

2026

June 1, 2026



2026 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 6/1/2026.

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

Pharmacy Benefit Programs

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

Definitions

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

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

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

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

How to Use Your Prescription Benefit

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

Specialty Pharmacy Program

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

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

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

Drugs Requiring Prior Authorization

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

Quantity per Dispensing Event (QPDE rules)

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

Non-Formulary Coverage Review

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

Generic Difference Policy

(copayment policy for multi-source drugs)

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

Out-of-Area Emergencies

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

Exclusions and Limitations

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

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

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

Pain Management Program and Opiate/Opioid Management

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

The acute use of opioid medications for moderate to severe pain from acute injury, medical treatment or surgical procedure will be limited. The first fill of an opioid medication will be limited to a 7 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.

Pursuant to WV Code §33-16-3cc, §33-25A-8u, §33-16-3ff and §33-25A-8r, utilization management requirements may be removed for drugs used to treat behavioral, mental health and substance use disorders. Please contact Pharmacy Services if you have a question about your specific drug coverage.

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	12
AUTONOMIC & CNS DRUGS, NEUROLOGY	20
CARDIOVASCULAR, HYPERTENSION & LIPIDS	21
DERMATOLOGICALS/TOPICAL THERAPY	26
DIAGNOSTICS & MISCELLANEOUS AGENTS	31
EAR, NOSE & THROAT MEDICATIONS	32
ENDOCRINE/DIABETES	33
GASTROENTEROLOGY	38
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	42
MUSCULOSKELETAL & RHEUMATOLOGY	44
OBSTETRICS & GYNECOLOGY	45
OPHTHALMOLOGY	49
RESPIRATORY, ALLERGY, COUGH & COLD	52
UROLOGICALS	55
VITAMINS, HEMATINICS & ELECTROLYTES	56
Index	58

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole</i>	1	
CRESEMBA	2	PA
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL (99 per 99 days)
<i>flucytosine</i>	1	PA
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	QL (99 per 99 days)
<i>ketoconazole</i>	1	
NOXAFIL	2	PA
<i>nystatin</i>	1	
<i>posaconazole</i>	1	PA
<i>terbinafine hcl</i>	1	
<i>voriconazole</i>	1	PA
ANTIVIRALS		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	
<i>acyclovir</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	
APRETUDE	4	
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	
DELSTRIGO	2	
DESCOVY ORAL TABLET 120-15 MG	2	
DESCOVY ORAL TABLET 200-25 MG	6	ACA
DOVATO	2	
EDURANT	2	
EDURANT PED	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabin-tenofov</i>	1	
<i>efavirenz-lamivu-tenofov disop</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i>	6	ACA
<i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i>	1	
<i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i>	1	
EMTRIVA	2	
ENFLONSIA	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>entecavir</i>	1	
EPCLUSA	2	PA; QL (99 per 99 days)
<i>etravirine</i>	1	
<i>famciclovir</i>	1	QL (99 per 99 days)
<i>fosamprenavir</i>	1	
GENVOYA	2	
HARVONI	2	PA; QL (99 per 99 days)
INTELENCE	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
LAGEVRIO (EUA)	2	QL (99 per 99 days)
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	
<i>nevirapine</i>	1	
NORVIR	2	
ODEFSEY	2	
<i>oseltamivir</i>	1	QL (99 per 99 days)
PAXLOVID	2	QL (99 per 99 days)
PIFELTRO	2	
PREVYMIS	2	QL (99 per 99 days)
PREZCOBIX	2	
PREZISTA	2	
RELENZA DISKHALER	3	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
REYATAZ	2	
<i>ribavirin inhalation</i>	1	PA
<i>ribavirin oral</i>	4	ST
<i>rilpivirine hcl</i>	1	
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	
SELZENTRY	2	
<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	
YEZTUGO	4	
ZEPATIER	2	PA; QL (99 per 99 days)
<i>zidovudine</i>	1	
CEPHALOSPORINS		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	
<i>cefixime</i>	1	
<i>cefprozime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cephalexin</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
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
<i>e.e.s. 400</i>	1	
<i>ery-tab</i>	1	
<i>erythrocin (as stearate)</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>fidaxomicin</i>	1	QL (99 per 99 days)
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	QL (99 per 99 days)
ALINIA	2	QL (99 per 99 days)
ARIKAYCE	4	PA; LA
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QL (99 per 99 days)
BENZNIDAZOLE	2	QL (99 per 99 days)
CAYSTON	4	PA; LA; QL (99 per 99 days)
<i>chloroquine phosphate</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	2	QL (99 per 99 days)
<i>cycloserine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dapsone</i>	1	
EMVERM	2	QL (99 per 99 days)
<i>ethambutol</i>	1	
<i>hydroxychloroquine</i>	1	
IMPAVIDO	2	PA; QL (99 per 99 days)
<i>isoniazid</i>	1	
<i>ivermectin</i>	1	PA; QL (99 per 99 days)
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>pentamidine</i>	1	QL (99 per 99 days)
<i>praziquantel</i>	1	
PRETOMANID	3	PA
PRIFTIN	2	
<i>primaquine</i>	1	QL (99 per 99 days)
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	1	PA
<i>quinine sulfate</i>	1	QL (99 per 99 days)
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
SIRTURO	2	PA; LA
<i>tinidazole</i>	1	QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>tobramycin</i>	4	PA; QL (99 per 99 days)
<i>tobramycin in 0.225 % nacl</i>	4	PA; QL (99 per 99 days)
XIFAXAN	2	PA; QL (99 per 99 days)

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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic</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	ST
<i>minocycline oral tablet extended release 24 hr</i>	1	ST
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>mondoxyne nl oral capsule 75 mg</i>	1	ST
<i>tetracycline oral capsule</i>	1	
<i>tetracycline oral tablet</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	
<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		
BILPREVDA	4	PA; QL (99 per 99 days)
KEPIVANCE	4	PA
<i>leucovorin calcium</i>	1	
OSENVELT	4	PA; QL (99 per 99 days)
VISTOGARD	4	PA; QL (99 per 99 days)
XGEVA	4	PA; QL (99 per 99 days)
XTRENBO	4	PA; QL (99 per 99 days)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	4	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>abirtega</i>	4	PA; QL (99 per 99 days)
ADAKVEO	4	PA
ADCETRIS	4	PA
ALECENSA	4	PA; QL (99 per 99 days)
ALUNBRIG	4	PA; QL (99 per 99 days)
AMTAGVI	4	PA
<i>anastrozole</i>	1	
AVMAPKI-FAKZYNJA	4	PA
<i>azacitidine</i>	4	PA
<i>azathioprine</i>	1	
BALVERSA	4	PA; LA
BAVENCIO	4	PA; LA
<i>bendamustine</i>	4	PA
BENDEKA	4	PA
BESPONSA	4	PA
<i>bevacizumab</i>	1	
<i>bexarotene</i>	4	PA
<i>bicalutamide</i>	1	
BIZENGRI	4	PA
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

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Drug Name	Drug Tier	Requirements / Limits
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	
<i>cyclosporine modified</i>	1	
CYRAMZA	4	PA
DANZITEN	4	PA
DARZALEX	4	PA; LA
<i>dasatinib</i>	4	PA; QL (99 per 99 days)
<i>decitabine</i>	4	PA
DROXIA	2	
ELIGARD	4	PA
ELIGARD (3 MONTH)	4	PA
ELIGARD (4 MONTH)	4	PA
ELIGARD (6 MONTH)	4	PA
ELZONRIS	4	PA
ENSACOVE	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
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
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)
GOMEKLI	4	PA
HERCESSI	4	PA
HYCAMTIN	4	PA
<i>hydroxyurea</i>	1	
ICLUSIG	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
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
IMKELDI	4	PA
INLURIYO	4	PA
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
KEYTRUDA	4	PA
KEYTRUDA QLEX	4	PA
KIMMTRAK	4	PA
KISQALI	4	PA; QL (99 per 99 days)
KOMZIFTI	4	PA
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	

Drug Name	Drug Tier	Requirements / Limits
LEUKERAN	2	
<i>leuprolide</i>	4	PA
LIBTAYO	4	PA
<i>lomustine</i>	1	
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
LYNPARZA	4	PA; QL (99 per 99 days)
LYSODREN	4	
LYTGOBI	4	PA; LA
MATULANE	4	PA
<i>megestrol</i>	1	
MEKINIST	4	PA; QL (99 per 99 days)
<i>mercaptopurine oral suspension</i>	4	ST
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>mitoxantrone</i>	4	PA
MODEYSO	4	PA
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</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
MYHIBBIN	2	
MYLERAN	2	
MYLOTARG	4	PA; LA
<i>nelarabine</i>	4	PA
NEMLUVIO	4	PA; QL (99 per 99 days)
NERLYNX	4	PA; LA
<i>nilotinib hcl</i>	4	PA; QL (99 per 99 days)
<i>nilutamide</i>	1	PA
NINLARO	4	PA; QL (99 per 99 days)
NUBEQA	4	PA; LA; QL (99 per 99 days)
<i>octreotide acetate</i>	4	PA
<i>octreotide, microspheres</i>	4	PA; QL (99 per 99 days)
ODOMZO	4	PA; LA; QL (99 per 99 days)
OGIVRI	4	PA
OJEMDA	4	PA
ONIVYDE	4	PA
OPDIVO	4	PA
OPDIVO QVANTIG	4	PA
OPDUALAG	4	PA
ORSERDU	4	PA; QL (99 per 99 days)
<i>paclitaxel protein-bound</i>	4	PA
<i>pazopanib</i>	4	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
PEMAZYRE	4	PA; LA; QL (99 per 99 days)
PERJETA	4	PA
PHESGO	4	PA
PIQRAY	4	PA
<i>pomalidomide</i>	4	PA
POMALYST	4	PA; LA
POTELIGEO	4	PA
<i>pralatrexate</i>	4	PA
PROGRAF	2	
PURIXAN	4	ST
REVUFORJ	4	PA
<i>romidepsin</i>	4	PA
ROZLYTREK	4	PA; LA; QL (99 per 99 days)
RUXIENCE	4	PA
RYDAPT	4	PA; QL (99 per 99 days)
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)
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

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>tacrolimus</i>	1	
TAFINLAR	4	PA; QL (99 per 99 days)
TAGRISO	4	PA; LA; QL (99 per 99 days)
TALZENNA	4	PA; QL (99 per 99 days)
<i>tamoxifen</i>	1	
TECELRA	4	PA
TECENTRIQ	4	PA; LA
TECENTRIQ HYBREZA	4	PA
TEMODAR	4	PA
<i>temozolomide</i>	4	PA
<i>temsirolimus</i>	4	PA
TEVIMBRA	4	PA
THALOMID	4	PA; QL (99 per 99 days)
TIBSOVO	4	PA
<i>topotecan</i>	4	PA
<i>toremifene</i>	1	
<i>torpenz</i>	4	PA; QL (99 per 99 days)
<i>tretinoin (antineoplastic)</i>	1	
TRIPTODUR	4	PA
UNITUXIN	4	PA
<i>valrubicin</i>	4	PA
VECTIBIX	4	PA
VENCLEXTA	4	PA; LA; QL (99 per 99 days)
VENCLEXTA STARTING PACK	4	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
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)
VYLOY	4	PA
VYXEOS	4	PA
XALKORI	4	PA; QL (99 per 99 days)
XERMELO	4	PA; LA; QL (99 per 99 days)
XOSPATA	4	PA; LA; QL (99 per 99 days)
XTANDI	4	PA; QL (99 per 99 days)
YERVOY	4	PA
YESCARTA	4	PA
YONDELIS	4	PA
ZEJULA	4	PA; LA; QL (99 per 99 days)
ZELBORAF	4	PA; QL (99 per 99 days)
ZIRABEV	4	PA
ZOLADEX	4	PA
ZOLINZA	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
ZYDELIG	4	PA; QL (99 per 99 days)
ZYKADIA	4	PA; QL (99 per 99 days)
ZYNYZ	4	PA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

<i>brivaracetam</i>	1	
<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>eslicarbazepine</i>	1	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution</i>	1	
<i>gabapentin oral tablet</i>	1	
<i>gabapentin oral tablet extended release 24 hr</i>	1	ST
<i>lacosamide</i>	1	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
<i>methsuximide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NAYZILAM	2	PA; QL (99 per 99 days)
<i>oxcarbazepine</i>	1	
<i>perampanel</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>relgaabi</i>	1	
<i>roweepra</i>	1	
<i>rufinamide</i>	1	PA
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral capsule, extended release 24hr</i>	1	ST
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	ST
<i>topiramate oral solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>topiramate oral tablet</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
<i>vigabatrin</i>	4	PA; LA; QL (99 per 99 days)
<i>vigadrone</i>	4	PA; QL (99 per 99 days)
<i>zonisamide</i>	1	
ZTALMY	4	PA; LA
ANTIPARKINSONISM AGENTS		
<i>apomorphine</i>	4	PA; QL (99 per 99 days)
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	PA
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	
INBRIJA	4	PA; QL (99 per 99 days)
NEUPRO	3	
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole</i>	1	
<i>selegiline hcl</i>	1	
<i>tolcapone</i>	1	PA
<i>trihexyphenidyl</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AJOVY AUTOINJECTOR	2	PA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
AJOVY SYRINGE	2	PA; QL (99 per 99 days)
<i>almotriptan malate</i>	1	ST; QL (99 per 99 days)
<i>dihydroergotamine injection</i>	1	PA
<i>dihydroergotamine nasal</i>	1	ST; QL (99 per 99 days)
<i>eletriptan</i>	1	QL (99 per 99 days)
EMGALITY PEN	2	PA; QL (99 per 99 days)
EMGALITY SYRINGE	2	PA; QL (99 per 99 days)
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
<i>frovatriptan</i>	1	ST; 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>zolmitriptan nasal</i>	1	ST; QL (99 per 99 days)
<i>zolmitriptan oral</i>	1	QL (99 per 99 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>dalfampridine</i>	4	PA; QL (99 per 99 days)
<i>dichlorphenamide</i>	4	PA

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Drug Name	Drug Tier	Requirements / Limits
<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 intravenous solution 30 mg/100 ml</i>	4	PA
EDARAVONE INTRAVENOUS SOLUTION 60 MG/100 ML	4	PA
FIRDAPSE	4	PA; LA
<i>galantamine</i>	1	
INGREZZA	4	PA; LA; QL (99 per 99 days)
INGREZZA INITIATION PK(TARDIV)	4	PA; QL (99 per 99 days)
INGREZZA SPRINKLE	4	PA; LA; QL (99 per 99 days)
<i>memantine</i>	1	
<i>memantine-donepezil</i>	1	ST
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

Drug Name	Drug Tier	Requirements / Limits
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	4	PA; QL (99 per 99 days)
SPINRAZA (PF) INTRATHECAL SOLUTION 28 MG/5 ML, 50 MG/5 ML	4	PA
<i>tetrabenazine</i>	4	PA; QL (99 per 99 days)
TYRUKO	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		
<i>baclofen oral solution</i>	1	PA
<i>baclofen oral suspension</i>	1	
<i>baclofen oral tablet</i>	1	
<i>carisoprodol</i>	1	
<i>carisoprodol-aspirin-codeine</i>	1	ST; QL (99 per 99 days)
<i>chlorzoxazone</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	1	PA
<i>cyclobenzaprine oral tablet</i>	1	
<i>dantrolene</i>	1	
<i>meprobamate</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine-asa-caffeine</i>	1	
<i>orphengesic forte</i>	1	
<i>pyridostigmine bromide</i>	1	
<i>tanlor</i>	1	
<i>tizanidine</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	1	ST; QL (99 per 99 days)
<i>acetaminophen-codeine</i>	1	ST; QL (99 per 99 days)
<i>ascomp with codeine</i>	1	
BRIXADI	4	
<i>buprenorphine</i>	1	ST
<i>buprenorphine hcl injection solution</i>	1	
<i>buprenorphine hcl injection syringe</i>	1	ST; QL (99 per 99 days)
<i>buprenorphine hcl sublingual</i>	1	
<i>butalbital-acetaminop-caf-cod</i>	1	
<i>butalbital-acetaminophen</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-acetaminophen-caff</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
<i>codeine sulfate</i>	1	ST; QL (99 per 99 days)
<i>codeine-butalbital-asa-caff</i>	1	
<i>diskets</i>	1	
<i>endocet</i>	1	ST; QL (99 per 99 days)
<i>fentanyl</i>	1	ST; QL (99 per 99 days)
<i>hydrocodone bitartrate</i>	1	ST; QL (99 per 99 days)
<i>hydrocodone-acetaminophen</i>	1	ST; QL (99 per 99 days)
<i>hydrocodone-ibuprofen</i>	1	ST; QL (99 per 99 days)
<i>hydromorphone</i>	1	ST; QL (99 per 99 days)
<i>levorphanol tartrate</i>	1	ST; QL (99 per 99 days)
<i>methadone</i>	1	
<i>methadose</i>	1	
<i>morphine</i>	1	ST; QL (99 per 99 days)
<i>morphine concentrate</i>	1	ST; QL (99 per 99 days)
<i>oxycodone</i>	1	ST; QL (99 per 99 days)
<i>oxycodone-acetaminophen</i>	1	ST; QL (99 per 99 days)
<i>oxymorphone</i>	1	ST; QL (99 per 99 days)
<i>prolate</i>	1	ST; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
SUBLOCADE	4	
<i>tencon</i>	1	
NON-NARCOTIC ANALGESICS		
<i>aspirin</i>	6	ACA; OTC
<i>aspirin childrens</i>	6	ACA; OTC
<i>bayer low dose aspirin</i>	6	ACA; OTC
<i>buprenorphine-naloxone</i>	1	
<i>butorphanol</i>	1	ST; QL (99 per 99 days)
<i>celecoxib</i>	1	
<i>diclofenac potassium oral capsule</i>	1	ST
<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 gel</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

Drug Name	Drug Tier	Requirements / Limits
<i>flurbiprofen</i>	1	
<i>ibu</i>	1	
<i>ibuprofen</i>	1	
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>indomethacin oral suspension</i>	1	ST
<i>indomethacin rectal</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr</i>	1	ST
<i>ketorolac</i>	1	QL (99 per 99 days)
<i>lofena</i>	1	ST
<i>lofexidine</i>	1	PA; QL (99 per 99 days)
<i>lurbiro</i>	1	
<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)
MONOVISC	4	PA
<i>nabumetone</i>	1	
<i>naloxone</i>	1	PA
<i>naltrexone</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>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	ST
<i>naproxen sodium oral tablet</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST
NUCYNTA ER	3	ST; QL (99 per 99 days)
ORTHOVISC	4	PA
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
REXTOVY	2	QL (99 per 99 days)
<i>salsalate</i>	1	
<i>st joseph aspirin</i>	6	ACA; OTC
<i>sulindac</i>	1	
<i>tapentadol</i>	1	ST; QL (99 per 99 days)
<i>tolectin ds</i>	1	ST
<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)
VIVITROL	4	
ZUBSOLV	2	

Drug Name	Drug Tier	Requirements / Limits
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII	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</i>	1	ST
<i>amphetamine sulfate</i>	1	PA
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL (99 per 99 days)
<i>aripiprazole oral tablet, disintegrating</i>	1	QL (99 per 99 days)
ARISTADA	2	
ARISTADA INITIO	2	
<i>armodafinil</i>	1	PA; QL (99 per 99 days)
<i>asenapine maleate</i>	1	QL (99 per 99 days)
<i>atomoxetine</i>	1	PA
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)

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>buspirone</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine</i>	1	
<i>citalopram oral capsule</i>	1	ST; QL (99 per 99 days)
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	QL (99 per 99 days)
<i>clomipramine</i>	1	
<i>clonidine hcl</i>	1	PA
<i>clorazepate dipotassium</i>	1	
<i>clozapine</i>	1	
<i>desipramine</i>	1	
<i>desvenlafaxine succinate</i>	1	ST; QL (99 per 99 days)
<i>dexmethylphenidate</i>	1	PA
<i>dextroamphetamine sulfate</i>	1	PA
<i>dextroamphetamine-amphetamine</i>	1	PA
<i>diazepam</i>	1	
<i>diazepam intensol</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<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)

Drug Name	Drug Tier	Requirements / Limits
<i>ergoloid</i>	1	
ERZOFRI	2	
<i>escitalopram oxalate oral solution</i>	1	ST
<i>escitalopram oxalate oral tablet</i>	1	QL (99 per 99 days)
<i>estazolam</i>	1	QL (99 per 99 days)
<i>eszopiclone</i>	1	QL (99 per 99 days)
FETZIMA	3	ST; QL (99 per 99 days)
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL (99 per 99 days)
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	ST; QL (99 per 99 days)
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL (99 per 99 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST
<i>fluphenazine hcl</i>	1	
<i>flurazepam</i>	1	QL (99 per 99 days)
<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	

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>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>lisdexamfetamine oral capsule</i>	1	PA
<i>lisdexamfetamine oral tablet, chewable</i>	1	ST
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
<i>lorazepam</i>	1	
<i>lorazepam intensol</i>	1	
LUMRYZ	4	ST; QL (99 per 99 days)
LUMRYZ STARTER PACK	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
<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

Drug Name	Drug Tier	Requirements / Limits
<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>molindone</i>	1	
<i>nortriptyline</i>	1	
<i>olanzapine</i>	1	QL (99 per 99 days)
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	1	
<i>paliperidone</i>	1	QL (99 per 99 days)
<i>paroxetine hcl oral suspension</i>	1	ST
<i>paroxetine hcl oral tablet</i>	1	QL (99 per 99 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	ST; QL (99 per 99 days)
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
<i>procentra</i>	1	PA
<i>protriptyline</i>	1	
<i>quetiapine</i>	1	QL (99 per 99 days)
<i>ramelteon</i>	1	QL (99 per 99 days)
REXULTI	3	QL (99 per 99 days)

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>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 capsule</i>	1	ST; QL (99 per 99 days)
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	QL (99 per 99 days)
<i>sodium oxybate</i>	4	ST; LA; QL (99 per 99 days)
SUNOSI	2	PA; QL (99 per 99 days)
<i>temazepam</i>	1	QL (99 per 99 days)
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine</i>	1	
<i>trazodone</i>	1	
<i>triazolam</i>	1	QL (99 per 99 days)
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	ST; QL (99 per 99 days)
<i>venlafaxine oral capsule, extended release 24hr</i>	1	QL (99 per 99 days)
<i>venlafaxine oral tablet</i>	1	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<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)
ZURZUVAE	4	QL (99 per 99 days)

AUTONOMIC & CNS DRUGS, NEUROLOGY

MULTIPLE SCLEROSIS AGENTS

AVONEX	4	PA; QL (99 per 99 days)
BETASERON	4	PA; QL (99 per 99 days)
<i>cladribine(multiple sclerosis)</i>	4	PA; QL (99 per 99 days)
<i>dimethyl fumarate</i>	2	PA; QL (99 per 99 days)
<i>fingolimod</i>	4	PA; QL (99 per 99 days)
<i>glatiramer</i>	4	PA; QL (99 per 99 days)
<i>glatopa</i>	4	PA; QL (99 per 99 days)
KESIMPTA 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
MAYZENT	4	PA; QL (99 per 99 days)
MAYZENT STARTER(FOR 1MG MAINT)	4	PA; QL (99 per 99 days)
MAYZENT STARTER(FOR 2MG MAINT)	4	PA; QL (99 per 99 days)
OCREVUS	4	PA; QL (99 per 99 days)
OCREVUS ZUNOVO	4	PA; QL (99 per 99 days)
PLEGRIDY	4	PA; QL (99 per 99 days)
REBIF (WITH ALBUMIN)	4	PA; QL (99 per 99 days)
REBIF REBIDOSE	4	PA; QL (99 per 99 days)
REBIF TITRATION PACK	4	PA; QL (99 per 99 days)
<i>teriflunomide</i>	4	PA; QL (99 per 99 days)
VUMERITY	4	PA; QL (99 per 99 days)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone</i>	1	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
<i>pacerone</i>	1	
<i>propafenone</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
<i>sotalol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>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>ethacrynic acid</i>	1	
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide</i>	1	
<i>guanfacine</i>	1	
<i>hydralazine</i>	1	
<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 ORAL TABLET 10 MG, 20 MG	2	PA; QL (99 per 99 days)
KERENDIA ORAL TABLET 40 MG	2	PA
<i>labetalol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>matzim la</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>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>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</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>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone-hydrochlorothiaz</i>	1	
<i>telmisartan</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	
<i>trandolapril-verapamil</i>	1	
<i>treprostinil sodium</i>	4	PA
<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 oral capsule, 24 hr er pellet ct</i>	1	ST
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	1	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
CARDIAC GLYCOSIDES		
<i>digoxin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
COAGULATION THERAPY		
ADVATE	4	PA
ADYNOVATE	4	PA
AFSTYLA	4	PA
ALHEMO PEN	4	PA
ALPHANATE	4	PA
ALTUVIIIO	4	PA
<i>aminocaproic acid</i>	1	
<i>aspirin-dipyridamole</i>	1	
BENEFIX	4	PA
CABLIVI	4	PA; LA
CEPROTIN (BLUE BAR)	4	PA
CEPROTIN (GREEN BAR)	4	PA
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
COAGADEX	4	PA
CORIFACT	4	PA
<i>dabigatran etexilate</i>	1	
<i>dipyridamole</i>	1	
DOPTELET (15 TAB PACK)	4	PA; LA; QL (99 per 99 days)
DOPTELET SPRINKLE	4	PA; QL (99 per 99 days)
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
ELIQUIS SPRINKLE	2	
ELOCTATE	4	PA
<i>eltrombopag olamine</i>	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>enoxaparin</i>	4	
ESPEROCT	4	PA
FEIBA NF	4	PA
<i>fondaparinux</i>	4	
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	
<i>heparin (porcine)</i>	1	
<i>heparin (porcine) in 0.9% nacl</i>	1	
<i>heparin (porcine) in 5 % dex</i>	1	
<i>heparin (porcine) in nacl (pf)</i>	1	
<i>heparin lock flush (porcine)</i>	1	
<i>heparin lockflush(porcine)(pf)</i>	1	
<i>heparin(porcine) in 0.45% nacl</i>	1	
<i>heparin, porcine (pf)</i>	1	
HUMATE-P	4	PA
HYMPAVZI PEN	4	PA
IDELVION	4	PA
JIVI	4	PA
KOVALTRY	4	PA
NOVOEIGHT	4	PA
NPLATE	4	PA

Drug Name	Drug Tier	Requirements / Limits
OBIZUR	4	PA
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) injection solution</i>	1	PA
<i>phytonadione (vitamin k1) injection syringe</i>	1	
<i>phytonadione (vitamin k1) oral</i>	1	PA; QL (99 per 99 days)
<i>prasugrel hcl</i>	1	
PROFILNINE	4	PA
RIASTAP	4	PA
<i>rivaroxaban</i>	1	
ROCTAVIAN	4	PA
SEVENFACT	4	PA
TAVALISSE	4	PA; LA; QL (99 per 99 days)
<i>ticagrelor</i>	1	
TRETTEN	4	PA
<i>vitamin k</i>	1	PA
<i>vitamin k1</i>	1	PA
VONVENDI	4	PA
<i>warfarin</i>	1	
XARELTO	2	
XARELTO DVT-PE TREAT 30D START	2	
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</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>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 oral capsule 130 mg</i>	1	ST
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</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
<i>lovastatin</i>	6	ACA; QL (99 per 99 days)
<i>niacin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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		
ATTRUBY	4	PA
CAMZYOS	4	PA; QL (99 per 99 days)
ENTRESTO SPRINKLE	2	QL (99 per 99 days)
<i>ivabradine</i>	1	PA
MYQORZO	4	PA; QL (99 per 99 days)
<i>ranolazine</i>	1	
<i>sacubitril-valsartan</i>	1	QL (99 per 99 days)
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</i>	1	ST; QL (99 per 99 days)
<i>calcitriol</i>	1	
<i>hydrocortisone-pramoxine</i>	1	ST
IMULDOSA INTRAVENOUS	4	PA
IMULDOSA SUBCUTANEOUS	4	PA; QL (99 per 99 days)
SELARSDI INTRAVENOUS	4	PA
SELARSDI SUBCUTANEOUS	4	PA; QL (99 per 99 days)
<i>selenium sulfide</i>	1	
SOTYKTU	4	PA; QL (99 per 99 days)
SPEVIGO	4	PA
<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	4	PA; QL (99 per 99 days)
TREMFYA INTRAVENOUS	4	PA
TREMFYA ONE-PRESS	4	PA; QL (99 per 99 days)
TREMFYA PEN	4	PA; QL (99 per 99 days)
TREMFYA PEN INDUCTION PK(2PEN)	4	PA; QL (99 per 99 days)
TREMFYA SUBCUTANEOUS	4	PA; QL (99 per 99 days)
USTEKINUMAB-TTWE INTRAVENOUS	4	PA
USTEKINUMAB-TTWE SUBCUTANEOUS	4	PA; QL (99 per 99 days)
YESINTEK INTRAVENOUS	4	PA
YESINTEK SUBCUTANEOUS	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)

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>ammonium lactate</i>	1	
CIBINQO	4	PA; QL (99 per 99 days)
<i>diclofenac sodium</i>	1	PA; QL (99 per 99 days)
DUPIXENT PEN	4	PA; QL (99 per 99 days)
DUPIXENT SYRINGE	4	PA; QL (99 per 99 days)
EBGLYSS PEN	4	PA; QL (99 per 99 days)
EBGLYSS SYRINGE	4	PA
EUCRISA	2	ST; QL (99 per 99 days)
<i>fluorouracil</i>	1	
<i>imiquimod</i>	1	
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
<i>pimecrolimus</i>	1	ST; QL (99 per 99 days)
<i>podofilox topical gel</i>	1	ST; QL (99 per 99 days)
<i>podofilox topical solution</i>	1	
<i>tacrolimus</i>	1	ST; QL (99 per 99 days)
VALCHLOR	4	PA
<i>wintergreen oil</i>	1	
THERAPY FOR ACNE		
<i>acutane</i>	1	
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel</i>	1	

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

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>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>erythromycin with ethanol</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
<i>isotretinoin</i>	1	
<i>ivermectin</i>	1	QL (99 per 99 days)
<i>metronidazole</i>	1	
<i>neuac</i>	1	
<i>rosadan</i>	1	
<i>sss 10-5 topical cream</i>	1	
<i>sss 10-5 topical foam</i>	1	ST
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	ST
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 9.8-4.8 %</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	ST
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension</i>	1	ST
<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-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

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>lidocort</i>	1	
ZTLIDO	2	ST
TOPICAL ANTIBACTERIALS		
<i>gentamicin</i>	1	QL (99 per 99 days)
<i>lugols</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>clotrimazole</i>	1	QL (99 per 99 days)
<i>clotrimazole-betamethasone</i>	1	QL (99 per 99 days)
<i>econazole nitrate</i>	1	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
ERTACZO	3	QL (99 per 99 days)
EXELDERM	3	QL (99 per 99 days)
<i>ketoconazole topical cream</i>	1	QL (99 per 99 days)
<i>ketoconazole topical foam</i>	1	ST; QL (99 per 99 days)
<i>ketoconazole topical shampoo</i>	1	QL (99 per 99 days)
<i>ketodan</i>	1	ST; QL (99 per 99 days)
<i>ketodan kit</i>	1	ST
<i>klayesta</i>	1	QL (99 per 99 days)
LULICONAZOLE	3	QL (99 per 99 days)
<i>naftifine</i>	1	QL (99 per 99 days)
<i>nystatin</i>	1	QL (99 per 99 days)
<i>nystatin-triamcinolone</i>	1	QL (99 per 99 days)
<i>nystop</i>	1	QL (99 per 99 days)
<i>oxiconazole</i>	1	QL (99 per 99 days)
<i>tavaborole</i>	1	ST
TOPICAL ANTIVIRALS		
<i>acyclovir</i>	1	PA; QL (99 per 99 days)
<i>penciclovir</i>	1	
XERESE	3	
TOPICAL CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amcinonide</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)
<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>clodan</i>	1	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<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>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)
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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>lexette</i>	1	ST
<i>mometasone</i>	1	
<i>prednicarbate</i>	1	
<i>scalacort</i>	1	
<i>tovet emollient</i>	1	ST; QL (99 per 99 days)
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL (99 per 99 days)
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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</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>pruradik</i>	1	
<i>spinosad</i>	1	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>ringer's</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>acetic acid</i>	1	
<i>anagrelide</i>	1	
<i>caffeine citrate</i>	1	
CARBAGLU	4	PA; LA
<i>carglumic acid</i>	4	PA
CASGEVY	4	PA
<i>cevimeline</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CHEMET	2	PA
<i>deferasirox</i>	4	PA
<i>deferiprone</i>	4	PA
<i>disulfiram</i>	1	
EMPAVELI	4	PA; LA
ENJAYMO	4	PA
EPYSQLI	4	PA
FABHALTA	4	PA
FERRIPROX	4	PA
FERRIPROX (2 TIMES A DAY)	4	PA
<i>glutamine (sickle cell)</i>	4	PA
<i>glycerol phenylbutyrate</i>	4	PA
INCRELEX	4	PA; LA
LAMZEDE	4	PA
LENMELDY	4	PA
<i>levocarnitine</i>	1	
<i>levocarnitine (with sugar)</i>	1	
LYFGENIA	4	PA
<i>midodrine</i>	1	
<i>nitisinone</i>	4	PA; LA
NITYR	4	PA; LA
PHEBURANE	4	PA
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</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride 0.9 %</i>	1	
<i>sodium phenylbutyrate</i>	1	PA
<i>tiopronin</i>	4	PA
<i>trientine</i>	1	PA
<i>venxxiva</i>	4	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
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>stop smoking aid</i>	6	ACA; OTC
<i>varenicline tartrate</i>	6	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine</i>	1	QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
<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>paroex oral rinse</i>	1	
<i>perio gard</i>	1	
<i>pilocarpine hcl</i>	1	
<i>triamcinolone acetonide</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>ciprofloxacin-hydrocortisone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	1	
<i>deflazacort</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
<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>jaythari</i>	4	PA
<i>kymbee</i>	4	PA
<i>methylprednisolone</i>	1	
<i>millipred</i>	1	
<i>millipred dp</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet,delayed release (dr/ec)</i>	1	ST
<i>prednisone oral tablets,dose pack</i>	1	
<i>pyquvi</i>	4	PA
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>potassium iodide</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>propylthiouracil</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
DEXCOM G6 RECEIVER	DME	ST; QL (99 per 99 days)
DEXCOM G6 SENSOR	DME	ST; QL (99 per 99 days)
DEXCOM G6 TRANSMITTER	DME	ST; QL (99 per 99 days)
DEXCOM G7 15 DAY SENSOR	DME	ST; QL (99 per 99 days)
DEXCOM G7 RECEIVER	DME	ST; QL (99 per 99 days)
DEXCOM G7 SENSOR	DME	ST; QL (99 per 99 days)
FREESTYLE CONTROL	2	OTC
FREESTYLE FREEDOM	2	OTC
FREESTYLE FREEDOM LITE	2	OTC
FREESTYLE INSULINX	2	OTC
FREESTYLE INSULINX TEST STRIPS	2	OTC
FREESTYLE LIBRE 14 DAY READER	DME	ST
FREESTYLE LIBRE 14 DAY SENSOR	DME	ST; QL (99 per 99 days)
FREESTYLE LIBRE 2 PLUS SENSOR	DME	ST; QL (99 per 99 days)
FREESTYLE LIBRE 2 READER	DME	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 2 SENSOR	DME	ST; QL (99 per 99 days)
FREESTYLE LIBRE 3 PLUS SENSOR	DME	ST; QL (99 per 99 days)
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 LITE STRIPS	2	OTC
FREESTYLE PRECISION NEO STRIPS	2	PA; OTC
FREESTYLE SYSTEM KIT	2	OTC
FREESTYLE TEST	2	OTC
MEDISENSE	2	OTC
MEDISENSE GLUCOSE KETONE	2	OTC
PRECISION XTRA KETONE-GLUCOSE	2	OTC
PRECISION XTRA MONITOR	2	OTC
PRECISION XTRA TEST	2	OTC
TRUE METRIX AIR GLUCOSE METER	2	OTC
TRUE METRIX GLUCOSE METER	2	OTC
TRUE METRIX GO GLUCOSE METER	2	OTC

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Drug Name	Drug Tier	Requirements / Limits
TRUE METRIX LEVEL 1	2	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
INSULIN SYRINGE-NEEDLE U-100	2	
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS)	2	QL (99 per 99 days)
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	QL (99 per 99 days)
<i>diazoxide</i>	1	
<i>glucagon emergency kit (human)</i>	1	QL (99 per 99 days)
GVOKE	2	QL (99 per 99 days)
GVOKE HYPOPEN 2-PACK	2	QL (99 per 99 days)
GVOKE PFS 2-PACK SYRINGE	2	QL (99 per 99 days)
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET	2	OTC
BD SPECIALTY USE NEEDLES	2	
CEQR SIMPLICITY	2	
ILET STARTER KIT-INSET	2	
LANCETS	2	OTC

Drug Name	Drug Tier	Requirements / Limits
LANCING DEVICE	2	OTC
OMNIPOD 5 (G6/LIBRE 2 PLUS)	2	QL (99 per 99 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL (99 per 99 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	ST; QL (99 per 99 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (99 per 99 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (99 per 99 days)
TWIIST STARTER KIT	2	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
INSULIN THERAPY		
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25(U-100)INSULN	2	
HUMALOG TEMPO PEN(U-100)INSULN	2	
HUMALOG U-100 INSULIN	2	
HUMULIN 70/30 U-100 INSULIN	2	

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Drug Name	Drug Tier	Requirements / Limits
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 INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
INSULIN GLARGINE-YFGN	2	
INSULIN LISPRO	2	
INSULIN LISPRO PROTAMIN-LISPRO	2	
LANTUS SOLOSTAR U-100 INSULIN	2	
LANTUS U-100 INSULIN	2	
LYUMJEV KWIKPEN U-100 INSULIN	2	
LYUMJEV KWIKPEN U-200 INSULIN	2	
LYUMJEV TEMPO PEN(U-100)INSULIN	2	
LYUMJEV U-100 INSULIN	2	
MERILOG	2	
MERILOG SOLOSTAR	2	

Drug Name	Drug Tier	Requirements / Limits
SEMGLEE(INSULIN GLARGINE-YFGN)	2	
SEMGLEE(INSULIN GLARGINE-YFGN)PEN	2	
SOLIQUA 100/33	3	QL (99 per 99 days)
TOUJEO MAX U-300 SOLOSTAR	2	
TOUJEO SOLOSTAR U-300 INSULIN	2	
TRESIBA FLEXTOUCH U-100	3	
TRESIBA FLEXTOUCH U-200	3	
TRESIBA U-100 INSULIN	3	
MISCELLANEOUS HORMONES		
ALDURAZYME	4	PA
BRINEURA	4	PA
<i>cabergoline</i>	1	QL (99 per 99 days)
<i>calcitonin (salmon) injection</i>	1	PA
<i>calcitonin (salmon) nasal</i>	1	
CERDELGA	4	PA; QL (99 per 99 days)
CEREZYME	4	PA
<i>cinacalcet</i>	1	ST
<i>clomiphene citrate</i>	1	
CRYSVITA	4	PA; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>danazol</i>	1	
<i>desmopressin injection</i>	4	PA
<i>desmopressin nasal spray with pump</i>	1	PA
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL	2	PA
<i>desmopressin oral</i>	1	
<i>doxercalciferol</i>	1	ST
ELAPRASE	4	PA
ELFABRIO	4	PA
FABRAZYME	4	PA
<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
ORLISSA	2	ST; QL (99 per 99 days)
PALYNZIQ	4	PA; LA; QL (99 per 99 days)
<i>paricalcitol intravenous</i>	1	PA
<i>paricalcitol oral</i>	1	ST
<i>sapropterin</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
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)
<i>tolvaptan (polycystic kidney dis)</i>	4	PA; LA; QL (99 per 99 days)
VIMIZIM	4	PA
<i>zelysia</i>	4	PA
<i>zoledronic acid</i>	4	PA
<i>zoledronic acid-mannitol-water</i>	4	PA
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
<i>dapagliflozin</i>	1	ST; QL (99 per 99 days)
<i>dapagliflozin-metformin</i>	1	ST; QL (99 per 99 days)
<i>dapagliflozin-saxagliptin</i>	1	
<i>exenatide</i>	1	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-metformin</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
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>liraglutide</i>	1	ST; QL (99 per 99 days)
<i>metformin oral solution</i>	1	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 625 mg, 850 mg</i>	1	
<i>metformin oral tablet 750 mg</i>	1	ST
<i>metformin oral tablet extended release 24 hr</i>	1	QL (99 per 99 days)
<i>metformin oral tablet extended release 24hr</i>	1	ST; QL (99 per 99 days)
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	ST; QL (99 per 99 days)
<i>miglitol</i>	1	
MOUNJARO	2	ST; QL (99 per 99 days)
<i>nateglinide</i>	1	
OZEMPIC	2	ST; QL (99 per 99 days)
<i>pioglitazone</i>	1	QL (99 per 99 days)
<i>pioglitazone-glimepiride</i>	1	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>pioglitazone-metformin</i>	1	QL (99 per 99 days)
<i>repaglinide</i>	1	
RYBELSUS	2	ST; QL (99 per 99 days)
<i>saxagliptin</i>	1	ST; QL (99 per 99 days)
<i>saxagliptin-metformin</i>	1	ST; QL (99 per 99 days)
SYNJARDY	2	ST; QL (99 per 99 days)
SYNJARDY XR	2	ST; QL (99 per 99 days)
TRIJARDY XR	2	ST
TRULICITY	2	ST; QL (99 per 99 days)
XIGDUO XR	2	ST; QL (99 per 99 days)

THYROID HORMONES

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

GASTROENTEROLOGY

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
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>belladonna alkaloids-opium</i>	1	ST; QL (99 per 99 days)
<i>chlordiazepoxide-clidinium</i>	1	
<i>dicyclomine</i>	1	
<i>diphenoxylate-atropine</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyosyne</i>	1	
<i>loperamide</i>	1	
<i>methscopolamine</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
<i>phenobarb-hyoscy-atropine-scop</i>	1	
<i>phenohydro</i>	1	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	1	
<i>alvimopan</i>	1	
<i>anucort-hc</i>	1	
<i>aprepitant</i>	1	QL (99 per 99 days)
AVSOLA	4	PA
<i>balsalazide</i>	1	
<i>betaine</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>bisacodyl</i>	6	ACA; OTC
<i>budesonide</i>	1	
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (99 per 99 days)
<i>citroma</i>	6	ACA; OTC
<i>clearlax</i>	6	ACA; OTC
<i>compro</i>	1	
<i>constulose</i>	1	
<i>cromolyn</i>	1	
CTEXLI	4	PA
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	

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>hydrocortisone</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
INFLIXIMAB	4	PA
IQIRVO	4	PA
<i>lactulose</i>	1	
<i>laxative (bisacodyl)</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	

Drug Name	Drug Tier	Requirements / Limits
OMVOH INTRAVENOUS	4	PA
OMVOH PEN	4	PA; QL (99 per 99 days)
OMVOH SUBCUTANEOUS	4	PA; QL (99 per 99 days)
<i>ondansetron</i>	1	QL (99 per 99 days)
<i>ondansetron hcl</i>	1	QL (99 per 99 days)
<i>onelax magnesium citrate</i>	6	ACA; OTC
<i>oral saline laxative</i>	6	ACA; OTC
PANCREAZE	2	
<i>peg 3350-electrolytes</i>	6	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	6	ACA
<i>peg-electrolyte soln</i>	6	ACA
PENTASA	2	
<i>phosphate laxative</i>	6	ACA; OTC
<i>polyethylene glycol 3350</i>	6	ACA; OTC
<i>powderlax</i>	6	ACA; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<i>prucalopride</i>	1	QL (99 per 99 days)
<i>purelax</i>	6	ACA; OTC
RELISTOR	2	ST
<i>scopolamine base</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>smoothlax</i>	6	ACA; OTC
<i>sodium,potassium,mag sulfates</i>	6	ACA
SUCRAID	4	PA
<i>sulfasalazine</i>	1	
<i>trimethobenzamide</i>	1	
TRULANCE	2	
<i>ursodiol</i>	1	
VARUBI	2	QL (99 per 99 days)
VELSIPITY	4	PA; QL (99 per 99 days)
VIBERZI	2	
VIOKACE	2	
<i>women's gentle laxative(bisac)</i>	6	ACA; OTC
ZENPEP	2	
ZYMFENTRA	4	PA; QL (99 per 99 days)
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	1	QL (99 per 99 days)
<i>bismuth subcit k-metronidz-ten</i>	1	
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	ST; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<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	
<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

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>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>ranitidine hcl</i>	1	
<i>sucrafate</i>	1	
VOQUEZNA DUAL PAK	2	
VOQUEZNA TRIPLE PAK	2	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

FULPHILA	4	PA; QL (99 per 99 days)
ILARIS (PF)	4	PA; LA; QL (99 per 99 days)
LEUKINE	4	PA
NIVESTYM	4	PA
<i>plerixafor</i>	4	PA
PROCRIT	4	PA
PROLEUKIN	4	PA
RETACRIT	4	PA
ZIEXTENZO	4	PA; QL (99 per 99 days)
ZYNTEGLO	4	PA

GROWTH HORMONES

Drug Name	Drug Tier	Requirements / Limits
EGRIFTA SV	4	PA
EGRIFTA WR	4	PA
OMNITROPE	4	PA

INTERFERONS

ACTIMMUNE	4	PA
ALFERON N	2	PA
PEGASYS	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 2025-2026 (3YR UP)(PF)	6	ACA
AREXVY (PF)	6	ACA
BEXSERO	6	ACA
BIOTHRAX	2	
BOOSTRIX TDAP	6	ACA
CAPVAXIVE	6	ACA
COMIRNATY 2025-2026(5-11Y)(PF)	6	ACA
COMIRNATY 2025-26 (12Y UP)(PF)	6	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	6	ACA
DENGVAXIA (PF)	6	ACA
DYSPORT	4	PA
ENGERIX-B (PF)	6	ACA
ENGERIX-B PEDIATRIC (PF)	6	ACA

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
FLUAD 2025-2026 (65 YR UP)(PF)	6	ACA
FLUARIX 2025-2026 (PF)	6	ACA
FLUBLOK 2025-2026 (PF)	6	ACA
FLUCELVAX 2025-2026 (PF)	6	ACA
FLULAVAL 2025-2026 (PF)	6	ACA
FLUMIST 2025-2026	6	ACA
FLUMIST HOME 2025-2026	6	ACA
FLUZONE 2025-2026 (PF)	6	ACA
FLUZONE HIGH-DOSE 2025-26 (PF)	6	ACA
GAMASTAN	4	PA
GAMMAGARD LIQUID	4	PA
GAMMAGARD LIQUID ERC	4	
GAMMAGARD S-D (IGA < 1 MCG/ML)	4	PA
GAMUNEX-C	4	PA
GARDASIL 9 (PF)	6	ACA
GRASTEK	2	PA
HAVRIX (PF)	6	ACA
HEPLISAV-B (PF)	6	ACA
HIBERIX (PF)	6	ACA
IMOVAX RABIES VACCINE (PF)	2	
INFANRIX (DTAP) (PF)	6	ACA
IPOL	6	ACA

Drug Name	Drug Tier	Requirements / Limits
IXIARO (PF)	2	
JYNNEOS (PF)	6	ACA
KINRIX (PF)	6	ACA
MENQUADFI (PF)	6	ACA
MENVEO A-C-Y-W-135-DIP (PF)	6	ACA
M-M-R II (PF)	6	ACA
MNEXSPIKE 2025-2026 (PF)	6	ACA
MRESVIA (PF)	6	ACA
MYOBLOC	4	PA
NUVAXOVID 2025-2026 (PF)	6	ACA
ODACTRA	2	PA
PEDIARIX (PF)	6	ACA
PEDVAX HIB (PF)	6	ACA
PENBRAYA (PF)	6	ACA
PENMENVY MEN A-B-C-W-Y (PF)	6	ACA
PENTACEL (PF)	6	ACA
PNEUMOVAX-23	6	ACA
PREVNAR 20 (PF)	6	ACA
PRIORIX (PF)	6	ACA
PROQUAD (PF)	6	ACA
QUADRACEL (PF)	6	ACA
RABAVERT (PF)	2	
RAGWITEK	2	PA
RECOMBIVAX HB (PF)	6	ACA
ROTARIX	6	ACA
ROTATEQ VACCINE	6	ACA
SHINGRIX (PF)	6	ACA

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Drug Name	Drug Tier	Requirements / Limits
SPIKEVAX 2025-2026(12Y UP)(PF)	6	ACA
SPIKEVAX 2025-26 (6M-11Y) (PF)	6	ACA
STAMARIL (PF)	2	
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
VIMKUNYA	2	
VIVOTIF	2	
XEMBIFY	4	PA
YF-VAX (PF)	2	

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	
<i>colchicine oral capsule</i>	1	ST
<i>colchicine oral tablet</i>	1	
<i>febuxostat</i>	1	ST
KRYSTEXXA	4	PA
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
OSTEOPOROSIS THERAPY		
<i>alendronate</i>	1	QL (99 per 99 days)
BILDYOS	4	PA; QL (99 per 99 days)
ENOBY	4	PA; 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		
ADALIMUMAB-ADAZ	4	PA; QL (99 per 99 days)
ADALIMUMAB-ADBIM	4	PA; QL (99 per 99 days)
ADALIMUMAB-RYVK	4	PA; QL (99 per 99 days)
AURANOFIN	2	
AVTOZMA	4	PA
BENLYSTA INTRAVENOUS	4	PA
BENLYSTA SUBCUTANEOUS	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)

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Drug Name	Drug Tier	Requirements / Limits
<i>leflunomide</i>	1	QL (99 per 99 days)
<i>milnacipran</i>	1	QL (99 per 99 days)
OTEZLA	4	PA; QL (99 per 99 days)
OTEZLA STARTER	4	PA; QL (99 per 99 days)
OTEZLA XR	4	PA
OTEZLA XR INITIATION	4	PA
<i>penicillamine</i>	1	PA
RIDAURA	2	
SIMLANDI(CF)	4	PA; QL (99 per 99 days)
SIMLANDI(CF) AUTOINJECTOR	4	PA; QL (99 per 99 days)
SIMPONI	4	PA; QL (99 per 99 days)
TYENNE AUTOINJECTOR	4	PA; QL (99 per 99 days)
TYENNE INTRAVENOUS	4	PA
TYENNE SUBCUTANEOUS	4	PA; QL (99 per 99 days)
XELJANZ	4	PA; QL (99 per 99 days)
XELJANZ XR	4	PA; QL (99 per 99 days)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	6	ACA
FC2 FEMALE CONDOM	6	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
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>abigale</i>	1	
<i>abigale lo</i>	1	
<i>camila</i>	6	ACA
<i>conjugated estrogens</i>	1	
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
<i>deblitane</i>	6	ACA
<i>dotti</i>	1	QL (99 per 99 days)
DUAVEE	3	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>emzahh</i>	6	ACA
<i>errin</i>	6	ACA
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	QL (99 per 99 days)
<i>estradiol vaginal</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol-norethindrone acet</i>	1	
<i>estrogens-methyltestosterone</i>	1	

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>fyavolv</i>	1	
<i>gallifrey</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>meleya</i>	6	ACA
<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>orquidea</i>	6	ACA
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>eluryng</i>	6	ACA
<i>enilloring</i>	6	ACA
<i>etonogestrel-ethinyl estradiol</i>	6	ACA
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>haloette</i>	6	ACA
<i>metronidazole</i>	1	
<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	
<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 eq (28)</i>	6	ACA
<i>cryselle (28)</i>	6	ACA
<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

Drug Name	Drug Tier	Requirements / Limits
<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>falmina (28)</i>	6	ACA
<i>feirza</i>	6	ACA
<i>finzala</i>	6	ACA
<i>galbriela</i>	6	ACA
<i>gemmily</i>	6	ACA
<i>hailey</i>	6	ACA
<i>hailey 24 fe</i>	6	ACA
<i>hailey fe 1.5/30 (28)</i>	6	ACA
<i>hailey fe 1/20 (28)</i>	6	ACA
<i>iclevia</i>	6	ACA
<i>introvale</i>	6	ACA
<i>isibloom</i>	6	ACA
<i>jaimiess</i>	6	ACA
<i>jasmiel (28)</i>	6	ACA

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>lo-zumandimine (28)</i>	6	ACA
<i>luizza</i>	6	ACA
<i>lutera (28)</i>	6	ACA
<i>marlissa (28)</i>	6	ACA
<i>mibelas 24 fe</i>	6	ACA
<i>microgestin 1.5/30 (21)</i>	6	ACA
<i>microgestin 1/20 (21)</i>	6	ACA
<i>microgestin fe 1.5/30 (28)</i>	6	ACA
<i>microgestin fe 1/20 (28)</i>	6	ACA
<i>mili</i>	6	ACA
<i>minzoya</i>	6	ACA
<i>mono-linyah</i>	6	ACA
<i>my choice</i>	6	ACA; OTC; QL (99 per 99 days)
<i>my way</i>	6	ACA; OTC; QL (99 per 99 days)
<i>necon 0.5/35 (28)</i>	6	ACA
<i>new day</i>	6	ACA; OTC; QL (99 per 99 days)
<i>nikki (28)</i>	6	ACA
<i>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

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>nortrel 7/7/7 (28)</i>	6	ACA
<i>nylia 1/35 (28)</i>	6	ACA
<i>nylia 7/7/7 (28)</i>	6	ACA
<i>ocella</i>	6	ACA
<i>opcicon one-step</i>	6	ACA; OTC; QL (99 per 99 days)
<i>option-2</i>	6	ACA; OTC; QL (99 per 99 days)
<i>philith</i>	6	ACA
<i>pimtrea (28)</i>	6	ACA
<i>portia 28</i>	6	ACA
<i>reclipsen (28)</i>	6	ACA
<i>rivelsa</i>	6	ACA
<i>rosyrah</i>	6	ACA
<i>setlakin</i>	6	ACA
<i>shewise</i>	6	ACA; OTC; QL (99 per 99 days)
<i>simliya (28)</i>	6	ACA
<i>simpesse</i>	6	ACA
<i>sprintec (28)</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

Drug Name	Drug Tier	Requirements / Limits
<i>tri-mili</i>	6	ACA
<i>tri-sprintec (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>valtya</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>xarah fe</i>	6	ACA
<i>xelria fe</i>	6	ACA
<i>zarah</i>	6	ACA
<i>zovia 1-35 (28)</i>	6	ACA
<i>zumandimine (28)</i>	6	ACA

OXYTOCICS

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

ANTIBIOTICS

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin</i>	1	
<i>gentamicin</i>	1	
<i>levofloxacin</i>	1	
<i>moxifloxacin</i>	1	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
<i>ofloxacin</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>povidone-iodine</i>	1	
<i>tobramycin</i>	1	
ANTIVIRALS		
<i>trifluridine</i>	1	
BETA-BLOCKERS		
<i>betaxolol</i>	1	
<i>carteolol</i>	1	
<i>levobunolol</i>	1	
<i>timolol</i>	1	ST
<i>timolol maleate (pf)</i>	1	ST
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	ST
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	ST

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

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>eye allergy itch-redness rlf</i>	1	OTC
<i>eye itch relief</i>	1	OTC
<i>fluorescein-propraparacaine</i>	1	
<i>ketotifen fumarate</i>	1	OTC
LUXTURNA	4	PA
MIEBO (PF)	2	PA; QL (99 per 99 days)
<i>olopatadine</i>	1	OTC
OXERVATE	4	PA
PAVBLU	4	PA
<i>prednisoln sp-moxiflox-bromfen</i>	1	
<i>prednisolone sod ph-bromfenac</i>	1	
<i>propraparacaine</i>	1	
RESTASIS MULTIDOSE	2	PA; QL (99 per 99 days)
<i>retaine allergy</i>	1	OTC
<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
ZERViate	3	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	1	
<i>diclofenac sodium</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>ketorolac</i>	1	
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
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	
<i>tobramycin-lotepred</i>	1	
STERIODS		
<i>dexamethasone sodium phosphate</i>	1	
<i>difluprednate</i>	1	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate</i>	1	ST
OZURDEX	4	PA
<i>prednisolone acetate</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>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 & ANTI-ALLERGENIC AGENTS		
<i>adrenalin</i>	1	
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>carbzah</i>	1	ST
<i>cetirizine</i>	1	
<i>corphena</i>	1	
<i>cyproheptadine</i>	1	
<i>desloratadine</i>	1	QL (99 per 99 days)

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL (99 per 99 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	DME	
<i>albuterol sulfate oral</i>	1	
ALYFTREK	4	PA; 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)
ASMANEX HFA	3	QL (99 per 99 days)
<i>beclomethasone dipropionate</i>	1	
<i>bosentan</i>	4	PA; LA; QL (99 per 99 days)
BREO ELLIPTA	2	ST; QL (99 per 99 days)
<i>breyana</i>	1	ST; QL (99 per 99 days)
BREZTRI AEROSPHERE	2	QL (99 per 99 days)
BRINSUPRI	4	PA
<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)

Drug Name	Drug Tier	Requirements / Limits
COMBIVENT RESPIMAT	2	QL (99 per 99 days)
<i>cromolyn</i>	DME	
DULERA	2	ST; QL (99 per 99 days)
FASENRA	4	PA; QL (99 per 99 days)
FASENRA PEN	4	PA; QL (99 per 99 days)
<i>flunisolide</i>	1	ST; QL (99 per 99 days)
<i>fluticasone propionate</i>	1	QL (99 per 99 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	2	ST; QL (99 per 99 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	ST; QL (99 per 99 days)
<i>formoterol fumarate</i>	1	QL (99 per 99 days)
<i>icatibant</i>	4	PA; QL (99 per 99 days)
INCRUSE ELLIPTA	2	QL (99 per 99 days)
<i>ipratropium bromide inhalation hfa aerosol inhaler</i>	1	QL (99 per 99 days)
<i>ipratropium bromide inhalation solution</i>	DME	
<i>ipratropium-albuterol</i>	DME	QL (99 per 99 days)
KALYDECO	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>levalbuterol hcl</i>	DME	
<i>mometasone</i>	1	ST; QL (99 per 99 days)
<i>montelukast</i>	1	
<i>nebusal</i>	1	
<i>nintedanib</i>	4	PA; QL (99 per 99 days)
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)
<i>sajazir</i>	4	PA; QL (99 per 99 days)
<i>sildenafil (pulm.hypertension) intravenous</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<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	
TRELEGY ELLIPTA	2	QL (99 per 99 days)
TRIKAFTA	4	PA; QL (99 per 99 days)
TYVASO	4	PA
TYVASO DPI	4	PA
TYVASO REFILL KIT	4	PA
TYVASO STARTER KIT	4	PA
<i>wixela inhub</i>	1	ST; QL (99 per 99 days)
XOLAIR	4	PA; LA; QL (99 per 99 days)

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
YUTREPIA	4	PA
<i>zafirlukast</i>	1	
PULMONARY DEVICES		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROCHAMBER2 GO	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	

Drug Name	Drug Tier	Requirements / Limits
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
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>tropium</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	ST
<i>dutasteride-tamsulosin</i>	1	ST
<i>finasteride</i>	1	
<i>silodosin</i>	1	
<i>tadalafil</i>	1	ST; QL (99 per 99 days)
<i>tamsulosin</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	4	LA
ELMIRON	2	

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
K-PHOS ORIGINAL	2	
<i>mb caps</i>	1	
<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>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
<i>uro-sp</i>	1	
<i>uryl</i>	1	

URINARY ANESTHETICS

<i>phenazopyridine</i>	1	
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VITAMINS, HEMATINICS & ELECTROLYTES

ELECTROLYTES

<i>calcium acetate(phosphat bind)</i>	1	QL (99 per 99 days)
<i>effer-k</i>	1	
<i>ferric citrate</i>	1	
<i>kionex</i>	1	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>lanthanum</i>	1	QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
LOKELMA	2	QL (99 per 99 days)
<i>lugols</i>	1	
<i>potassium chloride</i>	1	
<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	
<i>strong iodine</i>	1	
VELPHORO	3	QL (99 per 99 days)

MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES

AQNEURSA	4	PA; LA
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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>bal-care dha</i>	1	
<i>b-complex with vitamin c</i>	6	ACA; OTC
<i>classic prenatal</i>	6	ACA; OTC
<i>complete natal dha</i>	1	
<i>dialyvite 800</i>	6	ACA; OTC
<i>ergocalciferol (vitamin d2)</i>	1	
<i>flotrex</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

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>full spectrum b-vitamin c</i>	6	ACA; OTC
<i>hydroxocobalamin</i>	1	
<i>iron sucrose</i>	1	PA
<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>multivit-fluoride (metafolin)</i>	6	ACA; OTC
<i>mvc-fluoride</i>	6	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>neo-vital rx</i>	1	
<i>newgen</i>	1	
<i>one natal rx</i>	1	
<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>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

Drug Name	Drug Tier	Requirements / Limits
<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>purevita folic acid</i>	6	ACA; OTC
<i>rena-vite</i>	6	ACA; OTC
<i>se-natal 19</i>	1	
<i>se-natal 19 chewable</i>	1	
<i>soluvita a,c,d with fluoride</i>	6	ACA; OTC
<i>stress formula with iron(sulf)</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	
<i>tri-vitamin with 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	
<i>abacavir-lamivudine</i>	3	
<i>abigale</i>	45	
<i>abigale lo</i>	45	
ABILIFY ASIMTUFII.....	17	
ABILIFY MAINTENA.....	17	
<i>abiraterone</i>	7	
<i>abirtega</i>	7	
ABRYSVO (PF).....	42	
<i>acamprosate</i>	31	
<i>acarbose</i>	37	
<i>accutane</i>	27	
ACE AEROSOL CLOUD ENHANCER.....	55	
<i>acebutolol</i>	21	
<i>acetaminophen-caff-</i> <i>dihydrocod</i>	15	
<i>acetaminophen-codeine</i>	15	
<i>acetazolamide</i>	51	
<i>acetic acid</i>	31, 33	
<i>acetylcysteine</i>	52	
<i>acitretin</i>	26	
ACTHIB (PF).....	42	
ACTIMMUNE.....	42	
<i>acyclovir</i>	3, 29	
ADACEL(TDAP ADOLESN/ADULT)(PF).....	42	
ADAKVEO.....	7	
ADALIMUMAB-ADAZ.....	44	
ADALIMUMAB-ADB.....	44	
ADALIMUMAB-RYVK.....	44	
<i>adapalene</i>	27	
<i>adapalene-benzoyl peroxide</i>	27	
ADBRY.....	26	
ADCETRIS.....	7	
<i>adefovir</i>	3	
ADEMPAS.....	52	
<i>adrenalin</i>	52	
<i>adthya</i>	38	
ADVATE.....	23	
ADYNOVATE.....	23	
AEROCHAMBER MECHANICAL VENT.....	55	
AEROCHAMBER MINI.....	55	
AEROCHAMBER PLUS FLOW-VU.....	55	
AEROCHAMBER PLUS Z STAT.....	55	
AEROCHAMBER2GO.....	55	
AEROTRACH PLUS.....	55	
AEROVENT PLUS.....	55	
<i>afirmelle</i>	46	
AFLURIA 2025-2026 (3YR UP)(PF).....	42	
AFSTYLA.....	23	
<i>after pill</i>	46	
AJOVY AUTOINJECTOR.....	13	
AJOVY SYRINGE.....	13	
<i>ala-cort</i>	29	
<i>alaway</i>	50	
<i>albendazole</i>	5	
<i>albuterol sulfate</i>	53	
<i>alclometasone</i>	29	
ALDURAZYME.....	36	
ALECENSA.....	7	
<i>alendronate</i>	44	
ALFERON N.....	42	
<i>alfuzosin</i>	55	
ALHEMO PEN.....	23	
ALINIA.....	5	
<i>aliskiren</i>	21	
<i>allergy eye (ketotifen)</i>	50	
<i>allopurinol</i>	44	
<i>almotriptan malate</i>	13	
<i>alosetron</i>	39	
ALPHANATE.....	23	
<i>alprazolam</i>	17	
<i>alprazolam intensol</i>	17	
<i>altacaine</i>	50	
<i>altavera (28)</i>	46	
ALTUVIIIO.....	23	
ALUNBRIG.....	7	
<i>alvimopan</i>	39	
<i>alyacen 1/35 (28)</i>	46	
<i>alyacen 7/7/7 (28)</i>	47	
ALYFTREK.....	53	
<i>alyq</i>	53	
<i>amantadine hcl</i>	3	
<i>ambrisentan</i>	53	
<i>amcinonide</i>	30	
<i>amethia</i>	47	
<i>amethyst (28)</i>	47	
<i>amiloride</i>	21	
<i>amiloride-hydrochlorothiazide</i>	21	
<i>aminocaproic acid</i>	23	
<i>amiodarone</i>	21	
<i>amitriptyline</i>	17	
<i>amitriptyline-chlordiazepoxide</i>	17	
<i>amlodipine</i>	21	
<i>amlodipine-atorvastatin</i>	24	
<i>amlodipine-benazepril</i>	21	
<i>amlodipine-olmesartan</i>	21	
<i>amlodipine-valsartan</i>	21	
<i>amlodipine-valsartan-hcthiazid</i>	21	
<i>ammonium lactate</i>	27	
<i>amnestem</i>	27	
<i>amoxapine</i>	17	
<i>amoxicil-clarithromy-</i> <i>lansopraz</i>	41	
<i>amoxicillin</i>	6	
<i>amoxicillin-pot clavulanate</i>	6	
<i>amphetamine</i>	17	
<i>amphetamine sulfate</i>	17	
<i>ampicillin</i>	6	
AMTAGVI.....	7	
<i>anagrelide</i>	31	
<i>anaspaz</i>	39	
<i>anastrozole</i>	7	
ANORO ELLIPTA.....	53	
<i>anucort-hc</i>	39	
<i>apomorphine</i>	13	
<i>apraclonidine</i>	52	
<i>aprepitant</i>	39	
APRETUDE.....	3	
<i>apri</i>	47	
APTIVUS.....	3	
AQNEURSA.....	56	
<i>aranelle (28)</i>	47	
AREXVY (PF).....	42	
<i>arformoterol</i>	53	
ARIKAYCE.....	5	
<i>aripiprazole</i>	17	
ARISTADA.....	17	

ARISTADA INITIO	17	<i>bal-care dha</i>	56	BILPREVDA.....	7
<i>armodafinil</i>	17	<i>balsalazide</i>	39	<i>bimatoprost</i>	51
ARMOUR THYROID	38	BALVERSA.....	7	BIOTHRAX	42
<i>ascomp with codeine</i>	15	<i>balziva (28)</i>	47	<i>bisacodyl</i>	39
<i>asenapine maleate</i>	17	BAQSIMI	35	<i>bismuth subcit k-metronidz-ten</i>	41
<i>ashlyna</i>	47	BARACLUDE.....	3	<i>bisoprolol fumarate</i>	21
ASMANEX HFA	53	BAVENCIO	7	<i>bisoprolol-hydrochlorothiazide</i>	21
<i>aspirin</i>	16	<i>bayer low dose aspirin</i>	16	BIZENGRI	7
<i>aspirin childrens</i>	16	<i>b-complex with vitamin c</i>	56	BLINCYTO.....	7
<i>aspirin-dipyridamole</i>	23	BD INTEGRA NEEDLE	35	<i>blisovi 24 fe</i>	47
<i>atazanavir</i>	3	BD MICROTAINER		<i>blisovi fe 1.5/30 (28)</i>	47
<i>atenolol</i>	21	LANCET	35	<i>blisovi fe 1/20 (28)</i>	47
<i>atenolol-chlorthalidone</i>	21	BD SPECIALTY USE		BOOSTRIX TDAP.....	42
<i>atomoxetine</i>	17	NEEDLES	35	<i>bortezomib</i>	7
<i>atorvastatin</i>	25	<i>beclomethasone dipropionate</i>	53	BORTEZOMIB	7
<i>atovaquone</i>	5	<i>belladonna alkaloids-opium</i> .	39	<i>bosentan</i>	53
<i>atovaquone-proguanil</i>	5	BELSOMRA	17	BOSULIF	7
<i>atropine</i>	50	<i>benazepril</i>	21	<i>bp 10-1</i>	27
ATTRUBY	25	<i>benazepril-hydrochlorothiazide</i>	21	BREATHERITE MDI	
<i>aubra</i>	47	<i>bendamustine</i>	7	SPACER.....	55
<i>aubra eq</i>	47	BENDEKA.....	7	BREO ELLIPTA	53
AUGMENTIN.....	6	BENEFIX	23	<i>breynga</i>	53
AURANOFIN	44	BENLYSTA	44	BREZTRI AEROSPHERE...53	
<i>aurovela 1.5/30 (21)</i>	47	<i>benzepra</i>	27	<i>briellyn</i>	47
<i>aurovela 1/20 (21)</i>	47	BENZNIDAZOLE	5	<i>brimonidine</i>	27, 52
<i>aurovela 24 fe</i>	47	<i>benzonatate</i>	52	<i>brimonidine-timolol</i>	51
<i>aurovela fe 1.5/30 (28)</i>	47	<i>benzoyl peroxide</i>	27	BRINEURA.....	36
<i>aurovela fe 1-20 (28)</i>	47	<i>benztropine</i>	13	BRINSUPRI	53
<i>avar</i>	27	<i>bepotastine besilate</i>	50	<i>brinzolamide</i>	51
<i>aviane</i>	47	<i>besper</i>	30	<i>brivaracetam</i>	12
<i>avidoxy</i>	6	BESIFLOXACIN	49	BRIXADI	15
AVMAPKI-FAKZYNJA	7	BESIVANCE.....	49	<i>bromfenac</i>	51
AVONEX	20	BESPONSA.....	7	<i>bromocriptine</i>	13
AVSOLA.....	39	<i>betaine</i>	39	<i>brompheniramine-pseudoeph-</i> <i>dm</i>	52
AVTOZMA.....	44	<i>betamethasone dipropionate</i> 30		BRUKINSA.....	7
<i>ayuna</i>	47	<i>betamethasone valerate</i>	30	<i>budesonide</i>	39, 53
<i>azacitidine</i>	7	<i>betamethasone, augmented</i> ..30		<i>budesonide-formoterol</i>	53
<i>azathioprine</i>	7	BETASERON	20	<i>bumetanide</i>	21
<i>azelaic acid</i>	27	<i>betaxolol</i>	21, 50	<i>buprenorphine</i>	15
<i>azelastine</i>	32, 50	<i>bethanechol chloride</i>	55	<i>buprenorphine hcl</i>	15
<i>azithromycin</i>	5	<i>bevacizumab</i>	7	<i>buprenorphine-naloxone</i>	16
<i>azurette (28)</i>	47	<i>bexarotene</i>	7	<i>bupropion hcl</i>	17
B		BEXSERO.....	42	<i>bupropion hcl (smoking deter)</i>	32
<i>b complex 1 (with folic acid)</i> 56		BEYFORTUS.....	3	<i>buspirone</i>	18
<i>b complex-vitamin c-folic acid</i>	56	<i>bicalutamide</i>	7		
<i>bacitracin</i>	49	BIKTARVY	3		
<i>bacitracin-polymyxin b</i>	49	BILDYOS.....	44		
<i>baclofen</i>	14				

<i>butalbital-acetaminop-caf-cod</i>	<i>carvedilol phosphate</i>	<i>ciprofloxacin-dexamethasone</i>
..... 15	CARVYKTI .....	.....33
<i>butalbital-acetaminophen</i> 15	CASGEVY	<i>ciprofloxacin-hydrocortisone</i>
<i>butalbital-acetaminophen-caff</i>	CAYA CONTOURED .....	.....33
..... 15	CAYSTON	<i>citalopram</i>.....18
<i>butalbital-aspirin-caffeine</i> 15	<i>caziant (28)</i>.....47	<i>citroma</i>.....39
<i>butorphanol</i>	<i>cefaclor</i>	<i>cladribine(multiple sclerosis)</i>
16	4	.....20
BYOOVIZ..... 50	<i>cefadroxil</i>.....4	<i>claravis</i>
C	<i>cefdinir</i>.....4	.....27
CABENUVA..... 3	<i>cefixime</i>.....4	<i>clarithromycin</i>
<i>cabergoline</i>.....36	<i>cefpodoxime</i>.....4	.....5
CABLIVI.....23	<i>cefprozil</i>.....4	<i>classic prenatal</i>.....56
CABOMETYX..... 8	<i>cefuroxime axetil</i>	<i>clearlax</i>
<i>caffeine citrate</i>.....31	4	.....39
<i>calcipotriene</i>.....26	<i>celecoxib</i>.....16	<i>clindacin</i>
<i>calcipotriene-betamethasone</i> 26	<i>cephalexin</i>.....4	.....27
<i>calcitonin (salmon)</i>.....36	CEPROTIN (BLUE BAR) ...23	<i>clindacin etz</i>.....27
<i>calcitriol</i>	CEPROTIN (GREEN BAR) 23	<i>clindacin p</i>
26	CEQUR SIMPLICITY	27
<i>calcium acetate(phosphat bind)</i>	CERDELGA.....36	<i>clindamycin hcl</i>.....5
.....56	CEREZYME	<i>clindamycin pediatric</i>
CALQUENCE	<i>cetirizine</i>	5
(ACALABRUTINIB MAL)	52	<i>clindamycin phosphate</i> ..27, 28,
..... 8	<i>cevimeline</i>.....31	46
<i>camila</i>	<i>charlotte 24 fe</i>.....47	<i>clindamycin-benzoyl peroxide</i>
45	<i>chateal eq (28)</i>.....47	.....28
<i>camrese</i>.....47	CHEMET.....32	<i>clindamycin-tretinoin</i>
<i>camrese lo</i>	<i>children's alaway</i>.....50	.....28
47	<i>chlordiazepoxide hcl</i>.....18	<i>clobazam</i>.....12
CAMZYOS	<i>chlordiazepoxide-clidinium</i> ..39	<i>clobetasol</i>.....30
25	<i>chlorhexidine gluconate</i>	<i>clobetasol-emollient</i>
<i>candesartan</i>	33	.....30
21	<i>chloroquine phosphate</i>	<i>clodan</i>
<i>candesartan-</i>	5	.....30
<i>hydrochlorothiazid</i>	<i>chlorthalidone</i>	<i>clomiphene citrate</i>
21	22	.....36
<i>capecitabine</i>	<i>chlorpromazine</i>.....18	<i>clomipramine</i>.....18
8	<i>chlorthalidone</i> .....	.....12
CAPRELSA	22	<i>clonazepam</i>
8	<i>chlorzoxazone</i>.....14	.....12
<i>captopril</i>	CHOLBAM.....39	<i>clonidine</i>
21	<i>cholestyramine (with sugar)</i> .25	.....22
CAPVAXIVE.....42	<i>cholestyramine light</i>	<i>clonidine hcl</i>
CARBAGLU.....31	25	18, 22
<i>carbamazepine</i>	CIBINQO	<i>clopidogrel</i>.....23
12	27	<i>clorazepate dipotassium</i>
<i>carbidopa</i>	<i>ciclodan</i> .....	.....18
13	29	<i>clotrimazole</i>
<i>carbidopa-levodopa</i>	<i>ciclopirox</i>.....29	3, 29
13	<i>cilostazol</i>.....23	<i>clotrimazole-betamethasone</i> .29
<i>carbidopa-levodopa-</i>	CIMDUO.....3	<i>clozapine</i>.....18
<i>entacapone</i>	CIMERLI.....50	COAGADEX.....23
13	<i>cimetidine</i>	COARTEM.....5
<i>carbinoxamine maleate</i>	41	<i>codeine sulfate</i>
52	<i>cimetidine hcl</i> .....	.....15
<i>carbzah</i>	41	<i>codeine-butalbital-asa-caff</i> ...15
52	<i>cinacalcet</i>.....36	<i>colchicine</i>.....44
<i>carglumic acid</i>.....31	CINRYZE.....53	<i>colesevelam</i>.....25
<i>carisoprodol</i>	CIPRO HC.....33	<i>colestipol</i>.....25
14	<i>ciprofloxacin</i>.....6	COMBIVENT RESPIMAT..53
<i>carisoprodol-aspirin-codeine</i>	<i>ciprofloxacin hcl</i>.....6, 33, 49	COMETRIQ
.....14		8
<i>carteolol</i>		COMIRNATY 2025-2026(5-
50		11Y)(PF).....42
<i>cartia xt</i>.....21		COMIRNATY 2025-26 (12Y
<i>carvedilol</i>.....21		UP)(PF).....42

COMPACT SPACE		
CHAMBER.....	55	
<i>complete natal dha</i>	56	
<i>compro</i>	39	
<i>conjugated estrogens</i>	45	
<i>constulose</i>	39	
CORIFACT	23	
<i>corphena</i>	52	
<i>cortisone</i>	33	
CORTISPORIN-TC	33	
COTELLIC.....	8	
<i>covaryx</i>	45	
<i>covaryx h.s</i>	45	
CRESEMBA	3	
<i>cromolyn</i>	39, 50, 53	
<i>crotan</i>	31	
<i>cryselle (28)</i>	47	
CRYSVITA.....	36	
CTEXTLI.....	39	
<i>cyclobenzaprine</i>	15	
<i>cyclopentolate</i>	50	
<i>cyclopen-tropic-phenyleph-</i> <i>watr</i>	50	
<i>cyclophosphamide</i>	8	
<i>cycloserine</i>	5	
<i>cyclosporine</i>	8, 50	
<i>cyclosporine modified</i>	8	
<i>cyproheptadine</i>	52	
CYRAMZA.....	8	
<i>cyred</i>	47	
<i>cyred eq</i>	47	
CYSTAGON	55	
CYSTARAN	50	
D		
<i>dabigatran etexilate</i>	23	
<i>dalfampridine</i>	13	
<i>danazol</i>	37	
<i>dantrolene</i>	15	
DANZITEN.....	8	
<i>dapagliflozin</i>	37	
<i>dapagliflozin-metformin</i>	37	
<i>dapagliflozin-saxagliptin</i>	37	
<i>dapsone</i>	5, 28	
DAPTACEL (DTAP PEDIATRIC) (PF).....	42	
<i>darifenacin</i>	55	
<i>darunavir</i>	3	
DARZALEX	8	
<i>dasatinib</i>	8	
<i>dasetta 1/35 (28)</i>	47	
<i>dasetta 7/7/7 (28)</i>	47	
<i>daysee</i>	47	
<i>deblitane</i>	45	
<i>decitabine</i>	8	
<i>deferasirox</i>	32	
<i>deferiprone</i>	32	
<i>deflazacort</i>	33	
DELSTRIGO.....	3	
<i>demeclocycline</i>	6	
DENGVAXIA (PF).....	42	
<i>dermacinrx lidocan</i>	28	
DESCOVY	3	
<i>desipramine</i>	18	
<i>desloratadine</i>	52	
<i>desmopressin</i>	37	
DESMOPRESSIN	37	
<i>desog-e.estradiol/e.estradiol</i>	47	
<i>desonide</i>	30	
<i>desoximetasone</i>	30	
<i>desvenlafaxine succinate</i>	18	
<i>dexabliss</i>	33	
<i>dexamethasone</i>	33	
<i>dexamethasone intensol</i>	33	
<i>dexamethasone sodium</i> <i>phosphate</i>	51	
<i>dexchlorpheniramine maleate</i>	52	
DEXCOM G6 RECEIVER ..	34	
DEXCOM G6 SENSOR	34	
DEXCOM G6 TRANSMITTER	34	
DEXCOM G7 15 DAY SENSOR.....	34	
DEXCOM G7 RECEIVER ..	34	
DEXCOM G7 SENSOR	34	
<i>dexmethylphenidate</i>	18	
<i>dextroamphetamine sulfate</i> ..	18	
<i>dextroamphetamine-</i> <i>amphetamine</i>	18	
DIACOMIT	12	
<i>dialyvite 800</i>	56	
<i>diazepam</i>	12, 18	
<i>diazepam intensol</i>	18	
<i>diazoxide</i>	35	
<i>dichlorphenamide</i>	13	
<i>diclofenac potassium</i>	16	
<i>diclofenac sodium</i>	16, 27, 51	
<i>diclofenac-misoprostol</i>	16	
<i>dicloxacillin</i>	6	
<i>dicyclomine</i>	39	
<i>diflunisal</i>	16	
<i>difluprednate</i>	51	
<i>digoxin</i>	23	
<i>dihydroergotamine</i>	13	
DILANTIN	12	
<i>diltiazem</i>	22	
<i>dilt-xr</i>	22	
<i>dimethyl fumarate</i>	20	
DIPENTUM	39	
<i>diphenoxylate-atropine</i>	39	
<i>dipyridamole</i>	23	
<i>diskets</i>	15	
<i>disulfiram</i>	32	
<i>divalproex</i>	12	
<i>dofetilide</i>	21	
<i>dolishale</i>	47	
<i>donepezil</i>	14	
DOPTELET (15 TAB PACK)	23	
DOPTELET SPRINKLE.....	23	
<i>dorzolamide</i>	51	
<i>dorzolamide-timolol</i>	51	
<i>dorzolamide-timolol (pf)</i>	51	
<i>dotti</i>	45	
DOVATO	3	
<i>doxazosin</i>	22	
<i>doxepin</i>	18	
<i>doxercalciferol</i>	37	
<i>doxycycline hyclate</i>	6	
<i>doxycycline monohydrate</i>	6	
<i>doxylamine-pyridoxine (vit b6)</i>	39	
<i>dronabinol</i>	39	
<i>drospirenone-e.estradiol-lm.fa</i>	47	
<i>drospirenone-ethinyl estradiol</i>	47	
DROXIA.....	8	
DUAVEE.....	45	
<i>dulcolax (magnesium</i> <i>hydroxide)</i>	39	
DULERA.....	53	
<i>duloxetine</i>	18	
DUPIXENT PEN.....	27	
DUPIXENT SYRINGE.....	27	
<i>dutasteride</i>	55	
<i>dutasteride-tamsulosin</i>	55	

DYSPORT.....	42	EMTRIVA.....	3	<i>erythromycin ethylsuccinate</i> ...	5
E		EMVERM	5	<i>erythromycin with ethanol</i>	28
<i>e.e.s. 400</i>	5	<i>emzahh</i>	45	<i>erythromycin-benzoyl peroxide</i>	
EASIVENT HOLDING		<i>enalapril maleate</i>	22	.....	28
CHAMBER	55	<i>enalapril-hydrochlorothiazide</i>		ERZOFRI	18
EBGLYSS PEN.....	27	.....	22	<i>escitalopram oxalate</i>	18
EBGLYSS SYRINGE.....	27	ENBREL	44	<i>eslicarbazepine</i>	12
<i>econazole nitrate</i>	29	ENBREL MINI	44	<i>esomeprazole magnesium</i>	41
<i>econtra ez</i>	47	ENBREL SURECLICK	44	ESPEROCT	24
<i>econtra one-step</i>	47	<i>endocet</i>	15	<i>estarylla</i>	47
<i>ecotrin low strength</i>	16	ENFLONSIA.....	3	<i>estazolam</i>	18
<i>edaravone</i>	14	ENGERIX-B (PF)	42	<i>estradiol</i>	45
EDARAVONE	14	ENGERIX-B PEDIATRIC		<i>estradiol valerate</i>	45
<i>ed-spaz</i>	39	(PF).....	42	<i>estradiol-norethindrone acet</i>	45
EDURANT.....	3	<i>enilloring</i>	46	<i>estrogens-methyltestosterone</i>	45
EDURANT PED	3	ENJAYMO	32	<i>eszopiclone</i>	18
<i>eemt</i>	45	ENOBY	44	<i>ethacrynic acid</i>	22
<i>eemt hs</i>	45	<i>enoxaparin</i>	24	<i>ethambutol</i>	5
<i>efavirenz</i>	3	<i>enpresse</i>	47	<i>ethosuximide</i>	12
<i>efavirenz-emtricitabin-tenofov</i>	3	ENSACOVE.....	8	<i>etodolac</i>	16
<i>efavirenz-lamivu-tenofov disop</i>		<i>enskyce</i>	47	<i>etonogestrel-ethinyl estradiol</i>	
.....	3	ENSPRYNG.....	8	.....	46
<i>effer-k</i>	56	<i>entacapone</i>	13	<i>etoposide</i>	8
EGRIFTA SV	42	<i>entecavir</i>	4	<i>etravirine</i>	4
EGRIFTA WR.....	42	ENTRESTO SPRINKLE	25	EUCRISA	27
ELAPRASE.....	37	ENTYVIO	39	<i>everolimus (antineoplastic)</i>	8
<i>eletriptan</i>	13	<i>enulose</i>	39	<i>everolimus</i>	
ELFABRIO	37	EPCLUSA	4	(<i>immunosuppressive</i>)	8
ELIGARD	8	EPIDIOLEX.....	12	<i>evexithroid</i>	38
ELIGARD (3 MONTH).....	8	<i>epinastine</i>	50	EXELDERM	29
ELIGARD (4 MONTH).....	8	<i>epinephrine</i>	52	<i>exemestane</i>	8
ELIGARD (6 MONTH).....	8	<i>eplerenone</i>	22	<i>exenatide</i>	37
<i>elinest</i>	47	<i>epoprostenol</i>	22	<i>eye allergy itch relief</i>	50
ELIQUIS	23	EPYSQLI.....	32	<i>eye allergy itch-redness rlf</i> ...	51
ELIQUIS DVT-PE TREAT		ERBITUX.....	8	<i>eye itch relief</i>	51
30D START	23	<i>ergocalciferol (vitamin d2)</i> ...56		<i>ezetimibe</i>	25
ELIQUIS SPRINKLE	23	<i>ergoloid</i>	18	<i>ezetimibe-simvastatin</i>	25
ELLA.....	47	ERGOMAR.....	13	F	
ELMIRON.....	55	<i>ergotamine-caffeine</i>	13	FABHALTA.....	32
ELOCTATE	23	<i>eribulin</i>	8	FABRAZYME	37
<i>eltrombopag olamine</i>	23	ERIVEDGE	8	<i>falmina (28)</i>	47
<i>eluryng</i>	46	ERLEADA	8	<i>famciclovir</i>	4
ELZONRIS.....	8	<i>erlotinib</i>	8	<i>famotidine</i>	41
EMGALITY PEN	13	<i>errin</i>	45	FASENRA.....	53
EMGALITY SYRINGE.....	13	ERTACZO.....	29	FASENRA PEN	53
EMPAVELI.....	32	<i>ery pads</i>	28	FC2 FEMALE CONDOM ...	45
<i>emtricitabine</i>	3	<i>ery-tab</i>	5	<i>febuxostat</i>	44
<i>emtricitabine-tenofovir (tdf)</i> ...3		<i>erythrocin (as stearate)</i>	5	FEIBA NF	24
<i>emtricitabine-tenofovir (tdf)</i> ...3		<i>erythromycin</i>	5, 50	<i>feirza</i>	47

<i>felbamate</i>	12	<i>fluorescein-proparacaine</i>	51	FREESTYLE LIBRE 3	
<i>felodipine</i>	22	<i>fluoride (sodium)</i>	56	READER.....	34
<i>fem ph</i>	46	<i>fluorometholone</i>	51	FREESTYLE LIBRE 3	
FEMCAP.....	45	<i>fluorouracil</i>	27	SENSOR.....	34
<i>fenofibrate</i>	25	<i>fluoxetine</i>	18	FREESTYLE LITE METER	34
<i>fenofibrate micronized</i>	25	<i>fluphenazine hcl</i>	18	FREESTYLE LITE STRIPS	34
<i>fenofibrate nanocrystallized</i>	25	<i>flurandrenolide</i>	30	FREESTYLE PRECISION	
<i>fenofibric acid</i>	25	<i>flurazepam</i>	18	NEO STRIPS.....	34
<i>fenofibric acid (choline)</i>	25	<i>flurbiprofen</i>	16	FREESTYLE SYSTEM KIT	34
<i>fenopropfen</i>	16	<i>flurbiprofen sodium</i>	51	FREESTYLE TEST.....	34
FENSOLVI.....	8	<i>fluticasone propionate</i>	30, 53	<i>frovatriptan</i>	13
<i>fentanyl</i>	15	<i>fluticasone propion-salmeterol</i>		<i>full spectrum b-vitamin c</i>	57
<i>ferric citrate</i>	56	.....	53	FULPHILA.....	42
FERRIPROX.....	32	FLUTICASONE PROPION-		<i>furosemide</i>	22
FERRIPROX (2 TIMES A		SALMETEROL.....	53	<i>fyavolv</i>	46
DAY).....	32	<i>fluvastatin</i>	25	G	
<i>fesoterodine</i>	55	<i>fluvoxamine</i>	18	<i>gabapentin</i>	12
FETZIMA.....	18	FLUZONE 2025-2026 (PF)	43	<i>galantamine</i>	14
<i>fidaxomicin</i>	5	FLUZONE HIGH-DOSE		<i>galbriela</i>	47
<i>finasteride</i>	55	2025-26 (PF).....	43	<i>gallifrey</i>	46
<i>fungolimod</i>	20	<i>folic acid</i>	56	GAMASTAN.....	43
<i>finzala</i>	47	<i>folitab</i>	56	GAMIFANT.....	8
FIRDAPSE.....	14	FOLOTYN.....	8	GAMMAGARD LIQUID....	43
<i>flac otic oil</i>	33	<i>foltabs 800</i>	56	GAMMAGARD LIQUID ERC	
<i>flavoxate</i>	55	<i>fondaparinux</i>	24	.....	43
<i>flecainide</i>	21	<i>formoterol fumarate</i>	53	GAMMAGARD S-D (IGA < 1	
FLEXICHAMBER.....	55	<i>fosamprenavir</i>	4	MCG/ML).....	43
<i>flotrex</i>	56	<i>fosinopril</i>	22	GAMUNEX-C.....	43
FLUAD 2025-2026 (65 YR		<i>fosinopril-hydrochlorothiazide</i>		GARDASIL 9 (PF).....	43
UP)(PF).....	43	.....	22	<i>gavilax</i>	39
FLUARIX 2025-2026 (PF)..	43	FREESTYLE CONTROL....	34	<i>gavilyte-c</i>	39
FLUBLOK 2025-2026 (PF).	43	FREESTYLE FREEDOM....	34	<i>gavilyte-g</i>	39
FLUCELVAX 2025-2026 (PF)		FREESTYLE FREEDOM		<i>gavilyte-n</i>	39
.....	43	LITE.....	34	GAVRETO.....	8
<i>fluconazole</i>	3	FREESTYLE INSULINX....	34	GAZYVA.....	8
<i>flucytosine</i>	3	FREESTYLE INSULINX		<i>gefitinib</i>	8
<i>fludarabine</i>	8	TEST STRIPS.....	34	<i>gemfibrozil</i>	25
<i>fludrocortisone</i>	33	FREESTYLE LIBRE 14 DAY		<i>gemmily</i>	47
FLULAVAL 2025-2026 (PF)		READER.....	34	<i>generlac</i>	39
.....	43	FREESTYLE LIBRE 14 DAY		<i>engraf</i>	8
FLUMIST 2025-2026.....	43	SENSOR.....	34	<i>gentamicin</i>	29, 50
FLUMIST HOME 2025-2026		FREESTYLE LIBRE 2 PLUS		<i>gentle laxative (bisacodyl)</i>	39
.....	43	SENSOR.....	34	<i>gentle laxative (mag hydrox)</i>	39
<i>flunisolide</i>	53	FREESTYLE LIBRE 2		<i>gentlelax</i>	39
<i>fluocinolone</i>	30	READER.....	34	GENVOYA.....	4
<i>fluocinolone acetonide oil</i>	33	FREESTYLE LIBRE 2		GILOTRIF.....	8
<i>fluocinolone and shower cap</i>	30	SENSOR.....	34	<i>glatiramer</i>	20
<i>fluocinonide</i>	30	FREESTYLE LIBRE 3 PLUS		<i>glatopa</i>	20
<i>fluocinonide-e</i>	30	SENSOR.....	34	<i>glimepiride</i>	37

<i>glipizide</i>	37	<i>heparin lock flush (porcine)</i> .24	<i>hydrocortisone valerate</i>	31
<i>glipizide-metformin</i>	37	<i>heparin lockflush(porcine)(pf)</i>	<i>hydrocortisone-acetic acid</i> ...	33
<i>glucagon emergency kit</i>		.....	<i>hydrocortisone-pramoxine</i> ..	26,
(<i>human</i>)	35	<i>heparin(porcine) in 0.45% nacl</i>	40	
<i>glutamine (sickle cell)</i>	32	.....	<i>hydromorphone</i>	15
<i>glyburide</i>	37	<i>heparin, porcine (pf)</i>	<i>hydroxocobalamin</i>	57
<i>glyburide-metformin</i>	37	HEPLISAV-B (PF).....	<i>hydroxychloroquine</i>	5
<i>glycerol phenylbutyrate</i>	32	HERCESSI	<i>hydroxyurea</i>	8
<i>glycopyrrolate</i>	39	HIBERIX (PF).....	<i>hydroxyzine hcl</i>	52
GLYXAMBI	38	<i>homatropaire</i>	<i>hydroxyzine pamoate</i>	52
GOMEKLI	8	HUMALOG JUNIOR	HYMPAVZI PEN	24
<i>granisetron hcl</i>	39	KWIKPEN U-100	<i>hyoscyamine sulfate</i>	39
GRASTEK	43	HUMALOG KWIKPEN	<i>hyosyne</i>	39
<i>griseofulvin microsize</i>	3	INSULIN	I	
<i>griseofulvin ultramicrosize</i>	3	HUMALOG MIX 50-50	<i>ibandronate</i>	44
<i>guanfacine</i>	18, 22	KWIKPEN.....	<i>ibu</i>	16
GVOKE	35	HUMALOG MIX 75-25	<i>ibuprofen</i>	16
GVOKE HYOPEN 2-PACK		KWIKPEN.....	<i>icatibant</i>	53
.....	35	HUMALOG MIX 75-25(U-	<i>iclevia</i>	47
GVOKE PFS 2-PACK		100)INSULN	ICLUSIG	8
SYRINGE.....	35	HUMALOG TEMPO PEN(U-	<i>icosapent ethyl</i>	25
GYNAZOLE-1	46	100)INSULN	IDELVION	24
H		HUMALOG U-100 INSULIN	IDHIFA.....	9
<i>hailey</i>	47	.....	ILARIS (PF)	42
<i>hailey 24 fe</i>	47	HUMATE-P	ILET STARTER KIT-INSET	
<i>hailey fe 1.5/30 (28)</i>	47	HUMULIN 70/30 U-100	.....	35
<i>hailey fe 1/20 (28)</i>	47	INSULIN	<i>imatinib</i>	9
<i>halcinonide</i>	30	HUMULIN 70/30 U-100	IMBRUVICA	9
<i>halobetasol propionate</i> ...30, 31		KWIKPEN.....	IMFINZI	9
<i>haloette</i>	46	HUMULIN N NPH INSULIN	<i>imipramine hcl</i>	19
<i>haloperidol</i>	18	KWIKPEN.....	<i>imipramine pamoate</i>	19
<i>haloperidol lactate</i>	18	HUMULIN N NPH U-100	<i>imiquimod</i>	27
HARVONI	4	INSULIN	IMKELDI	9
HAVRIX (PF)	43	HUMULIN R REGULAR U-	IMOVAX RABIES VACCINE	
<i>heather</i>	46	100 INSULN	(PF).....	43
HEMGENIX.....	24	HUMULIN R U-500 (CONC)	IMPAVIDO	5
HEMLIBRA	24	KWIKPEN.....	IMULDOSA	26
<i>hemmorex-hc</i>	39	HYCAMTIN	INBRIJA	13
HEMOFIL M HIGH.....	24	<i>hydralazine</i>	<i>incassia</i>	46
HEMOFIL M LOW	24	<i>hydrochlorothiazide</i>	INCRELEX	32
HEMOFIL M MID.....	24	<i>hydrocodone bitartrate</i>	INCRUSE ELLIPTA.....	53
HEMOFIL M SUPER HIGH	24	<i>hydrocodone-acetaminophen</i>	<i>indapamide</i>	22
<i>hep flush-10 (pf)</i>	24	<i>hydrocodone-</i>	<i>indomethacin</i>	16
<i>heparin (porcine)</i>	24	<i>chlorpheniramine</i>	INFANRIX (DTAP) (PF)....	43
<i>heparin (porcine) in 0.9% nacl</i>		<i>hydrocodone-homatropine</i> ...	INFLIXIMAB.....	40
.....	24	<i>hydrocodone-ibuprofen</i>	INGREZZA	14
<i>heparin (porcine) in 5 % dex</i>	24	<i>hydrocortisone</i>	INGREZZA INITIATION	
<i>heparin (porcine) in nacl (pf)</i>		31, 33, 40	PK(TARDIV)	14
.....	24	<i>hydrocortisone acetate</i>	INGREZZA SPRINKLE.....	14
		<i>hydrocortisone butyrate</i>		

INLURIYO.....	9	<i>joyeaux</i>	48	<i>kymbee</i>	33
INLYTA	9	<i>juleber</i>	48	KYMRIAH	9
INSULIN GLARGINE-YFGN	36	JULUCA.....	4	KYPROLIS.....	9
INSULIN LISPRO	36	<i>junel 1.5/30 (21)</i>	48	L	
INSULIN LISPRO PROTAMIN-LISPRO	36	<i>junel 1/20 (21)</i>	48	<i>l norgest/e.estradiol-e.estrad</i>	48
INSULIN SYRINGE- NEEDLE U-100	35	<i>junel fe 1.5/30 (28)</i>	48	<i>labetalol</i>	22
INTELENCE.....	4	<i>junel fe 1/20 (28)</i>	48	<i>lacosamide</i>	12
<i>introvale</i>	47	<i>junel fe 24</i>	48	<i>lactated ringers</i>	31
IPOL	43	JUXTAPID.....	25	<i>lactulose</i>	40
<i>ipratropium bromide</i>	33, 53	JYNNEOS (PF)	43	LAGEVRIO (EUA).....	4
<i>ipratropium-albuterol</i>	53	K		<i>lamivudine</i>	4
IQIRVO.....	40	KADCYLA	9	<i>lamivudine-zidovudine</i>	4
<i>irbesartan</i>	22	<i>kaitlib fe</i>	48	<i>lamotrigine</i>	12
<i>irbesartan-hydrochlorothiazide</i>	22	<i>kalliga</i>	48	LAMZEDE	32
<i>iron sucrose</i>	57	KALYDECO	53	LANCETS	35
ISENTRESS	4	KANUMA	37	LANCING DEVICE	35
ISENTRESS HD	4	<i>kariva (28)</i>	48	<i>lanreotide</i>	9
<i>isibloom</i>	47	<i>kelnor 1/35 (28)</i>	48	<i>lansoprazole</i>	41
<i>isoniazid</i>	5	KEPIVANCE	7	<i>lanthanum</i>	56
<i>isosorbide dinitrate</i>	26	KERENDIA.....	22	LANTUS SOLOSTAR U-100 INSULIN	36
<i>isosorbide mononitrate</i>	26	KESIMPTA PEN	20	LANTUS U-100 INSULIN ..	36
<i>isosorbide-hydralazine</i>	22	<i>ketoconazole</i>	3, 29	<i>lapatinib</i>	9
<i>isotretinoin</i>	28	<i>ketodan</i>	29	<i>larin 1.5/30 (21)</i>	48
<i>isradipine</i>	22	<i>ketodan kit</i>	29	<i>larin 1/20 (21)</i>	48
ISTODAX	9	<i>ketoprofen</i>	16	<i>larin 24 fe</i>	48
<i>itraconazole</i>	3	<i>ketorolac</i>	16, 51	<i>larin fe 1.5/30 (28)</i>	48
<i>ivabradine</i>	25	<i>ketotifen fumarate</i>	51	<i>larin fe 1/20 (28)</i>	48
<i>ivermectin</i>	5, 28	KEYTRUDA	9	<i>latanoprost</i>	51
IWILFIN.....	9	KEYTRUDA QLEX	9	<i>laxative (bisacodyl)</i>	40
IXEMPRA.....	9	KIMMTRAK.....	9	<i>leflunomide</i>	45
IXIARO (PF).....	43	KINRIX (PF).....	43	<i>lenalidomide</i>	9
J		<i>kionex</i>	56	LENMELDY	32
<i>jaimiess</i>	47	KISQALI.....	9	LENVIMA.....	9
JAKAFI.....	9	KITABIS PAK	5	<i>lessina</i>	48
JANUMET	38	<i>klayesta</i>	29	<i>letrozole</i>	9
JANUMET XR.....	38	<i>klor-con</i>	56	<i>leucovorin calcium</i>	7
JANUVIA.....	38	<i>klor-con 10</i>	56	LEUKERAN.....	9
JARDIANCE.....	38	<i>klor-con 8</i>	56	LEUKINE.....	42
<i>jasmiel (28)</i>	47	<i>klor-con m10</i>	56	<i>leuprolide</i>	9
<i>javygtor</i>	37	<i>klor-con m15</i>	56	<i>levalbuterol hcl</i>	54
<i>jaythari</i>	33	<i>klor-con m20</i>	56	<i>levetiracetam</i>	12
<i>jencycla</i>	46	<i>kobee</i>	57	<i>levobunolol</i>	50
<i>jinteli</i>	46	KOMZIFTI.....	9	<i>levocarnitine</i>	32
JIVI.....	24	<i>kourzeq</i>	33	<i>levocarnitine (with sugar)</i> ...	32
<i>jolessa</i>	48	KOVALTRY	24	<i>levocetirizine</i>	52
		K-PHOS ORIGINAL	56	<i>levofloxacin</i>	6, 50
		KRYSTEXXA.....	44	<i>levonest (28)</i>	48
		<i>kurvelo (28)</i>	48		
		KYLEENA	45		

<i>levonorgest-eth.estradiol-iron</i>	<i>losartan-hydrochlorothiazide</i>	MAYZENT STARTER(FOR
.....48	.....22	1MG MAINT).....21
<i>levonorgestrel</i>.....48	<i>loteprednol etabonate</i>.....51	MAYZENT STARTER(FOR
<i>levonorgestrel-ethinyl estrad</i> 48	<i>lovastatin</i>.....25	2MG MAINT).....21
<i>levonorg-eth estrad triphasic</i> 48	<i>low-ogestrel (28)</i>.....48	<i>mb caps</i>.....56
<i>levorphanol tartrate</i>.....15	<i>lo-zumandimine (28)</i>.....48	<i>meclizine</i>.....40
<i>levo-t</i>.....38	<i>lubiprostone</i>.....40	<i>meclofenamate</i>.....16
<i>levothyroxine</i>.....38	<i>ludent fluoride</i>.....57	MEDISENSE.....34
<i>levoxyl</i>.....38	<i>lugols</i>.....29, 56	MEDISENSE GLUCOSE
<i>lexette</i>.....31	<i>luizza</i>.....48	KETONE.....34
LIBTAYO.....9	LULICONAZOLE.....29	<i>medroxyprogesterone</i>.....46
<i>lidocaine</i>.....28	LUMIZYME.....37	<i>mefenamic acid</i>.....16
<i>lidocaine hcl</i>.....28	LUMRYZ.....19	<i>mefloquine</i>.....5
<i>lidocaine hcl-hydrocortison ac</i>	LUMRYZ STARTER PACK	<i>megestrol</i>.....9
.....28, 40	.....19	MEKINIST.....9
<i>lidocaine-hydrocortisone-aloe</i>	LUNSUMIO.....9	<i>meleya</i>.....46
.....40	LUPKYNIS.....9	<i>meloxicam</i>.....16
<i>lidocaine-prilocaine</i>.....28	LUPRON DEPOT.....9	<i>meloxicam submicronized</i>....16
<i>lidocan iii</i>.....28	LUPRON DEPOT (3	<i>memantine</i>.....14
<i>lidocan iv</i>.....28	MONTH).....9	<i>memantine-donepezil</i>.....14
<i>lidocan v</i>.....28	<i>lurasidone</i>.....19	MENQUADFI (PF).....43
<i>lidocort</i>.....29	<i>lurbiro</i>.....16	MENVEO A-C-Y-W-135-DIP
<i>linezolid</i>.....5	<i>luter a (28)</i>.....48	(PF).....43
LINZESS.....40	LUXTURNA.....51	<i>meprobamate</i>.....15
<i>liomny</i>.....38	LYFGENIA.....32	MEPSEVII.....37
<i>liothyronine</i>.....38	<i>lyleq</i>.....46	<i>mercaptopurine</i>.....9
<i>liraglutide</i>.....38	<i>lyllana</i>.....46	MERILOG.....36
<i>lisdexamfetamine</i>.....19	LYNPARZA.....9	MERILOG SOLOSTAR.....36
<i>lisinopril</i>.....22	LYSODREN.....9	<i>mesalamine</i>.....40
<i>lisinopril-hydrochlorothiazide</i>	LYTGOBI.....9	<i>mesalamine with cleansing</i>
.....22	LYUMJEV KWIKPEN U-100	<i>wipe</i>.....40
LITEAIRE MDI CHAMBER	INSULIN.....36	<i>metaxalone</i>.....15
.....55	LYUMJEV KWIKPEN U-200	<i>metformin</i>.....38
<i>lithium carbonate</i>.....19	INSULIN.....36	<i>methadone</i>.....15
<i>lithium citrate</i>.....19	LYUMJEV TEMPO PEN(U-	<i>methadose</i>.....15
<i>lofena</i>.....16	100)INSULN.....36	<i>methamphetamine</i>.....19
<i>lofexidine</i>.....16	LYUMJEV U-100 INSULIN	<i>methazolamide</i>.....51
<i>lojaimiess</i>.....48	.....36	<i>methenamine hippurate</i>.....7
LOKELMA.....56	<i>lyza</i>.....46	<i>methenamine mandelate</i>.....7
<i>lomustine</i>.....9	M	<i>methen-sod phos-meth blue-</i>
LONSURF.....9	<i>magnesium citrate</i>.....40	<i>hyos</i>.....56
<i>loperamide</i>.....39	<i>malathion</i>.....31	<i>methimazole</i>.....33
<i>lopinavir-ritonavir</i>.....4	<i>maraviroc</i>.....4	METHITEST.....37
LOQTORZI.....9	<i>marlissa (28)</i>.....48	<i>methocarbamol</i>.....15
<i>lorazepam</i>.....19	MARPLAN.....19	<i>methotrexate sodium</i>.....9
<i>lorazepam intensol</i>.....19	MATULANE.....9	<i>methotrexate sodium (pf)</i>.....9
LORBRENA.....9	<i>matzim la</i>.....22	<i>methoxsalen</i>.....27
<i>loryna (28)</i>.....48	MAYZENT.....21	<i>methscopolamine</i>.....39
<i>losartan</i>.....22		<i>methsuximide</i>.....12

<i>methyl salicylate</i>	27	MNEXSPIKE 2025-2026 (PF)	43	<i>neбиволол</i>	22
<i>methylergonovine</i>	49	.....	43	<i>nebusal</i>	54
<i>methylphenidate</i>	19	MODEYSO	9	<i>necon 0.5/35 (28)</i>	48
<i>methylphenidate hcl</i>	19	<i>moexipril</i>	22	<i>nelarabine</i>	10
<i>methylprednisolone</i>	33	<i>molindone</i>	19	NEMLUVIO.....	10
<i>methyltestosterone</i>	37	<i>mometasone</i>	31, 54	<i>neomycin</i>	5
<i>metoclopramide hcl</i>	40	<i>mondoxyne nl</i>	6	<i>neomycin-bacitracin-poly-hc</i>	51
<i>metolazone</i>	22	<i>mono-linyah</i>	48	<i>neomycin-bacitracin-</i>	
<i>metoprolol succinate</i>	22	MONOVISC.....	16	<i>polymyxin</i>	50
<i>metoprolol ta-hydrochlorothiaz</i>	22	<i>montelukast</i>	54	<i>neomycin-polymyxin b gu</i>	31
.....	22	<i>morphine</i>	15	<i>neomycin-polymyxin b-</i>	
<i>metoprolol tartrate</i>	22	<i>morphine concentrate</i>	15	<i>dexameth</i>	51
<i>metronidazole</i>	5, 28, 46	MOUNJARO.....	38	<i>neomycin-polymyxin-</i>	
<i>metryrosine</i>	22	MOVANTIK	40	<i>gramicidin</i>	50
<i>mexiletine</i>	21	<i>moxifloxacin</i>	6, 50	<i>neomycin-polymyxin-hc</i>	33, 51
<i>mibelas 24 fe</i>	48	MRESVIA (PF).....	43	<i>neo-polycin</i>	50
<i>miconazole-3</i>	46	<i>multi-vitamin with fluoride</i>	57	<i>neo-polycin hc</i>	51
MICROCHAMBER.....	55	<i>multivit-fluoride (metafolin)</i>	57	<i>neo-vital rx</i>	57
<i>microgestin 1.5/30 (21)</i>	48	<i>mupirocin</i>	29	NERLYNX.....	10
<i>microgestin 1/20 (21)</i>	48	<i>mupirocin calcium</i>	29	<i>neuac</i>	28
<i>microgestin fe 1.5/30 (28)</i>	48	<i>mvc-fluoride</i>	57	NEUPRO	13
<i>microgestin fe 1/20 (28)</i>	48	<i>my choice</i>	48	<i>nevirapine</i>	4
MICROSPACER.....	55	<i>my way</i>	48	<i>new day</i>	48
<i>midazolam</i>	19	MYALEPT	37	<i>newgen</i>	57
<i>midodrine</i>	32	<i>mycophenolate mofetil</i>	9	NEXPLANON.....	46
MIEBO (PF).....	51	<i>mycophenolate sodium</i>	9	<i>niacin</i>	25
<i>mifepristone</i>	37, 46	MYFEMBREE	46	<i>nicorette</i>	32
<i>migergot</i>	13	MYHIBBIN.....	10	NICORETTE.....	32
<i>miglitol</i>	38	MYLERAN	10	<i>nicotine</i>	32
<i>miglustat</i>	37	MYLOTARG	10	<i>nicotine (polacrilex)</i>	32
<i>mili</i>	48	<i>mynatal</i>	57	NICOTROL NS.....	32
<i>milk of magnesia</i>	40	<i>mynatal plus</i>	57	<i>nifedipine</i>	22
<i>milk of magnesia concentrated</i>	40	<i>mynatal-z</i>	57	<i>nikki (28)</i>	48
.....	40	MYOBLOC	43	<i>nilotinib hcl</i>	10
<i>millipred</i>	33	MYQORZO.....	25	<i>nilutamide</i>	10
<i>millipred dp</i>	33	N		<i>nimodipine</i>	22
<i>milnacipran</i>	45	<i>nabumetone</i>	16	NINLARO	10
<i>mimvey</i>	46	<i>nadolol</i>	22	<i>nintedanib</i>	54
<i>minocycline</i>	6	<i>naftifine</i>	29	<i>nisoldipine</i>	22
<i>minoxidil</i>	22	NAGLAZYME.....	37	<i>nitazoxanide</i>	5
<i>minzoya</i>	48	<i>naloxone</i>	16	<i>nitisinone</i>	32
<i>miostat</i>	51	<i>naltrexone</i>	16	<i>nitro-bid</i>	26
<i>mirabegron</i>	55	<i>naproxen</i>	17	<i>nitrofurantoin</i>	7
MIRENA	45	<i>naproxen sodium</i>	17	<i>nitrofurantoin macrocrystal</i>	7
<i>mirtazapine</i>	19	<i>naratriptan</i>	13	<i>nitrofurantoin monohyd/m-</i>	
<i>misoprostol</i>	41	NATACYN	50	<i>cryst</i>	7
<i>mitoxantrone</i>	9	<i>nateglinide</i>	38	<i>nitroglycerin</i>	26, 40
M-M-R II (PF).....	43	<i>natura-lax</i>	40	<i>nitro-time</i>	26
<i>m-natal plus</i>	57	NAYZILAM.....	12	NITYR.....	32

<i>niva thyroid</i>	38	OJEMDA.....	10	<i>orphenadrine citrate</i>	15
NIVESTYM	42	<i>olanzapine</i>	19	<i>orphenadrine-asa-caffeine</i> ...	15
<i>nizatidine</i>	41	<i>olanzapine-fluoxetine</i>	19	<i>orphengesic forte</i>	15
<i>nora-be</i>	46	<i>olmesartan</i>	22	<i>orquidea</i>	46
<i>norelgestromin-ethin.estradiol</i>		<i>olmesartan-amlodipin-</i>		ORSERDU	10
.....	46	<i>hcthiazid</i>	22	ORTHOVISC	17
<i>norethindrone (contraceptive)</i>		<i>olmesartan-</i>		<i>oscimin</i>	39
.....	46	<i>hydrochlorothiazide</i>	22	<i>oscimin sl</i>	39
<i>norethindrone acetate</i>	46	<i>olopatadine</i>	33, 51	<i>oseltamivir</i>	4
<i>norethindrone ac-eth estradiol</i>		<i>omega-3 acid ethyl esters</i>	25	OSEVELT	7
.....	46, 48	<i>omeprazole</i>	41	OSPHENA.....	46
<i>norethindrone-e.estradiol-iron</i>		<i>omeprazole-sodium</i>		OTEZLA.....	45
.....	48	<i>bicarbonate</i>	41	OTEZLA STARTER.....	45
<i>norgestimate-ethinyl estradiol</i>		OMNIPOD 5 (G6/LIBRE 2		OTEZLA XR.....	45
.....	48	PLUS).....	35	OTEZLA XR INITIATION .	45
<i>nortrel 0.5/35 (28)</i>	48	OMNIPOD 5 G6-G7 INTRO		<i>oxaprozin</i>	17
<i>nortrel 1/35 (21)</i>	48	KT(GEN5).....	35	<i>oxazepam</i>	19
<i>nortrel 1/35 (28)</i>	48	OMNIPOD 5 G6-G7 PODS		<i>oxcarbazepine</i>	12
<i>nortrel 7/7/7 (28)</i>	49	(GEN 5).....	35	OXERVATE.....	51
<i>nortriptyline</i>	19	OMNIPOD 5		<i>oxiconazole</i>	29
NORVIR.....	4	INTRO(G6/LIBRE2PLUS)		<i>oxybutynin chloride</i>	55
NOVOEIGHT	24	.....	35	<i>oxycodone</i>	15
NOXAFIL	3	OMNIPOD DASH INTRO		<i>oxycodone-acetaminophen</i> ...	15
<i>np thyroid</i>	38	KIT (GEN 4)	35	<i>oxymorphone</i>	15
NPLATE.....	24	OMNIPOD DASH PODS		OZEMPIC.....	38
NUBEQA	10	(GEN 4).....	35	OZURDEX.....	51
NUCALA	54	OMNITROPE.....	42	P	
NUCYNTA ER	17	OMVOH.....	40	<i>pacerone</i>	21
NUEDEXTA	14	OMVOH PEN	40	<i>paclitaxel protein-bound</i>	10
NUVAXOVID 2025-2026		<i>ondansetron</i>	40	<i>paliperidone</i>	19
(PF).....	43	<i>ondansetron hcl</i>	40	PALYNZIQ.....	37
<i>nylia 1/35 (28)</i>	49	<i>one natal rx</i>	57	PANCREAZE.....	40
<i>nylia 7/7/7 (28)</i>	49	<i>onelax magnesium citrate</i>	40	<i>pantoprazole</i>	42
<i>nystatin</i>	3, 29	ONIVYDE.....	10	PARAGARD T 380A.....	45
<i>nystatin-triamcinolone</i>	29	<i>opcicon one-step</i>	49	<i>paricalcitol</i>	37
<i>nystop</i>	29	OPDIVO	10	<i>paroex oral rinse</i>	33
O		OPDIVO QVANTIG.....	10	<i>paroxetine hcl</i>	19
OBIZUR	24	OPDUALAG	10	PAVBLU	51
<i>ocella</i>	49	OPILL.....	46	PAXLOVID.....	4
OCREVUS	21	OPSUMIT	54	<i>pazopanib</i>	10
OCREVUS ZUNOVO	21	OPSYNVI.....	54	PEDIARIX (PF)	43
<i>octreotide acetate</i>	10	OPTICHAMBER DIAMOND		PEDVAX HIB (PF).....	43
<i>octreotide,microspheres</i>	10	VHC.....	55	<i>peg 3350-electrolytes</i>	40
ODACTRA.....	43	<i>option-2</i>	49	<i>peg3350-sod sul-nacl-kcl-asb-c</i>	
ODEFSEY.....	4	<i>oral saline laxative</i>	40	.....	40
ODOMZO	10	ORIAHNN.....	46	PEGASYS	42
OFEV	54	ORLISSA	37	<i>peg-electrolyte soln</i>	40
<i>ofloxacin</i>	6, 33, 50	ORKAMBI.....	54	PEMAZYRE.....	10
OGIVRI.....	10	<i>ormarvi</i>	14	PENBRAYA (PF)	43

<i>penciclovir</i>	29	PNEUMOVAX-23	43	<i>prenatal multi-dha (algal oil)</i>	
<i>penicillamine</i>	45	<i>pnv-select</i>	57	.....	57
<i>penicillin v potassium</i>	6	POCKET CHAMBER.....	55	<i>prenatal multivitamins</i>	57
PENMENVY MEN A-B-C-W-		<i>podofilox</i>	27	<i>prenatal one daily</i>	57
Y (PF).....	43	<i>polycin</i>	50	<i>prenatal plus</i>	57
PENTACEL (PF)	43	<i>polyethylene glycol 3350</i>	40	<i>prenatal plus (calcium carb)</i>	57
<i>pentamidine</i>	5	<i>polymyxin b sulf-trimethoprim</i>		<i>prenatal vit no.179-iron-folic</i>	
PENTASA.....	40	.....	50	.....	57
<i>pentoxifylline</i>	24	<i>pomalidomide</i>	10	<i>prenatal vitamin</i>	57
<i>perampanel</i>	12	POMALYST	10	<i>prenatal vitamin with minerals</i>	
<i>perindopril erbumine</i>	22	<i>portia 28</i>	49	.....	57
<i>periogard</i>	33	<i>posaconazole</i>	3	PRETOMANID.....	5
PERJETA	10	<i>potassium chloride</i>	56	<i>prevalite</i>	25
<i>permethrin</i>	31	<i>potassium citrate</i>	56	PREVNAR 20 (PF)	43
<i>perphenazine</i>	19	<i>potassium iodide</i>	33	PREVYMIS	4
<i>perphenazine-amitriptyline</i> ..	19	POTELIGEO	10	PREZCOBIX.....	4
PHEBURANE.....	32	<i>povidone-iodine</i>	50	PREZISTA	4
<i>phenazopyridine</i>	56	<i>powderlax</i>	40	PRIFTIN	5
<i>phenelzine</i>	19	<i>pr natal 400</i>	57	<i>primaquine</i>	5
<i>phenobarb-hyoscy-atropine-</i>		<i>pr natal 400 ec</i>	57	PRIMEAIRE.....	55
<i>scop</i>	39	<i>pr natal 430</i>	57	<i>primidone</i>	12
<i>phenobarbital</i>	12	<i>pr natal 430 ec</i>	57	PRIORIX (PF).....	43
<i>phenohydro</i>	39	<i>pralatrexate</i>	10	<i>probenecid</i>	44
<i>phenoxybenzamine</i>	22	<i>pramipexole</i>	13	<i>probenecid-colchicine</i>	44
<i>phenylephrine hcl</i>	52	<i>prasugrel hcl</i>	24	<i>procentra</i>	19
<i>phenyleph-tropicamide in</i>		<i>pravastatin</i>	25	PROCHAMBER.....	55
<i>water</i>	50	<i>praziquantel</i>	5	<i>prochlorperazine</i>	40
<i>phenytoin</i>	12	<i>prazosin</i>	22	<i>prochlorperazine maleate</i>	40
<i>phenytoin sodium extended</i> ..	12	PRECISION XTRA		PROCRIT	42
PHESGO	10	KETONE-GLUCOSE	34	<i>procto-med hc</i>	40
<i>philith</i>	49	PRECISION XTRA		<i>proctosol hc</i>	40
<i>phosphate laxative</i>	40	MONITOR	34	<i>proctozone-hc</i>	40
PHOSPHOLINE IODIDE....	50	PRECISION XTRA TEST...34		PROFILNINE.....	24
<i>phytonadione (vitamin k1)</i>	24	<i>prednicarbate</i>	31	<i>progesterone</i>	46
PIFELTRO	4	<i>prednisoln sp-moxiflox-</i>		<i>progesterone micronized</i>	46
<i>pilocarpine hcl</i>	33, 50	<i>bromfen</i>	51	PROGRAF.....	10
<i>pimecrolimus</i>	27	<i>prednisolone</i>	33	PROLASTIN-C	32
<i>pimozide</i>	19	<i>prednisolone acetate</i>	51	<i>prolate</i>	15
<i>pimtrea (28)</i>	49	<i>prednisolone sod ph-</i>		PROLEUKIN	42
<i>pindolol</i>	22	<i>bromfenac</i>	51	<i>promethazine</i>	52
<i>pioglitazone</i>	38	<i>prednisolone sodium</i>		<i>promethazine-codeine</i>	52
<i>pioglitazone-glimepiride</i>	38	<i>phosphate</i>	33, 52	<i>promethazine-dm</i>	52
<i>pioglitazone-metformin</i>	38	<i>prednisone</i>	33	<i>promethazine-phenylephrine</i>	52
PIQRAY	10	<i>prednisone intensol</i>	33	<i>promethegan</i>	52
<i>pirfenidone</i>	54	<i>pregabalin</i>	12	<i>propafenone</i>	21
<i>piroxicam</i>	17	<i>prenatabs fa</i>	57	<i>proparacaine</i>	51
<i>pitavastatin calcium</i>	25	<i>prenatabs rx</i>	57	<i>propranolol</i>	22
PLEGRIDY	21	<i>prenatal</i>	57	<i>propylthiouracil</i>	34
<i>plerixafor</i>	42	<i>prenatal complete</i>	57	PROQUAD (PF).....	43

<i>protriptyline</i>	19	REPATHA SYRINGE	25	<i>sajazir</i>	54
<i>prucalopride</i>	40	RESTASIS MULTIDOSE ...	51	<i>salsalate</i>	17
<i>pruradik</i>	31	RETACRIT	42	SANTYL	31
<i>pulmosal</i>	54	<i>retaine allergy</i>	51	<i>sapropterin</i>	37
PULMOZYME.....	54	REVCОВI	32	<i>saxagliptin</i>	38
<i>purelax</i>	40	REVUFORJ.....	10	<i>saxagliptin-metformin</i>	38
<i>purevita folic acid</i>	57	REXTOVY	17	<i>scalacort</i>	31
PURIXAN	10	REXULTI.....	19	SCSEMBLIX.....	10
<i>pyquvi</i>	33	REYATAZ	4	<i>scopolamine base</i>	40
<i>pyrazinamide</i>	5	REZDIFFRA	32	SELARSDI	26
<i>pyridostigmine bromide</i>	15	RIASTAP	24	<i>selegiline hcl</i>	13
<i>pyrimethamine</i>	5	<i>ribavirin</i>	4	<i>selenium sulfide</i>	26
Q		RIDAURA.....	45	SELZENTRY	4
QUADRACEL (PF)	43	<i>rifabutin</i>	5	SEMGLEE(INSULIN	
<i>quetiapine</i>	19	<i>rifampin</i>	5	GLARGINE-YFGN)	36
<i>quinapril</i>	22	<i>rilpivirine hcl</i>	4	SEMGLEE(INSULIN	
<i>quinapril-hydrochlorothiazide</i>		<i>riluzole</i>	32	GLARG-YFGN)PEN	36
.....	22	<i>rimantadine</i>	4	<i>se-natal 19</i>	57
<i>quinidine gluconate</i>	21	<i>ringer's</i>	31	<i>se-natal 19 chewable</i>	57
<i>quinidine sulfate</i>	21	<i>risedronate</i>	32, 44	<i>sertraline</i>	20
<i>quinine sulfate</i>	5	<i>risperidone</i>	20	<i>setlakin</i>	49
QVAR REDIHALER.....	54	<i>risperidone microspheres</i>	20	<i>sevelamer carbonate</i>	56
R		RITEFLO AEROCHAMBER		<i>sevelamer hcl</i>	56
RABAVERT (PF)	43	.....	55	SEVENFACT	24
<i>rabeprazole</i>	42	<i>ritonavir</i>	4	<i>sharobel</i>	46
RADICAVA.....	14	<i>rivaroxaban</i>	24	<i>shewise</i>	49
RADICAVA ORS STARTER		<i>rivastigmine</i>	14	SHINGRIX (PF).....	43
KIT SUSP.....	14	<i>rivastigmine tartrate</i>	14	SIGNIFOR.....	10
RAGWITEK.....	43	<i>rivelsa</i>	49	<i>sildenafil (pulm.hypertension)</i>	
<i>raloxifene</i>	44	<i>rizatRIPTAN</i>	13	.....	54
<i>ramelteon</i>	19	ROCTAVIAN	24	<i>silodosin</i>	55
<i>ramipril</i>	23	<i>roflumilast</i>	54	<i>silver sulfadiazine</i>	26
<i>ranitidine hcl</i>	42	<i>romidepsin</i>	10	SIMLANDI(CF)	45
<i>ranolazine</i>	25	<i>ropinirole</i>	13	SIMLANDI(CF)	
<i>rasagiline</i>	13	<i>rosadan</i>	28	AUTOINJECTOR	45
REBIF (WITH ALBUMIN).21		<i>rosuvastatin</i>	25	<i>simliya (28)</i>	49
REBIF REBIDOSE	21	<i>rosyrah</i>	49	<i>simpesse</i>	49
REBIF TITRATION PACK 21		ROTARIX	43	SIMPONI.....	45
<i>reclipsen (28)</i>	49	ROTATEQ VACCINE.....	43	<i>simvastatin</i>	25
RECOMBIVAX HB (PF)	43	<i>roweepira</i>	12	<i>sirolimus</i>	10
RELENZA DISKHALER.....	4	ROZLYTREK	10	SIRTURO	5
<i>relgaabi</i>	12	RUCONEST.....	54	SKYLA	45
RELISTOR.....	40	<i>rufinamide</i>	12	SKYSONA	14
RENACIDIN.....	56	RUXIENCE.....	10	<i>smoothlax</i>	41
<i>rena-vite</i>	57	RYBELSUS.....	38	<i>sodium chloride</i>	32, 54
<i>renthyroid</i>	38	RYDAPT	10	<i>sodium chloride 0.9 %</i>	32
<i>repaglinide</i>	38	RYKINDO.....	20	<i>sodium citrate-citric acid</i>	56
REPATHA PUSHTRONEX 25		S		<i>sodium oxybate</i>	20
REPATHA SURECLICK	25	<i>sacubitril-valsartan</i>	25	<i>sodium phenylbutyrate</i>	32

<i>sodium polystyrene sulfonate</i>	56	<i>sulfacetamide-prednisolone</i>	52	TECELRA	11
<i>sodium,potassium,mag sulfates</i>	41	<i>sulfacleanse 8-4</i>	28	TECENTRIQ	11
<i>solifenacin</i>	55	<i>sulfadiazine</i>	6	TECENTRIQ HYBREZA	11
SOLYQUA 100/33	36	<i>sulfamethoxazole-trimethoprim</i>	6	<i>telmisartan</i>	23
SOLTAMOX	10		6	<i>telmisartan-hydrochlorothiazid</i>	23
<i>soluvita a,c,d with fluoride</i>	57	SULFAMYLON	29	<i>temazepam</i>	20
SOMATULINE DEPOT	10	<i>sulfasalazine</i>	41	TEMODAR	11
SOMAVERT	37	<i>sulfatrim</i>	6	<i>temozolomide</i>	11
<i>sorafenib</i>	10	<i>sulindac</i>	17	<i>temsirolimus</i>	11
<i>sotalol</i>	21	<i>sumatriptan</i>	13	<i>tencon</i>	16
<i>sotalol af</i>	21	<i>sumatriptan succinate</i>	13	TENIVAC (PF)	44
SOTYKTU	26	<i>sunitinib malate</i>	10	<i>tenofovir disoproxil fumarate</i>	4
SOTYLIZE	21	SUNOSI	20	<i>terazosin</i>	23
SPACE CHAMBER	55	<i>super b-50 complex</i>	57	<i>terbinafine hcl</i>	3
SPEVIGO	26	<i>super quints</i>	57	<i>terbutaline</i>	54
SPIKEVAX 2025-2026(12Y		<i>syeda</i>	49	<i>terconazole</i>	46
UP)(PF)	44	SYLVANT	10	<i>teriflunomide</i>	21
SPIKEVAX 2025-26 (6M-		<i>symax fastabs</i>	39	<i>teriparatide</i>	44
11Y) (PF)	44	<i>symax-sl</i>	39	<i>testosterone</i>	37
<i>spinosad</i>	31	<i>symax-sr</i>	39	<i>testosterone cypionate</i>	37
SPINRAZA (PF)	14	SYMDEKO	54	<i>testosterone enanthate</i>	37
SPIRIVA RESPIMAT	54	SYNJARDY	38	<i>tetrabenazine</i>	14
<i>spironolactone</i>	23	SYNJARDY XR	38	<i>tetracaine hcl</i>	51
<i>spironolacton-</i>		T		<i>tetracycline</i>	6
<i>hydrochlorothiaz</i>	23	TABRECTA	10	TEVIMBRA	11
<i>sprintec (28)</i>	49	<i>tacrolimus</i>	11, 27	TEZSPIRE	54
<i>sps (with sorbitol)</i>	56	<i>tadalafil</i>	55	THALOMID	11
<i>ssd</i>	26	<i>tadalafil (pulm. hypertension)</i>	54	<i>theophylline</i>	54
<i>sss 10-5</i>	28		54	<i>thioridazine</i>	20
<i>st joseph aspirin</i>	17	TAFINLAR	11	<i>thiothixene</i>	20
STAMARIL (PF)	44	<i>tafluprost (pf)</i>	51	<i>thyroid (pork)</i>	38
STIOLTO RESPIMAT	54	TAGRISO	11	<i>tiadylt er</i>	23
STIVARGA	10	TAKHZYRO	54	<i>tiagabine</i>	12
<i>stop smoking aid</i>	32	TALTZ AUTOINJECTOR	26	TIBSOVO	11
STRENSIQ	37	TALTZ AUTOINJECTOR (2	26	<i>ticagrelor</i>	24
<i>stress formula with iron(sulf)</i>	57	PACK)	26	TICOVAC	44
STRIVERDI RESPIMAT	54	TALTZ AUTOINJECTOR (3	26	<i>tilia fe</i>	49
<i>strong iodine</i>	29, 56	PACK)	26	<i>timolol</i>	50
SUBLOCADE	16	TALTZ SYRINGE	26	<i>timolol maleate</i>	23, 50
<i>subvenite</i>	12	TALZENNA	11	<i>timolol maleate (pf)</i>	50
<i>subvenite starter (blue) kit</i>	12	<i>tamoxifen</i>	11	<i>tinidazole</i>	5
<i>subvenite starter (green) kit</i>	12	<i>tamsulosin</i>	55	<i>tiopronin</i>	32
<i>subvenite starter (orange) kit</i>	12	<i>tanlor</i>	15	<i>tiotropium bromide</i>	54
SUCRAID	41	<i>tapentadol</i>	17	TIVICAY	4
<i>sucralfate</i>	42	<i>tarina 24 fe</i>	49	TIVICAY PD	4
<i>sulfacetamide sodium</i>	26, 52	<i>tarina fe 1/20 (28)</i>	49	<i>tizanidine</i>	15
<i>sulfacetamide sodium (acne)</i>	29	<i>tavorole</i>	29	<i>tobramycin</i>	6, 50
<i>sulfacetamide sodium-sulfur</i>	28	TAVALISSE	24	<i>tobramycin in 0.225 % nacl</i>	6
		<i>tazarotene</i>	28		

<i>tobramycin-dexamethasone</i> ..	51	<i>tri-estarylla</i>	49	TYMLOS.....	44
<i>tobramycin-lotepred</i>	51	<i>trifluoperazine</i>	20	TYPHIM VI.....	44
<i>tolcapone</i>	13	<i>trifluridine</i>	50	TYRUKO.....	14
<i>tolectin ds</i>	17	<i>trihexyphenidyl</i>	13	TYSABRI.....	14
<i>tolmetin</i>	17	TRIJARDY XR.....	38	TYVASO.....	54
<i>tolterodine</i>	55	TRIKAFTA.....	54	TYVASO DPI.....	54
<i>tolvaptan</i>	37	<i>tri-legest fe</i>	49	TYVASO REFILL KIT.....	54
<i>tolvaptan (polycys kidney dis)</i>	37	<i>tri-linyah</i>	49	TYVASO STARTER KIT ..	54
<i>topiramate</i>	12, 13	<i>tri-lo-estarylla</i>	49	U	
<i>topotecan</i>	11	<i>tri-lo-marzia</i>	49	<i>unithroid</i>	38
<i>toremifene</i>	11	<i>tri-lo-mili</i>	49	UNITUXIN.....	11
<i>torpenz</i>	11	<i>tri-lo-sprintec</i>	49	UPTRAVI.....	23
<i>torseamide</i>	23	<i>trimethobenzamide</i>	41	<i>uretron d-s</i>	56
TOUJEO MAX U-300 SOLOSTAR.....	36	<i>trimethoprim</i>	7	<i>urimar-t</i>	56
TOUJEO SOLOSTAR U-300 INSULIN.....	36	<i>tri-mili</i>	49	<i>urogesic-blue</i>	56
<i>tovet emollient</i>	31	<i>trimipramine</i>	20	<i>uro-mp</i>	56
<i>tramadol</i>	17	<i>trinatal rx 1</i>	57	<i>uro-sp</i>	56
<i>tramadol-acetaminophen</i>	17	<i>trinate</i>	57	<i>ursodiol</i>	41
<i>trandolapril</i>	23	TRINTELLIX.....	20	<i>uryl</i>	56
<i>trandolapril-verapamil</i>	23	TRIPTODUR.....	11	USTEKINUMAB-TTWE.....	26
<i>tranexamic acid</i>	46	<i>tri-sprintec (28)</i>	49	V	
<i>tranylcypromine</i>	20	TRIUMEQ.....	4	<i>valacyclovir</i>	4
<i>trazodone</i>	20	TRIUMEQ PD.....	4	VALCHLOR.....	27
TRELEGY ELLIPTA.....	54	<i>tri-vitamin with fluoride</i>	57	<i>valganciclovir</i>	4
TREMFYA.....	26	<i>tri-vylibra</i>	49	<i>valproic acid</i>	13
TREMFYA ONE-PRESS.....	26	<i>tri-vylibra lo</i>	49	<i>valproic acid (as sodium salt)</i>	13
TREMFYA PEN.....	26	TROGARZO.....	4	<i>valrubicin</i>	11
TREMFYA PEN INDUCTION PK(2PEN).....	26	<i>tropicamide</i>	50	<i>valsartan</i>	23
<i>treprostinil sodium</i>	23	<i>tropium</i>	55	<i>valsartan-hydrochlorothiazide</i>	23
TRESIBA FLEXTOUCH U- 100.....	36	TRUE METRIX AIR GLUCOSE METER.....	34	<i>valtya</i>	49
TRESIBA FLEXTOUCH U- 200.....	36	TRUE METRIX GLUCOSE METER.....	34	<i>vancomycin</i>	7
TRESIBA U-100 INSULIN.....	36	TRUE METRIX GO GLUCOSE METER.....	34	<i>vandazole</i>	46
<i>tretinoin</i>	28	TRUE METRIX LEVEL 1...35		VAQTA (PF).....	44
<i>tretinoin (antineoplastic)</i>	11	TRULANCE.....	41	<i>varenicline tartrate</i>	32
<i>tretinoin microspheres</i>	28	TRULICITY.....	38	VARIVAX (PF).....	44
TRETTEN.....	24	TRUMENBA.....	44	VARUBI.....	41
<i>triamcinolone acetonide</i>	31, 33	TRUSTEX-RIA NON-LUB CONDOMS.....	45	VAXCHORA VACCINE.....	44
<i>triamterene-hydrochlorothiazid</i>	23	<i>tulana</i>	46	VAXELIS (PF).....	44
<i>triazolam</i>	20	<i>turqoz (28)</i>	49	VAXNEUVANCE (PF).....	44
<i>tricon</i>	57	TWIIST STARTER KIT.....	35	VCF CONTRACEPTIVE FILM.....	46
<i>triderm</i>	31	TWINRIX (PF).....	44	VCF CONTRACEPTIVE GEL	46
<i>trientine</i>	32	<i>tydemy</i>	49	VECTIBIX.....	11
		TYENNE.....	45	<i>veletri</i>	23
		TYENNE AUTOINJECTOR	45	<i>velivet triphasic regimen (28)</i>	49

VELPHORO.....	56	VYXEOS.....	11	YONDELIS.....	11
VELSIPITY.....	41	W		YUTREPIA.....	55
VEMLIDY.....	4	<i>wal-zyr (ketotifen)</i>	51	<i>yuvafem</i>	46
VENCLEXTA.....	11	<i>warfarin</i>	24	Z	
VENCLEXTA STARTING		<i>water for irrigation, sterile</i> ...32		ZADITOR.....	51
PACK.....	11	<i>wera (28)</i>	49	<i>zafemy</i>	46
<i>venlafaxine</i>	20	<i>wesnatal dha complete</i>	57	<i>zafirlukast</i>	55
<i>venxxiva</i>	32	<i>wesnate dha</i>	57	<i>zaleplon</i>	20
<i>verapamil</i>	23	<i>westab plus</i>	57	<i>zarah</i>	49
VERQUVO.....	25	<i>westgel dha</i>	57	ZEJULA.....	11
VERZENIO.....	11	<i>wintergreen oil</i>	27	ZELBORAF.....	11
<i>vestura (28)</i>	49	<i>wixela inhub</i>	54	<i>zelvysia</i>	37
V-GO 20.....	35	<i>women's gentle laxative(bisac)</i>		ZEMAIRA.....	32
V-GO 30.....	35	.....	41	<i>zenatane</i>	28
V-GO 40.....	35	<i>wymzya fe</i>	49	ZENPEP.....	41
VIBERZI.....	41	X		<i>zenzedi</i>	20
<i>vienva</i>	49	XALKORI.....	11	ZEPATIER.....	4
<i>vigabatrin</i>	13	<i>xarah fe</i>	49	ZEPOSIA.....	14
<i>vigadrone</i>	13	XARELTO.....	24	ZEPOSIA STARTER KIT (28-	
VIJOICE.....	11	XARELTO DVT-PE TREAT		DAY).....	14
<i>vilazodone</i>	20	30D START.....	24	ZEPOSIA STARTER PACK	
VIMIZIM.....	37	XDEMVY.....	51	(7-DAY).....	14
VIMKUNYA.....	44	XELJANZ.....	45	ZERVIATE.....	51
VIOKACE.....	41	XELJANZ XR.....	45	<i>zidovudine</i>	4
<i>viorele (28)</i>	49	<i>xelria fe</i>	49	ZIEXTENZO.....	42
VIRACEPT.....	4	XEMBIFY.....	44	<i>ziprasidone hcl</i>	20
VIREAD.....	4	XENPOZYME.....	32	ZIRABEV.....	11
VISTOGARD.....	7	XERESE.....	29	ZOLADEX.....	11
<i>vitamin k</i>	24	XERMELO.....	11	<i>zoledronic acid</i>	37
<i>vitamin k1</i>	24	XGEVA.....	7	<i>zoledronic acid-mannitol-water</i>	
VITRAKVI.....	11	XIFAXAN.....	6	.....	32, 37
VIVITROL.....	17	XIGDUO XR.....	38	ZOLGENSMA.....	14
VIVOTIF.....	44	XIIDRA.....	51	ZOLINZA.....	11
VIZIMPRO.....	11	XOLAIR.....	54	<i>zolmitriptan</i>	13
<i>volnea (28)</i>	49	XOSPATA.....	11	<i>zolpidem</i>	20
VONJO.....	11	XTANDI.....	11	<i>zonisamide</i>	13
VONVENDI.....	24	XTRENBO.....	7	<i>zovia 1-35 (28)</i>	49
VOQUEZNA DUAL PAK...42		<i>xulane</i>	46	ZTALMY.....	13
VOQUEZNA TRIPLE PAK 42		XURIDEN.....	32	ZTLIDO.....	29
<i>voriconazole</i>	3	XYNTHA.....	24	ZUBSOLV.....	17
VORTEX HOLDING		XYNTHA SOLOFUSE.....	24	<i>zumandimine (28)</i>	49
CHAMBER.....	55	XYWAV.....	20	ZURZUVAE.....	20
VUMERITY.....	21	Y		ZYDELIG.....	12
<i>vyfemla (28)</i>	49	YERVOY.....	11	ZYKADIA.....	12
<i>vylibra</i>	49	YESCARTA.....	11	ZYMFENTRA.....	41
VYLOY.....	11	YESINTEK.....	26	ZYNTEGLO.....	42
VYNDAMAX.....	26	YEZTUGO.....	4	ZYNYZ.....	12
VYNDAQEL.....	26	YF-VAX (PF).....	44		

2026



This formulary was updated on 6/1/2026.

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**.