

2025

January 1, 2025



2025 High Performance Formulary (List of Covered Drugs)

PLEASE READ:

THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN

This formulary was updated on 1/1/2025.

For more recent information or
other questions, please contact
The Health Plan Pharmacy Services
at **1.800.624.6961** extension **7914**,
or visit www.healthplan.org.

Pharmacy Benefit Programs

Prescription drugs are an integral component of a comprehensive health maintenance plan. Pharmacy benefit programs at The Health Plan are developed through recommendations of participating physicians and pharmacists. This group of professional health care providers, known as the Pharmacy and Therapeutics Committee, evaluates therapeutic classes of drugs and recommends coverage guidelines for our pharmacy benefit programs. The committee uses current medical and pharmaceutical literature along with recommendations of experts in various clinical specialties in its evaluation of our pharmacy benefit programs. The result is a list of drugs (formulary) to allow for the availability of appropriate medications for our members' needs. Also, the formulary and coverage guidelines allow prescription costs and your premium to be maintained at affordable levels.

Definitions

Prescription – Drugs which can only be dispensed upon order (prescription) by a qualified provider of care. Additionally, only drugs which are labeled “Caution: Federal law prohibits dispensing without prescription” will be considered eligible.

Generic Drug – A drug available as a chemically and therapeutically equivalent copy of a brand-name drug. It is usually available from several manufacturers.

Brand Drug – A prescription item only available from a single-source supplier.

Multi-Source Brand Drugs – Brand-name drugs which are manufactured by more than one producer. These agents are usually available as generic equivalents.

How to Use Your Prescription Benefit

Please present The Health Plan ID card to the pharmacist with your prescription. You will be required to pay a copayment (“copay”) at the time of service based on the prescription plan in which you are enrolled. Your copayment levels are found under the pharmacy benefit section Pharmacy Benefit of your Summary of Benefits. Your ID card also contains important information to allow the pharmacy to correctly submit your claim. Please take it with you to the pharmacy.

Specialty Pharmacy Program

Specialty drugs are high-cost medications including drugs manufactured by biotechnology. Specialty drugs may be administered by injection, oral, transdermal, or inhaled. Specialty drugs are used to treat very specific diseases and require extensive management for safety and effectiveness. Dosages need to be monitored for effect and adjustments might be needed for adequate response to effectively treat the disease.

Specialty drugs require prior authorization to assure appropriate candidate for the drug. Additionally, oversight is an integral part of the prior authorization process. Dispensing might be limited to pharmacies with specific skills and distribution programs to assure proper delivery of these medications. Diseases targeted to receive therapy are, but not limited to, rheumatoid arthritis, severe chronic psoriasis, multiple sclerosis, hepatitis C, hemophilia, certain cancers, growth deficiency, cystic fibrosis and Crohn's disease.

Coverage for these agents is provided under your Specialty Pharmacy Benefit.

Drugs Requiring Prior Authorization

Certain medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A coverage determination request can be made by the member, member's representative or physician. To request a coverage determination please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for coverage determinations will be processed within 5 days. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within 48 hours.

Quantity per Dispensing Event (QPDE rules)

Generally, The Health Plan allows dispensing of approved medications up to a 34-day supply per co-pay at the retail pharmacy network. Quantity per dispensing event rules (QPDE) set thresholds that reduce exposure to unnecessary cost, without creating obstacles to access for most members. Drugs that are subject to QPDE rules usually have specific limitations for use approved by the FDA. Examples include drugs to treat migraine headaches. These drugs, known as "triptans," are to be used in specific doses up to a defined number of headaches per month. The QPDE rules allow this specific number of triptan medications to be dispensed per 34-day benefit period. To inquire about QPDE limits to request an exemption, have your provider contact pharmacy services at 1.800.624.6961, ext. 7914.

Non-Formulary Coverage Review

Certain non-formulary medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A non-formulary exception request can be made by the member, member's representative or physician. To request an exception please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for exceptions will be processed within 5 business days of receipt of the request. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within two business days of receipt or 72 hours, whichever is less.

Generic Difference Policy

(copayment policy for multi-source drugs)

If a prescription order specifies that a brand-name drug must be dispensed when the generic equivalent is available, or the prescription order allows for generic substitution and the member elects to have the prescription filled with a brand-name drug instead, the member must pay the brand copayment plus the difference between The Health Plan cost of a brand-name and its generic equivalent (i.e., The Health Plan only pays for the generic cost). Please note: Non-formulary brand versions of generic drugs require coverage review as outlined above.

Out-of-Area Emergencies

In situations of emergency need for a prescription outside The Health Plan service area, please contact The Health Plan for the location of a participating pharmacy in that area. Present The Health Plan ID card with the emergency prescription and pay your copayment. If no pharmacy in the area participates with The Health Plan, purchase the emergency prescription and send your receipt to The Health Plan. You will be reimbursed in full, less your applicable copayment, for the prescription provided the prescription meets the guidelines specified in this document.

Exclusions and Limitations

The following will not be covered or paid for by The Health Plan:

- The charge for any prescription refill other than the number set by the prescriber. Additionally, no refills dispensed more than one year from the date of the original prescription.
- The charge for any prescription, oral or topical, that is prescribed for cosmetic purposes.
- The charge for any medications not FDA-approved for use in the general population.
- Off label use of a drug which is not medically accepted. The Health Plan uses the same guidelines as CMS for determining whether a proposed use is medically accepted.
- The charge for a drug not prescribed by a HealthPlan qualified provider except in an emergency situation.
- The charge for any medication covered by any Worker's Compensation or occupational disease laws, any other group policy, or government program which is not The Health Plan's program.
- Dental-related prescriptions such as, but not limited to, oral fluorides, dental mouth washes, devices used in dental therapy. Certain oral fluoride products may be covered as a preventative medication.
- The charge for prescription drugs or devices used to promote weight loss.
- Prescriptions used to treat sexual dysfunction, either oral or topical, or devices used for impotence.
- Appliances and therapeutic devices which may require a prescription are not covered. These include, but are not limited to, garments, splints, bandages, or braces regardless of intended use.
- Charges for lost or stolen prescription drugs unless noted within your Summary of Benefits. Please contact The Health Plan for details.
- Certain legend drugs when any version or strength become available over the counter.
- The charges for prescriptions related to non-covered services.

- The charge for any prescription prescribed to enhance athletic performance.
- Drugs prescribed to shorten the duration of the common cold.
- Drugs for treatment of infertility.
- Any packaging material, other than the standard pharmacy packaging.
- Nutritional and/or dietary supplements.
- Charges for the administration of any drug.
- Drugs consumed at the time and place where dispensed or where the prescription order is issued including, but not limited to, samples provided by a physician. This does not include any drugs used in conjunction with a diagnostic service or other drugs covered under medical supplies.
- Herbal or homeopathic products.
- Compound drugs unless there is at least one ingredient that requires a prescription.
- Allergenic extracts.
- Diagnostic agents.
- The cost of shipping or delivering a drug.
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.
- Pharmaceutical samples.

Pain Management Program and Opiate/Opioid Management

Pain Management Program will apply to plans within the value program.

The acute use of opioid medications for moderate to severe pain from acute injury, medical treatment or surgical procedure will be limited. The first fill of an opioid medication will be limited to a 5 day supply. This limit is for the first fill of an opioid medication for a member who has no history of opioid usage in the past 130 days.

For those members needing further management of their pain, a prior authorization will be required if:

- The opioid exceeds 80 morphine milligram equivalents
- Is taken for greater than 90 consecutive days
- Is a long acting opioid
- Is being taken with a medication that could

cause respiratory depression.

A pharmacist will review the case to evaluate that the opioid is being utilized safely and appropriately. Additionally, the member can be limited to one prescriber and one pharmacy, if needed.

Formulary medications will be preferred over non-formulary medications. Step therapy rules will be applied when reviewing a request for non-formulary medications. Also, dosing and quantities may be limited.

List of Abbreviations

1: Preferred Generic

2: Preferred Brand

3: Non-preferred Drug

4: Specialty Drugs

5: Medical Service Drugs

6: ACA Preventive Medications

ACA: Affordable Care Act

LA: Limited Availability. The prescription may be available only at certain pharmacies. For more information, please call Customer Service.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

DME: Durable Medical Equipment. Will pull the DME benefit.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

SP: Specialty Drug.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition 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, we will then cover Drug B.

* Note: To comply with various laws and regulations impacting plans, cost share and day supply limits may vary for some drugs. Please contact Pharmacy Services if you have a question about your specific drug coverage or consult your Summary of Benefits.

This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.

Table of Contents

ANTI - INFECTIVES	3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	7
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH	11
CARDIOVASCULAR, HYPERTENSION & LIPIDS	19
DERMATOLOGICALS/TOPICAL THERAPY	24
DIAGNOSTICS & MISCELLANEOUS AGENTS	30
EAR, NOSE & THROAT MEDICATIONS	31
ENDOCRINE/DIABETES	31
GASTROENTEROLOGY	37
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	41
IMMUNOLOGY	44
MUSCULOSKELETAL & RHEUMATOLOGY	44
OBSTETRICS & GYNECOLOGY	45
OPHTHALMOLOGY	49
RESPIRATORY, ALLERGY, COUGH & COLD	52
UROLOGICALS	55
VITAMINS, HEMATINICS & ELECTROLYTES	55
Index	58

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole</i>	1	
CRESEMBA	2	PA
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL (99 per 99 days)
<i>flucytosine</i>	1	PA
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	QL (99 per 99 days)
<i>ketoconazole</i>	1	
NOXAFIL	2	PA
<i>nystatin</i>	1	
<i>posaconazole</i>	1	PA
<i>terbinafine hcl</i>	1	
<i>voriconazole</i>	1	PA
ANTIVIRALS		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	
<i>acyclovir</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	
APRETUDE	4	PA
APTIVUS	2	

Drug Name	Drug Tier	Requirements / Limits
<i>atazanavir</i>	1	
BARACLUDE	2	
BEYFORTUS	6	ACA
BIKTARVY	2	
CABENUVA	4	PA; QL (99 per 99 days)
CIMDUO	2	
<i>darunavir</i>	1	
DESCOVY	2	
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabin-tenofovir</i>	1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	6	ACA
EMTRIVA	2	
<i>entecavir</i>	1	
EPCLUSA	2	PA; QL (99 per 99 days)
<i>etravirine</i>	1	
<i>famciclovir</i>	1	QL (99 per 99 days)
<i>fosamprenavir</i>	1	
FUZEON	2	PA; QL (99 per 99 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
GENVOYA	2	
HARVONI	2	PA; QL (99 per 99 days)
INTELENCE	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
LAGEVRIO (EUA)	2	QL (99 per 99 days)
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	
<i>nevirapine</i>	1	
NORVIR	2	
ODEFSEY	2	
<i>oseltamivir</i>	1	QL (99 per 99 days)
PAXLOVID	2	QL (99 per 99 days)
PREVYMIS	2	QL (99 per 99 days)
PREZCOBIX	2	
PREZISTA	2	
RELENZA DISKHALER	3	QL (99 per 99 days)
REYATAZ	2	
<i>ribavirin</i>	1	PA
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	
SELZENTRY	2	
SYNAGIS	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
TRIUMEQ PD	2	
TROGARZO	4	PA
<i>valacyclovir</i>	1	QL (99 per 99 days)
<i>valganciclovir</i>	1	
VEMLIDY	2	
VIRACEPT	2	
VIREAD	2	
ZEPATIER	2	PA; QL (99 per 99 days)
<i>zidovudine</i>	1	
CEPHALOSPORINS		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	
<i>cefixime</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cephalexin</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
<i>e.e.s. 400</i>	1	
<i>ery-tab</i>	1	
<i>erythrocin (as stearate)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	QL (99 per 99 days)
ALINIA	2	QL (99 per 99 days)
ARIKAYCE	4	PA; LA
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QL (99 per 99 days)
BENZNIDAZOLE	2	QL (99 per 99 days)
CAYSTON	4	PA; LA; QL (99 per 99 days)
<i>chloroquine phosphate</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	2	QL (99 per 99 days)
<i>cycloserine</i>	1	
<i>dapsone</i>	1	
EMVERM	2	QL (99 per 99 days)
<i>ethambutol</i>	1	
<i>hydroxychloroquine</i>	1	
IMPAVIDO	2	PA; QL (99 per 99 days)
<i>isoniazid</i>	1	
<i>ivermectin</i>	1	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
KITABIS PAK	4	PA; QL (99 per 99 days)
<i>linezolid</i>	1	PA
<i>mefloquine</i>	1	QL (99 per 99 days)
<i>metronidazole</i>	1	
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QL (99 per 99 days)
<i>paromomycin</i>	1	
<i>pentamidine</i>	1	QL (99 per 99 days)
<i>praziquantel</i>	1	
PRETOMANID	3	PA
PRIFTIN	2	
<i>primaquine</i>	1	QL (99 per 99 days)
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	1	PA
<i>quinine sulfate</i>	1	QL (99 per 99 days)
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
SIRTURO	2	PA; LA
<i>tinidazole</i>	1	QL (99 per 99 days)
<i>tobramycin</i>	4	PA; QL (99 per 99 days)
<i>tobramycin in 0.225 % nacl</i>	4	PA; QL (99 per 99 days)
TRECATOR	3	
XIFAXAN	2	PA; QL (99 per 99 days)
PENICILLINS		
<i>amoxicillin</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</i>	1	
AUGMENTIN	2	
<i>dicloxacillin</i>	1	
<i>penicillin v potassium</i>	1	
QUINOLONES		
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl</i>	1	
FACTIVE	3	
<i>levofloxacin</i>	1	
<i>moxifloxacin</i>	1	
<i>ofloxacin</i>	1	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
<i>avidoxy</i>	1	
<i>demeclocycline</i>	1	
<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, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphase</i>	1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr</i>	1	ST
<i>mondoxyne nl</i>	1	
<i>tetracycline oral capsule</i>	1	
<i>tetracycline oral tablet</i>	1	ST
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>trimethoprim</i>	1	

VANCOMYCIN

<i>vancomycin oral capsule</i>	1	PA; QL (99 per 99 days)
<i>vancomycin oral recon soln</i>	1	QL (99 per 99 days)

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

KEPIVANCE	4	PA
<i>leucovorin calcium</i>	1	
MESNEX	2	
VISTOGARD	4	PA; QL (99 per 99 days)
XGEVA	4	PA; QL (99 per 99 days)

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

<i>abiraterone</i>	4	PA; QL (99 per 99 days)
ADAKVEO	4	PA
ADCETRIS	4	PA
ALECENSA	4	PA; QL (99 per 99 days)
ALIQOPA	4	PA; LA
ALUNBRIG	4	PA; QL (99 per 99 days)
AMTAGVI	4	PA
<i>anastrozole</i>	1	
<i>azacitidine</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>azathioprine</i>	1	
BALVERSA	4	PA; LA
BAVENCIO	4	PA; LA
<i>bendamustine</i>	4	PA
BENDEKA	4	PA
BESPONSA	4	PA
<i>bexarotene</i>	4	PA
<i>bicalutamide</i>	1	
BLINCYTO	4	PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	4	PA
<i>bortezomib injection recon soln 3.5 mg</i>	4	PA
BORTEZOMIB INTRAVENOUS	4	PA
BOSULIF	4	PA; QL (99 per 99 days)
BRUKINSA	4	PA; LA
CABOMETYX	4	PA; LA; QL (99 per 99 days)
CALQUENCE (ACALABRUTINIB MAL)	4	PA; LA; QL (99 per 99 days)
<i>capecitabine</i>	4	PA; QL (99 per 99 days)
CAPRELSA	4	PA; LA; QL (99 per 99 days)
CARVYKTI	4	PA
COMETRIQ	4	PA; QL (99 per 99 days)
COTELIC	4	PA; LA; QL (99 per 99 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>cyclophosphamide</i>	1	
<i>cyclosporine</i>	1	
<i>cyclosporine modified</i>	1	
CYRAMZA	4	PA
DARZALEX	4	PA; LA
<i>dasatinib</i>	4	PA; QL (99 per 99 days)
<i>decitabine</i>	4	PA
DROXIA	2	
ELIGARD	4	PA
ELIGARD (3 MONTH)	4	PA
ELIGARD (4 MONTH)	4	PA
ELIGARD (6 MONTH)	4	PA
ELZONRIS	4	PA
ENSPRYNG	4	PA
ERBITUX	4	PA
<i>eribulin</i>	4	PA
ERIVEDGE	4	PA; QL (99 per 99 days)
ERLEADA	4	PA; QL (99 per 99 days)
<i>erlotinib</i>	4	PA; QL (99 per 99 days)
<i>etoposide</i>	1	
<i>everolimus (antineoplastic)</i>	4	PA; QL (99 per 99 days)
<i>everolimus (immunosuppressive)</i>	1	
<i>exemestane</i>	1	
FENSOLVI	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>fludarabine</i>	1	
FOLOTYN	4	PA
GAMIFANT	4	PA
GAVRETO	4	PA; LA; QL (99 per 99 days)
GAZYVA	4	PA
<i>gefitinib</i>	4	PA; QL (99 per 99 days)
<i>gengraf</i>	1	
GILOTRIF	4	PA; QL (99 per 99 days)
GLEOSTINE	2	
HALAVEN	4	PA
HYCANTIN	4	PA
<i>hydroxyurea</i>	1	
ICLUSIG	4	PA; QL (99 per 99 days)
IDHIFA	4	PA; LA; QL (99 per 99 days)
<i>imatinib</i>	4	PA; QL (99 per 99 days)
IMBRUVICA	4	ST; QL (99 per 99 days)
IMFINZI	4	PA; LA
INLYTA	4	PA; QL (99 per 99 days)
ISTODAX	4	PA
IWILFIN	4	PA; LA
IXEMPRA	4	PA
JAKAFI	4	ST; QL (99 per 99 days)
KADCYLA	4	PA
KANJINTI	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
KEYTRUDA	4	PA
KIMMTRAK	4	PA
KISQALI	4	PA; QL (99 per 99 days)
KYMRIAH	4	PA
KYPROLIS	4	PA
<i>lanreotide</i>	4	PA; QL (99 per 99 days)
<i>lapatinib</i>	4	PA; QL (99 per 99 days)
<i>lenalidomide</i>	4	PA; QL (99 per 99 days)
LENVIMA	4	PA; QL (99 per 99 days)
<i>letrozole</i>	1	
LEUKERAN	2	
<i>leuprolide</i>	4	PA
LIBTAYO	4	PA
LONSURF	4	PA
LOQTORZI	4	PA
LORBRENA	4	PA; QL (99 per 99 days)
LUNSUMIO	4	PA
LUPKYNIS	4	PA; QL (99 per 99 days)
LUPRON DEPOT	4	PA
LUPRON DEPOT (3 MONTH)	4	PA
LUPRON DEPOT (4 MONTH)	4	PA
LUPRON DEPOT (6 MONTH)	4	PA
LYNPARZA	4	PA; QL (99 per 99 days)
LYSODREN	4	

Drug Name	Drug Tier	Requirements / Limits
LYTGOBI	4	PA; LA
MATULANE	4	PA
<i>megestrol</i>	1	
MEKINIST	4	PA; QL (99 per 99 days)
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>mitoxantrone</i>	4	PA
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
MYHIBBIN	2	
MYLERAN	2	
MYLOTARG	4	PA; LA
<i>nelarabine</i>	4	PA
NEMLUVIO	2	PA; QL (99 per 99 days)
NERLYNX	4	PA; LA
<i>nilutamide</i>	1	PA
NINLARO	4	PA; QL (99 per 99 days)
NUBEQA	4	PA; LA; QL (99 per 99 days)
<i>octreotide acetate</i>	4	PA
<i>octreotide, microspheres</i>	4	PA; QL (99 per 99 days)
ODOMZO	4	PA; LA; QL (99 per 99 days)
OJEMDA	4	PA
ONIVYDE	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
OPDIVO	4	PA
OPDUALAG	4	PA
ORSERDU	4	PA; QL (99 per 99 days)
<i>paclitaxel protein-bound</i>	4	PA
<i>pazopanib</i>	4	PA; QL (99 per 99 days)
PEMAZYRE	4	PA; LA; QL (99 per 99 days)
PERJETA	4	PA
PHESGO	4	PA
PIQRAY	4	PA
POMALYST	4	PA; LA
POTELIGEO	4	PA
PRALATREXATE	4	PA
PROGRAF	2	
PURIXAN	4	PA
REVLIMID	4	PA; LA; QL (99 per 99 days)
<i>romidepsin</i>	4	PA
ROZLYTREK	4	PA; LA; QL (99 per 99 days)
RUXIENCE	4	PA
RYDAPT	4	PA; QL (99 per 99 days)
SCSEMBLIX	4	PA; QL (99 per 99 days)
SIGNIFOR	4	PA
<i>sirolimus</i>	1	
SOLTAMOX	3	
SOMATULINE DEPOT	4	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>sorafenib</i>	4	PA; QL (99 per 99 days)
STIVARGA	4	PA; QL (99 per 99 days)
<i>sunitinib malate</i>	4	PA; QL (99 per 99 days)
SYLVANT	4	PA
TABRECTA	4	PA
<i>tacrolimus</i>	1	
TAFINLAR	4	PA; QL (99 per 99 days)
TAGRISO	4	PA; LA; QL (99 per 99 days)
TALZENNA	4	PA; QL (99 per 99 days)
<i>tamoxifen</i>	1	
TASIGNA	4	PA; QL (99 per 99 days)
TECELRA	4	PA
TECENTRIQ	4	PA; LA
TEMODAR	4	PA
<i>temozolomide</i>	4	PA
<i>temsirolimus</i>	4	PA
TEVIMBRA	4	PA
THALOMID	4	PA; QL (99 per 99 days)
TIBSOVO	4	PA
<i>topotecan</i>	4	PA
<i>toremifene</i>	1	
<i>torpenz</i>	4	PA; QL (99 per 99 days)
TRAZIMERA	4	PA
<i>tretinoin (antineoplastic)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TRIPTODUR	4	PA
UNITUXIN	4	PA
VECTIBIX	4	PA
VENCLEXTA	4	PA; LA; QL (99 per 99 days)
VENCLEXTA STARTING PACK	4	PA; QL (99 per 99 days)
VERZENIO	4	PA; LA; QL (99 per 99 days)
VIJOICE	4	PA; QL (99 per 99 days)
VITRAKVI	4	PA; LA; QL (99 per 99 days)
VIZIMPRO	4	PA; QL (99 per 99 days)
VONJO	4	PA; QL (99 per 99 days)
VYXEOS	4	PA
XALKORI	4	PA; QL (99 per 99 days)
XERMELO	4	PA; LA; QL (99 per 99 days)
XOSPATA	4	PA; LA; QL (99 per 99 days)
XTANDI	4	PA; QL (99 per 99 days)
YERVOY	4	PA
YESCARTA	4	PA
YONDELIS	4	PA
ZEJULA	4	PA; LA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
ZELBORAF	4	PA; QL (99 per 99 days)
ZIRABEV	4	PA
ZOLADEX	4	PA
ZOLINZA	4	PA; QL (99 per 99 days)
ZYDELIG	4	PA; QL (99 per 99 days)
ZYKADIA	4	PA; QL (99 per 99 days)
ZYNYZ	4	PA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

<i>carbamazepine</i>	1	
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	
DIACOMIT	4	PA
<i>diazepam</i>	1	
DILANTIN	2	
<i>divalproex</i>	1	
EPIDIOLEX	4	PA; LA
<i>epitol</i>	1	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution</i>	1	
<i>gabapentin oral tablet</i>	1	
<i>gabapentin oral tablet extended release 24 hr</i>	1	ST
<i>lacosamide</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
<i>methsuximide</i>	1	
NAYZILAM	2	PA; QL (99 per 99 days)
<i>oxcarbazepine</i>	1	
<i>phenobarbital</i>	1	
<i>phenytoin</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	1	
<i>pregabalin oral tablet extended release 24 hr</i>	1	PA
<i>primidone</i>	1	
<i>roweepra</i>	1	
<i>rufinamide</i>	1	PA
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral capsule, extended release 24hr</i>	1	ST
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>topiramate oral tablet</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
<i>vigabatrin</i>	4	PA; LA; QL (99 per 99 days)
<i>vigadrone</i>	4	PA; QL (99 per 99 days)
<i>vigpoder</i>	4	PA; QL (99 per 99 days)
<i>zonisamide</i>	1	
ZTALMY	4	PA; LA
ANTIPARKINSONISM AGENTS		
<i>apomorphine</i>	4	PA; QL (99 per 99 days)
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	PA
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	
INBRIJA	4	PA; QL (99 per 99 days)
NEUPRO	3	
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole</i>	1	
<i>selegiline hcl</i>	1	
<i>tolcapone</i>	1	PA
<i>trihexyphenidyl</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
AJOVY AUTOINJECTOR	2	PA; QL (99 per 99 days)
AJOVY SYRINGE	2	PA; QL (99 per 99 days)
<i>almotriptan malate</i>	1	QL (99 per 99 days)
<i>dihydroergotamine injection</i>	1	PA
<i>dihydroergotamine nasal</i>	1	ST; QL (99 per 99 days)
<i>eletriptan</i>	1	QL (99 per 99 days)
EMGALITY PEN	2	PA; QL (99 per 99 days)
EMGALITY SYRINGE	2	PA; QL (99 per 99 days)
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
<i>frovatriptan</i>	1	QL (99 per 99 days)
<i>migergot</i>	1	
<i>naratriptan</i>	1	QL (99 per 99 days)
<i>rizatriptan</i>	1	QL (99 per 99 days)
<i>sumatriptan</i>	1	QL (99 per 99 days)
<i>sumatriptan succinate</i>	1	QL (99 per 99 days)
<i>sumatriptan-naproxen</i>	1	ST; QL (99 per 99 days)
<i>zolmitriptan nasal</i>	1	ST; QL (99 per 99 days)
<i>zolmitriptan oral</i>	1	QL (99 per 99 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		

Drug Name	Drug Tier	Requirements / Limits
AUSTEDO	4	PA; LA; QL (99 per 99 days)
AUSTEDO XR	4	PA; QL (99 per 99 days)
AUSTEDO XR TITRATION KT(WK1-4)	4	PA; QL (99 per 99 days)
<i>dalfampridine</i>	4	PA; QL (99 per 99 days)
<i>dichlorphenamide</i>	4	PA
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	ST
<i>donepezil oral tablet, disintegrating</i>	1	
<i>edaravone</i>	4	PA
FIRDAPSE	4	PA; LA
<i>galantamine</i>	1	
<i>memantine</i>	1	
NUEDEXTA	2	PA
<i>ormalvi</i>	4	PA
RADICAVA	4	PA
RADICAVA ORS STARTER KIT SUSP	4	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
SKYSONA	4	PA
SPINRAZA (PF)	4	PA; QL (99 per 99 days)
<i>tetrabenazine</i>	4	PA; QL (99 per 99 days)
TYSABRI	4	PA; LA; QL (99 per 99 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ZEPOSIA	4	PA; QL (99 per 99 days)
ZEPOSIA STARTER KIT (28-DAY)	4	PA; QL (99 per 99 days)
ZEPOSIA STARTER PACK (7-DAY)	4	PA; QL (99 per 99 days)
ZOLGENSMA	4	PA
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen</i>	1	
<i>carisoprodol</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	1	PA
<i>cyclobenzaprine oral tablet</i>	1	
<i>dantrolene</i>	1	
<i>meprobamate</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine-asa-caffeine</i>	1	
<i>orphengesic forte</i>	1	
<i>pyridostigmine bromide</i>	1	
<i>tanlor</i>	1	
<i>tizanidine</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	1	ST; QL (99 per 99 days)
<i>acetaminophen-codeine</i>	1	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>ascomp with codeine</i>	1	
BRIXADI	4	
<i>buprenorphine</i>	1	ST
<i>buprenorphine hcl injection solution</i>	1	
<i>buprenorphine hcl injection syringe</i>	1	ST; QL (99 per 99 days)
<i>buprenorphine hcl sublingual</i>	1	
<i>butalbital-acetaminop-caff-cod</i>	1	
<i>butalbital-acetaminophen</i>	1	
<i>butalbital-acetaminophen-caff</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
<i>codeine sulfate</i>	1	ST; QL (99 per 99 days)
<i>codeine-butalbital-asa-caff</i>	1	
<i>diskets</i>	1	
<i>endocet</i>	1	ST; QL (99 per 99 days)
<i>fentanyl</i>	1	ST; QL (99 per 99 days)
<i>fentanyl citrate</i>	1	ST; QL (99 per 99 days)
<i>hydrocodone bitartrate</i>	1	ST; QL (99 per 99 days)
<i>hydrocodone-acetaminophen</i>	1	ST; QL (99 per 99 days)
<i>hydrocodone-ibuprofen</i>	1	ST; QL (99 per 99 days)
<i>hydromorphone</i>	1	ST; QL (99 per 99 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>levorphanol tartrate</i>	1	ST; QL (99 per 99 days)
<i>methadone</i>	1	
<i>methadose</i>	1	
<i>morphine</i>	1	ST; QL (99 per 99 days)
<i>morphine concentrate</i>	1	ST; QL (99 per 99 days)
<i>oxycodone</i>	1	ST; QL (99 per 99 days)
<i>oxycodone-acetaminophen</i>	1	ST; QL (99 per 99 days)
<i>oxymorphone</i>	1	ST; QL (99 per 99 days)
<i>prolata</i>	1	ST; QL (99 per 99 days)
SUBLOCADE	4	
<i>tencon</i>	1	
NON-NARCOTIC ANALGESICS		
<i>aspirin</i>	6	ACA; OTC
<i>aspirin childrens</i>	6	ACA; OTC
<i>bayer low dose aspirin</i>	6	ACA; OTC
<i>buprenorphine-naloxone</i>	1	
<i>butorphanol</i>	1	ST; QL (99 per 99 days)
<i>celecoxib</i>	1	
<i>diclofenac potassium oral capsule</i>	1	
<i>diclofenac potassium oral powder in packet</i>	1	ST; QL (99 per 99 days)
<i>diclofenac potassium oral tablet 25 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL (99 per 99 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	ST; QL (99 per 99 days)
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	
<i>ecotrin low strength</i>	6	ACA; OTC
<i>etodolac</i>	1	
<i>fenoprofen</i>	1	ST
<i>flurbiprofen</i>	1	
<i>ibu</i>	1	
<i>ibuprofen</i>	1	
<i>ibuprofen-famotidine</i>	1	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</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr</i>	1	ST
<i>ketorolac</i>	1	QL (99 per 99 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>kiprofen</i>	1	ST
<i>lofena</i>	1	ST
<i>lofexidine</i>	1	PA; QL (99 per 99 days)
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam</i>	1	QL (99 per 99 days)
<i>meloxicam submicronized</i>	1	ST; QL (99 per 99 days)
<i>nabumetone</i>	1	
<i>naloxone</i>	1	PA
<i>naltrexone</i>	1	
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST
<i>naproxen-esomeprazole</i>	1	ST
NUCYNTA	3	ST; QL (99 per 99 days)
NUCYNTA ER	3	ST; QL (99 per 99 days)
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
REXTOVY	2	QL (99 per 99 days)
<i>salsalate</i>	1	
<i>st joseph aspirin</i>	6	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>sulindac</i>	1	
<i>tolmetin</i>	1	ST
<i>tramadol</i>	1	ST; QL (99 per 99 days)
<i>tramadol-acetaminophen</i>	1	ST; QL (99 per 99 days)
VISCO-3	4	PA
VIVITROL	4	
ZUBSOLV	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFI	2	
ABILIFY MAINTENA	2	
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	1	
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
<i>amphetamine sulfate</i>	1	PA
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL (99 per 99 days)
<i>aripiprazole oral tablet, disintegrating</i>	1	QL (99 per 99 days)
ARISTADA	2	
ARISTADA INITIO	2	
<i>armodafinil</i>	1	PA; QL (99 per 99 days)
<i>asenapine maleate</i>	1	QL (99 per 99 days)
<i>atomoxetine</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
BELSOMRA	3	ST; QL (99 per 99 days)
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr</i>	1	QL (99 per 99 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (99 per 99 days)
<i>bupirone</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine</i>	1	
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	QL (99 per 99 days)
<i>clomipramine</i>	1	
<i>clonidine hcl</i>	1	PA
<i>clorazepate dipotassium</i>	1	
<i>clozapine</i>	1	
<i>desipramine</i>	1	
<i>desvenlafaxine succinate</i>	1	ST; QL (99 per 99 days)
<i>dexmethylphenidate</i>	1	PA
<i>dextroamphetamine sulfate</i>	1	PA
<i>dextroamphetamine-amphetamine</i>	1	PA
<i>diazepam</i>	1	
<i>diazepam intensol</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>doxepin oral tablet</i>	1	ST; QL (99 per 99 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (99 per 99 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST; QL (99 per 99 days)
<i>ergoloid</i>	1	
<i>escitalopram oxalate oral solution</i>	1	ST
<i>escitalopram oxalate oral tablet</i>	1	QL (99 per 99 days)
<i>estazolam</i>	1	QL (99 per 99 days)
<i>eszopiclone</i>	1	QL (99 per 99 days)
FETZIMA	3	ST; QL (99 per 99 days)
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL (99 per 99 days)
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	ST; QL (99 per 99 days)
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL (99 per 99 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST
<i>fluphenazine hcl</i>	1	
<i>flurazepam</i>	1	QL (99 per 99 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>fluvoxamine oral capsule,extended release 24hr</i>	1	ST; QL (99 per 99 days)
<i>fluvoxamine oral tablet</i>	1	QL (99 per 99 days)
<i>guanfacine</i>	1	PA
<i>haloperidol</i>	1	
<i>haloperidol lactate</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>lisdexamfetamine oral capsule</i>	1	PA
<i>lisdexamfetamine oral tablet,chewable</i>	1	ST
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
<i>lorazepam</i>	1	
<i>lorazepam intensol</i>	1	
<i>loxapine succinate</i>	1	
LUMRYZ	4	ST; QL (99 per 99 days)
LUMRYZ STARTER PACK	2	ST
<i>lurasidone</i>	1	QL (99 per 99 days)
MARPLAN	3	
<i>methamphetamine</i>	1	PA
<i>methylphenidate</i>	1	ST
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	PA
<i>methylphenidate hcl oral solution</i>	1	PA
<i>methylphenidate hcl oral tablet</i>	1	PA
<i>methylphenidate hcl oral tablet extended release</i>	1	PA
<i>methylphenidate hcl oral tablet extended release 24hr</i>	1	PA
<i>methylphenidate hcl oral tablet,chewable</i>	1	PA
<i>midazolam</i>	1	
<i>mirtazapine</i>	1	
<i>modafinil</i>	1	PA; QL (99 per 99 days)
<i>molindone</i>	1	
<i>nortriptyline</i>	1	
<i>olanzapine</i>	1	QL (99 per 99 days)
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	1	
<i>paliperidone</i>	1	QL (99 per 99 days)
<i>paroxetine hcl oral suspension</i>	1	ST
<i>paroxetine hcl oral tablet</i>	1	QL (99 per 99 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	ST; QL (99 per 99 days)
<i>paroxetine mesylate(menop.sym)</i>	1	ST; QL (99 per 99 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
<i>procentra</i>	1	PA
<i>protriptyline</i>	1	
<i>quetiapine</i>	1	QL (99 per 99 days)
<i>ramelteon</i>	1	QL (99 per 99 days)
REXULTI	3	QL (99 per 99 days)
<i>risperidone microspheres</i>	1	
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL (99 per 99 days)
<i>risperidone oral tablet, disintegrating</i>	1	QL (99 per 99 days)
RYKINDO	2	
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	QL (99 per 99 days)
SODIUM OXYBATE	4	ST; LA; QL (99 per 99 days)
SUNOSI	2	PA; QL (99 per 99 days)
<i>temazepam</i>	1	QL (99 per 99 days)
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranlycypromine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>trazodone</i>	1	
<i>triazolam</i>	1	QL (99 per 99 days)
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	ST; QL (99 per 99 days)
<i>venlafaxine oral capsule, extended release 24hr</i>	1	QL (99 per 99 days)
<i>venlafaxine oral tablet</i>	1	QL (99 per 99 days)
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST; QL (99 per 99 days)
<i>vilazodone</i>	1	ST; QL (99 per 99 days)
XYWAV	4	ST; LA; QL (99 per 99 days)
<i>zaleplon</i>	1	QL (99 per 99 days)
<i>zenzedi</i>	1	PA
<i>ziprasidone hcl</i>	1	QL (99 per 99 days)
<i>zolpidem</i>	1	QL (99 per 99 days)
ZULRESSO	4	
ZURZUVAE	4	QL (99 per 99 days)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone</i>	1	
<i>disopyramide phosphate</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
<i>pacerone</i>	1	
<i>propafenone</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	
SOTYLIZE	2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	1	
<i>aliskiren</i>	1	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazyd</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol</i>	1	
<i>bisoprolol fumarate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	
<i>chlorthalidone</i>	1	
<i>clonidine</i>	1	QL (99 per 99 days)
<i>clonidine hcl</i>	1	
<i>diltiazem</i>	1	
<i>dilt-xr</i>	1	
<i>doxazosin</i>	1	QL (99 per 99 days)
<i>enalapril maleate</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>epoprostenol</i>	4	PA
<i>eprosartan</i>	1	
<i>ethacrynic acid</i>	1	
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide</i>	1	
<i>guanfacine</i>	1	
<i>hydralazine</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isosorbide-hydralazine</i>	1	
<i>isradipine</i>	1	
KERENDIA	2	PA; QL (99 per 99 days)
<i>labetalol</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>matzim la</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate</i>	1	
<i>metyrosine</i>	1	PA
<i>minoxidil</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	1	
<i>nicardipine</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nisoldipine</i>	1	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	PA
<i>pindolol</i>	1	
<i>prazosin</i>	1	
<i>propranolol</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
<i>terazosin</i>	1	QL (99 per 99 days)
<i>tiadylt er</i>	1	
<i>timolol maleate</i>	1	
<i>torseamide</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>treprostinil sodium</i>	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
UPTRAVI	4	PA; LA; QL (99 per 99 days)
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<i>veletri</i>	4	PA
<i>verapamil</i>	1	
CARDIAC GLYCOSIDES		
<i>digoxin</i>	1	
COAGULATION THERAPY		
ADVATE	4	PA
ADYNOVATE	4	PA
AFSTYLA	4	PA
ALPHANATE	4	PA
ALTUVIIO	4	PA
<i>aminocaproic acid</i>	1	
<i>aspirin-dipyridamole</i>	1	
BENEFIX	4	PA
BRILINTA	2	
CABLIVI	4	PA; LA
CEPROTIN (BLUE BAR)	4	PA
CEPROTIN (GREEN BAR)	4	PA
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
COAGADEX	4	PA
CORIFACT	4	PA
<i>dabigatran etexilate</i>	1	
<i>dipyridamole</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DOPTELET (15 TAB PACK)	4	PA; LA; QL (99 per 99 days)
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
ELOCTATE	4	PA
<i>enoxaparin</i>	4	PA
ESPEROCT	4	PA
FEIBA NF	4	PA
<i>fondaparinux</i>	4	PA
HEMGENIX	4	PA
HEMLIBRA	4	PA
HEMOFIL M HIGH	4	PA
HEMOFIL M LOW	4	PA
HEMOFIL M MID	4	PA
HEMOFIL M SUPER HIGH	4	PA
<i>hep flush-10 (pf)</i>	1	PA
<i>heparin (porcine)</i>	1	PA
<i>heparin (porcine) in 5 % dex</i>	1	
<i>heparin (porcine) in nacl (pf)</i>	1	PA
<i>heparin lock flush (porcine)</i>	1	PA
<i>heparin lockflush(porcine)(pf)</i>	1	PA
<i>heparin(porcine) in 0.45% nacl</i>	1	PA
<i>heparin, porcine (pf)</i>	1	PA
HUMATE-P	4	PA
IDELVION	4	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>jantoven</i>	1	
JIVI	4	PA
KOGENATE FS	4	PA
KOVALTRY	4	PA
NOVOEIGHT	4	PA
NPLATE	4	PA
OBIZUR	4	PA
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) injection</i>	1	PA
<i>phytonadione (vitamin k1) oral</i>	1	PA; QL (99 per 99 days)
<i>prasugrel</i>	1	
PROFILNINE	4	PA
PROMACTA	4	PA; LA
RIASTAP	4	PA
ROCTAVIAN	4	PA
SEVENFACT	4	PA
TAVALISSE	4	PA; LA; QL (99 per 99 days)
TRETTEN	4	PA
<i>vitamin k</i>	1	PA
<i>vitamin k1</i>	1	PA
VONVENDI	4	PA
<i>warfarin</i>	1	
XARELTO	2	
XARELTO DVT-PE TREAT 30D START	2	
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA

Drug Name	Drug Tier	Requirements / Limits
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	QL (99 per 99 days)
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	6	ACA; QL (99 per 99 days)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL (99 per 99 days)
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	
<i>colestipol</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	1	QL (99 per 99 days)
<i>fenofibrate micronized</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	
<i>fluvastatin</i>	6	ACA; QL (99 per 99 days)
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	1	PA
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	4	PA; LA
JUXTAPID ORAL CAPSULE 30 MG	2	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
<i>lovastatin</i>	6	ACA; QL (99 per 99 days)
<i>niacin</i>	1	
<i>omega-3 acid ethyl esters</i>	1	PA
<i>pitavastatin calcium</i>	6	ACA; QL (99 per 99 days)
<i>pravastatin</i>	6	ACA; QL (99 per 99 days)
<i>prevalite</i>	1	
REPATHA PUSHTRONEX	2	PA
REPATHA SURECLICK	2	PA
REPATHA SYRINGE	2	PA
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	6	ACA; QL (99 per 99 days)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL (99 per 99 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	ACA; QL (99 per 99 days)
<i>simvastatin oral tablet 80 mg</i>	1	QL (99 per 99 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	4	PA; QL (99 per 99 days)
ENTRESTO	2	QL (99 per 99 days)
ENTRESTO SPRINKLE	2	QL (99 per 99 days)
<i>ivabradine</i>	1	PA
<i>ranolazine</i>	1	
VERQUVO	2	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
VYNDAMAX	4	PA
VYNDAQEL	4	PA
NITRATES		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	1	
<i>nitroglycerin</i>	1	
<i>nitro-time</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	
<i>calcipotriene</i>	1	QL (99 per 99 days)
<i>calcipotriene- betamethasone topical ointment</i>	1	ST; QL (99 per 99 days)
<i>calcipotriene- betamethasone topical suspension</i>	1	QL (99 per 99 days)
<i>calcitriol</i>	1	
<i>hydrocortisone- pramoxine</i>	1	ST
<i>selenium sulfide</i>	1	
SKYRIZI	4	PA; QL (99 per 99 days)
SOTYKTU	4	PA; QL (99 per 99 days)
SPEVIGO	4	PA
STELARA INTRAVENOUS	4	PA
STELARA SUBCUTANEOUS	4	PA; QL (99 per 99 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium</i>	1	
TALTZ AUTOINJECTOR	4	PA; QL (99 per 99 days)
TALTZ AUTOINJECTOR (2 PACK)	4	PA; QL (99 per 99 days)
TALTZ AUTOINJECTOR (3 PACK)	4	PA; QL (99 per 99 days)
TALTZ SYRINGE	4	PA; QL (99 per 99 days)
TREMFYA INTRAVENOUS	4	PA
TREMFYA PEN	4	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL (99 per 99 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (99 per 99 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	4	PA
BURN THERAPY		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	4	PA; QL (99 per 99 days)
<i>ammonium lactate</i>	1	
CIBINQO	4	PA; QL (99 per 99 days)
<i>diclofenac sodium</i>	1	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>doxepin</i>	1	ST; QL (99 per 99 days)
DUPIXENT PEN	4	PA; QL (99 per 99 days)
DUPIXENT SYRINGE	4	PA; QL (99 per 99 days)
EBGLYSS PEN	4	PA; QL (99 per 99 days)
EBGLYSS SYRINGE	2	PA
EUCRISA	2	ST; QL (99 per 99 days)
<i>fluorouracil</i>	1	
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
<i>pimecrolimus</i>	1	ST; QL (99 per 99 days)
<i>podofilox topical gel</i>	1	ST; QL (99 per 99 days)
<i>podofilox topical solution</i>	1	
<i>prudoxin</i>	1	ST; QL (99 per 99 days)
REGRANEX	2	QL (99 per 99 days)
<i>tacrolimus</i>	1	ST; QL (99 per 99 days)
VALCHLOR	4	PA
<i>wintergreen oil</i>	1	
THERAPY FOR ACNE		
<i>acutane</i>	1	
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>adapalene topical gel with pump</i>	1	
<i>adapalene topical solution</i>	1	
<i>adapalene topical swab</i>	1	ST
<i>adapalene-benzoyl peroxide</i>	1	
<i>amnesteem</i>	1	
<i>avar</i>	1	
<i>azelaic acid</i>	1	
<i>benzebro</i>	1	
<i>benzoyl peroxide</i>	1	
<i>bp 10-1</i>	1	ST
<i>brimonidine</i>	1	PA
<i>claravis</i>	1	
<i>clindacin</i>	1	QL (99 per 99 days)
<i>clindacin etz</i>	1	
<i>clindacin p</i>	1	
<i>clindamycin phosphate topical foam</i>	1	QL (99 per 99 days)
<i>clindamycin phosphate topical gel</i>	1	QL (99 per 99 days)
<i>clindamycin phosphate topical gel, once daily</i>	1	ST; QL (99 per 99 days)
<i>clindamycin phosphate topical lotion</i>	1	QL (99 per 99 days)
<i>clindamycin phosphate topical solution</i>	1	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoin</i>	1	
<i>dapsone</i>	1	
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin with ethanol</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
<i>isotretinoin</i>	1	
<i>ivermectin</i>	1	QL (99 per 99 days)
<i>metronidazole</i>	1	
<i>neuac</i>	1	
<i>rosadan</i>	1	
<i>rosula cleansing cloths</i>	1	
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur</i>	1	
<i>sulfacleanse 8-4</i>	1	ST
<i>tazarotene</i>	1	PA
<i>tretinoin</i>	1	
<i>tretinoin microspheres</i>	1	
<i>zenatane</i>	1	
TOPICAL ANESTHETICS		
<i>dermacinrx lidocan</i>	1	ST
<i>lidocaine hcl</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl-hydrocortison ac</i>	1	
<i>lidocaine topical adhesive patch, medicated</i>	1	ST
<i>lidocaine topical ointment</i>	1	QL (99 per 99 days)
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL (99 per 99 days)
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lidocan iii</i>	1	ST
<i>lidocan iv</i>	1	ST
<i>lidocan v</i>	1	ST
<i>lidocort</i>	1	
ZTLIDO	2	ST
TOPICAL ANTIBACTERIALS		
<i>gentamicin</i>	1	QL (99 per 99 days)
<i>lugols</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin</i>	1	QL (99 per 99 days)
<i>mupirocin calcium</i>	1	ST; QL (99 per 99 days)
<i>strong iodine</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON	2	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical cream</i>	1	QL (99 per 99 days)
<i>ciclodan topical solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ciclopirox topical cream</i>	1	QL (99 per 99 days)
<i>ciclopirox topical gel</i>	1	QL (99 per 99 days)
<i>ciclopirox topical shampoo</i>	1	QL (99 per 99 days)
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL (99 per 99 days)
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole</i>	1	QL (99 per 99 days)
<i>clotrimazole-betamethasone</i>	1	QL (99 per 99 days)
<i>econazole</i>	1	QL (99 per 99 days)
ERTACZO	3	QL (99 per 99 days)
EXELDERM	3	QL (99 per 99 days)
<i>ketoconazole topical cream</i>	1	QL (99 per 99 days)
<i>ketoconazole topical foam</i>	1	ST; QL (99 per 99 days)
<i>ketoconazole topical shampoo</i>	1	QL (99 per 99 days)
<i>ketodan</i>	1	ST; QL (99 per 99 days)
<i>ketodan kit</i>	1	ST
<i>klayesta</i>	1	QL (99 per 99 days)
LULICONAZOLE	3	QL (99 per 99 days)
<i>naftifine</i>	1	QL (99 per 99 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>nyamyc</i>	1	QL (99 per 99 days)
<i>nystatin</i>	1	QL (99 per 99 days)
<i>nystatin-triamcinolone</i>	1	QL (99 per 99 days)
<i>nystop</i>	1	QL (99 per 99 days)
<i>oxiconazole</i>	1	QL (99 per 99 days)
<i>tavaborole</i>	1	ST
TOPICAL ANTIVIRALS		
<i>acyclovir</i>	1	PA; QL (99 per 99 days)
<i>penciclovir</i>	1	
XERESE	3	
TOPICAL CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone</i>	1	
<i>amcinonide</i>	1	ST
<i>apexicon e</i>	1	ST
<i>beser</i>	1	ST
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone, augmented</i>	1	
<i>clobetasol scalp</i>	1	QL (99 per 99 days)
<i>clobetasol topical cream</i>	1	QL (99 per 99 days)
<i>clobetasol topical foam</i>	1	ST; QL (99 per 99 days)
<i>clobetasol topical gel</i>	1	QL (99 per 99 days)
<i>clobetasol topical lotion</i>	1	ST; QL (99 per 99 days)
<i>clobetasol topical ointment</i>	1	QL (99 per 99 days)
<i>clobetasol topical shampoo</i>	1	ST; QL (99 per 99 days)
<i>clobetasol topical spray, non-aerosol</i>	1	ST; QL (99 per 99 days)
<i>clobetasol-emollient topical cream</i>	1	QL (99 per 99 days)
<i>clobetasol-emollient topical foam</i>	1	ST; QL (99 per 99 days)
<i>clocortolone pivalate</i>	1	
<i>clodan</i>	1	ST; QL (99 per 99 days)
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
<i>desoximetasone</i>	1	ST
<i>diflorasone</i>	1	ST; QL (99 per 99 days)
<i>fluocinolone</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL (99 per 99 days)
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL (99 per 99 days)
<i>fluocinonide topical gel</i>	1	QL (99 per 99 days)
<i>fluocinonide topical ointment</i>	1	QL (99 per 99 days)
<i>fluocinonide topical solution</i>	1	QL (99 per 99 days)
<i>fluocinonide-e</i>	1	QL (99 per 99 days)
<i>flurandrenolide</i>	1	ST; QL (99 per 99 days)
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide</i>	1	ST
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical foam</i>	1	ST
<i>halobetasol propionate topical ointment</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate topical cream</i>	1	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QL (99 per 99 days)
<i>hydrocortisone butyrate topical ointment</i>	1	ST; QL (99 per 99 days)
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL (99 per 99 days)
<i>hydrocortisone valerate</i>	1	
<i>mometasone</i>	1	
<i>prednicarbate</i>	1	
<i>scalacort</i>	1	
<i>tovet emollient</i>	1	ST; QL (99 per 99 days)
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL (99 per 99 days)
<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		
SANTYL	2	QL (99 per 99 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	
<i>spinosad</i>	1	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>ringer's</i>	1	
<i>tis-u-sol pentalyte</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>acetic acid</i>	1	
<i>anagrelide</i>	1	
<i>caffeine citrate</i>	1	
CARBAGLU	4	PA; LA
<i>carglumic acid</i>	4	PA
<i>cevimeline</i>	1	
CHEMET	2	PA
<i>deferasirox</i>	4	PA
<i>deferiprone</i>	4	PA
<i>disulfiram</i>	1	
EMPAVELI	4	PA
ENJAYMO	4	PA
FABHALTA	4	PA
FERRIPROX	4	PA
FERRIPROX (2 TIMES A DAY)	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>glutamine (sickle cell)</i>	4	PA
INCRELEX	4	PA; LA
LAMZEDE	4	PA
<i>levocarnitine</i>	1	
<i>levocarnitine (with sugar)</i>	1	
<i>midodrine</i>	1	
<i>nitisinone</i>	4	PA; LA
NITYR	4	PA; LA
PHEBURANE	4	PA
<i>pilocarpine hcl</i>	1	
PROLASTIN-C	4	PA; LA
REVCovi	4	PA; LA
REZDIFFRA	4	PA; QL (99 per 99 days)
<i>riluzole</i>	1	PA
<i>risedronate</i>	1	QL (99 per 99 days)
<i>sodium chloride 0.9 %</i>	1	PA
<i>sodium chloride injection</i>	1	PA
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	1	PA
SOLIRIS	4	PA
<i>tiopronin</i>	4	PA
<i>trientine</i>	1	PA
<i>water for irrigation, sterile</i>	1	
XENPOZYME	4	PA
XURIDEN	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>zoledronic acid-mannitol-water</i>	4	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	6	ACA
<i>nicorette buccal gum</i>	6	ACA; OTC
NICORETTE BUCCAL LOZENGE	6	ACA; OTC
NICORETTE BUCCAL MINI LOZENGE	6	ACA; OTC
<i>nicotine</i>	6	ACA; OTC
<i>nicotine (polacrilex)</i>	6	ACA; OTC
NICOTROL NS	6	ACA
<i>quit 2</i>	6	ACA; OTC
<i>quit 4</i>	6	ACA; OTC
<i>stop smoking aid</i>	6	ACA; OTC
<i>varenicline tartrate</i>	6	ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	QL (99 per 99 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	1	
<i>chlorhexidine gluconate</i>	1	
<i>ipratropium bromide</i>	1	QL (99 per 99 days)
<i>kourzeq</i>	1	
<i>olopatadine</i>	1	QL (99 per 99 days)
<i>oralone</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>paroex oral rinse</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl</i>	1	
<i>triamcinolone acetonide</i>	1	

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin</i>	1	

OTIC STEROID / ANTIBIOTIC

CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc</i>	1	

ENDOCRINE/DIABETES

ADRENAL HORMONES		
<i>cortisone</i>	1	
<i>deflazacort</i>	4	PA
<i>dexabliss</i>	1	PA
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone oral tablets, dose pack</i>	1	PA
<i>fludrocortisone</i>	1	
<i>hydrocortisone</i>	1	
<i>methylprednisolone</i>	1	
<i>millipred</i>	1	
<i>millipred dp</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>potassium iodide</i>	1	
<i>propylthiouracil</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
FREESTYLE INSULINX	2	OTC
FREESTYLE INSULINX TEST STRIPS	2	OTC
FREESTYLE LITE STRIPS	2	OTC
FREESTYLE PRECISION NEO STRIPS	2	OTC
FREESTYLE TEST	2	OTC
ONETOUCH ULTRA TEST	2	OTC
ONETOUCH VERIO TEST STRIPS	2	OTC
PRECISION XTRA TEST	2	OTC

Drug Name	Drug Tier	Requirements / Limits
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	QL (99 per 99 days)
<i>diazoxide</i>	1	
<i>glucagon emergency kit (human)</i>	1	QL (99 per 99 days)
GVOKE	2	QL (99 per 99 days)
GVOKE HYPOPEN 2-PACK	2	QL (99 per 99 days)
GVOKE PFS 2-PACK SYRINGE	2	QL (99 per 99 days)
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET	2	OTC
BD SPECIALTY USE NEEDLES	2	
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC
CEQR SIMPLICITY	2	
DEXCOM G6 RECEIVER	2	ST; QL (99 per 99 days)
DEXCOM G6 SENSOR	2	ST; QL (99 per 99 days)
DEXCOM G6 TRANSMITTER	2	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
DEXCOM G7 RECEIVER	2	ST; QL (99 per 99 days)
DEXCOM G7 SENSOR	2	ST; QL (99 per 99 days)
FREESTYLE CONTROL	2	OTC
FREESTYLE FLASH SYSTEM	2	OTC
FREESTYLE FREEDOM	2	OTC
FREESTYLE FREEDOM LITE	2	OTC
FREESTYLE INSULINX	2	OTC
FREESTYLE LIBRE 14 DAY READER	2	ST
FREESTYLE LIBRE 14 DAY SENSOR	2	ST; QL (99 per 99 days)
FREESTYLE LIBRE 2 READER	2	ST; QL (99 per 99 days)
FREESTYLE LIBRE 2 SENSOR	2	ST; QL (99 per 99 days)
FREESTYLE LIBRE 3 PLUS SENSOR	2	ST; QL (99 per 99 days)
FREESTYLE LIBRE 3 READER	2	ST; QL (99 per 99 days)
FREESTYLE LIBRE 3 SENSOR	2	ST; QL (99 per 99 days)
FREESTYLE LITE METER	2	OTC
FREESTYLE SIDEKICK II	2	OTC
FREESTYLE SYSTEM KIT	2	OTC
LANCETS	2	OTC

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Drug Name	Drug Tier	Requirements / Limits
LANCING DEVICE	2	OTC
MEDISENSE	2	OTC
MEDISENSE GLUCOSE KETONE	2	OTC
OMNIPOD 5 (G6/LIBRE 2 PLUS)	2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL (99 per 99 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	ST; QL (99 per 99 days)
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS)	2	
OMNIPOD CLASSIC PODS (GEN 3)	2	QL (99 per 99 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (99 per 99 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (99 per 99 days)
OMNIPOD GO PODS 10 UNITS/DAY	2	QL (99 per 99 days)
ONETOUCH ULTRA CONTROL	2	OTC
ONETOUCH ULTRA2 METER	2	OTC
ONETOUCH VERIO FLEX METER	2	OTC
ONETOUCH VERIO MID CONTROL	2	OTC
ONETOUCH VERIO REFLECT METER	2	OTC

Drug Name	Drug Tier	Requirements / Limits
PRECISION XTRA KETONE- GLUCOSE	2	OTC
PRECISION XTRA MONITOR	2	OTC
TWIIST STARTER KIT	2	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
INSULIN THERAPY		
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25(U- 100)INSULN	2	
HUMALOG TEMPO PEN(U- 100)INSULN	2	
HUMALOG U-100 INSULIN	2	
HUMULIN 70/30 U-100 INSULIN	2	
HUMULIN 70/30 U-100 KWIKPEN	2	
HUMULIN N NPH INSULIN KWIKPEN	2	
HUMULIN N NPH U-100 INSULIN	2	

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Drug Name	Drug Tier	Requirements / Limits
HUMULIN R REGULAR U-100 INSULN	2	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
INSULIN ASP PRT-INSULIN ASPART	3	
INSULIN ASPART U-100	3	
INSULIN GLARGINE-YFGN	2	
INSULIN LISPRO	2	
INSULIN LISPRO PROTAMIN-LISPRO	2	
LYUMJEV KWIKPEN U-100 INSULIN	2	
LYUMJEV KWIKPEN U-200 INSULIN	2	
LYUMJEV TEMPO PEN(U-100)INSULN	2	
LYUMJEV U-100 INSULIN	2	
SEMGLEE(INSULIN GLARGINE-YFGN)	2	
SEMGLEE(INSULIN GLARG-YFGN)PEN	2	
SOLIQUA 100/33	3	QL (99 per 99 days)
TOUJEO MAX U-300 SOLOSTAR	2	

Drug Name	Drug Tier	Requirements / Limits
TOUJEO SOLOSTAR U-300 INSULIN	2	
TRESIBA FLEXTOUCH U-100	3	
TRESIBA FLEXTOUCH U-200	3	
TRESIBA U-100 INSULIN	3	
MISCELLANEOUS HORMONES		
ALDURAZYME	4	PA
BRINEURA	4	PA
<i>cabergoline</i>	1	QL (99 per 99 days)
<i>calcitonin (salmon) injection</i>	1	PA
<i>calcitonin (salmon) nasal</i>	1	
CERDELGA	4	PA; QL (99 per 99 days)
CEREZYME	4	PA
<i>cinacalcet</i>	1	ST
<i>clomiphene citrate</i>	1	
CRYSVITA	4	PA; QL (99 per 99 days)
<i>danazol</i>	1	
<i>desmopressin injection</i>	4	PA
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	PA
<i>desmopressin oral</i>	1	
<i>doxercalciferol</i>	1	ST
ELAPRASE	4	PA
ELFABRIO	4	PA
FABRAZYME	4	PA
<i>javvgtor</i>	4	PA
KANUMA	4	PA
LUMIZYME	4	PA
MEPSEVII	4	PA
METHITEST	2	PA
<i>methyltestosterone</i>	1	PA
<i>mifepristone</i>	4	PA
<i>miglustat</i>	4	PA; LA; QL (99 per 99 days)
MYALEPT	4	PA; LA
NAGLAZYME	4	PA; LA
ORLISSA	2	ST; QL (99 per 99 days)
PALYNZIQ	4	PA; LA; QL (99 per 99 days)
<i>paricalcitol intravenous</i>	1	PA
<i>paricalcitol oral</i>	1	ST
<i>sapropterin</i>	4	PA
SOMAVERT	4	PA
STRENSIQ	4	PA; LA
<i>testosterone</i>	1	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
<i>tolvaptan</i>	4	PA; LA; QL (99 per 99 days)
VIMIZIM	4	PA
<i>zoledronic acid</i>	4	PA
<i>zoledronic acid-mannitol-water</i>	4	PA
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
BYDUREON BCISE	2	ST; QL (99 per 99 days)
BYETTA	2	ST; QL (99 per 99 days)
FARXIGA	2	ST; QL (99 per 99 days)
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	ST; QL (99 per 99 days)
JANUMET	2	ST; QL (99 per 99 days)
JANUMET XR	2	ST; QL (99 per 99 days)
JANUVIA	2	ST; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
JARDIANCE	2	ST; QL (99 per 99 days)
<i>metformin oral solution</i>	1	ST
<i>metformin oral tablet</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	QL (99 per 99 days)
<i>metformin oral tablet extended release 24hr</i>	1	ST; QL (99 per 99 days)
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	ST; QL (99 per 99 days)
<i>miglitol</i>	1	
MOUNJARO	2	ST; QL (99 per 99 days)
<i>nateglinide</i>	1	
OZEMPIC	2	ST; QL (99 per 99 days)
<i>pioglitazone</i>	1	QL (99 per 99 days)
<i>pioglitazone-glimepiride</i>	1	QL (99 per 99 days)
<i>pioglitazone-metformin</i>	1	QL (99 per 99 days)
<i>repaglinide</i>	1	
RYBELSUS	2	ST; QL (99 per 99 days)
<i>saxagliptin</i>	1	ST; QL (99 per 99 days)
<i>saxagliptin-metformin</i>	1	ST; QL (99 per 99 days)
SYMLINPEN 120	2	ST; QL (99 per 99 days)
SYMLINPEN 60	2	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
SYNJARDY	2	ST; QL (99 per 99 days)
SYNJARDY XR	2	ST; QL (99 per 99 days)
TRIJARDY XR	2	ST
TRULICITY	2	ST; QL (99 per 99 days)
XIGDUO XR	2	ST; QL (99 per 99 days)

THYROID HORMONES

<i>adthyza</i>	1	
ARMOUR THYROID	2	
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine</i>	1	
<i>niva thyroid</i>	1	
<i>np thyroid</i>	1	
<i>thyroid (pork)</i>	1	
<i>unithroid</i>	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz</i>	1	
<i>belladonna alkaloids-opium</i>	1	ST; QL (99 per 99 days)
<i>chlordiazepoxide-clidinium</i>	1	
<i>dicyclomine</i>	1	
<i>diphenoxylate-atropine</i>	1	
<i>ed-spaz</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>glycopyrrolate</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyosyne</i>	1	
<i>loperamide</i>	1	
<i>methscopolamine</i>	1	
<i>opium tincture</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
<i>phenobarb-hyoscy-atropine-scop</i>	1	
<i>phenohydro</i>	1	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
MISCELLANEOUS AGENTS		
<i>lanthanum</i>	1	QL (99 per 99 days)
LOKELMA	2	QL (99 per 99 days)
<i>sevelamer carbonate</i>	1	QL (99 per 99 days)
<i>sevelamer hcl</i>	1	QL (99 per 99 days)
<i>sodium polystyrene sulfonate</i>	1	
<i>sps (with sorbitol)</i>	1	
VELPHORO	3	QL (99 per 99 days)
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	1	
<i>alvimopan</i>	1	
<i>anucort-hc</i>	1	
<i>aprepitant</i>	1	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>balsalazide</i>	1	
<i>betaine</i>	4	PA
<i>budesonide</i>	1	
CHENODAL	4	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (99 per 99 days)
<i>citrate of magnesia</i>	6	ACA; OTC
<i>citroma</i>	6	ACA; OTC
<i>clearlax</i>	6	ACA; OTC
<i>compro</i>	1	
<i>constulose</i>	1	
<i>cromolyn</i>	1	
DIPENTUM	3	
<i>doxylamine-pyridoxine (vit b6)</i>	1	QL (99 per 99 days)
<i>dronabinol</i>	1	PA
<i>dulcolax (magnesium hydroxide)</i>	6	ACA; OTC
ENTYVIO	4	PA
<i>enulose</i>	1	
<i>gavilax</i>	6	ACA; OTC
<i>gavilyte-c</i>	6	ACA
<i>gavilyte-g</i>	6	ACA
<i>gavilyte-n</i>	6	ACA
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl)</i>	6	ACA; OTC
<i>gentle laxative (mag hydrox)</i>	6	ACA; OTC
<i>gentlelax</i>	6	ACA; OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>granisetron hcl</i>	1	QL (99 per 99 days)
<i>hemmorex-hc</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
INFLECTRA	4	PA
IQIRVO	2	PA
<i>lactulose</i>	1	
<i>laxative (bisacodyl)</i>	6	ACA; OTC
<i>laxative peg 3350</i>	6	ACA; OTC
<i>lidocaine hcl-hydrocortison ac</i>	1	
<i>lidocaine-hydrocortisone-aloe</i>	1	
LINZESS	2	QL (99 per 99 days)
<i>lubiprostone</i>	1	QL (99 per 99 days)
<i>magnesium citrate</i>	6	ACA; OTC
<i>meclizine</i>	1	
<i>mesalamine</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl</i>	1	
<i>milk of magnesia</i>	6	ACA; OTC
<i>milk of magnesia concentrated</i>	6	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
MOVANTIK	2	QL (99 per 99 days)
<i>natura-lax</i>	6	ACA; OTC
<i>nitroglycerin</i>	1	
OCALIVA	4	PA; LA; QL (99 per 99 days)
OMVOH INTRAVENOUS	4	PA
OMVOH PEN	4	PA; QL (99 per 99 days)
OMVOH SUBCUTANEOUS	4	PA; QL (99 per 99 days)
<i>ondansetron</i>	1	QL (99 per 99 days)
<i>ondansetron hcl</i>	1	QL (99 per 99 days)
<i>onelax magnesium citrate</i>	6	ACA; OTC
<i>oral saline laxative</i>	6	ACA; OTC
PANCREAZE	2	
<i>peg 3350-electrolytes</i>	6	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	6	ACA
<i>peg-electrolyte soln</i>	6	ACA
PENTASA	2	
<i>phosphate laxative</i>	6	ACA; OTC
<i>polyethylene glycol 3350</i>	6	ACA; OTC
<i>powderlax</i>	6	ACA; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>proctozone-hc</i>	1	
<i>purelax</i>	6	ACA; OTC
RELISTOR	2	ST
<i>scopolamine base</i>	1	
SKYRIZI INTRAVENOUS	4	PA
SKYRIZI SUBCUTANEOUS	4	PA; QL (99 per 99 days)
<i>smoothlax</i>	6	ACA; OTC
<i>sodium,potassium,mag sulfates</i>	6	ACA
SUCRAID	4	PA
<i>sulfasalazine</i>	1	
<i>trimethobenzamide</i>	1	
TRULANCE	2	
<i>ursodiol</i>	1	
VARUBI	2	QL (99 per 99 days)
VELSIPITY	2	PA; QL (99 per 99 days)
VIBERZI	2	
VIOKACE	2	
<i>women's gentle laxative(bisac)</i>	6	ACA; OTC
ZENPEP	2	
ZYMFENTRA	4	PA; QL (99 per 99 days)
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	1	QL (99 per 99 days)
<i>bismuth subcit k-metronidz-ten</i>	1	
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	1	ST; QL (99 per 99 days)
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	1	ST
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL (99 per 99 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>famotidine</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	QL (99 per 99 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	ST; QL (99 per 99 days)
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	ST
<i>misoprostol</i>	1	
<i>nizatidine</i>	1	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	PA; QL (99 per 99 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	PA
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	PA; QL (99 per 99 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	PA
<i>pantoprazole oral granules dr for susp in packet</i>	1	ST
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL (99 per 99 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
<i>rabeprazole</i>	1	
<i>sucralfate</i>	1	
VOQUEZNA DUAL PAK	2	
VOQUEZNA TRIPLE PAK	2	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
ANTIVIRALS		
<i>ribavirin</i>	4	ST

Drug Name	Drug Tier	Requirements / Limits
BIOTECHNOLOGY DRUGS		
FULPHILA	4	PA; QL (99 per 99 days)
ILARIS (PF)	4	PA; LA
LEUKINE	4	PA
NIVESTYM	4	PA
<i>plerixafor</i>	4	PA
PROCRIT	4	PA
PROLEUKIN	4	PA
RETACRIT	4	PA
ZIEXTENZO	4	PA; QL (99 per 99 days)
ZYNTEGLO	4	PA
GROWTH HORMONES		
EGRIFTA SV	4	PA
OMNITROPE	4	PA
INTERFERONS		
ACTIMMUNE	4	PA
ALFERON N	2	PA
PEGASYS	4	PA; QL (99 per 99 days)
MULTIPLE SCLEROSIS AGENTS		
AVONEX	4	PA; QL (99 per 99 days)
BETASERON	4	PA; QL (99 per 99 days)
<i>dimethyl fumarate</i>	2	PA; QL (99 per 99 days)
<i>fingolimod</i>	4	PA; QL (99 per 99 days)
<i>glatiramer</i>	4	PA; QL (99 per 99 days)
<i>glatopa</i>	4	PA; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
KESIMPTA PEN	4	PA; QL (99 per 99 days)
MAYZENT	4	PA; QL (99 per 99 days)
MAYZENT STARTER(FOR 1MG MAINT)	4	PA; QL (99 per 99 days)
MAYZENT STARTER(FOR 2MG MAINT)	4	PA; QL (99 per 99 days)
OCREVUS	4	PA; QL (99 per 99 days)
PLEGRIDY	4	PA; QL (99 per 99 days)
REBIF (WITH ALBUMIN)	4	PA; QL (99 per 99 days)
REBIF REBIDOSE	4	PA; QL (99 per 99 days)
REBIF TITRATION PACK	4	PA; QL (99 per 99 days)
<i>teriflunomide</i>	4	PA; QL (99 per 99 days)
VUMERITY	4	PA; QL (99 per 99 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	6	ACA
ACTHIB (PF)	6	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	6	ACA
AFLURIA TRIV 2024-2025	6	ACA
AFLURIA TRIV 2024-2025 (PF)	6	ACA
AREXVY (PF)	6	ACA
BEXSERO	6	ACA

Drug Name	Drug Tier	Requirements / Limits
BIOTHRAX	2	
BOOSTRIX TDAP	6	ACA
CAPVAXIVE	6	ACA
COMIRNATY 2024-25 (12Y UP)(PF)	6	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	6	ACA
DENGVAXIA (PF)	6	ACA
DYSPORT	4	PA
ENGERIX-B (PF)	6	ACA
ENGERIX-B PEDIATRIC (PF)	6	ACA
FLUAD TRIV 2024-25(65Y UP)(PF)	6	ACA
FLUARIX TRIV 2024-2025 (PF)	6	ACA
FLUBLOK TRIV 2024-2025 (PF)	6	ACA
FLUCELVAX TRIV 2024-2025	6	ACA
FLUCELVAX TRIV 2024-2025 (PF)	6	ACA
FLULAVAL TRIV 2024-2025 (PF)	6	ACA
FLUMIST TRIVALENT 2024-2025	6	ACA
FLUZONE HIGH-DOSE TRIV 24-25	6	ACA
FLUZONE TRIV 2024-2025	6	ACA
FLUZONE TRIV 2024-2025 (PF)	6	ACA
GAMASTAN	4	PA

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Drug Name	Drug Tier	Requirements / Limits
GAMMAGARD LIQUID	4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML)	4	PA
GAMUNEX-C	4	PA
GARDASIL 9 (PF)	6	ACA
GRASTEK	2	PA
HAVRIX (PF)	6	ACA
HEPLISAV-B (PF)	6	ACA
HIBERIX (PF)	6	ACA
IMOVAX RABIES VACCINE (PF)	2	
INFANRIX (DTAP) (PF)	6	ACA
IPOL	6	ACA
IXCHIQ (PF)	2	
IXIARO (PF)	2	
JYNNEOS (PF)	6	ACA
KINRIX (PF)	6	ACA
MENQUADFI (PF)	6	ACA
MENVEO A-C-Y-W-135-DIP (PF)	6	ACA
M-M-R II (PF)	6	ACA
MODERNA COVID 24-25(6M-11Y)PF	6	ACA
MRESVIA (PF)	6	ACA
MYOBLOC	4	PA
NOVAVAX COVID 2024-25(PF)(EUA)	6	ACA
ODACTRA	2	PA
PEDIARIX (PF)	6	ACA
PEDVAX HIB (PF)	6	ACA
PENBRAYA (PF)	6	ACA

Drug Name	Drug Tier	Requirements / Limits
PENTACEL (PF)	6	ACA
PFIZER COVID 2024-25(5Y-11Y)PF	6	ACA
PFIZER COVID 2024-25(6MO-4Y)PF	6	ACA
PNEUMOVAX-23	6	ACA
PREVNAR 20 (PF)	6	ACA
PRIORIX (PF)	6	ACA
PROQUAD (PF)	6	ACA
QUADRACEL (PF)	6	ACA
RABAVERT (PF)	2	
RAGWITEK	2	PA
RECOMBIVAX HB (PF)	6	ACA
ROTARIX	6	ACA
ROTATEQ VACCINE	6	ACA
SHINGRIX (PF)	6	ACA
SPIKEVAX 2024-2025(12Y UP)(PF)	6	ACA
STAMARIL (PF)	2	
TDVAX	6	ACA
TENIVAC (PF)	6	ACA
TICOVAC	2	
TRUMENBA	6	ACA
TWINRIX (PF)	6	ACA
TYPHIM VI	2	
VAQTA (PF)	6	ACA
VARIVAX (PF)	6	ACA
VAXCHORA VACCINE	2	
VAXELIS (PF)	6	ACA

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Drug Name	Drug Tier	Requirements / Limits
VAXNEUVANCE (PF)	6	ACA
VIVOTIF	2	
XEMBIFY	4	PA
YF-VAX (PF)	2	
IMMUNOLOGY		
INTERLEUKINS		
<i>imiquimod</i>	1	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol</i>	1	
<i>colchicine oral capsule</i>	1	ST
<i>colchicine oral tablet</i>	1	
<i>febuxostat</i>	1	ST
KRYSTEXXA	4	PA
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
OSTEOPOROSIS THERAPY		
<i>alendronate</i>	1	QL (99 per 99 days)
<i>ibandronate intravenous</i>	4	PA
<i>ibandronate oral</i>	1	QL (99 per 99 days)
<i>raloxifene</i>	1	
<i>risedronate</i>	1	QL (99 per 99 days)
<i>teriparatide</i>	4	PA; QL (99 per 99 days)
TYMLOS	4	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	4	PA; QL (99 per 99 days)
ACTEMRA INTRAVENOUS	4	PA
ACTEMRA SUBCUTANEOUS	4	PA; QL (99 per 99 days)
ADALIMUMAB- ADAZ	4	PA; QL (99 per 99 days)
ADALIMUMAB- ADBM	4	PA; QL (99 per 99 days)
ADALIMUMAB- ADBM(CF) PEN CROHNS	4	PA; QL (99 per 99 days)
ADALIMUMAB- ADBM(CF) PEN PS-UV	4	PA; QL (99 per 99 days)
ADALIMUMAB- RYVK	4	PA; QL (99 per 99 days)
BENLYSTA INTRAVENOUS	4	PA
BENLYSTA SUBCUTANEOUS	4	PA; QL (99 per 99 days)
CYLTEZO(CF)	4	PA; QL (99 per 99 days)
CYLTEZO(CF) PEN	4	PA; QL (99 per 99 days)
CYLTEZO(CF) PEN CROHN'S-UC- HS	4	PA; QL (99 per 99 days)
CYLTEZO(CF) PEN PSORIASIS- UV	4	PA; QL (99 per 99 days)
ENBREL	4	PA; QL (99 per 99 days)
ENBREL MINI	4	PA; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
ENBREL SURECLICK	4	PA; QL (99 per 99 days)
<i>leflunomide</i>	1	QL (99 per 99 days)
OTEZLA	4	PA; QL (99 per 99 days)
OTEZLA STARTER	4	PA; QL (99 per 99 days)
<i>penicillamine</i>	1	PA
RIDAURA	2	
RINVOQ	4	PA; QL (99 per 99 days)
RINVOQ LQ	4	PA; QL (99 per 99 days)
SAVELLA	2	ST; QL (99 per 99 days)
SIMLANDI(CF) AUTOINJECTOR	4	PA; QL (99 per 99 days)
SIMPONI	4	PA; QL (99 per 99 days)
TYENNE	4	PA
TYENNE AUTOINJECTOR	4	PA
XELJANZ	4	PA; QL (99 per 99 days)
XELJANZ XR	4	PA; QL (99 per 99 days)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	6	ACA
FC2 FEMALE CONDOM	6	ACA; OTC
FEMCAP	6	ACA

Drug Name	Drug Tier	Requirements / Limits
KYLEENA	4	
MIRENA	4	ACA
PARAGARD T 380A	4	ACA
SKYLA	4	
TRUSTEX-RIA NON-LUB CONDOMS	6	ACA; OTC

ESTROGENS & PROGESTINS

<i>camila</i>	6	ACA
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
<i>deblitane</i>	6	ACA
<i>dotti</i>	1	QL (99 per 99 days)
DUAVEE	3	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>emzahh</i>	6	ACA
<i>errin</i>	6	ACA
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	QL (99 per 99 days)
<i>estradiol vaginal</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol-norethindrone acet</i>	1	
<i>estrogens-methyltestosterone</i>	1	
<i>fyavolv</i>	1	
<i>gallifrey</i>	1	
<i>heather</i>	6	ACA
<i>incassia</i>	6	ACA
<i>jencycla</i>	6	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>jinteli</i>	1	
<i>lyleq</i>	6	ACA
<i>lyllana</i>	1	QL (99 per 99 days)
<i>lyza</i>	6	ACA
<i>medroxyprogesterone intramuscular</i>	6	ACA; QL (99 per 99 days)
<i>medroxyprogesterone oral</i>	1	
<i>mimvey</i>	1	
<i>nora-be</i>	6	ACA
<i>norethindrone (contraceptive)</i>	6	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol</i>	1	
OPILL	6	ACA; OTC
<i>progesterone</i>	4	PA
<i>progesterone micronized</i>	1	
<i>sharobel</i>	6	ACA
<i>tulana</i>	6	ACA
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate</i>	1	
<i>eluryng</i>	6	ACA
<i>enilloring</i>	6	ACA
<i>etonogestrel-ethinyl estradiol</i>	6	ACA
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>haloette</i>	6	ACA
<i>metronidazole</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>miconazole-3</i>	1	
<i>mifepristone</i>	1	
MYFEMBREE	2	PA
NEXPLANON	4	ACA
<i>norelgestromin-ethin.estradiol</i>	6	ACA
ORIAHNN	2	PA
OSPHENA	3	
<i>terconazole</i>	1	
<i>tranexamic acid</i>	1	
TRIMO-SAN JELLY	2	
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	2	OTC
VCF CONTRACEPTIVE GEL	6	ACA; OTC
<i>xulane</i>	6	ACA
<i>zafemy</i>	6	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	6	ACA
<i>after pill</i>	6	ACA; OTC; QL (99 per 99 days)
<i>altavera (28)</i>	6	ACA
<i>alyacen 1/35 (28)</i>	6	ACA
<i>alyacen 7/7/7 (28)</i>	6	ACA
<i>amethia</i>	6	ACA
<i>amethyst (28)</i>	6	ACA
<i>apri</i>	6	ACA
<i>aranelle (28)</i>	6	ACA
<i>ashlyna</i>	6	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>aubra</i>	6	ACA
<i>aubra eq</i>	6	ACA
<i>aurovela 1.5/30 (21)</i>	6	ACA
<i>aurovela 1/20 (21)</i>	6	ACA
<i>aurovela 24 fe</i>	6	ACA
<i>aurovela fe 1.5/30 (28)</i>	6	ACA
<i>aurovela fe 1-20 (28)</i>	6	ACA
<i>aviane</i>	6	ACA
<i>ayuna</i>	6	ACA
<i>azurette (28)</i>	6	ACA
<i>balziva (28)</i>	6	ACA
<i>blisovi 24 fe</i>	6	ACA
<i>blisovi fe 1.5/30 (28)</i>	6	ACA
<i>blisovi fe 1/20 (28)</i>	6	ACA
<i>briellyn</i>	6	ACA
<i>camrese</i>	6	ACA
<i>camrese lo</i>	6	ACA
<i>caziant (28)</i>	6	ACA
<i>charlotte 24 fe</i>	6	ACA
<i>chateal (28)</i>	6	ACA
<i>chateal eq (28)</i>	6	ACA
<i>cryselle (28)</i>	6	ACA
<i>curae</i>	6	ACA; OTC; QL (99 per 99 days)
<i>cyred</i>	6	ACA
<i>cyred eq</i>	6	ACA
<i>dasetta 1/35 (28)</i>	6	ACA
<i>dasetta 7/7/7 (28)</i>	6	ACA
<i>daysee</i>	6	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>desog-e.estradiol/e.estradiol</i>	6	ACA
<i>dolishale</i>	6	ACA
<i>drospirenone-e.estradiol-lm,fa</i>	6	ACA
<i>drospirenone-ethinyl estradiol</i>	6	ACA
<i>econtra ez</i>	6	ACA; OTC; QL (99 per 99 days)
<i>econtra one-step</i>	6	ACA; OTC; QL (99 per 99 days)
<i>elinest</i>	6	ACA
ELLA	6	ACA; QL (99 per 99 days)
<i>enpresse</i>	6	ACA
<i>enskyce</i>	6	ACA
<i>estarylla</i>	6	ACA
<i>ethynodiol diac-eth estradiol</i>	6	ACA
<i>falmina (28)</i>	6	ACA
<i>finzala</i>	6	ACA
<i>gemmily</i>	6	ACA
<i>hailey</i>	6	ACA
<i>hailey 24 fe</i>	6	ACA
<i>hailey fe 1.5/30 (28)</i>	6	ACA
<i>hailey fe 1/20 (28)</i>	6	ACA
<i>her style</i>	6	ACA; OTC; QL (99 per 99 days)
<i>iclevia</i>	6	ACA
<i>isibloom</i>	6	ACA
<i>jaimiess</i>	6	ACA
<i>jasmiel (28)</i>	6	ACA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>jolessa</i>	6	ACA
<i>joyeaux</i>	6	ACA
<i>juleber</i>	6	ACA
<i>junel 1.5/30 (21)</i>	6	ACA
<i>junel 1/20 (21)</i>	6	ACA
<i>junel fe 1.5/30 (28)</i>	6	ACA
<i>junel fe 1/20 (28)</i>	6	ACA
<i>junel fe 24</i>	6	ACA
<i>kaitlib fe</i>	6	ACA
<i>kalliga</i>	6	ACA
<i>kariva (28)</i>	6	ACA
<i>kelnor 1/35 (28)</i>	6	ACA
<i>kelnor 1/50 (28)</i>	6	ACA
<i>kurvelo (28)</i>	6	ACA
<i>l norgest/e.estradiol-e.estrad</i>	6	ACA
<i>larin 1.5/30 (21)</i>	6	ACA
<i>larin 1/20 (21)</i>	6	ACA
<i>larin 24 fe</i>	6	ACA
<i>larin fe 1.5/30 (28)</i>	6	ACA
<i>larin fe 1/20 (28)</i>	6	ACA
<i>layolis fe</i>	6	ACA
<i>leena 28</i>	6	ACA
<i>lessina</i>	6	ACA
<i>levonest (28)</i>	6	ACA
<i>levonorgest-eth.estradiol-iron</i>	6	ACA
<i>levonorgestrel</i>	6	ACA; OTC; QL (99 per 99 days)
<i>levonorgestrel-ethinyl estrad</i>	6	ACA
<i>levonorg-eth estrad triphasic</i>	6	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>levora-28</i>	6	ACA
<i>lojaimiess</i>	6	ACA
<i>loryna (28)</i>	6	ACA
<i>low-ogestrel (28)</i>	6	ACA
<i>lo-zumandimine (28)</i>	6	ACA
<i>lutera (28)</i>	6	ACA
<i>marlissa (28)</i>	6	ACA
<i>merzee</i>	6	ACA
<i>mibelas 24 fe</i>	6	ACA
<i>microgestin 1.5/30 (21)</i>	6	ACA
<i>microgestin 1/20 (21)</i>	6	ACA
<i>microgestin fe 1.5/30 (28)</i>	6	ACA
<i>microgestin fe 1/20 (28)</i>	6	ACA
<i>mili</i>	6	ACA
<i>mono-linyah</i>	6	ACA
<i>my choice</i>	6	ACA; OTC; QL (99 per 99 days)
<i>my way</i>	6	ACA; OTC; QL (99 per 99 days)
<i>necon 0.5/35 (28)</i>	6	ACA
<i>new day</i>	6	ACA; OTC; QL (99 per 99 days)
<i>nikki (28)</i>	6	ACA
<i>noreth-ethinyl estradiol-iron</i>	6	ACA
<i>norethindrone ac-eth estradiol</i>	6	ACA
<i>norethindrone-e.estradiol-iron</i>	6	ACA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>norgestimate-ethinyl estradiol</i>	6	ACA
<i>nortrel 0.5/35 (28)</i>	6	ACA
<i>nortrel 1/35 (21)</i>	6	ACA
<i>nortrel 1/35 (28)</i>	6	ACA
<i>nortrel 7/7/7 (28)</i>	6	ACA
<i>nylia 1/35 (28)</i>	6	ACA
<i>nylia 7/7/7 (28)</i>	6	ACA
<i>ocella</i>	6	ACA
<i>opcicon one-step</i>	6	ACA; OTC; QL (99 per 99 days)
<i>option-2</i>	6	ACA; OTC; QL (99 per 99 days)
<i>philith</i>	6	ACA
<i>pimtreea (28)</i>	6	ACA
<i>portia 28</i>	6	ACA
<i>reclipsen (28)</i>	6	ACA
<i>rivelsa</i>	6	ACA
<i>setlakin</i>	6	ACA
<i>simliya (28)</i>	6	ACA
<i>simpesse</i>	6	ACA
<i>sprintec (28)</i>	6	ACA
<i>sronyx</i>	6	ACA
<i>syeda</i>	6	ACA
<i>tarina 24 fe</i>	6	ACA
<i>tarina fe 1/20 (28)</i>	6	ACA
<i>tilia fe</i>	6	ACA
<i>tri-estarylla</i>	6	ACA
<i>tri-legest fe</i>	6	ACA
<i>tri-linyah</i>	6	ACA
<i>tri-lo-estarylla</i>	6	ACA
<i>tri-lo-marzia</i>	6	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>tri-lo-mili</i>	6	ACA
<i>tri-lo-sprintec</i>	6	ACA
<i>tri-mili</i>	6	ACA
<i>tri-sprintec (28)</i>	6	ACA
<i>trivora (28)</i>	6	ACA
<i>tri-vylibra</i>	6	ACA
<i>tri-vylibra lo</i>	6	ACA
<i>turqoz (28)</i>	6	ACA
<i>tydemy</i>	6	ACA
<i>velivet triphasic regimen (28)</i>	6	ACA
<i>vestura (28)</i>	6	ACA
<i>vienva</i>	6	ACA
<i>viorele (28)</i>	6	ACA
<i>volnea (28)</i>	6	ACA
<i>vyfemla (28)</i>	6	ACA
<i>vylibra</i>	6	ACA
<i>wera (28)</i>	6	ACA
<i>wymzya fe</i>	6	ACA
<i>zarah</i>	6	ACA
<i>zovia 1-35 (28)</i>	6	ACA
<i>zumandimine (28)</i>	6	ACA

OXYTOCICS

<i>methylergonovine</i>	1	QL (99 per 99 days)
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OPHTHALMOLOGY

ANTIBIOTICS

<i>bacitracin</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	3	
<i>ciprofloxacin hcl</i>	1	
<i>erythromycin</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>gatifloxacin</i>	1	
<i>gentamicin</i>	1	
<i>levofloxacin</i>	1	
<i>moxifloxacin</i>	1	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
<i>ofloxacin</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>povidone-iodine</i>	1	
<i>tobramycin</i>	1	
ANTIVIRALS		
<i>trifluridine</i>	1	
BETA-BLOCKERS		
<i>betaxolol</i>	1	
<i>carteolol</i>	1	
<i>levobunolol</i>	1	
<i>timolol</i>	1	
<i>timolol maleate</i>	1	
<i>timolol maleate (pf)</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	4	
CYCLOPLEGIC MYDRIATICS		
<i>atropine</i>	1	
<i>cyclopentolate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cyclopen-tropic-phenyleph-watr</i>	1	
<i>homatropaire</i>	1	
<i>phenyleph-tropicamide in water</i>	1	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>alaway</i>	1	OTC
<i>allergy eye (ketotifen)</i>	1	OTC
ALOCRIAL	3	ST
ALOMIDE	3	ST
<i>altacaine</i>	1	
<i>azelastine</i>	1	
<i>bepotastine besilate</i>	1	
BYOOVIZ	4	PA
<i>children's alaway</i>	1	OTC
CIMERLI	4	PA
<i>cromolyn</i>	1	
<i>cyclosporine</i>	1	PA; QL (99 per 99 days)
CYSTARAN	4	PA
<i>epinastine</i>	1	
<i>eye allergy itch relief</i>	1	OTC
<i>eye allergy itch-redness rlf</i>	1	OTC
<i>eye itch relief</i>	1	OTC
<i>fluorescein-proparacaine</i>	1	
<i>ketotifen fumarate</i>	1	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
LUXTURNA	4	PA
MIEBO (PF)	2	PA; QL (99 per 99 days)
<i>olopatadine</i>	1	
OXERVATE	4	PA
<i>proparacaine</i>	1	
RESTASIS MULTIDOSE	2	PA; QL (99 per 99 days)
<i>tetracaine hcl</i>	1	
<i>wal-zyr (ketotifen)</i>	1	OTC
XDEMVY	4	QL (99 per 99 days)
XIIDRA	2	PA; QL (99 per 99 days)
ZADITOR	2	OTC
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	1	
<i>diclofenac sodium</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>ketorolac</i>	1	
NEVANAC	3	ST
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost</i>	1	ST
<i>brimonidine-timolol</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf)</i>	1	
<i>latanoprost</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>miostat</i>	1	
<i>tafluprost (pf)</i>	1	ST
<i>travoprost</i>	1	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
<i>neo-polycin hc</i>	1	
<i>tobramycin-dexamethasone</i>	1	
STEROIDS		
<i>dexamethasone sodium phosphate</i>	1	
<i>difluprednate</i>	1	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	1	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
OZURDEX	4	PA
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium</i>	1	
SYMPATHOMIMETICS		
<i>apraclonidine</i>	1	
<i>brimonidine</i>	1	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>adrenalin</i>	1	
<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</i>	1	
<i>clemastine</i>	1	
<i>cyproheptadine</i>	1	
<i>desloratadine</i>	1	QL (99 per 99 days)
<i>dexchlorpheniramine maleate</i>	1	
<i>epinephrine injection auto-injector</i>	1	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>epinephrine injection solution</i>	1	
<i>epinephrine injection syringe</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL (99 per 99 days)
NEFFY	2	QL (99 per 99 days)
<i>promethazine</i>	1	
<i>promethegan</i>	1	
COUGH & COLD THERAPY		
<i>benzonatate</i>	1	
<i>brompheniramine-pseudoeph-dm</i>	1	
<i>hydrocodone-chlorpheniramine</i>	1	
<i>hydrocodone-homatropine</i>	1	
<i>hydromet</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenylephrine</i>	1	
PULMONARY AGENTS		
<i>acetylcysteine</i>	1	
ADEMPAS	4	PA; LA; QL (99 per 99 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL (99 per 99 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	
ALVESCO	3	QL (99 per 99 days)
<i>alyq</i>	4	PA; QL (99 per 99 days)
<i>ambrisentan</i>	4	PA; LA; QL (99 per 99 days)
ANORO ELLIPTA	2	QL (99 per 99 days)
<i>arformoterol</i>	1	QL (99 per 99 days)
ASMANEX HFA	3	QL (99 per 99 days)
<i>azelastine-fluticasone</i>	1	ST; QL (99 per 99 days)
<i>bosentan</i>	4	PA; QL (99 per 99 days)
BREO ELLIPTA	2	ST; QL (99 per 99 days)
<i>breyna</i>	1	ST; QL (99 per 99 days)
BREZTRI AEROSPHERE	2	QL (99 per 99 days)
<i>budesonide</i>	1	QL (99 per 99 days)
<i>budesonide-formoterol</i>	1	ST; QL (99 per 99 days)
CINRYZE	4	PA; QL (99 per 99 days)
COMBIVENT RESPIMAT	2	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>cromolyn</i>	1	
DULERA	2	ST; QL (99 per 99 days)
<i>epinephrine hcl</i>	1	
FASENRA	4	PA; QL (99 per 99 days)
FASENRA PEN	4	PA; QL (99 per 99 days)
<i>flunisolide</i>	1	ST; QL (99 per 99 days)
<i>fluticasone propionate</i>	1	QL (99 per 99 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	2	ST; QL (99 per 99 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	ST; QL (99 per 99 days)
<i>formoterol fumarate</i>	1	QL (99 per 99 days)
FORMOTEROL FUMARATE-NEBULIZER	2	QL (99 per 99 days)
<i>icatibant</i>	4	PA; QL (99 per 99 days)
INCRUSE ELLIPTA	2	QL (99 per 99 days)
<i>ipratropium bromide</i>	1	
<i>ipratropium-albuterol</i>	1	QL (99 per 99 days)
KALYDECO	4	PA; QL (99 per 99 days)
<i>levalbuterol hcl</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>mometasone</i>	1	ST; QL (99 per 99 days)
<i>montelukast</i>	1	
<i>nebusal</i>	1	
NUCALA	4	PA; LA; QL (99 per 99 days)
OFEV	4	PA; QL (99 per 99 days)
OPSUMIT	4	PA; LA; QL (99 per 99 days)
OPSYNVI	4	PA; QL (99 per 99 days)
ORKAMBI	4	PA; QL (99 per 99 days)
<i>pirfenidone</i>	4	PA; QL (99 per 99 days)
<i>pulmosal</i>	1	
PULMOZYME	4	PA
QVAR REDIHALER	2	QL (99 per 99 days)
<i>roflumilast oral tablet 250 mcg</i>	1	PA; QL (99 per 99 days)
<i>roflumilast oral tablet 500 mcg</i>	1	PA
RUCONEST	4	PA; QL (99 per 99 days)
<i>sajazir</i>	4	PA; QL (99 per 99 days)
<i>sildenafil (pulm.hypertension) intravenous</i>	4	
<i>sildenafil (pulm.hypertension) oral</i>	4	PA; QL (99 per 99 days)
<i>sodium chloride</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SPIRIVA RESPIMAT	2	QL (99 per 99 days)
STIOLTO RESPIMAT	2	QL (99 per 99 days)
STRIVERDI RESPIMAT	2	QL (99 per 99 days)
SYMDEKO	4	PA; QL (99 per 99 days)
<i>tadalafil (pulm. hypertension)</i>	4	PA; QL (99 per 99 days)
TAKHZYRO	4	PA; LA; QL (99 per 99 days)
<i>terbutaline</i>	1	
TEZSPIRE	4	PA; QL (99 per 99 days)
<i>theophylline</i>	1	
<i>tiotropium bromide</i>	1	
TRACLEER	4	PA; LA; QL (99 per 99 days)
TRELEGY ELLIPTA	2	QL (99 per 99 days)
TRIKAFTA	4	PA; QL (99 per 99 days)
TYVASO	4	PA
TYVASO DPI	4	PA
TYVASO REFILL KIT	4	PA
TYVASO STARTER KIT	4	PA
<i>wixela inhub</i>	1	ST; QL (99 per 99 days)
XOLAIR	4	PA; LA; QL (99 per 99 days)
<i>zafirlukast</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>zileuton</i>	1	PA
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin</i>	1	
<i>fesoterodine</i>	1	
<i>flavoxate</i>	1	
<i>mirabegron</i>	1	
<i>oxybutynin chloride</i>	1	
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
<i>trospium</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	ST
<i>dutasteride-tamsulosin</i>	1	ST
<i>finasteride</i>	1	
<i>silodosin</i>	1	
<i>tadalafil</i>	1	ST; QL (99 per 99 days)
<i>tamsulosin</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	4	LA
ELMIRON	2	
K-PHOS ORIGINAL	2	
<i>methen-sod phos-meth blue-hyos</i>	1	
<i>potassium citrate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
RENACIDIN	2	
<i>sodium citrate-citric acid</i>	1	
<i>uretron d-s</i>	1	
<i>urimar-t</i>	1	
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
<i>uro-sp</i>	1	
<i>uryl</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	1	QL (99 per 99 days)
<i>effer-k</i>	1	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>lugols</i>	1	
<i>potassium chloride</i>	1	
<i>strong iodine</i>	1	
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	6	ACA; OTC
<i>b complex-vitamin c-folic acid</i>	6	ACA; OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>balanced b-100</i>	6	ACA; OTC
<i>bal-care dha</i>	1	
<i>b-complex with vitamin c</i>	6	ACA; OTC
<i>classic prenatal</i>	6	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>dialyvite 800</i>	6	ACA; OTC
<i>ergocalciferol (vitamin d2)</i>	1	
<i>fluoride (sodium)</i>	6	ACA; OTC
<i>folic acid</i>	6	ACA; OTC
<i>folitab</i>	6	ACA; OTC
<i>foltabs 800</i>	6	ACA; OTC
<i>full spectrum b-vitamin c</i>	6	ACA; OTC
<i>hydroxocobalamin</i>	1	
<i>kobee</i>	6	ACA; OTC
<i>ludent fluoride</i>	6	ACA; OTC
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	6	ACA; OTC
<i>mvc-fluoride</i>	6	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>neo-vital rx</i>	1	
<i>newgen</i>	1	
<i>one daily prenatal</i>	6	ACA; OTC
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>pr natal 430 ec</i>	1	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal</i>	6	ACA; OTC
<i>prenatal complete</i>	6	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	6	ACA; OTC
<i>prenatal multivitamins</i>	6	ACA; OTC
<i>prenatal one daily</i>	6	ACA; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
<i>prenatal vit no.179-iron-folic</i>	6	ACA; OTC
<i>prenatal vitamin</i>	6	ACA; OTC
<i>prenatal vitamin with minerals</i>	6	ACA; OTC
<i>rena-vite</i>	6	ACA; OTC
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>soluvita</i>	6	ACA; OTC
<i>soluvita a,c,d with fluoride</i>	6	ACA; OTC
<i>stress formula with iron</i>	6	ACA; OTC
<i>stress formula with iron(sulf)</i>	6	ACA; OTC
<i>super b maxi complex</i>	6	ACA; OTC
<i>super b-50 complex</i>	6	ACA; OTC
<i>super quintis</i>	6	ACA; OTC
<i>tricon</i>	6	ACA; OTC
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>tri-vitamin with fluoride</i>	6	ACA; OTC
VENOFER	2	PA
<i>vitamin b complex-folic acid</i>	6	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	6	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>wesnatal dha complete</i>	1	
<i>wesnate dha</i>	1	
<i>westab plus</i>	1	
<i>westgel dha</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Index

A		
<i>abacavir</i>	3	
<i>abacavir-lamivudine</i>	3	
ABILIFY ASIMTUFII.....	16	
ABILIFY MAINTENA.....	16	
<i>abiraterone</i>	7	
ABRYSVO (PF).....	42	
<i>acamprosate</i>	30	
<i>acarbose</i>	36	
<i>accutane</i>	25	
ACE AEROSOL CLOUD ENHANCER.....	32	
<i>acebutolol</i>	20	
<i>acetaminophen-caff-</i> <i>dihydrocod</i>	14	
<i>acetaminophen-codeine</i>	14	
<i>acetazolamide</i>	51	
<i>acetic acid</i>	30, 31	
<i>acetylcysteine</i>	52	
<i>acitretin</i>	24	
ACTEMRA.....	44	
ACTEMRA ACTPEN.....	44	
ACTHIB (PF).....	42	
ACTIMMUNE.....	41	
<i>acyclovir</i>	3, 28	
ADACEL(TDAP ADOLESN/ADULT)(PF).....	42	
ADAKVEO.....	7	
ADALIMUMAB-ADAZ.....	44	
ADALIMUMAB-ADBM.....	44	
ADALIMUMAB-ADBM(CF) PEN CROHNS.....	44	
ADALIMUMAB-ADBM(CF) PEN PS-UV.....	44	
ADALIMUMAB-RYVK.....	44	
<i>adapalene</i>	25, 26	
<i>adapalene-benzoyl peroxide</i>	26	
ADBRY.....	25	
ADCETRIS.....	7	
<i>adefovir</i>	3	
ADEMPAS.....	52	
<i>adrenalin</i>	52	
<i>adthyza</i>	37	
ADVATE.....	22	
ADYNOVATE.....	22	
AEROCHAMBER MECHANICAL VENT.....	32	
AEROCHAMBER MINI.....	32	
AEROCHAMBER PLUS FLOW-VU.....	32	
AEROCHAMBER PLUS Z STAT.....	32	
AEROTRACH PLUS.....	32	
AEROVENT PLUS.....	32	
<i>afirmelle</i>	46	
AFLURIA TRIV 2024-2025 AFLURIA TRIV 2024-2025 (PF).....	42	
AFSTYLA.....	22	
<i>after pill</i>	46	
AJOVY AUTOINJECTOR..	13	
AJOVY SYRINGE.....	13	
<i>ala-cort</i>	28	
<i>alaway</i>	50	
<i>albendazole</i>	5	
<i>albuterol sulfate</i>	53	
<i>alclometasone</i>	28	
ALDURAZYME.....	35	
ALECENSA.....	7	
<i>alendronate</i>	44	
ALFERON N.....	41	
<i>alfuzosin</i>	55	
ALINIA.....	5	
ALIQOPA.....	7	
<i>aliskiren</i>	20	
<i>allergy eye (ketotifen)</i>	50	
<i>allopurinol</i>	44	
<i>almotriptan malate</i>	13	
ALOCRIAL.....	50	
ALOMIDE.....	50	
<i>alosetron</i>	38	
ALPHANATE.....	22	
<i>alprazolam</i>	16	
<i>alprazolam intensol</i>	16	
<i>altacaine</i>	50	
<i>altavera (28)</i>	46	
ALTUVIIIIO.....	22	
ALUNBRIG.....	7	
ALVESCO.....	53	
<i>alvimopan</i>	38	
<i>alyacen 1/35 (28)</i>	46	
<i>alyacen 7/7/7 (28)</i>	46	
<i>alyq</i>	53	
<i>amantadine hcl</i>	3	
<i>ambrisentan</i>	53	
<i>amcinonide</i>	28	
<i>amethia</i>	46	
<i>amethyst (28)</i>	46	
<i>amiloride</i>	20	
<i>amiloride-hydrochlorothiazide</i>	20	
<i>aminocaproic acid</i>	22	
<i>amiodarone</i>	19	
<i>amitriptyline</i>	16	
<i>amitriptyline-chlordiazepoxide</i>	16	
<i>amlodipine</i>	20	
<i>amlodipine-atorvastatin</i>	23	
<i>amlodipine-benazepril</i>	20	
<i>amlodipine-olmesartan</i>	20	
<i>amlodipine-valsartan</i>	20	
<i>amlodipine-valsartan-hcthiiazid</i>	20	
<i>ammonium lactate</i>	25	
<i>amnesteem</i>	26	
<i>amoxapine</i>	16	
<i>amoxicil-clarithromy-</i> <i>lansopraz</i>	40	
<i>amoxicillin</i>	5	
<i>amoxicillin-pot clavulanate</i>	6	
<i>amphetamine sulfate</i>	16	
<i>ampicillin</i>	6	
AMTAGVI.....	7	
<i>anagrelide</i>	30	
<i>anaspaz</i>	37	
<i>anastrozole</i>	7	
ANORO ELLIPTA.....	53	
<i>anucort-hc</i>	38	
<i>apexicon e</i>	28	
<i>apomorphine</i>	12	
<i>apraclonidine</i>	52	
<i>aprepitant</i>	38	
APRETUDE.....	3	
<i>apri</i>	46	
APTIVUS.....	3	
<i>aranelle (28)</i>	46	
AREXVY (PF).....	42	

<i>arformoterol</i>	53	<i>b complex-vitamin c-folic acid</i>	BEYFORTUS.....	3
ARIKAYCE	5	.....	<i>bicalutamide</i>	7
<i>aripiprazole</i>	16	<i>bacitracin</i>	BIKTARVY	3
ARISTADA.....	16	<i>bacitracin-polymyxin b</i>	<i>bimatoprost</i>	51
ARISTADA INITIO	16	<i>baclofen</i>	BIOTHRIX	42
<i>armodafinil</i>	16	<i>balanced b-100</i>	<i>bismuth subcit k-metronidz-tcn</i>	40
ARMOUR THYROID	37	<i>bal-care dha</i> .....	.....	40
<i>ascomp with codeine</i>	14	<i>balsalazide</i>	<i>bisoprolol fumarate</i>	20
<i>asenapine maleate</i>	16	BALVERSA.....	<i>bisoprolol-hydrochlorothiazide</i>	20
<i>ashlyna</i>	46	<i>balziva (28)</i>.....	.....	20
ASMANEX HFA	53	BAQSIMI.....	BLINCYTO.....	7
<i>aspirin</i>	15	BARACLUDGE.....	<i>blisovi 24 fe</i>	47
<i>aspirin childrens</i>	15	BAVENCIO	<i>blisovi fe 1.5/30 (28)</i>	47
<i>aspirin-dipyridamole</i>	22	<i>bayer low dose aspirin</i>	<i>blisovi fe 1/20 (28)</i>	47
<i>atazanavir</i>	3	<i>b-complex with vitamin c</i>	BOOSTRIX TDAP.....	42
<i>atenolol</i>	20	BD INTEGRA NEEDLE	<i>bortezomib</i>	7
<i>atenolol-chlorthalidone</i>	20	BD MICROTAINER	BORTEZOMIB	7
<i>atomoxetine</i>	16	LANCET	<i>bosentan</i>	53
<i>atorvastatin</i>	23	BD SPECIALTY USE	BOSULIF	7
<i>atovaquone</i>	5	NEEDLES	<i>bp 10-1</i>	26
<i>atovaquone-proguanil</i>	5	BD ULTRA-FINE NANO	BREATHERITE MDI	
<i>atropine</i>	50	PEN NEEDLE.....	SPACER.....	32
<i>aubra</i>	47	<i>belladonna alkaloids-opium</i>	BREO ELLIPTA	53
<i>aubra eq</i>	47	BELSOMRA	<i>breyana</i>	53
AUGMENTIN.....	6	<i>benazepril</i>	BREZTRI AEROSPHERE...53	
<i>aurovela 1.5/30 (21)</i>	47	<i>benazepril-hydrochlorothiazide</i>	<i>briellyn</i>	47
<i>aurovela 1/20 (21)</i>	47	.....	BRILINTA	22
<i>aurovela 24 fe</i>	47	<i>bendamustine</i>	<i>brimonidine</i>	26, 52
<i>aurovela fe 1.5/30 (28)</i>	47	BENDEKA.....	<i>brimonidine-timolol</i>	51
<i>aurovela fe 1-20 (28)</i>	47	BENEFIX	BRINEURA.....	35
AUSTEDO	13	BENLYSTA	<i>brinzolamide</i>	51
AUSTEDO XR.....	13	<i>benzepril</i>	BRIXADI	14
AUSTEDO XR TITRATION		BENZNIDAZOLE	<i>bromfenac</i>	51
KT(WK1-4).....	13	<i>benzonatate</i>	<i>bromocriptine</i>	12
<i>avar</i>	26	<i>benzoyl peroxide</i>	<i>brompheniramine-pseudoeph-</i>	
<i>aviane</i>	47	<i>benztropine</i>	<i>dm</i>	52
<i>avidoxy</i>	6	<i>bepotastine besilate</i>	BRUKINSA.....	7
AVONEX	41	<i>besser</i>	<i>budesonide</i>	38, 53
<i>ayuna</i>	47	BESIVANCE.....	<i>budesonide-formoterol</i>	53
<i>azacitidine</i>	7	BESPONSA.....	<i>bumetanide</i>	20
<i>azathioprine</i>	7	<i>betaine</i>	<i>buprenorphine</i>	14
<i>azelaic acid</i>	26	<i>betamethasone dipropionate</i>	<i>buprenorphine hcl</i>	14
<i>azelastine</i>	31, 50	<i>betamethasone valerate</i>	<i>buprenorphine-naloxone</i>	15
<i>azelastine-fluticasone</i>	53	<i>betamethasone, augmented</i> ..	<i>bupropion hcl</i>	17
<i>azithromycin</i>	4	BETASERON	<i>bupropion hcl (smoking deter)</i>	
<i>azurette (28)</i>	47	<i>betaxolol</i> .....	.....	31
B		<i>bethanechol chloride</i>	<i>buspiron</i> e	17
<i>b complex 1 (with folic acid)</i>	55	<i>bexarotene</i>	<i>butalbital-acetaminop-caf-cod</i>	
		BEXSERO.....	.....	14

<i>butalbital-acetaminophen</i>	14	CARVYKTI	7	<i>ciprofloxacin</i>	6
<i>butalbital-acetaminophen-caff</i>	14	CAYA CONTOURED	45	<i>ciprofloxacin hcl</i>	6, 31, 49
<i>butalbital-aspirin-caffeine</i>	14	CAYSTON	5	<i>ciprofloxacin-dexamethasone</i>	31
<i>butorphanol</i>	15	<i>caziant (28)</i>	47	<i>citalopram</i>	17
BYDUREON BCISE	36	<i>cefaclor</i>	4	<i>citrate of magnesia</i>	38
BYETTA	36	<i>cefadroxil</i>	4	<i>citroma</i>	38
BYOOVIZ.....	50	<i>cefdinir</i>	4	<i>claravis</i>	26
C		<i>cefixime</i>	4	<i>clarithromycin</i>	4
CABENUVA.....	3	<i>cefpodoxime</i>	4	<i>classic prenatal</i>	56
<i>cabergoline</i>	35	<i>cefprozil</i>	4	<i>clearlax</i>	38
CABLIVI.....	22	<i>cefuroxime axetil</i>	4	<i>clemastine</i>	52
CABOMETYX.....	7	<i>celecoxib</i>	15	<i>clindacin</i>	26
<i>caffeine citrate</i>	30	<i>cephalexin</i>	4	<i>clindacin etz</i>	26
<i>calcipotriene</i>	24	CEPROTIN (BLUE BAR) ...	22	<i>clindacin p</i>	26
<i>calcipotriene-betamethasone</i>	24	CEPROTIN (GREEN BAR) 22		<i>clindamycin hcl</i>	5
<i>calcitonin (salmon)</i>	35	CEQUR SIMPLICITY	33	<i>clindamycin pediatric</i>	5
<i>calcitriol</i>	24	CERDELGA.....	35	<i>clindamycin phosphate</i> ..	26, 46
<i>calcium acetate(phosphat bind)</i>	55	CEREZYME	35	<i>clindamycin-benzoyl peroxide</i>	26
CALQUENCE (ACALABRUTINIB MAL)	7	<i>cetirizine</i>	52	<i>clindamycin-tretinoin</i>	26
<i>camila</i>	45	<i>cevimeline</i>	30	<i>clobazam</i>	11
<i>camrese</i>	47	<i>charlotte 24 fe</i>	47	<i>clobetasol</i>	28
<i>camrese lo</i>	47	<i>chateal (28)</i>	47	<i>clobetasol-emollient</i>	28
CAMZYOS	24	<i>chateal eq (28)</i>	47	<i>clocortolone pivalate</i>	28
<i>candesartan</i>	20	CHEMET.....	30	<i>clodan</i>	28
<i>candesartan-</i> <i>hydrochlorothiazid</i>	20	CHENODAL	38	<i>clomiphene citrate</i>	35
<i>capecitabine</i>	7	<i>children's alaway</i>	50	<i>clomipramine</i>	17
CAPRELSA	7	<i>chlordiazepoxide hcl</i>	17	<i>clonazepam</i>	11
<i>captopril</i>	20	<i>chlordiazepoxide-clidinium</i> ..	37	<i>clonidine</i>	20
<i>captopril-hydrochlorothiazide</i>	20	<i>chlorhexidine gluconate</i>	31	<i>clonidine hcl</i>	17, 20
CAPVAXIVE.....	42	<i>chloroquine phosphate</i>	5	<i>clopidogrel</i>	22
CARBAGLU.....	30	<i>chlorthalidone</i>	20	<i>clorazepate dipotassium</i>	17
<i>carbamazepine</i>	11	<i>chlorzoxazone</i>	14	<i>clotrimazole</i>	3, 27
<i>carbidopa</i>	12	CHOLBAM.....	38	<i>clotrimazole-betamethasone</i> ..	27
<i>carbidopa-levodopa</i>	12	<i>cholestyramine (with sugar)</i> ..	23	<i>clozapine</i>	17
<i>carbidopa-levodopa-</i> <i>entacapone</i>	12	<i>cholestyramine light</i>	23	<i>c-nate dha</i>	56
<i>carbinoxamine maleate</i>	52	CIBINQO	25	COAGADEX.....	22
<i>carglumic acid</i>	30	<i>ciclodan</i>	27	COARTEM.....	5
<i>carisoprodol</i>	14	<i>ciclopirox</i>	27	<i>codeine sulfate</i>	14
<i>carteolol</i>	50	<i>ciclopirox-ure-camph-menth-</i> <i>euc</i>	27	<i>codeine-butalbital-asa-caff</i> ..	14
<i>cartia xt</i>	20	<i>cilostazol</i>	22	<i>colchicine</i>	44
<i>carvedilol</i>	20	CIMDUO.....	3	<i>colesevelam</i>	23
<i>carvedilol phosphate</i>	20	CIMERLI.....	50	<i>colestipol</i>	23
		<i>cimetidine</i>	40	COMBIVENT RESPIMAT..	53
		<i>cimetidine hcl</i>	40	COMETRIQ	7
		<i>cinacalcet</i>	35	COMIRNATY 2024-25 (12Y UP)(PF).....	42
		CINRYZE.....	53		
		CIPRO HC.....	31		

COMPACT SPACE		
CHAMBER.....	32	
<i>complete natal dha</i>	56	
<i>compro</i>	38	
<i>constulose</i>	38	
CORIFACT	22	
<i>cortisone</i>	31	
CORTISPORIN-TC	31	
COTELLIC.....	7	
<i>covaryx</i>	45	
<i>covaryx h.s.</i>	45	
CRESEMBA	3	
<i>cromolyn</i>	38, 50, 53	
<i>crotan</i>	30	
<i>cryselle (28)</i>	47	
CRYSVITA.....	35	
<i>curae</i>	47	
<i>cyclobenzaprine</i>	14	
<i>cyclopentolate</i>	50	
<i>cyclopen-tropic-phenyleph-</i> <i>watr</i>	50	
<i>cyclophosphamide</i>	8	
<i>cycloserine</i>	5	
<i>cyclosporine</i>	8, 50	
<i>cyclosporine modified</i>	8	
CYLTEZO(CF)	44	
CYLTEZO(CF) PEN.....	44	
CYLTEZO(CF) PEN		
CROHN'S-UC-HS.....	44	
CYLTEZO(CF) PEN		
PSORIASIS-UV	44	
<i>cyproheptadine</i>	52	
CYRAMZA.....	8	
<i>cyred</i>	47	
<i>cyred eq</i>	47	
CYSTAGON	55	
CYSTARAN	50	
D		
<i>dabigatran etexilate</i>	22	
<i>dalfampridine</i>	13	
<i>danazol</i>	35	
<i>dantrolene</i>	14	
<i>dapsone</i>	5, 26	
DAPTACEL (DTAP		
PEDIATRIC) (PF).....	42	
<i>darifenacin</i>	55	
<i>darunavir</i>	3	
DARZALEX	8	
<i>dasatinib</i>	8	
<i>dasetta 1/35 (28)</i>	47	
<i>dasetta 7/7/7 (28)</i>	47	
<i>daysee</i>	47	
<i>deblitane</i>	45	
<i>decitabine</i>	8	
<i>deferasirox</i>	30	
<i>deferiprone</i>	30	
<i>deflazacort</i>	31	
<i>demeclocycline</i>	6	
DENGVAXIA (PF).....	42	
<i>dermacinrx lidocan</i>	26	
DESCOVY	3	
<i>desipramine</i>	17	
<i>desloratadine</i>	52	
<i>desmopressin</i>	35, 36	
DESMOPRESSIN	36	
<i>desog-e.estradiol/e.estradiol</i>	47	
<i>desonide</i>	28	
<i>desoximetasone</i>	28	
<i>desvenlafaxine succinate</i>	17	
<i>dexabliss</i>	31	
<i>dexamethasone</i>	31, 32	
<i>dexamethasone intensol</i>	31	
<i>dexamethasone sodium</i>		
<i>phosphate</i>	51	
<i>dexchlorpheniramine maleate</i>		
.....	52	
DEXCOM G6 RECEIVER ..	33	
DEXCOM G6 SENSOR	33	
DEXCOM G6		
TRANSMITTER	33	
DEXCOM G7 RECEIVER ..	33	
DEXCOM G7 SENSOR	33	
<i>dexlansoprazole</i>	40	
<i>dexmethylphenidate</i>	17	
<i>dextroamphetamine sulfate</i> ... 17		
<i>dextroamphetamine-</i>		
<i>amphetamine</i>	17	
DIACOMIT	11	
<i>dialyvite 800</i>	56	
<i>diazepam</i>	11, 17	
<i>diazepam intensol</i>	17	
<i>diazoxide</i>	33	
<i>dichlorphenamide</i>	13	
<i>diclofenac potassium</i>	15	
<i>diclofenac sodium</i>	15, 25, 51	
<i>diclofenac-misoprostol</i>	15	
<i>dicloxacillin</i>	6	
<i>dicyclomine</i>	37	
<i>diflorasone</i>	28	
<i>diflunisal</i>	15	
<i>difluprednate</i>	51	
<i>digoxin</i>	22	
<i>dihydroergotamine</i>	13	
DILANTIN	11	
<i>diltiazem</i>	20	
<i>dilt-xr</i>	20	
<i>dimethyl fumarate</i>	41	
DIPENTUM	38	
<i>diphenoxylate-atropine</i>	37	
<i>dipyridamole</i>	22	
<i>diskets</i>	14	
<i>disopyramide phosphate</i>	19	
<i>disulfiram</i>	30	
<i>divalproex</i>	11	
<i>dofetilide</i>	20	
<i>dolishale</i>	47	
<i>donepezil</i>	13	
DOPTELET (15 TAB PACK)		
.....	22	
<i>dorzolamide</i>	51	
<i>dorzolamide-timolol</i>	51	
<i>dorzolamide-timolol (pf)</i>	51	
<i>dotti</i>	45	
DOVATO	3	
<i>doxazosin</i>	20	
<i>doxepin</i>	17, 25	
<i>doxercalciferol</i>	36	
<i>doxycycline hyclate</i>	6	
<i>doxycycline monohydrate</i>	6	
<i>doxylamine-pyridoxine (vit b6)</i>		
.....	38	
<i>dronabinol</i>	38	
<i>drospirenone-e.estradiol-lm.fa</i>		
.....	47	
<i>drospirenone-ethinyl estradiol</i>		
.....	47	
DROXIA.....	8	
DUAVEE.....	45	
<i>dulcolax (magnesium</i>		
<i>hydroxide)</i>	38	
DULERA	53	
<i>duloxetine</i>	17	
DUPIXENT PEN.....	25	
DUPIXENT SYRINGE.....	25	
<i>dutasteride</i>	55	
<i>dutasteride-tamsulosin</i>	55	
DYSPORT	42	

E		
<i>e.e.s. 400</i>	4	
EASIVENT HOLDING		
CHAMBER.....	32	
EBGLYSS PEN.....	25	
EBGLYSS SYRINGE.....	25	
<i>econazole</i>	27	
<i>econtra ez</i>	47	
<i>econtra one-step</i>	47	
<i>ecotrin low strength</i>	15	
<i>edaravone</i>	13	
<i>ed-spaz</i>	37	
EDURANT.....	3	
<i>eemt</i>	45	
<i>eemt hs</i>	45	
<i>efavirenz</i>	3	
<i>efavirenz-emtricitabin-tenofov</i> 3		
<i>efavirenz-lamivu-tenofov disop</i>		
.....	3	
<i>effer-k</i>	55	
EGRIFTA SV.....	41	
ELAPRASE.....	36	
<i>eletriptan</i>	13	
ELFABRIO.....	36	
ELIGARD.....	8	
ELIGARD (3 MONTH).....	8	
ELIGARD (4 MONTH).....	8	
ELIGARD (6 MONTH).....	8	
<i>elimest</i>	47	
ELIQUIS.....	22	
ELIQUIS DVT-PE TREAT		
30D START.....	22	
ELLA.....	47	
ELMIRON.....	55	
ELOCTATE.....	22	
<i>eluryng</i>	46	
ELZONRIS.....	8	
EMGALITY PEN.....	13	
EMGALITY SYRINGE.....	13	
EMPAVELI.....	30	
<i>emtricitabine</i>	3	
<i>emtricitabine-tenofovir (tdf)</i> ...3		
EMTRIVA.....	3	
EMVERM.....	5	
<i>emzahn</i>	45	
<i>enalapril maleate</i>	20	
<i>enalapril-hydrochlorothiazide</i>		
.....	20	
ENBREL.....	44	
ENBREL MINI.....	44	
ENBREL SURECLICK.....	45	
<i>endocet</i>	14	
ENGERIX-B (PF).....	42	
ENGERIX-B PEDIATRIC		
(PF).....	42	
<i>enilloring</i>	46	
ENJAYMO.....	30	
<i>enoxaparin</i>	22	
<i>enpresse</i>	47	
<i>enskyce</i>	47	
ENSPRYNG.....	8	
<i>entacapone</i>	12	
<i>entecavir</i>	3	
ENTRESTO.....	24	
ENTRESTO SPRINKLE.....	24	
ENTYVIO.....	38	
<i>enulose</i>	38	
EPCLUSA.....	3	
EPIDIOLEX.....	11	
<i>epinastine</i>	50	
<i>epinephrine</i>	52	
<i>epinephrine hcl</i>	53	
<i>epitol</i>	11	
<i>eplerenone</i>	20	
<i>epoprostenol</i>	20	
<i>eprosartan</i>	20	
ERBITUX.....	8	
<i>ergocalciferol (vitamin d2)</i> ...56		
<i>ergoloid</i>	17	
ERGOMAR.....	13	
<i>ergotamine-caffeine</i>	13	
<i>eribulin</i>	8	
ERIVEDGE.....	8	
ERLEADA.....	8	
<i>erlotinib</i>	8	
<i>errin</i>	45	
ERTACZO.....	27	
<i>ery pads</i>	26	
<i>erygel</i>	26	
<i>ery-tab</i>	4	
<i>erythrocine (as stearate)</i>.....4		
<i>erythromycin</i>	5, 49	
<i>erythromycin ethylsuccinate</i> ...5		
<i>erythromycin with ethanol</i> ...26		
<i>erythromycin-benzoyl peroxide</i>		
.....	26	
<i>escitalopram oxalate</i>	17	
<i>esomeprazole magnesium</i>.....40		
ESPEROCT.....	22	
<i>estarylla</i>	47	
<i>estazolam</i>	17	
<i>estradiol</i>	45	
<i>estradiol valerate</i>	45	
<i>estradiol-norethindrone acet</i> 45		
<i>estrogens-methyltestosterone</i> 45		
<i>eszopiclone</i>	17	
<i>ethacrynic acid</i>	20	
<i>ethambutol</i>	5	
<i>ethosuximide</i>	11	
<i>ethynodiol diac-eth estradiol</i> 47		
<i>etodolac</i>	15	
<i>etonogestrel-ethinyl estradiol</i>		
.....	46	
<i>etoposide</i>	8	
<i>etravirine</i>	3	
EUCRISA.....	25	
<i>euthyrox</i>	37	
<i>everolimus (antineoplastic)</i> ...8		
<i>everolimus</i>		
<i>(immunosuppressive)</i>.....8		
EXELDERM.....	27	
<i>exemestane</i>	8	
<i>eye allergy itch relief</i>	50	
<i>eye allergy itch-redness rlf</i> ...50		
<i>eye itch relief</i>	50	
<i>ezetimibe</i>	23	
<i>ezetimibe-simvastatin</i>	23	
F		
FABHALTA.....	30	
FABRAZYME.....	36	
FACTIVE.....	6	
<i>falmina (28)</i>	47	
<i>famciclovir</i>	3	
<i>famotidine</i>	40	
FARXIGA.....	36	
FASENRA.....	53	
FASENRA PEN.....	53	
FC2 FEMALE CONDOM...45		
<i>febuxostat</i>	44	
FEIBA NF.....	22	
<i>felbamate</i>	11	
<i>felodipine</i>	20	
<i>fem ph</i>	46	
FEMCAP.....	45	
<i>fenofibrate</i>	23	
<i>fenofibrate micronized</i>	23	
<i>fenofibrate nanocrystallized</i> .23		

<i>fenofibric acid</i>	23	<i>flurandrenolide</i>	29	FREESTYLE LIBRE 3 PLUS	
<i>fenofibric acid (choline)</i>	23	<i>flurazepam</i>	17	SENSOR.....	33
<i>fenoprofen</i>	15	<i>flurbiprofen</i>	15	FREESTYLE LIBRE 3	
FENSOLVI.....	8	<i>flurbiprofen sodium</i>	51	READER.....	33
<i>fentanyl</i>	14	<i>fluticasone propionate</i>	29, 53	FREESTYLE LIBRE 3	
<i>fentanyl citrate</i>	14	<i>fluticasone propion-salmeterol</i>		SENSOR.....	33
FERRIPROX.....	30	.....	53	FREESTYLE LITE METER	33
FERRIPROX (2 TIMES A		FLUTICASONE PROPION-		FREESTYLE LITE STRIPS	32
DAY).....	30	SALMETEROL.....	53	FREESTYLE PRECISION	
<i>fesoterodine</i>	55	<i>fluvastatin</i>	23	NEO STRIPS.....	32
FETZIMA.....	17	<i>fluvoxamine</i>	18	FREESTYLE SIDEKICK II.	33
<i>finasteride</i>	55	FLUZONE HIGH-DOSE		FREESTYLE SYSTEM KIT	33
<i> fingolimod</i>	41	TRIV 24-25	42	FREESTYLE TEST	32
<i>finzala</i>	47	FLUZONE TRIV 2024-2025		<i>frovatriptan</i>	13
FIRDAPSE	13	.....	42	<i>full spectrum b-vitamin c</i>	56
<i>flac otic oil</i>	31	FLUZONE TRIV 2024-2025		FULPHILA.....	41
<i>flavoxate</i>	55	(PF).....	42	<i>furosemide</i>	20
<i>flecainide</i>	20	<i>folic acid</i>	56	FUZEON	3
FLEXICHAMBER.....	32	<i>folitab</i>	56	<i>fyavolv</i>	45
FLUAD TRIV 2024-25(65Y		FOLOTYN	8	G	
UP)(PF)	42	<i>foltabs 800</i>	56	<i>gabapentin</i>	11
FLUARIX TRIV 2024-2025		<i>fondaparinux</i>	22	<i>galantamine</i>	13
(PF).....	42	<i>formoterol fumarate</i>	53	<i>gallifrey</i>	45
FLUBLOK TRIV 2024-2025		FORMOTEROL		GAMASTAN	42
(PF).....	42	FUMARATE-NEBULIZER		GAMIFANT	8
FLUCELVAX TRIV 2024-		.....	53	GAMMAGARD LIQUID	43
2025.....	42	<i>fosamprenavir</i>	3	GAMMAGARD S-D (IGA < 1	
FLUCELVAX TRIV 2024-		<i>fosfomycin tromethamine</i>	6	MCG/ML).....	43
2025 (PF).....	42	<i>fosinopril</i>	20	GAMUNEX-C.....	43
<i>fluconazole</i>	3	<i>fosinopril-hydrochlorothiazide</i>		GARDASIL 9 (PF).....	43
<i>flucytosine</i>	3	.....	20	<i>gatifloxacin</i>	50
<i>fludarabine</i>	8	FREESTYLE CONTROL....	33	<i>gavilax</i>	38
<i>fludrocortisone</i>	32	FREESTYLE FLASH		<i>gavilyte-c</i>	38
FLULAVAL TRIV 2024-2025		SYSTEM	33	<i>gavilyte-g</i>	38
(PF).....	42	FREESTYLE FREEDOM....	33	<i>gavilyte-n</i>	38
FLUMIST TRIVALENT		FREESTYLE FREEDOM		GAVRETO	8
2024-2025.....	42	LITE	33	GAZYVA	8
<i>flunisolide</i>	53	FREESTYLE INSULINX...32,		<i>gefitinib</i>	8
<i>fluocinolone</i>	28	33		<i>gemfibrozil</i>	23
<i>fluocinolone acetonide oil</i>	31	FREESTYLE INSULINX		<i>gemmily</i>	47
<i>fluocinolone and shower cap</i>	29	TEST STRIPS	32	<i>generlac</i>	38
<i>fluocinonide</i>	29	FREESTYLE LIBRE 14 DAY		<i>engraf</i>	8
<i>fluocinonide-e</i>	29	READER.....	33	<i>gentamicin</i>	27, 50
<i>fluorescein-proparacaine</i>	50	FREESTYLE LIBRE 14 DAY		<i>gentle laxative (bisacodyl)</i>	38
<i>fluoride (sodium)</i>	56	SENSOR.....	33	<i>gentle laxative (mag hydrox)</i>	38
<i>fluorometholone</i>	51	FREESTYLE LIBRE 2		<i>gentlelax</i>	38
<i>fluorouracil</i>	25	READER.....	33	GENVOYA	4
<i>fluoxetine</i>	17	FREESTYLE LIBRE 2		GILOTRIF	8
<i>fluphenazine hcl</i>	17	SENSOR.....	33	<i>glatiramer</i>	41

<i>glatopa</i>	41	<i>heparin (porcine) in nacl (pf)</i>	22	<i>hydrocodone-ibuprofen</i>	14
GLEOSTINE.....	8	.....	22	<i>hydrocortisone</i>	29, 32, 39
<i>glimepiride</i>	36	<i>heparin lock flush (porcine)</i> .	22	<i>hydrocortisone acetate</i>	39
<i>glipizide</i>	36	<i>heparin lockflush(porcine)(pf)</i>	22	<i>hydrocortisone butyrate</i>	29
<i>glipizide-metformin</i>	36	.....	22	<i>hydrocortisone valerate</i>	29
<i>glucagon emergency kit</i>		<i>heparin(porcine) in 0.45% nacl</i>	22	<i>hydrocortisone-acetic acid</i> ...	31
(<i>human</i>)	33	.....	22	<i>hydrocortisone-pramoxine</i> ..	24, 39
<i>glutamine (sickle cell)</i>	30	<i>heparin, porcine (pf)</i>	22	<i>hydromet</i>	52
<i>glyburide</i>	36	HEPLISAV-B (PF).....	43	<i>hydromorphone</i>	14
<i>glyburide micronized</i>	36	<i>her style</i>	47	<i>hydroxocobalamin</i>	56
<i>glyburide-metformin</i>	36	HIBERIX (PF).....	43	<i>hydroxychloroquine</i>	5
<i>glycopyrrolate</i>	38	<i>homatropaire</i>	50	<i>hydroxyurea</i>	8
GLYXAMBI	36	HUMALOG JUNIOR		<i>hydroxyzine hcl</i>	52
<i>granisetron hcl</i>	39	KWIKPEN U-100	34	<i>hydroxyzine pamoate</i>	52
GRASTEK	43	HUMALOG KWIKPEN		<i>hyoscyamine sulfate</i>	38
<i>griseofulvin microsize</i>	3	INSULIN.....	34	<i>hyosyne</i>	38
<i>griseofulvin ultramicrosize</i>	3	HUMALOG MIX 50-50		I	
<i>guanfacine</i>	18, 20	KWIKPEN.....	34	<i>ibandronate</i>	44
GVOKE.....	33	HUMALOG MIX 75-25		<i>ibu</i>	15
GVOKE HYOPEN 2-PACK		KWIKPEN.....	34	<i>ibuprofen</i>	15
.....	33	HUMALOG MIX 75-25(U-		<i>ibuprofen-famotidine</i>	15
GVOKE PFS 2-PACK		100)INSULN	34	<i>icatibant</i>	53
SYRINGE.....	33	HUMALOG TEMPO PEN(U-		<i>iclevia</i>	47
GYNAZOLE-1	46	100)INSULN	34	ICLUSIG	8
H		HUMALOG U-100 INSULIN		<i>icosapent ethyl</i>	23
<i>hailey</i>	47	.....	34	IDELVION	22
<i>hailey 24 fe</i>	47	HUMATE-P	22	IDHIFA.....	8
<i>hailey fe 1.5/30 (28)</i>	47	HUMULIN 70/30 U-100		ILARIS (PF)	41
<i>hailey fe 1/20 (28)</i>	47	INSULIN.....	34	<i>imatinib</i>	8
HALAVEN.....	8	HUMULIN 70/30 U-100		IMBRUVICA	8
<i>halcinonide</i>	29	KWIKPEN.....	34	IMFINZI	8
<i>halobetasol propionate</i>	29	HUMULIN N NPH INSULIN		<i>imipramine hcl</i>	18
<i>haloette</i>	46	KWIKPEN.....	34	<i>imipramine pamoate</i>	18
<i>haloperidol</i>	18	HUMULIN N NPH U-100		<i>imiquimod</i>	44
<i>haloperidol lactate</i>	18	INSULIN	34	IMOVAX RABIES VACCINE	
HARVONI	4	HUMULIN R REGULAR U-		(PF).....	43
HAVRIX (PF)	43	100 INSULN	35	IMPAVIDO	5
<i>heather</i>	45	HUMULIN R U-500 (CONC)		INBRIJA.....	12
HEMGENIX.....	22	INSULIN.....	35	<i>incassia</i>	45
HEMLIBRA	22	HUMULIN R U-500 (CONC)		INCRELEX	30
<i>hemmorex-hc</i>	39	KWIKPEN.....	35	INCRUSE ELLIPTA.....	53
HEMOFIL M HIGH.....	22	HYCAMTIN	8	<i>indapamide</i>	21
HEMOFIL M LOW	22	<i>hydralazine</i>	20	<i>indomethacin</i>	15
HEMOFIL M MID.....	22	<i>hydrochlorothiazide</i>	21	INFANRIX (DTAP) (PF).....	43
HEMOFIL M SUPER HIGH	22	<i>hydrocodone bitartrate</i>	14	INFLECTRA	39
<i>hep flush-10 (pf)</i>	22	<i>hydrocodone-acetaminophen</i>	14	INLYTA	8
<i>heparin (porcine)</i>	22	<i>hydrocodone-</i>		INSULIN ASP PRT-INSULIN	
<i>heparin (porcine) in 5 % dex</i>	22	<i>chlorpheniramine</i>	52	ASPART.....	35
		<i>hydrocodone-homatropine</i> ...	52		

INSULIN ASPART U-100 ..35	<i>junel 1/20 (21)</i> .....48	L
INSULIN GLARGINE-YFGN.....35	<i>junel fe 1.5/30 (28)</i> .....48	<i>l norgest/e.estradiol-e.estrad</i> 48
INSULIN LISPRO .....35	<i>junel fe 1/20 (28)</i> .....48	<i>labetalol</i> .....21
INSULIN LISPRO PROTAMIN-LISPRO .....35	<i>junel fe 24</i> .....48	<i>lacosamide</i> .....11
INTELENCE .....4	JUXTAPID .....23	<i>lactated ringers</i> .....30
IPOL .....43	JYNNEOS (PF) .....43	<i>lactulose</i> .....39
<i>ipratropium bromide</i> .....31, 53	K	LAGEVRIO (EUA) .....4
<i>ipratropium-albuterol</i> .....53	KADCYLA .....8	<i>lamivudine</i> .....4
IQIRVO .....39	<i>kaitlib fe</i> .....48	<i>lamivudine-zidovudine</i> .....4
<i>irbesartan</i> .....21	<i>kalliga</i> .....48	<i>lamotrigine</i> .....12
<i>irbesartan-hydrochlorothiazide</i>.....21	KALYDECO .....53	LAMZEDE .....30
ISENTRESS .....4	KANJINTI .....8	LANCETS .....33
ISENTRESS HD .....4	KANUMA .....36	LANCING DEVICE .....34
<i>isibloom</i> .....47	<i>kariva (28)</i> .....48	<i>lanreotide</i> .....9
<i>isoniazid</i> .....5	<i>kelnor 1/35 (28)</i> .....48	<i>lansoprazole</i> .....40
<i>isosorbide dinitrate</i> .....24	<i>kelnor 1/50 (28)</i> .....48	<i>lanthanum</i> .....38
<i>isosorbide mononitrate</i> .....24	KEPIVANCE .....7	<i>lapatinib</i> .....9
<i>isosorbide-hydralazine</i> .....21	KERENDIA .....21	<i>larin 1.5/30 (21)</i> .....48
<i>isotretinoin</i> .....26	KESIMPTA PEN .....42	<i>larin 1/20 (21)</i> .....48
<i>isradipine</i> .....21	<i>ketoconazole</i> .....3, 27	<i>larin 24 fe</i> .....48
ISTODAX .....8	<i>ketodan</i> .....27	<i>larin fe 1.5/30 (28)</i> .....48
<i>itraconazole</i> .....3	<i>ketodan kit</i> .....27	<i>larin fe 1/20 (28)</i> .....48
<i>ivabradine</i> .....24	<i>ketoprofen</i> .....15	<i>latanoprost</i> .....51
<i>ivermectin</i> .....5, 26	<i>ketorolac</i> .....15, 51	<i>laxative (bisacodyl)</i> .....39
IWILFIN .....8	<i>ketotifen fumarate</i> .....50	<i>laxative peg 3350</i> .....39
IXCHIQ (PF) .....43	KEYTRUDA .....9	<i>layolis fe</i> .....48
IXEMPRA .....8	KIMMTRAK .....9	<i>leena 28</i> .....48
IXIARO (PF) .....43	KINRIX (PF) .....43	<i>leflunomide</i> .....45
J	<i>kiprofen</i> .....16	<i>lenalidomide</i> .....9
<i>jaimiess</i> .....47	KISQALI .....9	LENVIMA .....9
JAKAFI .....8	KITABIS PAK .....5	<i>lessina</i> .....48
<i>jantoven</i> .....23	<i>klayesta</i> .....27	<i>letrozole</i> .....9
JANUMET .....36	<i>klor-con</i> .....55	<i>leucovorin calcium</i> .....7
JANUMET XR .....36	<i>klor-con 10</i> .....55	LEUKERAN .....9
JANUVIA .....36	<i>klor-con 8</i> .....55	LEUKINE .....41
JARDIANCE .....37	<i>klor-con m10</i> .....55	<i>leuprolide</i> .....9
<i>jasmiel (28)</i> .....47	<i>klor-con m15</i> .....55	<i>levalbuterol hcl</i> .....53
<i>javygtor</i> .....36	<i>klor-con m20</i> .....55	<i>levetiracetam</i> .....12
<i>jencycla</i> .....45	<i>klor-con/ef</i> .....55	<i>levobunolol</i> .....50
<i>jinteli</i> .....46	<i>kobee</i> .....56	<i>levocarnitine</i> .....30
JIVI .....23	KOGENATE FS .....23	<i>levocarnitine (with sugar)</i> ....30
<i>jolessa</i> .....48	<i>kourzeq</i> .....31	<i>levocetirizine</i> .....52
<i>joyeaux</i> .....48	KOVALTRY .....23	<i>levofloxacin</i> .....6, 50
<i>juleber</i> .....48	K-PHOS ORIGINAL .....55	<i>levonest (28)</i> .....48
JULUCA .....4	KRYSTEXXA .....44	<i>levonorgest-eth.estradiol-iron</i>.....48
<i>junel 1.5/30 (21)</i> .....48	<i>kurvelo (28)</i> .....48	<i>levonorgestrel</i> .....48
	KYLEENA .....45	<i>levonorgestrel-ethinyl estrad</i> 48
	KYMRIAH .....9	<i>levonorg-eth estrad triphasic</i> 48
	KYPROLIS .....9	

<i>levora-28</i>	48	<i>lubiprostone</i>	39	<i>meclofenamate</i>	16
<i>levorphanol tartrate</i>	15	<i>ludent fluoride</i>	56	MEDISENSE.....	34
<i>levo-t</i>	37	<i>lugols</i>	27, 55	MEDISENSE GLUCOSE	
<i>levothyroxine</i>	37	LULICONAZOLE	27	KETONE	34
<i>levoxyl</i>	37	LUMIZYME	36	<i>medroxyprogesterone</i>	46
LIBTAYO	9	LUMRYZ	18	<i>mefenamic acid</i>	16
<i>lidocaine</i>	27	LUMRYZ STARTER PACK		<i>mefloquine</i>	5
<i>lidocaine hcl</i>	26	.....	18	<i>megestrol</i>	9
<i>lidocaine hcl-hydrocortison ac</i>		LUNSUMIO	9	MEKINIST	9
.....	27, 39	LUPKYNIS	9	<i>meloxicam</i>	16
<i>lidocaine viscous</i>	27	LUPRON DEPOT	9	<i>meloxicam submicronized</i>	16
<i>lidocaine-hydrocortisone-aloe</i>		LUPRON DEPOT (3		<i>memantine</i>	13
.....	39	MONTH).....	9	MENQUADFI (PF).....	43
<i>lidocaine-prilocaine</i>	27	LUPRON DEPOT (4		MENVEO A-C-Y-W-135-DIP	
<i>lidocan iii</i>	27	MONTH).....	9	(PF).....	43
<i>lidocan iv</i>	27	LUPRON DEPOT (6		<i>meprobamate</i>	14
<i>lidocan v</i>	27	MONTH).....	9	MEPSEVII.....	36
<i>lidocort</i>	27	<i>lurasidone</i>	18	<i>mercaptopurine</i>	9
<i>linezolid</i>	5	<i>luter a (28)</i>	48	<i>merzee</i>	48
LINZESS.....	39	LUXTURNA	51	<i>mesalamine</i>	39
<i>liothyronine</i>	37	<i>lyleq</i>	46	<i>mesalamine with cleansing</i>	
<i>lisdexamfetamine</i>	18	<i>lyllana</i>	46	<i>wipe</i>	39
<i>lisinopril</i>	21	LYNPARZA.....	9	MESNEX.....	7
<i>lisinopril-hydrochlorothiazide</i>		LYSODREN.....	9	<i>metaxalone</i>	14
.....	21	LYTGOBI	9	<i>metformin</i>	37
LITEAIRE MDI CHAMBER		LYUMJEV KWIKPEN U-100		<i>methadone</i>	15
.....	32	INSULIN	35	<i>methadose</i>	15
<i>lithium carbonate</i>	18	LYUMJEV KWIKPEN U-200		<i>methamphetamine</i>	18
<i>lithium citrate</i>	18	INSULIN.....	35	<i>methazolamide</i>	51
<i>lofena</i>	16	LYUMJEV TEMPO PEN(U-		<i>methenamine hippurate</i>	6
<i>lofexidine</i>	16	100)INSULN	35	<i>methenamine mandelate</i>	6
<i>lojaimiess</i>	48	LYUMJEV U-100 INSULIN		<i>methen-sod phos-meth blue-</i>	
LOKELMA	38	.....	35	<i>hyos</i>	55
LONSURF.....	9	<i>lyza</i>	46	<i>methimazole</i>	32
<i>loperamide</i>	38	M		METHITEST	36
<i>lopinavir-ritonavir</i>	4	<i>mafenide acetate</i>	27	<i>methocarbamol</i>	14
LOQTORZI.....	9	<i>magnesium citrate</i>	39	<i>methotrexate sodium</i>	9
<i>lorazepam</i>	18	<i>malathion</i>	30	<i>methotrexate sodium (pf)</i>	9
<i>lorazepam intensol</i>	18	<i>maraviroc</i>	4	<i>methoxsalen</i>	25
LORBRENA	9	<i>marlissa (28)</i>	48	<i>methscopolamine</i>	38
<i>loryna (28)</i>	48	MARPLAN	18	<i>methsuximide</i>	12
<i>losartan</i>	21	MATULANE.....	9	<i>methyl salicylate</i>	25
<i>losartan-hydrochlorothiazide</i>		<i>matzim la</i>	21	<i>methyldopa</i>	21
.....	21	MAYZENT	42	<i>methyldopa-</i>	
<i>loteprednol etabonate</i>	51	MAYZENT STARTER(FOR		<i>hydrochlorothiazide</i>	21
<i>lovastatin</i>	24	1MG MAINT).....	42	<i>methylergonovine</i>	49
<i>low-ogestrel (28)</i>	48	MAYZENT STARTER(FOR		<i>methylphenidate</i>	18
<i>loxapine succinate</i>	18	2MG MAINT)	42	<i>methylphenidate hcl</i>	18
<i>lo-zumandimine (28)</i>	48	<i>meclizine</i>	39	<i>methylprednisolone</i>	32

<i>methyltestosterone</i>	36	<i>mono-linyah</i>	48	<i>neomycin-bacitracin-</i>	
<i>metoclopramide hcl</i>	39	<i>montelukast</i>	54	<i>polymyxin</i>	50
<i>metolazone</i>	21	<i>morphine</i>	15	<i>neomycin-polymyxin b gu</i>	30
<i>metoprolol succinate</i>	21	<i>morphine concentrate</i>	15	<i>neomycin-polymyxin b-</i>	
<i>metoprolol ta-hydrochlorothiaz</i>		MOUNJARO.....	37	<i>dexameth</i>	51
.....	21	MOVANTIK.....	39	<i>neomycin-polymyxin-</i>	
<i>metoprolol tartrate</i>	21	<i>moxifloxacin</i>	6, 50	<i>gramicidin</i>	50
<i>metronidazole</i>	5, 26, 46	MRESVIA (PF).....	43	<i>neomycin-polymyxin-hc</i> ..	31, 51
<i>metyrosine</i>	21	<i>multi-vitamin with fluoride</i> ...56		<i>neo-polycin</i>	50
<i>mexiletine</i>	20	<i>mupirocin</i>	27	<i>neo-polycin hc</i>	51
<i>mibelas 24 fe</i>	48	<i>mupirocin calcium</i>	27	<i>neo-vital rx</i>	56
<i>miconazole-3</i>	46	<i>mvc-fluoride</i>	56	NERLYNX.....	9
MICROCHAMBER.....	32	<i>my choice</i>	48	<i>neuac</i>	26
<i>microgestin 1.5/30 (21)</i>	48	<i>my way</i>	48	NEUPRO.....	12
<i>microgestin 1/20 (21)</i>	48	MYALEPT.....	36	NEVANAC.....	51
<i>microgestin fe 1.5/30 (28)</i>	48	<i>mycophenolate mofetil</i>	9	<i>nevirapine</i>	4
<i>microgestin fe 1/20 (28)</i>	48	<i>mycophenolate sodium</i>	9	<i>new day</i>	48
MICROSPACER.....	32	MYFEMBREE.....	46	<i>newgen</i>	56
<i>midazolam</i>	18	MYHIBBIN.....	9	NEXPLANON.....	46
<i>midodrine</i>	30	MYLERAN.....	9	<i>niacin</i>	24
MIEBO (PF).....	51	MYLOTARG.....	9	<i>nicardipine</i>	21
<i>mifepristone</i>	36, 46	<i>mynatal</i>	56	<i>nicorette</i>	31
<i>migergot</i>	13	<i>mynatal plus</i>	56	NICORETTE.....	31
<i>miglitol</i>	37	<i>mynatal-z</i>	56	<i>nicotine</i>	31
<i>miglustat</i>	36	MYOBLOC.....	43	<i>nicotine (polacrilex)</i>	31
<i>mili</i>	48	N		NICOTROL NS.....	31
<i>milk of magnesia</i>	39	<i>nabumetone</i>	16	<i>nifedipine</i>	21
<i>milk of magnesia concentrated</i>		<i>nadolol</i>	21	<i>nikki (28)</i>	48
.....	39	<i>naftifine</i>	27	<i>nilutamide</i>	9
<i>millipred</i>	32	NAGLAZYME.....	36	<i>nimodipine</i>	21
<i>millipred dp</i>	32	<i>naloxone</i>	16	NINLARO.....	9
<i>mimvey</i>	46	<i>naltrexone</i>	16	<i>nisoldipine</i>	21
<i>minocycline</i>	6	<i>naproxen</i>	16	<i>nitazoxanide</i>	5
<i>minoxidil</i>	21	<i>naproxen sodium</i>	16	<i>nitisinone</i>	30
<i>miostat</i>	51	<i>naproxen-esomeprazole</i>	16	<i>nitro-bid</i>	24
<i>mirabegron</i>	55	<i>naratriptan</i>	13	<i>nitrofurantoin</i>	6
MIRENA.....	45	NATACYN.....	50	<i>nitrofurantoin macrocrystal</i> ...7	
<i>mirtazapine</i>	18	<i>nateglinide</i>	37	<i>nitrofurantoin monohyd/m-</i>	
<i>misoprostol</i>	40	<i>natura-lax</i>	39	<i>cryst</i>	7
<i>mitoxantrone</i>	9	NAYZILAM.....	12	<i>nitroglycerin</i>	24, 39
M-M-R II (PF).....	43	<i>nebivolol</i>	21	<i>nitro-time</i>	24
<i>m-natal plus</i>	56	<i>nebusal</i>	54	NITYR.....	30
<i>modafinil</i>	18	<i>necon 0.5/35 (28)</i>	48	<i>niva thyroid</i>	37
MODERNA COVID 24-		NEFFY.....	52	NIVESTYM.....	41
25(6M-11Y)PF.....	43	<i>nelarabine</i>	9	<i>nizatidine</i>	40
<i>moexipril</i>	21	NEMLUVIO.....	9	<i>nora-be</i>	46
<i>molindone</i>	18	<i>neomycin</i>	5	<i>norelgestromin-ethin.estradiol</i>	
<i>mometasone</i>	29, 54	<i>neomycin-bacitracin-poly-hc</i> 51		.....	46
<i>mondoxyne nl</i>	6			<i>noreth-ethinyl estradiol-iron</i>	48

<i>norethindrone (contraceptive)</i>	46	<i>olmesartan-amlodipin-</i>		OPDIVO	10
.....	46	<i>hcthiazid</i>	21	OPDUALAG	10
<i>norethindrone acetate</i>	46	<i>olmesartan-</i>		OPILL	46
<i>norethindrone ac-eth estradiol</i>	46, 48	<i>hydrochlorothiazide</i>	21	<i>opium tincture</i>	38
.....	46, 48	<i>olopatadine</i>	31, 51	OPSUMIT	54
<i>norethindrone-e.estradiol-iron</i>	48	<i>omega-3 acid ethyl esters</i>	24	OPSYNVI	54
.....	48	<i>omeprazole</i>	40, 41	OPTICHAMBER DIAMOND	
<i>norgestimate-ethinyl estradiol</i>	49	<i>omeprazole-sodium</i>		VHC	32
.....	49	<i>bicarbonate</i>	41	<i>option-2</i>	49
<i>nortrel 0.5/35 (28)</i>	49	OMNIPOD 5 (G6/LIBRE 2		<i>oral saline laxative</i>	39
<i>nortrel 1/35 (21)</i>	49	PLUS)	34	<i>oralone</i>	31
<i>nortrel 1/35 (28)</i>	49	OMNIPOD 5 G6-G7 INTRO		ORIAHNN	46
<i>nortrel 7/7/7 (28)</i>	49	KT(GEN5)	34	ORLISSA	36
<i>nortriptyline</i>	18	OMNIPOD 5 G6-G7 PODS		ORKAMBI	54
NORVIR	4	(GEN 5)	34	<i>ormalvi</i>	13
NOVAVAX COVID 2024-		OMNIPOD 5		<i>orphenadrine citrate</i>	14
25(PF)(EUA)	43	INTRO(G6/LIBRE2PLUS)		<i>orphenadrine-asa-caffeine</i>	14
NOVOEIGHT	23	.....	34	<i>orphengesic forte</i>	14
NOXAFIL	3	OMNIPOD CLASSIC PODS		ORSERDU	10
<i>np thyroid</i>	37	(GEN 3)	34	<i>oscimin</i>	38
NPLATE	23	OMNIPOD DASH INTRO		<i>oscimin sl</i>	38
NUBEQA	9	KIT (GEN 4)	34	<i>oseltamivir</i>	4
NUCALA	54	OMNIPOD DASH PODS		OSPHENA	46
NUCYNTA	16	(GEN 4)	34	OTEZLA	45
NUCYNTA ER	16	OMNIPOD GO PODS 10		OTEZLA STARTER	45
NUEDEXTA	13	UNITS/DAY	34	<i>oxaprozin</i>	16
<i>nyamyc</i>	28	OMNITROPE	41	<i>oxazepam</i>	18
<i>nylia 1/35 (28)</i>	49	OMVOH	39	<i>oxcarbazepine</i>	12
<i>nylia 7/7/7 (28)</i>	49	OMVOH PEN	39	OXERVATE	51
<i>nystatin</i>	3, 28	<i>ondansetron</i>	39	<i>oxiconazole</i>	28
<i>nystatin-triamcinolone</i>	28	<i>ondansetron hcl</i>	39	<i>oxybutynin chloride</i>	55
<i>nystop</i>	28	<i>one daily prenatal</i>	56	<i>oxycodone</i>	15
O		<i>onelax magnesium citrate</i>	39	<i>oxycodone-acetaminophen</i>	15
OBIZUR	23	ONETOUCH ULTRA		<i>oxymorphone</i>	15
OALIVA	39	CONTROL	34	OZEMPIC	37
<i>ocella</i>	49	ONETOUCH ULTRA TEST		OZURDEX	51
OCREVUS	42	.....	32	P	
<i>octreotide acetate</i>	9	ONETOUCH ULTRA2		<i>pacerone</i>	20
<i>octreotide,microspheres</i>	9	METER	34	<i>paclitaxel protein-bound</i>	10
ODACTRA	43	ONETOUCH VERIO FLEX		<i>paliperidone</i>	18
ODEFSEY	4	METER	34	PALYNZIQ	36
ODOMZO	9	ONETOUCH VERIO MID		PANCREAZE	39
OFEV	54	CONTROL	34	<i>pantoprazole</i>	41
<i>ofloxacin</i>	6, 31, 50	ONETOUCH VERIO		PARAGARD T 380A	45
OJEMDA	9	REFLECT METER	34	<i>paricalcitol</i>	36
<i>olanzapine</i>	18	ONETOUCH VERIO TEST		<i>paroex oral rinse</i>	31
<i>olanzapine-fluoxetine</i>	18	STRIPS	32	<i>paromomycin</i>	5
<i>olmesartan</i>	21	ONIVYDE	9	<i>paroxetine hcl</i>	18

<i>paroxetine</i>	<i>pimecrolimus</i>	<i>prednisolone sodium</i>
<i>mesylate(menop.sym)</i>	<i>pimozide</i>	<i>phosphate</i>
PAXLOVID	<i>pimtree (28)</i>	<i>prednisone</i>
<i>pazopanib</i>	<i>pindolol</i>	<i>prednisone intensol</i>
PEDIARIX (PF)	<i>pioglitazone</i>	<i>pregabalin</i>
PEDVAX HIB (PF).....	<i>pioglitazone-glimepiride</i>	<i>prenatabs fa</i>
<i>peg 3350-electrolytes</i>	<i>pioglitazone-metformin</i>	<i>prenatabs rx</i>
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	PIQRAY	<i>prenatal</i>
.....	<i>pirfenidone</i>	<i>prenatal complete</i>
PEGASYS	<i>piroxicam</i>	<i>prenatal multi-dha (algal oil)</i>
<i>peg-electrolyte soln</i>	<i>pitavastatin calcium</i> .....	.....
PEMAZYRE	PLEGRIDY	<i>prenatal multivitamins</i>
PENBRAYA (PF)	<i>plerixafor</i>	<i>prenatal one daily</i>
<i>penciclovir</i>	PNEUMOVAX-23	<i>prenatal plus</i>
<i>penicillamine</i>	<i>pnv-select</i>	<i>prenatal plus (calcium carb)</i>
<i>penicillin v potassium</i>	POCKET CHAMBER.....	<i>prenatal vit no.179-iron-folic</i>
PENTACEL (PF)	<i>podofilox</i>.....	.....
<i>pentamidine</i>	<i>polycin</i>	<i>prenatal vitamin</i>
PENTASA.....	<i>polyethylene glycol 3350</i>	<i>prenatal vitamin with minerals</i>
<i>pentoxifylline</i>	<i>polymyxin b sulf-trimethoprim</i>	.....
<i>perindopril erbumine</i>.....	.....	PRETOMANID.....
<i>periogard</i>	POMALYST	<i>prevalite</i>
PERJETA	<i>portia 28</i>	PREVNAR 20 (PF)
<i>permethrin</i>	<i>posaconazole</i>	PREVYMIS
<i>perphenazine</i>	<i>potassium chloride</i>	PREZCOBIX.....
<i>perphenazine-amitriptyline</i> ..	<i>potassium citrate</i>	PREZISTA
PFIZER COVID 2024-25(5Y-	<i>potassium iodide</i>	PRIFTIN
11Y)PF	POTELIGEO	<i>primaquine</i>
PFIZER COVID 2024-	<i>povidone-iodine</i>	PRIMEAIRE.....
25(6MO-4Y)PF	<i>powderlax</i>	<i>primidone</i>
PHEBURANE.....	<i>pr natal 400</i>	PRIORIX (PF).....
<i>phenazopyridine</i>	<i>pr natal 400 ec</i>	<i>probenecid</i>
<i>phenelzine</i>	<i>pr natal 430</i>	<i>probenecid-colchicine</i>
<i>phenobarb-hyoscy-atropine-</i>	<i>pr natal 430 ec</i>	<i>procentra</i>
<i>scop</i>	PRALATREXATE.....	PROCHAMBER.....
<i>phenobarbital</i>	<i>pramipexole</i>	<i>prochlorperazine</i>
<i>phenohydro</i>	<i>prasugrel</i>	<i>prochlorperazine maleate</i>
<i>phenoxybenzamine</i>	<i>pravastatin</i>	PROCRIT
<i>phenylephrine hcl</i>	<i>praziquantel</i>	<i>procto-med hc</i>
<i>phenyleph-tropicamide in</i>	<i>prazosin</i>	<i>proctosol hc</i>
<i>water</i>	PRECISION XTRA	<i>proctozone-hc</i>
<i>phenytoin</i>	KETONE-GLUCOSE	PROFILNINE.....
<i>phenytoin sodium extended</i> ..	PRECISION XTRA	<i>progesterone</i>
PHESGO	MONITOR	<i>progesterone micronized</i>
<i>philith</i>	PRECISION XTRA TEST..	PROGRAF.....
<i>phosphate laxative</i>	<i>prednicarbate</i>	PROLASTIN-C
PHOSPHOLINE IODIDE....	<i>prednisolone</i>	<i>prolate</i>
<i>phytonadione (vitamin k1)</i>	<i>prednisolone acetate</i>	PROLEUKIN
<i>pilocarpine hcl</i>		PROMACTA.....

<i>promethazine</i>	52	RECOMBIVAX HB (PF)	43	RUCONEST	54
<i>promethazine-codeine</i>	52	REGANEX	25	<i>rufinamide</i>	12
<i>promethazine-dm</i>	52	RELENZA DISKHALER	4	RUXIENCE.....	10
<i>promethazine-phenylephrine</i>	52	RELISTOR.....	40	RYBELSUS.....	37
<i>promethegan</i>	52	RENACIDIN	55	RYDAPT	10
<i>propafenone</i>	20	<i>rena-vite</i>	56	RYKINDO.....	19
<i>proparacaine</i>	51	<i>repaglinide</i>	37	S	
<i>propranolol</i>	21	REPATHA PUSHTRONEX	24	<i>sajazir</i>	54
<i>propranolol-</i>		REPATHA SURECLICK	24	<i>salsalate</i>	16
<i>hydrochlorothiazid</i>	21	REPATHA SYRINGE	24	SANTYL	29
<i>propylthiouracil</i>	32	RESTASIS MULTIDOSE ...	51	<i>sapropterin</i>	36
PROQUAD (PF)	43	RETACRIT	41	SAVELLA.....	45
<i>protriptyline</i>	19	REVCovi	30	<i>saxagliptin</i>	37
<i>prudoxin</i>	25	REVLIMID	10	<i>saxagliptin-metformin</i>	37
<i>pulmosal</i>	54	REXTOVY	16	<i>scalacort</i>	29
PULMOZYME.....	54	REXULTI.....	19	SCSEMBLIX.....	10
<i>purelax</i>	40	REYATAZ	4	<i>scopolamine base</i>	40
PURIXAN	10	REZDIFFRA	30	<i>selegiline hcl</i>	12
<i>pyrazinamide</i>	5	RIASTAP	23	<i>selenium sulfide</i>	24
<i>pyridostigmine bromide</i>	14	<i>ribavirin</i>	4, 41	SELZENTRY	4
<i>pyrimethamine</i>	5	RIDAURA.....	45	SEMGLEE(INSULIN	
Q		<i>rifabutin</i>	5	GLARGINE-YFGN).....	35
QUADRACEL (PF)	43	<i>rifampin</i>	5	SEMGLEE(INSULIN	
<i>quetiapine</i>	19	<i>riluzole</i>	30	GLARG-YFGN)PEN	35
<i>quinapril</i>	21	<i>rimantadine</i>	4	<i>se-natal 19 chewable</i>	56
<i>quinapril-hydrochlorothiazide</i>		<i>ringer's</i>	30	<i>se-natal-19</i>	56
.....	21	RINVOQ	45	<i>sertraline</i>	19
<i>quinidine gluconate</i>	20	RINVOQ LQ	45	<i>setlakin</i>	49
<i>quinidine sulfate</i>	20	<i>risedronate</i>	30, 44	<i>sevelamer carbonate</i>	38
<i>quinine sulfate</i>	5	<i>risperidone</i>	19	<i>sevelamer hcl</i>	38
<i>quit 2</i>	31	<i>risperidone microspheres</i>	19	SEVENFACT	23
<i>quit 4</i>	31	RITEFLO AEROCHAMBER		<i>sharobel</i>	46
QVAR REDIHALER.....	54	.....	32	SHINGRIX (PF).....	43
R		<i>ritonavir</i>	4	SIGNIFOR.....	10
RABAVERT (PF)	43	<i>rivastigmine</i>	13	<i>sildenafil (pulm.hypertension)</i>	
<i>rabeprazole</i>	41	<i>rivastigmine tartrate</i>	13	.....	54
RADICAVA.....	13	<i>rivelsa</i>	49	<i>silodosin</i>	55
RADICAVA ORS STARTER		<i>rizatriptan</i>	13	<i>silver sulfadiazine</i>	25
KIT SUSP.....	13	ROCTAVIAN	23	SIMLANDI(CF)	
RAGWITEK.....	43	<i>roflumilast</i>	54	AUTOINJECTOR	45
<i>raloxifene</i>	44	<i>romidepsin</i>	10	<i>simliya (28)</i>	49
<i>ramelteon</i>	19	<i>ropinirole</i>	12	<i>simpesse</i>	49
<i>ramipril</i>	21	<i>rosadan</i>	26	SIMPONI.....	45
<i>ranolazine</i>	24	<i>rosula cleansing cloths</i>	26	<i>simvastatin</i>	24
<i>rasagiline</i>	12	<i>rosuvastatin</i>	24	<i>sirolimus</i>	10
REBIF (WITH ALBUMIN).	42	ROTARIX	43	SIRTURO	5
REBIF REBIDOSE	42	ROTATEQ VACCINE.....	43	SKYLA.....	45
REBIF TITRATION PACK	42	<i>roweepa</i>	12	SKYRIZI	24, 40
<i>reclipsen (28)</i>	49	ROZLYTREK	10	SKYSONA	13

<i>smoothlax</i>	40	<i>subvenite</i>	12	TALTZ AUTOINJECTOR (2	
<i>sodium chloride</i>	30, 54	<i>subvenite starter (blue) kit</i>	12	PACK).....	25
<i>sodium chloride 0.9 %</i>	30	<i>subvenite starter (green) kit</i> .	12	TALTZ AUTOINJECTOR (3	
<i>sodium citrate-citric acid</i>	55	<i>subvenite starter (orange) kit</i>	12	PACK).....	25
SODIUM OXYBATE	19	SUCRAID	40	TALTZ SYRINGE	25
<i>sodium phenylbutyrate</i>	30	<i>sucralfate</i>	41	TALZENNA.....	10
<i>sodium polystyrene sulfonate</i>	38	<i>sulfacetamide sodium</i>	25, 52	<i>tamoxifen</i>	10
<i>sodium,potassium,mag sulfates</i>		<i>sulfacetamide sodium (acne)</i> 27		<i>tamsulosin</i>	55
.....	40	<i>sulfacetamide sodium-sulfur</i> .26		<i>tanlor</i>	14
<i>solifenacin</i>	55	<i>sulfacetamide-prednisolone</i> ..52		<i>tarina 24 fe</i>	49
SOLQUA 100/33	35	<i>sulfacleanse 8-4</i>	26	<i>tarina fe 1/20 (28)</i>	49
SOLIRIS.....	30	<i>sulfadiazine</i>	6	TASIGNA.....	10
SOLTAMOX.....	10	<i>sulfamethoxazole-trimethoprim</i>		<i>tavaborole</i>	28
<i>soluvita</i>	56	.....	6	TAVALISSE	23
<i>soluvita a,c,d with fluoride</i> ...56		SULFAMYLON.....	27	<i>tazarotene</i>	26
SOMATULINE DEPOT	10	<i>sulfasalazine</i>	40	TDVAX	43
SOMAVERT	36	<i>sulfatrim</i>	6	TECELRA	10
<i>sorafenib</i>	10	<i>sulindac</i>	16	TECENTRIQ.....	10
<i>sotalol</i>	20	<i>sumatriptan</i>	13	<i>telmisartan</i>	21
<i>sotalol af</i>	20	<i>sumatriptan succinate</i>	13	<i>telmisartan-amlodipine</i>	21
SOTYKTU	24	<i>sumatriptan-naproxen</i>	13	<i>telmisartan-hydrochlorothiazid</i>	
SOTYLIZE.....	20	<i>sunitinib malate</i>	10	.....	21
SPACE CHAMBER.....	33	SUNOSI.....	19	<i>temazepam</i>	19
SPEVIGO	24	<i>super b maxi complex</i>	56	TEMODAR	10
SPIKEVAX 2024-2025(12Y		<i>super b-50 complex</i>	56	<i>temozolomide</i>	10
UP)(PF)	43	<i>super quintis</i>	56	<i>temsirolimus</i>	10
<i>spinosad</i>	30	<i>syeda</i>	49	<i>tencon</i>	15
SPINRAZA (PF)	13	SYLVANT	10	TENIVAC (PF)	43
SPIRIVA RESPIMAT	54	<i>symax fastabs</i>	38	<i>tenofovir disoproxil fumarate</i> .4	
<i>spironolactone</i>	21	<i>symax-sl</i>	38	<i>terazosin</i>	21
<i>spironolacton-</i>		<i>symax-sr</i>	38	<i>terbinafine hcl</i>	3
<i>hydrochlorothiaz</i>	21	SYMDEKO	54	<i>terbutaline</i>	54
<i>sprintec (28)</i>	49	SYMLINPEN 120	37	<i>terconazole</i>	46
<i>sps (with sorbitol)</i>	38	SYMLINPEN 60	37	<i>teriflunomide</i>	42
<i>sronyx</i>	49	SYNAGIS.....	4	<i>teriparatide</i>	44
<i>ssd</i>	25	SYNJARDY	37	<i>testosterone</i>	36
<i>sss 10-5</i>	26	SYNJARDY XR.....	37	<i>testosterone cypionate</i>	36
<i>st joseph aspirin</i>	16	T		<i>testosterone enanthate</i>	36
STAMARIL (PF)	43	TABRECTA.....	10	<i>tetrabenazine</i>	13
STELARA.....	24	<i>tacrolimus</i>	10, 25	<i>tetracaine hcl</i>	51
STIOLTO RESPIMAT	54	<i>tadalafil</i>	55	<i>tetracycline</i>	6
STIVARGA.....	10	<i>tadalafil (pulm. hypertension)</i>		TEVIMBRA	10
<i>stop smoking aid</i>	31	.....	54	TEZSPIRE.....	54
STRENSIQ.....	36	TAFINLAR	10	THALOMID.....	10
<i>stress formula with iron</i>	56	<i>tafluprost (pf)</i>	51	<i>theophylline</i>	54
<i>stress formula with iron(sulf)</i>	56	TAGRISO	10	<i>thioridazine</i>	19
STRIVERDI RESPIMAT ...	54	TAKHZYRO	54	<i>thiothixene</i>	19
<i>strong iodine</i>	27, 55	TALTZ AUTOINJECTOR ..	25	<i>thyroid (pork)</i>	37
SUBLOCADE.....	15			<i>tiadylt er</i>	21

<i>tiagabine</i>	12	TRESIBA FLEXTOUCH U-		TRUSTEX-RIA NON-LUB	
TIBSOVO.....	10	200.....	35	CONDOMS.....	45
TICOVAC.....	43	TRESIBA U-100 INSULIN.....	35	<i>tulana</i>	46
<i>tilia fe</i>	49	<i>tretinoin</i>	26	<i>turqoz (28)</i>	49
<i>timolol</i>	50	<i>tretinoin (antineoplastic)</i>	10	TWIIST STARTER KIT.....	34
<i>timolol maleate</i>	21, 50	<i>tretinoin microspheres</i>	26	TWINRIX (PF).....	43
<i>timolol maleate (pf)</i>	50	TRETTEN.....	23	<i>tydemy</i>	49
<i>tinidazole</i>	5	<i>triamcinolone acetonide</i>	29, 31	TYENNE.....	45
<i>tiopronin</i>	30	<i>triamterene</i>	22	TYENNE AUTOINJECTOR	
<i>tiotropium bromide</i>	54	<i>triamterene-hydrochlorothiazid</i>		.....	45
<i>tis-u-sol pentalyte</i>	30	.....	22	TYMLOS.....	44
TIVICAY.....	4	<i>triazolam</i>	19	TYPHIM VI.....	43
TIVICAY PD.....	4	<i>tricon</i>	56	TYSABRI.....	13
<i>tizanidine</i>	14	<i>triderm</i>	29	TYVASO.....	54
<i>tobramycin</i>	5, 50	<i>trientine</i>	30	TYVASO DPI.....	54
<i>tobramycin in 0.225 % nacl</i> ...5		<i>tri-estarylla</i>	49	TYVASO REFILL KIT.....	54
<i>tobramycin-dexamethasone</i> ..51		<i>trifluoperazine</i>	19	TYVASO STARTER KIT...54	
<i>tolcapone</i>	12	<i>trifluridine</i>	50	U	
<i>tolmetin</i>	16	<i>trihexyphenidyl</i>	12	<i>unithroid</i>	37
<i>tolterodine</i>	55	TRIJARDY XR.....	37	UNITUXIN.....	11
<i>tolvaptan</i>	36	TRIKAFTA.....	54	UPTRAVI.....	22
<i>topiramate</i>	12	<i>tri-legest fe</i>	49	<i>uretron d-s</i>	55
<i>topotecan</i>	10	<i>tri-lynyah</i>	49	<i>urimar-t</i>	55
<i>toremifene</i>	10	<i>tri-lo-estarylla</i>	49	<i>urogesic-blue</i>	55
<i>torpenz</i>	10	<i>tri-lo-marzia</i>	49	<i>uro-mp</i>	55
<i>torsemide</i>	21	<i>tri-lo-mili</i>	49	<i>uro-sp</i>	55
TOUJEO MAX U-300		<i>tri-lo-sprintec</i>	49	<i>ursodiol</i>	40
SOLOSTAR.....	35	<i>trimethobenzamide</i>	40	<i>uryl</i>	55
TOUJEO SOLOSTAR U-300		<i>trimethoprim</i>	7	V	
INSULIN.....	35	<i>tri-mili</i>	49	<i>valacyclovir</i>	4
<i>tovet emollient</i>	29	<i>trimipramine</i>	19	VALCHLOR.....	25
TRACLEER.....	54	TRIMO-SAN JELLY.....	46	<i>valganciclovir</i>	4
<i>tramadol</i>	16	<i>trinatal rx 1</i>	56	<i>valproic acid</i>	12
<i>tramadol-acetaminophen</i>	16	<i>trinate</i>	56	<i>valproic acid (as sodium salt)</i>	
<i>trandolapril</i>	21	TRINTELLIX.....	19	.....	12
<i>trandolapril-verapamil</i>	21	TRIPTODUR.....	11	<i>valsartan</i>	22
<i>tranexamic acid</i>	46	<i>tri-sprintec (28)</i>	49	<i>valsartan-hydrochlorothiazide</i>	
<i>tranylcypromine</i>	19	TRIUMEQ.....	4	.....	22
<i>travoprost</i>	51	TRIUMEQ PD.....	4	<i>vancomycin</i>	7
TRAZIMERA.....	10	<i>tri-vitamin with fluoride</i>	57	<i>vandazole</i>	46
<i>trazodone</i>	19	<i>trivora (28)</i>	49	VAQTA (PF).....	43
TRECTOR.....	5	<i>tri-vylibra</i>	49	<i>varenicline tartrate</i>	31
TRELEGY ELLIPTA.....	54	<i>tri-vylibra lo</i>	49	VARIVAX (PF).....	43
TREMFYA.....	25	TROGARZO.....	4	VARUBI.....	40
TREMFYA PEN.....	25	<i>tropicamide</i>	50	VAXCHORA VACCINE.....	43
<i>treprostinil sodium</i>	21	<i>trospium</i>	55	VAXELIS (PF).....	43
TRESIBA FLEXTOUCH U-		TRULANCE.....	40	VAXNEUVANCE (PF).....	44
100.....	35	TRULICITY.....	37	VCF CONTRACEPTIVE	
		TRUMENBA.....	43	FILM.....	46

VCF CONTRACEPTIVE GEL	VORTEX HOLDING	YF-VAX (PF).....	44
.....	CHAMBER.....	YONDELIS.....	11
VECTIBIX.....	VUMERITY.....	yuvafem.....	46
veletri.....	vyfemla (28).....	Z	
velivet triphasic regimen (28)	vylibra.....	ZADITOR.....	51
.....	VYNDAMAX.....	zafemy.....	46
VELPHORO.....	VYNDAQEL.....	zafirlukast.....	54
VELSIPITY.....	VYXEOS.....	zaleplon.....	19
VEMLIDY.....	W	zarah.....	49
VENCLEXTA.....	wal-zyr (ketotifen).....	ZEJULA.....	11
VENCLEXTA STARTING	warfarin.....	ZELBORAF.....	11
PACK.....	water for irrigation, sterile...30	zenatane.....	26
venlafaxine.....	wera (28).....	ZENPEP.....	40
VENOFER.....	wesnata dha complete.....	zenzedi.....	19
verapamil.....	wesnate dha.....	ZEPATIER.....	4
VERQUVO.....	westab plus.....	ZEPOSIA.....	14
VERZENIO.....	westgel dha.....	ZEPOSIA STARTER KIT (28-	
vestura (28).....	wintergreen oil.....	DAY).....	14
V-GO 20.....	wixela inhub.....	ZEPOSIA STARTER PACK	
V-GO 30.....	women's gentle laxative(bisac)	(7-DAY).....	14
V-GO 40.....	.....	zidovudine.....	4
VIBERZI.....	wymzya fe.....	ZIEXTENZO.....	41
vienna.....	X	zileuton.....	55
vigabatrin.....	XALKORI.....	ziprasidone hcl.....	19
vigadrone.....	XARELTO.....	ZIRABEV.....	11
vigpoder.....	XARELTO DVT-PE TREAT	ZOLADEX.....	11
VIJOICE.....	30D START.....	zoledronic acid.....	36
vilazodone.....	XDEMVY.....	zoledronic acid-mannitol-water	
VIMIZIM.....	XELJANZ.....	.....	31, 36
VIOKACE.....	XELJANZ XR.....	ZOLGENSMA.....	14
viorele (28).....	XEMBIFY.....	ZOLINZA.....	11
VIRACEPT.....	XENPOZYME.....	zolmitriptan.....	13
VIREAD.....	XERESE.....	zolpidem.....	19
VISCO-3.....	XERMELO.....	zonisamide.....	12
VISTOGARD.....	XGEVA.....	zovia 1-35 (28).....	49
vitamin b complex-folic acid	XIFAXAN.....	ZTALMY.....	12
57	XIGDUO XR.....	ZTLIDO.....	27
vitamin k.....	XIIDRA.....	ZUBSOLV.....	16
vitamin k1.....	XOLAIR.....	ZULRESSO.....	19
vitamins a,c,d and fluoride...57	XOSPATA.....	zumandimine (28).....	49
VITRAKVI.....	XTANDI.....	ZURZUVAE.....	19
VIVITROL.....	xulane.....	ZYDELIG.....	11
VIVOTIF.....	XURIDEN.....	ZYKADIA.....	11
VIZIMPRO.....	XYNTHA.....	ZYMFENTRA.....	40
volnea (28).....	XYNTHA SOLOFUSE.....	ZYNTGLO.....	41
VONJO.....	XYWAV.....	ZYNYZ.....	11
VONVENDI.....	Y		
VOQUEZNA DUAL PAK...41	YERVOY.....		
VOQUEZNA TRIPLE PAK 41	YESCARTA.....		
voriconazole.....			

2025



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