

This formulary details coverage for medications filled through the pharmacy benefit portion of your plan. For medications administered by a health care professional, please refer to your medical benefit for coverage details or call Member Services for assistance at (855) 624-6463 M-F 8:00 am – 6:00 pm.

****To Search for your medication press Ctrl + F and type in your medication in the search box. If the search does not automatically advance, select the previous or next arrows.**

List of Abbreviations

ACA (Affordable Care Act): This designation reference preventive medications on all plans that have no cost-share when ACA conditions are met and when the medication is filled as prescription at a participating pharmacy.

CISP: This designation is only applicable for plans that include the Chronic Illness Support Program (CISP) benefit. Enhanced coverage is limited to \$0 cost-share for Tier 1 medications, and reduced cost shares on select Tier 2 and Tier 3 medications according to your plan design without having to meet deductibles first. Reduced cost-share is only available through Express Scripts Home Delivery (mail). For non-CISP eligible plans, please refer to the numeric listing in the Drug Tier column.

CISP-1: This designation is only applicable for plans that include the Chronic Illness Support Program (CISP) benefit. The CISP-1 designation indicates the cost-share for the medication/item is \$0 through Express Scripts Home Delivery (mail).

DAW-9: Certain generic medications will be substituted with the brand name equivalent at the generic cost-share. The inclusion of the brand name product in this program is subject to change without notice.

HSA+: This designation is only applicable for HSA Plus plans, which are Health Savings Account compatible and have Plus in the name (HSA Plus). For drugs with this designation, the deductible is waived and the Member pays the applicable drug Tier cost-share.

INS: This designation indicates the cost-share for this medication will be no more than \$35 for up to a 30-day supply.

MSP (Mandatory Specialty Pharmacy): These drugs must be obtained directly through our exclusive mandatory pharmacy, Accredo (mail order), or the drug is not covered. We may require that you try certain drugs to treat your medical condition before you are provided coverage. These drugs are limited to a 30-day supply.

OTC: This drug is an over-the-counter product that is covered with a prescription from the prescriber and when filled at an in-network pharmacy.

PA (Prior Approval): The Plan requires you or your Provider to get Prior Approval for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you do not get approval, we may not cover the drug. We may require that you try certain drugs to treat your medical condition before you are provided coverage.

QL (Quantity Limit): A quantity limit (QL) defines how much of a particular drug you may get during a specific time period (days supply limit) or the maximum days supply you may get at once (quantity per days supply limit).

SP (Specialty Pharmacy): This means the out-of-pocket cost is at the 'specialty' cost-share. The Plan offers one courtesy fill at a retail pharmacy as a covered benefit. Then, this drug must be obtained directly through the exclusive specialty pharmacy, Accredo (mail), or you pay 100% of the retail cost. We may require that you try certain drugs to treat your medical condition before you are provided coverage.

ST (Step Therapy): In some cases, the Plan requires you to first try certain drugs to treat your medical condition within a certain look-back period before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the Plan may cover Drug B. *Note: The Prior Approval process may be used to facilitate this process.

Effective January 1, 2025

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Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON ORAL CAPSULE	4	PA
BREXAFEMME ORAL TABLET	4	ST; QL
<i>clotrimazole mucous membrane troche</i>	2	
CRESEMBA ORAL CAPSULE	3	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	4	
<i>fluconazole oral suspension for reconstitution</i>	2	
<i>fluconazole oral tablet 100 mg, 200 mg</i>	2	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>fluconazole oral tablet 50 mg</i>	1	
<i>flucytosine oral capsule</i>	2	PA
<i>griseofulvin microsize oral suspension</i>	2	
<i>griseofulvin microsize oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>griseofulvin ultramicrosize oral tablet</i>	2	
<i>itraconazole oral capsule</i>	2	QL
<i>itraconazole oral solution</i>	2	QL
<i>ketoconazole oral tablet</i>	2	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	3	PA
NOXAFIL ORAL SUSPENSION	4	PA
<i>nystatin oral suspension</i>	2	
<i>nystatin oral tablet</i>	2	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	4	
<i>posaconazole oral suspension</i>	2	PA
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	2	PA
SPORANOX ORAL CAPSULE	4	QL
SPORANOX ORAL SOLUTION	4	QL
<i>terbinafine hcl oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
VFEND ORAL SUSPENSION FOR RECONSTITUTION	4	PA
VFEND ORAL TABLET	4	PA
VIVJOA ORAL CAPSULE	5	PA; QL
<i>voriconazole oral suspension for reconstitution</i>	2	PA
<i>voriconazole oral tablet</i>	2	PA
ANTIVIRALS		
<i>abacavir oral solution</i>	2	
<i>abacavir oral tablet</i>	2	
<i>abacavir-lamivudine oral tablet</i>	2	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	
<i>acyclovir oral tablet</i>	1	
<i>adefovir oral tablet</i>	2	
<i>amantadine hcl oral capsule</i>	2	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE	5	PA
APTIVUS ORAL CAPSULE	3	
<i>atazanavir oral capsule</i>	2	
BARACLUDGE ORAL SOLUTION	3	
BEYFORTUS INTRAMUSCULAR SYRINGE	3	ACA
BIKTARVY ORAL TABLET	3	
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE	5	PA; QL
CIMDUO ORAL TABLET	3	
<i>darunavir oral tablet</i>	2	
DESCOVY ORAL TABLET	3	
DOVATO ORAL TABLET	3	
EDURANT ORAL TABLET	3	
<i>efavirenz oral tablet</i>	2	
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>	2	
<i>emtricitabine oral capsule</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	2	ACA
EMTRIVA ORAL CAPSULE	4	
EMTRIVA ORAL SOLUTION	3	
<i>entecavir oral tablet</i>	2	
EPCLUSA ORAL PELLETS IN PACKET	5	PA; MSP; QL
EPCLUSA ORAL TABLET	5	PA; MSP; QL
EPIVIR ORAL SOLUTION	4	
EPIVIR ORAL TABLET	4	
<i>etravirine oral tablet</i>	2	
EVOTAZ ORAL TABLET	4	
<i>famciclovir oral tablet</i>	2	QL
FLUMADINE ORAL TABLET	4	
<i>fosamprenavir oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
FUZEON SUBCUTANEOUS RECON SOLN	3	QL
GENVOYA ORAL TABLET	3	
HARVONI ORAL PELLETS IN PACKET	5	PA; MSP; QL
HARVONI ORAL TABLET	5	PA; MSP; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	4	
INTELENCE ORAL TABLET 25 MG	3	
ISENTRESS HD ORAL TABLET	3	
ISENTRESS ORAL POWDER IN PACKET	3	
ISENTRESS ORAL TABLET	3	
ISENTRESS ORAL TABLET,CHEWABLE	3	
JULUCA ORAL TABLET	3	
KALETRA ORAL SOLUTION	4	
KALETRA ORAL TABLET	4	
LAGEVRIO (EUA) ORAL CAPSULE	3	QL
<i>lamivudine oral solution</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>lamivudine oral tablet</i>	2	
<i>lamivudine-zidovudine oral tablet</i>	2	
LIVTENCITY ORAL TABLET	4	PA; QL
<i>lopinavir-ritonavir oral solution</i>	2	
<i>lopinavir-ritonavir oral tablet</i>	2	
<i>maraviroc oral tablet</i>	2	
<i>nevirapine oral suspension</i>	2	
<i>nevirapine oral tablet</i>	2	
<i>nevirapine oral tablet extended release 24 hr</i>	2	
NORVIR ORAL POWDER IN PACKET	3	
NORVIR ORAL TABLET	4	
ODEFSEY ORAL TABLET	3	
<i>oseltamivir oral capsule</i>	2	QL
<i>oseltamivir oral suspension for reconstitution</i>	2	QL
PAXLOVID ORAL TABLETS,DOSE PACK	3	QL

Drug Name	Drug Tier	Requirements / Limits
PREVYMIS ORAL TABLET	3	QL
PREZISTA ORAL SUSPENSION	3	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 600 MG, 800 MG	4	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	4	QL
RETROVIR ORAL CAPSULE	4	
RETROVIR ORAL SYRUP	4	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	
REYATAZ ORAL POWDER IN PACKET	3	
<i>ribavirin inhalation recon soln</i>	2	PA
<i>rimantadine oral tablet</i>	2	
<i>ritonavir oral tablet</i>	2	
SELZENTRY ORAL SOLUTION	3	
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	

Drug Name	Drug Tier	Requirements / Limits
SUNLENCA ORAL TABLET	5	PA
SYMFI LO ORAL TABLET	3	
SYMFI ORAL TABLET	3	
SYMTUZA ORAL TABLET	3	
SYNAGIS INTRAMUSCULAR SOLUTION	5	PA; MSP
TAMIFLU ORAL CAPSULE	4	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	4	QL
TEMBEXA ORAL SUSPENSION	4	
TEMBEXA ORAL TABLET	4	
<i>tenofovir disoproxil fumarate oral tablet</i>	2	
TIVICAY ORAL TABLET 50 MG	3	
TIVICAY PD ORAL TABLET FOR SUSPENSION	3	
TRIUMEQ ORAL TABLET	3	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	3	
TYBOST ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
<i>valacyclovir oral tablet</i>	2	QL
VALCYTE ORAL RECON SOLN	4	
VALCYTE ORAL TABLET	4	
<i>valganciclovir oral recon soln</i>	2	
<i>valganciclovir oral tablet</i>	2	
VEMLIDY ORAL TABLET	3	
VIRACEPT ORAL TABLET	3	
VIRAZOLE INHALATION RECON SOLN	4	PA
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	
VIREAD ORAL TABLET 300 MG	4	
VOSEVI ORAL TABLET	5	PA; MSP; QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	QL
ZEPATIER ORAL TABLET	2	PA; MSP; QL
ZIAGEN ORAL SOLUTION	4	
<i>zidovudine oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>zidovudine oral syrup</i>	2	
<i>zidovudine oral tablet</i>	2	
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension for reconstitution</i>	1	
<i>cefixime oral capsule</i>	2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml</i>	2	
<i>cefixime oral suspension for reconstitution 200 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefpodoxime oral suspension for reconstitution</i>	2	
<i>cefpodoxime oral tablet</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml</i>	1	
<i>cefprozil oral suspension for reconstitution 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg</i>	1	
<i>cefprozil oral tablet 500 mg</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	2	
<i>cephalexin oral tablet</i>	2	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension for reconstitution</i>	2	
<i>azithromycin oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clarithromycin oral suspension for reconstitution</i>	1	
<i>clarithromycin oral tablet</i>	2	
<i>clarithromycin oral tablet extended release 24 hr</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	4	QL
DIFICID ORAL TABLET	4	QL
<i>e.e.s. 400 oral tablet</i>	2	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	4	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	4	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	4	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4	

Drug Name	Drug Tier	Requirements / Limits
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	2	
<i>erythromycin oral tablet</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	2	
ZITHROMAX ORAL PACKET	4	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	
ZITHROMAX TRI-PAK ORAL TABLET	4	
ZITHROMAX Z-PAK ORAL TABLET	4	
MISCELLANEOUS ANTIINFECTIVES		

Drug Name	Drug Tier	Requirements / Limits
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC)	4	QL
<i>albendazole oral tablet</i>	2	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	QL
ARAKODA ORAL TABLET	4	QL
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	5	PA
<i>atovaquone oral suspension</i>	2	
<i>atovaquone-proguanil oral tablet</i>	2	QL
BENZNIDAZOLE ORAL TABLET	3	QL
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP; QL
BILTRICIDE ORAL TABLET	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP; QL
<i>chloroquine phosphate oral tablet</i>	2	
CLEOCIN HCL ORAL CAPSULE	4	

Drug Name	Drug Tier	Requirements / Limits
CLEOCIN PEDIATRIC ORAL RECON SOLN	4	
<i>clindamycin hcl oral capsule</i>	1	
<i>clindamycin pediatric oral recon soln</i>	2	
COARTEM ORAL TABLET	3	QL
<i>cycloserine oral capsule</i>	2	
<i>dapsone oral tablet</i>	2	
DARAPRIM ORAL TABLET	5	PA
EMVERM ORAL TABLET, CHEWABLE	3	QL
<i>ethambutol oral tablet</i>	2	
FLAGYL ORAL CAPSULE	4	
HUMATIN ORAL CAPSULE	5	MSP
<i>hydroxychloroquine oral tablet</i>	2	HSA+
<i>imipenem-cilastatin intravenous recon soln</i>	2	PA
IMPAVIDO ORAL CAPSULE	3	PA; QL
<i>isoniazid oral solution</i>	2	
<i>isoniazid oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>ivermectin oral tablet</i>	2	PA; QL
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP; QL
KRINTAFEL ORAL TABLET	4	QL
<i>linezolid oral suspension for reconstitution</i>	2	PA
<i>linezolid oral tablet</i>	2	PA
MALARONE ORAL TABLET	4	QL
MALARONE PEDIATRIC ORAL TABLET	4	QL
<i>mefloquine oral tablet</i>	2	QL
MEPRON ORAL SUSPENSION	4	
<i>metronidazole oral capsule</i>	2	
<i>metronidazole oral tablet</i>	1	
MYCOBUTIN ORAL CAPSULE	4	
NEBUPENT INHALATION RECON SOLN	4	QL
<i>neomycin oral tablet</i>	2	
<i>nitazoxanide oral tablet</i>	2	QL
<i>paromomycin oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
PASER ORAL GRANULES DR FOR SUSP IN PACKET	4	
<i>pentamidine inhalation recon soln</i>	2	QL
<i>praziquantel oral tablet</i>	2	
PRETOMANID ORAL TABLET	4	PA
PRIFTIN ORAL TABLET	3	
<i>primaquine oral tablet</i>	2	QL
<i>pyrazinamide oral tablet</i>	2	
<i>pyrimethamine oral tablet</i>	2	PA
QUALAQUIN ORAL CAPSULE	4	QL
<i>quinine sulfate oral capsule</i>	2	QL
<i>rifabutin oral capsule</i>	2	
<i>rifampin oral capsule</i>	2	
SIRTURO ORAL TABLET	3	PA
STROMEKTOL ORAL TABLET	4	PA; QL
<i>tinidazole oral tablet</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; MSP; QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	5	PA; MSP; QL
<i>tobramycin inhalation solution for nebulization</i>	5	PA; MSP; QL
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP; QL
TRECTOR ORAL TABLET	4	
XENLETA ORAL TABLET	4	
XIFAXAN ORAL TABLET	3	QL
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	4	PA
ZYVOX ORAL TABLET	4	PA
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	4	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	4	
<i>dicloxacillin oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	4	
<i>penicillin v potassium oral reconstruction</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
QUINOLONES		
BAXDELA ORAL TABLET	3	QL
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	4	
CIPRO ORAL TABLET 250 MG, 500 MG	4	
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon</i>	2	
FACTIVE ORAL TABLET	4	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet 250 mg</i>	1	
<i>levofloxacin oral tablet 500 mg, 750 mg</i>	2	
<i>moxifloxacin oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET	4	
BACTRIM ORAL TABLET	4	
<i>sulfadiazine oral tablet</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfatrim oral suspension</i>	1	
TETRACYCLINES		
ACTICLATE ORAL TABLET	4	ST
AVIDOXY DK KIT	4	ST
<i>avidoxy oral tablet</i>	1	
<i>demeclocycline oral tablet</i>	2	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet 50 mg</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 75 mg</i>	2	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 50 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	2	ST
<i>doxycycline monohydrate oral capsule 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic</i>	2	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg</i>	2	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>minocycline oral tablet extended release 24 hr</i>	2	ST
<i>monodoxine nl oral capsule 100 mg</i>	1	
<i>monodoxine nl oral capsule 75 mg</i>	2	
MONODOX ORAL CAPSULE	4	ST
MORGIDOX 1X 50 KIT	4	ST
MORGIDOX 1X100 KIT	4	ST
NUZYRA ORAL TABLET	4	QL
SEYSARA ORAL TABLET	4	ST
TARGADOX ORAL TABLET	4	ST
<i>tetracycline oral capsule</i>	2	
<i>tetracycline oral tablet</i>	2	ST
VIBRAMYCIN ORAL CAPSULE 100 MG	4	ST
URINARY TRACT AGENTS		
<i>fosfomicin tromethamine oral packet</i>	2	
FURADANTIN ORAL SUSPENSION	4	
MACROBID ORAL CAPSULE	4	

Drug Name	Drug Tier	Requirements / Limits
<i>methenamine hippurate oral tablet</i>	2	
<i>methenamine mandelate oral tablet</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	2	
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2	
PRIMSOL ORAL SOLUTION	4	
<i>trimethoprim oral tablet</i>	1	
VANCOMYCIN		
VANCOCIN ORAL CAPSULE	4	PA; QL
<i>vancomycin oral capsule</i>	2	PA; QL
<i>vancomycin oral recon soln</i>	2	QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>leucovorin calcium oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>leucovorin calcium oral tablet 15 mg</i>	2	
MESNEX ORAL TABLET	3	
VISTOGARD ORAL GRANULES IN PACKET	5	PA; QL
XGEVA SUBCUTANEOUS SOLUTION	5	PA; MSP; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet</i>	5	PA; MSP; QL
ALECENSA ORAL CAPSULE	5	PA; MSP; QL
ALKERAN ORAL TABLET	4	
ALUNBRIG ORAL TABLET	5	PA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL
<i>anastrozole oral tablet</i>	1	
AROMASIN ORAL TABLET	4	
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	4	PA

Drug Name	Drug Tier	Requirements / Limits
AUGTYRO ORAL CAPSULE 40 MG	5	PA; MSP
AYVAKIT ORAL TABLET	5	PA; QL
AZASAN ORAL TABLET	4	
<i>azathioprine oral tablet</i>	2	
BALVERSA ORAL TABLET	5	PA
BEVACIZUMAB INTRAVITREAL SYRINGE 1.25 MG/0.05 ML	4	
<i>bexarotene oral capsule</i>	5	PA; MSP
<i>bexarotene topical gel</i>	5	PA; MSP
<i>bicalutamide oral tablet</i>	2	
BOSULIF ORAL CAPSULE	5	PA; MSP; QL
BOSULIF ORAL TABLET	5	PA; MSP; QL
BRAFTOVI ORAL CAPSULE	5	PA; MSP; QL
BRUKINSA ORAL CAPSULE	5	PA
CABOMETYX ORAL TABLET	5	PA; MSP; QL
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	5	PA; QL
<i>capecitabine oral tablet</i>	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
CAPRELSA ORAL TABLET	5	PA; QL
CASODEX ORAL TABLET	4	
CELLCEPT ORAL CAPSULE	4	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	
CELLCEPT ORAL TABLET	4	
COMETRIQ ORAL CAPSULE	5	PA; MSP; QL
COPIKTRA ORAL CAPSULE	5	PA; QL
COTELLIC ORAL TABLET	5	PA; MSP; QL
<i>cyclophosphamide oral capsule</i>	2	
CYCLOPHOSPHAMIDE ORAL TABLET	4	
<i>cyclosporine modified oral capsule</i>	2	
<i>cyclosporine modified oral solution</i>	2	
<i>cyclosporine oral capsule</i>	2	
<i>dasatinib oral tablet</i>	5	PA; MSP; QL
DAURISMO ORAL TABLET	5	PA; MSP; QL
DROXIA ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	5	PA; MSP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	5	PA; MSP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	5	PA; MSP
ELIGARD SUBCUTANEOUS SYRINGE	5	PA; MSP
ENSPRYNG SUBCUTANEOUS SYRINGE	5	PA; MSP
ERIVEDGE ORAL CAPSULE	5	PA; MSP; QL
ERLEADA ORAL TABLET	5	PA; MSP; QL
<i>erlotinib oral tablet</i>	5	PA; MSP; QL
<i>etoposide oral capsule</i>	2	
EULEXIN ORAL CAPSULE	4	
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MSP; QL
<i>everolimus (antineoplastic) oral tablet for suspension</i>	5	PA; MSP; QL
<i>everolimus (immunosuppressive) oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>exemestane oral tablet</i>	2	
FARESTON ORAL TABLET	4	
FEMARA ORAL TABLET	4	
FENSOLVI SUBCUTANEOUS SYRINGE	5	PA; MSP
GAVRETO ORAL CAPSULE	5	PA; QL
<i>gefitinib oral tablet</i>	5	PA; MSP; QL
<i>gengraf oral capsule</i>	2	
<i>gengraf oral solution</i>	2	
GILOTRIF ORAL TABLET	5	PA; MSP; QL
GLEOSTINE ORAL CAPSULE	3	
GLIADEL WAFER IMPLANT WAFER	4	
HYCAMTIN ORAL CAPSULE	5	PA; MSP
HYDREA ORAL CAPSULE	4	
<i>hydroxyurea oral capsule</i>	1	
IBRANCE ORAL CAPSULE	5	PA; MSP; QL
IBRANCE ORAL TABLET	5	PA; MSP; QL
ICLUSIG ORAL TABLET	5	PA; QL
IDHIFA ORAL TABLET	5	PA; MSP; QL
<i>imatinib oral tablet</i>	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA ORAL CAPSULE	5	ST; QL
IMBRUVICA ORAL SUSPENSION	5	ST; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG	5	PA; QL
IMBRUVICA ORAL TABLET 420 MG	5	ST; QL
IMURAN ORAL TABLET	4	
INLYTA ORAL TABLET	5	PA; MSP; QL
IRESSA ORAL TABLET	5	PA; MSP; QL
IWILFIN ORAL TABLET	5	PA
JAKAFI ORAL TABLET	5	ST; MSP; QL
JELMYTO INTRA-PYELOCALYCEAL KIT	5	PA
KISQALI ORAL TABLET	5	PA; MSP; QL
KOSELUGO ORAL CAPSULE	5	PA
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	5	PA; QL
<i>lapatinib oral tablet</i>	5	PA; MSP; QL
LAZCLUZE ORAL TABLET	5	PA

Drug Name	Drug Tier	Requirements / Limits
<i>lenalidomide oral capsule</i>	5	PA; MSP; QL
LENVIMA ORAL CAPSULE	5	PA; MSP; QL
<i>letrozole oral tablet</i>	1	
LEUKERAN ORAL TABLET	3	
<i>leuprolide subcutaneous kit</i>	5	PA
LONSURF ORAL TABLET	5	PA; MSP
LORBRENA ORAL TABLET	5	PA; MSP; QL
LUMAKRAS ORAL TABLET 120 MG, 320 MG	5	PA; MSP
LUPKYNIS ORAL CAPSULE	5	PA; QL
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MSP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MSP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MSP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	5	PA; MSP
LYNPARZA ORAL TABLET	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
LYSODREN ORAL TABLET	5	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA
MATULANE ORAL CAPSULE	5	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	5	PA; MSP; QL
MEKINIST ORAL TABLET	5	PA; MSP; QL
MEKTOVI ORAL TABLET	5	PA; MSP; QL
<i>mercaptopurine oral tablet</i>	2	
<i>methotrexate sodium (pf) injection recon soln</i>	2	
<i>methotrexate sodium (pf) injection solution</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	5	PA; QL
<i>mycophenolate mofetil oral capsule</i>	2	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	
<i>mycophenolate mofetil oral tablet</i>	2	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	2	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC)	4	
MYHIBBIN ORAL SUSPENSION	3	
MYLERAN ORAL TABLET	3	
NEORAL ORAL CAPSULE	4	
NEORAL ORAL SOLUTION	4	
NERLYNX ORAL TABLET	5	PA; MSP
NEXAVAR ORAL TABLET	5	PA; MSP; QL
NILANDRON ORAL TABLET	4	PA
<i>nilutamide oral tablet</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
NINLARO ORAL CAPSULE	5	PA; MSP; QL
NUBEQA ORAL TABLET	5	PA; MSP; QL
<i>octreotide acetate injection solution</i>	5	PA; MSP
<i>octreotide acetate injection syringe</i>	5	PA; MSP
ODOMZO ORAL CAPSULE	5	PA; MSP; QL
OGSIVEO ORAL TABLET	5	PA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PA
OJEMDA ORAL TABLET	5	PA
ORGOVYX ORAL TABLET	5	PA; QL
ORSERDU ORAL TABLET	5	PA; QL
<i>pazopanib oral tablet</i>	5	PA; MSP; QL
PEMAZYRE ORAL TABLET	5	PA; QL
PIQRAY ORAL TABLET	5	PA; MSP
POMALYST ORAL CAPSULE	5	PA; MSP
PROGRAF ORAL CAPSULE	4	
PROGRAF ORAL GRANULES IN PACKET	3	

Drug Name	Drug Tier	Requirements / Limits
PURIXAN ORAL SUSPENSION	5	
RETEVMO ORAL TABLET	5	PA; MSP; QL
REVLIMID ORAL CAPSULE	5	PA; MSP; QL
REZUROCK ORAL TABLET	4	PA; QL
ROZLYTREK ORAL CAPSULE	5	PA; MSP; QL
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; MSP; QL
RYDAPT ORAL CAPSULE	5	PA; MSP; QL
SANDIMMUNE ORAL CAPSULE	4	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	5	PA; MSP
SCEMBLIX ORAL TABLET	5	PA; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA
<i>sirolimus oral solution</i>	2	
<i>sirolimus oral tablet</i>	2	
SOLTAMOX ORAL SOLUTION	4	

Drug Name	Drug Tier	Requirements / Limits
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>sorafenib oral tablet</i>	5	PA; MSP; QL
SPRYCEL ORAL TABLET	5	PA; MSP; QL
STIVARGA ORAL TABLET	5	PA; MSP; QL
<i>sunitinib malate oral capsule</i>	5	PA; MSP; QL
SUTENT ORAL CAPSULE	5	PA; MSP; QL
TABLOID ORAL TABLET	4	
TABRECTA ORAL TABLET	5	PA; MSP
<i>tacrolimus oral capsule</i>	2	
TAFINLAR ORAL CAPSULE	5	PA; MSP; QL
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MSP; QL
TAGRISSE ORAL TABLET	5	PA; MSP; QL
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5	PA; MSP
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; MSP; QL
<i>tamoxifen oral tablet 10 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>tamoxifen oral tablet 20 mg</i>	2	
TARCEVA ORAL TABLET 100 MG	5	PA; MSP; QL
TARGRETIN TOPICAL GEL	5	PA; MSP
TASIGNA ORAL CAPSULE	5	PA; MSP; QL
TAZVERIK ORAL TABLET	5	PA
<i>temozolomide oral capsule</i>	5	PA; MSP
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MSP; QL
TIBSOVO ORAL TABLET	5	PA
<i>toremifene oral tablet</i>	2	
<i>torpenz oral tablet</i>	5	PA; QL
<i>tretinoin (antineoplastic) oral capsule</i>	2	
TREXALL ORAL TABLET	4	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	PA
TRUQAP ORAL TABLET	5	PA
TUKYSA ORAL TABLET	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
TURALIO ORAL CAPSULE 125 MG	5	PA; QL
TYKERB ORAL TABLET	5	PA; MSP; QL
VENCLEXTA ORAL TABLET	5	PA; QL
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; QL
VERZENIO ORAL TABLET	5	PA; MSP; QL
VIJOICE ORAL GRANULES IN PACKET	5	PA; QL
VIJOICE ORAL TABLET	5	PA; QL
VITRAKVI ORAL CAPSULE	5	PA; MSP; QL
VITRAKVI ORAL SOLUTION	5	PA; MSP; QL
VIZIMPRO ORAL TABLET	5	PA; MSP; QL
VONJO ORAL CAPSULE	5	PA; QL
VORANIGO ORAL TABLET	5	PA
VOTRIENT ORAL TABLET	5	PA; MSP; QL
WELIREG ORAL TABLET	5	PA
XALKORI ORAL CAPSULE	5	PA; MSP; QL
XALKORI ORAL PELLETT	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
XELODA ORAL TABLET	5	PA; MSP; QL
XERMELO ORAL TABLET	5	PA; QL
XOSPATA ORAL TABLET	5	PA; QL
XTANDI ORAL CAPSULE	5	PA; MSP; QL
XTANDI ORAL TABLET	5	PA; MSP; QL
YONSA ORAL TABLET	5	PA; MSP; QL
ZELBORAF ORAL TABLET	5	PA; MSP; QL
ZOLINZA ORAL CAPSULE	5	PA; MSP; QL
ZORTRESS ORAL TABLET	4	
ZYDELIG ORAL TABLET	5	PA; MSP; QL
ZYKADIA ORAL TABLET	5	PA; MSP; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET	4	
BRIVIACT ORAL SOLUTION	4	ST
BRIVIACT ORAL TABLET	4	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	4	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	4	
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral suspension</i>	2	PA
<i>clobazam oral tablet</i>	2	PA
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet, disintegrating</i>	2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	4	ST
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC)	4	ST

Drug Name	Drug Tier	Requirements / Limits
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	4	ST
DIACOMIT ORAL CAPSULE	5	PA
DIACOMIT ORAL POWDER IN PACKET	5	PA
<i>diazepam rectal kit</i>	2	
DILANTIN EXTENDED ORAL CAPSULE	4	
DILANTIN INFATABS ORAL TABLET, CHEWABLE	4	
DILANTIN ORAL CAPSULE	3	
DILANTIN-125 ORAL SUSPENSION	4	
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	
<i>divalproex oral tablet extended release 24 hr</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR	4	ST

Drug Name	Drug Tier	Requirements / Limits
EPIDIOLEX ORAL SOLUTION	5	PA; MSP
<i>epitol oral tablet</i>	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	4	
<i>ethosuximide oral capsule</i>	2	
<i>ethosuximide oral solution</i>	2	
<i>felbamate oral suspension</i>	2	
<i>felbamate oral tablet</i>	2	
FELBATOL ORAL TABLET	4	
FYCOMPA ORAL SUSPENSION	3	
FYCOMPA ORAL TABLET	3	
<i>gabapentin oral capsule</i>	2	HSA+
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	2	HSA+
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	HSA+
<i>gabapentin oral tablet extended release 24 hr</i>	2	ST; DAW-9
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>lacosamide oral solution</i>	2	
<i>lacosamide oral tablet</i>	2	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	4	PA
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	4	PA
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	4	PA
<i>lamotrigine oral tablet</i>	1	HSA+
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2	HSA+
<i>lamotrigine oral tablet extended release 24hr</i>	2	HSA+
<i>lamotrigine oral tablet, chewable dispersible 25 mg</i>	2	HSA+
<i>lamotrigine oral tablet, chewable dispersible 5 mg</i>	1	HSA+
<i>lamotrigine oral tablet, disintegrating</i>	2	HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine oral tablets,dose pack</i>	2	HSA+
<i>levetiracetam oral solution 100 mg/ml</i>	2	HSA+
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	HSA+
<i>levetiracetam oral tablet</i>	2	HSA+
<i>levetiracetam oral tablet extended release 24 hr</i>	2	HSA+
<i>methsuximide oral capsule</i>	2	
MYSOLINE ORAL TABLET	4	
NAYZILAM NASAL SPRAY, NON-AEROSOL	3	PA; QL
<i>oxcarbazepine oral suspension</i>	2	HSA+
<i>oxcarbazepine oral tablet</i>	2	HSA+
<i>oxcarbazepine oral tablet extended release 24 hr</i>	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA
<i>phenobarbital oral elixir</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>phenobarbital oral tablet 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
PHENYTEK ORAL CAPSULE	4	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended oral capsule</i>	2	
<i>pregabalin oral capsule</i>	2	HSA+
<i>pregabalin oral solution</i>	2	HSA+
<i>pregabalin oral tablet extended release 24 hr</i>	2	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR	4	ST
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension</i>	2	PA
<i>rufinamide oral tablet</i>	2	PA
SPRITAM ORAL TABLET FOR SUSPENSION	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>subvenite oral tablet</i>	1	HSA+
<i>subvenite starter (blue) kit oral tablets,dose pack</i>	2	HSA+
<i>subvenite starter (green) kit oral tablets,dose pack</i>	2	HSA+
<i>subvenite starter (orange) kit oral tablets,dose pack</i>	2	HSA+
SYMPAZAN ORAL FILM	4	PA
TEGRETOL ORAL SUSPENSION	4	
TEGRETOL ORAL TABLET	4	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	4	
<i>tiagabine oral tablet</i>	2	
<i>topiramate oral capsule, sprinkle</i>	2	HSA+
<i>topiramate oral capsule,extended release 24hr</i>	2	ST; DAW-9
<i>topiramate oral capsule,sprinkle,er 24hr</i>	2	ST
<i>topiramate oral tablet</i>	2	HSA+
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule</i>	2	
VALTOCO NASAL SPRAY,NON-AEROSOL	3	PA; QL
<i>vigabatrin oral powder in packet</i>	5	PA; MSP; QL
<i>vigabatrin oral tablet</i>	5	PA; MSP; QL
<i>vigadrone oral powder in packet</i>	5	PA; QL
<i>vigadrone oral tablet</i>	5	PA; QL
<i>vigpoder oral powder in packet</i>	5	PA; QL
XCOPRI MAINTENANCE PACK ORAL TABLET	4	QL
XCOPRI ORAL TABLET	4	QL
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK	4	QL
ZARONTIN ORAL CAPSULE	4	
ZARONTIN ORAL SOLUTION	4	
<i>zonisamide oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
ZTALMY ORAL SUSPENSION	5	PA
ANTIPARKINSONISM AGENTS		
<i>apomorphine subcutaneous cartridge</i>	5	PA; QL
AZILECT ORAL TABLET	4	ST
<i>benztropine oral tablet</i>	1	
<i>bromocriptine oral capsule</i>	2	
<i>bromocriptine oral tablet</i>	2	
<i>carbidopa oral tablet</i>	2	PA
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet</i>	2	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	5	PA; MSP
<i>entacapone oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL
LODOSYN ORAL TABLET	4	PA
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 2.25 MG, 3 MG, 3.75 MG	4	
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	
NOURIANZ ORAL TABLET	5	PA; MSP; QL
ONGENTYS ORAL CAPSULE	4	PA; QL
<i>pramipexole oral tablet</i>	2	
<i>pramipexole oral tablet extended release 24 hr</i>	2	
<i>rasagiline oral tablet</i>	2	
<i>ropinirole oral tablet</i>	2	
<i>ropinirole oral tablet extended release 24 hr</i>	2	
RYTARY ORAL CAPSULE, EXTENDED RELEASE	4	
<i>selegiline hcl oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>selegiline hcl oral tablet</i>	2	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	4	
TASMAR ORAL TABLET 100 MG	4	PA
<i>tolcapone oral tablet</i>	2	PA
<i>trihexyphenidyl oral elixir</i>	1	
<i>trihexyphenidyl oral tablet</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	3	PA; QL
<i>almotriptan malate oral tablet</i>	2	QL
<i>dihydroergotamine injection solution</i>	2	
<i>dihydroergotamine nasal spray,non-aerosol</i>	2	ST; QL
<i>eletriptan oral tablet</i>	2	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	3	PA; QL
ERGOMAR SUBLINGUAL TABLET	4	
<i>ergotamine-caffeine oral tablet</i>	2	
FROVA ORAL TABLET	4	ST; QL
<i>frovatriptan oral tablet</i>	2	QL
<i>migergot rectal suppository</i>	2	
MIGRANAL NASAL SPRAY,NON-AEROSOL	4	ST; QL
<i>naratriptan oral tablet</i>	2	QL
NURTEC ODT ORAL TABLET,DISINTEGRATING	3	PA; QL
QULIPTA ORAL TABLET	3	PA; QL
REYVOW ORAL TABLET	4	PA; QL
<i>rizatriptan oral tablet</i>	2	QL
<i>rizatriptan oral tablet,disintegrating</i>	2	QL
<i>sumatriptan nasal spray,non-aerosol</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate oral tablet</i>	2	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	2	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	2	QL
<i>sumatriptan succinate subcutaneous solution</i>	2	QL
<i>sumatriptan-naproxen oral tablet</i>	2	PA; QL
TOSYMRA NASAL SPRAY, NON-AEROSOL	4	ST; QL
UBRELVY ORAL TABLET	3	PA; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	4	ST; QL
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	4	ST; QL
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	2	ST; QL
<i>zolmitriptan oral tablet</i>	2	QL
<i>zolmitriptan oral tablet, disintegrating</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	3	ST; QL
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	4	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY	4	PA
ARICEPT ORAL TABLET	4	PA
AUSTEDO ORAL TABLET	5	PA; MSP; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MSP; QL
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; MSP; QL
<i>dalfampridine oral tablet extended release 12 hr</i>	5	PA; MSP; QL
<i>dichlorphenamide oral tablet</i>	5	PA; MSP
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	
<i>donepezil oral tablet 23 mg</i>	2	PA
<i>donepezil oral tablet, disintegrating</i>	2	

Drug Name	Drug Tier	Requirements / Limits
EVRYSDI ORAL RECON SOLN	5	PA; MSP; QL
EXELON PATCH TRANSDERMAL PATCH 24 HOUR	4	PA
FIRDAPSE ORAL TABLET	5	PA
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	2	
<i>galantamine oral solution</i>	2	
<i>galantamine oral tablet</i>	2	
HORIZANT ORAL TABLET EXTENDED RELEASE	4	ST
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK	5	PA; QL
INGREZZA ORAL CAPSULE	5	PA; QL
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE	5	PA; QL
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	
<i>memantine oral solution</i>	2	
<i>memantine oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
MEMANTINE ORAL TABLETS, DOSE PACK	4	
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK	4	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	4	
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	3	PA
NUEDEXTA ORAL CAPSULE	3	PA
NULIBRY INTRAVENOUS RECON SOLN	5	PA
<i>ormalvi oral tablet</i>	5	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	5	PA; MSP
<i>rivastigmine tartrate oral capsule</i>	2	
<i>rivastigmine transdermal patch 24 hour</i>	2	
<i>tetrabenazine oral tablet</i>	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
ZEPOSIA ORAL CAPSULE	5	PA; MSP; QL
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK	5	PA; MSP; QL
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	5	PA; MSP; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral suspension</i>	1	
<i>baclofen oral tablet</i>	1	
<i>carisoprodol oral tablet</i>	2	
<i>carisoprodol-aspirin oral tablet</i>	2	
<i>carisoprodol-aspirin-codeine oral tablet</i>	2	QL
<i>chlorzoxazone oral tablet 250 mg</i>	2	PA
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>cyclobenzaprine oral capsule,extended release 24hr</i>	1	PA
<i>cyclobenzaprine oral tablet 10 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cyclobenzaprine oral tablet 5 mg</i>	2	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	1	PA
DANTRIUM ORAL CAPSULE 25 MG	4	
<i>dantrolene oral capsule</i>	2	
FEXMID ORAL TABLET	4	PA
LORZONE ORAL TABLET	4	PA
<i>meprobamate oral tablet</i>	2	
<i>metaxalone oral tablet</i>	2	
<i>methocarbamol oral tablet</i>	1	
NORGESIC FORTE ORAL TABLET	4	PA
NORGESIC ORAL TABLET	4	PA
<i>orphenadrine citrate oral tablet extended release</i>	2	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	2	PA
<i>orphengesic forte oral tablet</i>	2	PA
<i>pyridostigmine bromide oral syrup</i>	2	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	4	

Drug Name	Drug Tier	Requirements / Limits
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<i>pyridostigmine bromide oral tablet extended release</i>	2	
SOMA ORAL TABLET	4	
<i>tanlor oral tablet</i>	1	
<i>tizanidine oral capsule</i>	2	PA
<i>tizanidine oral tablet</i>	1	
<i>vanadom oral tablet</i>	2	
ZANAFLEX ORAL CAPSULE	4	
ZANAFLEX ORAL TABLET	4	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	2	ST; QL
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	2	ST; QL
<i>acetaminophen-codeine oral tablet</i>	2	ST; QL
<i>ascomp with codeine oral capsule</i>	2	ST; QL
BELBUCA BUCCAL FILM	3	ST; QL
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	5	MSP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine hcl sublingual tablet</i>	2	QL
<i>buprenorphine transdermal patch weekly</i>	2	ST; QL
<i>butalbital-acetaminop-caf-cod oral capsule</i>	2	ST; QL
<i>butalbital-acetaminophen oral capsule</i>	2	
<i>butalbital-acetaminophen oral tablet</i>	2	
<i>butalbital-acetaminophen-caff oral capsule</i>	2	
<i>butalbital-acetaminophen-caff oral tablet</i>	2	
<i>butalbital-aspirin-caffeine oral capsule</i>	2	
<i>butalbital-aspirin-caffeine oral tablet</i>	2	
<i>codeine sulfate oral tablet</i>	2	ST; QL
<i>codeine-bitalbital-asa-caff oral capsule</i>	2	ST; QL
DILAUDID ORAL LIQUID	4	ST; QL
DILAUDID ORAL TABLET	4	ST; QL
<i>diskets oral tablet, soluble</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
DSUVIA SUBLINGUAL TABLET IN APPLICATOR	4	
<i>endocet oral tablet</i>	2	ST; QL
ESGIC ORAL TABLET	4	PA
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg, 600 mcg</i>	2	ST; QL
<i>fentanyl transdermal patch 72 hour</i>	2	ST; QL
FIORICET ORAL CAPSULE	4	PA
FIORICET WITH CODEINE ORAL CAPSULE	4	ST; QL
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	2	ST; QL
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	2	ST; QL
<i>hydrocodone- acetaminophen oral solution</i>	2	ST; QL
<i>hydrocodone- acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5- 300 mg, 7.5-325 mg</i>	2	ST; QL
<i>hydrocodone- ibuprofen oral tablet</i>	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone oral liquid</i>	1	ST; QL
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	2	ST; QL
<i>hydromorphone oral tablet 8 mg</i>	1	ST; QL
<i>hydromorphone oral tablet extended release 24 hr</i>	2	ST; QL
<i>hydromorphone rectal suppository</i>	1	ST; QL
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR	3	ST; QL
<i>levorphanol tartrate oral tablet</i>	2	PA; QL
<i>meperidine oral solution</i>	2	ST; QL
<i>meperidine oral tablet 50 mg</i>	2	ST; QL
<i>methadone oral concentrate</i>	2	QL
<i>methadone oral solution</i>	1	QL
<i>methadone oral tablet</i>	2	QL
<i>methadone oral tablet,soluble</i>	2	QL
<i>methadose oral concentrate</i>	2	QL
<i>methadose oral tablet,soluble</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>morphine concentrate oral solution</i>	2	ST; QL
<i>morphine oral capsule, er multiphase 24 hr</i>	2	ST; QL
<i>morphine oral capsule, extend. release pellets</i>	2	ST; QL
<i>morphine oral solution</i>	2	ST; QL
<i>morphine oral tablet</i>	1	ST; QL
<i>morphine oral tablet extended release</i>	2	ST; QL
<i>morphine rectal suppository 10 mg, 20 mg, 5 mg</i>	1	QL
<i>morphine rectal suppository 30 mg</i>	2	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	4	ST; QL
NALOCET ORAL TABLET	4	PA; QL
<i>oxycodone oral capsule</i>	2	ST; QL
<i>oxycodone oral concentrate</i>	2	ST; QL
<i>oxycodone oral solution</i>	2	ST; QL
<i>oxycodone oral tablet</i>	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	2	PA; QL
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	2	ST; QL
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	2	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	ST; QL
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	3	ST; QL
<i>oxymorphone oral tablet</i>	2	ST; QL
<i>oxymorphone oral tablet extended release 12 hr</i>	2	ST; QL
<i>prolax oral tablet</i>	2	PA; QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	4	ST; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	5	MSP; QL
<i>tencon oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TREZIX ORAL CAPSULE	4	ST; QL
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
ANAPROX DS ORAL TABLET	4	ST
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC	4	ST
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC	4	ST
<i>aspirin childrens oral tablet, chewable</i>	1	ACA; OTC
<i>aspirin oral tablet</i>	1	OTC
<i>aspirin oral tablet, chewable</i>	1	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	1	OTC
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>bayer aspirin oral tablet</i>	1	OTC
<i>bayer aspirin oral tablet, delayed release (dr/ec)</i>	1	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film</i>	2	
<i>buprenorphine-naloxone sublingual tablet</i>	2	
<i>butorphanol injection solution</i>	1	QL
<i>butorphanol nasal spray, non-aerosol</i>	2	QL
CAMBIA ORAL POWDER IN PACKET	4	ST; QL
<i>celecoxib oral capsule</i>	2	
DAYPRO ORAL TABLET	4	ST
<i>diclofenac potassium oral capsule</i>	2	
<i>diclofenac potassium oral powder in packet</i>	2	ST; QL
<i>diclofenac potassium oral tablet 25 mg</i>	2	ST
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium topical drops</i>	1	QL
<i>diclofenac sodium topical solution in metered-dose pump</i>	2	ST; QL
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic</i>	2	
<i>diflunisal oral tablet</i>	2	
DISALCID ORAL TABLET	4	
DUEXIS ORAL TABLET	4	ST
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC)	4	ST
<i>ecotrin low strength oral tablet,delayed release (dr/ec)</i>	1	ACA; OTC
<i>ecotrin oral tablet,delayed release (dr/ec)</i>	1	OTC
<i>etodolac oral capsule</i>	2	
<i>etodolac oral tablet</i>	2	
<i>etodolac oral tablet extended release 24 hr</i>	2	
<i>fenoprofen oral capsule 400 mg</i>	2	ST
<i>fenoprofen oral tablet</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
FLECTOR TRANSDERMAL PATCH 12 HOUR	3	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet</i>	2	ST
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>indomethacin oral suspension</i>	1	ST
<i>indomethacin rectal suppository 50 mg</i>	2	
<i>ketoprofen oral capsule 25 mg</i>	2	PA
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	ST
<i>ketorolac oral tablet</i>	2	QL
<i>kiprofen oral capsule</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
KLOXXADO NASAL SPRAY, NON-AEROSOL	3	QL
LICART TRANSDERMAL PATCH 24 HOUR	3	ST; QL
LODINE ORAL TABLET	4	ST
<i>lofena oral tablet</i>	2	ST
<i>lofexidine oral tablet</i>	2	PA; QL
LOTREXONE ORAL CAPSULE	4	
<i>meclofenamate oral capsule</i>	2	
<i>mefenamic acid oral capsule</i>	2	
<i>meloxicam oral tablet</i>	1	QL
<i>meloxicam submicronized oral capsule</i>	2	ST; QL
<i>nabumetone oral tablet</i>	2	
NALFON ORAL TABLET	4	ST
<i>naloxone injection solution</i>	2	HSA+
<i>naloxone injection syringe 0.4 mg/ml</i>	1	HSA+
<i>naloxone injection syringe 1 mg/ml</i>	2	HSA+
<i>naloxone nasal spray, non-aerosol</i>	2	HSA+; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
NALTREX ORAL CAPSULE	4	
<i>naltrexone oral tablet</i>	2	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR	4	ST
NAPROSYN ORAL SUSPENSION	4	ST
NAPROSYN ORAL TABLET 500 MG	4	ST
<i>naproxen oral suspension</i>	2	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	2	ST
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic</i>	2	ST
NARCAN NASAL SPRAY, NON-AEROSOL	4	QL
OPVEE NASAL SPRAY, NON-AEROSOL	4	
<i>oxaprozin oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>pentazocine-naloxone oral tablet</i>	2	ST; QL
<i>piroxicam oral capsule</i>	2	
REXTOVY NASAL SPRAY, NON-AEROSOL	3	HSA+; QL
<i>salsalate oral tablet</i>	1	
SPRIX NASAL SPRAY, NON-AEROSOL	5	ST; QL
<i>st joseph aspirin oral tablet, chewable</i>	1	ACA; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
<i>sulindac oral tablet</i>	1	
TOLECTIN 600 ORAL TABLET	4	ST
<i>tolmetin oral capsule</i>	2	ST
<i>tramadol oral tablet 50 mg</i>	2	ST; QL
<i>tramadol oral tablet extended release 24 hr</i>	2	ST; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	ST; QL
<i>tramadol-acetaminophen oral tablet</i>	2	ST; QL
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	MSP

Drug Name	Drug Tier	Requirements / Limits
ZUBSOLV SUBLINGUAL TABLET	3	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	3	
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	3	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP	4	QL
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD	4	QL
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED	4	
ADDYI ORAL TABLET	4	PA

Drug Name	Drug Tier	Requirements / Limits
ADZENYS XR-ODT ORAL TABLET,DISINTEGRATING BIPHASE 24H	4	ST
<i>alprazolam intensol oral concentrate</i>	1	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	1	
<i>alprazolam oral tablet 1 mg, 2 mg</i>	2	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i>	2	
<i>alprazolam oral tablet extended release 24 hr 3 mg</i>	1	
<i>alprazolam oral tablet,disintegrating 0.25 mg</i>	1	
<i>alprazolam oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg</i>	2	
<i>amitriptyline oral tablet 10 mg, 25 mg</i>	1	
<i>amitriptyline oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>amitriptyline-chlordiazepoxide oral tablet</i>	1	
<i>amoxapine oral tablet</i>	2	
<i>amphetamine sulfate oral tablet</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
ANAFRANIL ORAL CAPSULE	4	
<i>aripiprazole oral solution</i>	2	
<i>aripiprazole oral tablet</i>	2	QL
<i>aripiprazole oral tablet,disintegrating</i>	2	QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE SYRING	3	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE SYRING	3	
<i>armodafinil oral tablet</i>	2	PA; QL
<i>asenapine maleate sublingual tablet</i>	2	QL
ATIVAN ORAL TABLET	4	
<i>atomoxetine oral capsule</i>	2	PA
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	4	ST; QL
AZSTARYS ORAL CAPSULE	3	ST
BELSOMRA ORAL TABLET	4	PA; QL
<i>bupropion hcl oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	QL
<i>bupropion hcl oral tablet</i>	2	
CAPLYTA ORAL CAPSULE	4	QL
<i>chlordiazepoxide hcl oral capsule</i>	1	
<i>chlorpromazine oral concentrate</i>	2	
<i>chlorpromazine oral tablet</i>	2	
<i>citalopram oral solution</i>	2	HSA+
<i>citalopram oral tablet</i>	1	HSA+; QL
<i>clomipramine oral capsule</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	PA
<i>clorazepate dipotassium oral tablet</i>	2	
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet, disintegrating</i>	2	
CLOZARIL ORAL TABLET 100 MG, 25 MG	4	

Drug Name	Drug Tier	Requirements / Limits
COTEMPLA XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H	4	ST
DAYTRANA TRANSDERMAL PATCH 24 HOUR	4	ST
DAYVIGO ORAL TABLET	4	PA; QL
<i>desipramine oral tablet</i>	2	
DESOXYN ORAL TABLET	4	PA
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; QL
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	2	ST; HSA+; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	4	ST
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	2	PA
<i>dexmethylphenidate oral tablet</i>	2	PA
<i>dextroamphetamine sulfate oral capsule, extended release</i>	2	PA
<i>dextroamphetamine sulfate oral solution</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine sulfate oral tablet</i>	2	PA
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>	2	PA
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	2	PA
<i>dextroamphetamine-amphetamine oral tablet</i>	2	PA
<i>diazepam intensol oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	2	HSA+
<i>doxepin oral concentrate</i>	2	HSA+
<i>doxepin oral tablet</i>	2	PA; HSA+; QL
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	HSA+; QL
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	2	ST; HSA+; QL
EDLUAR SUBLINGUAL TABLET	4	PA; QL
EMSAM TRANSDERMAL PATCH 24 HOUR	4	

Drug Name	Drug Tier	Requirements / Limits
<i>ergoloid oral tablet</i>	1	
<i>escitalopram oxalate oral solution</i>	2	ST; HSA+
<i>escitalopram oxalate oral tablet</i>	1	HSA+; QL
<i>estazolam oral tablet</i>	1	
<i>eszopiclone oral tablet</i>	2	QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST; QL
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR	3	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	HSA+; QL
<i>fluoxetine oral capsule 20 mg</i>	1	HSA+
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	2	ST; QL
<i>fluoxetine oral solution</i>	2	HSA+
<i>fluoxetine oral tablet 10 mg</i>	2	ST; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	ST
<i>fluphenazine hcl oral concentrate</i>	2	
<i>fluphenazine hcl oral elixir</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>fluphenazine hcl oral tablet</i>	2	
<i>flurazepam oral capsule</i>	1	
<i>fluvoxamine oral capsule,extended release 24hr</i>	2	ST; QL
<i>fluvoxamine oral tablet</i>	2	HSA+; QL
GEODON ORAL CAPSULE	4	QL
<i>guanfacine oral tablet extended release 24 hr</i>	2	PA; HSA+
HALCION ORAL TABLET 0.25 MG	4	
<i>haloperidol lactate oral concentrate</i>	2	
<i>haloperidol oral tablet 0.5 mg, 2 mg, 20 mg</i>	1	
<i>haloperidol oral tablet 1 mg, 10 mg, 5 mg</i>	2	
HETLIOZ LQ ORAL SUSPENSION	5	PA; MSP; QL
HETLIOZ ORAL CAPSULE	5	PA; MSP; QL
IGALMI SUBLINGUAL FILM	4	
<i>imipramine hcl oral tablet</i>	1	
<i>imipramine pamoate oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	4	QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	4	
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK	4	ST
<i>lisdexamfetamine oral capsule</i>	2	PA
<i>lisdexamfetamine oral tablet,chewable</i>	2	PA
<i>lithium carbonate oral capsule</i>	1	HSA+
<i>lithium carbonate oral tablet</i>	1	HSA+
<i>lithium carbonate oral tablet extended release</i>	1	HSA+
<i>lithium citrate oral solution</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	4	
<i>lorazepam intensol oral concentrate</i>	2	
<i>lorazepam oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>loxapine succinate oral capsule</i>	2	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACK ET	5	ST; MSP; QL
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK	5	ST
<i>lurasidone oral tablet</i>	2	QL
LYBALVI ORAL TABLET	4	QL
MARPLAN ORAL TABLET	4	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70	4	ST
<i>methamphetamine oral tablet</i>	2	PA
METHYLIN ORAL SOLUTION	4	PA
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	2	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	PA
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral solution</i>	2	PA
<i>methylphenidate hcl oral tablet</i>	2	PA
<i>methylphenidate hcl oral tablet extended release</i>	2	PA
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	2	PA
<i>methylphenidate hcl oral tablet,chewable</i>	2	PA
<i>methylphenidate transdermal patch 24 hour</i>	2	ST
<i>midazolam oral syrup 2 mg/ml</i>	2	
<i>mirtazapine oral tablet</i>	2	HSA+
<i>mirtazapine oral tablet,disintegrating</i>	2	HSA+
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE	4	
<i>modafinil oral tablet</i>	2	PA; QL
<i>molindone oral tablet</i>	2	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	4	ST
NARDIL ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
<i>nefazodone oral tablet</i>	2	
<i>nortriptyline oral capsule</i>	1	HSA+
<i>nortriptyline oral solution</i>	2	HSA+
NUPLAZID ORAL CAPSULE	5	PA; MSP; QL
NUPLAZID ORAL TABLET	5	PA; MSP; QL
<i>olanzapine oral tablet</i>	1	HSA+; QL
<i>olanzapine oral tablet, disintegrating</i>	2	QL
<i>olanzapine-fluoxetine oral capsule</i>	2	
<i>oxazepam oral capsule</i>	2	
<i>paliperidone oral tablet extended release 24hr</i>	2	QL
PAMELOR ORAL CAPSULE	4	
PARNATE ORAL TABLET	4	
<i>paroxetine hcl oral suspension</i>	2	ST; HSA+
<i>paroxetine hcl oral tablet</i>	1	HSA+; QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	ST; QL
<i>paroxetine mesylate(menop.sym) oral capsule</i>	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; QL
PAXIL ORAL SUSPENSION	4	ST
PAXIL ORAL TABLET	4	ST; QL
<i>perphenazine oral tablet</i>	2	
<i>perphenazine-amitriptyline oral tablet</i>	2	
<i>phenelzine oral tablet</i>	2	
<i>pimozide oral tablet</i>	2	
<i>procentra oral solution</i>	2	PA
<i>protriptyline oral tablet</i>	2	
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR	4	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	QL
<i>quetiapine oral tablet extended release 24 hr</i>	2	QL
QUVIVIQ ORAL TABLET	4	PA; QL
<i>ramelteon oral tablet</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
REMERON ORAL TABLET 15 MG, 30 MG	4	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING	4	
RESTORIL ORAL CAPSULE	4	
REXULTI ORAL TABLET	4	QL
RISPERDAL ORAL SOLUTION	4	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	QL
<i>risperidone oral solution</i>	2	HSA+
<i>risperidone oral tablet</i>	1	HSA+; QL
<i>risperidone oral tablet,disintegrating</i>	2	QL
SECUADO TRANSDERMAL PATCH 24 HOUR	4	QL
<i>sertraline oral concentrate</i>	2	HSA+
<i>sertraline oral tablet</i>	1	HSA+; QL
SILENOR ORAL TABLET	4	PA; QL
SODIUM OXYBATE ORAL SOLUTION	5	ST; QL
SUNOSI ORAL TABLET	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	4	
<i>tasimelteon oral capsule</i>	5	PA; MSP; QL
<i>temazepam oral capsule</i>	1	
<i>thioridazine oral tablet</i>	1	
<i>thiothixene oral capsule</i>	2	
<i>tranylcypromine oral tablet</i>	2	
<i>trazodone oral tablet 100 mg, 50 mg</i>	1	HSA+
<i>trazodone oral tablet 150 mg, 300 mg</i>	2	HSA+
<i>triazolam oral tablet</i>	2	
<i>trifluoperazine oral tablet</i>	1	
<i>trimipramine oral capsule</i>	2	
TRINTELLIX ORAL TABLET	4	ST; QL
<i>venlafaxine oral capsule,extended release 24hr</i>	1	HSA+; QL
<i>venlafaxine oral tablet</i>	2	HSA+; QL
<i>venlafaxine oral tablet extended release 24hr</i>	2	PA; HSA+; QL
VERSACLOZ ORAL SUSPENSION	4	

Drug Name	Drug Tier	Requirements / Limits
<i>vilazodone oral tablet</i>	2	ST; QL
VRAYLAR ORAL CAPSULE	4	QL
VYLEESI SUBCUTANEOUS AUTO-INJECTOR	5	PA; QL
VYVANSE ORAL CAPSULE	4	ST
VYVANSE ORAL TABLET,CHEWABLE	4	ST
WAKIX ORAL TABLET	5	PA; MSP; QL
XYWAV ORAL SOLUTION	5	ST; QL
<i>zaleplon oral capsule</i>	2	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	2	PA
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	PA
<i>ziprasidone hcl oral capsule</i>	2	QL
<i>zolpidem oral tablet</i>	2	QL
<i>zolpidem oral tablet,ext release multiphase</i>	2	QL
<i>zolpidem sublingual tablet</i>	2	QL
ZURZUVAE ORAL CAPSULE	5	QL
ZYPREXA ORAL TABLET	4	QL

Drug Name	Drug Tier	Requirements / Limits
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING	4	QL
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral tablet</i>	2	
BETAPACE AF ORAL TABLET	4	ST
BETAPACE ORAL TABLET	4	ST
<i>disopyramide phosphate oral capsule</i>	2	
<i>dofetilide oral capsule</i>	2	
<i>flecainide oral tablet</i>	2	
<i>mexiletine oral capsule</i>	2	
MULTAQ ORAL TABLET	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>propafenone oral capsule,extended release 12 hr</i>	2	
<i>propafenone oral tablet</i>	2	
<i>quinidine gluconate oral tablet extended release</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>quinidine sulfate oral tablet 200 mg</i>	1	
<i>quinidine sulfate oral tablet 300 mg</i>	2	
<i>sotalol af oral tablet</i>	2	
<i>sotalol oral tablet</i>	2	
SOTYLIZE ORAL SOLUTION	3	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET	4	
ACCURETIC ORAL TABLET	4	
<i>acebutolol oral capsule</i>	1	CISP; HSA+
ALDACTONE ORAL TABLET	4	
<i>aliskiren oral tablet</i>	2	
ALTACE ORAL CAPSULE	4	
<i>amiloride oral tablet</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>amlodipine oral tablet</i>	1	CISP; HSA+
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-20 mg</i>	1	CISP; HSA+
<i>amlodipine-benazepril oral capsule 5-10 mg, 5-40 mg</i>	2	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-olmesartan oral tablet</i>	2	CISP; HSA+
<i>amlodipine-valsartan oral tablet</i>	2	CISP; HSA+
<i>amlodipine-valsartan-hcthiaazid oral tablet</i>	2	HSA+
<i>atenolol oral tablet</i>	1	CISP; HSA+
<i>atenolol-chlorthalidone oral tablet</i>	1	CISP; HSA+
<i>benazepril oral tablet</i>	1	CISP; HSA+
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	CISP; HSA+
<i>betaxolol oral tablet</i>	2	CISP; HSA+
<i>bisoprolol fumarate oral tablet</i>	2	CISP; HSA+
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2	CISP; HSA+
<i>bumetanide oral tablet</i>	2	
<i>candesartan oral tablet</i>	2	CISP; HSA+
<i>candesartan-hydrochlorothiazid oral tablet</i>	2	CISP; HSA+
<i>captopril oral tablet</i>	2	CISP; HSA+
<i>captopril-hydrochlorothiazide oral tablet</i>	2	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR	4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR	4	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4	
CARDURA ORAL TABLET	4	ST; QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	4	ST; QL
<i>cartia xt oral capsule,extended release 24hr</i>	2	CISP; HSA+
<i>carvedilol oral tablet</i>	1	CISP; HSA+
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	2	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	4	QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	4	QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	4	QL
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>clonidine hcl oral tablet</i>	1	CISP; HSA+
<i>clonidine transdermal patch weekly</i>	2	QL
CONSENSI ORAL TABLET	4	PA
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	4	ST
DEMSER ORAL CAPSULE	4	PA
DIBENZYLINE ORAL CAPSULE	4	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	CISP; HSA+
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	CISP; HSA+
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	CISP; HSA+
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	CISP; HSA+
<i>diltiazem hcl oral tablet</i>	2	CISP; HSA+
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	CISP; HSA+
<i>dilt-xr oral capsule,ext.rel 24h degradable</i>	2	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
DIURIL ORAL SUSPENSION	4	
<i>doxazosin oral tablet</i>	2	QL
DYRENIUM ORAL CAPSULE	4	
EDECIN ORAL TABLET	4	ST
<i>enalapril maleate oral solution</i>	2	HSA+
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	CISP; HSA+
<i>enalapril maleate oral tablet 20 mg</i>	2	CISP; HSA+
<i>enalapril-hydrochlorothiazide oral tablet</i>	2	CISP; HSA+
<i>eplerenone oral tablet</i>	2	CISP; HSA+
<i>eprosartan oral tablet</i>	2	CISP; HSA+
<i>ethacrynic acid oral tablet</i>	2	
<i>felodipine oral tablet extended release 24 hr</i>	2	CISP; HSA+
<i>fosinopril oral tablet</i>	1	CISP; HSA+
<i>fosinopril-hydrochlorothiazide oral tablet</i>	2	CISP; HSA+
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	CISP; HSA+
<i>furosemide oral tablet</i>	1	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>guanfacine oral tablet</i>	1	
<i>hydralazine oral tablet</i>	1	CISP; HSA+
<i>hydrochlorothiazide oral capsule</i>	1	CISP; HSA+
<i>hydrochlorothiazide oral tablet</i>	1	CISP; HSA+
<i>indapamide oral tablet</i>	1	CISP; HSA+
INSPRA ORAL TABLET	4	
<i>irbesartan oral tablet</i>	1	CISP; HSA+
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	CISP; HSA+
<i>isosorbide-hydralazine oral tablet</i>	2	
<i>isradipine oral capsule</i>	2	CISP; HSA+
KERENDIA ORAL TABLET	3	PA; QL
<i>labetalol oral tablet</i>	2	CISP; HSA+
LASIX ORAL TABLET	4	ST
<i>lisinopril oral tablet</i>	1	CISP; HSA+
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	CISP; HSA+
LOPRESSOR ORAL TABLET	4	ST
<i>losartan oral tablet</i>	1	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>losartan-hydrochlorothiazide oral tablet</i>	1	CISP; HSA+
LOTENSIN HCT ORAL TABLET	4	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	
<i>matzim la oral tablet extended release 24 hr</i>	2	CISP; HSA+
<i>methyldopa oral tablet</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet</i>	1	CISP; HSA+
<i>metolazone oral tablet</i>	2	CISP; HSA+
<i>metoprolol succinate oral tablet extended release 24 hr</i>	2	CISP; HSA+
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	2	CISP; HSA+
<i>metoprolol tartrate oral tablet</i>	1	CISP; HSA+
<i>metyrosine oral capsule</i>	2	PA
<i>minoxidil oral tablet</i>	2	
<i>moexipril oral tablet</i>	2	CISP; HSA+
<i>nadolol oral tablet</i>	2	CISP; HSA+
<i>nebivolol oral tablet</i>	2	CISP; HSA+
<i>nicardipine oral capsule</i>	2	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>nifedipine oral capsule</i>	2	CISP; HSA+
<i>nifedipine oral tablet extended release</i>	2	CISP; HSA+
<i>nifedipine oral tablet extended release 24hr</i>	2	CISP; HSA+
<i>nimodipine oral capsule</i>	2	
<i>nisoldipine oral tablet extended release 24 hr</i>	2	CISP; HSA+
NYMALIZE ORAL SOLUTION	4	
NYMALIZE ORAL SYRINGE	4	
<i>olmesartan oral tablet</i>	1	CISP; HSA+
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg</i>	2	CISP-1; HSA+
<i>olmesartan-amlodipin-hcthiazyd oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg</i>	2	CISP; HSA+
<i>olmesartan-amlodipin-hcthiazyd oral tablet 40-5-25 mg</i>	2	HSA+
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	5	PA; MSP; QL
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	5	PA; MSP; QL
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	5	PA; MSP; QL
ORENITRAM ORAL TABLET EXTENDED RELEASE	5	PA; MSP; QL
<i>perindopril erbumine oral tablet</i>	2	CISP; HSA+
<i>phenoxybenzamine oral capsule</i>	2	PA
<i>pindolol oral tablet</i>	2	CISP; HSA+
<i>prazosin oral capsule</i>	2	
PRESTALIA ORAL TABLET	4	ST
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	4	PA
<i>propranolol oral capsule,extended release 24 hr</i>	2	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>propranolol oral solution</i>	1	CISP; HSA+
<i>propranolol oral tablet</i>	1	CISP; HSA+
<i>propranolol-hydrochlorothiazid oral tablet</i>	2	CISP; HSA+
<i>quinapril oral tablet 10 mg</i>	2	CISP; HSA+
<i>quinapril oral tablet 20 mg, 40 mg, 5 mg</i>	1	CISP; HSA+
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	CISP; HSA+
<i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i>	2	CISP; HSA+
<i>ramipril oral capsule 1.25 mg</i>	2	CISP; HSA+
<i>ramipril oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	CISP; HSA+
<i>spironolactone oral suspension</i>	1	CISP; HSA+
<i>spironolactone oral tablet</i>	1	CISP; HSA+
<i>spironolacton-hydrochlorothiaz oral tablet</i>	1	CISP; HSA+
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>telmisartan oral tablet</i>	1	CISP; HSA+
<i>telmisartan-amlodipine oral tablet</i>	2	CISP; HSA+
<i>telmisartan-hydrochlorothiazid oral tablet</i>	2	CISP; HSA+
TENORETIC 100 ORAL TABLET	4	ST
TENORETIC 50 ORAL TABLET	4	ST
TENORMIN ORAL TABLET	4	ST
<i>terazosin oral capsule</i>	2	QL
<i>tiadylt er oral capsule,extended release 24 hr</i>	2	CISP; HSA+
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	
<i>timolol maleate oral tablet</i>	2	CISP; HSA+
<i>torse mide oral tablet</i>	1	CISP; HSA+
<i>trandolapril oral tablet</i>	1	CISP; HSA+
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	2	CISP; HSA+
<i>triamterene oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	CISP; HSA+
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	CISP; HSA+
UPTRAVI ORAL TABLET	5	PA; MSP; QL
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; MSP; QL
<i>valsartan oral tablet</i>	2	CISP; HSA+
<i>valsartan-hydrochlorothiazide oral tablet</i>	2	CISP; HSA+
VASERETIC ORAL TABLET	4	
VASOTEC ORAL TABLET	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	CISP; HSA+
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	CISP; HSA+
<i>verapamil oral tablet</i>	1	CISP; HSA+
<i>verapamil oral tablet extended release</i>	2	CISP; HSA+
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT	4	PA
ZESTORETIC ORAL TABLET	4	
ZESTRIL ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
CARDIAC GLYCOSIDES		
<i>digoxin oral solution</i>	2	HSA+
<i>digoxin oral tablet</i>	2	HSA+
LANOXIN ORAL TABLET	4	
COAGULATION THERAPY		
ADVATE INTRAVENOUS RECON SOLN	5	PA; MSP
ADYNOVATE INTRAVENOUS SOLUTION	5	PA; MSP
AFSTYLA INTRAVENOUS RECON SOLN	5	PA; MSP
ALPROLIX INTRAVENOUS RECON SOLN	5	PA; MSP
ALTUVIIIO INTRAVENOUS RECON SOLN	5	PA; MSP
AMICAR ORAL SOLUTION	4	
AMICAR ORAL TABLET	4	
<i>aminocaproic acid oral solution</i>	2	
<i>aminocaproic acid oral tablet</i>	2	
ARIXTRA SUBCUTANEOUS SYRINGE	5	SP
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	2	HSA+

Drug Name	Drug Tier	Requirements / Limits
BENEFIX INTRAVENOUS RECON SOLN	5	PA; MSP
BRILINTA ORAL TABLET	3	
CABLIVI INJECTION KIT	5	PA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	5	PA; MSP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	5	PA; MSP
<i>cilostazol oral tablet</i>	1	
<i>clopidogrel oral tablet 300 mg</i>	2	CISP; HSA+
<i>clopidogrel oral tablet 75 mg</i>	1	CISP; HSA+
COAGADEX INTRAVENOUS RECON SOLN	5	PA; MSP
<i>dabigatran etexilate oral capsule</i>	2	HSA+
<i>dipyridamole oral tablet</i>	2	HSA+
DOPTELET (15 TAB PACK) ORAL TABLET	5	PA; MSP; QL
EFFIENT ORAL TABLET	4	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	

Drug Name	Drug Tier	Requirements / Limits
ELIQUIS ORAL TABLET	3	
ELOCTATE INTRAVENOUS RECON SOLN	5	PA; MSP
<i>enoxaparin subcutaneous solution</i>	5	SP
<i>enoxaparin subcutaneous syringe</i>	5	SP
ESPEROCT INTRAVENOUS RECON SOLN	5	PA; MSP
<i>fondaparinux subcutaneous syringe</i>	5	SP
FRAGMIN SUBCUTANEOUS SOLUTION	5	SP
FRAGMIN SUBCUTANEOUS SYRINGE	5	SP
HEMLIBRA SUBCUTANEOUS SOLUTION	5	PA; MSP
<i>hep flush-10 (pf) intravenous solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	4	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	1	
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE	4	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 20,000 unit/ml</i>	1	
<i>heparin (porcine) injection solution 10,000 unit/ml, 5,000 unit/ml</i>	2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin lock flush (porcine) intravenous solution</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe 100 unit/ml</i>	2	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	4	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	4	
IDELVION INTRAVENOUS RECON SOLN	5	PA; MSP
<i>jantoven oral tablet</i>	1	HSA+
JIVI INTRAVENOUS RECON SOLN	5	PA; MSP
KOGENATE FS INTRAVENOUS RECON SOLN	5	PA
KOVALTRY INTRAVENOUS RECON SOLN	5	PA; MSP
NOVOEIGHT INTRAVENOUS RECON SOLN	5	PA; MSP
<i>pentoxifylline oral tablet extended release</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	3	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	3	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	2	QL
<i>prasugrel oral tablet</i>	2	HSA+
PROMACTA ORAL POWDER IN PACKET	5	PA; MSP
PROMACTA ORAL TABLET	5	PA; MSP
SEVENFACT INTRAVENOUS RECON SOLN	5	PA; MSP
TAVALISSE ORAL TABLET	5	PA; QL
TRETTEN INTRAVENOUS RECON SOLN	5	PA; MSP
<i>vitamin k injection solution</i>	2	
<i>vitamin k1 injection solution</i>	2	
VONVENDI INTRAVENOUS RECON SOLN	5	PA; MSP
<i>warfarin oral tablet</i>	1	HSA+
WILATE INTRAVENOUS RECON SOLN	5	PA; MSP
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	

Drug Name	Drug Tier	Requirements / Limits
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	
XARELTO ORAL TABLET	3	
XYNTHA INTRAVENOUS SOLUTION	5	PA; MSP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE	5	PA; MSP
ZONTIVITY ORAL TABLET	4	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet</i>	2	CISP; HSA+; QL
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	CISP; HSA+; ACA; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	CISP; HSA+; QL
CADUET ORAL TABLET	4	ST; QL
<i>cholestyramine (with sugar) oral powder</i>	2	CISP; HSA+
<i>cholestyramine (with sugar) oral powder in packet</i>	2	CISP; HSA+
<i>cholestyramine light oral powder</i>	2	CISP; HSA+
<i>cholestyramine light oral powder in packet</i>	2	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>colesevelam oral powder in packet</i>	2	
<i>colesevelam oral tablet</i>	2	
COLESTID ORAL GRANULES	4	ST
COLESTID ORAL TABLET	4	ST
<i>colestipol oral granules</i>	2	HSA+
<i>colestipol oral packet</i>	2	HSA+
<i>colestipol oral tablet</i>	2	CISP; HSA+
<i>ezetimibe oral tablet</i>	2	CISP; HSA+
<i>ezetimibe-simvastatin oral tablet</i>	2	CISP; HSA+; QL
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	CISP; HSA+
<i>fenofibrate nanocrystallized oral tablet</i>	2	CISP; HSA+
<i>fenofibrate oral tablet 120 mg</i>	2	PA; CISP; HSA+
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	CISP; HSA+
<i>fenofibrate oral tablet 40 mg</i>	2	ST; CISP; HSA+
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	2	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>fenofibric acid oral tablet</i>	2	HSA+
FENOGLIDE ORAL TABLET	4	ST
FIBRICOR ORAL TABLET	4	ST
FLOLIPID ORAL SUSPENSION	4	ST; QL
<i>fluvastatin oral capsule</i>	2	CISP; HSA+; ACA; QL
<i>fluvastatin oral tablet extended release 24 hr</i>	2	CISP; HSA+; ACA; QL
<i>gemfibrozil oral tablet</i>	2	CISP; HSA+
<i>icosapent ethyl oral capsule</i>	2	PA; HSA+
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	5	PA; MSP
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; QL
LIVALO ORAL TABLET	4	ST; QL
LOPID ORAL TABLET	4	
<i>lovastatin oral tablet</i>	1	CISP; HSA+; ACA; QL
NEXLETOL ORAL TABLET	3	PA
NEXLIZET ORAL TABLET	3	PA
<i>niacin oral tablet 500 mg</i>	2	PA; CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>niacin oral tablet extended release 24 hr</i>	2	CISP; HSA+
NIACOR ORAL TABLET	4	PA
<i>omega-3 acid ethyl esters oral capsule</i>	2	PA
<i>pitavastatin calcium oral tablet</i>	2	CISP; HSA+; ACA; QL
<i>pravastatin oral tablet</i>	1	CISP; HSA+; ACA; QL
<i>prevalite oral powder</i>	2	CISP; HSA+
<i>prevalite oral powder in packet</i>	2	CISP; HSA+
QUESTRAN LIGHT ORAL POWDER	4	ST
QUESTRAN ORAL POWDER	4	ST
QUESTRAN ORAL POWDER IN PACKET	4	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	3	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	3	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	CISP; HSA+; ACA; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	CISP; HSA+; QL
ROSZET ORAL TABLET	4	ST; QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	CISP; HSA+; ACA; QL
<i>simvastatin oral tablet 80 mg</i>	1	CISP; HSA+; QL
TRILIPIX ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	4	ST
VASCEPA ORAL CAPSULE	3	PA
ZYPITAMAG ORAL TABLET	4	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS ORAL CAPSULE	5	PA; MSP; QL
ENTRESTO ORAL TABLET	3	QL
ENTRESTO SPRINKLE ORAL PELLET	3	QL
<i>ivabradine oral tablet</i>	2	PA
<i>ranolazine oral tablet extended release 12 hr</i>	2	
VERQUVO ORAL TABLET	3	QL

Drug Name	Drug Tier	Requirements / Limits
VYNDAMAX ORAL CAPSULE	5	PA; MSP
VYNDAQEL ORAL CAPSULE	5	PA; MSP
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET	4	
ISORDIL ORAL TABLET	4	
ISORDIL TITRADOSE ORAL TABLET 5 MG	4	
<i>isosorbide dinitrate oral tablet 10 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 20 mg, 30 mg</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg</i>	2	
<i>isosorbide mononitrate oral tablet 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	2	
<i>nitro-bid transdermal ointment</i>	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	4	

Drug Name	Drug Tier	Requirements / Limits
<i>nitroglycerin sublingual tablet</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual spray, non-aerosol</i>	2	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL	4	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY	4	
NITROSTAT SUBLINGUAL TABLET	4	
<i>nitro-time oral capsule, extended release</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	2	
ANALPRAM-HC TOPICAL LOTION	4	ST
<i>calcipotriene scalp solution</i>	2	QL
<i>calcipotriene topical cream</i>	2	QL
<i>calcipotriene topical ointment</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>calcipotriene- betamethasone topical ointment</i>	2	ST; QL
<i>calcipotriene- betamethasone topical suspension</i>	2	DAW-9; QL
<i>calcitriol topical ointment</i>	2	
ENSTILAR TOPICAL FOAM	3	ST; QL
EPIFOAM TOPICAL FOAM	4	ST
<i>hydrocortisone- pramoxine topical cream 2.5-1 %</i>	2	ST
OVACE PLUS SHAMPOO TOPICAL SHAMPOO	4	
OVACE PLUS TOPICAL CLEANSER	4	
OVACE PLUS TOPICAL CREAM	4	
OVACE PLUS TOPICAL LOTION	4	
OVACE PLUS WASH TOPICAL CLEANSER, GEL	4	
OVACE TOPICAL CLEANSER	4	
PLEXION NS TOPICAL SHAMPOO	4	
PRAMOSONE TOPICAL CREAM 1-1 %	4	ST

Drug Name	Drug Tier	Requirements / Limits
PRAMOSONE TOPICAL LOTION	4	ST
PRAMOSONE TOPICAL OINTMENT	4	ST
<i>selenium sulfide topical lotion</i>	2	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
<i>selenium sulfide topical shampoo 2.3 %</i>	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MSP; QL
SOTYKTU ORAL TABLET	5	PA; MSP; QL
SPEVIGO SUBCUTANEOUS SYRINGE	5	PA; MSP
STELARA SUBCUTANEOUS SOLUTION	5	PA; MSP; QL
STELARA SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>sulfacetamide sodium topical cleanser</i>	2	
<i>sulfacetamide sodium topical cleanser, gel</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium topical shampoo</i>	1	
TACLONEX TOPICAL SUSPENSION	4	QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
TERSI FOAM TOPICAL FOAM	4	
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	5	PA; MSP
VECTICAL TOPICAL OINTMENT	4	
VTAMA TOPICAL CREAM	4	ST; QL
WYNZORA TOPICAL CREAM	4	ST; QL
ZORYVE TOPICAL CREAM 0.3 %	4	ST; QL
ZORYVE TOPICAL FOAM	4	ST; QL
BURN THERAPY		
SILVADENE TOPICAL CREAM	4	
<i>silver sulfadiazine topical cream</i>	1	
<i>ssd topical cream</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
ADBRY SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
AMELUZ TOPICAL GEL	4	
<i>ammonium lactate topical cream</i>	2	
<i>ammonium lactate topical lotion</i>	2	

Drug Name	Drug Tier	Requirements / Limits
CANTHARIDIN IN ACETONE TOPICAL SOLUTION	4	
CIBINQO ORAL TABLET	5	PA; MSP; QL
CORTANE-B TOPICAL LOTION	4	
<i>diclofenac sodium topical gel 3 %</i>	2	PA; QL
<i>doxepin topical cream</i>	2	ST; HSA+; QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	5	PA; MSP; QL
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP
EFUDEX TOPICAL CREAM	4	
EUCRISA TOPICAL OINTMENT	3	PA; QL
FLUOROPLEX TOPICAL CREAM	4	
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution</i>	2	
HYFTOR TOPICAL GEL	5	PA

Drug Name	Drug Tier	Requirements / Limits
IODOFLEX TOPICAL PADS, MEDICATED	4	
IODOSORB TOPICAL GEL	4	
LEVULAN TOPICAL SOLUTION	4	
<i>methoxsalen oral capsule, liqd-filled, rapid rel</i>	2	
<i>methyl salicylate oil</i>	2	
<i>methyl salicylate topical liquid</i>	2	
OPZELURA TOPICAL CREAM	4	PA; QL
PANRETIN TOPICAL GEL	4	PA
<i>pimecrolimus topical cream</i>	2	PA; QL
<i>podofilox topical gel</i>	2	ST; QL
<i>podofilox topical solution</i>	2	
<i>prudoxin topical cream</i>	2	ST; QL
REGRANEX TOPICAL GEL	3	QL
<i>tacrolimus topical ointment</i>	2	PA; QL
TOLAK TOPICAL CREAM	4	
VALCHLOR TOPICAL GEL	5	PA; MSP
VYJUVEK TOPICAL GEL	5	PA

Drug Name	Drug Tier	Requirements / Limits
<i>wintergreen oil oil</i>	2	
YCANTH TOPICAL SOLUTION WITH APPLICATOR	5	MSP
ZONALON TOPICAL CREAM	4	ST; QL
THERAPY FOR ACNE		
ABSORICA ORAL CAPSULE	4	ST
<i>accutane oral capsule</i>	2	
ACZONE TOPICAL GEL	4	ST
ACZONE TOPICAL GEL WITH PUMP	4	ST
<i>adapalene topical cream</i>	2	
<i>adapalene topical gel 0.3 %</i>	2	
<i>adapalene topical gel with pump</i>	2	
ADAPALENE TOPICAL LOTION	4	ST
<i>adapalene topical solution</i>	2	
<i>adapalene topical swab</i>	2	ST
<i>adapalene-benzoyl peroxide topical gel with pump</i>	2	
AKLIEF TOPICAL CREAM	4	ST
ALTRENO TOPICAL LOTION	4	

Drug Name	Drug Tier	Requirements / Limits
<i>amneesteem oral capsule</i>	2	
AMZEEQ TOPICAL FOAM	4	ST
ARAZLO TOPICAL LOTION	4	PA
AVAR LS TOPICAL CLEANSER	4	ST
<i>avar topical cleanser</i>	2	
AVAR-E TOPICAL CREAM	4	ST
<i>azelaic acid topical gel</i>	2	
AZELEX TOPICAL CREAM	4	ST
BENZAMYCIN TOPICAL GEL	4	ST
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER	4	ST
<i>benzebro topical towelette</i>	2	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam</i>	2	
<i>bp 10-1 topical cleanser</i>	2	ST
<i>brimonidine topical gel with pump</i>	2	PA
<i>claravis oral capsule</i>	2	
CLEOCIN T TOPICAL LOTION	4	ST; QL

Drug Name	Drug Tier	Requirements / Limits
CLINDACIN ETZ TOPICAL KIT	4	ST
<i>clindacin etz topical swab</i>	1	
<i>clindacin p topical swab</i>	1	
CLINDACIN PAC TOPICAL KIT	4	ST
<i>clindacin topical foam</i>	2	QL
<i>clindamycin phosphate topical foam</i>	2	QL
<i>clindamycin phosphate topical gel</i>	2	QL
<i>clindamycin phosphate topical gel, once daily</i>	2	ST; QL
<i>clindamycin phosphate topical lotion</i>	2	QL
<i>clindamycin phosphate topical solution</i>	2	QL
<i>clindamycin phosphate topical swab</i>	2	
<i>clindamycin-benzoyl peroxide topical gel</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %</i>	2	DAW-9

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %</i>	2	
<i>clindamycin-tretinoin topical gel</i>	2	
<i>dapsone topical gel</i>	2	
<i>dapsone topical gel with pump</i>	2	DAW-9
DIFFERIN TOPICAL CREAM	4	ST
DIFFERIN TOPICAL GEL WITH PUMP	4	ST
DIFFERIN TOPICAL LOTION	4	ST
EPIDUO FORTE TOPICAL GEL WITH PUMP	4	ST
EPSOLAY TOPICAL CREAM	4	ST
<i>ery pads topical swab</i>	2	
<i>erygel topical gel</i>	2	
<i>erythromycin with ethanol topical gel</i>	2	
<i>erythromycin with ethanol topical solution</i>	2	
<i>erythromycin-benzoyl peroxide topical gel</i>	2	
EVOCALIN TOPICAL FOAM	4	ST; QL
FINACEA TOPICAL FOAM	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	2	DAW-9
<i>ivermectin topical cream</i>	2	DAW-9; QL
METROCREAM TOPICAL CREAM	4	ST
METROGEL TOPICAL GEL 1 %	4	ST
<i>metronidazole topical cream</i>	2	
<i>metronidazole topical gel</i>	2	
<i>metronidazole topical gel with pump</i>	2	
<i>metronidazole topical lotion</i>	2	
MIRVASO TOPICAL GEL WITH PUMP	3	PA
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL	4	ST
<i>neuac topical gel</i>	2	
ONEXTON TOPICAL GEL WITH PUMP	4	ST
PACNEX TOPICAL CLEANSER	4	ST

Drug Name	Drug Tier	Requirements / Limits
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED	4	ST
PLEXION TOPICAL CLEANSER	4	ST
PLEXION TOPICAL CREAM	4	ST
PLEXION TOPICAL LOTION	4	ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER	4	ST
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	4	
RETIN-A TOPICAL CREAM	4	
RETIN-A TOPICAL GEL	4	
RHOFADE TOPICAL CREAM	4	PA
<i>rosadan topical cream</i>	2	
<i>rosadan topical gel</i>	2	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	4	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>rosula cleansing cloths topical pads, medicated</i>	2	
ROSULA TOPICAL CLEANSER	4	ST
SOOLANTRA TOPICAL CREAM	4	ST; QL
<i>sss 10-5 topical cream</i>	2	
<i>sss 10-5 topical foam</i>	2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	2	
<i>sulfacetamide sodium-sulfur topical cream</i>	2	
<i>sulfacetamide sodium-sulfur topical lotion</i>	2	
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	2	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	2	
<i>sulfacleanse 8-4 topical suspension</i>	2	ST
SUMADAN TOPICAL CLEANSER	4	ST

Drug Name	Drug Tier	Requirements / Limits
SUMADAN TOPICAL KIT	4	ST
SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM	4	ST
SUMAXIN CP TOPICAL KIT	4	ST
SUMAXIN TOPICAL CLEANSER	4	ST
SUMAXIN TOPICAL PADS, MEDICATED	4	ST
SUMAXIN TS TOPICAL SUSPENSION	4	ST
<i>tazarotene topical cream</i>	2	PA
<i>tazarotene topical gel</i>	2	PA
<i>tretinoin microspheres topical gel</i>	2	
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	2	
<i>tretinoin microspheres topical gel with pump 0.08 %</i>	2	DAW-9
<i>tretinoin topical cream</i>	2	
<i>tretinoin topical gel</i>	2	
TWYNEO TOPICAL CREAM	4	ST

Drug Name	Drug Tier	Requirements / Limits
VANOXIDE-HC TOPICAL SUSPENSION	4	ST
<i>zenatane oral capsule</i>	2	
ZIANA TOPICAL GEL	4	ST
TOPICAL ANESTHETICS		
COCAINE NASAL SOLUTION	4	
<i>dermacinrx lidocan topical adhesive patch,medicated</i>	2	ST
GOPRELTO NASAL SOLUTION	4	
<i>lidocaine hcl laryngotracheal solution</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl- hydrocortison ac topical cream</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	ST
<i>lidocaine topical ointment</i>	2	QL
<i>lidocaine viscous mucous membrane solution</i>	1	
<i>lidocaine-prilocaine topical cream</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-prilocaine topical kit</i>	2	
<i>lidocan iii topical adhesive patch,medicated</i>	2	ST
<i>lidocan iv topical adhesive patch,medicated</i>	2	ST
<i>lidocan v topical adhesive patch,medicated</i>	2	ST
<i>lidocort topical cream</i>	2	
NUMBRINO NASAL SOLUTION	4	
NYNUTEY TOPICAL CREAM	4	
XARACOLL IMPLANT IMPLANT	4	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATE D	3	ST
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT	4	ST; QL
CENTANY AT TOPICAL OINTMENT KIT	4	ST; QL
CENTANY TOPICAL OINTMENT	4	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>gentamicin topical cream</i>	2	QL
<i>gentamicin topical ointment</i>	2	QL
KLARON TOPICAL SUSPENSION	4	ST
<i>lugols topical solution</i>	1	
<i>mafenide acetate topical packet</i>	2	
<i>mupirocin calcium topical cream</i>	2	ST; QL
<i>mupirocin topical ointment</i>	2	QL
NEO-SYNALAR KIT TOPICAL CREAM	4	
NEO-SYNALAR TOPICAL CREAM	4	
<i>strong iodine topical solution</i>	1	
<i>sulfacetamide sodium (acne) topical suspension</i>	2	
SULFAMYLON TOPICAL CREAM	3	
XEPI TOPICAL CREAM	4	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	4	
CICLODAN KIT TOPICAL SOLUTION	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>ciclodan topical cream</i>	2	QL
<i>ciclodan topical solution</i>	2	
<i>ciclopirox topical cream</i>	2	QL
<i>ciclopirox topical gel</i>	2	QL
<i>ciclopirox topical shampoo</i>	2	QL
<i>ciclopirox topical solution</i>	2	
<i>ciclopirox topical suspension</i>	2	QL
<i>ciclopirox-ure-camph-menth-euc topical solution</i>	2	
<i>clotrimazole topical cream</i>	2	QL
<i>clotrimazole topical solution</i>	2	QL
<i>clotrimazole-betamethasone topical cream</i>	2	QL
<i>clotrimazole-betamethasone topical lotion</i>	2	QL
<i>econazole topical cream</i>	2	QL
EXELDERM TOPICAL CREAM	4	QL
EXELDERM TOPICAL SOLUTION	4	QL
EXTINA TOPICAL FOAM	4	ST; QL

Drug Name	Drug Tier	Requirements / Limits
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	4	ST
<i>ketoconazole topical cream</i>	2	QL
<i>ketoconazole topical foam</i>	2	ST; QL
<i>ketoconazole topical shampoo</i>	1	QL
<i>ketodan kit topical combo pack</i>	2	ST
<i>ketodan topical foam</i>	2	ST; QL
<i>klayesta topical powder</i>	2	QL
LOPROX (AS OLAMINE) TOPICAL CREAM	4	QL
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	4	QL
LOPROX KIT TOPICAL COMBO PACK	4	QL
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER	4	QL
<i>naftifine topical cream</i>	2	QL
<i>naftifine topical gel 2 %</i>	2	QL
NAFTIN TOPICAL GEL 2 %	4	QL
<i>nyamyc topical powder</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin topical cream</i>	2	QL
<i>nystatin topical ointment</i>	2	QL
<i>nystatin topical powder</i>	2	QL
<i>nystatin-triamcinolone topical cream</i>	2	QL
<i>nystatin-triamcinolone topical ointment</i>	2	QL
<i>nystop topical powder</i>	2	QL
<i>oxiconazole topical cream</i>	2	QL
<i>tavaborole topical solution with applicator</i>	2	ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	2	PA; QL
<i>acyclovir topical ointment</i>	2	PA; QL
DENAVIR TOPICAL CREAM	4	
<i>peniclovir topical cream</i>	2	
ZOVIRAX TOPICAL CREAM	4	PA; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	
ALA-SCALP TOPICAL LOTION	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>alclometasone topical cream</i>	2	
<i>alclometasone topical ointment</i>	2	
<i>amcinonide topical cream</i>	2	ST
<i>amcinonide topical ointment</i>	2	ST
<i>apexicon e topical cream</i>	2	ST
<i>beseer topical lotion</i>	2	ST
<i>betamethasone dipropionate topical cream</i>	2	
<i>betamethasone dipropionate topical lotion</i>	2	
<i>betamethasone dipropionate topical ointment</i>	2	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical foam</i>	2	ST
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented topical cream</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone, augmented topical gel</i>	2	
<i>betamethasone, augmented topical lotion</i>	2	
<i>betamethasone, augmented topical ointment</i>	2	
BRYHALI TOPICAL LOTION	4	ST
CAPEX TOPICAL SHAMPOO	4	ST
<i>clobetasol scalp solution</i>	2	QL
<i>clobetasol topical cream</i>	2	QL
<i>clobetasol topical foam</i>	2	ST; QL
<i>clobetasol topical gel</i>	2	QL
<i>clobetasol topical lotion</i>	2	ST; QL
<i>clobetasol topical ointment</i>	2	QL
<i>clobetasol topical shampoo</i>	2	ST; QL
<i>clobetasol topical spray, non-aerosol</i>	2	ST; QL
<i>clobetasol-emollient topical cream</i>	2	QL
<i>clobetasol-emollient topical foam</i>	2	ST; QL
CLOBEX TOPICAL SHAMPOO	4	ST; QL

Drug Name	Drug Tier	Requirements / Limits
CLOBEX TOPICAL SPRAY, NON-AEROSOL	4	ST; QL
<i>clocortolone pivalate topical cream</i>	2	
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER	4	ST; QL
<i>clodan topical shampoo</i>	2	ST; QL
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	4	ST
CORDRAN TOPICAL CREAM	4	ST; QL
CORDRAN TOPICAL LOTION	4	ST; QL
CORDRAN TOPICAL OINTMENT	4	ST; QL
DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL	4	ST
DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL	4	ST
<i>desonide topical cream</i>	2	
<i>desonide topical gel</i>	2	ST
<i>desonide topical lotion</i>	2	ST
<i>desonide topical ointment</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>desoximetasone topical cream</i>	2	ST
<i>desoximetasone topical gel</i>	2	ST
<i>desoximetasone topical ointment</i>	2	ST
<i>desoximetasone topical spray, non-aerosol</i>	2	ST
<i>diflorasone topical cream</i>	2	ST; QL
<i>diflorasone topical ointment</i>	2	ST; QL
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	4	ST
<i>fluocinolone and shower cap scalp oil</i>	2	
<i>fluocinolone topical cream</i>	2	
<i>fluocinolone topical oil</i>	2	
<i>fluocinolone topical ointment</i>	2	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	QL
<i>fluocinonide topical cream 0.1 %</i>	2	ST; QL
<i>fluocinonide topical gel</i>	2	QL
<i>fluocinonide topical ointment</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinonide topical solution</i>	2	QL
<i>fluocinonide-e topical cream</i>	2	QL
<i>flurandrenolide topical cream</i>	2	ST; QL
<i>flurandrenolide topical lotion</i>	2	ST; QL
<i>flurandrenolide topical ointment</i>	2	ST; QL
<i>fluticasone propionate topical cream</i>	2	
<i>fluticasone propionate topical lotion</i>	2	ST
<i>fluticasone propionate topical ointment</i>	2	
<i>halcinonide topical cream</i>	2	ST
<i>halobetasol propionate topical cream</i>	2	
<i>halobetasol propionate topical foam</i>	2	ST
<i>halobetasol propionate topical ointment</i>	2	
HALOG TOPICAL CREAM	4	ST
HALOG TOPICAL OINTMENT	4	ST
HALOG TOPICAL SOLUTION	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone butyrate topical cream</i>	2	QL
<i>hydrocortisone butyrate topical lotion</i>	2	ST; QL
<i>hydrocortisone butyrate topical ointment</i>	2	ST; QL
<i>hydrocortisone butyrate topical solution</i>	2	ST; QL
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	2	
<i>hydrocortisone valerate topical ointment</i>	2	
KENALOG TOPICAL AEROSOL	4	ST; QL
<i>mometasone topical cream</i>	2	
<i>mometasone topical ointment</i>	2	
<i>mometasone topical solution</i>	2	

Drug Name	Drug Tier	Requirements / Limits
NUCORT TOPICAL LOTION	4	ST
OLUX TOPICAL FOAM	4	ST; QL
PANDEL TOPICAL CREAM	4	ST
<i>prednicarbate topical cream</i>	2	
<i>prednicarbate topical ointment</i>	2	
PROCTOCORT TOPICAL CREAM	4	ST
SCALACORT DK TOPICAL COMBO PACK	4	ST
<i>scalacort topical lotion</i>	2	
SYNALAR CREAM KIT TOPICAL CREAM	4	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM	4	ST
SYNALAR TOPICAL CREAM	4	ST
SYNALAR TOPICAL OINTMENT	4	ST
SYNALAR TOPICAL SOLUTION	4	ST
SYNALAR TS TOPICAL KIT	4	ST

Drug Name	Drug Tier	Requirements / Limits
TEXACORT TOPICAL SOLUTION	4	ST
TOPICORT TOPICAL CREAM	4	ST
TOPICORT TOPICAL GEL	4	ST
TOPICORT TOPICAL OINTMENT	4	ST
<i>tovet emollient topical foam</i>	2	ST; QL
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL	4	

Drug Name	Drug Tier	Requirements / Limits
SANTYL TOPICAL OINTMENT	3	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion</i>	2	
ELIMITE TOPICAL CREAM	4	
EURAX TOPICAL CREAM	4	
EURAX TOPICAL LOTION	4	
<i>malathion topical lotion</i>	2	
OVIDE TOPICAL LOTION	4	
<i>permethrin topical cream</i>	2	
<i>spinosad topical suspension</i>	2	
ULESFIA TOPICAL LOTION	4	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	2	
<i>neomycin-polymyxin b gu irrigation solution</i>	2	
SORBITOL IRRIGATION SOLUTION	4	

Drug Name	Drug Tier	Requirements / Limits
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION	4	
<i>tis-u-sol pentalyte irrigation irrigation solution</i>	2	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	2	
<i>acetic acid irrigation solution</i>	2	
AGRYLIN ORAL CAPSULE	4	
<i>anagrelide oral capsule</i>	2	
BUPHENYL ORAL POWDER	5	PA
BUPHENYL ORAL TABLET	5	PA
<i>caffeine citrate oral solution</i>	2	
CARBAGLU ORAL TABLET, DISPERSIBLE	5	PA; MSP
<i>carglumic acid oral tablet, dispersible</i>	5	PA
CARNITOR (SUGAR-FREE) ORAL SOLUTION	4	
CARNITOR ORAL SOLUTION	4	
CARNITOR ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
<i>cevimeline oral capsule</i>	2	
CHEMET ORAL CAPSULE	3	PA
<i>deferasirox oral granules in packet</i>	5	PA; MSP
<i>deferasirox oral tablet</i>	5	PA; MSP
<i>deferasirox oral tablet, dispersible</i>	5	PA; MSP
<i>deferiprone oral tablet</i>	5	PA; MSP
<i>disulfiram oral tablet</i>	2	
<i>droxidopa oral capsule</i>	5	PA; MSP
EMPAVELI SUBCUTANEOUS SOLUTION	5	PA
ENDARI ORAL POWDER IN PACKET	5	PA; MSP
EVOXAC ORAL CAPSULE	4	
FABHALTA ORAL CAPSULE	5	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE	5	PA
FERRIPROX ORAL SOLUTION	5	PA
FERRIPROX ORAL TABLET	5	PA

Drug Name	Drug Tier	Requirements / Limits
GIVLAARI SUBCUTANEOUS SOLUTION	5	PA; MSP
<i>glutamine (sickle cell) oral powder in packet</i>	5	PA; MSP
INCRELEX SUBCUTANEOUS SOLUTION	5	PA; MSP
JOENJA ORAL TABLET	5	PA; QL
<i>levocarnitine (with sugar) oral solution</i>	2	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet</i>	2	
LITFULO ORAL CAPSULE	5	PA; MSP; QL
LITHOSTAT ORAL TABLET	4	
METOPIRONE ORAL CAPSULE	4	
<i>midodrine oral tablet</i>	2	
<i>nitisinone oral capsule</i>	5	PA; MSP
NITYR ORAL TABLET	5	PA; MSP
OLPRUVA ORAL PELLETS IN PACKET	5	PA
ORFADIN ORAL CAPSULE	5	PA
ORFADIN ORAL SUSPENSION	5	PA

Drug Name	Drug Tier	Requirements / Limits
PHEBURANE ORAL GRANULES	5	PA; MSP
<i>pilocarpine hcl oral tablet 5 mg</i>	2	
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; MSP
PYRUKYND ORAL TABLET	5	PA; QL
PYRUKYND ORAL TABLETS,DOSE PACK	5	PA; QL
RADIOGARDASE ORAL CAPSULE	4	
REZDIFFRA ORAL TABLET	5	PA; MSP; QL
RILUTEK ORAL TABLET	4	PA
<i>riluzole oral tablet</i>	2	PA
<i>risedronate oral tablet 30 mg</i>	2	HSA+; QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	4	
<i>sodium chloride 0.9 % injection solution</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	
<i>sodium chloride injection syringe</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride irrigation solution</i>	2	
<i>sodium phenylbutyrate oral powder</i>	2	PA
<i>sodium phenylbutyrate oral tablet</i>	2	PA
SOHONOS ORAL CAPSULE	5	PA; QL
SYPRINE ORAL CAPSULE	4	PA
TAVNEOS ORAL CAPSULE	5	PA; QL
TEGLUTIK ORAL SUSPENSION	5	PA
THIOLA EC ORAL TABLET,DELAYE D RELEASE (DR/EC)	5	PA
TIGLUTIK ORAL SUSPENSION	5	PA
<i>tiopronin oral tablet</i>	5	PA; MSP
<i>tiopronin oral tablet, delayed release (dr/ec)</i>	5	PA
<i>trientine oral capsule 250 mg</i>	2	PA
VOYDEYA ORAL TABLET	5	PA
<i>water for irrigation, sterile irrigation solution</i>	2	
XURIDEN ORAL GRANULES IN PACKET	5	PA

Drug Name	Drug Tier	Requirements / Limits
ZOKINVY ORAL CAPSULE	5	PA; QL
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION, EXTENDED RELEASE	4	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	2	ACA
CHANTIX CONTINUING MONTH BOX ORAL TABLET	4	
CHANTIX ORAL TABLET 1 MG	4	
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK	4	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	3	OTC
NICORETTE BUCCAL GUM 2 MG	3	OTC
<i>nicorette buccal gum 4 mg</i>	2	ACA; OTC
NICORETTE BUCCAL LOZENGE	3	OTC

Drug Name	Drug Tier	Requirements / Limits
NICORETTE BUCCAL MINI LOZENGE	3	OTC
<i>nicotine (polacrilex) buccal gum</i>	2	ACA; OTC
<i>nicotine (polacrilex) buccal lozenge</i>	2	ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge</i>	2	ACA; OTC
<i>nicotine transdermal patch 24 hour</i>	2	ACA; OTC
<i>nicotine transdermal patch, td daily, sequential</i>	2	ACA; OTC
NICOTROL NS NASAL SPRAY, NON-AEROSOL	4	ACA
<i>quit 2 buccal gum</i>	2	ACA; OTC
<i>quit 2 buccal lozenge</i>	2	ACA; OTC
<i>quit 4 buccal gum</i>	2	ACA; OTC
<i>quit 4 buccal lozenge</i>	2	ACA; OTC
<i>stop smoking aid buccal lozenge</i>	2	ACA; OTC
<i>varenicline oral tablet</i>	2	ACA
<i>varenicline oral tablets, dose pack</i>	2	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ARESTIN DENTAL CARTRIDGE	5	

Drug Name	Drug Tier	Requirements / Limits
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	2	QL
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	2	
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	2	
CLINPRO 5000 DENTAL PASTE	4	
<i>denta 5000 plus dental cream</i>	1	
<i>denta 5000 plus sensitive dental paste</i>	2	
<i>dentagel dental gel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	2	
<i>fluoride (sodium) dental paste</i>	2	
<i>fluoride (sodium) dental solution</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE	4	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	4	
FLUORIMAX 5000 DENTAL PASTE	4	

Drug Name	Drug Tier	Requirements / Limits
FLUORIMAX 5000 SENSITIVE DENTAL PASTE	4	
<i>fraiche 5000 dental gel</i>	1	
FRAICHE 5000 PREVI DENTAL GEL	4	
FRAICHE 5000 SENSITIVE DENTAL GEL	4	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	4	
<i>ipratropium bromide nasal spray,non-aerosol</i>	1	QL
JUST RIGHT 5000 DENTAL PASTE	4	
<i>kourzeq dental paste</i>	2	
MUGARD MUCOUS MEMBRANE SOLUTION	5	
<i>olopatadine nasal spray,non-aerosol</i>	2	QL
<i>oralone dental paste</i>	2	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	4	
<i>paroex oral rinse mucous membrane mouthwash</i>	2	

Drug Name	Drug Tier	Requirements / Limits
PERIDEX MUCOUS MEMBRANE MOUTHWASH	4	
<i>perio gard mucous membrane mouthwash</i>	2	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	2	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	4	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	4	
PREVIDENT 5000 PLUS DENTAL CREAM	4	
PREVIDENT 5000 SENSITIVE DENTAL PASTE	4	
PREVIDENT DENTAL GEL	4	
PREVIDENT DENTAL SOLUTION	4	
PREVIDENT KIDS DENTAL PASTE	4	
PROTHELIAL MUCOUS MEMBRANE PASTE	5	

Drug Name	Drug Tier	Requirements / Limits
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	4	
<i>sf 5000 plus dental cream</i>	1	
<i>sf dental gel</i>	1	
<i>sodium fluoride 5000 plus dental cream</i>	2	
<i>sodium fluoride-pot nitrate dental paste</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	2	
<i>ciprofloxacin hcl otic (ear) dropperette</i>	2	
DERMOTIC OIL OTIC (EAR) DROPS	4	
<i>flac otic oil otic (ear) drops</i>	2	
<i>fluocinolone acetonide oil otic (ear) drops</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	2	
<i>ofloxacin otic (ear) drops</i>	2	
OTIC STEROID / ANTIBIOTIC		

Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	2	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	4	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	2	
OTOVEL OTIC (EAR) SOLUTION	4	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL	5	PA; MSP
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR	5	PA; MSP
CORTEF ORAL TABLET	4	
<i>cortisone oral tablet</i>	1	
<i>deflazacort oral suspension</i>	5	PA
<i>deflazacort oral tablet</i>	5	PA; MSP
<i>dexabliss oral tablets,dose pack</i>	1	PA
<i>dexamethasone intensol oral drops</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	1	PA
<i>fludrocortisone oral tablet</i>	1	
<i>hydrocortisone oral tablet</i>	1	
MEDROL (PAK) ORAL TABLETS,DOSE PACK	4	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	4	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablets,dose pack</i>	2	
<i>millipred dp oral tablets,dose pack</i>	2	
<i>millipred oral tablet</i>	2	
ORAPRED ODT ORAL TABLET,DISINTEGRATING	4	
<i>prednisolone oral solution</i>	2	
<i>prednisolone oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	2	
<i>prednisone intensol oral concentrate</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablets, dose pack</i>	1	
RAYOS ORAL TABLET, DELAYED RELEASE (DR/EC)	4	PA
TAPERDEX ORAL TABLETS, DOSE PACK	4	PA
TARPEYO ORAL CAPSULE, DELAYED RELEASE (DR/EC)	5	PA; QL
XIPERE (PF) SUPRACHOROIDAL SUSPENSION	5	MSP

Drug Name	Drug Tier	Requirements / Limits
ZCORT ORAL TABLETS, DOSE PACK	4	PA
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution</i>	2	
<i>propylthiouracil oral tablet</i>	2	
SSKI ORAL SOLUTION	4	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
FREESTYLE INSULINX STRIP	3	CISP-1; HSA+; OTC
FREESTYLE INSULINX TEST STRIPS STRIP	3	CISP-1; HSA+; OTC
FREESTYLE LITE STRIPS STRIP	3	CISP-1; HSA+; OTC
FREESTYLE PRECISION NEO STRIPS STRIP	3	CISP-1; OTC
FREESTYLE TEST STRIP	3	CISP-1; HSA+; OTC
ONETOUCH ULTRA TEST STRIP	3	CISP-1; HSA+; OTC
ONETOUCH VERIO TEST STRIPS STRIP	3	CISP-1; HSA+; OTC
PRECISION XTRA TEST STRIP	3	OTC

Drug Name	Drug Tier	Requirements / Limits
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER	3	
AEROCHAMBER MECHANICAL VENT SPACER	3	
AEROCHAMBER MINI SPACER	3	CISP-1; HSA+
AEROCHAMBER PLUS FLOW-VU SPACER	3	CISP-1; HSA+
AEROCHAMBER PLUS Z STAT SPACER	3	CISP-1; HSA+
AEROTRACH PLUS SPACER	3	CISP-1; HSA+
AEROVENT PLUS SPACER	3	
BREATHERITE MDI SPACER SPACER	3	
COMPACT SPACE CHAMBER SPACER	3	
EASIVENT HOLDING CHAMBER SPACER	3	CISP-1; HSA+
FLEXICHAMBER SPACER	3	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	4	

Drug Name	Drug Tier	Requirements / Limits
LITEAIRE MDI CHAMBER SPACER	3	CISP-1; HSA+
MICROCHAMBER SPACER	3	CISP-1; HSA+
MICROSPACER SPACER	3	
OPTICHAMBER DIAMOND VHC SPACER	3	CISP-1; HSA+
POCKET CHAMBER SPACER	3	
PRIMEAIRE SPACER	3	
PROCHAMBER SPACER	3	
RITFLO AEROCHAMBER SPACER	3	CISP-1; HSA+
SPACE CHAMBER SPACER	3	
VORTEX HOLDING CHAMBER SPACER	3	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL	3	QL
<i>diazoxide oral suspension</i>	2	
<i>glucagon emergency kit (human) injection recon soln</i>	2	CISP; HSA+; QL

Drug Name	Drug Tier	Requirements / Limits
GVOKE HYOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	3	QL
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL
GVOKE SUBCUTANEOUS SOLUTION	3	QL
PROGLYCEM ORAL SUSPENSION	4	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	4	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	4	OTC
ACCUTREND GLUCOSE CONTROL SOLUTION	4	OTC
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION	4	OTC
AGAMATRIX CONTROL HIGH SOLUTION	4	OTC

Drug Name	Drug Tier	Requirements / Limits
ASSURE 4 CONTROL SOLUTION COMBO PACK	4	OTC
ASSURE DOSE NORMAL CONTROL SOLUTION	4	OTC
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	4	OTC
AT HOME A1C DEVICE	4	OTC
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	3	OTC
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	3	OTC
BD INTEGRA NEEDLE NEEDLE	3	CISP-1; HSA+
BD MICROTAINER LANCET 30 GAUGE	3	CISP-1; HSA+; OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	3	CISP-1; HSA+
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE	3	CISP-1; HSA+; OTC
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	4	OTC

Drug Name	Drug Tier	Requirements / Limits
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	4	OTC
CARESENS CONTROL A AND B SOLUTION	4	OTC
CARETOUCH CONTROL SOLN L2-L3 SOLUTION	4	OTC
CEQR SIMPLICITY DEVICE	3	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	4	OTC
CONTOUR CONTROL SOLUTION, NML SOLUTION	4	OTC
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	4	OTC
DEXCOM G6 RECEIVER	3	ST; HSA+; QL
DEXCOM G6 SENSOR DEVICE	3	ST; HSA+; QL
DEXCOM G6 TRANSMITTER DEVICE	3	ST; HSA+; QL
DEXCOM G7 RECEIVER	3	ST; HSA+; QL
DEXCOM G7 SENSOR DEVICE	3	ST; HSA+; QL

Drug Name	Drug Tier	Requirements / Limits
DIATRUE CONTROL SOLN NORMAL SOLUTION	4	OTC
EASY PLUS II HIGH CONTROL SOLUTION	4	OTC
EASY STEP HIGH CONTROL SOLN SOLUTION	4	OTC
EASY TALK HIGH CONTROL SOLUTION	4	OTC
EASY TALK PLUS II LOW CONTROL SOLUTION	4	OTC
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION	4	OTC
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	4	OTC
EASY TRAK LOW CONTROL SOLUTION	4	OTC
EASYMAX 15 LEVEL 2 SOLUTION	4	OTC
EASYMAX NORMAL CONTROL SOLUTION	4	OTC
ELEMENT COMPACT NORMAL CONTROL SOLUTION	4	OTC

Drug Name	Drug Tier	Requirements / Limits
ELEMENT NORMAL CONTROL SOLUTION	4	OTC
EMBRACE EVO LEVEL 1 SOLUTION	4	OTC
EMBRACE GLUCOSE CONTROL LOW SOLUTION	4	OTC
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	4	OTC
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE	4	ST
EVERSENSE E3 SMART TRANSMITTER DEVICE	4	ST; QL
EVOLUTION NORMAL CONTROL SOLUTION	4	OTC
FORA 6 CONNECT MULTIFUNCTN MTR DEVICE	4	OTC
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	4	OTC
FORA KETONE CONTROL SOLN-L1 SOLUTION	4	OTC

Drug Name	Drug Tier	Requirements / Limits
FORA NORMAL CONTROL SOLUTION	4	OTC
FORA TN'G ADV MOBILE MULTI MTR DEVICE	4	OTC
FORA TN'G ADVANCE MULTI-FN MTR DEVICE	4	OTC
FORA TN'G ADVANCE PRO MONITOR DEVICE	4	OTC
FORACARE GDH LOW CONTROL SOLUTION	4	OTC
FREESTYLE CONTROL SOLUTION	3	CISP-1; HSA+; OTC
FREESTYLE FREEDOM KIT	3	CISP-1; HSA+; OTC
FREESTYLE FREEDOM LITE KIT	3	CISP-1; HSA+; OTC
FREESTYLE INSULINX	3	OTC
FREESTYLE LIBRE 14 DAY READER	3	ST; CISP-1; HSA+
FREESTYLE LIBRE 14 DAY SENSOR KIT	3	ST; CISP-1; HSA+; QL
FREESTYLE LIBRE 2 READER	3	ST; CISP-1; HSA+
FREESTYLE LIBRE 2 SENSOR KIT	3	ST; CISP-1; HSA+; QL

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	3	ST; QL
FREESTYLE LIBRE 3 READER	3	ST; CISP-1; HSA+; QL
FREESTYLE LIBRE 3 SENSOR DEVICE	3	ST; CISP-1; HSA+; QL
FREESTYLE LITE METER KIT	3	CISP-1; HSA+; OTC
GE100 CONTROL SOLUTION NORMAL SOLUTION	4	OTC
GENTEEL VACUUM LANCING DEVICE COMBO PACK	4	OTC
GLUCOCARD 01 NORMAL CONTROL SOLUTION	4	OTC
GLUCOCOM CONTROL NORMAL SOLUTION	4	OTC
GLUCOSE CONTROL SOLUTION	4	OTC
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	4	OTC
GOJJI KETONE CONTROL SOLN-L1 SOLUTION	4	OTC

Drug Name	Drug Tier	Requirements / Limits
GOJJI MULTI-FUNCTIONAL METER KIT	4	OTC
GUARDIAN 4 GLUCOSE SENSOR DEVICE	4	ST; QL
GUARDIAN 4 TRANSMITTER DEVICE	4	ST; QL
GUARDIAN CONNECT TRANSMITTER DEVICE	4	ST; QL
GUARDIAN LINK 3 TRANSMITTER DEVICE	4	ST; QL
GUARDIAN SENSOR 3 DEVICE	4	ST; QL
HEALTHPRO HIGH-LOW CONTROL SOLUTION	4	OTC
INFINITY CONTROL SOLUTION NORM SOLUTION	4	OTC
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	4	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	4	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	4	

Drug Name	Drug Tier	Requirements / Limits
LANCETS 33 GAUGE	3	CISP-1; HSA+; OTC
LANCING DEVICE	3	CISP-1; HSA+; OTC
MEDISENSE COMBO PACK	3	OTC
MEDISENSE GLUCOSE KETONE COMBO PACK	3	OTC
MYGLUCOHEALTH CONTROL SOLUTION	4	OTC
NOVA MAX PLUS GLUC-KETON METER DEVICE	4	OTC
NOVA MAX PLUS GLUC-KETON METER KIT	4	OTC
NOVAMAX PLUS GLU-KET SOLUTION	4	OTC
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	4	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	QL

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	QL
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL
ON CALL EXPRESS CONTROL SOLUTION	4	OTC
ONETOUCH ULTRA CONTROL SOLUTION	3	CISP-1; HSA+; OTC
ONETOUCH ULTRA2 METER	3	CISP-1; HSA+; OTC

Drug Name	Drug Tier	Requirements / Limits
ONETOUCH VERIO FLEX METER	3	CISP-1; HSA+; OTC
ONETOUCH VERIO MID CONTROL SOLUTION	3	CISP-1; HSA+; OTC
ONETOUCH VERIO REFLECT METER	3	CISP-1; HSA+; OTC
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION	4	OTC
PRECISION XTRA KETONE-GLUCOSE KIT	3	OTC
PRECISION XTRA MONITOR	3	OTC
PRODIGY CONTROL SOLUTION, LOW SOLUTION	4	OTC
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	4	OTC
REFUAH PLUS GLUCOSE CONTROL SOLUTION	4	OTC
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	4	OTC
SMARTEST CONTROL SOLUTION	4	OTC

Drug Name	Drug Tier	Requirements / Limits
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	4	OTC
TELCARE CONTROL SOLUTION	4	OTC
TRUE METRIX LEVEL 1 SOLUTION	4	OTC
TWIIST STARTER KIT KIT	3	
ULTIMA MONITOR	2	OTC
UNISTRIP LOW CONTROL SOLUTION	4	OTC
V-GO 20 DEVICE	3	
V-GO 30 DEVICE	3	
V-GO 40 DEVICE	3	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	4	OTC
WAVESENSE CONTROL SOLUTION SOLUTION	4	OTC
INSULIN THERAPY		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	INS; HSA+

Drug Name	Drug Tier	Requirements / Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	3	INS; HSA+
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	3	ST; INS; HSA+
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	INS; HSA+
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	INS; HSA+
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+

Drug Name	Drug Tier	Requirements / Limits
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	INS; HSA+
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	3	INS; HSA+
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	3	INS; HSA+
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE	4	ST; INS
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN	4	ST; INS
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION	4	ST; INS
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN	3	INS

Drug Name	Drug Tier	Requirements / Limits
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	3	INS
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	INS; HSA+
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	INS; HSA+
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	4	INS; HSA+
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	3	ST; INS

Drug Name	Drug Tier	Requirements / Limits
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	3	INS; HSA+
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	3	INS; HSA+
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	3	INS; HSA+; QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	3	INS; HSA+

Drug Name	Drug Tier	Requirements / Limits
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	3	INS; HSA+
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	4	INS; QL
MISCELLANEOUS HORMONES		
<i>cabergoline oral tablet</i>	2	QL
<i>calcitonin (salmon) injection solution</i>	2	
<i>calcitonin (salmon) nasal spray,non- aerosol</i>	2	
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule</i>	2	
<i>calcitriol oral solution</i>	2	
CERDELGA ORAL CAPSULE	5	PA; MSP; QL
<i>cetorelix subcutaneous kit</i>	5	
CETROTIDE SUBCUTANEOUS KIT	5	
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>cinacalcet oral tablet</i>	2	ST
<i>clomid oral tablet</i>	2	
<i>clomiphene citrate oral tablet</i>	2	
CRYSVITA SUBCUTANEOUS SOLUTION	5	PA; MSP; QL
<i>danazol oral capsule</i>	2	
DDAVP ORAL TABLET	4	
DEPO- TESTOSTERONE INTRAMUSCULA R OIL	4	
<i>desmopressin injection solution</i>	5	MSP
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
DESMOPRESSIN NASAL SPRAY,NON- AEROSOL 150 MCG/SPRAY (0.1 ML)	3	
<i>desmopressin oral tablet</i>	2	
<i>doxercalciferol oral capsule</i>	2	ST
<i>fyremadel subcutaneous syringe</i>	5	
GALAFOLD ORAL CAPSULE	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>ganirelix subcutaneous syringe</i>	5	ST
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR	5	ST
GONAL-F RFF SUBCUTANEOUS RECON SOLN	5	ST
GONAL-F SUBCUTANEOUS RECON SOLN	5	ST
JATENZO ORAL CAPSULE	4	QL
<i>javygtor oral powder in packet</i>	5	PA; MSP
<i>javygtor oral tablet, soluble</i>	5	PA; MSP
JYNARQUE ORAL TABLET	5	PA; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; QL
MENOPUR SUBCUTANEOUS RECON SOLN	5	
METHITEST ORAL TABLET	3	
<i>methyltestosterone oral capsule</i>	2	
MIACALCIN INJECTION SOLUTION	4	
<i>mifepristone oral tablet 300 mg</i>	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
<i>miglustat oral capsule</i>	5	PA; MSP; QL
MYALEPT SUBCUTANEOUS RECON SOLN	5	PA; MSP
NOC DURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING	4	PA; QL
NOC DURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING	4	PA; QL
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	5	QL
OPFOLDA ORAL CAPSULE	5	PA; MSP; QL
ORILISSA ORAL TABLET	3	ST; QL
OVIDREL SUBCUTANEOUS SYRINGE	5	
PALYNZIQ SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>paricalcitol intravenous solution</i>	2	
<i>paricalcitol oral capsule</i>	2	ST
PREGNYL INTRAMUSCULAR RECON SOLN	5	ST; QL

Drug Name	Drug Tier	Requirements / Limits
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	ST
ROCALTROL ORAL SOLUTION	4	ST
<i>sapropterin oral powder in packet</i>	5	PA; MSP
<i>sapropterin oral tablet,soluble</i>	5	PA; MSP
SOMAVERT SUBCUTANEOUS RECON SOLN	5	PA; MSP
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA
SYNAREL NASAL SPRAY,NON-AEROSOL	3	PA
TESTOPEL IMPLANT PELLETT	5	
<i>testosterone cypionate intramuscular oil</i>	2	
<i>testosterone enanthate intramuscular oil</i>	2	
TESTOSTERONE IMPLANT PELLETT 100 MG, 200 MG, 50 MG	4	
<i>testosterone transdermal gel</i>	2	QL
<i>testosterone transdermal gel in metered-dose pump</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal gel in packet</i>	2	QL
<i>testosterone transdermal solution in metered pump w/app</i>	2	QL
<i>tolvaptan oral tablet</i>	5	PA; MSP; QL
VOGELXO TRANSDERMAL GEL	4	QL
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	4	QL
VOGELXO TRANSDERMAL GEL IN PACKET	4	QL
VOXZOGO SUBCUTANEOUS RECON SOLN	5	PA; MSP
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	3	QL
YORVIPATH SUBCUTANEOUS PEN INJECTOR	5	PA
ZEMPLAR INTRAVENOUS SOLUTION	4	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	ST
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet</i>	1	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
ACTOPLUS MET ORAL TABLET 15-850 MG	4	ST; QL
ACTOS ORAL TABLET	4	ST; QL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	3	ST; CISP; HSA+; QL
BYETTA SUBCUTANEOUS PEN INJECTOR	3	ST; CISP; HSA+; QL
CYCLOSET ORAL TABLET	4	
DUETACT ORAL TABLET	4	ST; QL
FARXIGA ORAL TABLET	3	ST; CISP; HSA+; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	CISP; HSA+
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	CISP; HSA+
<i>glipizide oral tablet extended release 24hr</i>	1	CISP; HSA+
<i>glipizide-metformin oral tablet</i>	1	CISP; HSA+
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR	4	
<i>glyburide micronized oral tablet</i>	1	CISP; HSA+
<i>glyburide oral tablet</i>	1	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>glyburide-metformin oral tablet</i>	1	CISP; HSA+
GLYXAMBI ORAL TABLET	3	ST; CISP; HSA+; QL
JANUMET ORAL TABLET	3	ST; CISP; HSA+; QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	3	ST; CISP; HSA+; QL
JANUVIA ORAL TABLET	3	ST; CISP; HSA+; QL
JARDIANCE ORAL TABLET	3	ST; CISP; HSA+; QL
<i>metformin oral solution</i>	2	ST; HSA+
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	CISP; HSA+
<i>metformin oral tablet extended release 24 hr</i>	1	CISP; HSA+; QL
<i>metformin oral tablet osmotic extended release 24hr</i>	2	PA; QL
<i>metformin oral tablet,er gast.retention 24 hr</i>	2	PA; QL
<i>migliitol oral tablet</i>	2	CISP; HSA+
MOUNJARO SUBCUTANEOUS PEN INJECTOR	3	ST; CISP; HSA+; QL
<i>nateglinide oral tablet</i>	2	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	4	ST; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	ST; CISP; HSA+; QL
<i>pioglitazone oral tablet</i>	1	CISP; HSA+; QL
<i>pioglitazone-glimepiride oral tablet</i>	2	CISP; HSA+; QL
<i>pioglitazone-metformin oral tablet</i>	2	CISP; HSA+; QL
PRECOSE ORAL TABLET	4	
<i>repaglinide oral tablet</i>	2	CISP; HSA+
RIOMET ORAL SOLUTION	4	ST
RYBELSUS ORAL TABLET	3	ST; CISP; HSA+; QL
<i>saxagliptin oral tablet</i>	2	ST; CISP; HSA+; QL
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr</i>	2	ST; CISP; HSA+; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	3	ST; QL
SYNJARDY ORAL TABLET	3	ST; CISP; HSA+; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; CISP; HSA+; QL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR	3	ST; CISP; HSA+; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; CISP; HSA+; QL
THYROID HORMONES		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
ARMOUR THYROID ORAL TABLET	3	
ERMEZA ORAL SOLUTION	4	ST
<i>euthyrox oral tablet</i>	2	
<i>levo-t oral tablet</i>	2	
<i>levothyroxine oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>levoxyl oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
<i>liothyronine oral tablet</i>	1	
<i>niva thyroid oral tablet</i>	1	
<i>np thyroid oral tablet</i>	1	
<i>thyroid (pork) oral tablet</i>	1	
<i>unithroid oral tablet</i>	2	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz oral tablet, disintegrating</i>	1	
<i>belladonna alkaloids-opium rectal suppository</i> 16.2-30 mg	1	
<i>belladonna alkaloids-opium rectal suppository</i> 16.2-60 mg	2	
<i>chlordiazepoxide-clidinium oral capsule</i>	1	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	2	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	4	
DONNATAL ORAL TABLET	4	
<i>ed-spaz oral tablet, disintegrating</i>	1	
GLYCATE ORAL TABLET	4	
<i>glycopyrrolate oral solution</i>	2	
<i>glycopyrrolate oral tablet</i>	2	
<i>hyoscyamine sulfate oral drops</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	2	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	2	
<i>hyoscyamine sulfate oral tablet, disintegrating</i>	2	
<i>hyoscyamine sulfate sublingual tablet</i>	2	
<i>hyosyne oral drops</i>	1	
<i>hyosyne oral elixir</i>	2	

Drug Name	Drug Tier	Requirements / Limits
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR	4	
LEVSIN ORAL TABLET	4	
LEVSIN/SL SUBLINGUAL TABLET	4	
LOMOTIL ORAL TABLET	4	
<i>loperamide oral capsule</i>	2	
<i>methscopolamine oral tablet</i>	2	
MOTOFEN ORAL TABLET	4	
NULEV ORAL TABLET,DISINTEGRATING	4	
<i>opium tincture oral tincture</i>	2	
<i>oscimin oral tablet</i>	1	
<i>oscimin sl sublingual tablet</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir</i>	2	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	2	
<i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	2	
<i>phenohydro oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
ROBINUL FORTE ORAL TABLET	4	
ROBINUL ORAL TABLET	4	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE	4	
<i>symax fastabs oral tablet,disintegrating</i>	1	
<i>symax-sl sublingual tablet</i>	1	
<i>symax-sr oral tablet extended release 12 hr</i>	1	
MISCELLANEOUS AGENTS		
AURYXIA ORAL TABLET	4	
<i>lanthanum oral tablet,chewable</i>	2	QL
LOKELMA ORAL POWDER IN PACKET	3	QL
RENVELA ORAL POWDER IN PACKET	4	QL
RENVELA ORAL TABLET	4	QL
<i>sevelamer carbonate oral powder in packet</i>	1	QL
<i>sevelamer carbonate oral tablet</i>	2	QL
<i>sevelamer hcl oral tablet</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension</i>	1	
<i>sps (with sorbitol) rectal enema</i>	1	
VELPHORO ORAL TABLET,CHEWABLE	3	QL
VELTASSA ORAL POWDER IN PACKET	3	QL
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet</i>	2	
<i>alvimopan oral capsule</i>	2	
ANA-LEX KIT RECTAL KIT	4	
ANALPRAM-HC RECTAL CREAM 1-1 %	4	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	4	ST
<i>anucort-hc rectal suppository</i>	2	
<i>aprepitant oral capsule</i>	2	QL
<i>aprepitant oral capsule,dose pack</i>	2	QL
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	4	ST

Drug Name	Drug Tier	Requirements / Limits
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC)	4	ST
AZULFIDINE ORAL TABLET	4	ST
<i>balsalazide oral capsule</i>	2	
<i>betaine oral powder</i>	5	PA
<i>budesonide oral capsule,delayed,extended.release</i>	2	
<i>budesonide oral tablet,delayed and ext.release</i>	2	DAW-9
<i>budesonide rectal foam</i>	2	
BYLVAY ORAL CAPSULE	5	PA; MSP; QL
BYLVAY ORAL PELLET	5	PA; MSP; QL
CHENODAL ORAL TABLET	5	PA
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL
<i>citrate of magnesia oral solution</i>	1	ACA; OTC
<i>citroma oral solution</i>	1	ACA; OTC
<i>clearlax oral powder</i>	1	ACA; OTC
COLAZAL ORAL CAPSULE	4	ST

Drug Name	Drug Tier	Requirements / Limits
COMPAZINE ORAL TABLET	4	
COMPAZINE RECTAL SUPPOSITORY	4	
<i>compro rectal suppository</i>	2	
<i>constulose oral solution</i>	1	
CORTENEMA RECTAL ENEMA	4	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	
<i>cromolyn oral concentrate</i>	2	HSA+
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	4	QL
DIPENTUM ORAL CAPSULE	4	ST
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec)</i>	2	QL
<i>dronabinol oral capsule</i>	2	PA
<i>dulcolax (magnesium hydroxide) oral suspension</i>	1	ACA; OTC
<i>enulose oral solution</i>	2	
GASTROCROM ORAL CONCENTRATE	4	

Drug Name	Drug Tier	Requirements / Limits
GATTEX 30-VIAL SUBCUTANEOUS KIT	5	PA; MSP
<i>gavilax oral powder</i>	1	ACA; OTC
<i>gavilyte-c oral recon soln</i>	1	ACA
<i>gavilyte-g oral recon soln</i>	1	ACA
<i>gavilyte-n oral recon soln</i>	1	ACA
<i>generlac oral solution</i>	1	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
<i>gentle laxative (mag hydrox) oral suspension</i>	1	ACA; OTC
<i>gentlelax oral powder</i>	1	ACA; OTC
GOLYTELY ORAL RECON SOLN	4	
<i>granisetron hcl oral tablet</i>	2	QL
<i>hemmorex-hc rectal suppository</i>	2	
<i>hydrocortisone acetate rectal suppository</i>	2	
<i>hydrocortisone rectal enema</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	2	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	2	ST
KRISTALOSE ORAL PACKET	4	
<i>lactulose oral packet</i>	1	PA
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxative (bisacodyl) oral tablet</i>	1	OTC
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
<i>laxative peg 3350 oral powder</i>	1	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	2	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	4	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	2	
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	2	
<i>lidocaine-hydrocortisone-aloe rectal kit</i>	2	
LINZESS ORAL CAPSULE	3	QL

Drug Name	Drug Tier	Requirements / Limits
LIVMARLI ORAL SOLUTION	5	PA
<i>lubiprostone oral capsule</i>	2	QL
<i>magnesium citrate oral solution</i>	1	ACA; OTC
MARINOL ORAL CAPSULE	4	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets)</i>	2	
<i>mesalamine oral capsule, extended release</i>	2	DAW-9
<i>mesalamine oral capsule, extended release 24hr</i>	2	DAW-9
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	2	
<i>mesalamine rectal enema</i>	2	
<i>mesalamine rectal suppository</i>	2	
<i>mesalamine with cleansing wipe rectal enema kit</i>	2	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia concentrated oral suspension</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>milk of magnesia oral suspension</i>	1	ACA; OTC
MOVANTIK ORAL TABLET	3	QL
<i>natura-lax oral powder</i>	1	ACA; OTC
<i>nitroglycerin rectal ointment</i>	2	
OICALIVA ORAL TABLET	5	PA; MSP; QL
OMVOH PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
OMVOH SUBCUTANEOUS SYRINGE	5	PA; MSP
<i>ondansetron hcl oral solution</i>	2	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	QL
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	QL
<i>onelax magnesium citrate oral solution</i>	1	ACA; OTC
<i>oral saline laxative oral liquid</i>	1	ACA; OTC
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT	3	
<i>peg 3350-electrolytes oral recon soln</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	2	ACA
<i>peg-electrolyte soln oral recon soln</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	
<i>phosphate laxative oral liquid</i>	1	ACA; OTC
<i>polyethylene glycol 3350 oral powder</i>	2	ACA; OTC
<i>powderlax oral powder</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>prochlorperazine maleate oral tablet</i>	1	HSA+
<i>prochlorperazine rectal suppository</i>	2	HSA+
PROCORT RECTAL CREAM	4	
PROCTOCORT RECTAL SUPPOSITORY	4	ST
<i>procto-med hc topical cream with perineal applicator</i>	2	
<i>proctosol hc topical cream with perineal applicator</i>	2	
<i>proctozone-hc topical cream with perineal applicator</i>	2	
<i>purelax oral powder</i>	1	ACA; OTC
REBYOTA RECTAL ENEMA	5	MSP
RECTIV RECTAL OINTMENT	3	
REGLAN ORAL TABLET	4	
RELISTOR SUBCUTANEOUS SOLUTION	3	ST
RELISTOR SUBCUTANEOUS SYRINGE	3	ST
ROWASA RECTAL ENEMA KIT	4	
SANCUSO TRANSDERMAL PATCH WEEKLY	4	QL

Drug Name	Drug Tier	Requirements / Limits
<i>scopolamine base transdermal patch 3 day</i>	2	
SFROWASA RECTAL ENEMA	4	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	5	PA; MSP; QL
<i>smoothlax oral powder</i>	1	ACA; OTC
<i>sodium,potassium,mag sulfates oral recon soln</i>	2	HSA+; ACA
SUCRAID ORAL SOLUTION	5	PA
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	2	
SYMPROIC ORAL TABLET	3	
SYNDROS ORAL SOLUTION	4	PA
<i>trimethobenzamide oral capsule</i>	2	
TRULANCE ORAL TABLET	3	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE	4	
UCERIS RECTAL FOAM	4	

Drug Name	Drug Tier	Requirements / Limits
URSO FORTE ORAL TABLET	4	
<i>ursodiol oral capsule</i>	2	
<i>ursodiol oral tablet</i>	2	
VARUBI ORAL TABLET	3	QL
VIBERZI ORAL TABLET	3	
VIOKACE ORAL TABLET	3	
VOWST ORAL CAPSULE	5	
<i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT, 60,000-189,600-252,600 UNIT	3	

Drug Name	Drug Tier	Requirements / Limits
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MSP; QL
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT	5	PA; MSP; QL
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack</i>	2	QL
<i>bismuth subcit k-metronidz-tcn oral capsule</i>	2	
<i>cimetidine hcl oral solution</i>	2	
<i>cimetidine oral tablet</i>	2	
CYTOTEC ORAL TABLET	4	
<i>dexlansoprazole oral capsule, biphase delayed releas 30 mg</i>	2	ST; QL
<i>dexlansoprazole oral capsule, biphase delayed releas 60 mg</i>	2	ST
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	2	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	2	ST
<i>famotidine oral suspension for reconstitution</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	2	QL
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	2	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	2	ST; QL
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	2	ST
<i>misoprostol oral tablet</i>	1	
<i>nizatidine oral capsule</i>	2	
OMECLAMOX-PAK ORAL COMBO PACK	4	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	2	PA; QL
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	2	PA
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	2	PA; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	2	PA
<i>pantoprazole oral granules dr for susp in packet</i>	2	ST
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET	4	
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	2	
<i>sucralfate oral suspension</i>	2	
<i>sucralfate oral tablet</i>	2	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE	3	QL

Drug Name	Drug Tier	Requirements / Limits
VOQUEZNA DUAL PAK ORAL COMBO PACK	4	
VOQUEZNA ORAL TABLET	4	ST
VOQUEZNA TRIPLE PAK ORAL COMBO PACK	4	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

<i>ribavirin oral capsule</i>	5	ST; MSP
<i>ribavirin oral tablet 200 mg</i>	5	ST; MSP

BIOTECHNOLOGY DRUGS

ARCALYST SUBCUTANEOUS RECON SOLN	5	PA; QL
FULPHILA SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MSP
LEUKINE INJECTION RECON SOLN	5	PA; MSP
MOZOBIL SUBCUTANEOUS SOLUTION	5	MSP
NIVESTYM INJECTION SOLUTION	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
NIVESTYM SUBCUTANEOUS SYRINGE	5	PA; MSP
<i>plerixafor subcutaneous solution</i>	5	MSP
PROCRIPT INJECTION SOLUTION	5	PA; MSP
PROLEUKIN INTRAVENOUS RECON SOLN	5	PA; MSP
RETACRIT INJECTION SOLUTION	5	PA; MSP
XOLREMDI ORAL CAPSULE	5	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE	5	PA; MSP; QL

GROWTH HORMONES

EGRIFTA SV SUBCUTANEOUS RECON SOLN	5	PA; MSP
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE	5	PA; MSP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	5	PA; MSP
NGENLA SUBCUTANEOUS PEN INJECTOR	5	PA; MSP
OMNITROPE SUBCUTANEOUS CARTRIDGE	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
OMNITROPE SUBCUTANEOUS RECON SOLN	5	PA; MSP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; MSP
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA; MSP
ALFERON N INJECTION SOLUTION	3	
PEGASYS SUBCUTANEOUS SOLUTION	5	MSP; QL
PEGASYS SUBCUTANEOUS SYRINGE	5	MSP; QL
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MSP; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MSP; QL
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC)	5	PA; MSP; QL
BETASERON SUBCUTANEOUS KIT	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i>	2	PA; MSP; QL
<i> fingolimod oral capsule</i>	5	PA; MSP; QL
<i>glatiramer subcutaneous syringe</i>	5	PA; MSP; QL
<i>glatopa subcutaneous syringe</i>	5	PA; MSP; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAYZENT ORAL TABLET	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK	5	PA; MSP; QL
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	5	PA; MSP; QL
PLEGRIDY INTRAMUSCULAR SYRINGE	5	PA; MSP; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
PLEGRIDY SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK	5	PA; MSP; QL
PONVORY ORAL TABLET	5	PA; MSP; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>teriflunomide oral tablet</i>	5	PA; MSP; QL
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	5	PA; MSP; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN	3	ACA
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN	3	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	3	ACA
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	3	ACA

Drug Name	Drug Tier	Requirements / Limits
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION	3	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	ACA
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION	4	
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE	3	ACA
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
BEXSERO INTRAMUSCULAR SYRINGE	3	ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	ACA
CAPVAXIVE INTRAMUSCULAR SYRINGE	3	ACA

Drug Name	Drug Tier	Requirements / Limits
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE	3	ACA
CUVITRU SUBCUTANEOUS SOLUTION	5	PA; MSP
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	ACA
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	ACA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	3	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	ACA
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION	3	
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE	3	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION	3	ACA
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE	3	ACA
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE	3	ACA
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION	3	ACA

Drug Name	Drug Tier	Requirements / Limits
GAMMAGARD LIQUID INJECTION SOLUTION	5	PA; MSP
GAMUNEX-C INJECTION SOLUTION	5	PA; MSP
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	3	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	3	ACA
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	ACA
HEPAGAM B INJECTION SOLUTION	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	3	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	ACA
HIZENTRA SUBCUTANEOUS SOLUTION	5	PA; MSP
HIZENTRA SUBCUTANEOUS SYRINGE	5	PA; MSP
HYPERHEP B INTRAMUSCULAR SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	3	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION	3	
HYQVIA SUBCUTANEOUS SOLUTION	5	PA; MSP
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	ACA
IPOL INJECTION SUSPENSION	3	ACA
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE	3	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION	3	
KEDRAB (PF) INTRAMUSCULAR SOLUTION	4	

Drug Name	Drug Tier	Requirements / Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	3	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	3	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	3	ACA
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE	3	ACA
MRESVIA (PF) INTRAMUSCULAR SYRINGE	3	ACA
MYOBLOC INTRAMUSCULAR SOLUTION	5	PA; MSP
NABI-HB INTRAMUSCULAR SOLUTION	4	
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE	3	ACA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	ACA

Drug Name	Drug Tier	Requirements / Limits
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT	3	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	ACA
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION	3	ACA
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION	3	ACA
PNEUMOVAX-23 INJECTION SYRINGE	3	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	3	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	ACA

Drug Name	Drug Tier	Requirements / Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	3	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	3	ACA
ROTARIX ORAL SUSPENSION	3	ACA
ROTATEQ VACCINE ORAL SOLUTION	3	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	ACA
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE	3	ACA

Drug Name	Drug Tier	Requirements / Limits
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N	3	
TDVAX INTRAMUSCULA R SUSPENSION	3	ACA
TENIVAC (PF) INTRAMUSCULA R SUSPENSION	3	ACA
TENIVAC (PF) INTRAMUSCULA R SYRINGE	3	ACA
TICOVAC INTRAMUSCULA R SYRINGE	3	
TRUMENBA INTRAMUSCULA R SYRINGE	3	ACA
TWINRIX (PF) INTRAMUSCULA R SYRINGE	3	ACA
TYPHIM VI INTRAMUSCULA R SOLUTION	3	
TYPHIM VI INTRAMUSCULA R SYRINGE	3	
VAQTA (PF) INTRAMUSCULA R SUSPENSION	3	ACA
VAQTA (PF) INTRAMUSCULA R SYRINGE	3	ACA

Drug Name	Drug Tier	Requirements / Limits
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N	3	ACA
VARIZIG INTRAMUSCULA R SOLUTION	3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTIO N	3	
VAXELIS (PF) INTRAMUSCULA R SUSPENSION	3	ACA
VAXELIS (PF) INTRAMUSCULA R SYRINGE	3	ACA
VAXNEUVANCE (PF) INTRAMUSCULA R SYRINGE	3	ACA
VIVOTIF ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	3	
XEMBIFY SUBCUTANEOUS SOLUTION	5	PA; MSP
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N	3	

IMMUNOLOGY

INTERLEUKINS

Drug Name	Drug Tier	Requirements / Limits
<i>imiquimod topical cream in metered-dose pump</i>	2	
<i>imiquimod topical cream in packet</i>	2	

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet</i>	1	
<i>colchicine oral capsule</i>	2	ST
<i>colchicine oral tablet</i>	2	
<i>febuxostat oral tablet</i>	2	ST
GLOPERBA ORAL SOLUTION	4	
MITIGARE ORAL CAPSULE	3	ST
<i>probenecid oral tablet</i>	2	
<i>probenecid-colchicine oral tablet</i>	2	
ZYLOPRIM ORAL TABLET 100 MG	4	

OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG, 35 MG	4	PA; QL
<i>alendronate oral solution</i>	2	HSA+; QL

Drug Name	Drug Tier	Requirements / Limits
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	HSA+; QL
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC)	4	PA; QL
BINOSTO ORAL TABLET, EFFERVESCENT	4	PA; QL
EVISTA ORAL TABLET	4	
FOSAMAX ORAL TABLET 70 MG	4	PA; QL
FOSAMAX PLUS D ORAL TABLET	4	PA; QL
<i>ibandronate oral tablet</i>	2	HSA+; QL
<i>raloxifene oral tablet</i>	2	HSA+
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	2	HSA+; QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	HSA+; QL
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	5	PA; MSP; QL
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
ACTEMRA SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
ADALIMUMAB- ADAZ SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
ADALIMUMAB- ADAZ SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
ADALIMUMAB- ADBM SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MSP; QL
ADALIMUMAB- ADBM SUBCUTANEOUS SYRINGE KIT	5	PA; MSP; QL
ADALIMUMAB- ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MSP; QL
ADALIMUMAB- ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB- RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT	5	PA; QL
ADALIMUMAB- RYVK SUBCUTANEOUS SYRINGE KIT	5	PA; QL
ARAVAL ORAL TABLET	4	QL
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
BENLYSTA SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MSP; QL
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MSP; QL
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MSP; QL
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT	5	PA; MSP; QL
DEPEN TITRATABS ORAL TABLET	4	PA

Drug Name	Drug Tier	Requirements / Limits
ENBREL MINI SUBCUTANEOUS CARTRIDGE	5	PA; MSP; QL
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MSP; QL
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
<i>leflunomide oral tablet</i>	2	QL
OTEZLA ORAL TABLET	5	PA; MSP; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MSP; QL
<i>penicillamine oral capsule</i>	2	PA
<i>penicillamine oral tablet</i>	2	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	3	ST
RIDAURA ORAL CAPSULE	3	
RINVOQ LQ ORAL SOLUTION	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MSP; QL
SAVELLA ORAL TABLET	3	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK	3	ST; QL
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT	5	PA; MSP; QL
SIMPONI ARIA INTRAVENOUS SOLUTION	5	PA; MSP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; MSP; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MSP; QL
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR	5	PA; MSP
TYENNE SUBCUTANEOUS SYRINGE	5	PA; MSP
XELJANZ ORAL SOLUTION	5	PA; MSP; QL
XELJANZ ORAL TABLET	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MSP; QL

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM	3	ACA
DUREX AVANTI BARE REAL FEEL	4	ACA; OTC
DUREX TROPICAL CONDOM DEVICE	4	ACA; OTC
FC2 FEMALE CONDOM	3	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	3	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; MSP
MIRENA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA

Drug Name	Drug Tier	Requirements / Limits
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE	5	ACA

SKYLA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA
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TRUSTEX-RIA NON-LUB CONDOMS DEVICE	3	ACA; OTC
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WIDE-SEAL DIAPHRAGM	4	ACA
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ESTROGENS & PROGESTINS

ACTIVELLA ORAL TABLET	4	
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ANGELIQ ORAL TABLET	4	
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<i>camila oral tablet</i>	1	ACA
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CLIMARA TRANSDERMAL PATCH WEEKLY	4	QL
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COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	3	
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<i>covaryx h.s. oral tablet</i>	2	
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<i>covaryx oral tablet</i>	2	
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CRINONE VAGINAL GEL 8 %	5	
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<i>deblitane oral tablet</i>	1	ACA
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Drug Name	Drug Tier	Requirements / Limits
DELESTROGEN INTRAMUSCULAR OIL	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	ACA; QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE	4	ACA; QL
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	4	ACA; QL
<i>dotti transdermal patch semiweekly</i>	2	HSA+; QL
DUAVEE ORAL TABLET	3	
<i>eemt hs oral tablet</i>	2	
<i>eemt oral tablet</i>	2	
<i>emzahh oral tablet</i>	2	ACA
<i>errin oral tablet</i>	1	ACA
ESTRACE ORAL TABLET	4	
ESTRADIOL IMPLANT PELLETT 6 MG	4	
<i>estradiol oral tablet</i>	1	HSA+
<i>estradiol transdermal gel in metered-dose pump</i>	2	HSA+; QL

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol transdermal gel in packet</i>	2	HSA+; QL
<i>estradiol transdermal patch semiweekly</i>	2	HSA+; QL
<i>estradiol transdermal patch weekly</i>	2	HSA+; QL
<i>estradiol vaginal cream</i>	2	HSA+
<i>estradiol vaginal tablet</i>	2	HSA+
<i>estradiol valerate intramuscular oil</i>	2	
<i>estradiol-norethindrone acet oral tablet</i>	2	HSA+
ESTRATEST F.S. ORAL TABLET	4	
<i>estrogens-methyltestosterone oral tablet</i>	2	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	4	QL
<i>fyavolv oral tablet</i>	2	
<i>gallifrey oral tablet</i>	2	
<i>heather oral tablet</i>	1	ACA
<i>incassia oral tablet</i>	2	ACA
<i>jencycla oral tablet</i>	1	ACA
<i>jinteli oral tablet</i>	1	
<i>lyleq oral tablet</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>lyllana transdermal patch semiweekly</i>	2	QL
<i>lyza oral tablet</i>	1	ACA
<i>medroxyprogesterone intramuscular suspension</i>	2	HSA+; ACA; QL
<i>medroxyprogesterone intramuscular syringe</i>	2	HSA+; ACA; QL
<i>medroxyprogesterone oral tablet</i>	1	HSA+
MENOSTAR TRANSDERMAL PATCH WEEKLY	4	QL
<i>mimvey oral tablet</i>	2	
<i>nora-be oral tablet</i>	2	ACA
<i>norethindrone (contraceptive) oral tablet</i>	1	ACA
<i>norethindrone acetate oral tablet</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	HSA+
OPILL ORAL TABLET	3	ACA; OTC
PREMARIN VAGINAL CREAM	3	
<i>progesterone micronized oral capsule</i>	2	
PROMETRIUM ORAL CAPSULE	4	
PROVERA ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
<i>sharobel oral tablet</i>	1	ACA
<i>tulana oral tablet</i>	2	ACA
<i>yuvafem vaginal tablet</i>	2	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING	4	ST; ACA; QL
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	4	
CLEOCIN VAGINAL CREAM	4	
CLEOCIN VAGINAL SUPPOSITORY	4	
<i>clindamycin phosphate vaginal cream</i>	2	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE	4	
<i>eluryng vaginal ring</i>	2	ACA
<i>enilloring vaginal ring</i>	2	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	2	ACA
<i>fem ph vaginal gel</i>	1	
GYNAZOLE-1 VAGINAL CREAM	4	
<i>haloette vaginal ring</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
<i>miconazole-3 vaginal suppository</i>	1	
MYFEMBREE ORAL TABLET	3	PA
NEXPLANON SUBDERMAL IMPLANT	5	ACA; MSP
<i>norelgestromin-ethin.estradiol transdermal patch weekly</i>	2	ACA
NUVESSA VAGINAL GEL	4	
ORIAHNN ORAL CAPSULE, SEQUENTIAL	3	PA
OSPHENA ORAL TABLET	4	
PREPIDIL VAGINAL GEL	4	
RELAGARD VAGINAL GEL	4	
<i>terconazole vaginal cream</i>	2	
<i>terconazole vaginal suppository</i>	2	
<i>tranexamic acid oral tablet</i>	2	
TRIMO-SAN JELLY VAGINAL GEL	3	
<i>vandazole vaginal gel</i>	2	

Drug Name	Drug Tier	Requirements / Limits
VCF CONTRACEPTIVE FILM VAGINAL FILM	3	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL	3	ACA; OTC
VEOZAH ORAL TABLET	4	
XACIATO VAGINAL GEL	3	
<i>xulane transdermal patch weekly</i>	2	ACA
<i>zafemy transdermal patch weekly</i>	2	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet</i>	2	ACA
<i>after pill oral tablet</i>	2	ACA; OTC; QL
AFTERA ORAL TABLET	4	ACA; OTC; QL
<i>altavera (28) oral tablet</i>	1	ACA
<i>alyacen 1/35 (28) oral tablet</i>	1	ACA
<i>alyacen 7/7/7 (28) oral tablet</i>	1	ACA
<i>amethia oral tablets,dose pack,3 month</i>	2	ACA
<i>amethyst (28) oral tablet</i>	2	ACA
<i>apri oral tablet</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>aranelle (28) oral tablet</i>	1	ACA
<i>ashlyna oral tablets,dose pack,3 month</i>	2	ACA
<i>aubra eq oral tablet</i>	1	ACA
<i>aubra oral tablet</i>	1	ACA
<i>aurovela 1.5/30 (21) oral tablet</i>	2	ACA
<i>aurovela 1/20 (21) oral tablet</i>	2	ACA
<i>aurovela 24 fe oral tablet</i>	2	ACA
<i>aurovela fe 1.5/30 (28) oral tablet</i>	1	ACA
<i>aurovela fe 1-20 (28) oral tablet</i>	1	ACA
<i>aviane oral tablet</i>	1	ACA
<i>ayuna oral tablet</i>	2	ACA
<i>azurette (28) oral tablet</i>	1	ACA
<i>balziva (28) oral tablet</i>	1	ACA
BEYAZ ORAL TABLET	4	ST; ACA
<i>blisovi 24 fe oral tablet</i>	2	ACA
<i>blisovi fe 1.5/30 (28) oral tablet</i>	2	ACA
<i>blisovi fe 1/20 (28) oral tablet</i>	1	ACA
<i>briellyn oral tablet</i>	2	ACA
<i>camrese lo oral tablets,dose pack,3 month</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>camrese oral tablets,dose pack,3 month</i>	1	ACA
<i>caziant (28) oral tablet</i>	1	ACA
<i>charlotte 24 fe oral tablet,chewable</i>	2	ACA
<i>chateal (28) oral tablet</i>	1	ACA
<i>chateal eq (28) oral tablet</i>	2	ACA
<i>cryselle (28) oral tablet</i>	1	ACA
<i>curae oral tablet</i>	2	ACA; OTC; QL
<i>cyred eq oral tablet</i>	1	ACA
<i>cyred oral tablet</i>	1	ACA
<i>dasetta 1/35 (28) oral tablet</i>	1	ACA
<i>dasetta 7/7/7 (28) oral tablet</i>	1	ACA
<i>daysee oral tablets,dose pack,3 month</i>	2	ACA
<i>desog-e.estradiol/e.estradiol oral tablet</i>	1	ACA
<i>dolishale oral tablet</i>	2	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	2	ACA
<i>drospirenone-ethinyl estradiol oral tablet</i>	1	ACA
<i>econtra ez oral tablet</i>	2	ACA; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
<i>econtra one-step oral tablet</i>	2	ACA; OTC; QL
<i>elinest oral tablet</i>	1	ACA
ELLA ORAL TABLET	3	ACA; QL
<i>enpresse oral tablet</i>	1	ACA
<i>enskyce oral tablet</i>	1	ACA
<i>estarylla oral tablet</i>	1	ACA
<i>ethynodiol diac-eth estradiol oral tablet</i>	1	ACA
<i>falmina (28) oral tablet</i>	1	ACA
<i>finzala oral tablet, chewable</i>	2	ACA
<i>gemmily oral capsule</i>	2	ACA
<i>hailey 24 fe oral tablet</i>	2	ACA
<i>hailey fe 1.5/30 (28) oral tablet</i>	2	ACA
<i>hailey fe 1/20 (28) oral tablet</i>	2	ACA
<i>hailey oral tablet</i>	2	ACA
<i>her style oral tablet</i>	2	ACA; OTC; QL
<i>iclevia oral tablets, dose pack, 3 month</i>	2	ACA
<i>isibloom oral tablet</i>	1	ACA
<i>jaimiess oral tablets, dose pack, 3 month</i>	2	ACA
<i>jasmiel (28) oral tablet</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>jolessa oral tablets, dose pack, 3 month</i>	1	ACA
<i>joyeaux oral tablet</i>	2	ACA
<i>juleber oral tablet</i>	1	ACA
<i>junel 1.5/30 (21) oral tablet</i>	1	ACA
<i>junel 1/20 (21) oral tablet</i>	1	ACA
<i>junel fe 1.5/30 (28) oral tablet</i>	1	ACA
<i>junel fe 1/20 (28) oral tablet</i>	1	ACA
<i>junel fe 24 oral tablet</i>	1	ACA
<i>kaitlib fe oral tablet, chewable</i>	1	ACA
<i>kalliga oral tablet</i>	1	ACA
<i>kariva (28) oral tablet</i>	1	ACA
<i>kelnor 1/35 (28) oral tablet</i>	1	ACA
<i>kelnor 1/50 (28) oral tablet</i>	1	ACA
<i>kurvelo (28) oral tablet</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month</i>	2	ACA
<i>larin 1.5/30 (21) oral tablet</i>	1	ACA
<i>larin 1/20 (21) oral tablet</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>larin 24 fe oral tablet</i>	1	ACA
<i>larin fe 1.5/30 (28) oral tablet</i>	1	ACA
<i>larin fe 1/20 (28) oral tablet</i>	1	ACA
<i>layolis fe oral tablet, chewable</i>	1	ACA
<i>leena 28 oral tablet</i>	1	ACA
<i>lessina oral tablet</i>	1	ACA
<i>levonest (28) oral tablet</i>	1	ACA
<i>levonorgest-eth.estradiol-iron oral tablet</i>	2	ACA
<i>levonorgestrel oral tablet</i>	2	ACA; OTC; QL
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1	ACA
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	2	ACA
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	1	ACA
<i>levonorg-eth estrad triphasic oral tablet</i>	1	ACA
<i>levora-28 oral tablet</i>	1	ACA
<i>lojaimiess oral tablets, dose pack, 3 month</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>loryna (28) oral tablet</i>	1	ACA
<i>low-ogestrel (28) oral tablet</i>	1	ACA
<i>lo-zumandimine (28) oral tablet</i>	1	ACA
<i>luteria (28) oral tablet</i>	1	ACA
<i>marlissa (28) oral tablet</i>	1	ACA
<i>merzee oral capsule</i>	2	ACA
<i>mibelas 24 fe oral tablet, chewable</i>	2	ACA
<i>microgestin 1.5/30 (21) oral tablet</i>	1	ACA
<i>microgestin 1/20 (21) oral tablet</i>	1	ACA
<i>microgestin fe 1.5/30 (28) oral tablet</i>	1	ACA
<i>microgestin fe 1/20 (28) oral tablet</i>	1	ACA
<i>mili oral tablet</i>	1	ACA
<i>mono-linyah oral tablet</i>	1	ACA
<i>my choice oral tablet</i>	2	ACA; OTC; QL
<i>my way oral tablet</i>	1	ACA; OTC; QL
<i>necon 0.5/35 (28) oral tablet</i>	1	ACA
<i>new day oral tablet</i>	2	ACA; OTC; QL
<i>nikki (28) oral tablet</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	2	HSA+; ACA
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	HSA+; ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	HSA+; ACA
<i>norethindrone-e.estradiol-iron oral capsule</i>	2	HSA+; ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	1	HSA+; ACA
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	2	HSA+; ACA
<i>norgestimate-ethinyl estradiol oral tablet</i>	1	HSA+; ACA
<i>nortrel 0.5/35 (28) oral tablet</i>	1	ACA
<i>nortrel 1/35 (21) oral tablet</i>	1	ACA
<i>nortrel 1/35 (28) oral tablet</i>	1	ACA
<i>nortrel 7/7/7 (28) oral tablet</i>	1	ACA
<i>nylia 1/35 (28) oral tablet</i>	2	ACA
<i>nylia 7/7/7 (28) oral tablet</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>ocella oral tablet</i>	1	ACA
<i>opcicon one-step oral tablet</i>	1	ACA; OTC; QL
<i>option-2 oral tablet</i>	1	ACA; OTC; QL
<i>philith oral tablet</i>	2	ACA
<i>pimtrea (28) oral tablet</i>	2	ACA
PLAN B ONE-STEP ORAL TABLET	1	ACA; OTC; QL
<i>portia 28 oral tablet</i>	1	ACA
<i>reclipsen (28) oral tablet</i>	1	ACA
<i>rivelsa oral tablets, dose pack, 3 month</i>	1	ACA
<i>setlakin oral tablets, dose pack, 3 month</i>	1	ACA
<i>simliya (28) oral tablet</i>	2	ACA
<i>simpesse oral tablets, dose pack, 3 month</i>	2	ACA
<i>sprintec (28) oral tablet</i>	1	ACA
<i>sronyx oral tablet</i>	1	ACA
<i>syeda oral tablet</i>	1	ACA
TAKE ACTION ORAL TABLET	4	ACA; OTC; QL
<i>tarina 24 fe oral tablet</i>	1	ACA
<i>tarina fe 1/20 (28) oral tablet</i>	1	ACA
<i>tilia fe oral tablet</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>tri-estarylla oral tablet</i>	1	ACA
<i>tri-legest fe oral tablet</i>	1	ACA
<i>tri-linyah oral tablet</i>	1	ACA
<i>tri-lo-estarylla oral tablet</i>	1	ACA
<i>tri-lo-marzia oral tablet</i>	1	ACA
<i>tri-lo-mili oral tablet</i>	1	ACA
<i>tri-lo-sprintec oral tablet</i>	1	ACA
<i>tri-mili oral tablet</i>	2	ACA
<i>tri-sprintec (28) oral tablet</i>	1	ACA
<i>trivora (28) oral tablet</i>	1	ACA
<i>tri-vylibra lo oral tablet</i>	1	ACA
<i>tri-vylibra oral tablet</i>	1	ACA
<i>turqoz (28) oral tablet</i>	1	ACA
<i>tydemy oral tablet</i>	2	ACA
<i>velivet triphasic regimen (28) oral tablet</i>	2	ACA
<i>vestura (28) oral tablet</i>	1	ACA
<i>vienva oral tablet</i>	1	ACA
<i>viorele (28) oral tablet</i>	1	ACA
<i>volnea (28) oral tablet</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>vyfemla (28) oral tablet</i>	1	ACA
<i>vylibra oral tablet</i>	1	ACA
<i>wera (28) oral tablet</i>	1	ACA
<i>wymzya fe oral tablet, chewable</i>	2	ACA
YAZ (28) ORAL TABLET	4	ST; ACA
<i>zarah oral tablet</i>	1	ACA
<i>zovia 1-35 (28) oral tablet</i>	1	ACA
<i>zumandimine (28) oral tablet</i>	1	ACA
OXYTOCICS		
<i>methylergonovine oral tablet</i>	2	PA; QL
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS	3	
<i>bacitracin ophthalmic (eye) ointment</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	2	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	4	

Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	2	
<i>erythromycin ophthalmic (eye) ointment</i>	2	
<i>gatifloxacin ophthalmic (eye) drops</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION	4	PA
<i>moxifloxacin ophthalmic (eye) drops</i>	2	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION	4	PA
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE	4	PA

Drug Name	Drug Tier	Requirements / Limits
NATACYN OPTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	1	
<i>neo-polycin ophthalmic (eye) ointment</i>	2	
OCUFLOX OPTHALMIC (EYE) DROPS	4	
<i>ofloxacin ophthalmic (eye) drops</i>	2	
<i>polycin ophthalmic (eye) ointment</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	
<i>povidone-iodine ophthalmic (eye) solution</i>	2	
<i>tobramycin ophthalmic (eye) drops</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TOBRAMYCIN-VANCOMYCIN OPTHALMIC (EYE) DROPS 1.5-5 %	4	
TOBREX OPTHALMIC (EYE) OINTMENT	4	
VIGAMOX OPTHALMIC (EYE) DROPS	4	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	1	
ZIRGAN OPTHALMIC (EYE) GEL	4	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	2	
BETOPTIC S OPTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>carteolol ophthalmic (eye) drops</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette</i>	2	
<i>timolol maleate ophthalmic (eye) drops</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS	5	
CYCLOPLEGIC MYDRIATICS		
ATROPINE OPTHALMIC (EYE) DROPS 0.01 %, 0.025 %, 0.05 %	4	
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>atropine ophthalmic (eye) ointment</i>	2	
CYCLOGYL OPTHALMIC (EYE) DROPS	4	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>cyclophen-tropic-phenyleph-watr ophthalmic (eye) drops</i>	2	
CYCLOPENT-TROPIC-PHEN-KETR-WAT OPTHALMIC (EYE) DROPS	4	

Drug Name	Drug Tier	Requirements / Limits
<i>homatropaire ophthalmic (eye) drops</i>	1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE	4	
MYDRIACYL OPHTHALMIC (EYE) DROPS	4	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops</i>	2	
<i>tropicamide ophthalmic (eye) drops</i>	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E INTRAOCULAR KIT	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL	4	
<i>alaway ophthalmic (eye) drops</i>	2	OTC
ALCAINE OPHTHALMIC (EYE) DROPS	4	

Drug Name	Drug Tier	Requirements / Limits
<i>allergy eye (ketotifen) ophthalmic (eye) drops</i>	2	OTC
ALOCRILOPHTHALMIC (EYE) DROPS	4	ST
<i>altacaine ophthalmic (eye) drops</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS	4	
<i>azelastine ophthalmic (eye) drops</i>	2	
BEOVU INTRAVITREAL SYRINGE	5	PA; MSP
<i>bepotastine besilate ophthalmic (eye) drops</i>	2	
BEVACIZUMAB INTRAVITREAL SYRINGE 2 MG/0.08 ML, 2.5 MG/0.1 ML, 2.75 MG/0.11 ML, 3.25 MG/0.13 ML	4	
BYOOVIZ INTRAVITREAL SOLUTION	5	PA; MSP
CEQUA OPHTHALMIC (EYE) DROPPERETTE	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>children's alaway ophthalmic (eye) drops</i>	2	OTC
CIMERLI INTRAVITREAL SOLUTION	5	PA; MSP
<i>cromolyn ophthalmic (eye) drops</i>	2	HSA+
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS	4	
<i>cyclosporine ophthalmic (eye) dropperette</i>	2	PA; DAW-9; QL
CYSTARAN OPHTHALMIC (EYE) DROPS	5	PA
DEXAMET-MOXIFL-KETORO-NACL(PF) INTRAOCULAR SOLUTION	4	
<i>epinastine ophthalmic (eye) drops</i>	2	
<i>eye itch relief ophthalmic (eye) drops</i>	2	OTC
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS	4	
<i>fluorescein-proparacaine ophthalmic (eye) drops</i>	1	

Drug Name	Drug Tier	Requirements / Limits
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE, GEL	4	
<i>ketotifen fumarate ophthalmic (eye) drops</i>	2	OTC
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS	4	
LASTACFT ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS	4	ST; OTC
LUXTURNA SUBRETINAL SUSPENSION	5	PA; MSP
MIEBO (PF) OPHTHALMIC (EYE) DROPS	3	PA; QL
MYDRIATIC4(TROPIC) P-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS	4	
<i>olopatadine ophthalmic (eye) drops</i>	2	
OMIDRIA INTRAOCULAR CONCENTRATE	4	
OXERVATE OPHTHALMIC (EYE) DROPS	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS	4	
PREDNISOLN SP- MOXIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS	4	
PREDNISOLONE ACETATE- BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSIO N	4	
PREDNISOLONE- MOXIFLO- NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSIO N	4	
PREDNISOLONE- MOXIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSIO N	4	
<i>proparacaine ophthalmic (eye) drops</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	4	PA; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	4	
<i>tetracaine hcl ophthalmic (eye) drops</i>	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL	4	PA
VEVYE OPHTHALMIC (EYE) DROPS	4	PA; QL
<i>wal-zyr (ketotifen) ophthalmic (eye) drops</i>	2	OTC
XDEMVY OPHTHALMIC (EYE) DROPS	5	QL
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
ZADITOR OPHTHALMIC (EYE) DROPS	3	OTC
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE	4	ST

**NON-STEROIDAL ANTI-
INFLAMMATORY AGENTS**

Drug Name	Drug Tier	Requirements / Limits
ACULAR LS OPTHALMIC (EYE) DROPS	4	ST
ACULAR OPTHALMIC (EYE) DROPS	4	ST
<i>bromfenac ophthalmic (eye) drops</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops</i>	2	
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	
ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>ketorolac ophthalmic (eye) drops</i>	1	
PROLENSA OPTHALMIC (EYE) DROPS	4	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	2	
<i>acetazolamide oral tablet</i>	2	
<i>methazolamide oral tablet</i>	2	
OTHER GLAUCOMA DRUGS		

Drug Name	Drug Tier	Requirements / Limits
<i>bimatoprost ophthalmic (eye) drops</i>	2	ST
BRIMONIDINE-DORZOLAMIDE (PF) OPTHALMIC (EYE) DROPS	4	
BRIMONIDINE-DORZOLAMIDE OPTHALMIC (EYE) DROPS	4	
<i>brimonidine-timolol ophthalmic (eye) drops</i>	2	
<i>brinzolamide ophthalmic (eye) drops,suspension</i>	2	
COMBIGAN OPTHALMIC (EYE) DROPS	4	
DORZOLAMIDE (PF) OPTHALMIC (EYE) DROPS	4	
<i>dorzolamide ophthalmic (eye) drops</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	
<i>latanoprost ophthalmic (eye) drops</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>miostat intraocular solution</i>	2	
RHOPRESSA OPTHALMIC (EYE) DROPS	4	ST
ROCKLATAN OPTHALMIC (EYE) DROPS	4	ST
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	2	ST
TIMOL-BRIMON-DORZOL-BIMATO(PF) OPTHALMIC (EYE) DROPS	4	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPTHALMIC (EYE) DROPS	4	
TIMOLOL-DORZOLAM-BIMATOPRO(PF) OPTHALMIC (EYE) DROPS	4	
<i>travoprost ophthalmic (eye) drops</i>	2	ST
STEROID-ANTIBIOTIC COMBINATIONS		

Drug Name	Drug Tier	Requirements / Limits
DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION	4	
MAXITROL OPTHALMIC (EYE) DROPS,SUSPENSION	4	
MAXITROL OPTHALMIC (EYE) OINTMENT	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment</i>	2	
PREDNISOLONE SOD PH-MOXIFLOX OPTHALMIC (EYE) DROPS	4	

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE-MOXIFLOXACIN HCL OPTHALMIC (EYE) DROPS,SUSPENSION	4	
TOBRADEX OPTHALMIC (EYE) OINTMENT	4	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	2	
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	2	
DEXTENZA INTRACANALICULAR INSERT	4	
DEXYCU (PF) INTRAOCULAR SUSPENSION	4	
<i>difluprednate ophthalmic (eye) drops</i>	2	
EYSUVIS OPTHALMIC (EYE) DROPS,SUSPENSION	3	PA; QL
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	2	

Drug Name	Drug Tier	Requirements / Limits
FML LIQUIFILM OPTHALMIC (EYE) DROPS,SUSPENSION	4	ST
ILUVIEN INTRAVITREAL IMPLANT	5	MSP
INVELTYS OPTHALMIC (EYE) DROPS,SUSPENSION	4	ST
LOTEMAX OPTHALMIC (EYE) DROPS,GEL	4	ST
LOTEMAX OPTHALMIC (EYE) DROPS,SUSPENSION	4	
LOTEMAX OPTHALMIC (EYE) OINTMENT	4	ST
LOTEMAX SM OPTHALMIC (EYE) DROPS,GEL	4	ST
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	2	
OZURDEX INTRAVITREAL IMPLANT	5	MSP
PRED FORTE OPTHALMIC (EYE) DROPS,SUSPENSION	4	
PREDNISOLONE ACETATE (PF) OPTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	
RETISERT INTRAVITREAL IMPLANT	5	MSP
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	1	
SULFONAMIDES		

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS	4	
<i>apraclonidine ophthalmic (eye) drops</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	4	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPTHALMIC (EYE) DROPS	4	
<i>phenylephrine hcl ophthalmic (eye) drops</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		

Drug Name	Drug Tier	Requirements / Limits
AUVI-Q INJECTION AUTO-INJECTOR	3	QL
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>cetirizine oral solution 1 mg/ml</i>	2	
CLARINEX ORAL TABLET	4	QL
<i>clemastine oral syrup</i>	2	PA
<i>clemastine oral tablet</i>	2	
<i>cyproheptadine oral syrup</i>	1	
<i>cyproheptadine oral tablet</i>	1	
<i>desloratadine oral tablet</i>	2	QL
<i>desloratadine oral tablet, disintegrating</i>	2	QL
<i>dexchlorpheniramine maleate oral solution</i>	2	PA
DIPHEN ORAL ELIXIR	4	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	HSA+; QL

Drug Name	Drug Tier	Requirements / Limits
EPIPEN INJECTION AUTO-INJECTOR	3	PA; QL
EPIPEN JR INJECTION AUTO-INJECTOR	3	PA; QL
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 25 mg</i>	2	
<i>levocetirizine oral solution</i>	2	
<i>levocetirizine oral tablet</i>	2	QL
<i>promethazine oral syrup</i>	1	
<i>promethazine oral tablet</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	
<i>promethegan rectal suppository</i>	2	
RYCLORA ORAL SOLUTION	4	
RYVENT ORAL TABLET	4	ST
VISTARIL ORAL CAPSULE 25 MG	4	

COUGH & COLD THERAPY

Drug Name	Drug Tier	Requirements / Limits
<i>benzonatate oral capsule</i>	2	
BROMFED DM ORAL SYRUP	4	
<i>brompheniramine-pseudoeph-dm oral syrup</i>	2	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	4	QL
<i>codeine-guaifenesin oral liquid</i>	2	
CODITUSSIN AC ORAL LIQUID	4	
CODITUSSIN DAC ORAL LIQUID	4	
<i>g tussin ac oral liquid</i>	2	
HISTEX-AC ORAL SYRUP	4	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP	4	
HYCODAN (WITH HOMATROPINE) ORAL TABLET	4	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr</i>	2	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet oral syrup</i>	2	
MAR-COF CG ORAL LIQUID	4	
<i>maxi-tuss ac oral liquid</i>	2	
MAXI-TUSS CD ORAL LIQUID	4	
NINJACOF-XG ORAL LIQUID	4	
POLY-TUSSIN AC ORAL LIQUID	4	
<i>promethazine-codeine oral syrup</i>	2	
<i>promethazine-dm oral syrup</i>	1	
<i>promethazine-phenylephrine oral syrup</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	4	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	4	
PULMONARY AGENTS		
ACCOLATE ORAL TABLET	4	
<i>acetylcysteine solution</i>	2	
ADEMPAS ORAL TABLET	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
ADRENALIN NASAL SOLUTION	4	
ADVAIR HFA INHALATION HFA AEROSOL INHALER	3	ST; CISP; HSA+; QL
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION , 232-14 MCG/ACTUATION	4	ST; QL
AIRSUPRA INHALATION HFA AEROSOL INHALER	3	
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	CISP; HSA+; QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	CISP; HSA+
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	2	
<i>alyq oral tablet</i>	5	PA; QL
<i>ambrisentan oral tablet</i>	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>aminophylline intravenous solution 250 mg/10 ml</i>	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	3	CISP; HSA+; QL
<i>arformoterol inhalation solution for nebulization</i>	2	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	3	HSA+; QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER	3	CISP; HSA+; QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	CISP; HSA+; QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER	4	QL

Drug Name	Drug Tier	Requirements / Limits
<i>azelastine-fluticasone nasal spray,non-aerosol</i>	2	ST; QL
<i>bosentan oral tablet</i>	5	PA; MSP; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	ST; CISP; HSA+; QL
<i>breyna inhalation hfa aerosol inhaler</i>	2	ST; QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	QL
BROVANA INHALATION SOLUTION FOR NEBULIZATION	4	QL
<i>budesonide inhalation suspension for nebulization</i>	2	CISP; HSA+; QL
<i>budesonide-formoterol inhalation hfa aerosol inhaler</i>	2	ST; CISP; HSA+; QL
CINRYZE INTRAVENOUS RECON SOLN	5	PA; MSP; QL
COMBIVENT RESPIMAT INHALATION MIST	3	CISP; HSA+; QL
<i>cromolyn inhalation solution for nebulization</i>	2	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
DULERA INHALATION HFA AEROSOL INHALER	3	ST; CISP; HSA+; QL
ELIXOPHYLLIN ORAL ELIXIR	4	
<i>epinephrine hcl nasal solution</i>	2	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
<i>flunisolide nasal spray,non-aerosol</i>	2	ST; QL
<i>fluticasone propionate nasal spray,suspension</i>	1	HSA+; QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	ST; CISP; HSA+; QL
<i>formoterol fumarate inhalation solution for nebulization</i>	2	QL
FORMOTEROL FUMARATE-NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	3	QL
HAEGARDA SUBCUTANEOUS RECON SOLN	5	PA; MSP; QL
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	4	

Drug Name	Drug Tier	Requirements / Limits
<i>icatibant subcutaneous syringe</i>	5	PA; SP; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL
<i>ipratropium bromide inhalation solution</i>	1	CISP; HSA+
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	CISP; HSA+; QL
KALYDECO ORAL GRANULES IN PACKET	5	PA; MSP; QL
KALYDECO ORAL TABLET	5	PA; MSP; QL
<i>levalbuterol hcl inhalation solution for nebulization</i>	2	CISP; HSA+
<i>mometasone nasal spray, non-aerosol</i>	2	ST; QL
<i>montelukast oral granules in packet</i>	2	CISP; HSA+
<i>montelukast oral tablet</i>	1	CISP; HSA+
<i>montelukast oral tablet, chewable</i>	1	CISP; HSA+
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	4	

Drug Name	Drug Tier	Requirements / Limits
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MSP; QL
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; QL
OFEV ORAL CAPSULE	5	PA; MSP; QL
OPSUMIT ORAL TABLET	5	PA; MSP; QL
OPSYNVI ORAL TABLET	5	PA; MSP; QL
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MSP; QL
ORKAMBI ORAL TABLET	5	PA; MSP; QL
ORLADEYO ORAL CAPSULE	5	PA; QL
<i>pirfenidone oral capsule</i>	5	PA; MSP; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	5	PA; MSP; QL
<i>pulmosal inhalation solution for nebulization</i>	1	
PULMOZYME INHALATION SOLUTION	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	3	HSA+; QL
REVATIO ORAL TABLET	5	PA; MSP; QL
<i>roflumilast oral tablet 250 mcg</i>	2	PA; QL
<i>roflumilast oral tablet 500 mcg</i>	2	PA
RUCONEST INTRAVENOUS RECON SOLN	5	PA; MSP; QL
RYALTRIS NASAL SPRAY, NON- AEROSOL	4	ST; QL
<i>sajazir subcutaneous syringe</i>	5	PA; MSP; QL
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	5	PA; MSP; QL
<i>sildenafil (pulm.hypertension) oral tablet</i>	5	PA; MSP; QL
SINUVA SINUS IMPLANT	5	
<i>sodium chloride inhalation solution for nebulization</i>	1	
SPIRIVA RESPIMAT INHALATION MIST	3	CISP; HSA+; QL

Drug Name	Drug Tier	Requirements / Limits
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	CISP; HSA+; QL
STIOLTO RESPIMAT INHALATION MIST	3	CISP; HSA+; QL
STRIVERDI RESPIMAT INHALATION MIST	3	QL
SYMBICORT INHALATION HFA AEROSOL INHALER	4	ST; QL
SYMDEKO ORAL TABLETS, SEQUENTIAL	5	PA; MSP; QL
<i>tadalafil (pulm. hypertension) oral tablet</i>	5	PA; MSP; QL
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; MSP; QL
TAKHZYRO SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>terbutaline oral tablet</i>	2	CISP; HSA+
TEZSPIRE SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR	4	
<i>theophylline oral elixir</i>	2	CISP-1; HSA+
<i>theophylline oral solution</i>	1	CISP; HSA+
<i>theophylline oral tablet extended release 12 hr</i>	2	CISP; HSA+
<i>theophylline oral tablet extended release 24 hr</i>	2	CISP-1; HSA+
<i>tiotropium bromide inhalation capsule, w/inhalation device</i>	2	CISP; HSA+; DAW-9
TRACLEER ORAL TABLET	5	PA; MSP; QL
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; MSP; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	CISP; HSA+; QL
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MSP; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; MSP
TYVASO INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP
WINREVAIR SUBCUTANEOUS KIT	5	PA; MSP
<i>wixela inhub inhalation blister with device</i>	2	ST; HSA+; QL
XHANCE NASAL AEROSOL BREATH ACTIVATED	3	ST; QL
XOLAIR SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MSP; QL
XOLAIR SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	3	QL
<i>zafirlukast oral tablet</i>	2	CISP; HSA+
<i>zileuton oral tablet, er multiphase 12 hr</i>	2	PA
ZYFLO ORAL TABLET	4	PA
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr</i>	2	
<i>fesoterodine oral tablet extended release 24 hr</i>	2	
<i>flavoxate oral tablet</i>	1	
GEMTESA ORAL TABLET	4	
<i>mirabegron oral tablet extended release 24 hr</i>	2	
MYRBETRIQ ORAL SUSPENSION,EXT ENDED REL RECON	3	

Drug Name	Drug Tier	Requirements / Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	4	ST; QL
<i>solifenacin oral tablet</i>	2	
<i>tolterodine oral capsule,extended release 24hr</i>	2	
<i>tolterodine oral tablet</i>	2	
<i>trospium oral capsule,extended release 24hr</i>	2	
<i>trospium oral tablet</i>	2	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	2	
<i>dutasteride oral capsule</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	2	PA
<i>finasteride oral tablet 5 mg</i>	2	
FLOMAX ORAL CAPSULE	4	ST
PROSCAR ORAL TABLET	4	PA
<i>silodosin oral capsule</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	ST; QL
<i>tamsulosin oral capsule</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet</i>	2	
MISCELLANEOUS UROLOGICALS		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	3	PA; QL
CAVERJECT INTRACAVERNOSAL RECON SOLN	3	PA; QL
CAVERJECT INTRACAVERNOSAL SYRINGE	3	PA; QL
CYSTAGON ORAL CAPSULE	5	
EDEX INTRACAVERNOSAL KIT	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
ELMIRON ORAL CAPSULE	3	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION	4	
K-PHOS NO 2 ORAL TABLET	4	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	3	
<i>methen-sod phos-meth blue-hyos oral tablet</i>	2	
ORACIT ORAL SOLUTION	4	
<i>potassium citrate oral tablet extended release</i>	2	
RENACIDIN IRRIGATION SOLUTION	3	
<i>sildenafil oral tablet</i>	2	ST; QL
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	1	
<i>tadalafil oral tablet 10 mg, 20 mg</i>	2	ST; QL
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN	4	
URELLE ORAL TABLET	4	
<i>uretron d-s oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
URIBEL TABS ORAL TABLET	4	
<i>urimar-t oral tablet</i>	2	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	4	
<i>urogesic-blue oral tablet</i>	2	
<i>uro-mp oral capsule</i>	2	
UROQID-ACID NO.2 ORAL TABLET	4	
<i>uro-sp oral capsule</i>	2	
<i>uryl oral tablet</i>	2	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	2	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule</i>	2	QL
<i>calcium acetate(phosphat bind) oral tablet</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	4	
<i>effer-k oral tablet, effervescent 25 meq</i>	2	
GALZIN ORAL CAPSULE	4	
<i>klor-con 10 oral tablet extended release</i>	1	
<i>klor-con 8 oral tablet extended release</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals</i>	2	
<i>klor-con oral packet</i>	2	
<i>klor-con/ef oral tablet, effervescent</i>	2	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	4	
<i>lugols oral solution</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral packet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	4	
<i>potassium chloride oral tablet, er particles/crystals</i>	1	
<i>strong iodine oral solution</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID	5	PA; MSP
VITAMINS & HEMATINICS		
ACCRUFER ORAL CAPSULE	4	
<i>b complex 1 (with folic acid) oral tablet</i>	1	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	1	ACA; OTC
<i>balanced b-100 oral tablet</i>	1	ACA; OTC
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR	4	
<i>bal-care dha oral combo pack, tablet and cap, dr</i>	1	HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	1	ACA; OTC
<i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)</i>	1	OTC
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i>	1	OTC
<i>classic prenatal oral tablet</i>	1	ACA; OTC
<i>c-nate dha oral capsule</i>	1	HSA+
<i>complete natal dha oral combo pack</i>	1	HSA+
CONCEPT DHA ORAL CAPSULE	4	
CONCEPT OB ORAL CAPSULE	4	
<i>cyanocobalamin (vitamin b-12) injection solution</i>	1	
<i>cyanocobalamin (vitamin b-12) nasal spray, non-aerosol</i>	2	ST; QL
<i>dialyvite 800 oral tablet</i>	1	ACA; OTC
<i>dodex injection solution</i>	1	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK	4	
<i>elite-ob oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE	4	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FER-IN-SOL ORAL DROPS	3	OTC
<i>ferrous sulfate oral liquid</i>	1	OTC
<i>ferrous sulfate oral solution</i>	1	OTC
<i>fluoride (sodium) oral drops</i>	2	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable</i>	1	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	ACA; OTC
<i>folitab oral tablet extended release</i>	2	ACA; OTC
<i>folivane-ob oral capsule</i>	1	
<i>foltabs 800 oral tablet</i>	2	ACA; OTC
<i>full spectrum b-vitamin c oral tablet</i>	1	ACA; OTC
<i>hydroxocobalamin intramuscular solution</i>	1	
<i>kobee oral tablet</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
KOSHER PRENATAL PLUS IRON ORAL TABLET	4	
<i>ludent fluoride oral tablet,chewable</i>	1	ACA; OTC
MARNATAL-F ORAL CAPSULE	4	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN	4	
<i>m-natal plus oral tablet</i>	1	HSA+
<i>multi-vitamin with fluoride oral drops</i>	2	ACA; OTC
<i>multi-vitamin with fluoride oral tablet,chewable</i>	2	ACA; OTC
<i>mvc-fluoride oral tablet,chewable</i>	2	ACA; OTC
<i>mynatal oral capsule</i>	1	HSA+
<i>mynatal plus oral tablet</i>	1	HSA+
<i>mynatal-z oral tablet</i>	1	HSA+
NASCOBAL NASAL SPRAY,NON-AEROSOL	3	ST; QL
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE	4	

Drug Name	Drug Tier	Requirements / Limits
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	4	
NEONATAL COMPLETE ORAL TABLET	4	
NEONATAL FE ORAL TABLET	4	
NEONATAL PLUS VITAMIN ORAL TABLET	4	
NEONATAL-DHA ORAL COMBO PACK	4	
NESTABS ABC ORAL COMBO PACK	4	
NESTABS DHA ORAL COMBO PACK	4	
NESTABS ONE ORAL CAPSULE	4	
NESTABS ORAL TABLET	4	
<i>newgen oral tablet</i>	1	HSA+
OB COMPLETE ONE ORAL CAPSULE	4	
OB COMPLETE ORAL TABLET	4	
OB COMPLETE PETITE ORAL CAPSULE	4	
OB COMPLETE PREMIER ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE WITH DHA ORAL CAPSULE	4	
<i>one daily prenatal oral combo pack</i>	1	ACA; OTC
<i>pnv-dha oral capsule</i>	2	
<i>pnv-omega oral capsule</i>	2	
<i>pnv-select oral tablet</i>	2	HSA+
<i>pr natal 400 ec oral combo pack,tablet and cap,dr</i>	1	HSA+
<i>pr natal 400 oral combo pack</i>	1	HSA+
<i>pr natal 430 ec oral combo pack,tablet and cap,dr</i>	1	HSA+
<i>pr natal 430 oral combo pack</i>	1	HSA+
PRENATA ORAL TABLET,CHEWABLE	4	
<i>prenatabs fa oral tablet</i>	1	HSA+
<i>prenatabs rx oral tablet</i>	1	HSA+
<i>prenatal complete oral tablet</i>	1	ACA; OTC
<i>prenatal multi-dha (algal oil) oral capsule</i>	1	ACA; OTC
<i>prenatal multivitamins oral tablet</i>	1	ACA; OTC
<i>prenatal one daily oral tablet</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal plus (calcium carb) oral tablet</i>	1	HSA+
PRENATAL PLUS DHA ORAL COMBO PACK	4	
<i>prenatal plus oral tablet</i>	1	HSA+
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET	4	
<i>prenatal vit no.179-iron-folic oral tablet</i>	2	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	1	ACA; OTC
<i>prenatal vitamin with minerals oral tablet</i>	1	ACA; OTC
<i>prenatal-u oral capsule</i>	1	
PRENATE AM ORAL TABLET	4	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE	4	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	4	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
PRENATE ENHANCE ORAL CAPSULE	4	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE	4	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	4	
PRENATE PIXIE ORAL CAPSULE	4	
PRENATE RESTORE ORAL CAPSULE	4	
PRENATE STAR ORAL TABLET	4	
PRIMACARE ORAL CAPSULE	4	
PROVIDA OB ORAL CAPSULE	4	
<i>rena-vite oral tablet</i>	1	ACA; OTC
R-NATAL OB ORAL CAPSULE	4	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	4	
SELECT-OB + DHA ORAL COMBO PACK	4	
SELECT-OB ORAL TABLET,CHEWABLE	4	

Drug Name	Drug Tier	Requirements / Limits
<i>se-natal 19 chewable oral tablet, chewable</i>	1	HSA+
<i>se-natal-19 oral tablet</i>	2	HSA+
<i>soluvita a,c,d with fluoride oral drops</i>	2	ACA; OTC
<i>soluvita oral drops</i>	2	ACA; OTC
<i>stress formula with iron oral tablet</i>	1	ACA; OTC
<i>stress formula with iron(sulf) oral tablet</i>	1	ACA; OTC
<i>super b maxi complex oral tablet</i>	1	ACA; OTC
<i>super b-50 complex oral capsule</i>	2	ACA; OTC
<i>super quints oral tablet</i>	1	ACA; OTC
<i>taron-c dha oral capsule</i>	1	
THRIVITE RX ORAL TABLET	4	
TRICARE ORAL TABLET	4	
<i>tricon oral capsule</i>	2	ACA; OTC
TRIFERIC HEMODIALYSIS POWDER IN PACKET	4	
TRIFERIC HEMODIALYSIS SOLUTION	4	
<i>trinatal rx 1 oral tablet</i>	1	HSA+
<i>trinate oral tablet</i>	1	HSA+

Drug Name	Drug Tier	Requirements / Limits
TRISTART DHA ORAL CAPSULE	4	
<i>tri-vitamin with fluoride oral drops</i>	2	ACA; OTC
VITAFOL FE PLUS ORAL CAPSULE	4	
VITAFOL GUMMIES ORAL TABLET, CHEWABLE	4	
VITAFOL ULTRA ORAL CAPSULE	4	
VITAFOL-OB ORAL TABLET	4	
VITAFOL-OB+DHA ORAL COMBO PACK	4	
VITAFOL-ONE ORAL CAPSULE	4	
VITAMEDMD ONE RX ORAL CAPSULE	4	
<i>vitamin b complex-folic acid oral tablet</i>	1	ACA; OTC
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	1	OTC
<i>vitamin d3 oral tablet, chewable 25 mcg (1,000 unit)</i>	1	OTC
<i>vitamins a,c,d and fluoride oral drops</i>	2	ACA; OTC
VITATRUE ORAL COMBO PACK	4	
<i>wescap-c dha oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>wescap-pn dha oral capsule</i>	2	
<i>wesnatal dha complete oral combo pack</i>	1	HSA+
<i>wesnate dha oral capsule</i>	2	HSA+
<i>westab plus oral tablet</i>	1	HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>westgel dha oral capsule</i>	2	HSA+
<i>zatean-pn dha oral capsule</i>	2	
<i>zatean-pn plus oral capsule</i>	2	
<i>zingiber oral tablet</i>	1	

Index

A		
<i>abacavir</i>	3	
<i>abacavir-lamivudine</i>	3	
ABILIFY MAINTENA.....	37	
ABILIFY MYCITE MAINTENANCE KIT.....	37	
ABILIFY MYCITE STARTER KIT.....	37	
<i>abiraterone</i>	14	
ABRYSSVO (PF).....	106	
ABSORICA.....	62	
ACAM2000 (NATIONAL STOCKPILE).....	106	
<i>acamprosate</i>	73	
<i>acarbose</i>	92	
ACCOLATE.....	134	
ACCRUFER.....	143	
ACCU-CHEK GUIDE L1-L2 CTRL SOL.....	82	
ACCU-CHEK SMARTVIEW CONTRL SOL.....	82	
ACCUPRIL.....	46	
ACCURETIC.....	46	
<i>accutane</i>	62	
ACCUTREND GLUCOSE CONTROL.....	82	
ACE AEROSOL CLOUD ENHANCER.....	81	
<i>acebutolol</i>	46	
<i>acetaminophen-caff- dihydrocod</i>	31	
<i>acetaminophen-codeine</i>	31	
<i>acetazolamide</i>	129	
<i>acetic acid</i>	73, 78	
<i>acetylcysteine</i>	134	
<i>acitretin</i>	58	
ACTEMRA.....	113	
ACTEMRA ACTPEN.....	113	
ACTHAR.....	79	
ACTHAR SELFJECT.....	79	
ACTHIB (PF).....	106	
ACTICLATE.....	12	
ACTIMMUNE.....	105	
ACTIVELLA.....	115	
ACTONEL.....	112	
ACTOPLUS MET.....	93	
ACTOS.....	93	
ACULAR.....	129	
ACULAR LS.....	129	
<i>acyclovir</i>	3, 68	
ACZONE.....	62	
ADACEL(TDAP ADOLESN/ADULT)(PF)	106	
ADALIMUMAB-ADAZ....	113	
ADALIMUMAB-ADBM..	113	
ADALIMUMAB-ADBM(CF) PEN CROHNS.....	113	
ADALIMUMAB-ADBM(CF) PEN PS-UV.....	113	
ADALIMUMAB-RYVK....	113	
<i>adapalene</i>	62	
ADAPALENE.....	62	
<i>adapalene-benzoyl peroxide</i> .	62	
ADASUVE.....	37	
ADBRY.....	60	
ADDYI.....	37	
<i>adefovir</i>	3	
ADEMPAS.....	134	
ADLARITY.....	28	
ADRENALIN.....	135	
<i>adthyza</i>	94	
<i>adult aspirin regimen</i>	34	
ADVAIR HFA.....	135	
ADVATE.....	52	
ADVOCATE REDI-CODE PLUS CTRL L.....	82	
ADYNOVATE.....	52	
ADZENYS XR-ODT.....	38	
AEMCOLO.....	9	
AEROCHAMBER MECHANICAL VENT....	81	
AEROCHAMBER MINI....	81	
AEROCHAMBER PLUS FLOW-VU.....	81	
AEROCHAMBER PLUS Z STAT.....	81	
AEROTRACH PLUS.....	81	
AEROVENT PLUS.....	81	

<i>afirmelle</i>	118	ALINIA	9	AMICAR	52
AFLURIA TRIV 2024-2025	107	<i>aliskiren</i>	46	<i>amiloride</i>	46
AFLURIA TRIV 2024-2025 (PF).....	106	ALKERAN.....	14	<i>amiloride-hydrochlorothiazide</i>	46
AFSTYLA.....	52	<i>allergy eye (ketotifen)</i>	126	<i>aminocaproic acid</i>	52
<i>after pill</i>	118	<i>allopurinol</i>	112	<i>aminophylline</i>	135
AFTERA	118	<i>almotriptan malate</i>	27	<i>amiodarone</i>	45
AGAMATRIX CONTROL HIGH.....	82	ALOCRIAL.....	126	<i>amitriptyline</i>	38
AGRYLIN	73	<i>alose tron</i>	97	<i>amitriptyline-chlordiazepoxide</i>	38
AIMOVIG AUTOINJECTOR	27	ALPHAGAN P.....	132	<i>amlodipine</i>	46
AIRDUO DIGIHALER.....	135	<i>alprazolam</i>	38	<i>amlodipine-atorvastatin</i>	55
AIRSUPRA	135	<i>alprazolam intensol</i>	38	<i>amlodipine-benazepril</i>	46
AJOVY AUTOINJECTOR ..	27	ALPROLIX	52	<i>amlodipine-olmesartan</i>	46
AJOVY SYRINGE.....	27	ALTABAX.....	66	<i>amlodipine-valsartan</i>	46
AKLIEF.....	62	<i>altacaine</i>	126	<i>amlodipine-valsartan-hcthiamid</i>	46
AKTEN (PF)	126	ALTACE.....	46	<i>ammonium lactate</i>	60
<i>ala-cort</i>	68	ALTAFLUOR BENOX	126	<i>amne steem</i>	62
ALA-SCALP.....	68	<i>altavera (28)</i>	118	<i>amoxapine</i>	38
<i>alaway</i>	126	ALTRENO.....	62	<i>amoxicil-clarithromy-</i> <i>lansopraz</i>	102
<i>albendazole</i>	9	ALTUVIIIO	52	<i>amoxicillin</i>	11
<i>albuterol sulfate</i>	135	ALUNBRIG	14	<i>amoxicillin-pot clavulanate</i> ..	11
ALCAINE	126	<i>alvimopan</i>	97	<i>amphetamine sulfate</i>	38
<i>alclometasone</i>	69	<i>alyacen 1/35 (28)</i>	118	<i>ampicillin</i>	11
ALDACTONE	46	<i>alyacen 7/7/7 (28)</i>	118	AMZEEQ	62
ALECENSA	14	<i>alyq</i>	135	ANAFRANIL	38
<i>alendronate</i>	112	<i>amantadine hcl</i>	3	<i>anagrelide</i>	73
ALFERON N.....	105	<i>ambrisentan</i>	135	ANA-LEX KIT.....	97
<i>alfuzosin</i>	140	<i>amcinonide</i>	69	ANALPRAM-HC.....	58, 97
		AMELUZ	60		
		<i>amethia</i>	118		
		<i>amethyst (28)</i>	118		

ANAPROX DS	34	ARIXTRA	52	<i>atovaquone</i>	9
<i>anaspaz</i>	95	<i>armodafinil</i>	38	<i>atovaquone-proguanil</i>	9
<i>anastrozole</i>	14	ARMOUR THYROID	94	<i>atropine</i>	125
ANCOBON	2	ARNUITY ELLIPTA	135	ATROPINE.....	125
ANGELIQ.....	115	AROMASIN.....	14	ATROVENT HFA	135
ANNOVERA	117	ARTHROTEC 50	34	<i>aubra</i>	119
ANORO ELLIPTA.....	135	ARTHROTEC 75	34	<i>aubra eq</i>	119
<i>anucort-hc</i>	97	<i>ascomp with codeine</i>	31	AUDENZ (NATIONAL	
<i>apexicon e</i>	69	<i>asenapine maleate</i>	38	STOCKPILE)	107
<i>apomorphine</i>	26	<i>ashlyna</i>	119	AUDENZ(PF)(NATIONAL	
<i>apraclonidine</i>	132	ASMANEX HFA	135	STOCKPILE)	107
<i>aprepitant</i>	97	ASMANEX TWISTHALER		AUGMENTIN.....	11
APRETUDE	3	.....	135	AUGMENTIN ES-600.....	11
<i>apri</i>	118	<i>aspirin</i>	34	AUGMENTIN XR	11
APRISO.....	97	<i>aspirin childrens</i>	34	AUGTYRO.....	15
APTIOM.....	21	<i>aspirin-dipyridamole</i>	52	<i>aurovela 1.5/30 (21)</i>	119
APTIVUS.....	3	ASSURE 4 CONTROL		<i>aurovela 1/20 (21)</i>	119
ARAKODA.....	9	SOLUTION	82	<i>aurovela 24 fe</i>	119
<i>aranelle (28)</i>	119	ASSURE DOSE NORMAL		<i>aurovela fe 1.5/30 (28)</i>	119
ARAVA.....	113	CONTROL	82	<i>aurovela fe 1-20 (28)</i>	119
ARAZLO.....	62	ASSURE PRISM CONTROL		AURYXIA	96
ARCALYST	104	1-2 SOLN	82	AUSTEDO	28
ARESTIN	76	ASTAGRAF XL.....	14	AUSTEDO XR.....	28
AREXVY (PF)	107	AT HOME A1C	82	AUSTEDO XR TITRATION	
<i>arformoterol</i>	135	<i>atazanavir</i>	3	KT(WK1-4).....	28
ARICEPT	28	AELVIA	112	AUTOJECT 2 INJECTION	
ARIKAYCE.....	9	<i>atenolol</i>	46	DEVICE	82
<i>aripiprazole</i>	38	<i>atenolol-chlorthalidone</i>	46	AUTOPEN 1 TO 21 UNITS.....	82
ARISTADA	38	ATIVAN.....	38	AUVELITY	38
ARISTADA INITIO	38	<i>atomoxetine</i>	38	AUVI-Q.....	133
		<i>atorvastatin</i>	55	<i>avar</i>	62

AVAR LS.....	62	BAFIERTAM	105	<i>benzebro</i>	62
AVAR-E.....	62	<i>balanced b-100</i>	143	BENZEPRO	
<i>aviane</i>	119	<i>bal-care dha</i>	143	(MICROSPHERES)	62
<i>avidoxy</i>	12	BAL-CARE DHA		BENZNIDAZOLE	9
AVIDOXY DK	12	ESSENTIAL.....	143	<i>benzonatate</i>	134
AVONEX	105	<i>balsalazide</i>	97	<i>benzoyl peroxide</i>	62
<i>ayuna</i>	119	BALVERSA	15	<i>benztropine</i>	26
AYVAKIT.....	15	<i>balziva (28)</i>	119	BEOVU	126
AZASAN.....	15	BAQSIMI	81	<i>bepotastine besilate</i>	126
AZASITE	123	BARACLUDGE.....	3	<i>besper</i>	69
<i>azathioprine</i>	15	BAXDELA	12	BETADINE OPHTHALMIC	
<i>azelaic acid</i>	62	<i>bayer aspirin</i>	34	PREP.....	123
<i>azelastine</i>	77, 126	<i>bayer low dose aspirin</i>	34	<i>betaine</i>	97
<i>azelastine-fluticasone</i>	136	BCG VACCINE, LIVE (PF)		<i>betamethasone dipropionate</i>	69
AZELEX	62	.....	107	<i>betamethasone valerate</i>	69
AZILECT	26	<i>b-complex with vitamin c</i>	143	<i>betamethasone, augmented</i> ...69	
<i>azithromycin</i>	7	BD INTEGRA NEEDLE.....	82	BETAPACE	45
AZSTARYS.....	38	BD MICROTAINER LANCET		BETAPACE AF	45
AZULFIDINE	97	.....	82	BETASERON.....	105
AZULFIDINE EN-TABS	97	BD SPECIALTY USE		<i>betaxolol</i>	46, 125
<i>azurette (28)</i>	119	NEEDLES	82	<i>bethanechol chloride</i>	141
B		BD ULTRA-FINE NANO PEN		BETHKIS	9
<i>b complex 1 (with folic acid)</i>		NEEDLE	82	BETOPTIC S.....	125
.....	143	BELBUCA	31	BEVACIZUMAB	15, 126
<i>b complex-vitamin c-folic acid</i>		<i>belladonna alkaloids-opium</i> .95		<i>bexarotene</i>	15
.....	143	BELSOMRA	38	BEXSERO.....	107
<i>bacitracin</i>	123	<i>benazepril</i>	46	BEYAZ	119
<i>bacitracin-polymyxin b</i>	123	<i>benazepril-hydrochlorothiazide</i>		BEYFORTUS.....	3
<i>baclofen</i>	30	.....	46	<i>bicalutamide</i>	15
BACTRIM.....	12	BENEFIX	52	BIKTARVY	3
BACTRIM DS.....	12	BENLYSTA.....	113	BILTRICIDE	9
		BENZAMYCIN	62		

<i>bimatoprost</i>	129	BRIMONIDINE- DORZOLAMIDE (PF)...	129	BYDUREON BCISE.....	93
BINOSTO.....	112	<i>brimonidine-timolol</i>	129	BYETTA.....	93
BIOTHRAX	107	<i>brinzolamide</i>	129	BYLVAY	97
<i>bismuth subcit k-metronidz-tcn</i>	102	BRIVIACT	21	BYOOVIZ	126
<i>bisoprolol fumarate</i>	46	BRIXADI	31	C	
<i>bisoprolol-hydrochlorothiazide</i>	46	BROMFED DM	134	CABENUVA	3
<i>blisovi 24 fe</i>	119	<i>bromfenac</i>	129	<i>cabergoline</i>	90
<i>blisovi fe 1.5/30 (28)</i>	119	<i>bromocriptine</i>	26	CABLIVI.....	52
<i>blisovi fe 1/20 (28)</i>	119	<i>brompheniramine-pseudoeph-</i> <i>dm</i>	134	CABOMETYX.....	15
BLOOD GLUCOSE CONTROL, NORMAL....	82	BROVANA.....	136	CADUET.....	55
BOOSTRIX TDAP	107	BRUKINSA.....	15	<i>caffeine citrate</i>	73
<i>bosentan</i>	136	BRYHALI	69	<i>calcipotriene</i>	58
BOSULIF	15	<i>budesonide</i>	97, 136	<i>calcipotriene-betamethasone</i>	59
<i>bp 10-1</i>	62	<i>budesonide-formoterol</i>	136	<i>calcitonin (salmon)</i>	90
BRAFTOVI.....	15	<i>bumetanide</i>	46	<i>calcitriol</i>	59, 90
BREATHERITE MDI SPACER	81	BUPHENYL.....	73	<i>calcium acetate(phosphat bind)</i>	142
BREEZE 2 CONTROL SOLUTION,HIGH.....	83	<i>buprenorphine</i>	31	CALQUENCE (ACALABRUTINIB MAL)	15
BREO ELLIPTA	136	<i>buprenorphine hcl</i>	31	CAMBIA	34
BREXAFEMME	2	<i>buprenorphine-naloxone</i>	34	<i>camila</i>	115
<i>breyna</i>	136	<i>bupropion hcl</i>	38, 39	<i>camrese</i>	119
BREZTRI AEROSPHERE. 136		<i>bupropion hcl (smoking deter)</i>	76	<i>camrese lo</i>	119
<i>briellyn</i>	119	<i>bupirone</i>	39	CAMZYOS.....	57
BRILINTA	52	<i>butalbital-acetaminop-caf-cod</i>	31	<i>candesartan</i>	46
<i>brimonidine</i>	62, 132	<i>butalbital-acetaminophen</i>	31	<i>candesartan-</i> <i>hydrochlorothiazid</i>	46
BRIMONIDINE- DORZOLAMIDE.....	129	<i>butalbital-acetaminophen-caff</i>	31	CANTHARIDIN IN ACETONE.....	61
		<i>butalbital-aspirin-caffeine</i>	31	<i>capecitabine</i>	15
		<i>butorphanol</i>	34	CAPEX.....	69

CAPLYTA	39	<i>carteolol</i>	125	CERDELGA.....	90
CAPRELSA	15	<i>cartia xt</i>	47	CERVIDIL.....	117
<i>captopril</i>	46	<i>carvedilol</i>	47	<i>cetirizine</i>	133
<i>captopril-hydrochlorothiazide</i>	46	<i>carvedilol phosphate</i>	47	<i>cetrotrelis</i>	90
CAPVAXIVE	107	CASODEX.....	15	CETROTIDE.....	90
CARBAGLU.....	73	CATAPRES-TTS-1	47	<i>cevimeline</i>	74
<i>carbamazepine</i>	21, 22	CATAPRES-TTS-2	47	CHANTIX.....	76
CARBAMAZEPINE.....	22	CATAPRES-TTS-3	47	CHANTIX CONTINUING MONTH BOX.....	76
CARBATROL.....	22	CAVERJECT.....	141	CHANTIX STARTING MONTH BOX.....	76
<i>carbidopa</i>	26	CAVERJECT IMPULSE....	141	<i>charlotte 24 fe</i>	119
<i>carbidopa-levodopa</i>	26	CAYA CONTOURED	115	<i>chateal (28)</i>	119
<i>carbidopa-levodopa-</i> <i>entacapone</i>	26	CAYSTON.....	9	<i>chateal eq (28)</i>	119
<i>carbinoxamine maleate</i>	133	<i>caziant (28)</i>	119	CHEMET.....	74
CARDIZEM.....	47	<i>cefaclor</i>	7	CHEMICAL.....	74
CARDIZEM CD	47	<i>cefadroxil</i>	7	CHEMICAL.....	97
CARDIZEM LA.....	47	<i>cefdinir</i>	7	<i>children's alaway</i>	127
CARDURA	47	<i>cefixime</i>	7	<i>chlordiazepoxide hcl</i>	39
CARDURA XL	47	<i>cefpodoxime</i>	7	<i>chlordiazepoxide-clidinium</i> ..	95
CARESENS CONTROL A AND B.....	83	<i>cefprozil</i>	7	<i>chlorhexidine gluconate</i>	77
CARETOUCH CONTROL SOLN L2-L3	83	<i>cefuroxime axetil</i>	7	<i>chloroquine phosphate</i>	9
<i>carglumic acid</i>	73	<i>celecoxib</i>	34	<i>chlorpromazine</i>	39
<i>carisoprodol</i>	30	CELLCEPT	15	<i>chlorthalidone</i>	47
<i>carisoprodol-aspirin</i>	30	CELONTIN.....	22	<i>chlorzoxazone</i>	30
<i>carisoprodol-aspirin-codeine</i>	30	CENTANY	66	CHOLBAM.....	97
CARNITOR	73	CENTANY AT.....	66	<i>cholecalciferol (vitamin d3)</i> 143	
CARNITOR (SUGAR-FREE)	73	<i>cephalexin</i>	7	<i>cholestyramine (with sugar)</i> .55	
		CEPROTIN (BLUE BAR) ...	52	<i>cholestyramine light</i>	55
		CEPROTIN (GREEN BAR) 52		CHORIONIC GONADOTROPIN, HUMAN	90
		CEQUA	126		
		CEQR SIMPLICITY	83		

CIBINQO	61	CLEOCIN T	62	<i>clorazepate dipotassium</i>	39
<i>ciclodan</i>	67	CLEVER CHOICE LEVEL 2 CONTROL	83	<i>clotrimazole</i>	2, 67
CICLODAN KIT.....	67	CLIMARA.....	115	<i>clotrimazole-betamethasone</i>	67
<i>ciclopirox</i>	67	<i>clindacin</i>	63	<i>clozapine</i>	39
<i>ciclopirox-ure-camph-menth- euc</i>	67	<i>clindacin etz</i>	63	CLOZARIL	39
<i>cilostazol</i>	52	CLINDACIN ETZ.....	63	<i>c-nate dha</i>	143
CIMDUO.....	3	<i>clindacin p</i>	63	COAGADEX.....	52
CIMERLI	127	CLINDACIN PAC.....	63	COARTEM.....	9
<i>cimetidine</i>	102	<i>clindamycin hcl</i>	9	COCAINE	66
<i>cimetidine hcl</i>	102	<i>clindamycin pediatric</i>	9	<i>codeine sulfate</i>	31
<i>cinacalcet</i>	90	<i>clindamycin phosphate</i>	63, 117	<i>codeine-butalbital-asa-caff</i> ...31	
CINRYZE.....	136	<i>clindamycin benzoyl peroxide</i>	63	<i>codeine-guaifenesin</i>	134
CIPRO	12	<i>clindamycin-tretinoin</i>	63	CODITUSSIN AC	134
<i>ciprofloxacin</i>	12	CLINDESSE	117	CODITUSSIN DAC	134
<i>ciprofloxacin hcl</i>	12, 78, 124	CLINPRO 5000.....	77	COLAZAL	97
<i>ciprofloxacin-dexamethasone</i>	79	<i>clobazam</i>	22	<i>colchicine</i>	112
<i>citalopram</i>	39	<i>clobetasol</i>	69	<i>colesevelam</i>	56
<i>citrate of magnesia</i>	97	<i>clobetasol-emollient</i>	69	COLESTID.....	56
<i>citroma</i>	97	CLOBEX	69, 70	<i>colestipol</i>	56
<i>claravis</i>	62	<i>clocortolone pivalate</i>	70	COMBIGAN	129
CLARINEX.....	133	<i>clodan</i>	70	COMBIPATCH.....	115
CLARINEX-D 12 HOUR..	134	CLODAN KIT.....	70	COMBIVENT RESPIMAT	136
<i>clarithromycin</i>	8	<i>clomid</i>	90	COMETRIQ	15
<i>classic prenatal</i>	143	<i>clomiphene citrate</i>	90	COMIRNATY 2024-25 (12Y UP)(PF).....	107
<i>clearlax</i>	97	<i>clomipramine</i>	39	COMPACT SPACE CHAMBER	81
<i>clemastine</i>	133	<i>clonazepam</i>	22	COMPAZINE	98
CLEOCIN.....	117	<i>clonidine</i>	47	<i>complete natal dha</i>	143
CLEOCIN HCL.....	9	<i>clonidine hcl</i>	39, 47	<i>compro</i>	98
CLEOCIN PEDIATRIC	9	<i>clopidogrel</i>	52	CONCEPT DHA	143

CONCEPT OB	143	<i>cyanocobalamin (vitamin b-12)</i>	.....	143	<i>dalfampridine</i>	28
CONSENSI	47	.....	.....	143	<i>danazol</i>	90
<i>constulose</i>	98	<i>cyclobenzaprine</i>.....	.....	30	DANTRIUM.....	30
CONTOUR CONTROL		CYCLOGYL .....	.....	125	<i>dantrolene</i>	30
SOLUTION, NML	83	CYCLOMYDRIL.....	.....	132	<i>dapsone</i>	9, 63
CONTOUR NEXT LEV 2		<i>cyclopentolate</i>.....	.....	125	DAPTACEL (DTAP	
CONTROL SOL.....	83	<i>cyclopen-tropic-phenyleph-</i>	.....	125	PEDIATRIC) (PF)	107
COPIKTRA.....	15	<i>watr</i>.....	.....	125	DARAPRIM	9
CORDRAN	70	CYCLOPENT-TROPIC-	.....	125	<i>darifenacin</i>	140
CORDRAN TAPE LARGE		PHEN-KETR-WAT .....	.....	125	<i>darunavir</i>	3
ROLL	70	<i>cyclophosphamide</i> .....	.....	15	<i>dasatinib</i>	15
COREG CR.....	47	CYCLOPHOSPHAMIDE ....	.....	15	<i>dasetta 1/35 (28)</i>	119
CORTANE-B.....	61	<i>cycloserine</i>.....	.....	9	<i>dasetta 7/7/7 (28)</i>	119
CORTEF	79	CYCLOSET .....	.....	93	DAURISMO.....	15
CORTENEMA	98	<i>cyclosporine</i>.....	.....	15, 127	DAYPRO	34
<i>cortisone</i>	79	CYCLOSPORINE IN	.....	127	<i>daysee</i>	119
CORTISPORIN-TC	79	KLARITY .....	.....	127	DAYTRANA	39
COTELLIC.....	15	<i>cyclosporine modified</i>.....	.....	15	DAYVIGO	39
COTEMPLA XR-ODT	39	CYLTEZO(CF).....	.....	113	DDAVP	90
<i>covaryx</i>	115	CYLTEZO(CF) PEN .....	.....	113	<i>deblitane</i>	115
<i>covaryx h.s.</i>	115	CYLTEZO(CF) PEN	.....	113	<i>deferasirox</i>	74
CREON	98	CROHN'S-UC-HS.....	.....	113	<i>deferiprone</i>	74
CRESEMBA	2	CYLTEZO(CF) PEN	.....	113	<i>deflazacort</i>	79
CRINONE	115	PSORIASIS-UV .....	.....	113	DELESTROGEN	116
<i>cromolyn</i>	98, 127, 136	<i>cyproheptadine</i> .....	.....	133	<i>demeclocycline</i>	12
<i>crotan</i>	73	<i>cyred</i> .....	.....	119	DEMSEER.....	47
<i>cryselle (28)</i>	119	<i>cyred eq</i> .....	.....	119	DENAVIR.....	68
CRYSVITA	90	CYSTAGON .....	.....	141	DENGVAXIA (PF).....	107
<i>curae</i>	119	CYSTARAN.....	.....	127	<i>denta 5000 plus</i>	77
CUVITRU	107	CYTOTEC.....	.....	102	<i>denta 5000 plus sensitive</i>	77
		D				
		<i>dabigatran etexilate</i>.....	.....	52		

<i>dentagel</i>	77	<i>dexamethasone sodium phosphate</i>	131	DICLEGIS.....	98
DEPAKOTE.....	22	DEXAMETH-MOXIFLOX(PF)-NACL,ISO.....	130	<i>diclofenac potassium</i>	34
DEPAKOTE ER.....	22	DEXAMET-MOXIFL-KETORO-NACL(PF)....	127	<i>diclofenac sodium</i>	34, 35, 61, 129
DEPAKOTE SPRINKLES...	22	<i>dexchlorpheniramine maleate</i>	133	<i>diclofenac-misoprostol</i>	35
DEPEN TITRATABS.....	113	DEXCOM G6 RECEIVER ..	83	<i>dicloxacillin</i>	11
DEPO-ESTRADIOL.....	116	DEXCOM G6 SENSOR.....	83	<i>dicyclomine</i>	95
DEPO-PROVERA.....	116	DEXCOM G6 TRANSMITTER.....	83	DIFFERIN.....	63
DEPO-SUBQ PROVERA	104	DEXCOM G7 RECEIVER ..	83	DIFICID.....	8
.....	116	DEXCOM G7 SENSOR.....	83	<i>diflorasone</i>	70
DEPO-TESTOSTERONE....	90	DEXEDRINE SPANSULE ..	39	DIFLUCAN.....	2
<i>dermacinrx lidocan</i>	66	<i>dexlansoprazole</i>	102	<i>diflunisal</i>	35
DERMA-SMOOTH/FS BODY OIL.....	70	<i>dexmethylphenidate</i>	39	<i>difluprednate</i>	131
DERMA-SMOOTH/FS SCALP OIL.....	70	DEXTENZA.....	131	<i>digoxin</i>	52
DERMOTIC OIL.....	78	<i>dextroamphetamine sulfate</i> ..	39, 40	<i>dihydroergotamine</i>	27
DESCOVY.....	3	<i>dextroamphetamine-amphetamine</i>	40	DILANTIN.....	22
<i>desipramine</i>	39	DEXYCU (PF).....	131	DILANTIN EXTENDED....	22
<i>desloratadine</i>	133	DIACOMIT.....	22	DILANTIN INFATABS.....	22
<i>desmopressin</i>	90	<i>dialyvite 800</i>	143	DILANTIN-125.....	22
DESMOPRESSIN.....	90	DIATRUE CONTROL SOLN NORMAL.....	83	DILAUDID.....	31
<i>desog-e.estradiol/e.estradiol</i>	119	<i>diazepam</i>	22, 40	<i>diltiazem</i>	47
<i>desonide</i>	70	<i>diazepam intensol</i>	40	<i>dilt-xr</i>	47
<i>desoximetasone</i>	70	<i>diazoxide</i>	81	<i>dimethyl fumarate</i>	105
DESOXYN.....	39	DIBENZYLINE.....	47	DIPENTUM.....	98
DESVENLAFAXINE.....	39	<i>dichlorphenamide</i>	28	DIPHEN.....	133
<i>desvenlafaxine succinate</i>	39			<i>diphenoxylate-atropine</i>	95
<i>dexabliss</i>	79			DIPROLENE (AUGMENTED).....	70
<i>dexamethasone</i>	79			<i>dipyridamole</i>	52
<i>dexamethasone intensol</i>	79			DISALCID.....	35
				<i>diskets</i>	31

<i>disopyramide phosphate</i>	45	<i>droxidopa</i>	74	EASY TALK PLUS II LOW CONTROL	83
<i>disulfiram</i>	74	DSUVIA.....	32	EASY TOUCH BLU CTRL SOLN-L1,L3	83
DIURIL	48	DUAVEE	116	EASY TRAK II CTRL SOLN- NORMAL.....	83
<i>divalproex</i>	22	DUET DHA WITH OMEGA-3	143	EASY TRAK LOW CONTROL	83
<i>dodex</i>	143	DUETACT.....	93	EASYMAX 15 LEVEL 2.....	83
<i>dofetilide</i>	45	DUEXIS	35	EASYMAX NORMAL CONTROL	83
DOJOLVI	143	<i>dulcolax (magnesium hydroxide)</i>	98	EBGLYSS PEN	61
<i>dolishale</i>	119	DULERA.....	136	EC-NAPROSYN	35
<i>donepezil</i>	28	<i>duloxetine</i>	40	<i>econazole</i>	67
DONNATAL	95	DUOPA.....	26	<i>econtra ez</i>	119
DOPTELET (15 TAB PACK)	52	DUPIXENT PEN	61	<i>econtra one-step</i>	120
<i>dorzolamide</i>	129	DUPIXENT SYRINGE.....	61	<i>ecotrin</i>	35
DORZOLAMIDE (PF)	129	DUREX AVANTI BARE REAL FEEL	115	<i>ecotrin low strength</i>	35
<i>dorzolamide-timolol</i>	129	DUREX TROPICAL CONDOM	115	EDECRIN.....	48
<i>dorzolamide-timolol (pf)</i>	129	<i>dutasteride</i>	140	EDEX	141
<i>dotti</i>	116	<i>dutasteride-tamsulosin</i>	141	EDLUAR.....	40
DOVATO	3	DYRENIUM	48	<i>ed-spaz</i>	95
<i>doxazosin</i>	48	E		EDURANT	3
<i>doxepin</i>	40, 61	<i>e.e.s. 400</i>	8	<i>eemt</i>	116
<i>doxercalciferol</i>	90	E.E.S. GRANULES.....	8	<i>eemt hs</i>	116
<i>doxycycline hyclate</i>	12, 13	EASIVENT HOLDING CHAMBER	81	<i>efavirenz</i>	3
<i>doxycycline monohydrate</i>	13	EASY PLUS II HIGH CONTROL	83	<i>efavirenz-emtricitabin-tenofov</i> 3	
<i>doxylamine-pyridoxine (vit b6)</i>	98	EASY STEP HIGH CONTROL SOLN.....	83	<i>efavirenz-lamivu-tenofov disop</i>	4
<i>dronabinol</i>	98	EASY TALK HIGH CONTROL	83	<i>efffer-k</i>	142
<i>drospirenone-e.estradiol-lm.fa</i>	119			EFFFER-K.....	142
<i>drospirenone-ethinyl estradiol</i>	119			EFFIENT	52
DROXIA	15				

EFUDEX.....	61	<i>emtricitabine</i>	4	EPIFOAM.....	59
EGRIFTA SV	104	<i>emtricitabine-tenofovir (tdf)</i> ...	4	<i>epinastine</i>	127
ELEMENT COMPACT NORMAL CONTROL.....	83	EMTRIVA	4	<i>epinephrine</i>	133
ELEMENT NORMAL CONTROL	84	EMVERM	9	<i>epinephrine hcl</i>	136
ELEPSIA XR.....	22	<i>emzahh</i>	116	EPIPEN.....	133
<i>eletriptan</i>	27	<i>enalapril maleate</i>	48	EPIPEN JR	133
ELIGARD	16	<i>enalapril-hydrochlorothiazide</i>	48	<i>epitol</i>	23
ELIGARD (3 MONTH).....	16	ENBRACE HR.....	144	EPIVIR	4
ELIGARD (4 MONTH).....	16	ENBREL	114	<i>eplerenone</i>	48
ELIGARD (6 MONTH).....	16	ENBREL MINI	114	<i>eprosartan</i>	48
ELIMITE.....	73	ENBREL SURECLICK	114	EPSOLAY	63
<i>elimest</i>	120	ENDARI.....	74	EQUETRO	23
ELIQUIS	53	<i>endocet</i>	32	<i>ergocalciferol (vitamin d2)</i> .	144
ELIQUIS DVT-PE TREAT 30D START.....	52	ENGERIX-B (PF)	107	<i>ergoloid</i>	40
<i>elite-ob</i>	143	ENGERIX-B PEDIATRIC (PF).....	107	ERGOMAR	27
ELIXOPHYLLIN.....	136	<i>enilloring</i>	117	<i>ergotamine-caffeine</i>	27
ELLA.....	120	<i>enoxaparin</i>	53	ERIVEDGE	16
ELMIRON.....	141	<i>enpresse</i>	120	ERLEADA	16
ELOCTATE.....	53	<i>enskyce</i>	120	<i>erlotinib</i>	16
<i>eluryng</i>	117	ENSPRYNG	16	ERMEZA.....	94
EMBRACE EVO LEVEL 1 .	84	ENSTILAR.....	59	<i>errin</i>	116
EMBRACE GLUCOSE CONTROL LOW	84	<i>entacapone</i>	26	ERVEBO(PF)(NATIONAL STOCKPILE)	107
EMBRACE TALK CONTROL-LOW (L1)	84	<i>entecavir</i>	4	<i>ery pads</i>	63
EMGALITY PEN.....	27	ENTRESTO.....	57	<i>erygel</i>	63
EMGALITY SYRINGE.....	27	ENTRESTO SPRINKLE	57	ERYPED 200.....	8
EMPAVELI.....	74	<i>enulose</i>	98	ERYPED 400.....	8
EMSAM	40	EPCLUSA	4	<i>ery-tab</i>	8
		EPIDIOLEX.....	23	ERY-TAB.....	8
		EPIDUO FORTE.....	63	<i>erythrocin (as stearate)</i>	8

<i>erythromycin</i>	8, 124	EUCRISA.....	61	<i>famciclovir</i>	4
<i>erythromycin ethylsuccinate</i> ...	8	EULEXIN.....	16	<i>famotidine</i>	103
<i>erythromycin with ethanol</i>	63	EURAX.....	73	FARESTON.....	16
<i>erythromycin-benzoyl peroxide</i>	63	<i>euthyrox</i>	94	FARXIGA.....	93
<i>escitalopram oxalate</i>	40	EVAMIST.....	116	FASENRA PEN.....	136
ESGIC.....	32	<i>everolimus (antineoplastic)</i> ..	16	FC2 FEMALE CONDOM .	115
<i>esomeprazole magnesium</i> ..	102, 103	<i>everolimus</i> (immunosuppressive).....	16	<i>febuxostat</i>	112
ESPEROCT.....	53	EVERSENSE E3 SENSOR- HOLDER.....	84	<i>felbamate</i>	23
<i>estarylla</i>	120	EVERSENSE E3 SMART TRANSMITTER.....	84	FELBATOL.....	23
<i>estazolam</i>	40	EVISTA.....	112	<i>felodipine</i>	48
ESTRACE.....	116	EVOCLIN.....	63	<i>fem ph</i>	117
<i>estradiol</i>	116	EVOLUTION NORMAL CONTROL.....	84	FEMARA.....	16
ESTRADIOL.....	116	EVOTAZ.....	4	FEMCAP.....	115
<i>estradiol valerate</i>	116	EVOXAC.....	74	<i>fenofibrate</i>	56
<i>estradiol-norethindrone acet</i>	116	EVRYSDI.....	29	<i>fenofibrate micronized</i>	56
ESTRATEST F.S.....	116	EXELDERM.....	67	<i>fenofibrate nanocrystallized</i> .	56
<i>estrogens-methyltestosterone</i>	116	EXELON PATCH.....	29	<i>fenofibric acid</i>	56
<i>eszopiclone</i>	40	<i>exemestane</i>	16	<i>fenofibric acid (choline)</i>	56
<i>ethacrynic acid</i>	48	EXTINA.....	67	FENOGLIDE.....	56
<i>ethambutol</i>	9	<i>eye itch relief</i>	127	<i>fenoprofen</i>	35
<i>ethosuximide</i>	23	EYSUVIS.....	131	FENSOLVI.....	16
<i>ethynodiol diac-eth estradiol</i>	120	<i>ezetimibe</i>	56	<i>fentanyl</i>	32
<i>etodolac</i>	35	<i>ezetimibe-simvastatin</i>	56	<i>fentanyl citrate</i>	32
<i>etonogestrel-ethinyl estradiol</i>	117	F		FER-IN-SOL.....	144
<i>etoposide</i>	16	FABHALTA.....	74	FERRIPROX.....	74
<i>etravirine</i>	4	FACTIVE.....	12	FERRIPROX (2 TIMES A DAY).....	74
		<i>falmina (28)</i>	120	<i>ferrous sulfate</i>	144
				<i>fesoterodine</i>	140
				FETZIMA.....	40

FEXMID.....	30	FLULAVAL TRIV 2024-2025 (PF).....	108	<i>fluticasone propion-salmeterol</i>	136
FIBRICOR	56	FLUMADINE	4	<i>fluvastatin</i>	56
FINACEA.....	63	FLUMIST TRIVALENT 2024- 2025	108	<i>fluvoxamine</i>	41
<i>finasteride</i>	141	<i>flunisolide</i>	136	FLUZONE HIGH-DOSE TRIV 24-25.....	108
<i>fingolimod</i>	105	<i>fluocinolone</i>	70	FLUZONE TRIV 2024-2025	108
<i>finzala</i>	120	<i>fluocinolone acetonide oil</i>	78	FLUZONE TRIV 2024-2025 (PF).....	108
FIORICET.....	32	<i>fluocinolone and shower cap</i> 70		FLUZONE TRIV 2024-2025 (PF).....	108
FIORICET WITH CODEINE	32	<i>fluocinonide</i>	70, 71	FML LIQUIFILM.....	131
FIRDAPSE	29	<i>fluocinonide-e</i>	71	<i>folic acid</i>	144
<i>flac otic oil</i>	78	FLUORESC EIN- BENOXINATE.....	127	<i>folitab</i>	144
FLAGYL	9	<i>fluorescein-proparacaine</i> ...	127	<i>folivane-ob</i>	144
<i>flavoxate</i>	140	<i>fluoride (sodium)</i>	77, 144	<i>foltabs 800</i>	144
<i>flecainide</i>	45	FLUORIDEX DAILY DEFENSE	77	<i>fondaparinux</i>	53
FLECTOR.....	35	FLUORIDEX SENSITIVITY RELIEF	77	FORA 6 CONNECT MULTIFUNCTN MTR	84
FLEXICHAMBER.....	81	FLUORIMAX 5000	77	FORA GTEL MULTI- FUNCTN MONITOR.....	84
FLOLIPID	56	FLUORIMAX 5000 SENSITIVE.....	77	FORA KETONE CONTROL SOLN-L1	84
FLOMAX.....	141	<i>fluorometholone</i>	131	FORA NORMAL CONTROL	84
FLUAD TRIV 2024-25(65Y UP)(PF)	107	FLUOROPLEX.....	61	FORA TN'G ADV MOBILE MULTI MTR	84
FLUARIX TRIV 2024-2025 (PF).....	108	<i>fluorouracil</i>	61	FORA TN'G ADVANCE MULTI-FN MTR.....	84
FLUBLOK TRIV 2024-2025 (PF).....	108	<i>fluoxetine</i>	40	FORA TN'G ADVANCE PRO MONITOR.....	84
FLUCELVAX TRIV 2024- 2025	108	<i>fluphenazine hcl</i>	40, 41	FORACARE GDH LOW CONTROL	84
FLUCELVAX TRIV 2024- 2025 (PF).....	108	<i>flurandrenolide</i>	71	<i>formoterol fumarate</i>	136
<i>fluconazole</i>	2	<i>flurazepam</i>	41		
<i>flucytosine</i>	2	<i>flurbiprofen</i>	35		
<i>fludrocortisone</i>	79	<i>flurbiprofen sodium</i>	129		
		<i>fluticasone propionate</i> ..	71, 136		

FORMOTEROL FUMARATE-NEBULIZER.....	136	FREESTYLE LIBRE 3 SENSOR.....	85	<i>gavilax</i>	98
FOSAMAX	112	FREESTYLE LITE METER.....	85	<i>gavilyte-c</i>	98
FOSAMAX PLUS D.....	112	FREESTYLE LITE STRIPS	80	<i>gavilyte-g</i>	98
<i>fosamprenavir</i>	4	FREESTYLE PRECISION NEO STRIPS.....	80	<i>gavilyte-n</i>	98
<i>fosfomycin tromethamine</i>	13	FREESTYLE TEST	80	GAVRETO.....	16
<i>fosinopril</i>	48	FROVA.....	27	GE100 CONTROL SOLUTION NORMAL.....	85
<i>fosinopril-hydrochlorothiazide</i>	48	<i>frovatriptan</i>	27	<i>gefitinib</i>	16
FRAGMIN	53	<i>full spectrum b-vitamin c</i>	144	GELCLAIR	77
<i>fraiche 5000</i>	77	FULPHILA.....	104	<i>gemfibrozil</i>	56
FRAICHE 5000 PREVI.....	77	FURADANTIN	13	<i>gemmily</i>	120
FRAICHE 5000 SENSITIVE	77	<i>furosemide</i>	48	GEMTESA	140
FREESTYLE CONTROL.....	84	FUZEON	4	<i>generlac</i>	98
FREESTYLE FREEDOM ...	84	<i>fyavolv</i>	116	<i>engraf</i>	16
FREESTYLE FREEDOM LITE	84	FYCOMPA	23	GENOTROPIN.....	104
FREESTYLE INSULINX... 84	84	<i>fyremadel</i>	90	GENOTROPIN MINIQUICK	104
FREESTYLE INSULINX TEST STRIPS	80	G		<i>gentamicin</i>	67, 124
FREESTYLE LIBRE 14 DAY READER.....	84	<i>g tussin ac</i>	134	GENTEEL VACUUM LANCING DEVICE	85
FREESTYLE LIBRE 14 DAY SENSOR.....	84	<i>gabapentin</i>	23	<i>gentle laxative (bisacodyl)</i>	98
FREESTYLE LIBRE 2 READER.....	84	GALAFOLD	90	<i>gentle laxative (mag hydrox)</i>	98
FREESTYLE LIBRE 2 SENSOR.....	84	<i>galantamine</i>	29	<i>gentlelax</i>	98
FREESTYLE LIBRE 3 PLUS SENSOR.....	85	<i>gallifrey</i>	116	GENVOYA.....	4
FREESTYLE LIBRE 3 READER.....	85	GALZIN	142	GEODON	41
		GAMMAGARD LIQUID ..	108	GILOTRIF	16
		GAMUNEX-C.....	108	GIVLAARI.....	74
		<i>ganirelix</i>	91	<i>glatiramer</i>	105
		GARDASIL 9 (PF).....	108	<i>glatopa</i>	105
		GASTROCROM	98	GLEOSTINE	16
		<i>gatifloxacin</i>	124	GLIADEL WAFER	16
		GATTEX 30-VIAL.....	98		

<i>glimepiride</i>	93	GRALISE	23	<i>haloperidol lactate</i>	41
<i>glipizide</i>	93	<i>granisetron hcl</i>	98	HARVONI	4
<i>glipizide-metformin</i>	93	<i>griseofulvin microsize</i>	2	HAVRIX (PF)	108
GLOPERBA.....	112	<i>griseofulvin ultramicrosize</i>	2	HEALTHPRO HIGH-LOW CONTROL	85
<i>glucagon emergency kit</i> (<i>human</i>)	81	<i>guanfacine</i>	41, 48	<i>heather</i>	116
GLUCAGON HCL	81	GUARDIAN 4 GLUCOSE SENSOR.....	85	HEMLIBRA	53
GLUCOCARD 01 NORMAL CONTROL	85	GUARDIAN 4 TRANSMITTER.....	85	<i>hemmorex-hc</i>	98
GLUCOCOM CONTROL NORMAL.....	85	GUARDIAN CONNECT TRANSMITTER.....	85	<i>hep flush-10 (pf)</i>	53
GLUCOSE CONTROL.....	85	GUARDIAN LINK 3 TRANSMITTER.....	85	HEPAGAM B	108
GLUCOTROL XL	93	GUARDIAN SENSOR 3	85	<i>heparin (porcine)</i>	53
<i>glutamine (sickle cell)</i>	74	GVOKE	82	HEPARIN (PORCINE) IN 0.9% NACL	53
<i>glyburide</i>	93	GUARDIAN HYPOPEN 2-PACK	82	<i>heparin (porcine) in 5 % dex</i> 53	
<i>glyburide micronized</i>	93	GVOKE PFS 2-PACK SYRINGE.....	82	<i>heparin (porcine) in nacl (pf)</i>	53
<i>glyburide-metformin</i>	93	GYNAZOLE-1	117	HEPARIN (PORCINE) IN NACL (PF)	53
GLYCATE	95	H		<i>heparin lock flush (porcine)</i> .54	
<i>glycopyrrolate</i>	95	HAEGARDA.....	136	<i>heparin lockflush(porcine)(pf)</i>	54
GLYXAMBI.....	93	<i>hailey</i>	120	<i>heparin(porcine) in 0.45% nacl</i>	54
GOJJI GLUCOSE CNTRL SOL-NORMAL.....	85	<i>hailey 24 fe</i>	120	HEPARIN(PORCINE) IN 0.45% NACL	54
GOJJI KETONE CONTROL SOLN-L1.....	85	<i>hailey fe 1.5/30 (28)</i>	120	<i>heparin, porcine (pf)</i>	54
GOJJI MULTI-FUNCTIONAL METER	85	<i>hailey fe 1/20 (28)</i>	120	HEPARIN, PORCINE (PF)..	54
GOLYTELY	98	<i>halcinonide</i>	71	HEPLISAV-B (PF).....	108
GONAL-F	91	HALCION	41	<i>her style</i>	120
GONAL-F RFF	91	<i>halobetasol propionate</i>	71	HETLIOZ	41
GONAL-F RFF REDI-JECT	91	<i>haloette</i>	117	HETLIOZ LQ	41
GONITRO	58	HALOG	71	HIBERIX (PF).....	108
GOPRELTO	66	<i>haloperidol</i>	41		

HISTEX-AC.....	134	HYCODAN (WITH HOMATROPINE).....	134	HYPERRAB (PF).....	109
HIZENTRA.....	108	<i>hydralazine</i>	48	HYPER-SAL.....	136
<i>homatropaire</i>	126	HYDREA.....	16	HYQVIA.....	109
HORIZANT.....	29	<i>hydrochlorothiazide</i>	48	HYSINGLA ER.....	32
HUMALOG JUNIOR KWIKPEN U-100.....	87	<i>hydrocodone bitartrate</i>	32	I	
HUMALOG KWIKPEN INSULIN.....	88	<i>hydrocodone-acetaminophen</i>	32	<i>ibandronate</i>	112
HUMALOG MIX 50-50 KWIKPEN.....	88	<i>hydrocodone-chlorpheniramine</i>	134	IBRANCE.....	16
HUMALOG MIX 75-25 KWIKPEN.....	88	<i>hydrocodone-homatropine</i> ..	134	<i>ibu</i>	35
HUMALOG MIX 75-25(U- 100)INSULN.....	88	<i>hydrocodone-ibuprofen</i>	32	<i>ibuprofen</i>	35
HUMALOG TEMPO PEN(U- 100)INSULN.....	88	<i>hydrocortisone</i>	71, 79, 98	<i>ibuprofen-famotidine</i>	35
HUMALOG U-100 INSULIN	88	<i>hydrocortisone acetate</i>	98	<i>icatibant</i>	137
HUMATIN.....	9	<i>hydrocortisone butyrate</i>	71	<i>iclevia</i>	120
HUMULIN 70/30 U-100 INSULIN.....	88	<i>hydrocortisone valerate</i>	71	ICLUSIG.....	16
HUMULIN 70/30 U-100 KWIKPEN.....	88	<i>hydrocortisone-acetic acid</i> ...	78	<i>icosapent ethyl</i>	56
HUMULIN N NPH INSULIN KWIKPEN.....	88	<i>hydrocortisone-pramoxine</i> ..	59, 99	IDELVION.....	54
HUMULIN N NPH U-100 INSULIN.....	88	<i>hydromet</i>	134	IDHIFA.....	16
HUMULIN R REGULAR U- 100 INSULN.....	88	<i>hydromorphone</i>	32	IFE-BIMIX 30/1.....	141
HUMULIN R U-500 (CONC) INSULIN.....	88	<i>hydroxocobalamin</i>	144	IGALMI.....	41
HUMULIN R U-500 (CONC) KWIKPEN.....	88	<i>hydroxychloroquine</i>	9	IHEEZO (PF).....	127
HYCAMTIN.....	16	<i>hydroxyurea</i>	16	ILARIS (PF).....	104
		<i>hydroxyzine hcl</i>	133	ILEVRO.....	129
		<i>hydroxyzine pamoate</i>	133	ILUVIEN.....	131
		HYFTOR.....	61	<i>imatinib</i>	16
		<i>hyoscyamine sulfate</i>	95	IMBRUVICA.....	17
		<i>hyosyne</i>	95	<i>imipenem-cilastatin</i>	9
		HYPERHEP B.....	108	<i>imipramine hcl</i>	41
		HYPERHEP B NEONATAL	109	<i>imipramine pamoate</i>	41
				<i>imiquimod</i>	112
				IMOGAM RABIES-HT (PF)	109

IMOVAX RABIES VACCINE (PF).....	109	INVEGA SUSTENNA.....	41	J	
IMPAVIDO.....	9	INVELTYS.....	131	<i>jaimiess</i>	120
IMURAN.....	17	IODOFLEX.....	61	JAKAFI.....	17
INBRIJA.....	26	IODOSORB.....	61	<i>jantoven</i>	54
<i>incassia</i>	116	IOPIDINE.....	132	JANUMET.....	93
INCRELEX.....	74	IPOL.....	109	JANUMET XR.....	93
INCRUSE ELLIPTA.....	137	<i>ipratropium bromide</i>	77, 137	JANUVIA.....	93
<i>indapamide</i>	48	<i>ipratropium-albuterol</i>	137	JARDIANCE.....	93
<i>indomethacin</i>	35	<i>irbesartan</i>	48	<i>jasmiel (28)</i>	120
INFANRIX (DTAP) (PF) ...	109	<i>irbesartan-hydrochlorothiazide</i>	48	JATENZO.....	91
INFINITY CONTROL SOLUTION NORM.....	85	IRESSA.....	17	<i>javygtor</i>	91
INGREZZA.....	29	ISENTRESS.....	4	JELMYTO.....	17
INGREZZA INITIATION PK(TARDIV).....	29	ISENTRESS HD.....	4	<i>jencycla</i>	116
INGREZZA SPRINKLE.....	29	<i>isibloom</i>	120	<i>jinteli</i>	116
INLYTA.....	17	<i>isoniazid</i>	9	JIVI.....	54
INPEN (FOR HUMALOG) PINK.....	85	ISORDIL.....	58	JOENJA.....	74
INPEN (NOVOLOG OR FIASP) BLUE.....	85	ISORDIL TITRADOSE.....	58	<i>jolessa</i>	120
INPEN (NOVOLOG OR FIASP) PINK.....	85	<i>isosorbide dinitrate</i>	58	JORNAY PM.....	41
INSPRA.....	48	<i>isosorbide mononitrate</i>	58	<i>joyeaux</i>	120
INSULIN ASPART U-100 ...	88	<i>isosorbide-hydralazine</i>	48	JUBLIA.....	68
INSULIN GLARGINE-YFGN.....	88, 89	<i>isotretinoin</i>	64	<i>juleber</i>	120
INSULIN LISPRO.....	89	<i>isradipine</i>	48	JULUCA.....	4
INSULIN LISPRO PROTAMIN-LISPRO.....	89	<i>itraconazole</i>	2	<i>junel 1.5/30 (21)</i>	120
INTELENCE.....	4	<i>ivabradine</i>	57	<i>junel 1/20 (21)</i>	120
INVEGA.....	41	<i>ivermectin</i>	10, 64	<i>junel fe 1.5/30 (28)</i>	120
		IWILFIN.....	17	<i>junel fe 1/20 (28)</i>	120
		IXCHIQ (PF).....	109	<i>junel fe 24</i>	120
		IXIARO (PF).....	109	JUST RIGHT 5000.....	77
				JUXTAPID.....	56
				JYNARQUE.....	91

JYNNEOS (PF).....	109	<i>klor-con m10</i>	142	LAMICTAL XR STARTER (ORANGE).....	23
K		<i>klor-con m15</i>	142	<i>lamivudine</i>	4, 5
<i>kaitlib fe</i>	120	<i>klor-con m20</i>	142	<i>lamivudine-zidovudine</i>	5
KALETRA	4	<i>klor-con/ef</i>	142	<i>lamotrigine</i>	23, 24
<i>kalliga</i>	120	KLOXXADO	36	LANCETS	86
KALYDECO	137	<i>kobee</i>	144	LANCING DEVICE	86
<i>kariva (28)</i>	120	KOGENATE FS	54	LANOXIN.....	52
KEDRAB (PF)	109	KOSELUGO	17	<i>lanreotide</i>	17
<i>kelnor 1/35 (28)</i>	120	KOSHER PRENATAL PLUS IRON	144	<i>lansoprazole</i>	103
<i>kelnor 1/50 (28)</i>	120	<i>kourzeq</i>	77	<i>lanthanum</i>	96
KENALOG.....	71	KOVALTRY	54	<i>lapatinib</i>	17
KERENDIA	48	K-PHOS NO 2.....	141	<i>larin 1.5/30 (21)</i>	120
KESIMPTA PEN.....	105	K-PHOS ORIGINAL	141	<i>larin 1/20 (21)</i>	120
<i>ketoconazole</i>	2, 68	KRINTAFEL	10	<i>larin 24 fe</i>	121
<i>ketodan</i>	68	KRISTALOSE.....	99	<i>larin fe 1.5/30 (28)</i>	121
<i>ketodan kit</i>	68	K-TAB	142	<i>larin fe 1/20 (28)</i>	121
<i>ketoprofen</i>	35	<i>kurvelo (28)</i>	120	LASIX	48
<i>ketorolac</i>	35, 129	KYLEENA	115	LASTACRAFT ONCE DAILY RELIEF.....	127
<i>ketotifen fumarate</i>	127	L		<i>latanoprost</i>	129
KINRIX (PF).....	109	<i>l norgest/e.estradiol-e.estrad</i>	120	<i>laxative (bisacodyl)</i>	99
<i>kiprofen</i>	35	<i>labetalol</i>	48	<i>laxative peg 3350</i>	99
KISQALI.....	17	<i>lacosamide</i>	23	<i>layolis fe</i>	121
KITABIS PAK.....	10	<i>lactated ringers</i>	73	LAZCLUZE	17
KLARITY (CHONDROITIN) (PF).....	127	<i>lactulose</i>	99	<i>leena 28</i>	121
KLARON	67	LAGEVRIO (EUA).....	4	<i>leflunomide</i>	114
<i>klayesta</i>	68	LAMICTAL XR STARTER (BLUE).....	23	<i>lenalidomide</i>	17
<i>klor-con</i>	142	LAMICTAL XR STARTER (GREEN).....	23	LENVIMA.....	17
<i>klor-con 10</i>	142			LESCOL XL.....	56
<i>klor-con 8</i>	142			<i>lessina</i>	121

<i>letrozole</i>	17	<i>lidocaine</i>	66	LODINE	36
<i>leucovorin calcium</i>	14	<i>lidocaine hcl</i>	66	LODOSYN	26
LEUKERAN	17	<i>lidocaine hcl-hydrocortison ac</i>	66, 99	<i>lofena</i>	36
LEUKINE.....	104	LIDOCAINE HCL- HYDROCORTISON AC..	99	<i>lofexidine</i>	36
<i>leuprolide</i>	17	<i>lidocaine viscous</i>	66	<i>lojaimiess</i>	121
<i>levabuterol hcl</i>	137	<i>lidocaine-hydrocortisone-aloe</i>	99	LOKELMA.....	96
LEVBID	96	<i>lidocaine-prilocaine</i>	66	LOMOTIL	96
LEVEMIR U-100 INSULIN	89	<i>lidocan iii</i>	66	LONSURF	17
<i>levetiracetam</i>	24	<i>lidocan iv</i>	66	<i>loperamide</i>	96
<i>levobunolol</i>	125	<i>lidocan v</i>	66	LOPID	56
<i>levocarnitine</i>	74	<i>lidocort</i>	66	<i>lopinavir-ritonavir</i>	5
<i>levocarnitine (with sugar)</i>	74	LILETTA.....	115	LOPRESSOR	48
<i>levocetirizine</i>	133	<i>linezolid</i>	10	LOPROX (AS OLAMINE)..	68
<i>levofloxacin</i>	12, 124	LINZESS	99	LOPROX KIT	68
<i>levonest (28)</i>	121	<i>liothyronine</i>	95	<i>lorazepam</i>	41
<i>levonorgest-eth.estradiol-iron</i>	121	<i>lisdexamfetamine</i>	41	<i>lorazepam intensol</i>	41
<i>levonorgestrel</i>	121	<i>lisinopril</i>	48	LORBRENA.....	17
<i>levonorgestrel-ethinyl estrad</i>	121	<i>lisinopril-hydrochlorothiazide</i>	48	<i>loryna (28)</i>	121
<i>levonorg-eth estrad triphasic</i>	121	LITEAIRE MDI CHAMBER	81	LORZONE	30
<i>levora-28</i>	121	LITFULO	74	<i>losartan</i>	48
<i>levorphanol tartrate</i>	32	<i>lithium carbonate</i>	41	<i>losartan-hydrochlorothiazide</i>	49
<i>levo-t</i>	94	<i>lithium citrate</i>	41	LOTEMAX.....	131
<i>levothyroxine</i>	94	LITHOBID	41	LOTEMAX SM.....	131
<i>levoxyl</i>	95	LITHOSTAT.....	74	LOTENSIN.....	49
LEVSIN.....	96	LIVALO.....	56	LOTENSIN HCT.....	49
LEVSIN/SL.....	96	LIVMARLI	99	<i>loteprednol etabonate</i> .	131, 132
LEVULAN	61	LIVTENCITY	5	LOTREXONE	36
LICART.....	36			<i>lovastatin</i>	56
				<i>low-ogestrel (28)</i>	121
				<i>loxapine succinate</i>	42

<i>lo-zumandimine (28)</i>	121
<i>lubiprostone</i>	99
<i>ludent fluoride</i>	144
<i>lugols</i>	67, 142
LUMAKRAS	17
LUMRYZ	42
LUMRYZ STARTER PACK	42
LUPKYNIS	17
LUPRON DEPOT	17
LUPRON DEPOT (3 MONTH)	17
LUPRON DEPOT (4 MONTH)	17
LUPRON DEPOT (6 MONTH)	17
<i>lurasidone</i>	42
<i>lutera (28)</i>	121
LUXTURNA	127
LYBALVI	42
<i>lyleq</i>	116
<i>lyllana</i>	117
LYNPARZA	17
LYSODREN	18
LYTGOBI	18
LYUMJEV KWIKPEN U-100 INSULIN	89
LYUMJEV KWIKPEN U-200 INSULIN	89
LYUMJEV TEMPO PEN(U- 100)INSULN	89
LYUMJEV U-100 INSULIN	89
<i>lyza</i>	117

M	
MACROBID	13
<i>mafenide acetate</i>	67
<i>magnesium citrate</i>	99
MALARONE	10
MALARONE PEDIATRIC ..	10
<i>malathion</i>	73
<i>maraviroc</i>	5
MAR-COF CG	134
MARINOL	99
<i>marlissa (28)</i>	121
MARNATAL-F	144
MARPLAN	42
MATULANE	18
<i>matzim la</i>	49
MAVENCLAD (10 TABLET PACK)	105
MAVENCLAD (4 TABLET PACK)	105
MAVENCLAD (5 TABLET PACK)	105
MAVENCLAD (6 TABLET PACK)	105
MAVENCLAD (7 TABLET PACK)	105
MAVENCLAD (8 TABLET PACK)	105
MAVENCLAD (9 TABLET PACK)	105
MAXITROL	130
<i>maxi-tuss ac</i>	134
MAXI-TUSS CD	134

MAYZENT	105
MAYZENT STARTER(FOR 1MG MAINT)	106
MAYZENT STARTER(FOR 2MG MAINT)	106
<i>meclizine</i>	99
<i>meclofenamate</i>	36
MECOBALAMIN (VITAMIN B12)	144
MEDISENSE	86
MEDISENSE GLUCOSE KETONE	86
MEDROL	79
MEDROL (PAK)	79
<i>medroxyprogesterone</i>	117
<i>mefenamic acid</i>	36
<i>mefloquine</i>	10
<i>megestrol</i>	18
MEKINIST	18
MEKTOVI	18
<i>meloxicam</i>	36
<i>meloxicam submicronized</i>	36
<i>memantine</i>	29
MEMANTINE	29
MENOPUR	91
MENOSTAR	117
MENQUADFI (PF)	109
MENVEO A-C-Y-W-135-DIP (PF)	109
<i>meperidine</i>	32
<i>meprobamate</i>	30
MEPRON	10

<i>mercaptopurine</i>	18	<i>methylphenidate</i>	42	<i>miglitol</i>	93
<i>merzee</i>	121	<i>methylphenidate hcl</i>	42	<i>miglustat</i>	91
<i>mesalamine</i>	99	<i>methylprednisolone</i>	79	MIGRANAL.....	27
<i>mesalamine with cleansing wipe</i>	99	<i>methyltestosterone</i>	91	<i>mili</i>	121
MESNEX	14	<i>metoclopramide hcl</i>	99	<i>milk of magnesia</i>	100
METADATE CD	42	<i>metolazone</i>	49	<i>milk of magnesia concentrated</i>	99
<i>metaxalone</i>	30	METOPIRONE	74	<i>millipred</i>	79
<i>metformin</i>	93	<i>metoprolol succinate</i>	49	<i>millipred dp</i>	79
<i>methadone</i>	32	<i>metoprolol ta-hydrochlorothiaz</i>	49	<i>mimvey</i>	117
<i>methadose</i>	32	<i>metoprolol tartrate</i>	49	<i>minocycline</i>	13
<i>methamphetamine</i>	42	METROCREAM.....	64	<i>minoxidil</i>	49
<i>methazolamide</i>	129	METROGEL	64	MIOCHOL-E.....	126
<i>methenamine hippurate</i>	14	<i>metronidazole</i>	10, 64, 118	<i>miostat</i>	130
<i>methenamine mandelate</i>	14	<i>metyrosine</i>	49	<i>mirabegron</i>	140
<i>methen-sod phos-meth blue- hyos</i>	141	<i>mexiletine</i>	45	MIRAPEX ER.....	26
<i>methimazole</i>	80	MIACALCIN	91	MIRENA	115
METHITEST.....	91	<i>mibelas 24 fe</i>	121	<i>mirtazapine</i>	42
<i>methocarbamol</i>	30	<i>miconazole-3</i>	118	MIRVASO.....	64
<i>methotrexate sodium</i>	18	MICROCHAMBER	81	<i>misoprostol</i>	103
<i>methotrexate sodium (pf)</i>	18	<i>microgestin 1.5/30 (21)</i>	121	MITIGARE.....	112
<i>methoxsalen</i>	61	<i>microgestin 1/20 (21)</i>	121	MKO (MIDAZOLAM- KETAMINE-ONDAN) ...	42
<i>methscopolamine</i>	96	<i>microgestin fe 1.5/30 (28)</i> ...	121	M-M-R II (PF).....	109
<i>methsuximide</i>	24	<i>microgestin fe 1/20 (28)</i>	121	<i>m-natal plus</i>	144
<i>methyl salicylate</i>	61	MICROSPACER	81	<i>modafinil</i>	42
<i>methyl dopa</i>	49	<i>midazolam</i>	42	MODERNA COVID 24- 25(6M-11Y)PF	109
<i>methyl dopa- hydrochlorothiazide</i>	49	<i>midodrine</i>	74	<i>moexipril</i>	49
<i>methylergonovine</i>	123	MIEBO (PF).....	127	<i>molindone</i>	42
METHYLIN	42	<i>mifepristone</i>	91	<i>mometasone</i>	71, 137
		<i>migergot</i>	27		

<i>mondoxyne nl</i>	13	<i>mycophenolate mofetil</i>	18	NAMENDA TITRATION PAK	29
MONODOX.....	13	<i>mycophenolate sodium</i>	18	NAMENDA XR	29
<i>mono-lynyah</i>	121	MYDAYIS.....	42	NAMZARIC.....	29
<i>montelukast</i>	137	MYDCOMBI.....	126	NAPRELAN CR	36
MORGIDOX 1X 50.....	13	MYDRIACYL.....	126	NAPROSYN.....	36
MORGIDOX 1X100.....	13	MYDRIATIC4(TROP-PROP- PE-KTRLC).....	127	<i>naproxen</i>	36
<i>morphine</i>	33	MYFEMBREE	118	<i>naproxen sodium</i>	36
<i>morphine concentrate</i>	33	MYFORTIC.....	18	<i>naproxen-esomeprazole</i>	36
MOTOFEN.....	96	MYGLUCOHEALTH CONTROL SOLUTION ..	86	<i>naratriptan</i>	27
MOUNJARO.....	93	MYHIBBIN.....	18	NARCAN	36
MOVANTIK.....	100	MYLERAN	18	NARDIL	42
MOXATAG	12	<i>mynatal</i>	144	NASCOBAL.....	144
<i>moxifloxacin</i>	12, 124	<i>mynatal plus</i>	144	NATACHEW (FE BIS- GLYCINATE).....	144
MOXIFLOXACIN (PF)-BSS	124	<i>mynatal-z</i>	144	NATACYN	124
MOXIFLOXACIN-SOD CHLOR,ISO(PF).....	124	MYOBLOC	109	<i>nateglinide</i>	93
MOZOBIL.....	104	MYRBETRIQ	140	<i>natura-lax</i>	100
MRESVIA (PF).....	109	MYSOLINE	24	NAYZILAM	24
MS CONTIN.....	33	N		<i>nebivolol</i>	49
MUGARD	77	NABI-HB	109	NEBUPENT	10
MULTAQ	45	<i>nabumetone</i>	36	<i>nebusal</i>	137
<i>multi-vitamin with fluoride</i> .	144	<i>nadolol</i>	49	NEBUSAL.....	137
<i>mupirocin</i>	67	<i>naftifine</i>	68	<i>necon 0.5/35 (28)</i>	121
<i>mupirocin calcium</i>	67	NAFTIN	68	NEEVODHA (WITH ALGAL OIL).....	145
<i>myc-fluoride</i>	144	NALFON.....	36	<i>nefazodone</i>	43
<i>my choice</i>	121	NALOCET	33	<i>neomycin</i>	10
<i>my way</i>	121	<i>naloxone</i>	36	<i>neomycin-bacitracin-poly-hc</i>	130
MYALEPT	91	NALTREX.....	36	<i>neomycin-bacitracin-</i> <i>polymyxin</i>	124
MYCAPSSA	18	<i>naltrexone</i>	36		
MYCOBUTIN.....	10				

<i>neomycin-polymyxin b gu</i> 73	NEXPLANON..... 118	NITROSTAT.....58
<i>neomycin-polymyxin b-dexameth</i> 130	NGENLA.....104	<i>nitro-time</i> .....58
<i>neomycin-polymyxin-gramicidin</i> 124	<i>niacin</i> .....56, 57	NITYR.....74
<i>neomycin-polymyxin-hc</i> 79, 130	NIACOR.....57	<i>niva thyroid</i>.....95
NEONATAL COMPLETE . 145	<i>nicardipine</i>.....49	NIVESTYM .....104
NEONATAL FE 145	NICODERM CQ .....76	<i>nizatidine</i> .....103
NEONATAL PLUS VITAMIN 145	<i>nicorette</i> .....76	NOCDURNA (MEN) .....91
NEONATAL-DHA 145	NICORETTE.....76	NOCDURNA (WOMEN) ....91
<i>neo-polycin</i> 124	<i>nicotine</i> .....76	<i>nora-be</i> 117
<i>neo-polycin hc</i> 130	<i>nicotine (polacrilex)</i> .....76	<i>norelgestromin-ethin.estradiol</i> 118
NEORAL..... 18	NICOTROL NS.....76	<i>noreth-ethinyl estradiol-iron</i> 122
NEO-SYNALAR .....67	<i>nifedipine</i> .....49	<i>norethindrone (contraceptive)</i> 117
NEO-SYNALAR KIT.....67	<i>nikki (28)</i>.....121	<i>norethindrone acetate</i> 117
NERLYNX 18	NILANDRON 18	<i>norethindrone ac-eth estradiol</i> 117, 122
NESTABS 145	<i>nilutamide</i> 18	<i>norethindrone-e.estradiol-iron</i> 122
NESTABS ABC 145	<i>nimodipine</i> .....49	NORGESIC .....30
NESTABS DHA..... 145	NINJACOF-XG.....134	NORGESIC FORTE.....30
NESTABS ONE 145	NINLARO 19	<i>norgestimate-ethinyl estradiol</i> 122
<i>neuac</i> 64	<i>nisoldipine</i> .....49	<i>nortrel 0.5/35 (28)</i> 122
NEUAC KIT 64	<i>nitazoxanide</i>.....10	<i>nortrel 1/35 (21)</i> 122
NEUPRO.....26	<i>nitisinone</i> 74	<i>nortrel 1/35 (28)</i> 122
<i>nevirapine</i>.....5	<i>nitro-bid</i>.....58	<i>nortrel 7/7/7 (28)</i> 122
<i>new day</i> 121	NITRO-DUR.....58	<i>nortriptyline</i>.....43
<i>newgen</i> 145	<i>nitrofurantoin</i> 14	NORVIR .....5
NEXAVAR 18	<i>nitrofurantoin macrocrystal</i> . 14	NOURIANZ .....26
NEXLETOL 56	<i>nitrofurantoin monohyd/m-cryst</i> 14	
NEXLIZET.....56	<i>nitroglycerin</i> .....58, 100	
NEXOBRID 72	NITROLINGUAL .....58	
	NITROMIST .....58	

NOVA MAX PLUS GLUC- KETON METER.....	86
NOVAMAX PLUS GLU-KET	86
NOVAREL	91
NOVAVAX COVID 2024- 25(PF)(EUA).....	109
NOVOEIGHT	54
NOVOPEN ECHO.....	86
NOXAFIL	2
<i>np thyroid</i>	95
NUBEQA	19
NUCALA	137
NUCORT.....	72
NUEDEXTA	29
NULEV	96
NULIBRY	29
NUMBRINO.....	66
NUPLAZID.....	43
NURTEC ODT.....	27
NUVESSA	118
NUZYRA	13
<i>nyamyc</i>	68
<i>nylia 1/35 (28)</i>	122
<i>nylia 7/7/7 (28)</i>	122
NYMALIZE	49
NYNUTEY.....	66
<i>nystatin</i>	2, 68
<i>nystatin-triamcinolone</i>	68
<i>nystop</i>	68

O	
OB COMPLETE	145
OB COMPLETE ONE	145
OB COMPLETE PETITE..	145
OB COMPLETE PREMIER	145
OB COMPLETE WITH DHA	145
OCALIVA	100
<i>ocella</i>	122
<i>octreotide acetate</i>	19
OCUFLOX.....	124
ODEFSEY	5
ODOMZO	19
OFEV.....	137
<i>ofloxacin</i>	12, 78, 124
OGSIVEO	19
OJEMDA.....	19
<i>olanzapine</i>	43
<i>olanzapine-fluoxetine</i>	43
<i>olmesartan</i>	49
<i>olmesartan-amlodipin- hcthiazid</i>	49
<i>olmesartan- hydrochlorothiazide</i>	49
<i>olopatadine</i>	77, 127
OLPRUVA.....	74
OLUX.....	72
OMECLAMOX-PAK.....	103
<i>omega-3 acid ethyl esters</i>	57
<i>omeprazole</i>	103

<i>omeprazole-sodium bicarbonate</i>	103
OMIDRIA.....	127
OMNIPOD 5 (G6/LIBRE 2 PLUS).....	86
OMNIPOD 5 G6-G7 INTRO KT(GEN5).....	86
OMNIPOD 5 G6-G7 PODS (GEN 5)	86
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	86
OMNIPOD CLASSIC PODS (GEN 3)	86
OMNIPOD DASH INTRO KIT (GEN 4).....	86
OMNIPOD DASH PODS (GEN 4)	86
OMNIPOD GO PODS 10 UNITS/DAY	86
OMNITROPE.....	104, 105
OMVOH.....	100
OMVOH PEN	100
ON CALL EXPRESS CONTROL	86
<i>ondansetron</i>	100
<i>ondansetron hcl</i>	100
<i>one daily prenatal</i>	145
<i>onelix magnesium citrate</i> ...	100
ONETOUCH ULTRA CONTROL	86
ONETOUCH ULTRA TEST 80	
ONETOUCH ULTRA2 METER.....	86

ONETOUCH VERIO FLEX METER	87	ORENITRAM MONTH 3 TITRATION KT	50	OXERVATE	127
ONETOUCH VERIO MID CONTROL	87	ORFADIN	74	<i>oxiconazole</i>	68
ONETOUCH VERIO REFLECT METER	87	ORGOVYX	19	OXTELLAR XR	24
ONETOUCH VERIO TEST STRIPS	80	ORIAHNN	118	<i>oxybutynin chloride</i>	140
ONEXTON	64	ORILISSA	91	<i>oxycodone</i>	33
ONGENTYS	26	ORKAMBI	137	<i>oxycodone-acetaminophen</i> ...	33
<i>opcicon one-step</i>	122	ORLADEYO	137	OXYCONTIN	33
OPFOLDA	91	<i>ormalvi</i>	29	<i>oxymorphone</i>	33
OPILL	117	<i>orphenadrine citrate</i>	30	OXYTROL	140
<i>opium tincture</i>	96	<i>orphenadrine-asa-caffeine</i> ...	30	OZEMPIC	94
OPSUMIT	137	<i>orphengesic forte</i>	30	OZURDEX	132
OPSYNVI	137	ORSERDU	19	P	
OPTICHAMBER DIAMOND VHC	81	<i>oscimin</i>	96	<i>pacerone</i>	45
<i>option-2</i>	122	<i>oscimin sl</i>	96	PACNEX	64
OPVEE	36	<i>oseltamivir</i>	5	<i>paliperidone</i>	43
OPZELURA	61	OSENI	94	<i>palonosetron</i>	100
ORACIT	141	OSPHENA	118	PALYNZIQ	91
<i>oral saline laxative</i>	100	OTEZLA	114	PAMELOR	43
<i>oralone</i>	77	OTEZLA STARTER	114	PANCREAZE	100
ORAMAGICRX	77	OTOVEL	79	PANDEL	72
ORAPRED ODT	79	OVACE	59	PANRETIN	61
ORAVIG	2	OVACE PLUS	59	<i>pantoprazole</i>	103
ORENITRAM	50	OVACE PLUS SHAMPOO .	59	PARAGARD T 380A	115
ORENITRAM MONTH 1 TITRATION KT	50	OVACE PLUS WASH	59	<i>paricalcitol</i>	91
ORENITRAM MONTH 2 TITRATION KT	50	OVIDE	73	PARNATE	43
		OVIDREL	91	<i>paroex oral rinse</i>	77
		<i>oxaprozin</i>	36	<i>paromomycin</i>	10
		<i>oxazepam</i>	43	<i>paroxetine hcl</i>	43
		<i>oxcarbazepine</i>	24	<i>paroxetine</i> <i>mesylate(menop.sym)</i>	43

PASER.....	10	PFIZER COVID 2024-25(6MO-4Y)PF	110	<i>pioglitazone-metformin</i>	94
PAXIL	43	PHEBURANE.....	75	PIP GLUCOSE CONTROL SOLN L1-L2	87
PAXIL CR	43	<i>phenazopyridine</i>	142	PIQRAY.....	19
PAXLOVID.....	5	<i>phenelzine</i>	43	<i>pirfenidone</i>	137
<i>pazopanib</i>	19	<i>phenobarb-hyoscy-atropine-scop</i>	96	<i>piroxicam</i>	37
PEDIARIX (PF)	109	<i>phenobarbital</i>	24	<i>pitavastatin calcium</i>	57
PEDVAX HIB (PF)	110	<i>phenohydro</i>	96	PLAN B ONE-STEP	122
<i>peg 3350-electrolytes</i>	100	<i>phenoxybenzamine</i>	50	PLEGRIDY	106
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	100	<i>phenylephrine hcl</i>	132	<i>plerixafor</i>	104
PEGASYS	105	<i>phenyleph-tropicamide in water</i>	126	PLEXION	64
<i>peg-electrolyte soln</i>	100	PHENYTEK.....	24	PLEXION CLEANSING CLOTHS.....	64
PEMAZYRE	19	<i>phenytoin</i>	24	PLEXION NS.....	59
PENBRAYA (PF)	110	<i>phenytoin sodium extended</i> ..	24	PNEUMOVAX-23.....	110
<i>penciclovir</i>	68	<i>philith</i>	122	<i>pnv-dha</i>	145
<i>penicillamine</i>	114	<i>phosphate laxative</i>	100	<i>pnv-omega</i>	145
<i>penicillin v potassium</i>	12	PHOSPHOLINE IODIDE..	125	<i>pnv-select</i>	145
PENTACEL (PF).....	110	PHOTREXA CROSS-LINKING KIT.....	128	POCKET CHAMBER.....	81
<i>pentamidine</i>	10	<i>phytonadione (vitamin k1)</i> ...	54, 55	<i>podofilox</i>	61
PENTASA	100	PHYTONADIONE (VITAMIN K1).....	54, 55	<i>polycin</i>	124
<i>pentazocine-naloxone</i>	37	<i>pilocarpine hcl</i>	75, 78, 126	<i>polyethylene glycol 3350</i>	100
<i>pentoxifylline</i>	54	<i>pimecrolimus</i>	61	<i>polymyxin b sulf-trimethoprim</i>	124
PEPCID	103	<i>pimozide</i>	43	POLY-TUSSIN AC	134
PERIDEX	78	<i>pimtrea (28)</i>	122	POMALYST	19
<i>perindopril erbumine</i>	50	<i>pindolol</i>	50	PONVORY	106
<i>perio gard</i>	78	<i>pioglitazone</i>	94	PONVORY 14-DAY STARTER PACK.....	106
<i>permethrin</i>	73	<i>pioglitazone-glimepiride</i>	94	<i>portia 28</i>	122
<i>perphenazine</i>	43			<i>posaconazole</i>	2
<i>perphenazine-amitriptyline</i> ..	43				
PFIZER COVID 2024-25(5Y-11Y)PF	110				

<i>potassium chloride</i>	142, 143	PREDNISOLONE ACETATE- BROMFENAC	128	<i>prenatal vit no.179-iron-folic</i>	146
POTASSIUM CHLORIDE	143	PREDNISOLONE SOD PH- MOXIFLOX.....	130	<i>prenatal vitamin</i>	146
<i>potassium citrate</i>	141	<i>prednisolone sodium phosphate</i>	80, 132	<i>prenatal vitamin with minerals</i>	146
<i>potassium iodide</i>	80	PREDNISOLONE- MOXIFLO-NEPAFENAC	128	<i>prenatal-u</i>	146
<i>povidone-iodine</i>	124	PREDNISOLONE- MOXIFLOXACIN HCL	131	PRENATE AM	146
<i>powderlax</i>	100	PREDNISOLONE- MOXIFLOX-BROMFEN	128	PRENATE CHEWABLE....	146
PR BENZOYL PEROXIDE.	64	<i>prednisone</i>	80	PRENATE DHA (FERR ASP GLYCIN).....	146
<i>pr natal 400</i>	145	<i>prednisone intensol</i>	80	PRENATE ELITE (IRON ASP GLYC)	146
<i>pr natal 400 ec</i>	145	<i>pregabalin</i>	24	PRENATE ENHANCE	146
<i>pr natal 430</i>	145	PREGNYL.....	91	PRENATE ESSENTIAL(IRON-ASP- GL)	146
<i>pr natal 430 ec</i>	145	PREMARIN	117	PRENATE MINI (FERR ASP GLYCIN).....	146
<i>pramipexole</i>	26	PRENATA	145	PRENATE PIXIE	146
PRAMOSONE	59	<i>prenatabs fa</i>	145	PRENATE RESTORE.....	146
<i>prasugrel</i>	55	<i>prenatabs rx</i>	145	PRENATE STAR.....	146
<i>pravastatin</i>	57	<i>prenatal</i>	146	PREPIDIL.....	118
<i>praziquantel</i>	10	<i>prenatal complete</i>	145	PRESTALIA.....	50
<i>prazosin</i>	50	<i>prenatal multi-dha (algal oil)</i>	145	PRETOMANID	10
PRECISION XTRA KETONE- GLUCOSE	87	<i>prenatal multivitamins</i>	145	<i>prevalite</i>	57
PRECISION XTRA MONITOR	87	<i>prenatal one daily</i>	145	PREVIDENT	78
PRECISION XTRA TEST ...	80	<i>prenatal plus</i>	146	PREVIDENT 5000 BOOSTER PLUS	78
PRECOSE	94	<i>prenatal plus (calcium carb)</i>	146	PREVIDENT 5000 ENAMEL PROTECT	78
PRED FORTE	132	PRENATAL PLUS DHA....	146	PREVIDENT 5000 ORTHO DEFENSE.....	78
<i>prednicarbate</i>	72	PRENATAL PLUS VITAMIN- MINERAL.....	146	PREVIDENT 5000 PLUS ...	78
PREDNISOLN SP- MOXIFLOX-BROMFEN	128				
<i>prednisolone</i>	79				
<i>prednisolone acetate</i>	132				
PREDNISOLONE ACETATE (PF).....	132				

PREVIDENT 5000 SENSITIVE.....	78	PROGLYCEM.....	82	<i>pyrazinamide</i>	10
PREVIDENT KIDS	78	PROGRAF.....	19	<i>pyridostigmine bromide</i> ..	30, 31
PREVNAR 20 (PF).....	110	PROLASTIN-C	75	PYRIDOSTIGMINE BROMIDE.....	30
PREVYMIS.....	5	<i>prolate</i>	33	<i>pyrimethamine</i>	10
PREZISTA	5	PROLENSA	129	PYRUKYND.....	75
PRIFTIN.....	10	PROLEUKIN	104	Q	
PRIMACARE.....	146	PROMACTA	55	QELBREE	43
<i>primaquine</i>	10	<i>promethazine</i>	133	QUADRACEL (PF)	110
PRIMEAIRE	81	<i>promethazine-codeine</i>	134	QUALAQUIN	10
<i>primidone</i>	24	<i>promethazine-dm</i>	134	QUDEXY XR.....	24
PRIMSOL.....	14	<i>promethazine-phenylephrine</i>	134	QUESTRAN.....	57
PRIORIX (PF).....	110	<i>promethgan</i>	133	QUESTRAN LIGHT.....	57
<i>probenecid</i>	112	PROMETRIUM	117	<i>quetiapine</i>	43
<i>probenecid-colchicine</i>	112	<i>propafenone</i>	45	<i>quinapril</i>	50
PROCARDIA XL.....	50	<i>proparacaine</i>	128	<i>quinapril-hydrochlorothiazide</i>	50
<i>procentra</i>	43	<i>propranolol</i>	50	<i>quinidine gluconate</i>	45
PROCHAMBER	81	<i>propranolol-</i> <i>hydrochlorothiazid</i>	50	<i>quinidine sulfate</i>	46
<i>prochlorperazine</i>	101	<i>propylthiouracil</i>	80	<i>quinine sulfate</i>	10
<i>prochlorperazine maleate</i> ...	101	PROQUAD (PF).....	110	<i>quit 2</i>	76
PROCORT.....	101	PROSCAR.....	141	<i>quit 4</i>	76
PROCRT	104	PROTHELIAL	78	QULIPTA	27
PROCTOCORT.....	72, 101	<i>protriptyline</i>	43	QUVIVIQ	43
<i>procto-med hc</i>	101	PROVERA	117	QVAR REDIHALER.....	138
<i>proctosol hc</i>	101	PROVIDA OB.....	146	R	
<i>proctozone-hc</i>	101	<i>prudoxin</i>	61	RABAVERT (PF)	110
PRODIGY CONTROL SOLUTION, LOW.....	87	<i>pulmosal</i>	137	<i>rabeprazole</i>	103
PRODIGY CONTROL SOLUTION,HIGH.....	87	PULMOZYME.....	137	RADICAVA ORS STARTER KIT SUSP	29
<i>progesterone micronized</i>	117	<i>purelax</i>	101	RADIOGARDASE.....	75
		PURIXAN	19		

<i>raloxifene</i>	112	REPATHA SYRINGE	57	RINVOQ.....	114
<i>ramelteon</i>	43	RESPA-AR	134	RINVOQ LQ	114
<i>ramipril</i>	50	RESTASIS	128	RIOMET	94
<i>ranolazine</i>	57	RESTASIS MULTIDOSE ..	128	<i>risedronate</i>	75, 112
<i>rasagiline</i>	26	RESTORIL.....	44	RISPERDAL	44
RASUVO (PF)	114	RETACRIT.....	104	<i>risperidone</i>	44
RAYALDEE	92	RETEVMO.....	19	RITEFLO AEROCHAMBER	
RAYOS.....	80	RETIN-A	64	.....	81
REBIF (WITH ALBUMIN)		RETIN-A MICRO PUMP ...	64	<i>ritonavir</i>	5
.....	106	RETISERT.....	132	<i>rivastigmine</i>	29
REBIF REBIDOSE	106	RETROVIR	5	<i>rivastigmine tartrate</i>	29
REBIF TITRATION PACK	106	REVATIO	138	<i>rivelsa</i>	122
REBYOTA	101	REVLIMID	19	<i>rizatriptan</i>	27
<i>reclipsen (28)</i>	122	REXTOVY	37	R-NATAL OB	146
RECOMBIVAX HB (PF)...	110	REXULTI	44	ROBINUL	96
RECTIV	101	REYATAZ.....	5	ROBINUL FORTE	96
REFUAH PLUS GLUCOSE		REYVOW	27	ROCALTROL	92
CONTROL	87	REZDIFFRA	75	ROCKLATAN	130
REGLAN.....	101	REZUROCK	19	<i>roflumilast</i>	138
REGRANEX	61	RHOFADE	64	<i>ropinirole</i>	26
RELAGARD	118	RHOPRESSA.....	130	<i>rosadan</i>	64
RELENZA DISKHALER	5	<i>ribavirin</i>	5, 104	ROSADAN.....	64
RELISTOR.....	101	RIDAURA.....	114	ROSULA	65
REMERON	44	<i>rifabutin</i>	10	<i>rosula cleansing cloths</i>	65
REMERON SOLTAB	44	<i>rifampin</i>	10	<i>rosuvastatin</i>	57
RENACIDIN.....	141	RIGHTEST CONTROL		ROSZET	57
<i>rena-vite</i>	146	SOLUTION HIGH.....	87	ROTARIX.....	110
RENVELA	96	RILUTEK.....	75	ROTATEQ VACCINE	110
<i>repaglinide</i>	94	<i>riluzole</i>	75	ROWASA	101
REPATHA PUSHTRONEX .	57	<i>rimantadine</i>	5	<i>roweepra</i>	24
REPATHA SURECLICK	57				

ROXICODONE	33	SELECT-OB + DHA	146	SIMLANDI(CF) AUTOINJECTOR	114
ROZLYTREK	19	<i>selegiline hcl</i>	26, 27	<i>simliya (28)</i>	122
RUCONEST	138	<i>selenium sulfide</i>	59	<i>simpesse</i>	122
<i>rufinamide</i>	24	SELZENTRY	5	SIMPONI	114
RYALTRIS	138	SEMGLEE(INSULIN GLARGINE-YFGN)	89	SIMPONI ARIA	114
RYBELSUS	94	SEMGLEE(INSULIN GLARG-YFGN)PEN	89	<i>simvastatin</i>	57
RYCLORA	133	<i>se-natal 19 chewable</i>	147	SINEMET	27
RYDAPT	19	<i>se-natal-19</i>	147	SINUVA	138
RYTARY	26	SEROSTIM	105	<i>sirolimus</i>	19
RYVENT	133	<i>sertraline</i>	44	SIRTURO	10
S		<i>setlakin</i>	122	SKYLA	115
<i>sajazir</i>	138	<i>sevelamer carbonate</i>	96	SKYRIZI	59, 101
SALAGEN (PILOCARPINE)	75, 78	<i>sevelamer hcl</i>	96	SMARTEST CONTROL	87
<i>salsalate</i>	37	SEVENFACT	55	<i>smoothlax</i>	101
SANCUSO	101	SEYSARA	13	<i>sodium chloride</i>	75, 138
SANDIMMUNE	19	<i>sf 78</i>		<i>sodium chloride 0.9 %</i>	75
SANDOSTATIN	19	<i>sf 5000 plus</i>	78	<i>sodium citrate-citric acid</i> ...	141
SANTYL	73	SFROWASA	101	<i>sodium fluoride 5000 plus</i>	78
<i>sapropterin</i>	92	<i>sharobel</i>	117	<i>sodium fluoride-pot nitrate</i> ...	78
SAVELLA	114	SHINGRIX (PF)	110	SODIUM OXYBATE	44
<i>saxagliptin</i>	94	SIGNIFOR	19	<i>sodium phenylbutyrate</i>	75
<i>saxagliptin-metformin</i>	94	<i>sildenafil</i>	141	<i>sodium polystyrene sulfonate</i>	97
<i>scalacort</i>	72	<i>sildenafil (pulm.hypertension)</i>	138	<i>sodium,potassium,mag sulfates</i>	101
SCALACORT DK	72	SILENOR	44	SOHONOS	75
SCSEMBLIX	19	<i>silodosin</i>	141	<i>solifenacin</i>	140
<i>scopolamine base</i>	101	SILVADENE	60	SOLIQUA 100/33	89
SECUADO	44	<i>silver sulfadiazine</i>	60	SOLTAMOX	19
SELECT-OB	146	SIMBRINZA	130	SOLUS V2 CONTROL SOLUTION,HIGH	87
SELECT-OB (FOLIC ACID)	146				

<i>soluvita</i>	147	<i>ssd</i>	60	<i>sulfadiazine</i>	12
<i>soluvita a,c,d with fluoride</i> .	147	SSKI	80	<i>sulfamethoxazole-trimethoprim</i>	12
SOMA	31	<i>sss 10-5</i>	65	SULFAMYLON	67
SOMATULINE DEPOT	20	<i>st joseph aspirin</i>	37	<i>sulfasalazine</i>	101
SOMAVERT.....	92	<i>st. joseph aspirin</i>	37	<i>sulfatrim</i>	12
SOOLANTRA.....	65	STAMARIL (PF).....	111	<i>sulindac</i>	37
<i>sorafenib</i>	20	STELARA	59	SUMADAN.....	65
SORBITOL	73	STIOLTO RESPIMAT	138	SUMADAN XLT	65
SORBITOL-MANNITOL....	73	STIVARGA	20	<i>sumatriptan</i>	27
<i>sotalol</i>	46	<i>stop smoking aid</i>	76	<i>sumatriptan succinate</i>	28
<i>sotalol af</i>	46	STRENSIQ.....	92	<i>sumatriptan-naproxen</i>	28
SOTYKTU	59	<i>stress formula with iron</i>	147	SUMAXIN	65
SOTYLIZE.....	46	<i>stress formula with iron(sulf)</i>	147	SUMAXIN CP.....	65
SPACE CHAMBER.....	81	STRIVERDI RESPIMAT..	138	SUMAXIN TS.....	65
SPEVIGO	59	STROMECTOL	10	<i>sunitinib malate</i>	20
SPIKEVAX 2024-2025(12Y UP)(PF)	110	<i>strong iodine</i>	67, 143	SUNLENCA.....	6
<i>spinosad</i>	73	SUBLOCADE.....	33	SUNOSI.....	44
SPIRIVA RESPIMAT.....	138	<i>subvenite</i>	25	<i>super b maxi complex</i>	147
SPIRIVA WITH HANDIHALER.....	138	<i>subvenite starter (blue) kit</i>	25	<i>super b-50 complex</i>	147
<i>spironolactone</i>	50	<i>subvenite starter (green) kit</i> ..	25	<i>super quints</i>	147
<i>spironolacton-hydrochlorothiaz</i>	50	<i>subvenite starter (orange) kit</i> 25		SUTENT	20
SPORANOX	2	SUCRAID	101	<i>syeda</i>	122
<i>sprintec (28)</i>	122	<i>sucrafate</i>	103	SYMAX DUOTAB	96
SPRITAM.....	24	SULAR.....	50	<i>symax fastabs</i>	96
SPRIX.....	37	<i>sulfacetamide sodium</i>	59, 60, 132	<i>symax-sl</i>	96
SPRYCEL	20	<i>sulfacetamide sodium (acne)</i>	67	<i>symax-sr</i>	96
<i>sps (with sorbitol)</i>	97	<i>sulfacetamide sodium-sulfur</i> .	65	SYMBICORT	138
<i>sronyx</i>	122	<i>sulfacetamide-prednisolone</i>	132	SYMBYAX.....	44
		<i>sulfacleanse 8-4</i>	65	SYMDEKO	138

SYMFI.....	6	TALICIA	103	TEGRETOL XR	25
SYMFI LO	6	TALTZ AUTOINJECTOR ...	60	TELCARE CONTROL	87
SYMLINPEN 120	94	TALTZ AUTOINJECTOR (2		<i>telmisartan</i>	51
SYMLINPEN 60	94	PACK)	60	<i>telmisartan-amlodipine</i>	51
SYMPAZAN	25	TALTZ AUTOINJECTOR (3		<i>telmisartan-hydrochlorothiazid</i>	
SYMPROIC	101	PACK)	60	.....	51
SYMTUZA.....	6	TALTZ SYRINGE.....	60	<i>temazepam</i>	44
SYNAGIS.....	6	TALZENNA.....	20	TEMBEXA.....	6
SYNALAR.....	72	TAMIFLU.....	6	<i>temozolomide</i>	20
SYNALAR CREAM KIT	72	<i>tamoxifen</i>	20	<i>tencon</i>	33
SYNALAR OINTMENT KIT		<i>tamsulosin</i>	141	TENIVAC (PF).....	111
.....	72	<i>tanlor</i>	31	<i>tenofovir disoproxil fumarate</i> .	6
SYNALAR TS	72	TAPERDEX	80	TENORETIC 100.....	51
SYNAREL	92	TARCEVA.....	20	TENORETIC 50.....	51
SYNDROS	101	TARGADOX.....	13	TENORMIN	51
SYNJARDY	94	TARGRETIN.....	20	<i>terazosin</i>	51
SYNJARDY XR.....	94	<i>tarina 24 fe</i>	122	<i>terbinafine hcl</i>	2
SYPRINE	75	<i>tarina fe 1/20 (28)</i>	122	<i>terbutaline</i>	138
T		<i>taron-c dha</i>	147	<i>terconazole</i>	118
TABLOID.....	20	TARPEYO.....	80	<i>teriflunomide</i>	106
TABRECTA	20	TASIGNA.....	20	<i>teriparatide</i>	112
TACLONEX.....	60	<i>tasimelteon</i>	44	TERIPARATIDE	112
<i>tacrolimus</i>	20, 61	TASMAR.....	27	TERSIFOAM	60
<i>tadalafil</i>	141	<i>tavaborole</i>	68	TESTOPEL.....	92
<i>tadalafil (pulm. hypertension)</i>		TAVALISSE.....	55	<i>testosterone</i>	92
.....	138	TAVNEOS	75	TESTOSTERONE.....	92
TAFINLAR	20	<i>tazarotene</i>	65	<i>testosterone cypionate</i>	92
<i>tafluprost (pf)</i>	130	TAZVERIK	20	<i>testosterone enanthate</i>	92
TAGRISSO.....	20	TDVAX	111	<i>tetrabenazine</i>	29
TAKE ACTION.....	122	TEGLUTIK	75	<i>tetracaine hcl</i>	128
TAKHZYRO	138	TEGRETOL	25		

TETRACAINE HCL (PF).. 128	TIVICAY .....6	<i>tramadol</i> .....37
<i>tetracycline</i> 13	TIVICAY PD .....6	<i>tramadol-acetaminophen</i>.....37
TEXACORT 72	<i>tizanidine</i> .....31	<i>trandolapril</i>.....51
TEZSPIRE..... 138	TOBI PODHALER 11	<i>trandolapril-verapamil</i> .....51
THALOMID.....20	TOBRADEX 131	<i>tranexamic acid</i> 118
THEO-24..... 139	<i>tobramycin</i> 11, 124	<i>tranylcypromine</i>.....44
<i>theophylline</i> 139	<i>tobramycin in 0.225 % nacl</i> . 11	<i>travoprost</i>.....130
THIOLA EC 75	TOBRAMYCIN WITH	<i>trazodone</i> .....44
<i>thioridazine</i>.....44	NEBULIZER..... 11	TRECTOR..... 11
<i>thiothixene</i> 44	<i>tobramycin-dexamethasone</i> 131	TRELEGY ELLIPTA .....139
THRIVITE RX 147	TOBRAMYCIN-	TREMFYA .....60
<i>thyroid (pork)</i> .....95	VANCOMYCIN..... 125	TREMFYA PEN .....60
<i>tiadylt er</i> .....51	TOBREX 125	TRESIBA FLEXTOUCH U-
<i>tiagabine</i>.....25	TOLAK .....61	100 .....89
TIAZAC .....51	<i>tolcapone</i> .....27	TRESIBA FLEXTOUCH U-
TIBSOVO.....20	TOLECTIN 600 .....37	200 .....89
TICOVAC..... 111	<i>tolmetin</i>.....37	TRESIBA U-100 INSULIN .90
TIGLUTIK 75	<i>tolterodine</i> 140	<i>tretinoin</i> .....65
<i>tilia fe</i> 122	<i>tolvaptan</i>.....92	<i>tretinoin (antineoplastic)</i> .....20
TIMOL-BRIMON-DORZOL-	TOPICORT .....72	<i>tretinoin microspheres</i> .....65
BIMATO(PF) 130	<i>topiramate</i> .....25	TRETTEN .....55
<i>timolol maleate</i> .....51, 125	<i>toremifene</i> .....20	TREXALL.....20
<i>timolol maleate (pf)</i> 125	<i>torpenz</i> .....20	TREZIX.....34
TIMOLOL-BRIMONIDI-	<i>torsemide</i> .....51	<i>triamcinolone acetonide</i> .72, 78
DORZOLAM(PF)..... 130	TOSYMRA .....28	<i>triamterene</i>.....51
TIMOLOL-DORZOLAM-	TOUJEO MAX U-300	<i>triamterene-hydrochlorothiazid</i>
BIMATOPRO(PF)..... 130	SOLOSTAR.....89	.....51
<i>tinidazole</i> 10	TOUJEO SOLOSTAR U-300	<i>triazolam</i>.....44
<i>tiopronin</i> 75	INSULIN .....89	TRICARE .....147
<i>tiotropium bromide</i> 139	<i>tovet emollient</i> 72	<i>tricon</i>.....147
<i>tis-u-sol pentalyte</i> 73	TRACLEER 139	<i>triderm</i> .....72

<i>trientine</i>	75	<i>tri-vitamin with fluoride</i>	147	TYVASO	139
<i>tri-estarylla</i>	123	<i>trivora (28)</i>	123	TYVASO DPI	139
TRIFERIC	147	<i>tri-vylibra</i>	123	TYVASO REFILL KIT	139
<i>trifluoperazine</i>	44	<i>tri-vylibra lo</i>	123	TYVASO STARTER KIT...139	
<i>trifluridine</i>	125	TROKENDI XR	25	U	
<i>trihexyphenidyl</i>	27	<i>tropicamide</i>	126	UBRELVY	28
TRIJARDY XR	94	<i>trosipium</i>	140	UCERIS	101
TRIKAFTA	139	TRUE METRIX LEVEL 1...87		ULESFIA	73
<i>tri-legest fe</i>	123	TRULANCE	101	ULTIMA MONITOR	87
<i>tri-linyah</i>	123	TRULICITY	94	UNISTRIP LOW CONTROL	
TRILIPIX	57	TRUMENBA	111	.....87	
<i>tri-lo-estarylla</i>	123	TRUQAP	20	<i>unithroid</i>	95
<i>tri-lo-marzia</i>	123	TRUSTEX-RIA NON-LUB		UPTRAVI	51
<i>tri-lo-mili</i>	123	CONDOMS	115	URELLE	141
<i>tri-lo-sprintec</i>	123	TUKYSA	20	<i>uretron d-s</i>	141
<i>trimethobenzamide</i>	101	<i>tulana</i>	117	URIBEL TABS	142
<i>trimethoprim</i>	14	TURALIO	21	<i>urimar-t</i>	142
<i>tri-mili</i>	123	<i>turqoz (28)</i>	123	UROCIT-K 10	142
<i>trimipramine</i>	44	TUXARIN ER	134	UROCIT-K 15	142
TRI-MIX (PAPAVRN-		TWIIST STARTER KIT	87	<i>urogesic-blue</i>	142
PHNTLMN-PGE1)	141	TWINRIX (PF)	111	<i>uro-mp</i>	142
TRIMO-SAN JELLY	118	TWYNEO	65	UROQID-ACID NO.2	142
<i>trinatal rx 1</i>	147	TYBOST	6	<i>uro-sp</i>	142
<i>trinate</i>	147	<i>tydemy</i>	123	URSO FORTE	102
TRINTELLIX	44	TYENNE	114	<i>ursodiol</i>	102
TRIPTODUR	20	TYENNE AUTOINJECTOR		<i>uryl</i>	142
<i>tri-sprintec (28)</i>	123	.....114		V	
TRISTART DHA	147	TYKERB	21	<i>valacyclovir</i>	6
TRIUMEQ	6	TYMLOS	112	VALCHLOR	61
TRIUMEQ PD	6	TYPHIM VI	111	VALCYTE	6
		TYRVAYA	128		

<i>valganciclovir</i>	6	VELTASSA	97	VIRACEPT.....	6
<i>valproic acid</i>	25	VEMLIDY.....	6	VIRAZOLE	6
<i>valproic acid (as sodium salt)</i>	25	VENCLEXTA	21	VIREAD	6
<i>valsartan</i>	51	VENCLEXTA STARTING PACK.....	21	VISTARIL	133
<i>valsartan-hydrochlorothiazide</i>	51	<i>venlafaxine</i>	44	VISTOGARD	14
VALTOCO.....	25	VENTAVIS.....	139	VITAFOL FE PLUS	147
<i>vanadom</i>	31	VEOZAH.....	118	VITAFOL GUMMIES.....	147
VANCOCIN	14	<i>verapamil</i>	51	VITAFOL ULTRA.....	147
<i>vancomycin</i>	14	VERELAN PM.....	51	VITAFOL-OB	147
<i>vandazole</i>	118	VERQUVO	57	VITAFOL-OB+DHA.....	147
VANOXIDE-HC	66	VERSACLOZ	44	VITAFOL-ONE.....	147
VAQTA (PF).....	111	VERZENIO	21	VITAMEDMD ONE RX....	147
<i>varenicline</i>	76	<i>vestura (28)</i>	123	<i>vitamin b complex-folic acid</i>	147
VARIVAX (PF)	111	VEVYE	128	<i>vitamin d3</i>	147
VARIZIG.....	111	VFEND.....	3	<i>vitamin k</i>	55
VARUBI.....	102	V-GO 20	87	<i>vitamin k1</i>	55
VASCEPA	57	V-GO 30	87	<i>vitamins a,c,d and fluoride</i> .	147
VASERETIC	51	V-GO 40	87	VITATRUE.....	147
VASOTEC.....	51	VIBERZI	102	VITRAKVI.....	21
VAXCHORA VACCINE....	111	VIBRAMYCIN	13	VIVAGUARD INO CTRL SOLN-L1,2,3.....	87
VAXELIS (PF)	111	<i>vienva</i>	123	VIVITROL	37
VAXNEUVANCE (PF).....	111	<i>vigabatrin</i>	25	VIVJOA.....	3
VCF CONTRACEPTIVE FILM.....	118	<i>vigadrone</i>	25	VIVOTIF	111
VCF CONTRACEPTIVE GEL	118	VIGAMOX.....	125	VIZIMPRO	21
VECTICAL	60	<i>vigpoder</i>	25	VOGELXO.....	92
<i>velivet triphasic regimen (28)</i>	123	VIJOICE.....	21	<i>volnea (28)</i>	123
VELPHORO.....	97	<i>vilazodone</i>	45	VONJO	21
		VIOKACE	102	VONVENDI.....	55
		<i>vioarele (28)</i>	123	VOQUEZNA.....	104

VOQUEZNA DUAL PAK . 104	<i>wescap-c dha</i> 147	XEMBIFY 111
VOQUEZNA TRIPLE PAK 104	<i>wescap-pn dha</i> 148	XENLETA 11
VORANIGO..... 21	<i>wesnatal dha complete</i> 148	XEPI 67
<i>voriconazole</i> 3	<i>wesnate dha</i> 148	XERMELO 21
VORTEX HOLDING CHAMBER..... 81	<i>westab plus</i> 148	XGEVA..... 14
VOSEVI 6	<i>westgel dha</i> 148	XHANCE 139
VOTRIENT 21	WIDE-SEAL DIAPHRAGM 115	XIFAXAN 11
VOWST..... 102	WILATE 55	XIGDUO XR..... 94
VOXZOGO 92	WINREVAIR..... 139	XIIDRA 128
VOYDEYA..... 75	<i>wintergreen oil</i> 62	XIPERE (PF)..... 80
VRAYLAR 45	<i>wixela inhub</i> 139	XOFLUZA 6
VTAMA 60	<i>women's gentle laxative(bisac)</i> 102	XOLAIR 139, 140
VUMERITY 106	<i>wymzya fe</i> 123	XOLREMDI 104
<i>vyfemla (28)</i> 123	WYNZORA..... 60	XOSPATA 21
VYJUVEK 61	X	XTANDI 21
VYLEESI 45	XACIATO 118	<i>xulane</i> 118
<i>vylibra</i> 123	XALKORI 21	XULTOPHY 100/3.6 90
VYNDAMAX 58	XARACOLL 66	XURIDEN 75
VYNDAQEL..... 58	XARELTO 55	XYNTHA 55
VYVANSE 45	XARELTO DVT-PE TREAT 30D START 55	XYNTHA SOLOFUSE 55
W	XCOPRI 25	XYOSTED 92
WAKIX..... 45	XCOPRI MAINTENANCE PACK..... 25	XYWAV..... 45
<i>wal-zyr (ketotifen)</i> 128	XCOPRI TITRATION PACK 25	Y
<i>warfarin</i> 55	XDEMVY 128	YAZ (28)..... 123
<i>water for irrigation, sterile</i> ... 75	XELJANZ 114	YCANTH 62
WAVESENSE CONTROL SOLUTION 87	XELJANZ XR..... 115	YF-VAX (PF) 111
WELIREG..... 21	XELODA..... 21	YONSA 21
<i>wera (28)</i> 123		YORVIPATH 92
		YUPELRI 140
		<i>yuvafem</i> 117

Z		
ZADITOR	128	
<i>zafemy</i>	118	
<i>zafirlukast</i>	140	
<i>zaleplon</i>	45	
ZANAFLEX	31	
<i>zarah</i>	123	
ZARONTIN	25	
<i>zatean-pn dha</i>	148	
<i>zatean-pn plus</i>	148	
ZCORT	80	
ZELBORAF	21	
ZEMBRACE SYMTOUCH	28	
ZEMPLAR	92	
<i>zenatane</i>	66	
ZENPEP	102	
<i>zenzedi</i>	45	
ZENZEDI	45	
ZEPATIER	6	
ZEPOSIA	30	
ZEPOSIA STARTER KIT (28-DAY)	30	
ZEPOSIA STARTER PACK (7-DAY)	30	
ZERVIATE	128	
ZESTORETIC	51	
ZESTRIL	51	
ZIAGEN	6	
ZIANA	66	
<i>zidovudine</i>	6, 7	
ZIEXTENZO	104	
<i>zileuton</i>	140	
<i>zingiber</i>	148	
<i>ziprasidone hcl</i>	45	
ZIRGAN	125	
ZITHROMAX	8	
ZITHROMAX TRI-PAK	8	
ZITHROMAX Z-PAK	8	
ZOKINVY	76	
ZOLINZA	21	
<i>zolmitriptan</i>	28	
ZOLMITRIPTAN	28	
<i>zolpidem</i>	45	
ZOMIG	28	
ZONALON	62	
<i>zonisamide</i>	25	
ZONTIVITY	55	
ZORTRESS	21	
ZORYVE	60	
<i>zovia 1-35 (28)</i>	123	
ZOVIRAX	68	
ZTALMY	26	
ZTLIDO	66	
ZUBSOLV	37	
<i>zumandimine (28)</i>	123	
ZURZUVAE	45	
ZYDELIG	21	
ZYFLO	140	
ZYKADIA	21	
ZYLOPRIM	112	
ZYMFENTRA	102	
ZYNRELEF	76	
ZYPITAMAG	57	
ZYPREXA	45	
ZYPREXA ZYDIS	45	
ZYVOX	11	