEQ</i>	1B	PA
<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	1B	
<i>POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride)</i>	1B	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1B	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine TABS</i>	1B	QL(8 EA daily)
<i>trientine hcl 250 MG</i>	4	QL(8 EA daily); PA
Immunomodulators		

Drug Name	Drug Tier	Requirements/ Limits
<i>lenalidomide</i>	4	QL(1 EA daily); PA
THALOMID 50 MG, 100 MG, 200 MG	4	QL(3 EA daily); PA
Immunosuppressive Agents		
ATGAM	4	PA
AZATHIOPRINE SODIUM	1B	
<i>azathioprine TABS</i>	1B	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1B	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1B	
<i>cyclosporine CAPS</i>	1B	
<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 EA daily); PA
<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 EA daily); PA
<i>mycophenolate mofetil CAPS</i>	1B	
<i>mycophenolate mofetil TABS</i>	1B	
<i>mycophenolate sodium</i>	1B	
PROGRAF SOLN 5 MG/ML (<i>tacrolimus</i>)	2	
SIMULECT	3	
<i>sirolimus TABS</i>	1B	
<i>tacrolimus CAPS</i>	1B	
<i>tacrolimus SOLN 5 MG/ML</i>	1B	
THYMOGLOBULIN	4	PA
Irrigation Solutions		
<i>irrigation solutions, physiological</i>	1B	
<i>lactated ringer's (irrigation)</i>	1B	
<i>ringer's irrigation</i>	1B	
<i>water for irrigation, sterile</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Potassium Removing Agents			CLASSIC PRENATAL TABS	2	QL(1 EA daily)
LOKELMA	2	QL(1 EA daily); PA	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)
<i>sodium polystyrene sulfonate POWD</i>	1B		DERMACINRX PNV PRENATOL TABS	2	QL(1 EA daily); RX/OTC
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1B		EQL PRENATAL FORMULA TABS	2	QL(1 EA daily)
MOUTH/THROAT/DENTAL AGENTS			FT PRENATAL TABS	2	QL(1 EA daily)
Anesthetics Topical Oral			GNP PRENATAL/FOLIC ACID TABS	2	QL(1 EA daily)
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ML daily)	GNP PRENATAL TABS	2	QL(1 EA daily)
<i>lidocaine hcl (mouth-throat) 4 %</i>	1B		KP PRENATAL MULTIVITAMINS TABS	2	QL(1 EA daily)
Anti-infectives - Throat			MASONATAL TABS	2	QL(1 EA daily)
<i>clotrimazole</i>	1B		MATRONEX TABS	2	QL(1 EA daily); RX/OTC
<i>nystatin (mouth-throat)</i>	1B		M-NATAL PLUS TABS	2	QL(1 EA daily); RX/OTC
Antiseptics - Mouth/Throat			MULTI PRENATAL TABS	2	QL(1 EA daily)
<i>chlorhexidine gluconate (mouth-throat)</i>	1B		NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	QL(1 EA daily); RX/OTC
Dental Products			NEONATAL PLUS TABS	2	QL(1 EA daily); RX/OTC
FLUORIDEX DAILY RENEWAL CONC 0.63 %	0	RX/OTC	NEONATAL PRENATAL TABS	2	QL(1 EA daily)
PERIOMED CONC 0.63 %	0	RX/OTC	NEONATAL VITAMIN TABS	2	QL(1 EA daily)
<i>stannous fluoride CONC</i>	0	RX/OTC	NIVA-PLUS TABS	2	QL(1 EA daily); RX/OTC
Steroids - Mouth/Throat/Dental			ONE VITE WOMENS PLUS TABS	2	QL(1 EA daily); RX/OTC
<i>triamcinolone acetonide (mouth)</i>	1B		ONE VITE WOMENS TABS	2	QL(1 EA daily)
Throat Products - Misc.					
<i>cevimeline hcl</i>	1B				
<i>pilocarpine hcl (oral)</i>	1B				
MULTIVITAMINS					
Ped MV w/ Fluoride					
<i>pediatric multivitamins w/fl CHEW</i>	1A	RX/OTC			
Prenatal Vitamins					

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL ONE DAILY TABS	2	QL(1 EA daily)
PRENATAL PLUS VITAMIN/MINERAL TABS	2	QL(1 EA daily); RX/OTC
PRENATAL PLUS TABS	2	QL(1 EA daily); RX/OTC
PRENATAL VITAMIN AND MINERAL 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)
PRENATAL TABS	2	QL(1 EA daily)
PRENATRIX TABS	2	QL(1 EA daily); RX/OTC
PRENATRYL TABS	2	QL(1 EA daily); RX/OTC
QC PRENATAL TABS	2	QL(1 EA daily)
RELEVIA TABS	2	QL(1 EA daily); RX/OTC
SM PRENATAL VITAMINS TABS	2	QL(1 EA daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 EA daily); RX/OTC
TRICARE TABS	2	QL(1 EA daily); RX/OTC
VITATHELY WITH GINGER TABS	2	QL(1 EA daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 EA daily); RX/OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen TABS</i>	1B	
<i>carisoprodol TABS</i>	1B	
<i>chlorzoxazone TABS 750 MG</i>	1B	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>chlorzoxazone TABS 500 MG</i>	1B	QL(6 EA daily)
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1A	QL(3 EA daily)
<i>metaxalone 800 MG</i>	3	QL(4 EA daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	1B	
<i>orphenadrine citrate TB12</i>	1B	QL(2 EA daily)
<i>tizanidine hcl CAPS</i>	1B	
<i>tizanidine hcl TABS</i>	1B	
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1B	QL(4 EA daily)
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) 0.06 %</i>	1B	
<i>ipratropium bromide (nasal) 0.03 %</i>	1B	QL(1 ML daily)
Nasal Steroids		
<i>budesonide (nasal)</i>	1B	
<i>flunisolide (nasal)</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
<i>triamcinolone acetonide (nasal) AERO</i>	1B	
XHANCE EXHU	3	PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		

Drug Name	Drug Tier	Requirements/ Limits
ALS Agents		
<i>riluzole TABS</i>	3	
Nondepolarizing Muscle Relaxants		
<i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i>	3	PA
NUTRIENTS		
Proteins		
CLINIMIX/DEXTROSE (4.25/10)	3	
CLINIMIX/DEXTROSE (4.25/5)	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	1B	
<i>brimonidine tartrate-timolol maleate</i>	1B	
<i>carteolol hcl (ophth)</i>	1B	
<i>dorzolamide hcl-timolol maleate</i>	1B	
<i>levobunolol hcl 0.5 %</i>	1B	
<i>timolol maleate (ophth) SOLG</i>	1B	
<i>timolol maleate (ophth) SOLN</i>	1B	
Cycloplegic Mydriatics		
<i>tropicamide SOLN 0.5 %</i>	1B	QL(2.5 ML daily)
<i>tropicamide SOLN 1 %</i>	1B	
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1B	
Ophthalmic Adrenergic Agents		
<i>brimonidine tartrate 0.15 %, 0.2 %</i>	1B	
Ophthalmic Anti-infectives		
<i>bacitracin (ophthalmic)</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>besifloxacin hcl 0.6 %</i>	1B	PA
BESIVANCE 0.6 % (<i>besifloxacin hcl</i>)	3	PA
<i>ciprofloxacin hcl (ophth) SOLN</i>	1B	
<i>erythromycin (ophth)</i>	1B	
<i>gatifloxacin (ophth)</i>	1B	
<i>gentamicin sulfate (ophth) SOLN</i>	1B	
<i>levofloxacin (ophth) 0.5 %</i>	1B	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1B	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1B	
<i>ofloxacin (ophth)</i>	1B	
<i>polymyxin b-trimethoprim</i>	1B	
<i>sulfacetamide sodium (ophth) SOLN</i>	1B	
<i>tobramycin (ophth) SOLN</i>	1B	
<i>trifluridine</i>	1B	
ZIRGAN GEL	2	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	3	PA
Ophthalmic Local Anesthetics		
<i>proparacaine hcl</i>	1B	
Ophthalmic Steroids		
<i>dexamethasone sodium phosphate (ophth)</i>	1B	QL(0.4 ML daily)
<i>difluprednate</i>	1B	PA
<i>fluorometholone (ophth) SUSP</i>	1B	
FML FORTE SUSP	3	PA
LOTEMAX OINT	3	PA
<i>loteprednol etabonate GEL</i>	1B	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>loteprednol etabonate SUSP</i>	1B	PA
<i>loteprednol etabonate-tobramycin</i>	1B	PA
MAXIDEX SUSP OP	3	PA
<i>neomycin-polymyx-dexameth OINT</i>	1B	
<i>neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1B	
<i>neomycin-polymyxin-hc (ophth)</i>	1B	QL(2.5 ML daily)
PRED MILD	3	PA
<i>prednisolone acetate (ophth)</i>	1B	
<i>sulfacetamide sod-prednisolone SOLN</i>	3	PA
<i>tobramycin-dexamethasone SUSP</i>	1B	
ZYLET 0.3 %-0.5 % (<i>loteprednol etabonate-tobramycin</i>)	3	PA
Ophthalmic Surgical Aids		
HEALON PRO SOSY	3	PA
PROVISC SOSY	3	PA
Ophthalmics - Misc.		
ALOCRIAL	3	PA
ALOMIDE	3	PA
<i>azelastine hcl (ophth)</i>	1B	
<i>bepotastine besilate</i>	3	PA
<i>brinzolamide</i>	1B	
<i>bromfenac sodium (ophth)</i>	1B	
<i>cromolyn sodium (ophth)</i>	1B	
CYSTARAN	2	QL(2.143 ML daily); PA
<i>diclofenac sodium (ophth)</i>	1B	
<i>dorzolamide hcl</i>	1B	
<i>epinastine hcl (ophth)</i>	1B	
<i>flurbiprofen sodium</i>	1B	

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

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Drug Name	Drug Tier	Requirements/ Limits
System		
Immune Serums		
GAMUNEX-C	4	PA
Monoclonal Antibodies		
BEYFORTUS	0	
ENFLONIA SOSY IM 105 MG/0.7ML	0	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1A	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1B	
<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<i>amoxicillin SUSR 125 MG/5ML</i>	1A	
<i>amoxicillin TABS</i>	1B	
<i>ampicillin sodium IJ 1 GM</i>	1B	
<i>ampicillin CAPS 500 MG</i>	1B	
Natural Penicillins		
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
<i>penicillin g potassium 5000000 UNIT</i>	1B	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium SOLR</i>	1B	
<i>penicillin v potassium TABS</i>	1B	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW 57 MG-400 MG</i>	1B	
<i>amoxicillin & pot clavulanate SUSR</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin & pot clavulanate TABS</i>	1B	
<i>amoxicillin & pot clavulanate TB12</i>	1B	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1B	
<i>naftillin sodium IV 10 GM</i>	1B	
<i>oxacillin sodium IV 10 GM</i>	1B	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 10 MG</i>	1A	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1B	
<i>megestrol acetate (appetite)</i>	1B	PA
<i>norethindrone acetate TABS</i>	0	
<i>progesterone CAPS</i>	1B	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1B	
<i>disulfiram</i>	1B	
<i>lofexidine hcl</i>	1B	QL(224 EA per 14 day(s) retail); PA
Antidementia Agents		
<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 5 MG</i>	1B	QL(1 EA daily)
<i>donepezil hydrochloride TBDP 10 MG</i>	1B	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>galantamine hydrobromide CP24</i>	1B	QL(1 EA daily)	LEMTRADA	4	QL(1.2 ML daily); PA
<i>galantamine hydrobromide SOLN</i>	1B	QL(6 ML daily)	PLEGRIDY STARTER PACK SOAJ	4	QL(0.036 ML daily); PA
<i>galantamine hydrobromide TABS</i>	1B	QL(2 EA daily)	PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ML daily); PA
KISUNLA	4	PA	PLEGRIDY SOAJ	4	QL(0.036 ML daily); PA
<i>memantine hcl TABS</i>	1B	QL(2 EA daily)	PLEGRIDY SOSY SC	4	QL(0.036 ML daily); PA
<i>memantine hcl TABS</i>	1B		REBIF REBIDOSE TITRATION PACK SOAJ	4	1 max fill(s) per 365 day(s) retail; PA
<i>rivastigmine tartrate CAPS</i>	1B		REBIF REBIDOSE SOAJ	4	QL(0.214 ML daily); PA
Combination Psychotherapeutics			REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; PA
<i>chlordiazepoxide-amitriptyline</i>	1B		REBIF SOSY	4	QL(0.214 ML daily); PA
<i>perphenazine-amitriptyline</i>	1B	QL(4 EA daily)	<i>teriflunomide</i>	3	QL(1 EA daily)
Fibromyalgia Agents			Psychotherapeutic and Neurological Agents - Misc.		
<i>milnacipran hcl MISC</i>	1B	1 max fill(s) per 365 day(s) retail; PA	<i>ergoloid mesylates TABS</i>	1B	
<i>milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG</i>	1B	QL(2 EA daily); PA	<i>pimozide</i>	1B	
Movement Disorder Drug Therapy			Smoking Deterrents		
<i>tetrabenazine</i>	4	QL(3 EA daily); PA	<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 EA daily)
Multiple Sclerosis Agents			<i>nicotine polacrilex GUM</i>	0	
AVONEX PEN AJKT	4	QL(0.0714 EA daily); PA	<i>nicotine polacrilex LOZG</i>	0	
AVONEX PREFILLED PSKT	4	QL(0.0714 EA daily); PA	NICOTINE KIT	0	
BETASERON KIT	4	QL(0.5 EA daily); PA	<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 EA daily)
<i>dalfampridine</i>	4	QL(2 EA daily); PA	NICOTROL NS SOLN	0	
<i>dimethyl fumarate CDPK</i>	1B	QL(2 EA daily)	NICOTROL INHA	0	
<i>dimethyl fumarate CPDR</i>	1B	QL(2 EA daily)	<i>varenicline tartrate TABS</i>	0	QL(2 EA daily)
<i> fingolimod hcl</i>	3	QL(1 EA daily)	<i>varenicline tartrate TBPK</i>	0	
<i>glatiramer acetate SOSY 20 MG/ML</i>	3	QL(1 ML daily)	RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
<i>glatiramer acetate SOSY 40 MG/ML</i>	3	QL(0.43 ML daily)	Cystic Fibrosis Agents		

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Drug Name	Drug Tier	Requirements/ Limits
KALYDECO TABS	4	QL(2 EA daily); PA
PULMOZYME	4	QL(2.5 ML daily); PA
Pulmonary Fibrosis Agents		
<i>nintedanib esylate 100 MG, 150 MG</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)
THYROID AGENTS - Drugs to Regulate Thyroid		

Drug Name	Drug Tier	Requirements/ Limits
Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1B	
<i>propylthiouracil</i>	1B	
Thyroid Hormones		
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2	
AMERITHROID TABS 180 MG, 240 MG, 300 MG	2	QL(1 EA daily)
ARMOUR THYROID TABS	2	QL(1 EA daily)
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>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		
<i>chlordiazepoxide hcl-clidinium bromide</i>	1B	
<i>dicyclomine hcl CAPS</i>	1B	
<i>dicyclomine hcl SOLN PO</i>	1B	
<i>dicyclomine hcl TABS</i>	1B	
<i>glycopyrrolate SOLN IJ 4 MG/20ML</i>	1B	
<i>glycopyrrolate TABS 1 MG</i>	1B	
<i>glycopyrrolate TABS 2 MG</i>	1B	QL(6 EA daily)
<i>methscopolamine bromide</i>	1B	
H-2 Antagonists		
<i>cimetidine TABS</i>	1B	RX/OTC
<i>famotidine in nacl SOLN</i>	1B	
<i>famotidine SUSR</i>	1B	QL(10 ML daily)
<i>famotidine TABS 20 MG, 40 MG</i>	1B	RX/OTC
<i>nizatidine CAPS</i>	1B	
<i>ranitidine hcl TABS 150 MG, 300 MG</i>	1B	
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	1B	QL(40 ML daily)
<i>sucralfate TABS</i>	1B	QL(4 EA daily)
Proton Pump Inhibitors		
<i>dexlansoprazole</i>	3	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 EA daily)
<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 EA daily); RX/OTC
<i>esomeprazole magnesium TBEC</i>	1B	QL(2 EA daily)
<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 EA daily); RX/OTC
<i>lansoprazole CPDR 30 MG</i>	1B	
<i>NEXIUM 24HR TBEC 20 MG</i>	1B	QL(2 EA daily)
<i>omeprazole magnesium CPDR</i>	1B	QL(4 EA daily)
<i>omeprazole CPDR</i>	1B	QL(2 EA daily)
<i>omeprazole TBEC</i>	1B	QL(2 EA daily)
<i>pantoprazole sodium TBEC 40 MG</i>	1B	
<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 EA daily)
<i>rabeprazole sodium TBEC</i>	1B	QL(1 EA daily)
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1B	QL(4 EA daily)
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1B	14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail
<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	3	QL(120 EA per 10 day(s) retail; 120 EA per 10 days mail); PA
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1B	QL(1 EA daily); RX/OTC
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		

Drug Name	Drug Tier	Requirements/ Limits
<i>darifenacin hydrobromide</i>	1B	QL(1 EA daily)
<i>fesoterodine fumarate</i>	1B	QL(1 EA daily)
<i>oxybutynin chloride SOLN</i>	1B	
<i>oxybutynin chloride TABS 5 MG</i>	1B	
<i>oxybutynin chloride TB24</i>	1B	
<i>solifenacin succinate TABS</i>	1B	QL(1 EA daily)
<i>tolterodine tartrate CP24</i>	1B	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	1B	
<i>trospium chloride CP24</i>	1B	QL(1 EA daily)
<i>trospium chloride TABS</i>	1B	QL(3 EA daily)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
<i>mirabegron TB24</i>	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride 25 MG</i>	1B	
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 EA daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1B	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	
BEXSERO 0.5 ML	0	
CAPVAXIVE	0	
HIBERIX SOLR IJ	0	
MENQUADFI 0.5 ML	0	
MENVEO SOLN	0	
MENVEO SOLR	0	
PEDVAXHIB SUSP 7.5 MCG/0.5ML	0	
PENBRAYA	0	
PENMENVY SUSR IM	0	AL(At least 10 yrs old - Up to 25 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PNEUMOVAX 23 SOLN	0	
PNEUMOVAX 23 SOSY	0	
PREVNAR 20	0	1 max fill(s) per 999 day(s) retail
TRUMENBA 0.5 ML	0	
VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail
Viral Vaccines		
ABRYSVO	0	
ACAM2000 SOLR IJ	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
ENGRIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
FLUAD	0	1 max fill(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	
FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	0	
FLUZONE SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	
			PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0	
			PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail
			PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
			PROQUAD SUSR	0	2 max fill(s) per 365 day(s) retail

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Drug Name	Drug Tier	Requirements/ Limits
RECOMBIVAX HB SUSP	0	
RECOMBIVAX HB SUSY	0	
ROTARIX SUSP	0	
ROTATEQ SOLN	0	
SHINGRIX IM 50 MCG/0.5ML	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
SHINGRIX	0	2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	0	
SPIKEVAX SUSP	0	
SPIKEVAX SUSY	0	
TWINRIX SUSY	0	
VAQTA	0	
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	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		
<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	

Drug Name	Drug Tier	Requirements/ Limits
<i>terconazole vaginal CREA</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		
<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)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	1B	QL(2 EA per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
Vasopressors		
<i>midodrine hcl</i>	1B	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol CAPS</i>	1A	
<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	0	
<i>ergocalciferol CAPS</i>	0	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
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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codeine sulfate TABS 30 MG	5	MG-18 MG-27 MG-1.5 MG-25 MG-		darifenacin hydrobromide	60
CODEINE SULFATE TABS	5	263 MG-11 UNIT-4000 UNIT	52	darunavir TABS 600 MG	27
colchicine TABS	44	cyanocobalamin SOLN IJ 1000		darunavir TABS 800 MG	27
colchicine w/ probenecid	44	MCG/ML	45	dasatinib	24
colesevelam hcl PACK	18	cyclobenzaprine hcl TABS 5 MG, 10		DAURISMO	23
colesevelam hcl TABS	18	MG	53	decitabine	23
colestipol hcl GRAN	18	cyclophosphamide CAPS	23	deferasirox PACK	16
colestipol hcl PACK	18	cycloserine	22	deferasirox TABS	16
colestipol hcl TABS	18	cyclosporine (ophth) EMUL	54	deferasirox TBSO	17
COMBIPATCH PTTW	42	cyclosporine CAPS	51	DELSTRIGO	27
COMBIVENT RESPIMAT AERS ..	10	cyclosporine modified (for		demeclocycline hcl TABS	58
COMIRNATY 5-11 YEARS SUSP 10		microemulsion) CAPS	51	DEPO-ESTRADIOL	42
MCG/0.3ML	60	cyclosporine modified (for		DEPO-MEDROL SUSP	33
COMIRNATY SUSP	60	microemulsion) SOLN	51	DEPO-SUBQ PROVERA 104 SUSY	
COMIRNATY SUSY	60	cyproheptadine hcl SYRP	18	SC	32
CORDRAN TAPE	37	cyproheptadine hcl TABS	18	DERMACINRX PNV PRENATOL	
CORTISPORIN-TC	55	CYSTAGON CAPS	44	TABS	52
COSENTYX (300 MG DOSE) SOSY .		CYSTARAN	55	DESCOVY	27
36		dabigatran etexilate mesylate CAPS .		desipramine hcl TABS	14
COSENTYX SENSOREADY (300		11		desloratadine TABS	18
		dactinomycin	24		

desloratadine TBDP 2.5 MG 18	DEXCOM G6 RECEIVER 48	diclofenac w/ misoprostol TBEC 4
desmopressin acetate SOLN IJ 42	DEXCOM G6 SENSOR 48	dicloxacillin sodium 56
DESMOPRESSIN ACETATE SOLN NA 42	DEXCOM G6 TRANSMITTER 48	dicyclomine hcl CAPS 59
desmopressin acetate spray 42	DEXCOM G7 15 DAY SENSOR ..48	dicyclomine hcl SOLN PO 59
desmopressin acetate spray refrigerated 0.01 % 42	DEXCOM G7 RECEIVER 48	dicyclomine hcl TABS 59
desmopressin acetate TABS 0.1 MG 42	DEXCOM G7 SENSOR 48	DIFFERIN LOTN 34
desmopressin acetate TABS 0.2 MG 42	dexlansoprazole 59	diflorasone diacetate CREA 37
desogestrel & ethinyl estradiol 31	dexmethylphenidate hcl CP24 1	diflorasone diacetate OINT 37
desogestrel-ethinyl estradiol (biphasic) 31	dexmethylphenidate hcl TABS 1	diflunisal TABS 5
desogestrel-ethinyl estradiol (triphasic) 32	dextroamphetamine sulfate CP24 10 MG, 15 MG 1	difluprednate 54
desonide CREA 37	dextroamphetamine sulfate CP24 5 MG 1	digoxin SOLN PO 0.05 MG/ML 30
desonide LOTN 37	dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG . 1	digoxin TABS 62.5 MCG, 125 MCG, 250 MCG 30
desonide OINT 37	dextroamphetamine sulfate TABS 5 MG, 10 MG 1	dihydroergotamine mesylate SOLN IJ 1 MG/ML 49
desoximetasone CREA 0.25 % 37	diazepam (anticonvulsant) GEL ...11	dihydroergotamine mesylate SOLN NA 4 MG/ML 49
desoximetasone GEL 37	diazepam CONC 9	DILANTIN (phenytoin sodium extended) 13
desoximetasone OINT 0.25 % 37	diazepam SOLN PO 5 MG/5ML 9	DILANTIN 13
desvenlafaxine succinate 14	diazepam TABS 9	DILANTIN INFATABS CHEW (phenytoin) 13
dexamethasone ELIX 33	diazoxide 15	DILANTIN SUSP (phenytoin) 13
DEXAMETHASONE INTENSOL CONC 33	diclofenac epolamine PTCH EX ...35	DILANTIN-125 SUSP (phenytoin) .13
dexamethasone sodium phosphate (ophth) 54	diclofenac potassium TABS 50 MG .4	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG 30
dexamethasone SOLN 33	diclofenac sodium (actinic keratoses) EX 35	diltiazem hcl coated beads CP24 180 MG, 240 MG 30
dexamethasone TABS 0.5 MG, 0.75 MG 33	diclofenac sodium (ophth) 55	diltiazem hcl CP12 30
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG 33	diclofenac sodium (topical) GEL EX 35	diltiazem hcl CP24 30
	diclofenac sodium TB24 4	diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG 30
	diclofenac sodium TBEC 4	

diltiazem hcl extended release beads 420 MG	30	donepezil hydrochloride TBDP 10 MG	56	DUAVEE	42
diltiazem hcl SOLN 50 MG/10ML ..	30	donepezil hydrochloride TBDP 5 MG 56		DULERA	10
DILTIAZEM HCL SOLR	30	dorzolamide hcl	55	duloxetine hcl CPEP	14
diltiazem hcl TABS	30	dorzolamide hcl-timolol maleate ..	54	DUPIXENT SOAJ 200 MG/1.14ML 38	
diltiazem hcl TB24	30	DOVATO	27	DUPIXENT SOAJ 300 MG/2ML ...	38
dimethyl fumarate CDPK	57	doxazosin mesylate	20	DUPIXENT SOSY 200 MG/1.14ML 38	
dimethyl fumarate CPDR	57	doxepin hcl (antipruritic)	36	DUPIXENT SOSY 300 MG/2ML ...	38
DIPENTUM	43	doxepin hcl (sleep)	46	DUREX EXTRA SENSITIVE THIN DEVI	47
diphenhydramine hcl CAPS 50 MG 18		doxepin hcl CAPS	14	DUREX EXTRA SENSITIVE THIN MISC	47
diphenhydramine hcl ELIX 12.5 MG/5ML	18	doxepin hcl CONC	14	DUREX TROPICAL MISC	47
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	18	doxercalciferol CAPS	42	dutasteride	44
diphenoxylate w/ atropine LIQD ...	16	doxercalciferol SOLN	42	dutasteride-tamsulosin hcl	44
diphenoxylate w/ atropine TABS ...	16	doxorubicin hcl SOLR 10 MG, 50 MG	24	econazole nitrate CREA	35
dipyridamole	45	doxycycline (monohydrate) CAPS 50 MG, 100 MG	58	EDARBI 40 MG, 80 MG (azilsartan medoxomil)	19
disopyramide phosphate CAPS	9	doxycycline (monohydrate) CAPS 75 MG	58	EDURANT 25 MG (rilpivirine hcl) ..	27
disulfiram	56	doxycycline (monohydrate) TABS 100 MG	58	EDURANT PED PO 2.5 MG	27
DIURIL SUSP	40	doxycycline (monohydrate) TABS 50 MG, 75 MG	58	efavirenz CAPS 200 MG	27
divalproex sodium TB24	13	doxycycline hyclate CAPS	58	efavirenz CAPS 50 MG	27
divalproex sodium TBEC	13	doxycycline hyclate TABS 20 MG, 100 MG	58	efavirenz TABS	27
docusate calcium	46	doxylamine-pyridoxine TBEC	17	efavirenz-emtricitabine-tenofovir disoproxil fumarate	27
docusate sodium CAPS 100 MG ..	46	dronabinol CAPS	17	efavirenz-lamivudine-tenofovir disoproxil fumarate	27
docusate sodium CAPS 250 MG ..	46	drospirenone-ethinyl estradiol	32	electrolyte-148	50
dofetilide	9	drospirenone-ethinyl estradiol- levomefolate calcium	32	electrolyte-a	50
donepezil hydrochloride TABS 10 MG	56	DROXIA CAPS	45	ELESTRIN GEL	42
donepezil hydrochloride TABS 5 MG, 23 MG	56			eletriptan hydrobromide	49

ELIGARD KIT SC 7.5 MG 24	EMTRIVA SOLN 27	epinephrine (anaphylaxis) SOAJ .. 62
ELIGARD SC 22.5 MG, 30 MG, 45 MG 24	EMVERM CHEW 8	eplerenone 21
ELIQUIS DVT/PE STARTER PACK TBPK 10	enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 20	epoprostenol sodium 30
ELIQUIS TABS 10	enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20	eptifibatide 200 MG/100ML 45
ELLA 32	enalapril maleate TABS 19	EQL PRENATAL FORMULA TABS 52
ELMIRON CAPS 44	ENBREL MINI SOCT 5	EQUETRO 100 MG 26
eltrombopag olamine PACK 12.5 MG, 25 MG 45	ENBREL SOLN 5	EQUETRO 200 MG 26
eltrombopag olamine TABS 12.5 MG, 25 MG 45	ENBREL SOSY 25 MG/0.5ML 5	EQUETRO 300 MG 26
eltrombopag olamine TABS 50 MG, 75 MG 45	ENBREL SOSY 50 MG/ML 5	ergocalciferol CAPS 62
EMBECTA AUTOSHIELD DUO .. 49	ENBREL SURECLICK SOAJ 5	ergocalciferol SOLN PO 200 MCG/ML 62
EMBECTA PEN NEEDLE NANO . 49	ENFLONSIA SOSY IM 105 MG/0.7ML 56	ergoloid mesylates TABS 57
EMBECTA PEN NEEDLE NANO 2 GEN 49	ENERGIX-B SUSP 20 MCG/ML .. 60	ERGOMAR SUBL 49
EMBECTA PEN NEEDLE ULTRAFINE 49	ENERGIX-B SUSY 60	ergotamine w/ caffeine TABS 49
EMCYT 24	ENOBY SOSY SC 60 MG/ML 41	eribulin mesylate 25
EMGALITY (300 MG DOSE) SOSY 49	enoxaparin sodium SOLN IJ 300 MG/3ML 11	ERLEADA 240 MG 24
EMGALITY SOAJ 49	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML 11	ERLEADA 60 MG 24
EMGALITY SOSY 49	enoxaparin sodium SOSY 30 MG/0.3ML 11	erlotinib hcl 23
EMSAM 13	enoxaparin sodium SOSY 40 MG/0.4ML 11	ERTACZO 35
emtricitabine CAPS 27	enoxaparin sodium SOSY 60 MG/0.6ML 11	ertapenem sodium IJ 21
emtricitabine-rilpivirine-tenofovir disoproxil fumarate 27	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML 11	erythromycin (acne aid) PADS 34
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG 27	entacapone 25	erythromycin (acne aid) SOLN 34
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG 27	entecavir TABS 28	erythromycin (ophth) 54
	epinastine hcl (ophth) 55	erythromycin base CPEP 46
		erythromycin base TABS 47
		erythromycin base TBEC 47
		erythromycin ethylsuccinate SUSR 47
		erythromycin ethylsuccinate TABS 47
		escitalopram oxalate SOLN 13

escitalopram oxalate TABS	13	etravirine 100 MG	27	FC2 FEMALE CONDOM	47
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	12	etravirine 200 MG	27	febuxostat	44
esomeprazole magnesium CPDR 20 MG	59	EUCRISA	39	felbamate SUSP	12
esomeprazole magnesium CPDR 40 MG	59	EURAX CREA	39	felbamate TABS 400 MG	12
esomeprazole magnesium TBEC ..	59	EVAMIST SOLN	42	felbamate TABS 600 MG	12
estazolam	46	everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	51	felodipine	30
estradiol & norethindrone acetate TABS	42	everolimus (immunosuppressant) 1 MG	51	FEMCAP DEVI	47
estradiol GEL	42	everolimus TABS	24	FEMLYV TBDP	32
estradiol PTTW	42	EVEXITHROID TABS 180 MG	58	FEMRING	62
estradiol PTWK	42	EVOTAZ	27	fenofibrate micronized 43 MG, 130 MG	19
estradiol TABS	42	exemestane	24	fenofibrate micronized 67 MG, 134 MG, 200 MG	19
estradiol vaginal CREA	62	ezetimibe	19	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	19
estradiol vaginal TABS	62	ezetimibe-simvastatin	18	fenoprofen calcium TABS	4
estradiol valerate	42	famciclovir 125 MG, 250 MG	29	fentanyl citrate LPOP	5
ESTRING RING 7.5 MCG/24HR ..	62	famciclovir 500 MG	29	fentanyl citrate SOLN IJ 50 MCG/ML 5	
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	42	famotidine in nacl SOLN	59	fentanyl citrate SOLN IJ 50 MCG/ML 5	
eszopiclone	46	famotidine SUSR	59	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	5
ethacrynic acid	40	famotidine TABS 20 MG, 40 MG ..	59	ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	45
ethambutol hcl TABS	22	FANAPT	26	ferrous sulfate TABS	45
ethosuximide CAPS	13	FANAPT TITRATION PACK A	26	ferrous sulfate TBEC 325 MG	45
ethosuximide SOLN	13	FANAPT TITRATION PACK B	26	fesoterodine fumarate	60
ethynodiol diacet & eth estrad	32	FANAPT TITRATION PACK C	26	FETZIMA CP24	14
etodolac CAPS	4	FANTASY LUBRICATED MISC ...	47	FETZIMA TITRATION C4PK	14
etodolac TABS	4	FANTASY LUBRICATED/SPERMICIDE MISC 47		FIASP FLEXTOUCH SOPN	15
etonogestrel-ethinyl estradiol	32	FASENRA PEN SOAJ	9	FIASP PENFILL SOCT	15
etoposide CAPS	25	FASENRA SOSY 10 MG/0.5ML	9	FIASP PUMPCART SOCT	15
		FASENRA SOSY 30 MG/ML	9		

FIASP SOLN	15	fluocinolone acetonide OINT	38	AEPB	10
fidaxomicin TABS 200 MG	47	fluocinolone acetonide SOLN	38	fluticasone propionate (nasal) SUSP .	53
finasteride	44	fluocinonide CREA 0.05 %	38	fluticasone propionate CREA 0.05 %	38
fingolimod hcl	57	fluocinonide CREA 0.1 %	38	fluticasone propionate hfa	10
flavoxate hcl	60	fluocinonide emulsified base	38	fluticasone propionate LOTN	38
flecainide acetate	9	fluocinonide GEL	38	fluticasone propionate OINT	38
floxuridine	23	fluocinonide OINT	38	fluticasone-salmeterol AEPB 100	
FLUAD	60	fluocinonide SOLN	38	MCG/ACT-50 MCG/ACT, 250	
FLUAD QUADRIVALENT	61	FLUORIDEX DAILY RENEWAL		MCG/ACT-50 MCG/ACT, 500	
FLUARIX QUADRIVALENT SUSY 61		CONC 0.63 %	52	MCG/ACT-50 MCG/ACT	10
FLUARIX SUSY	61	fluorometholone (ophth) SUSP	54	fluticasone-salmeterol AEPB 113	
FLUBLOK SOSY	61	fluorouracil (topical) CREA 5 % ...	35	MCG/ACT-14 MCG/ACT, 232	
FLUCELVAX QUADRIVALENT		fluorouracil (topical) SOLN	35	MCG/ACT-14 MCG/ACT, 55	
SUSY	61	fluoxetine hcl CAPS	13	MCG/ACT-14 MCG/ACT	10
FLUCELVAX SUSP	61	fluoxetine hcl CPDR	13	fluticasone-salmeterol AERO	10
FLUCELVAX SUSY	61	fluoxetine hcl SOLN	13	fluvastatin sodium CAPS 20 MG ...	19
fluconazole SUSR	17	fluoxetine hcl TABS	13	fluvastatin sodium CAPS 40 MG ...	19
fluconazole TABS	17	fluphenazine hcl CONC	26	fluvoxamine maleate TABS	13
flucytosine	17	fluphenazine hcl ELIX	26	FLUZONE HIGH-DOSE	
fludarabine phosphate SOLN	23	fluphenazine hcl SOLN	26	QUADRIVALENT	61
fludarabine phosphate SOLR	23	fluphenazine hcl TABS	26	FLUZONE HIGH-DOSE SUSY	61
fludrocortisone acetate TABS	33	flurandrenolide CREA	38	FLUZONE QUADRIVALENT SUSY	
FLULAVAL SUSY	61	flurandrenolide LOTN	38	61	
FLUMIST	61	flurazepam hcl	46	FLUZONE SUSP	61
flunisolide (nasal)	53	flurbiprofen sodium	55	FLUZONE SUSY	61
fluocinolone acetonide (otic)	55	flurbiprofen TABS	4	FML FORTE SUSP	54
fluocinolone acetonide CREA 0.01 %	37	fluticasone furoate (inhalation) 50		folic acid TABS	45
fluocinolone acetonide CREA 0.025		MCG/ACT, 100 MCG/ACT, 200		fondaparinux sodium 10 MG/0.8ML	
%	37	MCG/ACT	10	11	
fluocinolone acetonide OIL	38	fluticasone furoate-vilanterol	10	fondaparinux sodium 2.5 MG/0.5ML .	
		fluticasone propionate (inhalation)		11	
				fondaparinux sodium 5 MG/0.4ML .	11

fondaparinux sodium 7.5 MG/0.6ML . 11	MG/ML	40	glimepiride 1 MG, 2 MG	16
FORA GTEL BLOOD KETONE TEST	furosemide TABS	40	glimepiride 4 MG	16
FORA TEST N'GO ADV-VOICE-6 CON	FUZEON SOLR	27	glipizide TABS 5 MG, 10 MG	16
formoterol fumarate NEBU	gabapentin CAPS	12	glipizide TB24	16
FOSAMAX PLUS D	gabapentin SOLN	12	glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG	14
fosamprenavir calcium TABS	gabapentin TABS 600 MG, 800 MG 12		glipizide-metformin hcl 500 MG-5 MG	14
fosfomycin tromethamine	galantamine hydrobromide CP24 ..	57	glucagon SOLR IJ 1 MG	15
fosinopril sodium & hydrochlorothiazide	galantamine hydrobromide SOLN ..	57	glyburide micronized 1.5 MG, 3 MG, 6 MG	16
fosinopril sodium	galantamine hydrobromide TABS ..	57	glyburide TABS	16
fosphenytoin sodium	GAMUNEX-C	56	glyburide-metformin 250 MG-1.25 MG	14
FRAGMIN SOSY	ganciclovir sodium SOLR	28	glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG	14
FREESTYLE LIBRE 14 DAY READER	ganirelix acetate	41	glycine (gu irrigant) SOLN 1.5 % ..	44
FREESTYLE LIBRE 14 DAY SENSOR	GARDASIL 9 SUSP 0.5 ML	61	glycopyrrolate SOLN IJ 4 MG/20ML 59	
FREESTYLE LIBRE 2 PLUS SENSOR	GARDASIL 9 SUSY 0.5 ML	61	glycopyrrolate TABS 1 MG	59
FREESTYLE LIBRE 2 READER ..	gatifloxacin (ophth)	54	glycopyrrolate TABS 2 MG	59
FREESTYLE LIBRE 2 SENSOR ..	gefitinib	23	GLYXAMBI	14
FREESTYLE LIBRE 3 PLUS SENSOR	gemfibrozil TABS	19	GNP PRENATAL TABS	52
FREESTYLE LIBRE 3 READER ..	GENOTROPIN CART SC	41	GNP PRENATAL/FOLIC ACID TABS	52
FREESTYLE LIBRE 3 SENSOR ..	GENOTROPIN MINIQUICK PRSY 41		GOHIBIC	44
FREESTYLE LIBRE READER	gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %	2	GOJJI BLOOD KETONE TEST ...	39
frovatriptan succinate	gentamicin sulfate (ophth) SOLN ..	54	granisetron hcl SOLN IV 1 MG/ML	17
FT PRENATAL TABS	gentamicin sulfate (topical) CREA ..	34	granisetron hcl TABS	17
FULPHILA	gentamicin sulfate (topical) OINT ..	34	GRASTEK SUBL	2
fulvestrant SOSY	gentamicin sulfate IJ 40 MG/ML	2	griseofulvin microsize SUSP	17
furosemide SOLN PO 8 MG/ML, 10	GENVOYA	27	griseofulvin microsize TABS	17
	glatiramer acetate SOSY 20 MG/ML . 57			
	glatiramer acetate SOSY 40 MG/ML . 57			

griseofulvin ultramicrosize	17	HUMIRA-PS/UV/ADOL HS STARTER AJKT	3	hydrocodone-ibuprofen 7.5 MG-200 MG	7
guanfacine hcl (adhd)	1	HUMIRA-PSORIASIS/UEIT STARTER AJKT	3	hydrocortisone (intrarectal)	8
guanfacine hcl	20	HUMULIN R U-500 (CONCENTRATED) SOLN SC	15	hydrocortisone (rectal) EX	8
GYNAZOLE-1	62	HUMULIN R U-500 KWIKPEN SOPN SC	15	hydrocortisone (topical) CREA 1 %, 2.5 %	38
HAEGARDA SOLR SC	44	HYCANTIN CAPS	25	hydrocortisone (topical) LOTN 2.5 % .	38
halcinonide CREA	38	hydralazine hcl SOLN	21	hydrocortisone (topical) OINT 1 %, 2.5 %	38
halobetasol propionate CREA	38	hydralazine hcl TABS	21	hydrocortisone acetate (rectal)	8
halobetasol propionate OINT	38	hydrochlorothiazide CAPS	40	hydrocortisone butyrate CREA	38
HALOG OINT	38	hydrochlorothiazide TABS 12.5 MG 40	40	hydrocortisone butyrate OINT	38
haloperidol decanoate	26	hydrochlorothiazide TABS 25 MG, 50 MG	40	hydrocortisone butyrate SOLN	38
haloperidol lactate CONC	26	hydrocodone bitartrate CP12	5	hydrocortisone sod succinate 100 MG	33
haloperidol lactate SOLN	26	hydrocodone bitartrate T24A	5	hydrocortisone TABS	33
haloperidol TABS	26	hydrocodone polistirex- chlorpheniramine polistirex SUER .	33	hydrocortisone vaginal	62
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	61	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	7	hydrocortisone valerate CREA	38
HEALON PRO SOSY	55	hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	7	hydrocortisone valerate OINT	38
HEMATINIC/FOLIC ACID	45	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	7	hydrocortisone w/acetic acid	55
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML 11	11	hydromorphone hcl LIQD	5	hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML .	5
heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	11	hydromorphone hcl TABS	5	hydromorphone hcl TB24 32 MG ...	5
HEPLISAV-B SOSY	61	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	6	hydroxychloroquine sulfate 100 MG 22	22
HIBERIX SOLR IJ	60	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG	7	hydroxychloroquine sulfate 200 MG 22	22
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	3				
HUMIRA (2 PEN) AJKT	3				
HUMIRA (2 SYRINGE) PSKT	3				
HUMIRA-CD/UC/HS STARTER AJKT	3				
HUMIRA-PED>=40KG UC STARTER AJKT	3				

hydroxychloroquine sulfate 400 MG 22	IMULDOSA SOSY SC 90 MG/ML .36	ipratropium bromide SOLN 0.02 % .9
hydroxyurea 25	INCRELEX 41	ipratropium-albuterol SOLN 10
hydroxyzine hcl SOLN 50 MG/ML ..8	INCRUSE ELLIPTA 62.5 MCG/ACT (umeclidinium bromide) 9	irbesartan 19
hydroxyzine hcl SYRP 8	indapamide TABS 1.25 MG 40	irbesartan-hydrochlorothiazide 20
hydroxyzine hcl TABS 8	indapamide TABS 2.5 MG 40	irinotecan hcl 40 MG/2ML, 100 MG/5ML 25
hydroxyzine pamoate CAPS 8	indomethacin CAPS 25 MG, 50 MG 4	irrigation solutions, physiological .51
HYPERSAL NEBU 33	indomethacin CPCR 4	ISENTRESS CHEW 27
ibandronate sodium SOLN 41	INFANRIX 58	ISENTRESS HD TABS 27
ibandronate sodium TABS 41	INFLECTRA SOLR 43	ISENTRESS PACK 27
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML 4	INSULIN ASPART FLEXPEN SOPN . 15	ISENTRESS TABS 27
ibuprofen TABS 400 MG, 600 MG ..4	INSULIN ASPART SOLN IJ 15	ISOLYTE-P IN D5W 50
ibuprofen TABS 800 MG 4	INSULIN GLARGINE-YFGN SOLN 15	ISOLYTE-S 50
icatibant acetate SOSY 44	INSULIN GLARGINE-YFGN SOPN 15	isoniazid SOLN 22
icosapent ethyl 1 GM 18	INSULIN GLARGINE-YFGN SOPN 15	isoniazid SYRP 22
idarubicin hcl 20 MG/20ML 24	INSULIN LISPRO (1 UNIT DIAL) SOPN 15	isoniazid TABS 22
idarubicin hcl 5 MG/5ML, 10 MG/10ML 24	INSULIN LISPRO JUNIOR KWIKPEN SOPN 15	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG 8
IDVYNZO TABS PO 27	INSULIN LISPRO PROT & LISPRO SUPN 15	isosorbide dinitrate-hydralazine hcl 30
imatinib mesylate TABS 24	INSULIN LISPRO SOLN IJ 15	isosorbide mononitrate TABS 8
imipramine hcl TABS 14	INTELENCE 25 MG 27	isosorbide mononitrate TB24 8
imipramine pamoate 14	IONOSOL-MB IN D5W 50	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG 34
imiquimod 5 % 39	IPOSOL-IJ 61	isradipine CAPS 30
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML 50	ipratropium bromide (nasal) 0.03 % 53	itraconazole CAPS 18
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML 50	ipratropium bromide (nasal) 0.06 % 53	itraconazole SOLN 18
IMULDOSA SOLN IV 130 MG/26ML . 43	ipratropium bromide hfa 17 MCG/ACT 9	ivabradine hcl TABS 31
IMULDOSA SOSY SC 45 MG/0.5ML 36		ivermectin (pediculicide) 39
		ivermectin 8
		IXEMPRA KIT 15 MG 25

JAKAFI	24	KIMONO SENSATION MISC	47	lamotrigine TBDP	12
JARDIANCE	16	KIMONO SENSATION PLUS MISC	47	LANOXIN SOLN IJ (digoxin)	30
JULUCA	27	KIMONO SPECIAL DEVI	47	LANOXIN TABS 250 MCG (digoxin) .	30
JYNNEOS	61	KINRIX SUSY	58	lansoprazole CPDR 15 MG	59
KALETRA SOLN	27	KISUNLA	57	lansoprazole CPDR 30 MG	59
KALYDECO TABS	58	KP PRENATAL MULTIVITAMINS		lanthanum carbonate CHEW	44
KAMELEON LUBRICATED MISC .	47	TABS	52	lapatinib ditosylate	24
KCL IN DEXTROSE-NACL 5 %-40		KRINTAFEL	22	latanoprost SOLN	55
MEQ/L-0.9 % (potassium chloride in		KYLEENA	33	leflunomide	5
dextrose & sodium chloride)	50	labetalol hcl SOLN	29	LEMTRADA	57
KCL-LACTATED RINGERS-D5W	50	labetalol hcl TABS 100 MG, 200 MG .	29	lenalidomide	51
ketoconazole (topical) CREA	35	labetalol hcl TABS 300 MG	29	LENVIMA (10 MG DAILY DOSE) .	23
ketoconazole (topical) SHAM 2 % .	35	lacosamide SOLN PO 10 MG/ML, 50		LENVIMA (12 MG DAILY DOSE) .	23
ketoconazole	18	MG/5ML, 100 MG/10ML	12	LENVIMA (14 MG DAILY DOSE) .	23
KETONE TEST STRP	39	lacosamide TABS	12	LENVIMA (18 MG DAILY DOSE) .	23
ketoprofen CAPS 50 MG, 75 MG ...	4	lactated ringer's (irrigation)	51	LENVIMA (20 MG DAILY DOSE) .	23
ketorolac tromethamine (ophth) ...	55	lactic acid (ammonium lactate) CREA		LENVIMA (24 MG DAILY DOSE) .	23
ketorolac tromethamine TABS	4		38	LENVIMA (4 MG DAILY DOSE) ..	23
KETOSTIX STRP	39	lactic acid (ammonium lactate) LOTN		LENVIMA (8 MG DAILY DOSE) ..	23
ketotifen fumarate (ophth) 0.035 %		12 %	39	letrozole	24
55		lactulose (encephalopathy)	43	leucovorin calcium SOLR	25
KEVZARA SOAJ	4	lactulose SOLN	46	leucovorin calcium TABS	25
KEVZARA SOSY	4	lamivudine (hbv) TABS	28	LEUKERAN	23
KIMONO COLORS DEVI	47	lamivudine SOLN	27	LEUKINE SOLR IJ	45
KIMONO MAXX-LARGE FLARE		lamivudine TABS 150 MG	28	leuprolide acetate KIT IJ 1 MG/0.2ML	
MISC	47	lamivudine TABS 300 MG	28		24
KIMONO MICRO THIN PLUS MISC .		lamivudine-zidovudine	28	levalbuterol hcl	10
47		lamotrigine CHEW 25 MG	12	levalbuterol tartrate	10
KIMONO MISC	47	lamotrigine CHEW 5 MG	12	levetiracetam SOLN IV 500 MG/5ML	
KIMONO PLUS MISC	47	lamotrigine TABS	12	12	
KIMONO PS MISC	47				
KIMONO PS PLUS MISC	47				

levetiracetam TABS 1000 MG 12	lidocaine hcl PRSY 39	loratadine CAPS 18
levetiracetam TABS 250 MG, 750 MG 12	lidocaine hcl SOLN 39	loratadine CHEW 18
levetiracetam TABS 500 MG 12	lidocaine PTCH 5 % 39	loratadine SOLN 18
levetiracetam TB24 12	lidocaine-prilocaine CREA 39	loratadine TABS 18
levobunolol hcl 0.5 % 54	LILETTA (52 MG) 33	loratadine TBDP 18
levocetirizine dihydrochloride SOLN 18	lincomycin hcl 21	lorazepam CONC 9
levocetirizine dihydrochloride TABS 18	linezolid SUSR 21	lorazepam TABS 0.5 MG, 2 MG 9
levofloxacin (ophth) 0.5 % 54	linezolid TABS 21	lorazepam TABS 1 MG 9
levofloxacin in d5w 500 MG/100ML 43	LINZESS 43	losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG 20
levofloxacin SOLN PO 43	liothyronine sodium SOLN 58	losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 20
levofloxacin TABS 250 MG, 750 MG . 43	liothyronine sodium TABS 58	losartan potassium 19
levofloxacin TABS 500 MG 43	liraglutide 15	LOTEMAX OINT 54
levonorgestrel & eth estradiol TABS 32	lisdexamfetamine dimesylate CAPS 1	loteprednol etabonate GEL 54
levonorgestrel (emergency oc) 1.5 MG 32	lisdexamfetamine dimesylate CHEW . 1	loteprednol etabonate SUSP 55
levonorgestrel-eth estradiol (triphasic) 32	lisinopril & hydrochlorothiazide ... 20	loteprednol etabonate-tobramycin 55
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG 32	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG 19	lovastatin TABS 10 MG, 20 MG ... 19
levonorgestrel-ethinyl estradiol (continuous) 32	lithium 26	lovastatin TABS 40 MG 19
levonorgestrel-ethinyl estradiol-iron 32	lithium carbonate CAPS 26	loxapine succinate 26
levorphanol tartrate TABS 2 MG 6	lithium carbonate TABS 26	lubiprostone 43
levothyroxine sodium TABS 58	lithium carbonate TBCR 26	luliconazole 35
lidocaine hcl (mouth-throat) 2 % ... 52	LO LOESTRIN FE TABS 32	LUMIZYME 42
lidocaine hcl (mouth-throat) 4 % ... 52	lofexidine hcl 56	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG 26
lidocaine hcl GEL 2 % 39	LOKELMA 52	lurasidone hcl 80 MG 26
	lomustine 10 MG 23	LYNPARZA TABS 24
	lomustine 40 MG, 100 MG 23	LYSODREN 24
	loperamide hcl CAPS 16	mafenide acetate PACK 36
	lopinavir-ritonavir SOLN 28	malathion 39
	lopinavir-ritonavir TABS 28	
	LOQTORZI 23	

maraviroc TABS 150 MG	28	MENVEO SOLR	60	methazolamide TABS	40
maraviroc TABS 300 MG	28	meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	6	methenamine hippurate	21
MARPLAN	13	meperidine hcl SOLN PO 50 MG/5ML	6	methimazole TABS	58
MASONATAL TABS	52	meperidine hcl TABS 50 MG	6	methocarbamol TABS 500 MG, 750 MG	53
MATRONEX TABS	52	meprobamate	8	methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML	23
MATULANE	25	mercaptopurine TABS	23	methotrexate sodium SOLR	23
MAXIDEX SUSP OP	55	mesalamine CP24	43	methotrexate sodium TABS 2.5 MG 23	
MAXX MISC	47	mesalamine CPDR	43	methoxsalen rapid	36
MAXX PLUS MISC	47	mesalamine ENEM	43	methscopolamine bromide	59
meclizine hcl TABS 12.5 MG	17	mesalamine SUPP	43	methsuximide	13
meclizine hcl TABS 25 MG	17	mesalamine TBEC 1.2 GM	43	methyl dopa TABS	20
MEDROL TABS	33	mesalamine TBEC 800 MG	43	methylphenidate hcl CHEW 10 MG .	1
medroxyprogesterone acetate (contraceptive) SUSP IM	32	metaxalone 800 MG	53	methylphenidate hcl CHEW 2.5 MG	1
medroxyprogesterone acetate (contraceptive) SUSY IM	32	metformin hcl TABS 1000 MG	15	methylphenidate hcl CHEW 5 MG ..	1
medroxyprogesterone acetate 10 MG	56	metformin hcl TABS 500 MG	15	methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG	1
medroxyprogesterone acetate 2.5 MG, 5 MG	56	metformin hcl TABS 850 MG	15	methylphenidate hcl CP24 30 MG ..	1
mefloquine hcl	22	metformin hcl TB24 500 MG	15	methylphenidate hcl CP24	1
megestrol acetate (appetite)	56	metformin hcl TB24 750 MG	15	methylphenidate hcl CP24	2
megestrol acetate SUSP	24	methadone hcl CONC	6	methylphenidate hcl CPCR	2
megestrol acetate TABS	24	METHADONE HCL SOLN IJ (methadone hcl)	6	methylphenidate hcl SOLN	2
meloxicam TABS	4	methadone hcl SOLN IJ 10 MG/ML .	6	methylphenidate hcl TABS 10 MG, 20 MG	2
melphalan hcl IV	23	methadone hcl SOLN PO 10 MG/5ML	6	methylphenidate hcl TABS 5 MG ...	2
memantine hcl TABS	57	methadone hcl SOLN PO 5 MG/5ML 6		methylphenidate hcl TB24 18 MG, 27 MG	2
MENEST 2.5 MG	42	methadone hcl TABS 10 MG	6	methylphenidate hcl TB24 36 MG, 54 MG	2
MENOSTAR PTWK	42	methadone hcl TABS 5 MG	6	methylphenidate hcl TBCR 10 MG, 20 MG	2
MENQUADFI 0.5 ML	60	methadone hcl TBSO	6	methylphenidate hcl TBCR 18 MG,	
MENVEO SOLN	60	methamphetamine hcl	1		

27 MG	2	metronidazole TABS 250 MG, 500 MG	21	modafinil 200 MG	2
methylphenidate hcl TBCR 36 MG, 54 MG	2	metronidazole vaginal	62	MODERNA COVID-19 VAC 6M-11Y SUSY	61
methylphenidate PTCH	2	mexiletine hcl	9	moexipril hcl	19
methylprednisolone acetate SUSP 33		MFLUSIVA SUSY IM 0.38 ML	61	mometasone furoate (nasal) SUSP 53	
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	33	miconazole nitrate vaginal SUPP 200 MG	62	mometasone furoate CREA	38
methylprednisolone TABS	33	midodrine hcl	62	mometasone furoate OINT	38
methylprednisolone TBPK	33	miglitol	14	mometasone furoate SOLN	38
methyltestosterone TABS	7	miglustat	45	montelukast sodium CHEW	9
metoclopramide hcl SOLN IJ 5 MG/ML	43	milnacipran hcl MISC	57	montelukast sodium PACK	9
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	43	milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG	57	montelukast sodium TABS	9
metoclopramide hcl TABS	43	minocycline hcl CAPS	58	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	6
metolazone	40	minocycline hcl TABS	58	morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML	6
metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG	20	minoxidil 2.5 MG, 10 MG	21	morphine sulfate SOLN PO 10 MG/5ML	6
metoprolol & hydrochlorothiazide TABS 25 MG-50 MG	20	MINT REFILL KIT MISC	48	morphine sulfate SOLN PO 20 MG/5ML	6
metoprolol succinate TB24 200 MG 29		mirabegron TB24	60	morphine sulfate TABS	6
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	29	MIRCERA	45	morphine sulfate TBCR	6
metoprolol tartrate SOLN IV 5 MG/5ML	29	MIRENA (52 MG)	33	MOTOFEN	16
metoprolol tartrate TABS 25 MG, 50 MG, 100 MG	29	mirtazapine TABS	13	MOUNJARO	15
metronidazole (topical) CREA	39	mirtazapine TBDP	13	MOVANTIK	44
metronidazole (topical) GEL 0.75 % 39		misoprostol	59	moxifloxacin hcl (ophth) SOLN OP 54	
metronidazole (topical) GEL 1 % ..	39	mitomycin SOLR IV 20 MG	24	moxifloxacin hcl in sodium chloride 43	
metronidazole (topical) LOTN	39	mitoxantrone hcl 25 MG/12.5ML ..	24	moxifloxacin hcl TABS	43
		MIUDELLA	32	MRESVIA	61
		M-M-R II SOLR	61	MULTI PRENATAL TABS	52
		M-NATAL PLUS TABS	52	mupirocin OINT	34
		MNEXSPIKE SUSY 10 MCG/0.2ML .	61		
		modafinil 100 MG	2		

MYALEPT 42	neomycin-bacitracin zn-polymyxin 54	niacinamide TABS 500 MG 63
mycophenolate mofetil CAPS 51	neomycin-polymy-dexameth OINT 55	nicardipine hcl CAPS 30
mycophenolate mofetil TABS 51	neomycin-polymy-dexameth SUSP	nicardipine hcl SOLN 30
mycophenolate sodium 51	0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 % 55	NICOTINE KIT 57
nabumetone 4	neomycin-polymyxin-hc (ophth) ...55	nicotine polacrilex GUM 57
nadolol TABS 20 MG 29	neomycin-polymyxin-hc (otic) SOLN . 55	nicotine polacrilex LOZG 57
nadolol TABS 40 MG 29	neomycin-polymyxin-hc (otic) SUSP . 55	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR 57
nadolol TABS 80 MG 29		NICOTROL INHA 57
nafticillin sodium IV 10 GM 56	NEONATAL COMPLETE TABS 120	NICOTROL NS SOLN 57
naftifine hcl CREA 1 % 35	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 52	nifedipine CAPS 10 MG 30
naftifine hcl CREA 2 % 35		nifedipine CAPS 20 MG 30
nalbuphine hcl 10 MG/ML 7	NEONATAL PLUS TABS 52	nifedipine TB24 30 MG 30
naloxone hcl LIQD 17	NEONATAL PRENATAL TABS ...52	nifedipine TB24 60 MG 30
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML 17	NEONATAL VITAMIN TABS 52	nifedipine TB24 90 MG 30
naltrexone hcl 17	neostigmine methylsulfate SOSY .22	nifedipine TB24 30
naproxen sodium TABS 550 MG ...4	NEO-SYNALAR 34	nilutamide 24
naproxen TABS 4	NEUPRO 25	nimodipine CAPS 30
naproxen TBEC 500 MG 4	nevirapine SUSP 28	nintedanib esylate 100 MG, 150 MG . 58
naratriptan hcl 50	nevirapine TABS 28	nisoldipine 30
NATACYN 54	nevirapine TB24 400 MG 28	nitazoxanide TABS 21
NATAZIA 32	NEXIUM 24HR TBEC 20 MG 59	nitrofurantoin 21
nateglinide 16	NEXPLANON 32	nitrofurantoin macrocrystal 50 MG, 100 MG 22
NAYZILAM 11	NEXTSTELLIS 32	nitrofurantoin monohyd macro 22
nebivolol hcl 2.5 MG, 5 MG, 10 MG 29	niacin (antihyperlipidemic) TBCR ..19	nitroglycerin (intra-anal) 8
nebivolol hcl 20 MG 29	niacin CPCR 250 MG 63	nitroglycerin OINT 8
NEBUSAL NEBU 33	NIACIN ER TBCR 63	nitroglycerin PT24 8
nefazodone hcl 13	niacin TABS 63	NITROGLYCERIN SOLN IV 8
nelarabine 23	niacin TBCR 63	nitroglycerin SUBL 8
neomycin sulfate TABS 2	niacinamide TABS 100 MG 63	

NIVA-PLUS TABS	52	39	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	61
nizatidine CAPS	59	NOVAVAX COVID-19 VACCINE SUSY	nystatin (mouth-throat)	52
NORDITROPIN FLEXPEN SOPN ..	41	NOVOLIN 70/30 FLEXPEN RELION SUPN	nystatin (topical) CREA	35
norelgestromin-ethinyl estradiol ...	32	NOVOLIN 70/30 FLEXPEN SUPN ..	nystatin (topical) OINT	35
norethin acet & estrad-fe CAPS ...	32	NOVOLIN 70/30 RELION SUSP ...	nystatin (topical) POWD EX	35
norethin acet & estrad-fe CHEW ...	32	NOVOLIN 70/30 SUSP	nystatin TABS	17
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	32	NOVOLIN N FLEXPEN RELION SUPN	nystatin-triamcinolone CREA	35
norethindrone & eth estradiol	32	NOVOLIN N FLEXPEN SUPN	nystatin-triamcinolone OINT	35
norethindrone & ethinyl estradiol-fe 32		NOVOLIN N RELION SUSP	octreotide acetate SOLN	42
norethindrone (contraceptive)	33	NOVOLIN N SUSP	ODEFSEY	28
norethindrone acet & eth estra TABS 32		NOVOLIN R FLEXPEN RELION SOPN IJ	ofloxacin (ophth)	54
norethindrone acetate TABS	56	NOVOLIN R FLEXPEN SOPN IJ ..	ofloxacin (otic)	55
norethindrone acetate-ethinyl estradiol	42	NOVOLIN R RELION SOLN IJ	ofloxacin 300 MG, 400 MG	43
norethindrone acetate-ethinyl estradiol-fe	32	NOVOLIN R SOLN IJ	olanzapine SOLR	26
norethindrone-eth estradiol (triphasic)	32	NOVOLOG 70/30 FLEXPEN RELION SUPN	olanzapine TABS 2.5 MG, 5 MG ..	26
norgestimate-ethinyl estradiol (triphasic)	32	NOVOLOG FLEXPEN RELION SOPN	olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG	26
norgestimate-ethinyl estradiol	32	NOVOLOG FLEXPEN SOPN	olanzapine TBDP 20 MG	26
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	32	NOVOLOG MIX 70/30 FLEXPEN SUPN	olanzapine TBDP 5 MG, 10 MG, 15 MG	26
NORMOSOL-M IN D5W	50	NOVOLOG MIX 70/30 RELION SUSP	olmesartan medoxomil	19
NORMOSOL-R PH 7.4	50	NOVOLOG MIX 70/30 SUSP	olmesartan medoxomil-amlodipine- hydrochlorothiazide	20
nortriptyline hcl CAPS	14	NOVOLOG PENFILL SOCT	olmesartan medoxomil- hydrochlorothiazide	20
nortriptyline hcl SOLN	14	NOVOLOG RELION SOLN IJ	olopatadine hcl (nasal)	53
NORVIR PACK	28	NOVOLOG SOLN IJ	olopatadine hcl 0.1 %	55
NOVA MAX PLUS KETONE TEST		NP THYROID TABS	olopatadine hcl 0.2 %	55
		NUBEQA	omega-3-acid ethyl esters	18
			omeprazole CPDR	59
			omeprazole magnesium CPDR ...	59

omeprazole TBEC	59	OPILL	33	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	7
omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG	59	ORILISSA	41	oxymorphone hcl TABS	6
OMNIFLEX DIAPHRAGM	47	ORLADEYO	45	oxymorphone hcl TB12 40 MG	6
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	48	orphenadrine citrate TB12	53	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG 6	
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	48	oseltamivir phosphate CAPS	29	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	15
OMNIPOD 5 LIBRE INTRO KIT ...	48	oseltamivir phosphate SUSR	29	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	15
OMNIPOD 5 LIBRE PODS MISC .	48	OSPHENA	41	OZEMPIC (2 MG/DOSE) SOPN ...	15
OMNIPOD CLASSIC PODS (GEN 3) MISC	48	OTEZLA TABS	5	OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	15
OMNIPOD DASH INTRO (GEN 4) KIT	49	OTEZLA TBPK	5	PALFORZIA INITIAL DOSE 1-3YRS CSPK	2
OMNIPOD DASH PDM (GEN 4) KIT .	49	OTEZLA XR TB24 PO 75 MG	4	paliperidone	26
OMNIPOD DASH PODS (GEN 4) MISC	49	OTEZLA/OTEZLA XR INITIATION PK TBPK	4	palonosetron hcl SOLN	17
OMNIPOD POD PALS	49	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	2	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	41
ondansetron hcl SOLN IJ 4 MG/2ML .	17	oxacillin sodium IV 10 GM	56	PAMIDRONATE DISODIUM SOLN 41	
ondansetron hcl SOLN PO 4 MG/5ML	17	oxaprozin TABS	4	PANRETIN	36
ondansetron hcl SOSY	17	oxazepam CAPS	9	pantoprazole sodium TBEC 20 MG 59	
ondansetron hcl TABS 24 MG	17	oxcarbazepine SUSP	12	pantoprazole sodium TBEC 40 MG 59	
ondansetron hcl TABS 4 MG	17	oxcarbazepine TABS 150 MG, 300 MG	12	PARAGARD INTRAUTERINE COPPER	32
ondansetron hcl TABS 8 MG	17	oxcarbazepine TABS 600 MG	12	paricalcitol CAPS	42
ondansetron TBDP 4 MG	17	oxiconazole nitrate CREA	35	paricalcitol SOLN	42
ondansetron TBDP 8 MG	17	OXISTAT LOTN	35	paroxetine hcl SUSP	13
ONE VITE WOMENS PLUS TABS 52		oxybutynin chloride SOLN	60	paroxetine hcl TABS	13
ONE VITE WOMENS TABS	52	oxybutynin chloride TABS 5 MG ..	60	paroxetine hcl TB24	13
ONETOUCH DELICA SAFETY LANCING	49	oxybutynin chloride TB24	60	pazopanib hcl	24
		oxycodone hcl TABS	6		
		oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7		

PEDIARIX SUSY	58	perampanel TABS 8 MG, 10 MG, 12 MG	11	54	
pediatric multivitamins w/fl CHEW .	52	perindopril erbumine 2 MG, 8 MG .	19	pimecrolimus	39
PEDVAXHIB SUSP 7.5 MCG/0.5ML .	60	perindopril erbumine 4 MG	19	pimozide	57
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	46	PERIOMED CONC 0.63 %	52	pindolol TABS	29
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM .	46	permethrin CREA	39	pioglitazone hcl	16
peg 3350-potassium chloride-sod bicarbonate-sod chloride	46	permethrin LIQD EX	39	pioglitazone hcl-glimepiride	14
PEGASYS SOLN	28	perphenazine TABS	26	pioglitazone hcl-metformin hcl TABS .	14
PEGASYS SOSY	29	perphenazine-amitriptyline	57	pirfenidone CAPS	58
pemetrexed disodium SOLR 500 MG 23		PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	61	pirfenidone TABS 267 MG, 801 MG	58
PENBRAYA	60	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	61	pirfenidone TABS 534 MG	58
peniclovir	36	phenazopyridine hcl TABS 100 MG, 200 MG	44	piroxicam CAPS	4
penicillamine TABS	51	phendimetrazine tartrate TABS	1	PLASMA-LYTE 148	50
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML .	56	phenelzine sulfate	13	PLASMA-LYTE A (electrolyte-a) .	50
penicillin g potassium 5000000 UNIT 56		phenobarbital ELIX	46	PLEGRIDY SOAJ	57
penicillin g sodium	56	phenobarbital TABS	46	PLEGRIDY SOSY SC	57
penicillin v potassium SOLR	56	phenoxybenzamine hcl	19	PLEGRIDY STARTER PACK SOAJ .	57
penicillin v potassium TABS	56	phentermine hcl CAPS	1	PLEGRIDY STARTER PACK SOSY SC	57
PENMENVY SUSR IM	60	phenytoin CHEW	13	PNEUMOVAX 23 SOLN	60
PENTACEL	58	phenytoin sodium extended 100 MG, 200 MG, 300 MG	13	PNEUMOVAX 23 SOSY	60
pentamidine isethionate IN	21	phenytoin sodium SOLN	13	podofilox SOLN	39
pentazocine w/ naloxone hcl	7	phenytoin SUSP	13	polymyxin b-trimethoprim	54
pentoxifylline	44	PHEXX	62	pomalidomide 1 MG, 2 MG, 3 MG, 4 MG	24
perampanel TABS 2 MG	11	PHEXXI	62	posaconazole SUSP	18
perampanel TABS 4 MG	11	PHOTOFRIN	25	posaconazole TBEC	18
perampanel TABS 6 MG	11	PIFELTRO	28	potassium acetate SOLN 2 MEQ/ML .	51
		pilocarpine hcl (oral)	52	potassium bicarbonate TBEF	51
		pilocarpine hcl SOLN 1 %, 2 %, 4 % .			

potassium chloride CPCR 51	PRECISION XTRA KETONE 39	MG-800 MCG-1.84 MG-18 MG-2.6
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 % 51	PRED MILD 55	MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200
potassium chloride in dextrose 20 MEQ/L 50	prednisolone acetate (ophth) 55	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 53
potassium chloride microencapsulated crystals er 51	prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 33	PRENATRIX TABS 53
potassium chloride PACK PO 20 MEQ 51	prednisolone sodium phosphate TBDP 33	PRENATRYL TABS 53
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 51	prednisolone SOLN 33	PRETOMANID 22
potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML 51	prednisolone TABS 33	PREVNAR 20 60
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ 51	prednisone SOLN 33	PREZCOBIX 28
potassium citrate (alkalinizer) TBCR . 44	prednisone TABS 1 MG, 5 MG 33	PREZISTA SUSP 28
potassium phosphates 45 MMOLE/15ML 51	prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG 33	PREZISTA TABS 75 MG, 150 MG 28
PR BENZOYL PEROXIDE WASH LIQD 34	prednisone TBPk 33	PRIFTIN 150 MG (rifapentine) 22
pralatrexate 20 MG/ML 23	pregabalin CAPS 225 MG, 300 MG 12	primaquine phosphate TABS 22
pramipexole dihydrochloride TABS 0.125 MG 25	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ... 12	primidone 50 MG, 250 MG 12
pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG 25	pregabalin SOLN 12	PRIORIX SUSR 61
prasugrel hcl 45	PREHEVBRIO 61	PROAIR RESPIClick AEPB 10
pravastatin sodium 19	PREMARIN 62	probenecid 44
praziquantel 8	PREMARIN SOLR 42	procainamide hcl SOLN 500 MG/ML . 9
prazosin hcl CAPS 20	PREMPHASE 42	prochlorperazine 26
	PREMPRO 42	prochlorperazine maleate TABS ... 26
	PRENATAL ONE DAILY TABS ... 53	progesterone CAPS 56
	PRENATAL PLUS TABS 53	PROGRAF SOLN 5 MG/ML (tacrolimus) 51
	PRENATAL PLUS VITAMIN/MINERAL TABS 53	PROLEUKIN 25
	PRENATAL TABS 53	PROLIA SOSY 41
	PRENATAL VITAMIN AND MINERAL TABS 53	promethazine hcl SUPP 12.5 MG, 25 MG 18
	PRENATAL VITAMINS TABS 100	promethazine hcl SUPP 50 MG ... 18
		promethazine hcl TABS 18

propafenone hcl CP12	9	quetiapine fumarate TB24	26	REBIF REBIDOSE TITRATION PACK SOAJ	57
propafenone hcl TABS	9	quinapril hcl 20 MG, 40 MG	19	REBIF SOSY	57
proparacaine hcl	54	quinapril hcl 5 MG, 10 MG	19	REBIF TITRATION PACK SOSY ..	57
propranolol hcl CP24	29	quinapril-hydrochlorothiazide 12.5 MG-10 MG	20	RECOMBIVAX HB SUSP	62
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	29	quinapril-hydrochlorothiazide 12.5 MG-20 MG	20	RECOMBIVAX HB SUSY	62
propranolol hcl TABS	29	quinapril-hydrochlorothiazide 25 MG- 20 MG	20	RELENZA DISKHALER	29
propylthiouracil	58	quinidine sulfate TABS	9	RELEVIA TABS	53
PROQUAD SUSR	61	quinine sulfate CAPS 324 MG	22	RELION KETONE TEST STRP ...	39
protriptyline hcl	14	QUZYTIR SOLN IV	18	RELION LANCET DEVICES 30G .	49
PROVISC SOSY	55	QVAR REDIHALER	10	RELION LANCETS	49
prucalopride succinate	43	rabeprazole sodium TBEC	59	RELION TRUE METRIX TEST STRIPS STRP	39
PULMICORT FLEXHALER AEPB .	10	raloxifene hcl	41	RENFLEXIS	43
PULMOZYME	58	ramelteon	46	repaglinide 0.5 MG, 1 MG	16
pyrazinamide	22	ramipril CAPS	19	repaglinide 2 MG	16
pyridostigmine bromide SOLN PO .	22	ranitidine hcl TABS 150 MG, 300 MG	59	REPATHA PUSHTRONEX SYSTEM SOCT	19
pyridostigmine bromide TABS 60 MG	22	ranolazine TB12 1000 MG	8	REPATHA SOSY	19
pyridostigmine bromide TBCR	22	ranolazine TB12 500 MG	8	REPATHA SURECLICK SOAJ	19
pyrimethamine	22	rasagiline mesylate	25	RETACRIT	45
PYZCHIVA 130 MG/26ML	43	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	RETROVIR SOLN	28
PYZCHIVA 45 MG/0.5ML	36			REXULTI	27
PYZCHIVA 90 MG/ML	36			REYATAZ PACK	28
PYZCHIVA SC 45 MG/0.5ML	36			REZVOGLAR KWIKPEN	16
QC PRENATAL TABS	53	REALITY LATEX CONDOMS MISC . 47		ribavirin (hepatitis c) CAPS	29
QUADRACEL SUSP	58	REALITY LATEX/ULTRA TEXTURED DEVI	47	ribavirin (hepatitis c) TABS 200 MG 29	
QUADRACEL SUSY	58			RIDAURA	4
quazepam	46			rifabutin	22
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	26	REALITY LATEX/ULTRA THIN DEVI 47		rifampin CAPS	22
		REBIF REBIDOSE SOAJ	57		

rifampin SOLR	23	12 MG	25	SHINGRIX IM 50 MCG/0.5ML	62
rifapentine 150 MG	23	rosuvastatin calcium TABS	19	SIGNIFOR	42
rilpivirine hcl 25 MG	28	ROTARIX SUSP	62	sildenafil citrate (pulmonary hypertension) SOLN	31
riluzole TABS	54	ROTATEQ SOLN	62	sildenafil citrate (pulmonary hypertension) SUSR	31
rimantadine hydrochloride TABS ..	29	rufinamide SUSP	12	sildenafil citrate (pulmonary hypertension) TABS	31
ringer's	51	rufinamide TABS 200 MG	12	sildenafil citrate	30
ringer's irrigation	51	rufinamide TABS 400 MG	12	silodosin	44
RINVOQ LQ SOLN	2	RUKOBIA	28	silver sulfadiazine	37
RINVOQ TB24	2	RUXIENCE	23	SIMLANDI (1 PEN) AJKT	3
risedronate sodium TABS 150 MG	41	RYBELSUS TABS	15	SIMLANDI (1 SYRINGE) PSKT	3
risedronate sodium TABS 35 MG .	41	sacubitril-valsartan TABS	30	SIMLANDI (2 PEN) AJKT	3
risedronate sodium TABS 5 MG, 30 MG	41	salsalate	5	SIMLANDI (2 SYRINGE) PSKT	3
risedronate sodium TBEC	41	SANTYL OINT	39	SIMULECT	51
risperidone microspheres	26	saxagliptin hcl	15	simvastatin TABS	19
risperidone SOLN	26	saxagliptin-metformin hcl 1000 MG- 2.5 MG	14	sirolimus TABS	51
risperidone TABS	26	saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG	14	SIRTURO	23
risperidone TBDP	26	scopolamine	17	sitagliptin phosphate 25 MG, 50 MG, 100 MG	15
ritonavir TABS	28	SELECT INSULIN SYRINGES ...	49	sitagliptin phosphate-metformin hcl TABs	14
rivaroxaban SUSR 1 MG/ML	11	SELECT LANCETS	49	sitagliptin phosphate-metformin hcl TB24	14
rivaroxaban TABS 2.5 MG	11	selegiline hcl CAPS	25	SKYLA	33
rivastigmine tartrate CAPS	57	selegiline hcl TABS	25	SKYRIZI PEN SOAJ	36
rizatriptan benzoate TABS 10 MG .	50	selenium sulfide LOTN 2.5 %	36	SKYRIZI SOCT	43
rizatriptan benzoate TABS 5 MG ..	50	SELZENTRY SOLN	28	SKYRIZI SOLN	43
rizatriptan benzoate TBDP 10 MG .	50	SEREVENT DISKUS	10	SKYRIZI SOSY	36
rizatriptan benzoate TBDP 5 MG ..	50	sertraline hcl CONC	13	SLYND	33
roflumilast	9	sertraline hcl TABS	13	SM PRENATAL VITAMINS TABS .	53
ropinirole hydrochloride TABS	25	sevelamer carbonate PACK	44		
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG	25	sevelamer carbonate TABS	44		
ropinirole hydrochloride TB24 8 MG,		SHINGRIX	62		

SODIUM ACETATE SOLN (sodium acetate)	50	MCG/0.25ML	62	36	
sodium acetate SOLN	50	SPIKEVAX SUSP	62	sulfacetamide sodium w/ sulfur CREA 10 %-5 %	34
sodium chloride (gu irrigant) 0.9 %	44	SPIKEVAX SUSY	62	sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	34
sodium chloride (inhalant) NEBU 7 %	33	spinosad	39	sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %	34
sodium citrate & citric acid	44	SPIRIVA RESPIMAT AERS IN	9	sulfacetamide sod-prednisolone SOLN	55
sodium fluoride CHEW	51	spironolactone & hydrochlorothiazide	40	sulfadiazine TABS	58
sodium phenylbutyrate POWD	42	spironolactone TABS	40	sulfamethoxazole-trimethoprim SOLN	21
sodium phenylbutyrate TABS	42	SPRAVATO (56 MG DOSE)	13	sulfamethoxazole-trimethoprim SUSP	21
sodium polystyrene sulfonate POWD 52		SPRAVATO (84 MG DOSE)	13	sulfamethoxazole-trimethoprim TABS	21
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	52	stannous fluoride CONC	52	SULFAMILYLON CREA	37
sodium sulfate-potassium sulfate-magnesium sulfate	46	STEQEYMA	43	sulfasalazine TABS	43
SOFOSBUVIR-VELPATASVIR TABS	29	STEQEYMA 45 MG/0.5ML	36	sulfasalazine TBEC	43
solifenacin succinate TABS	60	STEQEYMA 90 MG/ML	36	sulindac TABS	4
SOLQUA	14	STIOLTO RESPIMAT	10	sumatriptan	50
SOLU-CORTEF 250 MG	33	STIVARGA	24	sumatriptan succinate SOAJ	50
SOLU-CORTEF 500 MG, 1000 MG 33		STOBOCLO SOSY SC 60 MG/ML	41	sumatriptan succinate SOCT	50
SOLU-MEDROL 2 GM	33	STRENSIQ	42	sumatriptan succinate SOLN 6 MG/0.5ML	50
sorafenib tosylate	24	streptomycin sulfate SOLR	2	sumatriptan succinate TABS	50
SORBITOL 3 %	44	STRIBILD	28	sumatriptan-naproxen sodium	49
SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	44	STRIVERDI RESPIMAT	10	sunitinib malate	24
sotalol hcl (afib/afI)	29	SUBOXONE	7	SUNLENCA SOLN	28
sotalol hcl TABS 240 MG	29	sucrafate SUSP	59	SUNLENCA TABS PO 300 MG ...	28
sotalol hcl TABS 80 MG, 120 MG, 160 MG	30	sucrafate TABS	59	SUNLENCA TBPK 300 MG	28
SPIKEVAX 6M-11Y SUSY 25		SUFLAVE	46	SUNOSI 150 MG	1
		sulconazole nitrate CREA	35	SUNOSI 75 MG	1
		sulconazole nitrate SOLN	35		
		sulfacetamide sodium (acne)	34		
		sulfacetamide sodium (ophth) SOLN . 54			
		sulfacetamide sodium SHAM 10 %			

SYMTUZA	28	temazepam 15 MG, 30 MG	46	thioridazine hcl	26
SYNAREL	41	temazepam 7.5 MG, 22.5 MG	46	thiotepa 15 MG	23
SYNJARDY TABS	14	TEMODAR SOLR	23	thiothixene	27
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	14	temozolomide CAPS	23	THYMOGLOBULIN	51
SYNJARDY XR TB24 1000 MG-25 MG	14	temsirolimus	24	THYROGEN 0.9 MG	39
SYNTHROID TABS (levothyroxine sodium)	58	TENIVAC SUSP 2 LFU-5 LFU	59	tiagabine hcl	12
tacrolimus (topical) OINT	39	tenofovir disoproxil fumarate TABS 28		ticagrelor 60 MG, 90 MG	45
tacrolimus CAPS	51	terazosin hcl	20	timolol maleate (ophth) SOLG	54
tacrolimus SOLN 5 MG/ML	51	terbinafine hcl TABS	17	timolol maleate (ophth) SOLN	54
tadalafil (pulmonary hypertension) TABs	31	terbutaline sulfate SOLN	10	timolol maleate TABS	30
tadalafil 5 MG	30	terbutaline sulfate TABS	10	tinidazole	21
tafluprost	55	terconazole vaginal CREA	62	tiotropium bromide CAPS IN 18 MCG	9
TAKHZYRO SOLN	45	terconazole vaginal SUPP	62	TIVICAY PD TBSO	28
TAKHZYRO SOSY	45	teriflunomide	57	TIVICAY TABS 50 MG	28
tamoxifen citrate TABS	24	teriparatide SOPN	41	tizanidine hcl CAPS	53
tamsulosin hcl	44	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	8	tizanidine hcl TABS	53
TAPENTADOL HCL ER TB12 50 MG	6	testosterone cypionate SOLN IM ...	7	tobramycin (ophth) SOLN	54
tapentadol hcl TABS 50 MG	6	testosterone enanthate SOLN IM ...	8	tobramycin NEBU	2
tavaborole	35	TETANUS-DIPHThERIA TOXOIDS TD SUSP	59	tobramycin-dexamethasone SUSP 55	
tazarotene CREA 0.1 %	36	tetrabenazine	57	TODAY SPONGE MISC	62
TDVAX SUSP	58	tetracycline hcl CAPS	58	tofacitinib citrate SOLN 1 MG/ML ...	2
TEFLARO 400 MG, 600 MG (ceftaroline fosamil)	31	THALOMID 50 MG, 100 MG, 200 MG	51	tofacitinib citrate TABS 5 MG, 10 MG 2	
telmisartan	19	theophylline ELIX	10	tofacitinib citrate TB24 11 MG, 22 MG	2
telmisartan-amlodipine	20	theophylline SOLN	10	tolcapone	25
telmisartan-hydrochlorothiazide ...	20	theophylline TB12	10	tolmetin sodium CAPS	4
		theophylline TB24	10	tolmetin sodium TABS 600 MG	4
		THERANATAL CORE NUTRITION TABs	53	TOLSURA CAPS	18

tolterodine tartrate CP24	60	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	36	LOTN 0.1 %	38
tolterodine tartrate TABS	60	TREMFYA PEN SOAJ 100 MG/ML 36		triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	38
tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG	42	TREMFYA PEN SOAJ SC 200 MG/2ML	43	triamcinolone acetonide (topical) OINT 0.5 %	38
tolvaptan TABS	42	TREMFYA SOLN IV	43	triamcinolone acetonide SUSP 40 MG/ML	33
topiramate CPSP 15 MG	12	TREMFYA SOSY 100 MG/ML	36	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	40
topiramate CPSP 25 MG	12	TREMFYA SOSY SC 200 MG/2ML 43		triamterene & hydrochlorothiazide TABS	40
topiramate CS24	12	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	43	triamterene CAPS	40
topiramate TABS 200 MG	12	treprostinil SOLN IJ	30	triazolam	46
topiramate TABS 25 MG, 100 MG .	12	TRESIBA FLEXTOUCH SOPN	16	TRICARE TABS	53
topiramate TABS 50 MG	12	TRESIBA SOLN	16	trientine hcl 250 MG	51
topotecan hcl SOLN	25	tretinoin (chemotherapy)	25	trifluoperazine hcl TABS	26
topotecan hcl SOLR	25	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	34	trifluridine	54
toremifene citrate	24	tretinoin GEL 0.01 %, 0.025 %	34	trihexyphenidyl hcl SOLN	25
torsemide TABS	40	tretinoin microsphere 0.1 %	34	trihexyphenidyl hcl TABS	25
tramadol hcl TABS 50 MG	6	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	23	TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG .	15
tramadol hcl TB24	6	triamcinolone acetonide (mouth) ..	52	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	15
tramadol-acetaminophen	7	triamcinolone acetonide (nasal) AERO	53	trimethobenzamide hcl CAPS	17
trandolapril 1 MG, 2 MG	19	triamcinolone acetonide (topical) CREA 0.025 %	38	trimethoprim TABS	21
trandolapril 4 MG	19	triamcinolone acetonide (topical) CREA 0.1 %	38	trimipramine maleate CAPS	14
trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG	20	triamcinolone acetonide (topical) CREA 0.5 %	38	TRINTELLIX	13
trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG	20	triamcinolone acetonide (topical) LOTN 0.025 %	38	TRIUMEQ PD TBSO	28
tranexamic acid SOLN 1000 MG/10ML	45	triamcinolone acetonide (topical)		TRIUMEQ TABS	28
tranexamic acid TABS	45			TROGARZO	28
tranylcypromine sulfate	13			TROJAN BARESKIN DEVI	47
travoprost SOLN	55			TROJAN MAGNUM MISC	47
trazodone hcl TABS	13				
TRELEGY ELLIPTA	10				

TROJAN ULTRA THIN MISC 47	TRUSTEX NATURAL CONDOMS + LUBE MISC 48	valsartan TABS 19
TROJAN ULTRA THIN/SPERMICIDAL MISC 47	TRUSTEX RIA LUB/SPERMICIDE MISC 48	valsartan-hydrochlorothiazide 20
TROJAN-ENZ LUBRICATED MISC 47	TRUSTEX RIA LUBRICATED MISC . 48	VALTOCO 10 MG DOSE LIQD 11
TROJAN-ENZ/SPERMICIDAL MISC . 47	TRUSTEX-NONOXYNOL-9/RIB/STUD MISC 48	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML 11
tropicamide SOLN 0.5 % 54	TRUXIMA 23	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML 11
tropicamide SOLN 1 % 54	TURALIO 125 MG 24	VALTOCO 5 MG DOSE LIQD 11
tropium chloride CP24 60	TWINRIX SUSY 62	vancomycin hcl CAPS 21
tropium chloride TABS 60	TWIRLA 32	vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML .21
TRUE COVER DEVI 47	TYBLUME CHEW 32	VAQTA 62
TRUE METRIX BLOOD GLUCOSE TEST STRP 40	TYBOST 28	VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML 62
TRUE METRIX LEVEL 3 SOLN ...49	TYMLOS 41	varenicline tartrate TABS 57
TRULANCE 43	UBRELVY 49	varenicline tartrate TBPB 57
TRULICITY 15	UDENYCA ONBODY SOSY 45	VARIVAX SUSR 62
TRUMENBA 0.5 ML 60	UDENYCA SOAJ 45	VARUBI (180 MG DOSE) TBPB ...17
TRUSTEX COLOR CONDOMS + LUBE MISC 47	UDENYCA SOSY 45	vasopressin SOLN IV 42
TRUSTEX LUB/RIBBED/STUDD MISC 47	umeclidinium bromide 62.5 MCG/INH 9	VAXELIS SUSP 59
TRUSTEX LUB/SPERMICIDE EX ST MISC 47	umeclidinium-vilanterol 10	VAXELIS SUSY 59
TRUSTEX LUB/SPERMICIDE XL MISC 47	ursodiol CAPS 43	VAXNEUVANCE 60
TRUSTEX LUBRICATED EX LARGE MISC 47	ursodiol TABS 43	VCF VAGINAL CONTRACEPTIVE FILM 62
TRUSTEX LUBRICATED EXTRA ST MISC 47	UVADEX 25	VECAMEYL 20
TRUSTEX LUBRICATED MISC ...48	valacyclovir hcl 1 GM 29	VELPHORO 44
TRUSTEX LUBRICATED/SPERMICIDE MISC 48	valacyclovir hcl 500 MG 29	venlafaxine hcl CP24 14
	valganciclovir hcl TABS 28	venlafaxine hcl TABS 14
	valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML 13	venlafaxine hcl TB24 14
	valproic acid CAPS 13	verapamil hcl CP24 100 MG, 200 MG, 300 MG 30
	valrubicin 24	verapamil hcl CP24 120 MG, 180

MG, 240 MG, 360 MG	30	WIDE-SEAL DIAPHRAGM 95	48	YUFLYMA (2 SYRINGE) PSKT	4
verapamil hcl TABS	30	XARELTO STARTER PACK TBPK		YUFLYMA-CD/UC/HS STARTER	
verapamil hcl TBCR	30	11		AJKT	4
VERZENIO	24	XARELTO TABS 10 MG, 20 MG ..	11	zafirlukast	9
vigabatrin PACK	12	XARELTO TABS 15 MG	11	zaleplon 10 MG	46
vigabatrin TABS	13	XELJANZ SOLN 1 MG/ML (tofacitinib		zaleplon 5 MG	46
vilazodone hcl TABS	14	citrate)	2	ZALTRAP 100 MG/4ML	23
vinorelbine tartrate 10 MG/ML	25	XELJANZ TABS 5 MG, 10 MG		ZANOSAR	23
VIRACEPT TABS 250 MG	28	(tofacitinib citrate)	2	ZARXIO	45
VIRACEPT TABS 625 MG	28	XELJANZ XR TB24 11 MG, 22 MG		ZELBORAF	24
VIREAD POWD	28	(tofacitinib citrate)	2	ZENPEP CPEP 105000 UNIT-79000	
VIREAD TABS 150 MG, 200 MG,		XHANCE EXHU	53	UNIT-25000 UNIT, 14000 UNIT-	
250 MG	28	XIFAXAN 200 MG	21	10000 UNIT-3000 UNIT, 168000	
VISTOGARD	17	XIFAXAN 550 MG	21	UNIT-126000 UNIT-40000 UNIT,	
VITAMIN D2 TABS 400 UNIT	63	XTANDI CAPS	24	24000 UNIT-17000 UNIT-5000 UNIT,	
VITATHELY WITH GINGER TABS		XTANDI TABS 40 MG	24	42000 UNIT-32000 UNIT-10000	
53		XTANDI TABS 80 MG	24	UNIT, 63000 UNIT-47000 UNIT-	
VIVITROL	17	XULTOPHY	15	15000 UNIT, 84000 UNIT-63000	
VORAXAZE	25	XYZAL ALLERGY 24HR		UNIT-20000 UNIT	40
voriconazole TABS	18	CHILDRENS SOLN 2.5 MG/5ML ..	18	ZENPEP CPEP 252600 UNIT-	
VOSEVI	29	YCANTH SOLN	39	189600 UNIT-60000 UNIT	40
warfarin sodium TABS	10	YESINTEK 130 MG/26ML	43	ZERVIAE	55
water for irrigation, sterile	51	YESINTEK SOLN 45 MG/0.5ML ..	36	zidovudine CAPS	28
WESTAB PLUS TABS	53	YESINTEK SOSY 45 MG/0.5ML ..	36	zidovudine SYRP	28
WIDE-SEAL DIAPHRAGM 60	48	YESINTEK SOSY 90 MG/ML	36	zidovudine TABS	28
WIDE-SEAL DIAPHRAGM 65	48	YEZTUGO SOLN 463.5 MG/1.5ML		zileuton TB12	9
WIDE-SEAL DIAPHRAGM 70	48	28		ziprasidone hcl	26
WIDE-SEAL DIAPHRAGM 75	48	YEZTUGO TABS PO 300 MG	28	ZIRGAN GEL	54
WIDE-SEAL DIAPHRAGM 80	48	YUFLYMA (1 PEN) AJKT 40		zoledronic acid SOLN 5 MG/100ML	
WIDE-SEAL DIAPHRAGM 85	48	MG/0.4ML	3	41	
WIDE-SEAL DIAPHRAGM 90	48	YUFLYMA (1 PEN) AJKT 80		ZOLINZA	24
		MG/0.8ML	3	zolmitriptan SOLN	50
		YUFLYMA (2 PEN) AJKT	4	zolmitriptan TABS	50
				zolmitriptan TBDP	50

zolpidem tartrate TABS	46
zolpidem tartrate TBCR	46
zonisamide CAPS	12
ZONTIVITY	45
ZUBSOLV	7
ZYDELIG	24
ZYLET 0.3 %-0.5 % (loteprednol etabonate-tobramycin)	55

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