



2024 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 10/1/2024. 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 generic 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.....	20
DERMATOLOGICALS/TOPICAL THERAPY	25
DIAGNOSTICS & MISCELLANEOUS AGENTS.....	30
EAR, NOSE & THROAT MEDICATIONS.....	31
ENDOCRINE/DIABETES	32
GASTROENTEROLOGY	38
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	41
IMMUNOLOGY	44
MUSCULOSKELETAL & RHEUMATOLOGY	44
OBSTETRICS & GYNECOLOGY.....	46
OPHTHALMOLOGY	51
RESPIRATORY, ALLERGY, COUGH & COLD.....	53
UROLOGICALS.....	56
VITAMINS, HEMATINICS & ELECTROLYTES	56
Index	59

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	4	PA; QL (99 per 99 days)
<i>etravirine</i>	1	
EVOTAZ	3	
<i>famciclovir</i>	1	QL (99 per 99 days)
<i>fosamprenavir</i>	1	
<i>foscarnet</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
FUZEON	2	PA; QL (99 per 99 days)
GENVOYA	2	
HARVONI	4	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	

Drug Name	Drug Tier	Requirements / Limits
SYNAGIS	4	PA; LA
<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	4	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	

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Drug Name	Drug Tier	Requirements / Limits
<i>erythrocin (as stearate)</i>	1	
<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)
CYCLOSERINE	3	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>ivermectin</i>	1	PA; QL (99 per 99 days)
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	
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
SIVEXTRO	3	PA
<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)

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Drug Name	Drug Tier	Requirements / Limits
PENICILLINS		
<i>amoxicillin</i>	1	
<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>mondoxylene nl</i>	1	
<i>morgidox</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	

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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	
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
<i>azathioprine</i>	1	
BALVERSA	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
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)
COTELLIC	4	PA; LA; QL (99 per 99 days)
<i>cyclophosphamide</i>	1	
<i>cyclosporine</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cyclosporine modified</i>	1	
CYRAMZA	4	PA
DARZALEX	4	PA; LA
<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
<i>fludarabine</i>	1	
FOLOTYN	4	PA
GAMIFANT	4	PA

Drug Name	Drug Tier	Requirements / Limits
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
HYCAMTIN	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
KEYTRUDA	4	PA
KIMMTRAK	4	PA
KISQALI	4	PA; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
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	
LYTGOBI	4	PA; LA
MATULANE	4	PA
<i>megestrol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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
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
ODOMZO	4	PA; LA; QL (99 per 99 days)
OJEMDA	4	PA
ONIVYDE	4	PA
OPDIVO	4	PA
OPDUALAG	4	PA
ORSERDU	4	PA; QL (99 per 99 days)
PACLITAXEL PROTEIN-BOUND	4	PA
<i>pazopanib</i>	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
PEMAZYRE	4	PA; LA; QL (99 per 99 days)
PERJETA	4	PA
PHEGO	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)
RUBRACA	4	PA; LA; QL (99 per 99 days)
RUXIENCE	4	PA
RYDAPT	4	PA; QL (99 per 99 days)
SCEMBLIX	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)
<i>sorafenib</i>	4	PA; QL (99 per 99 days)
SPRYCEL	4	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
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)
TAGRISSE	4	PA; LA; QL (99 per 99 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; QL (99 per 99 days)
<i>tamoxifen</i>	1	
TASIGNA	4	PA; QL (99 per 99 days)
TECENTRIQ	4	PA; LA
TEMODAR	4	PA
<i>temozolomide</i>	4	PA
<i>temsirolimus</i>	4	PA
THALOMID	4	PA; QL (99 per 99 days)
TIBSOVO	4	PA
<i>topotecan</i>	4	PA
<i>toremifene</i>	1	
TORPENZ	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)
YERVOY	4	PA
YESCARTA	4	PA
YONDELIS	4	PA
ZEJULA ORAL TABLET 100 MG	4	PA; LA; QL (99 per 99 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; LA

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

APTIOM	3	
<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

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>lacosamide</i>	1	
<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

Drug Name	Drug Tier	Requirements / Limits
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	ST
<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

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Drug Name	Drug Tier	Requirements / Limits
<i>trihexyphenidyl</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
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)
<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)

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS NEUROLOGICAL THERAPY		
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)

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
TEGSEDI	4	PA; LA; QL (99 per 99 days)
tetrabenazine	4	PA; QL (99 per 99 days)
TYSABRI	4	PA; LA; QL (99 per 99 days)
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		
baclofen oral suspension	1	
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
BACLOFEN ORAL TABLET 15 MG	2	
carisoprodol	1	
chlorzoxazone	1	
cyclobenzaprine oral capsule, extended release 24hr	1	PA
cyclobenzaprine oral tablet	1	
dantrolene	1	
meprobamate	1	
metaxalone	1	
methocarbamol	1	
orphenadrine citrate	1	

Drug Name	Drug Tier	Requirements / Limits
orphenadrine-asa-caffeine	1	
orphengesic forte	1	
pyridostigmine bromide	1	
tanlor	1	
tizanidine	1	
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod	1	ST
acetaminophen-codeine	1	ST
ascomp with codeine	1	
BRIXADI	4	
buprenorphine	1	ST
buprenorphine hcl	1	
butalbital-acetaminop-caf-cod	1	
butalbital-acetaminophen	1	
butalbital-acetaminophen-caff	1	
butalbital-aspirin-caffeine	1	
codeine sulfate	1	ST
codeine-bitalbital-asa-caff	1	
diskets	1	
endocet	1	ST
fentanyl	1	ST; QL (99 per 99 days)
fentanyl citrate	1	ST; QL (99 per 99 days)
hydrocodone bitartrate	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>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	1	ST
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet</i>	1	ST
<i>hydrocodone-ibuprofen</i>	1	ST
<i>hydromorphone oral liquid</i>	1	ST
<i>hydromorphone oral tablet</i>	1	ST
<i>hydromorphone oral tablet extended release 24 hr</i>	1	ST; QL (99 per 99 days)
<i>hydromorphone rectal</i>	1	ST
<i>levorphanol tartrate</i>	1	ST
<i>methadone</i>	1	
<i>methadose</i>	1	
<i>morphine concentrate</i>	1	ST
<i>morphine oral capsule, er multiphase 24 hr</i>	1	ST; QL (99 per 99 days)
<i>morphine oral capsule, extend. release pellets</i>	1	ST; QL (99 per 99 days)
<i>morphine oral solution</i>	1	ST
<i>morphine oral tablet</i>	1	ST
<i>morphine oral tablet extended release</i>	1	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>morphine rectal</i>	1	ST
<i>oxycodone</i>	1	ST
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	1	ST
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	
<i>oxycodone-acetaminophen oral tablet</i>	1	ST
OXYCONTIN	3	ST; QL (99 per 99 days)
<i>oxymorphone oral tablet</i>	1	ST
<i>oxymorphone oral tablet extended release 12 hr</i>	1	ST; QL (99 per 99 days)
<i>prolactin</i>	1	ST
SUBLOCADE	4	
<i>tenoxicam</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 injection</i>	1	PA; ST
<i>butorphanol nasal</i>	1	PA; QL (99 per 99 days)
<i>celecoxib</i>	1	
<i>diclofenac potassium oral capsule</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>diclofenac potassium oral powder in packet</i>	1	ST; QL (99 per 99 days)
<i>diclofenac potassium oral tablet 25 mg</i>	1	ST
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>ketoprofen oral capsule,ext rel. pellets 24 hr</i>	1	ST
<i>ketorolac</i>	1	QL (99 per 99 days)
<i>kiprofen</i>	1	ST
KLOXXADO	2	QL (99 per 99 days)
<i>lofena</i>	1	ST
<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 injection</i>	1	PA
<i>naloxone nasal</i>	1	QL (99 per 99 days)
<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	QL (99 per 99 days)
NUCYNTA ER	3	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>oxaprozin</i>	1	
<i>pentazocine-naloxone</i>	1	ST
<i>piroxicam</i>	1	
REXTOVY	2	QL (99 per 99 days)
<i>salsalate</i>	1	
<i>st joseph aspirin</i>	6	ACA; OTC
<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)

Drug Name	Drug Tier	Requirements / Limits
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
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>buspirone</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

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>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	
<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	
<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)

Drug Name	Drug Tier	Requirements / Limits
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST
<i>fluphenazine hcl</i>	1	
<i>flurazepam</i>	1	
<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	
LATUDA	3	QL (99 per 99 days)
<i>lisdexamphetamine oral capsule</i>	1	PA
<i>lisdexamphetamine 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)
<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

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>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	PA
<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)

Drug Name	Drug Tier	Requirements / Limits
<i>paroxetine mesylate(menop.sym)</i>	1	ST; QL (99 per 99 days)
<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	
QUAZEPAM	3	
<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	
<i>thioridazine</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>thiothixene</i>	1	
<i>tranlycypromine</i>	1	
<i>trazodone</i>	1	
<i>triazolam</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>disopyramide phosphate</i>	1	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	3	
<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-hcthiazid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>betaxolol</i>	1	
<i>bisoprolol fumarate</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>guanfacine</i>	1	
<i>hydralazine</i>	1	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<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>torse mide</i>	1	
<i>trandolapril</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>trandolapril-verapamil</i>	1	
<i>treprostinil sodium</i>	4	PA
<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
ALTUVIIIO	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

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Drug Name	Drug Tier	Requirements / Limits
CORIFACT	4	PA
<i>dabigatran etexilate</i>	1	
<i>dipyridamole</i>	1	
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

Drug Name	Drug Tier	Requirements / Limits
<i>heparin, porcine (pf)</i>	1	PA
HUMATE-P	4	PA
IDELVION	4	PA
<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	

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Drug Name	Drug Tier	Requirements / Limits
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA
ZONTIVITY	3	PA
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	4	PA; LA

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)

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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	4	PA; QL (99 per 99 days)
<i>sulfacetamide sodium</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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 SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML	4	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; QL (99 per 99 days)
TREMFYA	4	PA; QL (99 per 99 days)
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)
<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)
<i>fluorouracil</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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
VEREGEN	3	PA; QL (99 per 99 days)
<i>wintergreen oil</i>	1	
THERAPY FOR ACNE		
<i>acutane</i>	1	
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel</i>	1	
<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>amnesteam</i>	1	
<i>avar</i>	1	
<i>azelaic acid</i>	1	
<i>benzepro</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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)
<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	

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>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	
<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

Drug Name	Drug Tier	Requirements / Limits
<i>lidocort</i>	1	
<i>tridacaine ii</i>	1	ST
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	
<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)

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>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)
JUBLIA	3	ST
<i>ketconazole topical cream</i>	1	QL (99 per 99 days)
<i>ketconazole topical foam</i>	1	ST; QL (99 per 99 days)
<i>ketconazole 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)
<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		

Drug Name	Drug Tier	Requirements / Limits
<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	
<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)

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>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	
<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)

Drug Name	Drug Tier	Requirements / Limits
<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)
<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	

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>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)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	
<i>spinosad</i>	1	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		

Drug Name	Drug Tier	Requirements / Limits
<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	
ARALAST NP	4	PA; LA
<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
GLASSIA	4	PA; LA
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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
ZEMAIRA	4	PA; LA
<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

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

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Drug Name	Drug Tier	Requirements / Limits
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	
<i>dexamethasone oral tablets,dose pack</i>	1	PA
<i>fludrocortisone</i>	1	
<i>hydrocortisone</i>	1	
<i>methylprednisolone</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER	2	

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Drug Name	Drug Tier	Requirements / Limits
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	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	

GLUCOSE ELEVATING AGENTS

Drug Name	Drug Tier	Requirements / Limits
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	
FREESTYLE CONTROL	2	OTC
FREESTYLE FLASH SYSTEM	2	OTC
FREESTYLE FREEDOM	2	OTC
FREESTYLE FREEDOM LITE	2	OTC
FREESTYLE INSULINX	2	OTC

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Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 14 DAY READER	DME	ST
FREESTYLE LIBRE 14 DAY SENSOR	DME	ST; QL (99 per 99 days)
FREESTYLE LIBRE 2 READER	DME	ST
FREESTYLE LIBRE 2 SENSOR	DME	ST; QL (99 per 99 days)
FREESTYLE LIBRE 3 PLUS SENSOR	DME	ST
FREESTYLE LIBRE 3 READER	DME	ST; QL (99 per 99 days)
FREESTYLE LIBRE 3 SENSOR	DME	ST; QL (99 per 99 days)
FREESTYLE LITE METER	2	OTC
FREESTYLE SIDEKICK II	2	OTC
FREESTYLE SYSTEM KIT	2	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MEDISENSE	2	OTC
MEDISENSE GLUCOSE KETONE	2	OTC
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL (99 per 99 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	QL (99 per 99 days)
OMNIPOD CLASSIC PODS (GEN 3)	2	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
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
PRECISION XTRA KETONE-GLUCOSE	2	OTC
PRECISION XTRA MONITOR	2	OTC
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
INSULIN THERAPY		
APIDRA SOLOSTAR U-100 INSULIN	3	
APIDRA U-100 INSULIN	3	
HUMALOG JUNIOR KWIKPEN U-100	2	

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Drug Name	Drug Tier	Requirements / Limits
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	
HUMULIN R REGULAR U-100 INSULN	2	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
INSULIN LISPRO	2	
INSULIN LISPRO PROTAMIN-LISPRO	2	
LEVEMIR FLEXPEN	3	
LEVEMIR U-100 INSULIN	3	

Drug Name	Drug Tier	Requirements / Limits
LYUMJEV KWIKPEN U-100 INSULIN	2	
LYUMJEV KWIKPEN U-200 INSULIN	2	
LYUMJEV TEMPO PEN(U-100)INSULN	2	
LYUMJEV U-100 INSULIN	2	
NOVOLOG FLEXPEN U-100 INSULIN	3	
NOVOLOG MIX 70-30 U-100 INSULN	3	
NOVOLOG MIX 70-30FLEXPEN U-100	3	
NOVOLOG PENFILL U-100 INSULIN	3	
NOVOLOG U-100 INSULIN ASPART	3	
RELION NOVOLIN 70/30	3	
RELION NOVOLIN N	3	
RELION NOVOLIN R	3	
SEMGLEE(INSULIN GLARGINE-YFGN)	2	
SEMGLEE(INSULIN GLARG-YFGN)PEN	2	
TOUJEO MAX U-300 SOLOSTAR	2	

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Drug Name	Drug Tier	Requirements / Limits
TOUJEO SOLOSTAR U-300 INSULIN	2	
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
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

Drug Name	Drug Tier	Requirements / Limits
<i>javygtor</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
ORILISSA	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)
<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

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
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
BRENZAVVY	2	ST; QL (99 per 99 days)
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)
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)

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	
<i>saxagliptin</i>	1	ST; QL (99 per 99 days)
<i>saxagliptin-metformin</i>	1	ST; QL (99 per 99 days)
SEGLUROMET	2	ST; QL (99 per 99 days)
STEGLATRO	2	ST; QL (99 per 99 days)
SYMLINPEN 120	2	ST; QL (99 per 99 days)
SYMLINPEN 60	2	ST; QL (99 per 99 days)
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)

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Drug Name	Drug Tier	Requirements / Limits
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	
<i>chlordiazepoxide-clidinium</i>	1	
<i>dicyclomine</i>	1	
<i>diphenoxylate-atropine</i>	1	
<i>ed-spaz</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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)
<i>balsalazide</i>	1	
<i>betaine</i>	4	PA
<i>budesonide</i>	1	
CHENODAL	4	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA

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Drug Name	Drug Tier	Requirements / Limits
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	
CREON	2	
<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
<i>granisetron hcl</i>	1	QL (99 per 99 days)
<i>hemmorex-hc</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone acetate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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
<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
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	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
OMVOH PEN	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>onelix 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	
<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

Drug Name	Drug Tier	Requirements / Limits
<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)
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-tcn</i>	1	
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	3	ST; QL (99 per 99 days)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG	3	ST
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</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>dexlansoprazole oral capsule, biphase delayed release 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)
<i>omeprazole oral capsule, delayed release (dr/ec) 40 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	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	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

<i>ribavirin</i>	4	ST
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BIOTECHNOLOGY DRUGS

FULPHILA	4	PA; QL (99 per 99 days)
ILARIS (PF)	4	PA; LA
LEUKINE	4	PA
NIVESTYM	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>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)
BAFIERTAM	4	PA; QL (99 per 99 days)
BETASERON	4	PA; QL (99 per 99 days)
<i>dimethyl fumarate</i>	4	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)
KESIMPTA PEN	4	PA; QL (99 per 99 days)
MAYZENT	4	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
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)
PONVORY	4	PA; QL (99 per 99 days)
PONVORY 14-DAY STARTER PACK	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

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
BIOTHRAX	2	
BOOSTRIX TDAP	6	ACA
CAPVAXIVE	6	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	6	ACA
DENGVAIXA (PF)	6	ACA
DYSFORT	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
GAMMAGARD LIQUID	4	PA

Drug Name	Drug Tier	Requirements / Limits
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
IPOLE	6	ACA
IXCHIQ (PF)	2	
IXIARO (PF)	2	
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
MRESVIA (PF)	6	ACA
MYOBLOC	4	PA
ODACTRA	2	PA
PEDIARIX (PF)	6	ACA
PEDVAX HIB (PF)	6	ACA
PENBRAYA (PF)	6	ACA
PENTACEL (PF)	6	ACA
PNEUMOVAX-23	6	ACA
PREHEVBRIQ (PF)	6	ACA
PREVNAR 20 (PF)	6	ACA
PRIORIX (PF)	6	ACA
PROQUAD (PF)	6	ACA
QUADRACEL (PF)	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
RABAVERT (PF)	2	
RAGWITEK	2	PA
RECOMBIVAX HB (PF)	6	ACA
ROTARIX	6	ACA
ROTATEQ VACCINE	6	ACA
SHINGRIX (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
VAXNEUVANCE (PF)	6	ACA
VIVOTIF	2	
XEMBIFY	4	PA
YF-VAX (PF)	2	

IMMUNOLOGY

INTERLEUKINS

<i>imiquimod</i>	1	
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MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

Drug Name	Drug Tier	Requirements / Limits
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
ALLOPURINOL ORAL TABLET 200 MG	2	
<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)
FOSAMAX PLUS D	3	ST; 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)

OTHER RHEUMATOLOGICALS

ACTEMRA ACTPEN	4	PA; QL (99 per 99 days)
ACTEMRA INTRAVENOUS	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
ACTEMRA SUBCUTANEOUS	4	PA; QL (99 per 99 days)
ADALIMUMAB-ADAZ	4	PA; QL (99 per 99 days)
ADALIMUMAB-ADBIM	4	PA; QL (99 per 99 days)
ADALIMUMAB-ADBIM(CF) PEN CROHNS	4	PA; QL (99 per 99 days)
ADALIMUMAB-ADBIM(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)
ENBREL SURECLICK	4	PA; QL (99 per 99 days)
HUMIRA (ONLY NDCS STARTING WITH 00074)	4	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	4	PA; QL (99 per 99 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	4	PA; QL (99 per 99 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074)	4	PA; QL (99 per 99 days)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	4	PA; QL (99 per 99 days)
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	4	PA; QL (99 per 99 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	4	PA; QL (99 per 99 days)
HYRIMOZ PEN CROHN'S-UC STARTER	4	PA; QL (99 per 99 days)
HYRIMOZ PEN PSORIASIS STARTER	4	PA; QL (99 per 99 days)
HYRIMOZ(CF)	4	PA; QL (99 per 99 days)
HYRIMOZ(CF) PEDI CROHN STARTER	4	PA; QL (99 per 99 days)
HYRIMOZ(CF) PEN	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>leflunomide</i>	1	QL (99 per 99 days)
OTEZLA ORAL TABLET 20 MG	4	PA
OTEZLA ORAL TABLET 30 MG	4	PA; QL (99 per 99 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51)	4	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	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

Drug Name	Drug Tier	Requirements / Limits
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED	6	ACA
FC2 FEMALE CONDOM	6	ACA; OTC
FEMCAP	6	ACA
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	

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>estrogens-methyltestosterone</i>	1	
<i>fyavolv</i>	1	
<i>heather</i>	6	ACA
<i>incassia</i>	6	ACA
<i>jencycla</i>	6	ACA
<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

Drug Name	Drug Tier	Requirements / Limits
<i>etonogestrel-ethinyl estradiol</i>	6	ACA
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>haloette</i>	6	ACA
<i>metronidazole</i>	1	
<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

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>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
<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)

Drug Name	Drug Tier	Requirements / Limits
<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
<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

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>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
<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

Drug Name	Drug Tier	Requirements / Limits
<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
<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>lutura (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 24 fe</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-lynyah</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

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Drug Name	Drug Tier	Requirements / Limits
<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
<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>nymyo</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>pimtrea (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

Drug Name	Drug Tier	Requirements / Limits
<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
<i>tri-lo-mili</i>	6	ACA
<i>tri-lo-sprintec</i>	6	ACA
<i>tri-mili</i>	6	ACA
<i>tri-nymyo</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

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>zumandimine (28)</i>	6	ACA
OXYTOCICS		
<i>methylergonovine</i>	1	QL (99 per 99 days)
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	3	
<i>bacitracin</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	3	
<i>ciprofloxacin hcl</i>	1	
<i>erythromycin</i>	1	
<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		

Drug Name	Drug Tier	Requirements / Limits
<i>betaxolol</i>	1	
<i>carteolol</i>	1	
<i>levobunolol</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	
<i>cyclopen-tropic-phenyleph-watr</i>	1	
<i>homatropaire</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
ALOCRIIL	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	

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Drug Name	Drug Tier	Requirements / Limits
<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
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		

Drug Name	Drug Tier	Requirements / Limits
<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
<i>miostat</i>	1	
<i>tafluprost (pf)</i>	1	ST
<i>travoprost</i>	1	ST
VYZULTA	3	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	
STERIODS		
<i>dexamethasone sodium phosphate</i>	1	
<i>difluprednate</i>	1	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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	
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 & ANTIALLERGENIC AGENTS		
<i>adrenalin</i>	1	
<i>carbinoxamine maleate oral liquid</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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)
<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)
<i>promethazine</i>	1	
<i>promethgan</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	

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Drug Name	Drug Tier	Requirements / Limits
<i>promethazine vc</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
PULMONARY AGENTS		
<i>acetylcysteine</i>	DME	
ADEMPAS	4	PA; LA; QL (99 per 99 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL (99 per 99 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	DME	
<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>	DME	QL (99 per 99 days)
ARNUITY ELLIPTA	3	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)

Drug Name	Drug Tier	Requirements / Limits
<i>breyana</i>	1	ST; QL (99 per 99 days)
BREZTRI AEROSPHERE	2	QL (99 per 99 days)
<i>budesonide</i>	DME	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)
<i>cromolyn</i>	DME	
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>	DME	QL (99 per 99 days)
<i>icatibant</i>	4	PA; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
INCRUSE ELLIPTA	2	QL (99 per 99 days)
<i>ipratropium bromide</i>	DME	
<i>ipratropium-albuterol</i>	DME	QL (99 per 99 days)
KALYDECO	4	PA; QL (99 per 99 days)
<i>levalbuterol hcl</i>	DME	
<i>mometasone</i>	1	ST; QL (99 per 99 days)
<i>montelukast</i>	1	
<i>nebusal</i>	DME	
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>	DME	
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)

Drug Name	Drug Tier	Requirements / Limits
<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>	DME	
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

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Drug Name	Drug Tier	Requirements / Limits
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	
<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		

Drug Name	Drug Tier	Requirements / Limits
<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	
RENACIDIN	2	
<i>sodium citrate-citric acid</i>	1	
<i>uretron d-s</i>	1	
<i>urimar-t</i>	1	
<i>uro-458</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	

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Drug Name	Drug Tier	Requirements / Limits
<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
<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>ferocon</i>	6	ACA; OTC
<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

Drug Name	Drug Tier	Requirements / Limits
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</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	
<i>pr natal 430 ec</i>	1	
<i>prenal chew</i>	1	
<i>prenal pearl</i>	1	
<i>prenal true</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>solvita</i>	6	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<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	

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
<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	AEROCHAMBER		<i>alyacen 1/35 (28)</i>	47
<i>abacavir-lamivudine</i>	3	MECHANICAL VENT....	33	<i>alyacen 7/7/7 (28)</i>	48
ABILIFY ASIMTUFII.....	17	AEROCHAMBER MINI.....	33	<i>alyq</i>	54
ABILIFY MAINTENA.....	17	AEROCHAMBER PLUS		<i>amantadine hcl</i>	3
<i>abiraterone</i>	7	FLOW-VU.....	33	<i>ambrisentan</i>	54
ABRYSVO (PF).....	42	AEROCHAMBER PLUS Z		<i>amcinonide</i>	28
<i>acamprosate</i>	30	STAT.....	33	<i>amethia</i>	48
<i>acarbose</i>	37	AEROTRACH PLUS.....	33	<i>amethyst (28)</i>	48
<i>accutane</i>	26	AEROVENT PLUS.....	33	<i>amiloride</i>	20
ACE AEROSOL CLOUD		<i>afirmelle</i>	47	<i>amiloride-hydrochlorothiazide</i>	
ENHANCER.....	32	AFLURIA TRIV 2024-2025	42	.....	20
<i>acebutolol</i>	20	AFLURIA TRIV 2024-2025		<i>aminocaproic acid</i>	22
<i>acetaminophen-caff-</i>		(PF).....	42	<i>amiodarone</i>	20
<i>dihydrocod</i>	14	AFSTYLA.....	22	<i>amitriptyline</i>	17
<i>acetaminophen-codeine</i>	14	<i>after pill</i>	47	<i>amitriptyline-chlordiazepoxide</i>	
<i>acetazolamide</i>	52	AJOVY AUTOINJECTOR..	13	.....	17
<i>acetic acid</i>	30, 32	AJOVY SYRINGE.....	13	<i>amlodipine</i>	20
<i>acetylcysteine</i>	54	<i>ala-cort</i>	28	<i>amlodipine-atorvastatin</i>	24
<i>acitretin</i>	25	<i>alaway</i>	51	<i>amlodipine-benazepril</i>	20
ACTEMRA.....	44, 45	<i>albendazole</i>	5	<i>amlodipine-olmesartan</i>	20
ACTEMRA ACTPEN.....	44	<i>albuterol sulfate</i>	54	<i>amlodipine-valsartan</i>	20
ACTHIB (PF).....	42	<i>alclometasone</i>	28	<i>amlodipine-valsartan-hcthiazid</i>	
ACTIMMUNE.....	42	ALDURAZYME.....	36	.....	20
<i>acyclovir</i>	3, 28	ALECENSA.....	7	<i>ammonium lactate</i>	25
ADACEL(TDAP		<i>alendronate</i>	44	<i>amnestem</i>	26
ADOLESN/ADULT)(PF)	42	ALFERON N.....	42	<i>amoxapine</i>	17
ADAKVEO.....	7	<i>alfuzosin</i>	56	<i>amoxicil-clarithromy-</i>	
ADALIMUMAB-ADAZ.....	45	ALINIA.....	5	<i>lansopraz</i>	40
ADALIMUMAB-ADBM....	45	ALIQOPA.....	7	<i>amoxicillin</i>	6
ADALIMUMAB-ADBM(CF)		<i>aliskiren</i>	20	<i>amoxicillin-pot clavulanate</i>	6
PEN CROHNS.....	45	<i>allergy eye (ketotifen)</i>	51	<i>amphetamine sulfate</i>	17
ADALIMUMAB-ADBM(CF)		<i>allopurinol</i>	44	<i>ampicillin</i>	6
PEN PS-UV.....	45	ALLOPURINOL.....	44	AMTAGVI.....	7
ADALIMUMAB-RYVK.....	45	<i>almotriptan malate</i>	13	<i>anagrelide</i>	30
<i>adapalene</i>	26	ALOCRI.....	51	<i>anaspaz</i>	38
<i>adapalene-benzoyl peroxide</i>	26	ALOMIDE.....	51	<i>anastrozole</i>	7
ADBRY.....	25	<i>alosetron</i>	38	ANORO ELLIPTA.....	54
ADCETRIS.....	7	ALPHANATE.....	22	<i>anucort-hc</i>	38
<i>adefovir</i>	3	<i>alprazolam</i>	17	<i>apexicon e</i>	28
ADEMPAS.....	54	<i>alprazolam intensol</i>	17	APIDRA SOLOSTAR U-100	
<i>adrenalin</i>	53	<i>altacaine</i>	51	INSULIN.....	34
<i>adthyza</i>	38	<i>altavera (28)</i>	47	APIDRA U-100 INSULIN...34	
ADVATE.....	22	ALTUVIIIO.....	22	<i>apomorphine</i>	12
ADYNOVATE.....	22	ALUNBRIG.....	7	<i>apraclonidine</i>	53
		ALVESCO.....	54	<i>aprepitant</i>	38
		<i>alvimopan</i>	38	APRETUDE.....	3

<i>apri</i>	48	<i>azelaic acid</i>	26	<i>betaine</i>	38
APTIOM	11	<i>azelastine</i>	31, 51	<i>betamethasone dipropionate</i>	28
APTIVUS	3	<i>azelastine-fluticasone</i>	54	<i>betamethasone valerate</i>	28
ARALAST NP	30	<i>azithromycin</i>	4	<i>betamethasone, augmented</i>	28
<i>aranelle</i> (28)	48	<i>azurette</i> (28)	48	BETASERON	42
AREXVY (PF)	42	B		<i>betaxolol</i>	21, 51
<i>arformoterol</i>	54	<i>b complex 1 (with folic acid)</i>	57	<i>bethanechol chloride</i>	56
ARIKAYCE	5	<i>b complex-vitamin c-folic acid</i>		<i>bexarotene</i>	7
<i>aripiprazole</i>	17	.....	57	BEXSERO	42
ARISTADA	17	<i>bacitracin</i>	51	BEYFORTUS	3
ARISTADA INITIO	17	<i>bacitracin-polymyxin b</i>	51	<i>bicalutamide</i>	7
<i>armodafinil</i>	17	<i>baclofen</i>	14	BIKTARVY	3
ARMOUR THYROID	38	BACLOFEN	14	<i>bimatoprost</i>	52
ARNUITY ELLIPTA	54	BAFIERTAM	42	BIOTHRAX	43
<i>ascomp with codeine</i>	14	<i>balanced b-100</i>	57	<i>bismuth subcit k-metronidz-tcn</i>	
<i>asenapine maleate</i>	17	<i>bal-care dha</i>	57	.....	40
<i>ashlyna</i>	48	<i>balsalazide</i>	38	<i>bisoprolol fumarate</i>	21
ASMANEX HFA	54	BALVERSA	7	<i>bisoprolol-hydrochlorothiazide</i>	
<i>aspirin</i>	15	<i>balziva</i> (28)	48	.....	21
<i>aspirin childrens</i>	15	BAQSIMI	33	BLINCYTO	7
<i>aspirin-dipyridamole</i>	22	BARACLUDE	3	<i>blisovi 24 fe</i>	48
<i>atazanavir</i>	3	BAVENCIO	7	<i>blisovi fe 1.5/30</i> (28)	48
<i>atenolol</i>	20	<i>bayer low dose aspirin</i>	15	<i>blisovi fe 1/20</i> (28)	48
<i>atenolol-chlorthalidone</i>	20	<i>b-complex with vitamin c</i>	57	BOOSTRIX TDAP	43
<i>atomoxetine</i>	17	BD INTEGRA NEEDLE	33	<i>bortezomib</i>	7
<i>atorvastatin</i>	24	BD MICROTAINER		BORTEZOMIB	7
<i>atovaquone</i>	5	LANCET	33	<i>bosentan</i>	54
<i>atovaquone-proguanil</i>	5	BD SPECIALTY USE		BOSULIF	7
<i>atropine</i>	51	NEEDLES	33	<i>bp 10-1</i>	26
<i>aubra</i>	48	BD ULTRA-FINE NANO		BREATHERITE MDI	
<i>aubra eq</i>	48	PEN NEEDLE	33	SPACER	33
AUGMENTIN	6	<i>belladonna alkaloids-opium</i>	38	BRENZAVVY	37
<i>aurovela 1.5/30</i> (21)	48	BELSOMRA	17	BREO ELLIPTA	54
<i>aurovela 1/20</i> (21)	48	<i>benazepril</i>	20	<i>breyana</i>	54
<i>aurovela 24 fe</i>	48	<i>benazepril-hydrochlorothiazide</i>		BREZTRI AEROSPHERE	54
<i>aurovela fe 1.5/30</i> (28)	48	.....	20	<i>briellyn</i>	48
<i>aurovela fe 1-20</i> (28)	48	<i>bendamustine</i>	7	BRILINTA	22
AUSTEDO	13	BENDEKA	7	<i>brimonidine</i>	26, 53
AUSTEDO XR	13	BENEFIX	22	<i>brimonidine-timolol</i>	52
AUSTEDO XR TITRATION		BENLYSTA	45	BRINEURA	36
KT(WK1-4)	13	<i>benzeapro</i>	26	<i>brinzolamide</i>	52
<i>avar</i>	26	BENZNIDAZOLE	5	BRIXADI	14
<i>aviane</i>	48	<i>benzonatate</i>	53	<i>bromfenac</i>	52
<i>avidoxy</i>	6	<i>benzoyl peroxide</i>	26	<i>bromocriptine</i>	12
AVONEX	42	<i>benztropine</i>	12	<i>brompheniramine-pseudoeph-</i>	
<i>ayuna</i>	48	<i>bepotastine besilate</i>	51	<i>dm</i>	53
<i>azacitidine</i>	7	<i>beser</i>	28	BRUKINSA	7
AZASITE	51	BESIVANCE	51	<i>budesonide</i>	38, 54
<i>azathioprine</i>	7	BESPONSA	7	<i>budesonide-formoterol</i>	54

<i>bumetanide</i>	21	<i>carbidopa-levodopa</i>	12	<i>ciclopirox-ure-camph-menth-</i>	
<i>buprenorphine</i>	14	<i>carbidopa-levodopa-</i>		<i>euc</i>	27
<i>buprenorphine hcl</i>	14	<i>entacapone</i>	12	<i>cilostazol</i>	22
<i>buprenorphine-naloxone</i>	15	<i>carbinoxamine maleate</i>	53	CIMDUO	3
<i>bupropion hcl</i>	17	<i>carglumic acid</i>	30	CIMERLI.....	51
<i>bupropion hcl (smoking deter)</i>		<i>carisoprodol</i>	14	<i>cimetidine</i>	40
.....	31	<i>carteolol</i>	51	<i>cimetidine hcl</i>	40
<i>buspirone</i>	17	<i>cartia xt</i>	21	<i>cinacalcet</i>	36
<i>butalbital-acetaminop-caf-cod</i>		<i>carvedilol</i>	21	CINRYZE.....	54
.....	14	<i>carvedilol phosphate</i>	21	CIPRO HC	32
<i>butalbital-acetaminophen</i>	14	CARVYKTI	7	<i>ciprofloxacin</i>	6
<i>butalbital-acetaminophen-caff</i>		CAYA CONTOURED	46	<i>ciprofloxacin hcl</i>	6, 32, 51
.....	14	CAYSTON	5	<i>ciprofloxacin-dexamethasone</i>	
<i>butalbital-aspirin-caffeine</i>	14	<i>caziant (28)</i>	48	.....	32
<i>butorphanol</i>	15	<i>cefaclor</i>	4	<i>citalopram</i>	17
BYDUREON BCISE	37	<i>cefadroxil</i>	4	<i>citrate of magnesium</i>	39
BYETTA	37	<i>cefdinir</i>	4	<i>citroma</i>	39
BYOOVIZ.....	51	<i>cefixime</i>	4	<i>claravis</i>	26
C		<i>cefpodoxime</i>	4	<i>clarithromycin</i>	4
CABENUVA.....	3	<i>cefprozil</i>	4	<i>classic prenatal</i>	57
<i>cabergoline</i>	36	<i>cefuroxime axetil</i>	4	<i>clearlax</i>	39
CABLIVI.....	22	<i>celecoxib</i>	15	<i>clemastine</i>	53
CABOMETYX.....	7	<i>cephalexin</i>	4	<i>clindacin</i>	26
<i>caffeine citrate</i>	30	CEPROTIN (BLUE BAR) ...	22	<i>clindacin etz</i>	26
<i>calcipotriene</i>	25	CEPROTIN (GREEN BAR) 22		<i>clindacin p</i>	26
<i>calcipotriene-betamethasone</i> 25		CEQUR SIMPLICITY	33	<i>clindamycin hcl</i>	5
<i>calcitonin (salmon)</i>	36	CERDELGA.....	36	<i>clindamycin pediatric</i>	5
<i>calcitriol</i>	25	CEREZYME	36	<i>clindamycin phosphate</i> ..	26, 47
<i>calcium acetate(phosphat bind)</i>		<i>cetirizine</i>	53	<i>clindamycin-benzoyl peroxide</i>	
.....	56	<i>cevimeline</i>	30	.....	26
CALQUENCE		<i>charlotte 24 fe</i>	48	<i>clindamycin-tretinoin</i>	26
(ACALABRUTINIB MAL)		<i>chateal (28)</i>	48	<i>clobazam</i>	11
.....	7	<i>chateal eq (28)</i>	48	<i>clobetasol</i>	28, 29
<i>camila</i>	46	CHEMET.....	30	<i>clobetasol-emollient</i>	29
<i>camrese</i>	48	CHENODAL	38	<i>clocortolone pivalate</i>	29
<i>camrese lo</i>	48	<i>children's alaway</i>	51	<i>clodan</i>	29
CAMZYOS	24	<i>chlordiazepoxide hcl</i>	17	<i>clomiphene citrate</i>	36
<i>candesartan</i>	21	<i>chlordiazepoxide-clidinium</i> ..	38	<i>clomipramine</i>	17
<i>candesartan-</i>		<i>chlorhexidine gluconate</i>	31	<i>clonazepam</i>	11
<i>hydrochlorothiazid</i>	21	<i>chloroquine phosphate</i>	5	<i>clonidine</i>	21
<i>capecitabine</i>	7	<i>chlorthalidone</i>	21	<i>clonidine hcl</i>	17, 21
CAPRELSA	7	<i>chlorthalidone</i>	21	<i>clopidogrel</i>	22
<i>captopril</i>	21	<i>chlorthalidone</i>	21	<i>clorazepate dipotassium</i>	17
<i>captopril-hydrochlorothiazide</i>		<i>chlorthalidone</i>	21	<i>clotrimazole</i>	3, 27
.....	21	<i>chlorthalidone</i>	21	<i>clotrimazole-betamethasone</i> ..	28
CAPVAXIVE.....	43	<i>chlorthalidone</i>	21	<i>clozapine</i>	17
CARBAGLU.....	30	<i>chlorthalidone</i>	21	<i>c-nate dha</i>	57
<i>carbamazepine</i>	11	CHOLBAM.....	38, 39	COAGADEX.....	22
<i>carbidopa</i>	12	<i>cholestyramine (with sugar)</i> ..	24	COARTEM.....	5
		<i>cholestyramine light</i>	24		
		CIBINQO	25		
		<i>ciclodan</i>	27		
		<i>ciclopirox</i>	27		

<i>codeine sulfate</i>	14	<i>dantrolene</i>	14	<i>dicloxacillin</i>	6
<i>codeine-butalbital-asa-caff</i> ..	14	<i>dapsone</i>	5, 26	<i>dicyclomine</i>	38
<i>colchicine</i>	44	DAPTACEL (DTAP		<i>diflorasone</i>	29
<i>colesevelam</i>	24	PEDIATRIC) (PF).....	43	<i>diflunisal</i>	16
<i>colestipol</i>	24	<i>darifenacin</i>	56	<i>difluprednate</i>	52
COMBIVENT RESPIMAT .	54	<i>darunavir</i>	3	<i>digoxin</i>	22
COMETRIQ	7	DARZALEX	8	<i>dihydroergotamine</i>	13
COMPACT SPACE		<i>dasetta 1/35 (28)</i>	48	DILANTIN	11
CHAMBER	33	<i>dasetta 7/7/7 (28)</i>	48	<i>diltiazem</i>	21
<i>complete natal dha</i>	57	<i>daysee</i>	48	<i>dilt-xr</i>	21
<i>compro</i>	39	<i>deblitane</i>	46	<i>dimethyl fumarate</i>	42
<i>constulose</i>	39	<i>decitabine</i>	8	DIPENTUM	39
CORIFACT	23	<i>deferasirox</i>	30	<i>diphenoxylate-atropine</i>	38
<i>cortisone</i>	32	<i>deferiprone</i>	30	<i>dipyridamole</i>	23
CORTISPORIN-TC	32	<i>deflazacort</i>	32	<i>diskets</i>	14
COTELLIC.....	7	<i>demeclocycline</i>	6	<i>disopyramide phosphate</i>	20
<i>covaryx</i>	46	DENG VAXIA (PF).....	43	<i>disulfiram</i>	30
<i>covaryx h.s.</i>	46	<i>dermacinrx lidocan</i>	27	<i>divalproex</i>	11
CREON	39	DESCOVY	3	<i>dofetilide</i>	20
CRESEMBA	3	<i>desipramine</i>	17	<i>dolishale</i>	48
<i>cromolyn</i>	39, 51, 54	<i>desloratadine</i>	53	<i>donepezil</i>	13
<i>crotan</i>	30	<i>desmopressin</i>	36	DOPTELET (15 TAB PACK)	
<i>cryselle (28)</i>	48	DESMOPRESSIN	36	.....	23
CRYSVITA.....	36	<i>desog-e.estradiol/e.estradiol</i>	48	<i>dorzolamide</i>	52
<i>curae</i>	48	<i>desonide</i>	29	<i>dorzolamide-timolol</i>	52
<i>cyclobenzaprine</i>	14	<i>desoximetasone</i>	29	<i>dorzolamide-timolol (pf)</i>	52
<i>cyclopentolate</i>	51	<i>desvenlafaxine succinate</i>	17	<i>dotti</i>	46
<i>cyclopen-tropic-phenyleph-</i>		<i>dexabliss</i>	32	DOVATO	3
<i>watr</i>	51	<i>dexamethasone</i>	32	<i>doxazosin</i>	21
<i>cyclophosphamide</i>	7	<i>dexamethasone intensol</i>	32	<i>doxepin</i>	18, 25
CYCLOSERINE	5	<i>dexamethasone sodium</i>		<i>doxercalciferol</i>	36
<i>cyclosporine</i>	7, 52	<i>phosphate</i>	52	<i>doxycycline hyclate</i>	6
<i>cyclosporine modified</i>	8	<i>dexchlorpheniramine maleate</i>		<i>doxycycline monohydrate</i>	6
CYLTEZO(CF)	45	.....	53	<i>doxylamine-pyridoxine (vit b6)</i>	
CYLTEZO(CF) PEN.....	45	DEXILANT	40	.....	39
CYLTEZO(CF) PEN		<i>dexlansoprazole</i>	40, 41	<i>dronabinol</i>	39
CROHN'S-UC-HS.....	45	<i>dexmethylphenidate</i>	17	<i>drospirenone-e.estradiol-lm.fa</i>	
CYLTEZO(CF) PEN		<i>dextroamphetamine sulfate</i> ..	17	.....	48
PSORIASIS-UV	45	<i>dextroamphetamine-</i>		<i>drospirenone-ethinyl estradiol</i>	
<i>cyproheptadine</i>	53	<i>amphetamine</i>	18	.....	48
CYRAMZA.....	8	DIACOMIT	11	DROXIA.....	8
<i>cyred</i>	48	<i>dialyvite 800</i>	57	DUAVEE.....	46
<i>cyred eq</i>	48	<i>diazepam</i>	11, 18	<i>dulcolax (magnesium</i>	
CYSTAGON	56	<i>diazepam intensol</i>	18	<i>hydroxide)</i>	39
CYSTARAN	52	<i>diazoxide</i>	33	DULERA.....	54
D		<i>dichlorphenamide</i>	13	<i>duloxetine</i>	18
<i>dabigatran etexilate</i>	23	<i>diclofenac potassium</i>	15, 16	DUPIXENT PEN.....	25
<i>dalfampridine</i>	13	<i>diclofenac sodium</i>	16, 25, 52	DUPIXENT SYRINGE.....	25
<i>danazol</i>	36	<i>diclofenac-misoprostol</i>	16	<i>dutasteride</i>	56

<i>dutasteride-tamsulosin</i>	56	ENBREL MINI	45	<i>estarylla</i>	48
DYSPORT	43	ENBREL SURECLICK	45	<i>estazolam</i>	18
E		<i>endocet</i>	14	<i>estradiol</i>	46
<i>e.e.s. 400</i>	4	ENERGIX-B (PF)	43	<i>estradiol valerate</i>	46
EASIVENT HOLDING		ENERGIX-B PEDIATRIC		<i>estradiol-norethindrone acet</i>	46
CHAMBER	33	(PF)	43	<i>estrogens-methyltestosterone</i>	47
<i>econazole</i>	28	<i>enilloring</i>	47	<i>eszopiclone</i>	18
<i>econtra ez</i>	48	ENJAYMO	30	<i>ethacrynic acid</i>	21
<i>econtra one-step</i>	48	<i>enoxaparin</i>	23	<i>ethambutol</i>	5
<i>ecotrin low strength</i>	16	<i>enpresse</i>	48	<i>ethosuximide</i>	11
<i>edaravone</i>	13	<i>enskyce</i>	48	<i>ethynodiol diac-eth estradiol</i>	48
<i>ed-spaz</i>	38	ENSPRYNG	8	<i>etodolac</i>	16
EDURANT	3	<i>entacapone</i>	12	<i>etonogestrel-ethinyl estradiol</i>	
<i>eemt</i>	46	<i>entecavir</i>	3	.....	47
<i>eemt hs</i>	46	ENTRESTO	24	<i>etoposide</i>	8
<i>efavirenz</i>	3	ENTRESTO SPRINKLE	24	<i>etravirine</i>	3
<i>efavirenz-emtricitabin-tenofov</i>	3	ENTYVIO	39	<i>euthyrox</i>	38
<i>efavirenz-lamivu-tenofov disop</i>		<i>enulose</i>	39	<i>everolimus (antineoplastic)</i>	8
.....	3	EPCLUSA	3	<i>everolimus</i>	
<i>effer-k</i>	56	EPIDIOLEX	11	(immunosuppressive)	8
EGRIFTA SV	42	<i>epinastine</i>	52	EVOTAZ	3
ELAPRASE	36	<i>epinephrine</i>	53	EXELDERM	28
<i>eletriptan</i>	13	<i>epinephrine hcl</i>	54	<i>exemestane</i>	8
ELFABRIO	36	<i>epitol</i>	11	<i>eye allergy itch relief</i>	52
ELIGARD	8	<i>eplerenone</i>	21	<i>eye allergy itch-redness rlf</i> ...	52
ELIGARD (3 MONTH)	8	<i>epoprostenol</i>	21	<i>eye itch relief</i>	52
ELIGARD (4 MONTH)	8	<i>eprosartan</i>	21	<i>ezetimibe</i>	24
ELIGARD (6 MONTH)	8	ERBITUX	8	<i>ezetimibe-simvastatin</i>	24
<i>elinest</i>	48	<i>ergocalciferol (vitamin d2)</i> ...	57	F	
ELIQUIS	23	<i>ergoloid</i>	18	FABHALTA	30
ELIQUIS DVT-PE TREAT		<i>ergotamine-caffeine</i>	13	FABRAZYME	36
30D START	23	<i>eribulin</i>	8	FACTIVE	6
ELLA	48	ERIVEDGE	8	<i>falmina (28)</i>	48
ELMIRON	56	ERLEADA	8	<i>famciclovir</i>	3
ELOCTATE	23	<i>erlotinib</i>	8	<i>famotidine</i>	41
<i>eluryng</i>	47	<i>errin</i>	46	FARXIGA	37
ELZONRIS	8	ERTACZO	28	FASENRA	54
EMGALITY PEN	13	<i>ery pads</i>	26	FASENRA PEN	54
EMGALITY SYRINGE	13	<i>erygel</i>	26	FC2 FEMALE CONDOM ...	46
EMPAVELI	30	<i>ery-tab</i>	4	<i>febuxostat</i>	44
<i>emtricitabine</i>	3	<i>erythrocin (as stearate)</i>	5	FEIBA NF	23
<i>emtricitabine-tenofovir (tdf)</i> ...	3	<i>erythromycin</i>	5, 51	<i>felbamate</i>	11
EMTRIVA	3	<i>erythromycin ethylsuccinate</i> ...	5	<i>felodipine</i>	21
EMVERM	5	<i>erythromycin with ethanol</i> ...	26	<i>fem ph</i>	47
<i>emzakh</i>	46	<i>erythromycin-benzoyl peroxide</i>		FEMCAP	46
<i>enalapril maleate</i>	21	.....	26	<i>fenofibrate</i>	24
<i>enalapril-hydrochlorothiazide</i>		<i>escitalopram oxalate</i>	18	<i>fenofibrate micronized</i>	24
.....	21	<i>esomeprazole magnesium</i>	41	<i>fenofibrate nanocrystallized</i> .	24
ENBREL	45	ESPEROCT	23	<i>fenofibric acid</i>	24

<i>fenofibric acid (choline)</i>	24	<i>flurandrenolide</i>	29	FREESTYLE LIBRE 3 PLUS	
<i>fenoprofen</i>	16	<i>flurazepam</i>	18	SENSOR.....	34
FENSOLVI.....	8	<i>flurbiprofen</i>	16	FREESTYLE LIBRE 3	
<i>fentanyl</i>	14	<i>flurbiprofen sodium</i>	52	READER	34
<i>fentanyl citrate</i>	14	<i>fluticasone propionate</i>	29, 54	FREESTYLE LIBRE 3	
<i>ferocon</i>	57	<i>fluticasone propion-salmeterol</i>		SENSOR.....	34
FERRIPROX.....	30	.....	54	FREESTYLE LITE METER	34
FERRIPROX (2 TIMES A		FLUTICASONE PROPION-		FREESTYLE LITE STRIPS	32
DAY).....	30	SALMETEROL.....	54	FREESTYLE PRECISION	
<i>fesoterodine</i>	56	<i>fluvastatin</i>	24	NEO STRIPS.....	32
FETZIMA.....	18	<i>fluvoxamine</i>	18	FREESTYLE SIDEKICK II.	34
<i>finasteride</i>	56	FLUZONE HIGH-DOSE		FREESTYLE SYSTEM KIT	34
<i> fingolimod</i>	42	TRIV 24-25	43	FREESTYLE TEST	32
<i>finzala</i>	48	FLUZONE TRIV 2024-2025		<i>frovatriptan</i>	13
FIRDAPSE	13	.....	43	<i>full spectrum b-vitamin c</i>	57
<i>flac otic oil</i>	32	FLUZONE TRIV 2024-2025		FULPHILA.....	41
<i>flavoxate</i>	56	(PF).....	43	<i>furosemide</i>	21
<i>flecainide</i>	20	<i>folic acid</i>	57	FUZEON	4
FLEXICHAMBER.....	33	<i>folitab</i>	57	<i>fyavolv</i>	47
FLUAD TRIV 2024-25(65Y		FOLOTYN	8	G	
UP)(PF)	43	<i>foltabs 800</i>	57	<i>gabapentin</i>	11
FLUARIX TRIV 2024-2025		<i>fondaparinux</i>	23	<i>galantamine</i>	13
(PF).....	43	<i>formoterol fumarate</i>	54	GAMASTAN	43
FLUBLOK TRIV 2024-2025		FOSAMAX PLUS D.....	44	GAMIFANT	8
(PF).....	43	<i>fosamprenavir</i>	3	GAMMAGARD LIQUID ...	43
FLUCELVAX TRIV 2024-		<i>foscarnet</i>	3	GAMMAGARD S-D (IGA < 1	
2025	43	<i>fosfomycin tromethamine</i>	6	MCG/ML).....	43
FLUCELVAX TRIV 2024-		<i>fosinopril</i>	21	GAMUNEX-C.....	43
2025 (PF).....	43	<i>fosinopril-hydrochlorothiazide</i>		GARDASIL 9 (PF).....	43
<i>fluconazole</i>	3	.....	21	<i>gatifloxacin</i>	51
<i>flucytosine</i>	3	FREESTYLE CONTROL....	33	<i>gavilax</i>	39
<i>fludarabine</i>	8	FREESTYLE FLASH		<i>gavilyte-c</i>	39
<i>fludrocortisone</i>	32	SYSTEM	33	<i>gavilyte-g</i>	39
FLULAVAL TRIV 2024-2025		FREESTYLE FREEDOM....	33	<i>gavilyte-n</i>	39
(PF).....	43	FREESTYLE FREEDOM		GAVRETO	8
FLUMIST TRIVALENT		LITE	33	GAZYVA	8
2024-2025.....	43	FREESTYLE INSULINX...32,		<i>gefitinib</i>	8
<i>flunisolide</i>	54	33		<i>gemfibrozil</i>	24
<i>fluocinolone</i>	29	FREESTYLE INSULINX		<i>gemmily</i>	48
<i>fluocinolone acetonide oil</i> ...	32	TEST STRIPS	32	<i>generlac</i>	39
<i>fluocinolone and shower cap</i>	29	FREESTYLE LIBRE 14 DAY		<i>gengraf</i>	8
<i>fluocinonide</i>	29	READER	34	<i>gentamicin</i>	27, 51
<i>fluocinonide-e</i>	29	FREESTYLE LIBRE 14 DAY		<i>gentle laxative (bisacodyl)</i>	39
<i>fluorescein-proparacaine</i>	52	SENSOR.....	34	<i>gentle laxative (mag hydrox)</i>	39
<i>fluoride (sodium)</i>	57	FREESTYLE LIBRE 2		<i>gentlelax</i>	39
<i>fluorometholone</i>	52	READER.....	34	GENVOYA	4
<i>fluorouracil</i>	25	FREESTYLE LIBRE 2		GILOTRIF	8
<i>fluoxetine</i>	18	SENSOR.....	34	GLASSIA	30
<i>fluphenazine hcl</i>	18			<i>glatiramer</i>	42

<i>glatopa</i>	42	<i>heparin (porcine) in nacl (pf)</i>	23	NDCS STARTING WITH 00074).....	45
GLEOSTINE.....	8	<i>heparin lock flush (porcine)</i> .	23	HUMULIN 70/30 U-100 INSULIN	35
<i>glimepiride</i>	37	<i>heparin lockflush(porcine)(pf)</i>	23	HUMULIN 70/30 U-100 KWIKPEN.....	35
<i>glipizide</i>	37	<i>heparin(porcine) in 0.45% nacl</i>	23	HUMULIN N NPH INSULIN KWIKPEN.....	35
<i>glipizide-metformin</i>	37	<i>heparin, porcine (pf)</i>	23	HUMULIN N NPH U-100 INSULIN	35
<i>glucagon emergency kit</i> (human)	33	HEPLISAV-B (PF).....	43	HUMULIN R REGULAR U- 100 INSULN	35
<i>glutamine (sickle cell)</i>	30	<i>her style</i>	49	HUMULIN R U-500 (CONC) INSULIN	35
<i>glyburide</i>	37	HIBERIX (PF).....	43	HUMULIN R U-500 (CONC) KWIKPEN.....	35
<i>glyburide micronized</i>	37	<i>homatropaire</i>	51	HYCANTIN.....	8
<i>glyburide-metformin</i>	37	HUMALOG JUNIOR KWIKPEN U-100	34	<i>hydralazine</i>	21
<i>glycopyrrolate</i>	38	HUMALOG KWIKPEN INSULIN	35	<i>hydrochlorothiazide</i>	21
GLYXAMBI	37	HUMALOG MIX 50-50 KWIKPEN.....	35	<i>hydrocodone bitartrate</i>	14
<i>granisetron hcl</i>	39	HUMALOG MIX 75-25 KWIKPEN.....	35	<i>hydrocodone-acetaminophen</i>	15
GRASTEK	43	HUMALOG MIX 75-25(U- 100)INSULN	35	<i>hydrocodone-</i> <i>chlorpheniramine</i>	53
<i>griseofulvin microsize</i>	3	HUMALOG TEMPO PEN(U- 100)INSULN	35	<i>hydrocodone-homatropine</i> ...	53
<i>griseofulvin ultramicrosize</i>	3	HUMALOG U-100 INSULIN	35	<i>hydrocodone-ibuprofen</i>	15
<i>guanfacine</i>	18, 21	HUMATE-P	23	<i>hydrocortisone</i>	29, 32, 39
GVOKE.....	33	HUMIRA (ONLY NDCS STARTING WITH 00074)	45	<i>hydrocortisone acetate</i>	39
GVOKE HYOPEN 2-PACK	33	HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	45	<i>hydrocortisone butyrate</i>	29
GVOKE PFS 2-PACK SYRINGE.....	33	HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	45	<i>hydrocortisone valerate</i>	29
GYNAZOLE-1	47	HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074).....	45	<i>hydrocortisone-acetic acid</i> ...	32
H		HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074).....	45	<i>hydrocortisone-pramoxine</i> ..25, 39	
<i>hailey</i>	48	HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074).....	45	<i>hydromet</i>	53
<i>hailey 24 fe</i>	48	HUMIRA(CF) PEN PSOR- UV-ADOL HS (ONLY		<i>hydromorphone</i>	15
<i>hailey fe 1.5/30 (28)</i>	48			<i>hydroxocobalamin</i>	57
<i>hailey fe 1/20 (28)</i>	48			<i>hydroxychloroquine</i>	5
HALAVEN.....	8			<i>hydroxyurea</i>	8
<i>halcinonide</i>	29			<i>hydroxyzine hcl</i>	53
<i>halobetasol propionate</i>	29			<i>hydroxyzine pamoate</i>	53
<i>haloette</i>	47			<i>hyoscyamine sulfate</i>	38
<i>haloperidol</i>	18			<i>hyosyne</i>	38
<i>haloperidol lactate</i>	18			HYRIMOZ PEN CROHN'S- UC STARTER.....	45
HARVONI	4			HYRIMOZ PEN PSORIASIS STARTER	45
HAVRIX (PF)	43			HYRIMOZ(CF)	45
<i>heather</i>	47			HYRIMOZ(CF) PEDI CROHN STARTER	45
HEMGENIX.....	23			HYRIMOZ(CF) PEN	45
HEMLIBRA	23				
<i>hemmorex-hc</i>	39				
HEMOFIL M HIGH.....	23				
HEMOFIL M LOW	23				
HEMOFIL M MID.....	23				
HEMOFIL M SUPER HIGH	23				
<i>hep flush-10 (pf)</i>	23				
<i>heparin (porcine)</i>	23				
<i>heparin (porcine) in 5 % dex</i>	23				

I		
<i>ibandronate</i>	44	
<i>ibu</i>	16	
<i>ibuprofen</i>	16	
<i>ibuprofen-famotidine</i>	16	
<i>icatibant</i>	54	
<i>iclevia</i>	49	
ICLUSIG	8	
<i>icosapent ethyl</i>	24	
IDELVION	23	
IDHIFA	8	
ILARIS (PF)	41	
<i>imatinib</i>	8	
IMBRUVICA	8	
IMFINZI	8	
<i>imipramine hcl</i>	18	
<i>imipramine pamoate</i>	18	
<i>imiquimod</i>	44	
IMOVAX RABIES VACCINE (PF)	43	
IMPAVIDO	5	
INBRIJA	12	
<i>incassia</i>	47	
INCRELEX	30	
INCRUSE ELLIPTA	55	
<i>indapamide</i>	21	
<i>indomethacin</i>	16	
INFANRIX (DTAP) (PF)	43	
INFLECTRA	39	
INLYTA	8	
INSULIN LISPRO	35	
INSULIN LISPRO PROTAMIN-LISPRO	35	
INTELENCE	4	
IPOL	43	
<i>ipratropium bromide</i>	31, 55	
<i>ipratropium-albuterol</i>	55	
<i>irbesartan</i>	21	
<i>irbesartan-hydrochlorothiazide</i>	21	
ISENTRESS	4	
ISENTRESS HD	4	
<i>isibloom</i>	49	
<i>isoniazid</i>	5	
<i>isosorbide dinitrate</i>	25	
<i>isosorbide mononitrate</i>	25	
<i>isosorbide-hydralazine</i>	21	
<i>isotretinoin</i>	27	
<i>isradipine</i>	21	
ISTODAX	8	
<i>itraconazole</i>	3	
<i>ivabradine</i>	24	
<i>ivermectin</i>	5, 27	
IWILFIN	8	
IXCHIQ (PF)	43	
IXEMPRA	8	
IXIARO (PF)	43	
J		
<i>jaimiess</i>	49	
JAKAFI	8	
<i>jantoven</i>	23	
JANUMET	37	
JANUMET XR	37	
JANUVIA	37	
JARDIANCE	37	
<i>jasmiel (28)</i>	49	
<i>javygtor</i>	36	
<i>jencycla</i>	47	
<i>jinteli</i>	47	
JIVI	23	
<i>jolessa</i>	49	
<i>joyeaux</i>	49	
JUBLIA	28	
<i>juleber</i>	49	
JULUCA	4	
<i>junel 1.5/30 (21)</i>	49	
<i>junel 1/20 (21)</i>	49	
<i>junel fe 1.5/30 (28)</i>	49	
<i>junel fe 1/20 (28)</i>	49	
<i>junel fe 24</i>	49	
JUXTAPID	24	
K		
KADCYLA	8	
<i>kaitlib fe</i>	49	
<i>kalliga</i>	49	
KALYDECO	55	
KANJINTI	8	
KANUMA	36	
<i>kariva (28)</i>	49	
<i>kelnor 1/35 (28)</i>	49	
<i>kelnor 1/50 (28)</i>	49	
KEPIVANCE	7	
KERENDIA	21	
KESIMPTA PEN	42	
<i>ketoconazole</i>	3, 28	
<i>ketodan</i>	28	
<i>ketodan kit</i>	28	
<i>ketoprofen</i>	16	
<i>ketorolac</i>	16, 52	
<i>ketotifen fumarate</i>	52	
KEYTRUDA	8	
KIMMTRAK	8	
KINRIX (PF)	43	
<i>kiprofen</i>	16	
KISQALI	8	
KITABIS PAK	5	
<i>klayesta</i>	28	
<i>klor-con</i>	56	
<i>klor-con 10</i>	56	
<i>klor-con 8</i>	56	
<i>klor-con m10</i>	56	
<i>klor-con m15</i>	56	
<i>klor-con m20</i>	57	
<i>klor-con/ef</i>	57	
KLOXXADO	16	
<i>kobee</i>	57	
KOGENATE FS	23	
<i>kourzeq</i>	31	
KOVALTRY	23	
K-PHOS ORIGINAL	56	
KRYSTEXXA	44	
<i>kurvelo (28)</i>	49	
KYLEENA	46	
KYMRIAH	9	
KYPROLIS	9	
L		
<i>l norgest/e.estradiol-e.estradiol</i>	49	
<i>labetalol</i>	21	
<i>lacosamide</i>	12	
<i>lactated ringers</i>	30	
<i>lactulose</i>	39	
LAGEVRIO (EUA)	4	
<i>lamivudine</i>	4	
<i>lamivudine-zidovudine</i>	4	
<i>lamotrigine</i>	12	
LAMZEDE	30	
LANCETS	34	
LANCING DEVICE	34	
<i>lanreotide</i>	9	
<i>lansoprazole</i>	41	
<i>lanthanum</i>	38	
<i>lapatinib</i>	9	
<i>larin 1.5/30 (21)</i>	49	
<i>larin 1/20 (21)</i>	49	
<i>larin 24 fe</i>	49	
<i>larin fe 1.5/30 (28)</i>	49	
<i>larin fe 1/20 (28)</i>	49	

<i>latanoprost</i>	52	LINZESS	39	LYNPARZA	9
LATUDA	18	<i>liothyronine</i>	38	LYSODREN	9
<i>laxative (bisacodyl)</i>	39	<i>lisdexamfetamine</i>	18	LYTGOBI	9
<i>laxative peg 3350</i>	39	<i>lisinopril</i>	21	LYUMJEV KWIKPEN U-100	
<i>layolis fe</i>	49	<i>lisinopril-hydrochlorothiazide</i>		INSULIN	35
<i>leena 28</i>	49	.....	21	LYUMJEV KWIKPEN U-200	
<i>leflunomide</i>	46	LITEAIRE MDI CHAMBER		INSULIN	35
<i>lenalidomide</i>	9	.....	33	LYUMJEV TEMPO PEN(U-	
LENVIMA	9	<i>lithium carbonate</i>	18	100)INSULN	35
<i>lessina</i>	49	<i>lithium citrate</i>	18	LYUMJEV U-100 INSULIN	
<i>letrozole</i>	9	<i>lofena</i>	16	.....	35
<i>leucovorin calcium</i>	7	<i>lojaimiess</i>	49	<i>lyza</i>	47
LEUKERAN	9	LOKELMA	38	M	
LEUKINE	41	LONSURF	9	<i>mafenide acetate</i>	27
<i>leuprolide</i>	9	<i>loperamide</i>	38	<i>magnesium citrate</i>	39
<i>levalbuterol hcl</i>	55	<i>lopinavir-ritonavir</i>	4	<i>malathion</i>	30
LEVEMIR FLEXPEN	35	LOQTORZI	9	<i>maraviroc</i>	4
LEVEMIR U-100 INSULIN	35	<i>lorazepam</i>	18	<i>marlissa (28)</i>	49
<i>levetiracetam</i>	12	<i>lorazepam intensol</i>	18	MARPLAN	18
<i>levobunolol</i>	51	LORBRENA	9	MATULANE	9
<i>levocarnitine</i>	30	<i>loryna (28)</i>	49	<i>matzim la</i>	21
<i>levocarnitine (with sugar)</i>	30	<i>losartan</i>	21	MAYZENT	42
<i>levocetirizine</i>	53	<i>losartan-hydrochlorothiazide</i>		MAYZENT STARTER(FOR	
<i>levofloxacin</i>	6, 51	.....	21	1MG MAINT)	42
<i>levonest (28)</i>	49	<i>loteprednol etabonate</i>	52, 53	MAYZENT STARTER(FOR	
<i>levonorgest-eth.estradiol-iron</i>		<i>lovastatin</i>	24	2MG MAINT)	42
.....	49	<i>low-ogestrel (28)</i>	49	<i>meclizine</i>	39
<i>levonorgestrel</i>	49	<i>loxapine succinate</i>	18	<i>meclofenamate</i>	16
<i>levonorgestrel-ethinyl estrad</i>	49	<i>lo-zumandimine (28)</i>	49	MEDISENSE	34
<i>levonorg-eth estrad triphasic</i>	49	<i>lubiprostone</i>	39	MEDISENSE GLUCOSE	
<i>levora-28</i>	49	<i>ludent fluoride</i>	57	KETONE	34
<i>levorphanol tartrate</i>	15	<i>lugols</i>	27, 57	<i>medroxyprogesterone</i>	47
<i>levo-t</i>	38	LULICONAZOLE	28	<i>mefenamic acid</i>	16
<i>levothyroxine</i>	38	LUMIZYME	36	<i>mefloquine</i>	5
<i>levoxyl</i>	38	LUMRYZ	18	<i>megestrol</i>	9
LIBTAYO	9	LUNSUMIO	9	MEKINIST	9
<i>lidocaine</i>	27	LUPKYNIS	9	<i>meloxicam</i>	16
<i>lidocaine hcl</i>	27	LUPRON DEPOT	9	<i>meloxicam submicronized</i>	16
<i>lidocaine hcl-hydrocortison ac</i>		LUPRON DEPOT (3		<i>memantine</i>	13
.....	27, 39	MONTH)	9	MENQUADFI (PF)	43
<i>lidocaine viscous</i>	27	LUPRON DEPOT (4		MENVEO A-C-Y-W-135-DIP	
<i>lidocaine-hydrocortisone-aloe</i>		MONTH)	9	(PF)	43
.....	39	LUPRON DEPOT (6		<i>meprobamate</i>	14
<i>lidocaine-prilocaine</i>	27	MONTH)	9	MEPSEVII	36
<i>lidocan iii</i>	27	<i>lurasidone</i>	18	<i>mercaptopurine</i>	9
<i>lidocan iv</i>	27	<i>lutra (28)</i>	49	<i>merzee</i>	49
<i>lidocan v</i>	27	LUXTURNA	52	<i>mesalamine</i>	39
<i>lidocort</i>	27	<i>lyleq</i>	47	<i>mesalamine with cleansing</i>	
<i>linezolid</i>	5	<i>lyllana</i>	47	<i>wipe</i>	39

MESNEX	7	<i>mifepristone</i>	36, 47	<i>mynatal</i>	57
<i>metaxalone</i>	14	<i>migergot</i>	13	<i>mynatal plus</i>	57
<i>metformin</i>	37	<i>miglitol</i>	37	<i>mynatal-z</i>	57
<i>methadone</i>	15	<i>miglustat</i>	36	MYOBLOC	43
<i>methadose</i>	15	<i>mili</i>	49	N	
<i>methamphetamine</i>	18	<i>milk of magnesia</i>	39	<i>nabumetone</i>	16
<i>methazolamide</i>	52	<i>milk of magnesia concentrated</i>	39	<i>nadolol</i>	21
<i>methenamine hippurate</i>	6	<i>millipred</i>	32	<i>naftifine</i>	28
<i>methenamine mandelate</i>	6	<i>millipred dp</i>	32	NAGLAZYME	36
<i>methen-sod phos-meth blue-</i> <i>hyos</i>	56	<i>mimvey</i>	47	<i>naloxone</i>	16
<i>methimazole</i>	32	<i>minocycline</i>	6	<i>naltrexone</i>	16
METHITEST	36	<i>minoxidil</i>	21	<i>naproxen</i>	16
<i>methocarbamol</i>	14	<i>miostat</i>	52	<i>naproxen sodium</i>	16
<i>methotrexate sodium</i>	9	<i>mirabegron</i>	56	<i>naproxen-esomeprazole</i>	16
<i>methotrexate sodium (pf)</i>	9	MIRENA	46	<i>naratriptan</i>	13
<i>methoxsalen</i>	26	<i>mirtazapine</i>	19	NATACYN	51
<i>methscopolamine</i>	38	<i>misoprostol</i>	41	<i>nateglinide</i>	37
<i>methsuximide</i>	12	<i>mitoxantrone</i>	9	<i>natura-lax</i>	39
<i>methyl salicylate</i>	26	M-M-R II (PF)	43	NAYZILAM	12
<i>methylidopa</i>	21	<i>m-natal plus</i>	57	<i>nebivolol</i>	21
<i>methylidopa-</i> <i>hydrochlorothiazide</i>	21	<i>modafinil</i>	19	<i>nebusal</i>	55
<i>methylergonovine</i>	51	<i>moexipril</i>	21	<i>necon 0.5/35 (28)</i>	49
<i>methylphenidate</i>	18	<i>molindone</i>	19	<i>nelarabine</i>	9
<i>methylphenidate hcl</i>	18, 19	<i>mometasone</i>	29, 55	<i>neomycin</i>	5
<i>methylprednisolone</i>	32	<i>mondoxyne nl</i>	6	<i>neomycin-bacitracin-poly-hc</i>	52
<i>methyltestosterone</i>	36	<i>mono-lynyah</i>	49	<i>neomycin-bacitracin-</i> <i>polymyxin</i>	51
<i>metoclopramide hcl</i>	39	<i>montelukast</i>	55	<i>neomycin-polymyxin b gu</i>	30
<i>metolazone</i>	21	<i>morgidox</i>	6	<i>neomycin-polymyxin b-</i> <i>dexameth</i>	52
<i>metoprolol succinate</i>	21	<i>morphine</i>	15	<i>neomycin-polymyxin-</i> <i>gramicidin</i>	51
<i>metoprolol ta-hydrochlorothiaz</i>	21	<i>morphine concentrate</i>	15	<i>neomycin-polymyxin-hc</i>	32, 52
<i>metoprolol tartrate</i>	21	MOUNJARO	37	<i>neo-polycin</i>	51
<i>metronidazole</i>	5, 27, 47	MOVANTIK	39	<i>neo-polycin hc</i>	52
<i>metryrosine</i>	21	<i>moxifloxacin</i>	6, 51	NERLYNX	9
<i>mexiletine</i>	20	MRESVIA (PF)	43	<i>neuac</i>	27
<i>mibelas 24 fe</i>	49	MULTAQ	20	NEUPRO	12
<i>miconazole-3</i>	47	<i>multi-vitamin with fluoride</i>	57	NEVANAC	52
MICROCHAMBER	33	<i>mupirocin</i>	27	<i>nevirapine</i>	4
<i>microgestin 1.5/30 (21)</i>	49	<i>mupirocin calcium</i>	27	<i>new day</i>	50
<i>microgestin 1/20 (21)</i>	49	<i>mvc-fluoride</i>	57	<i>newgen</i>	57
<i>microgestin 24 fe</i>	49	<i>my choice</i>	49	NEXPLANON	47
<i>microgestin fe 1.5/30 (28)</i>	49	<i>my way</i>	49	<i>niacin</i>	24
<i>microgestin fe 1/20 (28)</i>	49	MYALEPT	36	<i>nicardipine</i>	21
MICROSPACER	33	<i>mycophenolate mofetil</i>	9	<i>nicorette</i>	31
<i>midazolam</i>	19	<i>mycophenolate sodium</i>	9	NICORETTE	31
<i>midodrine</i>	30	MYFEMBREE	47	<i>nicotine</i>	31
MIEBO (PF)	52	MYHIBBIN	9	<i>nicotine (polacrilex)</i>	31
		MYLERAN	9		
		MYLOTARG	9		

NICOTROL NS.....	31	NOVOLOG U-100 INSULIN		OMNIPOD DASH PODS	
<i>nifedipine</i>	22	ASPART.....	35	(GEN 4).....	34
<i>nikki (28)</i>	50	NOXAFIL	3	OMNIPOD GO PODS 10	
<i>nilutamide</i>	9	<i>np thyroid</i>	38	UNITS/DAY.....	34
<i>nimodipine</i>	22	NPLATE.....	23	OMNITROPE.....	42
NINLARO.....	9	NUBEQA	9	OMVOH.....	39
<i>nisoldipine</i>	22	NUCALA	55	OMVOH PEN	40
<i>nitazoxanide</i>	5	NUCYNTA	16	<i>ondansetron</i>	40
<i>nitisinone</i>	31	NUCYNTA ER	16	<i>ondansetron hcl</i>	40
<i>nitro-bid</i>	25	NUEDEXTA	13	<i>one daily prenatal</i>	57
<i>nitrofurantoin</i>	6	<i>nyamyc</i>	28	<i>onelax magnesium citrate</i>	40
<i>nitrofurantoin macrocrystal</i> ...7		<i>nylia 1/35 (28)</i>	50	ONETOUCH ULTRA	
<i>nitrofurantoin monohyd/m-</i>		<i>nylia 7/7/7 (28)</i>	50	CONTROL.....	34
<i>cryst</i>	7	<i>nymyo</i>	50	ONETOUCH ULTRA TEST	
<i>nitroglycerin</i>	25, 39	<i>nystatin</i>	3, 28	.....	32
<i>nitro-time</i>	25	<i>nystatin-triamcinolone</i>	28	ONETOUCH ULTRA2	
NITYR.....	31	<i>nystop</i>	28	METER.....	34
<i>niva thyroid</i>	38	O		ONETOUCH VERIO FLEX	
NIVESTYM	41	OBIZUR.....	23	METER.....	34
<i>nizatidine</i>	41	OCALIVA	39	ONETOUCH VERIO MID	
<i>nora-be</i>	47	<i>ocella</i>	50	CONTROL.....	34
<i>norelgestromin-ethin.estradiol</i>		OCREVUS	42	ONETOUCH VERIO	
.....	47	<i>octreotide acetate</i>	9	REFLECT METER.....	34
<i>noreth-ethinyl estradiol-iron</i> 50		ODACTRA.....	43	ONETOUCH VERIO TEST	
<i>norethindrone (contraceptive)</i>		ODEFSEY	4	STRIPS.....	32
.....	47	ODOMZO	9	ONIVYDE.....	9
<i>norethindrone acetate</i>	47	OFEV.....	55	<i>opcicon one-step</i>	50
<i>norethindrone ac-eth estradiol</i>		<i>ofloxacin</i>	6, 32, 51	OPDIVO	9
.....	47, 50	OJEMDA.....	9	OPDUALAG	9
<i>norethindrone-e.estradiol-iron</i>		<i>olanzapine</i>	19	OPILL.....	47
.....	50	<i>olanzapine-fluoxetine</i>	19	<i>opium tincture</i>	38
<i>norgestimate-ethinyl estradiol</i>		<i>olmesartan</i>	22	OPSUMIT.....	55
.....	50	<i>olmesartan-amlodipin-</i>		OPSYNVI.....	55
<i>nortrel 0.5/35 (28)</i>	50	<i>hcthiazid</i>	22	OPTICHAMBER DIAMOND	
<i>nortrel 1/35 (21)</i>	50	<i>olmesartan-</i>		VHC.....	33
<i>nortrel 1/35 (28)</i>	50	<i>hydrochlorothiazide</i>	22	<i>option-2</i>	50
<i>nortrel 7/7/7 (28)</i>	50	<i>olopatadine</i>	31, 52	<i>oral saline laxative</i>	40
<i>nortriptyline</i>	19	<i>omega-3 acid ethyl esters</i>	24	<i>oralone</i>	31
NORVIR.....	4	<i>omeprazole</i>	41	ORIAHNN.....	47
NOVOEIGHT	23	<i>omeprazole-sodium</i>		ORILISSA	36
NOVOLOG FLEXPEN U-100		<i>bicarbonate</i>	41	ORKAMBI	55
INSULIN.....	35	OMNIPOD 5 G6 INTRO KIT		<i>ormalvi</i>	13
NOVOLOG MIX 70-30 U-100		(GEN 5).....	34	<i>orphenadrine citrate</i>	14
INSULN	35	OMNIPOD 5 G6 PODS (GEN		<i>orphenadrine-asa-caffeine</i> ...14	
NOVOLOG MIX 70-		5).....	34	<i>orphengesic forte</i>	14
30FLEXPEN U-100.....	35	OMNIPOD CLASSIC PODS		ORSERDU	9
NOVOLOG PENFILL U-100		(GEN 3).....	34	<i>oscimin</i>	38
INSULIN.....	35	OMNIPOD DASH INTRO		<i>oscimin sl</i>	38
		KIT (GEN 4).....	34	<i>oseltamivir</i>	4

OSPHENA	47	<i>periogard</i>	31	<i>potassium chloride</i>	57
OTEZLA	46	PERJETA	10	<i>potassium citrate</i>	56
OTEZLA STARTER	46	<i>permethrin</i>	30	<i>potassium iodide</i>	32
<i>oxaprozin</i>	17	<i>perphenazine</i>	19	POTELIGEO	10
<i>oxazepam</i>	19	<i>perphenazine-amitriptyline</i> ..	19	<i>povidone-iodine</i>	51
<i>oxcarbazepine</i>	12	PHEBURANE	31	<i>powderlax</i>	40
OXERVATE	52	<i>phenazopyridine</i>	56	<i>pr natal 400</i>	57
<i>oxiconazole</i>	28	<i>phenelzine</i>	19	<i>pr natal 400 ec</i>	57
<i>oxybutynin chloride</i>	56	<i>phenobarb-hyoscy-atropine-</i>		<i>pr natal 430</i>	57
<i>oxycodone</i>	15	<i>scop</i>	38	<i>pr natal 430 ec</i>	57
<i>oxycodone-acetaminophen</i> ...	15	<i>phenobarbital</i>	12	PRALATREXATE	10
OXYCONTIN	15	<i>phenohytro</i>	38	<i>pramipexole</i>	12
<i>oxymorphone</i>	15	<i>phenoxybenzamine</i>	22	<i>prasugrel</i>	23
OZURDEX	53	<i>phenylephrine hcl</i>	53	<i>pravastatin</i>	24
P		<i>phenytoin</i>	12	<i>praziquantel</i>	5
<i>pacerone</i>	20	<i>phenytoin sodium extended</i> ..	12	<i>prazosin</i>	22
PACLITAXEL PROTEIN-		PHESGO	10	PRECISION XTRA	
BOUND	9	<i>philit</i>	50	KETONE-GLUCOSE	34
<i>paliperidone</i>	19	<i>phosphate laxative</i>	40	PRECISION XTRA	
PALYNZIQ	36	PHOSPHOLINE IODIDE	51	MONITOR	34
PANCREAZE	40	<i>phytonadione (vitamin k1)</i>	23	PRECISION XTRA TEST	32
<i>pantoprazole</i>	41	<i>pilocarpine hcl</i>	31, 51	<i>prednicarbate</i>	30
PARAGARD T 380A	46	<i>pimecrolimus</i>	26	<i>prednisolone</i>	32
<i>paricalcitol</i>	36	<i>pimozide</i>	19	<i>prednisolone acetate</i>	53
<i>paroex oral rinse</i>	31	<i>pimtrea (28)</i>	50	<i>prednisolone sodium</i>	
<i>paromomycin</i>	5	<i>pindolol</i>	22	<i>phosphate</i>	32, 53
<i>paroxetine hcl</i>	19	<i>pioglitazone</i>	37	<i>prednisone</i>	32
<i>paroxetine</i>		<i>pioglitazone-glimepiride</i>	37	<i>prednisone intensol</i>	32
<i>mesylate(menop.sym)</i>	19	<i>pioglitazone-metformin</i>	37	<i>pregabalin</i>	12
PAXLOVID	4	PIQRAY	10	PREHEVBRIO (PF)	43
<i>pazopanib</i>	9	<i>pirfenidone</i>	55	<i>prenal chew</i>	57
PEDIARIX (PF)	43	<i>piroxicam</i>	17	<i>prenal pearl</i>	57
PEDVAX HIB (PF)	43	<i>pitavastatin calcium</i>	24	<i>prenal true</i>	57
<i>peg 3350-electrolytes</i>	40	PLEGRIDY	42	<i>prenatabs fa</i>	57
<i>peg3350-sod sul-nacl-kcl-asb-c</i>		<i>plerixafor</i>	42	<i>prenatabs rx</i>	57
.....	40	PNEUMOVAX-23	43	<i>prenatal</i>	57
PEGASYS	42	<i>pnv-select</i>	57	<i>prenatal complete</i>	57
<i>peg-electrolyte soln</i>	40	POCKET CHAMBER	33	<i>prenatal multi-dha (algal oil)</i>	
PEMAZYRE	10	<i>podofilox</i>	26	.....	57
PENBRAYA (PF)	43	<i>polycin</i>	51	<i>prenatal multivitamins</i>	57
<i>penciclovir</i>	28	<i>polyethylene glycol 3350</i>	40	<i>prenatal one daily</i>	57
<i>penicillamine</i>	46	<i>polymyxin b sulf-trimethoprim</i>		<i>prenatal plus</i>	57
<i>penicillin v potassium</i>	6	.....	51	<i>prenatal plus (calcium carb)</i>	57
PENTACEL (PF)	43	POMALYST	10	<i>prenatal plus (calcium carb)</i>	57
<i>pentamidine</i>	5	PONVORY	42	<i>prenatal vit no. 179-iron-folic</i>	
PENTASA	40	PONVORY 14-DAY		.....	57
<i>pentazocine-naloxone</i>	17	STARTER PACK	42	<i>prenatal vitamin</i>	57
<i>pentoxifylline</i>	23	<i>portia 28</i>	50	<i>prenatal vitamin with minerals</i>	
<i>perindopril erbumine</i>	22	<i>posaconazole</i>	3	.....	57
				<i>prevalite</i>	24

PREVNAR 20 (PF)	43
PREVYMIS	4
PREZCOBIX	4
PREZISTA	4
PRIFTIN	5
<i>primaquine</i>	5
PRIMEAIRE	33
<i>primidone</i>	12
PRIORIX (PF)	43
<i>probenecid</i>	44
<i>probenecid-colchicine</i>	44
<i>procentra</i>	19
PROCHAMBER	33
<i>prochlorperazine</i>	40
<i>prochlorperazine maleate</i>	40
PROCRT	42
<i>procto-med hc</i>	40
<i>proctosol hc</i>	40
<i>proctozone-hc</i>	40
PROFILNINE	23
<i>progesterone</i>	47
<i>progesterone micronized</i>	47
PROGRAF	10
PROLASTIN-C	31
<i>prolate</i>	15
PROLEUKIN	42
PROMACTA	23
<i>promethazine</i>	53
<i>promethazine vc</i>	54
<i>promethazine-codeine</i>	54
<i>promethazine-dm</i>	54
<i>promethegan</i>	53
<i>propafenone</i>	20
<i>proparacaine</i>	52
<i>propranolol</i>	22
<i>propranolol-</i> <i>hydrochlorothiazid</i>	22
<i>propylthiouracil</i>	32
PROQUAD (PF)	43
<i>protriptyline</i>	19
<i>prudoxin</i>	26
<i>pulmosal</i>	55
PULMOZYME	55
<i>purelax</i>	40
PURIXAN	10
<i>pyrazinamide</i>	5
<i>pyridostigmine bromide</i>	14
<i>pyrimethamine</i>	5

Q	
QUADRACEL (PF)	43
QUAZEPAM	19
<i>quetiapine</i>	19
<i>quinapril</i>	22
<i>quinapril-hydrochlorothiazide</i>	22
<i>quinidine gluconate</i>	20
<i>quinidine sulfate</i>	20
<i>quinine sulfate</i>	5
<i>quit 2</i>	31
<i>quit 4</i>	31
QVAR REDHALER	55
R	
RABAVERT (PF)	44
<i>rabeprazole</i>	41
RADICAVA	13
RADICAVA ORS STARTER KIT SUSP	13
RAGWITEK	44
<i>raloxifene</i>	44
<i>ramelteon</i>	19
<i>ramipril</i>	22
<i>ranolazine</i>	24
<i>rasagiline</i>	12
REBIF (WITH ALBUMIN)	42
REBIF REBIDOSE	42
REBIF TITRATION PACK	42
<i>reclipsen (28)</i>	50
RECOMBIVAX HB (PF)	44
REGRANEX	26
RELENZA DISKHALER	4
RELION NOVOLIN 70/30	35
RELION NOVOLIN N	35
RELION NOVOLIN R	35
RELISTOR	40
RENACIDIN	56
<i>rena-vite</i>	57
<i>repaglinide</i>	37
REPATHA PUSHTRONEX	24
REPATHA SURECLICK	24
REPATHA SYRINGE	24
RESTASIS MULTIDOSE	52
RETACRIT	42
REVCovi	31
REVLIMID	10
REXTOVY	17
REXULTI	19
REYATAZ	4

REZDIFFRA	31
RIASTAP	23
<i>ribavirin</i>	4, 41
RIDAURA	46
<i>rifabutin</i>	5
<i>rifampin</i>	5
<i>riluzole</i>	31
<i>rimantadine</i>	4
<i>ringer's</i>	30
RINVOQ	46
RINVOQ LQ	46
<i>risedronate</i>	31, 44
<i>risperidone</i>	19
<i>risperidone microspheres</i>	19
RITEFLO AEROCHAMBER	33
<i>ritonavir</i>	4
<i>rivastigmine</i>	13
<i>rivastigmine tartrate</i>	13
<i>rivelsa</i>	50
<i>rizatriptan</i>	13
ROCTAVIAN	23
<i>roflumilast</i>	55
<i>romidepsin</i>	10
<i>ropinirole</i>	12
<i>rosadan</i>	27
<i>rosula cleansing cloths</i>	27
<i>rosuvastatin</i>	24
ROTARIX	44
ROTATEQ VACCINE	44
<i>roweepra</i>	12
ROZLYTREK	10
RUBRACA	10
RUCONEST	55
<i>rufinamide</i>	12
RUXIENCE	10
RYDAPT	10
RYKINDO	19
S	
<i>sajazir</i>	55
<i>salsalate</i>	17
SANTYL	30
<i>sapropterin</i>	36
SAVELLA	46
<i>saxagliptin</i>	37
<i>saxagliptin-metformin</i>	37
<i>scalacort</i>	30
SCEMBLIX	10
<i>scopolamine base</i>	40

SEGLUROMET	37	SOMAVERT	36	<i>sulfatrim</i>	6
<i>selegiline hcl</i>	12	<i>sorafenib</i>	10	<i>sulindac</i>	17
<i>selenium sulfide</i>	25	<i>sotalol</i>	20	<i>sumatriptan</i>	13
SELZENTRY	4	<i>sotalol af</i>	20	<i>sumatriptan succinate</i>	13
SEMGLEE(INSULIN		SOTYKTU	25	<i>sumatriptan-naproxen</i>	13
GLARGINE-YFGN).....	35	SOTYLIZE	20	<i>sunitinib malate</i>	10
SEMGLEE(INSULIN		SPACE CHAMBER.....	33	SUNOSI.....	19
GLARG-YFGN)PEN	35	SPEVIGO	25	<i>super b maxi complex</i>	58
<i>se-natal 19 chewable</i>	57	<i>spinosad</i>	30	<i>super b-50 complex</i>	58
<i>se-natal-19</i>	57	SPINRAZA (PF)	13	<i>super quints</i>	58
<i>sertraline</i>	19	SPIRIVA RESPIMAT.....	55	<i>syeda</i>	50
<i>setlakin</i>	50	<i>spironolactone</i>	22	SYLVANT	10
<i>sevelamer carbonate</i>	38	<i>spironolacton-</i>		<i>symax fastabs</i>	38
<i>sevelamer hcl</i>	38	<i>hydrochlorothiaz</i>	22	<i>symax-sl</i>	38
SEVENFACT.....	23	<i>sprintec (28)</i>	50	<i>symax-sr</i>	38
<i>sharobel</i>	47	SPRYCEL	10	SYMDEKO	55
SHINGRIX (PF).....	44	<i>sps (with sorbitol)</i>	38	SYMLINPEN 120	37
SIGNIFOR	10	<i>sronyx</i>	50	SYMLINPEN 60	37
<i>sildenafil (pulm.hypertension)</i>		<i>ssd</i>	25	SYNAGIS.....	4
.....	55	<i>sss 10-5</i>	27	SYNJARDY	37
<i>silodosin</i>	56	<i>st joseph aspirin</i>	17	SYNJARDY XR.....	37
<i>silver sulfadiazine</i>	25	STAMARIL (PF)	44	T	
SIMLANDI(CF)		STEGLATRO.....	37	TABRECTA	10
AUTOINJECTOR.....	46	STELARA	25	<i>tacrolimus</i>	10, 26
<i>simliya (28)</i>	50	STIOLTO RESPIMAT.....	55	<i>tadalafil</i>	56
<i>simpesse</i>	50	STIVARGA.....	10	<i>tadalafil (pulm. hypertension)</i>	
SIMPONI	46	<i>stop smoking aid</i>	31	.....	55
<i>simvastatin</i>	24	STRENSIQ.....	36	TAFINLAR	10
<i>sirolimus</i>	10	<i>stress formula with iron</i>	58	<i>tafluprost (pf)</i>	52
SIRTURO.....	5	<i>stress formula with iron(sulf)</i>	58	TAGRISSE.....	10
SIVEXTRO	5	STRIVERDI RESPIMAT	55	TAKHZYRO	55
SKYLA.....	46	<i>strong iodine</i>	27, 57	TALTZ AUTOINJECTOR ..	25
SKYRIZI	25, 40	SUBLOCADE	15	TALTZ AUTOINJECTOR (2	
SKYSONA	13	<i>subvenite</i>	12	PACK).....	25
<i>smoothlax</i>	40	<i>subvenite starter (blue) kit</i>	12	TALTZ AUTOINJECTOR (3	
<i>sodium chloride</i>	31, 55	<i>subvenite starter (green) kit</i> .	12	PACK).....	25
<i>sodium chloride 0.9 %</i>	31	<i>subvenite starter (orange) kit</i>	12	TALTZ SYRINGE	25
<i>sodium citrate-citric acid</i>	56	SUCRAID	40	TALZENNA.....	10
SODIUM OXYBATE	19	<i>sucalfate</i>	41	<i>tamoxifen</i>	10
<i>sodium phenylbutyrate</i>	31	<i>sulfacetamide sodium</i>	25, 53	<i>tamsulosin</i>	56
<i>sodium polystyrene sulfonate</i>	38	<i>sulfacetamide sodium (acne)</i> ..	27	<i>tanlor</i>	14
<i>sodium,potassium,mag sulfates</i>		<i>sulfacetamide sodium-sulfur</i>	27	<i>tarina 24 fe</i>	50
.....	40	<i>sulfacetamide-prednisolone</i>	53	<i>tarina fe 1/20 (28)</i>	50
<i>solifenacin</i>	56	<i>sulfacleanse 8-4</i>	27	TASIGNA.....	10
SOLIRIS.....	31	<i>sulfadiazine</i>	6	<i>tavaborole</i>	28
SOLTAMOX.....	10	<i>sulfamethoxazole-trimethoprim</i>		TAVALISSE	23
<i>soluvita</i>	57	.....	6	<i>tazarotene</i>	27
<i>solvita a,c,d with fluoride</i>	58	SULFAMYLON.....	27	TDVAX	44
SOMATULINE DEPOT	10	<i>sulfasalazine</i>	40	TECENTRIQ.....	10

TEGSEDI	14	<i>tolterodine</i>	56	<i>tri-lo-mili</i>	50
<i>telmisartan</i>	22	<i>tolvaptan</i>	36	<i>tri-lo-sprintec</i>	50
<i>telmisartan-amlodipine</i>	22	<i>topiramate</i>	12	<i>trimethobenzamide</i>	40
<i>telmisartan-hydrochlorothiazid</i>	22	<i>topotecan</i>	10	<i>trimethoprim</i>	7
<i>temazepam</i>	19	<i>toremifene</i>	10	<i>tri-mili</i>	50
TEMODAR	10	TORPENZ.....	10	<i>trimipramine</i>	20
<i>temozolomide</i>	10	<i>torse mide</i>	22	TRIMO-SAN JELLY	47
<i>temsirolimus</i>	10	TOUJEO MAX U-300 SOLOSTAR	35	<i>trinatal rx 1</i>	58
<i>tencon</i>	15	TOUJEO SOLOSTAR U-300 INSULIN	36	<i>trinate</i>	58
TENIVAC (PF).....	44	<i>tovet emollient</i>	30	TRINTELLIX.....	20
<i>tenofovir disoproxil fumarate</i>	4	TRACLEER	55	<i>tri-nymyo</i>	50
<i>terazosin</i>	22	<i>tramadol</i>	17	TRIPTODUR.....	11
<i>terbinafine hcl</i>	3	<i>tramadol-acetaminophen</i>	17	<i>tri-sprintec (28)</i>	50
<i>terbutaline</i>	55	<i>trandolapril</i>	22	TRIUMEQ.....	4
<i>terconazole</i>	47	<i>trandolapril-verapamil</i>	22	TRIUMEQ PD.....	4
<i>teriflunomide</i>	42	<i>tranexamic acid</i>	47	<i>tri-vitamin with fluoride</i>	58
<i>teriparatide</i>	44	<i>tranylcypromine</i>	20	<i>trivora (28)</i>	50
<i>testosterone</i>	36	<i>travoprost</i>	52	<i>tri-vylibra</i>	50
<i>testosterone cypionate</i>	36	TRAZIMERA.....	10	<i>tri-vylibra lo</i>	50
<i>testosterone enanthate</i>	36	<i>trazodone</i>	20	TROGARZO	4
<i>tetrabenazine</i>	14	TRECATOR.....	5	<i>tropicamide</i>	51
<i>tetracaine hcl</i>	52	TRELEGY ELLIPTA.....	55	<i>tropium</i>	56
<i>tetracycline</i>	6	TREMFYA.....	25	TRULANCE.....	40
TEZSPIRE.....	55	<i>treprostinil sodium</i>	22	TRULICITY	37
THALOMID.....	10	<i>tretinoin</i>	27	TRUMENBA.....	44
<i>theophylline</i>	55	<i>tretinoin (antineoplastic)</i>	10	TRUSTEX-RIA NON-LUB CONDOMS	46
<i>thioridazine</i>	19	<i>tretinoin microspheres</i>	27	<i>tulana</i>	47
<i>thiothixene</i>	20	TRETTEN	23	<i>turqoz (28)</i>	50
<i>thyroid (pork)</i>	38	<i>triamcinolone acetonide</i>	30, 31	TWINRIX (PF).....	44
<i>tiadylt er</i>	22	<i>triamterene</i>	22	<i>tydemy</i>	50
<i>tiagabine</i>	12	<i>triamterene-hydrochlorothiazid</i>	22	TYENNE	46
TIBSOVO.....	10	<i>triazolam</i>	20	TYENNE AUTOINJECTOR	46
TICOVAC	44	<i>tricon</i>	58	TYMLOS.....	44
<i>tilia fe</i>	50	<i>tridacaine ii</i>	27	TYPHIM VI.....	44
<i>timolol maleate</i>	22, 51	<i>triderm</i>	30	TYSABRI	14
<i>timolol maleate (pf)</i>	51	<i>trientine</i>	31	TYVASO	55
<i>tinidazole</i>	5	<i>tri-estarylla</i>	50	TYVASO DPI	55
<i>tiopronin</i>	31	<i>trifluoperazine</i>	20	TYVASO REFILL KIT	56
<i>tiotropium bromide</i>	55	<i>trifluridine</i>	51	TYVASO STARTER KIT	56
<i>tis-u-sol pentalyte</i>	30	<i>trihexyphenidyl</i>	13	U	
TIVICAY	4	TRIJARDY XR.....	37	<i>unithroid</i>	38
TIVICAY PD	4	TRIKAFTA	55	UNITUXIN.....	11
<i>tizanidine</i>	14	<i>tri-legest fe</i>	50	UPTRAVI.....	22
<i>tobramycin</i>	5, 51	<i>tri-linyah</i>	50	<i>uretron d-s</i>	56
<i>tobramycin in 0.225 % nacl</i>	5	<i>tri-lo-estarylla</i>	50	<i>urimar-t</i>	56
<i>tobramycin-dexamethasone</i>	52	<i>tri-lo-marzia</i>	50	<i>uro-458</i>	56
<i>tolcapone</i>	12			<i>urogesic-blue</i>	56
<i>tolmetin</i>	17				

<i>uro-mp</i>	56	<i>vigadrone</i>	12	XARELTO DVT-PE TREAT	
<i>uro-sp</i>	56	<i>vigpoder</i>	12	30D START.....	23
<i>ursodiol</i>	40	VIJOICE.....	11	XDEMVY.....	52
<i>uryl</i>	56	<i>vilazodone</i>	20	XELJANZ.....	46
V		VIMIZIM.....	36	XELJANZ XR.....	46
<i>valacyclovir</i>	4	VIOKACE.....	40	XEMBIFY.....	44
VALCHLOR.....	26	<i>viorele (28)</i>	50	XENPOZYME.....	31
<i>valganciclovir</i>	4	VIRACEPT.....	4	XERESE.....	28
<i>valproic acid</i>	12	VIREAD.....	4	XERMELO.....	11
<i>valproic acid (as sodium salt)</i>		VISCO-3.....	17	XGEVA.....	7
.....	12	<i>vitamin b complex-folic acid</i>	58	XIFAXAN.....	5
<i>valsartan</i>	22	<i>vitamin k</i>	23	XIGDUO XR.....	38
<i>valsartan-hydrochlorothiazide</i>		<i>vitamin k1</i>	23	XIIDRA.....	52
.....	22	<i>vitamins a,c,d and fluoride</i> ...	58	XOLAIR.....	56
<i>vancomycin</i>	7	VITRAKVI.....	11	XOSPATA.....	11
<i>vandazole</i>	47	VIVITROL.....	17	<i>xulane</i>	47
VAQTA (PF).....	44	VIVOTIF.....	44	XURIDEN.....	31
<i>varenicline</i>	31	VIZIMPRO.....	11	XYNTHA.....	24
VARIVAX (PF).....	44	<i>volnea (28)</i>	50	XYNTHA SOLOFUSE.....	24
VARUBL.....	40	VONJO.....	11	XYWAV.....	20
VAXCHORA VACCINE ...	44	VONVENDI.....	23	Y	
VAXELIS (PF).....	44	<i>voriconazole</i>	3	YERVOY.....	11
VAXNEUVANCE (PF).....	44	VORTEX HOLDING		YESCARTA.....	11
VCF CONTRACEPTIVE		CHAMBER.....	33	YF-VAX (PF).....	44
FILM.....	47	VUMERITY.....	42	YONDELIS.....	11
VCF CONTRACEPTIVE GEL		<i>vyfemla (28)</i>	50	<i>yuvafem</i>	47
.....	47	<i>vylibra</i>	50	Z	
VECTIBIX.....	11	VYNDAMAX.....	25	ZADITOR.....	52
<i>veletri</i>	22	VYND AQEL.....	25	<i>zafemy</i>	47
<i>velivet triphasic regimen (28)</i>		VYXEOS.....	11	<i>zafirlukast</i>	56
.....	50	VYZULTA.....	52	<i>zaleplon</i>	20
VELPHORO.....	38	W		<i>zarah</i>	50
VEMLIDY.....	4	<i>wal-zyr (ketotifen)</i>	52	ZEJULA.....	11
VENCLEXTA.....	11	<i>warfarin</i>	23	ZELBORAF.....	11
VENCLEXTA STARTING		<i>water for irrigation, sterile</i> ...	31	ZEMAIRA.....	31
PACK.....	11	<i>wera (28)</i>	50	<i>zenatane</i>	27
<i>venlafaxine</i>	20	<i>wesnatal dha complete</i>	58	ZENPEP.....	40
VENOFER.....	58	<i>wesnate dha</i>	58	<i>zenzedi</i>	20
<i>verapamil</i>	22	<i>westab plus</i>	58	ZEPATIER.....	4
VEREGEN.....	26	<i>westgel dha</i>	58	ZEPOSIA.....	14
VERQUVO.....	24	<i>wintergreen oil</i>	26	ZEPOSIA STARTER KIT (28-	
VERZENIO.....	11	<i>wixela inhub</i>	56	DAY).....	14
<i>vestura (28)</i>	50	<i>women's gentle laxative(bisac)</i>		ZEPOSIA STARTER PACK	
V-GO 20.....	34	.....	40	(7-DAY).....	14
V-GO 30.....	34	<i>wymzya fe</i>	50	<i>zidovudine</i>	4
V-GO 40.....	34	X		ZIEXTENZO.....	42
VIBERZI.....	40	XALKORI.....	11	<i>zileuton</i>	56
<i>vienva</i>	50	XARELTO.....	23	<i>ziprasidone hcl</i>	20
<i>vigabatrin</i>	12			ZIRABEV.....	11

ZOLADEx.....	11	<i>zonisamide</i>	12	ZURZUVAE.....	20
<i>zoledronic acid</i>	36	ZONTIVITY	24	ZYDELIG.....	11
<i>zoledronic acid-mannitol-water</i>	31, 36	<i>zovia 1-35 (28)</i>	50	ZYKADIA.....	11
ZOLGENSMA	14	ZTALMY	12	ZYMFENTRA.....	40
ZOLINZA.....	11	ZTLIDO.....	27	ZYNTEGLO.....	42
<i>zolmitriptan</i>	13	ZUBSOLV.....	17	ZYNYZ.....	11
<i>zolpidem</i>	20	ZULRESSO.....	20		
		<i>zumandimine (28)</i>	51		



This formulary was updated on 10/1/2024. 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.