

4 Tier Formulary

2024 Formulary (List of Covered Drugs)

For Employer-Sponsored Plans

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

This formulary was updated on **December 1, 2024**. To reach Member Services, please call **800-251-7722** (TTY: **800-833-8134**). Our hours are Monday to Friday 8 a.m. to 6 p.m. A representative will be happy to help.

4 Tier Formulary

2024 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Thank you for being a ConnectiCare member. This document is the complete ConnectiCare pharmacy drug list, or formulary, that is covered by your employer-sponsored plan with four-tier drug benefits. This drug list is effective for plan year 2024. It is updated monthly and the last update was on December 1, 2024. Please note: This list may change over time, such as when:

We add a new, less-costly drug.

We remove a drug that may no longer be as effective as other drugs.

Please check the Pharmacy Center on connecticare.com for the most up-to-date drug list covered by your plan.

Which drugs are included in the formulary?

Our list of covered drugs includes both brand-name drugs and generic drugs.

The brand name is the name the drug company gave the drug. For example, the brand name of acetaminophen is Tylenol. Generic drugs are the low-cost version of the brand-name drug.

What if I don't see the drug I need?

If your doctor orders you a drug that is not listed in this formulary, please call **800-251-7722** (TTY: **800-833-8134**). Our hours are Monday to Friday 8 a.m. to 6 p.m. A representative will be happy to help.

How do I use the formulary?

You can look for your drug using the index. This starts on page 142. Or, if you already know what your drug is used for, look for the section name in the Table of Contents. Then, look there for your drug.

Sections are based on what the drugs are used to treat. For example, drugs used for a heart condition are under “Cardiovascular, Hypertension & Lipids.” The first column of the chart lists the drug name. Brand-name drugs are upper-case (for example, SYNTHROID). Generic drugs are shown in lower-case italics (for example, atenolol).

This formulary will also tell you which tier your drug belongs in. The chart below shows you what each tier means.

Tier	What drugs are included
Tier 0	Drugs covered under health care reform
Tier 1	Generic Drugs
Tier 2	Preferred brand-name drugs
Tier 3	Non-preferred brand name drugs
Tier 4	Specialty drugs*

*Specialty drugs — filled by a specialty pharmacy and limited to a 30-day supply — are prescription medications that often require special storage, handling and close monitoring by you, your doctor or pharmacist. These drugs, designated as “limited availability” (LA) in this formulary, are used to treat complex conditions.

If your doctor prescribes a drug that is not listed on this formulary, please contact ConnectiCare for further information on coverage of the product in question. If it’s appropriate, ask your doctor about a generic medication or a more affordable alternative that is included in the drug list. Refer to your benefit summary by logging in on connecticare.com to determine actual cost-share amounts applicable to your plan.

What are generic drugs?

Generic drugs are the low-cost version of a brand-name drug. Generally, a pharmacist will fill the generic type of the drug your doctor ordered if it is available. This may happen **even if** your prescription is written for a brand-name drug.

If you want the brand-name drug, be sure your doctor tells the pharmacist to give you the brand-name drug. When this happens, you may have to pay the copay (the set amount you pay) for the generic drug, plus the cost difference between the brand-name drug and the generic one.

Are there any limitations on my coverage?

A medicine listed in this guide does not mean we will pay for it. For example, some drugs may need prior authorization, or approval, for us to pay for them. In other cases, we may only pay for certain amounts or strengths. These drugs will have initials after their names. Below is a list of abbreviations that explains what the initials mean.

List of abbreviations and what these terms mean to you

PA: Prior Authorization. The plan requires you or your doctor to get approval before you fill your prescription. 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.

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. A trial of an alternative drug would be required for no longer than 30 days.

ACA: Affordable Care Act. There is no cost-sharing for certain preventive drugs if they are right for your age, condition, and the way the drug is being used.

LA: Limited Availability. You may only be able to get this drug at some drug stores.

You can ask us to make an exception to a restriction or limit on a drug. We can also give you a list of other, similar drugs that may work. Speak with your doctor about this first.

Disclaimer

Please see your Contract or Certificate of Coverage for plan details. It will tell you what is covered and how much you pay for your drugs. A drug being listed in this guide does not guarantee that we will pay for it. Some drugs may need approval (prior authorization) before we pay. For some drugs, we will only pay for certain doses and/or strengths. The drugs on this list may change based on a decision by ConnectiCare. As new generic drugs become available, the brand-name version will no longer be a preferred choice.

This is a list of the drugs that are prescribed most often for members that use the National Preferred Formulary.

To help keep your costs down, ask your doctor to prescribe generic drugs when possible.

NOTE: Not all drugs in this list are paid for by all drug benefit plans, so coverage is not guaranteed. Check your benefits for copay and any other requirements you may have under your plan. If you have other questions about your drug benefits, please call the phone number on the back of your ID card.

Can I get my prescriptions delivered to my home?

Our pharmacy benefit manager, Express Scripts, provides convenient home delivery by mail. Home delivery may save you money if you refill drugs every month and think you will be on the same drug(s) for six months or longer.

Home delivery is as safe as going to your local pharmacy. Express Scripts pharmacists check every order for accuracy and are available 24/7 to answer your questions. To compare costs and sign up for home delivery, visit **express-scripts.com** or call Express Scripts at **877-603-1032**.

How do I contact someone at ConnectiCare?

To reach Member Services:

- Please call **800-251-7722** (TTY: **800-833-8134**). Our hours are Monday to Friday 8 a.m. to 6 p.m. A representative will be happy to help.
- Send a secure message by signing in to connecticare.com.
- For general questions *only*, email us at info@connecticare.com. Please do not use this address to send any personal, confidential or medical information, such as member ID, Social Security number or medical information. This is a regular email address that is not secure.

To reach Provider Services:

- Call **800-828-3407** Monday to Friday, 8 a.m. to 6 p.m.
- For prior authorization requests or any medical management issue, call **844-516-3324** 24/7.
- Use our website at connecticare.com/providers to check benefit eligibility and claims status, review medical criteria, and find forms.

If you need to mail us anything, send to:

ConnectiCare
Attention: Pharmacy Department
175 Scott Swamp Road
P.O. Box 4050
Farmington, CT 06034-4050

More contact information is available at connecticare.com.



Language & Non-Discrimination Notice

ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ConnectiCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ConnectiCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, including qualified interpreters and information in alternate formats.
- Provides free language services to people whose primary language is not English, including translated documents and oral interpretation.

If you need these services, contact The Committee for Civil Rights.

If you believe that ConnectiCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

The Committee for Civil Rights, ConnectiCare, 175 Scott Swamp Road, Farmington, CT 06032, Phone: 1-800-251-7722, and TTY: 711. You can file a grievance in person or by mail. If you need help filing a grievance, The Committee for Civil Rights is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Continued →

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-251-7722 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-251-7722 (TTY: 711)。

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-251-7722 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-251-7722 (ATS: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-251-7722 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-251-7722 (телетайп: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-251-7722 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-251-7722 (رقم هاتف الصم والبكم: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-251-7722 (TTY: 711)번으로 전화해 주십시오.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-251-7722 (TTY: 711).

ध्यान दें: यदद आप द िंदी बोलते हैं तो आपके ललए मुफ्त में भाषा स ायता सेवाएि उपलब्ध हैं। 1-800-251-7722 (TTY: 711) पर कॉल करें।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-251-7722 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-251-7722 (TTY: 711).

ប្រយ័ត្ន បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, បេសវាជន្ត យុទ្ធសាសនា ភាសាខ្មែរ គឺអាចម្ចាស់សេវា ឥត ថ្លៃ បាន។ 1-800-251-7722 (TTY: 711)។

မှတ်ချက်: ဤတမ်း ဂျပန်ဘာသာဖြင့် ဖော်ပြပါသည်။ ဤဘာသာဖြင့် ဖော်ပြပါသည်။ 1-800-251-7722 (TTY: 711).

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	17
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH.....	27
CARDIOVASCULAR, HYPERTENSION & LIPIDS.....	50
DERMATOLOGICALS/TOPICAL THERAPY	62
DIAGNOSTICS & MISCELLANEOUS AGENTS	75
EAR, NOSE & THROAT MEDICATIONS.....	78
ENDOCRINE/DIABETES	80
GASTROENTEROLOGY	93
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	101
IMMUNOLOGY	108
MUSCULOSKELETAL & RHEUMATOLOGY	108
OBSTETRICS & GYNECOLOGY.....	112
OPHTHALMOLOGY	121
RESPIRATORY, ALLERGY, COUGH & COLD	126
UROLOGICALS.....	133
VITAMINS, HEMATINICS & ELECTROLYTES	135
Index	142

List of Abbreviations

ACA: Affordable Care Act.

FF: This product is currently affected by the Frozen Formulary mandate. Coverage, copay, and utilization management may change due to frozen formulary depending on your plan year start date.

LA: Limited Availability. This 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.

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.

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.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	*
<i>amphotericin b injection recon soln</i>	1	
<i>amphotericin b liposome intravenous suspension for reconstitution</i>	1	
ANCOBON ORAL CAPSULE	3	PA; *
BREXAFEMME ORAL TABLET	3	ST; QL
<i>clotrimazole mucous membrane troche</i>	1	
CRESEMBA INTRAVENOUS RECON SOLN	2	PA
CRESEMBA ORAL CAPSULE	2	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	*
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	*
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN	2	
<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
<i>flucytosine oral capsule</i>	1	PA
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin microsize oral tablet</i>	1	
<i>griseofulvin ultramicrosize oral tablet</i>	1	
<i>itraconazole oral capsule</i>	1	QL
<i>itraconazole oral solution</i>	1	QL
<i>ketoconazole oral tablet</i>	1	
NOXAFIL INTRAVENOUS SOLUTION	3	PA; *
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	2	PA
NOXAFIL ORAL SUSPENSION	3	PA; *
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>posaconazole intravenous solution</i>	1	PA
<i>posaconazole oral suspension</i>	1	PA
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA
REZZAYO INTRAVENOUS RECON SOLN	3	
SPORANOX ORAL CAPSULE	3	*; QL
SPORANOX ORAL SOLUTION	3	*; QL
<i>terbinafine hcl oral tablet</i>	1	
VFEND IV INTRAVENOUS RECON SOLN	3	PA; *
VFEND ORAL SUSPENSION FOR RECONSTITUTION	3	PA; *
VFEND ORAL TABLET	3	PA; *
VIVJOA ORAL CAPSULE	4	PA; FF; QL
<i>voriconazole intravenous recon soln</i>	1	PA
<i>voriconazole oral suspension for reconstitution</i>	1	PA
<i>voriconazole oral tablet</i>	1	PA
ANTIVIRALS		
<i>abacavir oral solution</i>	4	
<i>abacavir oral tablet</i>	4	
<i>abacavir-lamivudine oral tablet</i>	4	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir oral tablet</i>	1	
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	1	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE	4	PA
APTIVUS ORAL CAPSULE	4	
<i>atazanavir oral capsule</i>	4	
BARACLUDE ORAL SOLUTION	2	
BEYFORTUS INTRAMUSCULAR SYRINGE	0	ACA
BIKTARVY ORAL TABLET	4	
<i>cidofovir intravenous solution</i>	1	
CIMDUO ORAL TABLET	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>darunavir oral tablet</i>	4	
DESCOVY ORAL TABLET	4	
DOVATO ORAL TABLET	4	
EDURANT ORAL TABLET	4	
<i>efavirenz oral tablet</i>	4	
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	4	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>	4	
<i>emtricitabine oral capsule</i>	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	0	ACA
EMTRIVA ORAL CAPSULE	4	*
EMTRIVA ORAL SOLUTION	4	
<i>entecavir oral tablet</i>	1	
EPCLUSA ORAL PELLETS IN PACKET	4	PA; LA; QL
EPCLUSA ORAL TABLET	4	PA; LA; QL
EPIVIR ORAL SOLUTION	4	*
EPIVIR ORAL TABLET	4	*
<i>etravirine oral tablet</i>	4	
EVOTAZ ORAL TABLET	4	
<i>famciclovir oral tablet</i>	1	QL
FLUMADINE ORAL TABLET	3	*
<i>fosamprenavir oral tablet</i>	4	
FUZEON SUBCUTANEOUS RECON SOLN	4	QL
GENVOYA ORAL TABLET	4	
HARVONI ORAL PELLETS IN PACKET	4	PA; LA; QL
HARVONI ORAL TABLET	4	PA; LA; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	4	*
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET	2	
ISENTRESS ORAL POWDER IN PACKET	4	
ISENTRESS ORAL TABLET	4	
ISENTRESS ORAL TABLET,CHEWABLE	4	
JULUCA ORAL TABLET	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
KALETRA ORAL SOLUTION	4	*
KALETRA ORAL TABLET	4	*
LAGEVRIO (EUA) ORAL CAPSULE	0	QL
<i>lamivudine oral solution</i>	4	
<i>lamivudine oral tablet</i>	4	
<i>lamivudine-zidovudine oral tablet</i>	4	
LIVTENCITY ORAL TABLET	4	PA; QL
<i>lopinavir-ritonavir oral solution</i>	1	
<i>lopinavir-ritonavir oral tablet</i>	1	
<i>maraviroc oral tablet</i>	4	
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	4	
<i>nevirapine oral tablet extended release 24 hr</i>	4	
NORVIR ORAL POWDER IN PACKET	4	
NORVIR ORAL TABLET	4	*
ODEFSEY ORAL TABLET	4	
<i>oseltamivir oral capsule</i>	1	QL
<i>oseltamivir oral suspension for reconstitution</i>	1	QL
PAXLOVID ORAL TABLETS,DOSE PACK	2	FF; QL
PREVYMIS ORAL TABLET	2	QL
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
PREZISTA ORAL TABLET 600 MG, 800 MG	4	*
RAPIVAB (PF) INTRAVENOUS SOLUTION	2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	QL
RETROVIR ORAL CAPSULE	4	*
RETROVIR ORAL SYRUP	4	*
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	*
REYATAZ ORAL POWDER IN PACKET	4	
<i>ribavirin inhalation recon soln</i>	1	PA
<i>rimantadine oral tablet</i>	1	
<i>ritonavir oral tablet</i>	4	
SELZENTRY ORAL SOLUTION	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	*
SUNLENCA ORAL TABLET	4	PA
SUNLENCA SUBCUTANEOUS SOLUTION	4	PA
SYMFI LO ORAL TABLET	4	*
SYMFI ORAL TABLET	4	*
SYMTUZA ORAL TABLET	4	
SYNAGIS INTRAMUSCULAR SOLUTION	4	PA; LA
TAMIFLU ORAL CAPSULE	3	*; QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	*; QL
TEMBEXA ORAL SUSPENSION	3	
TEMBEXA ORAL TABLET	3	
<i>tenofovir disoproxil fumarate oral tablet</i>	4	
TIVICAY ORAL TABLET 50 MG	4	
TIVICAY PD ORAL TABLET FOR SUSPENSION	4	
TRIUMEQ ORAL TABLET	4	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	4	
TYBOST ORAL TABLET	4	
<i>valacyclovir oral tablet</i>	1	QL
VALCYTE ORAL RECON SOLN	3	*
VALCYTE ORAL TABLET	3	*
<i>valganciclovir oral recon soln</i>	1	
<i>valganciclovir oral tablet</i>	1	
VEMLIDY ORAL TABLET	2	
VIRACEPT ORAL TABLET	4	
VIRAZOLE INHALATION RECON SOLN	3	PA
VIREAD ORAL POWDER	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	
VIREAD ORAL TABLET 300 MG	4	*
VOSEVI ORAL TABLET	4	PA; LA; QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL
ZEPATIER ORAL TABLET	4	PA; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ZIAGEN ORAL SOLUTION	4	*
<i>zidovudine oral capsule</i>	4	
<i>zidovudine oral syrup</i>	4	
<i>zidovudine oral tablet</i>	4	
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN	2	ST
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension for reconstitution</i>	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	ST
<i>cefepime in dextrose,iso-osm intravenous piggyback</i>	1	ST
<i>cefepime injection recon soln</i>	1	ST
<i>cefixime oral capsule</i>	1	
<i>cefixime oral suspension for reconstitution</i>	1	
CEFOTAN INJECTION RECON SOLN	3	ST
<i>cefotaxime injection recon soln 1 gram, 2 gram</i>	1	ST
<i>cefotetan injection recon soln</i>	1	ST
<i>cefotetan intravenous recon soln</i>	1	ST
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	1	ST
<i>cefoxitin intravenous recon soln</i>	1	ST
<i>cefpodoxime oral suspension for reconstitution</i>	1	
<i>cefpodoxime oral tablet</i>	1	
<i>cefprozil oral suspension for reconstitution</i>	1	
<i>cefprozil oral tablet</i>	1	
<i>ceftazidime injection recon soln</i>	1	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>ceftriaxone in dextrose,iso-os intravenous piggyback</i>	1	ST
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	ST
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	ST
<i>ceftriaxone intravenous recon soln</i>	1	ST
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	ST
<i>cefuroxime sodium intravenous recon soln</i>	1	ST
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	1	
<i>tazicef injection recon soln</i>	1	ST
TEFLARO INTRAVENOUS RECON SOLN	2	ST
ZERBAXA INTRAVENOUS RECON SOLN	2	ST
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	1	ST
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension for reconstitution</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral suspension for reconstitution</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>clarithromycin oral tablet extended release 24 hr</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	QL
DIFICID ORAL TABLET	3	QL
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	3	*
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	*
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	3	*
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	*
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	ST; *
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin lactobionate intravenous recon soln</i>	1	ST
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	1	
ZITHROMAX INTRAVENOUS RECON SOLN	3	ST; *
ZITHROMAX ORAL PACKET	3	*
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	*
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	*
ZITHROMAX TRI-PAK ORAL TABLET	3	*
ZITHROMAX Z-PAK ORAL TABLET	3	*
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC)	3	QL
<i>albendazole oral tablet</i>	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	ST
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	4	PA
<i>atovaquone oral suspension</i>	1	
<i>atovaquone-proguanil oral tablet</i>	1	QL
AZACTAM INJECTION RECON SOLN	3	ST; *
<i>aztreonam injection recon soln</i>	1	ST
<i>bacitracin intramuscular recon soln</i>	1	
BENZNIDAZOLE ORAL TABLET	2	QL

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Drug Name	Drug Tier	Requirements / Limits
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	4	PA; *; LA; QL
BILTRICIDE ORAL TABLET	3	*
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA; QL
<i>chloramphenicol sod succinate intravenous recon soln</i>	1	
<i>chloroquine phosphate oral tablet</i>	1	
CLEOCIN HCL ORAL CAPSULE	3	*
CLEOCIN PEDIATRIC ORAL RECON SOLN	3	*
<i>clindamycin hcl oral capsule</i>	1	
<i>clindamycin pediatric oral recon soln</i>	1	
COARTEM ORAL TABLET	2	QL
<i>colistin (colistimethate na) injection recon soln</i>	1	ST
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN	3	ST; *
<i>cycloserine oral capsule</i>	1	
DALVANCE INTRAVENOUS SOLUTION	2	ST
<i>dapsone oral tablet</i>	1	
DARAPRIM ORAL TABLET	4	PA; *
EMVERM ORAL TABLET,CHEWABLE	2	QL
<i>ethambutol oral tablet</i>	1	
FLAGYL ORAL CAPSULE	3	*
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	ST
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	ST
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	3	ST
<i>gentamicin injection solution</i>	1	ST
<i>gentamicin sulfate (ped) (pf) injection solution</i>	1	ST
HUMATIN ORAL CAPSULE	4	LA
<i>hydroxychloroquine oral tablet</i>	1	
<i>imipenem-cilastatin intravenous recon soln</i>	1	ST
IMPAVIDO ORAL CAPSULE	2	PA; QL
<i>isoniazid injection solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>isoniazid oral solution</i>	1	
<i>isoniazid oral tablet</i>	1	
<i>ivermectin oral tablet</i>	1	PA; QL
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA; QL
KRINTAFEL ORAL TABLET	3	QL
<i>linezolid oral suspension for reconstitution</i>	1	PA
<i>linezolid oral tablet</i>	1	PA
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	1	ST
MALARONE ORAL TABLET	3	*; QL
MALARONE PEDIATRIC ORAL TABLET	3	*; QL
<i>mefloquine oral tablet</i>	1	QL
MEPRON ORAL SUSPENSION	3	*
<i>metro i.v. intravenous piggyback</i>	1	ST
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	1	ST
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet</i>	1	
MYCOBUTIN ORAL CAPSULE	3	*
NEBUPENT INHALATION RECON SOLN	3	*; QL
<i>neomycin oral tablet</i>	1	
<i>nitazoxanide oral tablet</i>	1	QL
<i>paromomycin oral capsule</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	
<i>pentamidine inhalation recon soln</i>	1	QL
<i>polymyxin b sulfate injection recon soln</i>	1	ST
<i>praziquantel oral tablet</i>	1	
PRETOMANID ORAL TABLET	3	PA
PRIFTIN ORAL TABLET	2	
<i>primaquine oral tablet</i>	1	QL
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	ST; *
<i>pyrazinamide oral tablet</i>	1	
<i>pyrimethamine oral tablet</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
QUALAQUIN ORAL CAPSULE	3	*, QL
<i>quinine sulfate oral capsule</i>	1	QL
<i>rifabutin oral capsule</i>	1	
RIFADIN INTRAVENOUS RECON SOLN	3	*
<i>rifampin intravenous recon soln</i>	1	
<i>rifampin oral capsule</i>	1	
SIRTURO ORAL TABLET	2	PA
SIVEXTRO INTRAVENOUS RECON SOLN	3	ST; FF
SIVEXTRO ORAL TABLET	3	PA; FF
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	2	ST
STROMECTOL ORAL TABLET	3	PA; *, QL
<i>tinidazole oral tablet</i>	1	QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; LA; QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	4	PA; LA; QL
<i>tobramycin inhalation solution for nebulization</i>	4	PA; LA; QL
<i>tobramycin sulfate injection recon soln</i>	1	ST
<i>tobramycin sulfate injection solution</i>	1	ST
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	3	PA; LA; QL
TRECTOR ORAL TABLET	3	
XENLETA ORAL TABLET	3	
XIFAXAN ORAL TABLET	2	PA; QL
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	PA; *
ZYVOX ORAL TABLET	3	PA; *
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	
<i>amoxicillin-pot clavulanate oral tablet,chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln</i>	1	ST
<i>ampicillin sodium intravenous recon soln</i>	1	ST
<i>ampicillin-sulbactam injection recon soln</i>	1	ST
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	3	*
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	3	*
BICILLIN C-R INTRAMUSCULAR SYRINGE	2	ST
BICILLIN L-A INTRAMUSCULAR SYRINGE	2	ST
<i>dicloxacillin oral capsule</i>	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.4 MILLION UNIT	3	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	3	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	ST
<i>nafcillin injection recon soln</i>	1	ST
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	ST
<i>oxacillin injection recon soln</i>	1	ST
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	ST
<i>penicillin g potassium injection recon soln</i>	1	ST
<i>penicillin g sodium injection recon soln</i>	1	ST
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
<i>pfizerpen-g injection recon soln</i>	1	ST
UNASYN INJECTION RECON SOLN	3	ST; *

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Drug Name	Drug Tier	Requirements / Limits
QUINOLONES		
BAXDELA ORAL TABLET	2	QL
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	*
CIPRO ORAL TABLET 250 MG, 500 MG	3	*
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	1	ST
<i>ciprofloxacin oral suspension,microcapsule recon</i>	1	
FACTIVE ORAL TABLET	3	
<i>levofloxacin in d5w intravenous piggyback</i>	1	ST
<i>levofloxacin intravenous solution</i>	1	ST
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral tablet</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	2	ST
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET	3	*
BACTRIM ORAL TABLET	3	*
<i>sulfadiazine oral tablet</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	1	ST
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfatrim oral suspension</i>	1	
TETRACYCLINES		
ACTICLATE ORAL TABLET	3	ST; *
AVIDOXY DK KIT	3	ST
<i>avidoxy oral tablet</i>	1	
<i>demeclocycline oral tablet</i>	1	
<i>doxy-100 intravenous recon soln</i>	1	ST
<i>doxycycline hyclate intravenous recon soln</i>	1	ST
<i>doxycycline hyclate oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic</i>	1	ST; FF
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
MINOCIN INTRAVENOUS RECON SOLN	2	ST
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr</i>	1	ST
<i>monodoxyne nl oral capsule</i>	1	
MONODOX ORAL CAPSULE	3	ST; *
MORGIDOX 1X100 KIT	3	ST
NUZYRA ORAL TABLET	3	QL
SEYSARA ORAL TABLET	3	ST
TARGADOX ORAL TABLET	3	ST; *
<i>tetracycline oral capsule</i>	1	
<i>tetracycline oral tablet</i>	1	ST
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; *
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet</i>	1	
FURADANTIN ORAL SUSPENSION	3	*
MACROBID ORAL CAPSULE	3	*
<i>methenamine hippurate oral tablet</i>	1	
<i>methenamine mandelate oral tablet</i>	1	
<i>nitrofurantoin macrocrystal oral capsule</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
PRIMSOL ORAL SOLUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>trimethoprim oral tablet</i>	1	
VANCOMYCIN		
VANCOCIN ORAL CAPSULE	3	PA; *; QL
<i>vancomycin oral capsule</i>	1	PA; QL
<i>vancomycin oral recon soln</i>	1	QL
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	ST
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
ELITEK INTRAVENOUS RECON SOLN	4	
ETHYOL INTRAVENOUS RECON SOLN	4	*
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	4	
<i>leucovorin calcium injection recon soln</i>	4	
<i>leucovorin calcium injection solution</i>	4	
<i>leucovorin calcium oral tablet</i>	1	
<i>mesna intravenous solution</i>	4	
MESNEX INTRAVENOUS SOLUTION	4	*
MESNEX ORAL TABLET	2	
VISTOGARD ORAL GRANULES IN PACKET	4	PA; QL
XGEVA SUBCUTANEOUS SOLUTION	4	PA; LA; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet</i>	4	PA; LA; QL
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	LA
ADCETRIS INTRAVENOUS RECON SOLN	4	PA; LA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	
ALECENSA ORAL CAPSULE	4	PA; LA; QL
ALKERAN ORAL TABLET	3	*
ALUNBRIG ORAL TABLET	4	PA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; QL
<i>anastrozole oral tablet</i>	0	ACA
AROMASIN ORAL TABLET	3	*
ARRANON INTRAVENOUS SOLUTION	4	*, LA

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Drug Name	Drug Tier	Requirements / Limits
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	4	ST
AUGTYRO ORAL CAPSULE 40 MG	4	PA; LA
AYVAKIT ORAL TABLET	4	PA; QL
<i>azacitidine injection recon soln</i>	4	LA
AZASAN ORAL TABLET	4	*
<i>azathioprine oral tablet</i>	4	
<i>azathioprine sodium injection recon soln</i>	1	
BALVERSA ORAL TABLET	4	PA
BAVENCIO INTRAVENOUS SOLUTION	4	PA
BELEODAQ INTRAVENOUS RECON SOLN	4	PA
<i>bexarotene oral capsule</i>	4	PA; LA
<i>bexarotene topical gel</i>	1	PA; LA
<i>bicalutamide oral tablet</i>	1	
<i>bleomycin injection recon soln</i>	4	
BLINCYTO INTRAVENOUS KIT	4	PA
BOSULIF ORAL CAPSULE 100 MG	4	PA; LA; QL
BOSULIF ORAL CAPSULE 50 MG	4	PA; FF; LA; QL
BOSULIF ORAL TABLET	4	PA; LA; QL
BRAFTOVI ORAL CAPSULE	4	PA; FF; LA; QL
BRUKINSA ORAL CAPSULE	4	PA
<i>busulfan intravenous solution</i>	4	
BUSULFEX INTRAVENOUS SOLUTION	4	*
CABOMETYX ORAL TABLET	4	PA; LA; QL
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	4	PA; QL
<i>capecitabine oral tablet</i>	4	PA; LA; QL
CAPRELSA ORAL TABLET	4	PA; QL
<i>carboplatin intravenous recon soln</i>	4	
<i>carboplatin intravenous solution</i>	4	
CASODEX ORAL TABLET	3	*
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN	4	*
CELLCEPT ORAL CAPSULE	4	*

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Drug Name	Drug Tier	Requirements / Limits
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	*
CELLCEPT ORAL TABLET	4	*
<i>cladribine intravenous solution</i>	4	
COMETRIQ ORAL CAPSULE	4	PA; LA; QL
COPIKTRA ORAL CAPSULE	4	PA; QL
COSMEGEN INTRAVENOUS RECON SOLN	4	
COTELLIC ORAL TABLET	4	PA; LA; QL
<i>cyclophosphamide intravenous recon soln</i>	4	
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
<i>cyclosporine intravenous solution</i>	4	
<i>cyclosporine modified oral capsule</i>	4	
<i>cyclosporine modified oral solution</i>	4	
<i>cyclosporine oral capsule</i>	4	
<i>cytarabine (pf) injection solution</i>	4	
<i>cytarabine injection solution</i>	4	
<i>dacarbazine intravenous recon soln</i>	4	
<i>dactinomycin intravenous recon soln</i>	4	
DARZALEX INTRAVENOUS SOLUTION	4	PA; LA
<i>dasatinib oral tablet</i>	1	PA; LA; QL
<i>daunorubicin intravenous solution</i>	4	
DAURISMO ORAL TABLET	4	PA; LA; QL
<i>decitabine intravenous recon soln</i>	4	PA; LA
DOXIL INTRAVENOUS SUSPENSION	4	*
<i>doxorubicin, peg-liposomal intravenous suspension</i>	1	
DROXIA ORAL CAPSULE	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML	4	*
ELLENCE INTRAVENOUS SOLUTION 50 MG/25 ML	4	
EMPLICITI INTRAVENOUS RECON SOLN	4	PA; LA
ENSPRYNG SUBCUTANEOUS SYRINGE	4	PA; LA
<i>epirubicin intravenous solution 200 mg/100 ml</i>	4	
ERBITUX INTRAVENOUS SOLUTION	4	PA; LA
<i>eribulin intravenous solution</i>	4	PA; FF
ERIVEDGE ORAL CAPSULE	4	PA; LA; QL
ERLEADA ORAL TABLET	4	PA; LA; QL
<i>erlotinib oral tablet</i>	4	PA; LA; QL
ERWINASE INJECTION RECON SOLN	4	PA
ETOPOPHOS INTRAVENOUS RECON SOLN	4	
<i>etoposide intravenous solution</i>	4	
<i>etoposide oral capsule</i>	1	
EULEXIN ORAL CAPSULE	3	*
<i>everolimus (antineoplastic) oral tablet</i>	4	PA; LA; QL
<i>everolimus (antineoplastic) oral tablet for suspension</i>	4	PA; LA; QL
<i>everolimus (immunosuppressive) oral tablet</i>	4	
<i>exemestane oral tablet</i>	0	ACA
FARESTON ORAL TABLET	3	*
FASLODEX INTRAMUSCULAR SYRINGE	4	PA; *
FEMARA ORAL TABLET	3	*
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN	4	PA; LA
<i>floxuridine injection recon soln</i>	4	
<i>fludarabine intravenous recon soln</i>	4	
<i>fludarabine intravenous solution</i>	4	
<i>fluorouracil intravenous solution</i>	4	
FOLOTYN INTRAVENOUS SOLUTION	4	PA; LA
<i>fulvestrant intramuscular syringe</i>	4	PA
GAVRETO ORAL CAPSULE	4	PA; QL
GAZYVA INTRAVENOUS SOLUTION	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
<i>gefitinib oral tablet</i>	4	PA; LA; QL
<i>gengraf oral capsule</i>	4	
<i>gengraf oral solution</i>	4	
GILOTRIF ORAL TABLET	4	PA; LA; QL
GLEOSTINE ORAL CAPSULE	2	
GLIADEL WAFER IMPLANT WAFER	3	
HALAVEN INTRAVENOUS SOLUTION	4	PA; *; LA
HYCANTIN ORAL CAPSULE	4	PA; LA
HYDREA ORAL CAPSULE	3	*
<i>hydroxyurea oral capsule</i>	1	
IBRANCE ORAL CAPSULE	4	PA; FF; LA; QL
IBRANCE ORAL TABLET	4	PA; FF; LA; QL
ICLUSIG ORAL TABLET	4	PA; QL
IDAMYCIN PFS INTRAVENOUS SOLUTION	4	*
<i>idarubicin intravenous solution</i>	4	
IDHIFA ORAL TABLET	4	PA; LA; QL
IFEX INTRAVENOUS RECON SOLN	4	*
<i>ifosfamide intravenous recon soln</i>	4	
<i>ifosfamide intravenous solution</i>	4	
<i>imatinib oral tablet</i>	4	PA; LA; QL
IMBRUVICA ORAL CAPSULE	4	PA; QL
IMBRUVICA ORAL SUSPENSION	4	PA; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; QL
IMDELLTRA INTRAVENOUS RECON SOLN	4	PA
IMFINZI INTRAVENOUS SOLUTION	4	PA; LA
IMLYGIC INJECTION SUSPENSION	4	PA
IMURAN ORAL TABLET	4	*
INLYTA ORAL TABLET	4	PA; LA; QL
IODOPEN INTRAVENOUS SOLUTION	2	
IRESSA ORAL TABLET	4	PA; *; LA; QL
IWILFIN ORAL TABLET	4	PA
IXEMPRA INTRAVENOUS RECON SOLN	4	PA; LA
JAKAFI ORAL TABLET	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
JEVTANA INTRAVENOUS SOLUTION	4	PA; LA
KADCYLA INTRAVENOUS RECON SOLN	4	PA; LA
KEYTRUDA INTRAVENOUS SOLUTION	4	PA
KISQALI ORAL TABLET	4	PA; LA; QL
KOSELUGO ORAL CAPSULE	4	PA
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	4	PA; QL
<i>lapatinib oral tablet</i>	4	PA; LA; QL
LAZCLUZE ORAL TABLET	4	PA
<i>lenalidomide oral capsule</i>	4	PA; LA; QL
LENVIMA ORAL CAPSULE	4	PA; LA; QL
<i>letrozole oral tablet</i>	1	
LEUKERAN ORAL TABLET	2	
<i>leuprolide subcutaneous kit</i>	4	PA; LA
LONSURF ORAL TABLET	4	PA; LA
LORBRENA ORAL TABLET	4	PA; LA; QL
LUMAKRAS ORAL TABLET 120 MG, 320 MG	4	PA; LA
LUPKYNIS ORAL CAPSULE	4	PA; QL
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; FF; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; FF; LA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA; FF; LA
LYNPARZA ORAL TABLET	4	PA; LA; QL
LYSODREN ORAL TABLET	4	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA
MATULANE ORAL CAPSULE	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	4	PA; LA; QL
MEKINIST ORAL TABLET	4	PA; LA; QL
MEKTOVI ORAL TABLET	4	PA; FF; LA; QL
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium (pf) injection recon soln</i>	4	
<i>methotrexate sodium (pf) injection solution</i>	4	
<i>methotrexate sodium injection solution</i>	4	
<i>methotrexate sodium oral tablet</i>	1	
<i>mitoxantrone intravenous concentrate</i>	4	LA
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; QL
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	1	
<i>mycophenolate mofetil oral capsule</i>	4	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	
<i>mycophenolate mofetil oral tablet</i>	4	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	4	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC)	4	*
MYHIBBIN ORAL SUSPENSION	4	
MYLERAN ORAL TABLET	2	
<i>nelarabine intravenous solution</i>	4	LA
NEORAL ORAL CAPSULE	4	*
NEORAL ORAL SOLUTION	4	*
NERLYNX ORAL TABLET	4	PA; LA
NEXAVAR ORAL TABLET	4	PA; *; LA; QL
NILANDRON ORAL TABLET	3	PA; *
<i>nilutamide oral tablet</i>	1	PA
NINLARO ORAL CAPSULE	4	PA; LA; QL
NIPENT INTRAVENOUS RECON SOLN	4	
NUBEQA ORAL TABLET	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
NULOJIX INTRAVENOUS RECON SOLN	4	
<i>octreotide acetate injection solution</i>	4	PA; LA
<i>octreotide acetate injection syringe</i>	4	PA; LA
<i>octreotide,microspheres intramuscular suspension,extended rel recon</i>	4	PA; LA; QL
ODOMZO ORAL CAPSULE	4	PA; LA; QL
OGSIVEO ORAL TABLET	4	PA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	4	PA
OJEMDA ORAL TABLET	4	PA
ONCASPAR INJECTION SOLUTION	4	PA
ORGOVYX ORAL TABLET	4	PA; QL
ORSERDU ORAL TABLET	4	PA; QL
<i>oxaliplatin intravenous recon soln</i>	4	
<i>oxaliplatin intravenous solution</i>	4	
<i>paclitaxel intravenous concentrate</i>	4	
<i>paclitaxel protein-bound intravenous suspension for reconstitution</i>	4	
<i>paraplatin intravenous solution</i>	1	
<i>pazopanib oral tablet</i>	4	PA; LA; QL
PEMAZYRE ORAL TABLET	4	PA; QL
PERJETA INTRAVENOUS SOLUTION	4	PA; LA
PHOTOFRIN INTRAVENOUS RECON SOLN	4	
PIQRAY ORAL TABLET	4	PA; LA
POMALYST ORAL CAPSULE	4	PA; LA
PRALATREXATE INTRAVENOUS SOLUTION	4	PA; LA
PROGRAF INTRAVENOUS SOLUTION	4	
PROGRAF ORAL CAPSULE	4	*
PROGRAF ORAL GRANULES IN PACKET	4	
PURIXAN ORAL SUSPENSION	4	
RETEVMO ORAL TABLET	4	PA; FF; LA; QL
REVLIMID ORAL CAPSULE	4	PA; LA; QL
REZUROCK ORAL TABLET	4	PA; QL
ROZLYTREK ORAL CAPSULE	4	PA; LA; QL
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; FF; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
RUBRACA ORAL TABLET 250 MG, 300 MG	4	PA; FF; LA; QL
RYDAPT ORAL CAPSULE	4	PA; LA; QL
RYLAZE INTRAMUSCULAR SOLUTION	4	PA
SANDIMMUNE INTRAVENOUS SOLUTION	4	*
SANDIMMUNE ORAL CAPSULE	4	*
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	PA; *; LA
SCEMBLIX ORAL TABLET 100 MG	4	PA; FF; QL
SCEMBLIX ORAL TABLET 20 MG, 40 MG	4	PA; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA
SIMULECT INTRAVENOUS RECON SOLN	4	
<i>sirolimus oral solution</i>	4	
<i>sirolimus oral tablet</i>	4	
SOLTAMOX ORAL SOLUTION	0	ACA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>sorafenib oral tablet</i>	4	PA; LA; QL
SPRYCEL ORAL TABLET	4	PA; LA; QL
STIVARGA ORAL TABLET	4	PA; LA; QL
<i>sunitinib malate oral capsule</i>	4	PA; LA; QL
SUTENT ORAL CAPSULE	4	PA; *; LA; QL
SYLVANT INTRAVENOUS RECON SOLN	4	PA; LA
TABLOID ORAL TABLET	3	
TABRECTA ORAL TABLET	4	PA; LA
<i>tacrolimus oral capsule</i>	4	
TAFINLAR ORAL CAPSULE	4	PA; LA; QL
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; LA; QL
TAGRISSO ORAL TABLET	4	PA; LA; QL
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA; LA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; LA; QL
<i>tamoxifen oral tablet</i>	0	ACA
TARCEVA ORAL TABLET 100 MG	4	PA; *; LA; QL
TARGRETIN TOPICAL GEL	3	PA; *; LA
TASIGNA ORAL CAPSULE	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
TAZVERIK ORAL TABLET	4	PA
TECELRA INTRAVENOUS SUSPENSION	4	PA
TEMODAR INTRAVENOUS RECON SOLN	4	LA
<i>temozolomide oral capsule</i>	4	PA; LA
TEVIMBRA INTRAVENOUS SOLUTION	4	PA
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; LA; QL
TIBSOVO ORAL TABLET	4	PA
<i>topotecan intravenous recon soln</i>	4	PA; LA
<i>topotecan intravenous solution</i>	4	PA; LA
<i>toremifene oral tablet</i>	1	
<i>torpenz oral tablet</i>	4	PA; QL
<i>tretinoin (antineoplastic) oral capsule</i>	1	
TREXALL ORAL TABLET	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
TUKYSA ORAL TABLET	4	PA; QL
TURALIO ORAL CAPSULE 125 MG	4	PA; QL
TYKERB ORAL TABLET	4	PA; *; LA; QL
UNITUXIN INTRAVENOUS SOLUTION	4	PA
VECTIBIX INTRAVENOUS SOLUTION	4	PA; LA
VENCLEXTA ORAL TABLET	4	PA; QL
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	4	PA; QL
VERZENIO ORAL TABLET	4	PA; LA; QL
VIDAZA INJECTION RECON SOLN	4	*; LA
VIJOICE ORAL GRANULES IN PACKET	4	PA; QL
VIJOICE ORAL TABLET	4	PA; QL
<i>vinblastine intravenous solution</i>	4	
<i>vincasar pfs intravenous solution</i>	4	
<i>vincristine intravenous solution</i>	4	
<i>vinorelbine intravenous solution</i>	4	
VITRAKVI ORAL CAPSULE	4	PA; LA; QL
VITRAKVI ORAL SOLUTION	4	PA; LA; QL
VIZIMPRO ORAL TABLET	4	PA; LA; QL
VONJO ORAL CAPSULE	4	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
VORANIGO ORAL TABLET	4	PA
VOTRIENT ORAL TABLET	4	PA; *; LA; QL
WELIREG ORAL TABLET	4	PA
XALKORI ORAL CAPSULE	4	PA; LA; QL
XALKORI ORAL PELLET	4	PA; FF; LA; QL
XELODA ORAL TABLET	4	PA; *; LA; QL
XERMELO ORAL TABLET	4	PA; QL
XOSPATA ORAL TABLET	4	PA; QL
XTANDI ORAL CAPSULE	4	PA; LA; QL
XTANDI ORAL TABLET	4	PA; LA; QL
YERVOY INTRAVENOUS SOLUTION	4	PA; LA
YONDELIS INTRAVENOUS RECON SOLN	4	
YONSA ORAL TABLET	4	PA; FF; LA; QL
ZALTRAP INTRAVENOUS SOLUTION	4	PA; LA
ZANOSAR INTRAVENOUS RECON SOLN	4	
ZEJULA ORAL TABLET 100 MG	4	PA; FF; LA; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; FF; LA
ZELBORAF ORAL TABLET	4	PA; LA; QL
ZEVALIN (Y-90) INTRAVENOUS KIT	4	
ZOLADEX SUBCUTANEOUS IMPLANT	4	PA; LA
ZOLINZA ORAL CAPSULE	4	PA; LA; QL
ZORTRESS ORAL TABLET	4	*
ZYDELIG ORAL TABLET	4	PA; LA; QL
ZYKADIA ORAL TABLET	4	PA; LA; QL
ZYNYZ INTRAVENOUS SOLUTION	4	PA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTOM ORAL TABLET	3	
BRIVIACT INTRAVENOUS SOLUTION	3	
BRIVIACT ORAL SOLUTION	3	ST
BRIVIACT ORAL TABLET	3	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet,chewable 100 mg</i>	1	
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	3	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	3	*
CELONTIN ORAL CAPSULE 300 MG	3	*
CEREBYX INJECTION SOLUTION	3	*
<i>clobazam oral suspension</i>	1	PA
<i>clobazam oral tablet</i>	1	PA
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet,disintegrating</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; *
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	3	ST; *
DIACOMIT ORAL CAPSULE	4	PA
DIACOMIT ORAL POWDER IN PACKET	4	PA
<i>diazepam rectal kit</i>	1	
DILANTIN EXTENDED ORAL CAPSULE	3	*
DILANTIN INFATABS ORAL TABLET,CHEWABLE	3	*
DILANTIN ORAL CAPSULE	2	
DILANTIN-125 ORAL SUSPENSION	3	*
<i>divalproex oral capsule, delayed rel sprinkle</i>	1	
<i>divalproex oral tablet extended release 24 hr</i>	1	
<i>divalproex oral tablet,delayed release (dr/ec)</i>	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
EPIDIOLEX ORAL SOLUTION	4	PA; LA
<i>epitol oral tablet</i>	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
<i>ethosuximide oral capsule</i>	1	
<i>ethosuximide oral solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>felbamate oral suspension</i>	1	
<i>felbamate oral tablet</i>	1	
FELBATOL ORAL TABLET	3	*
<i>fosphenytoin injection solution</i>	1	
FYCOMPA ORAL SUSPENSION	2	
FYCOMPA ORAL TABLET	2	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>gabapentin oral tablet extended release 24 hr</i>	1	ST; FF
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	3	ST; *
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	ST
<i>lacosamide intravenous solution</i>	1	
<i>lacosamide oral solution</i>	1	
<i>lacosamide oral tablet</i>	1	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	3	ST
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	3	ST
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	3	ST
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablet,disintegrating</i>	1	
<i>lamotrigine oral tablets,dose pack</i>	1	
<i>levetiracetam intravenous solution</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
<i>methsuximide oral capsule</i>	1	
MYSOLINE ORAL TABLET	3	*
NAYZILAM NASAL SPRAY, NON-AEROSOL	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>oxcarbazepine oral suspension</i>	1	
<i>oxcarbazepine oral tablet</i>	1	
<i>oxcarbazepine oral tablet extended release 24 hr</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *
<i>phenobarbital oral elixir</i>	1	
<i>phenobarbital oral tablet</i>	1	
PHENYTEK ORAL CAPSULE	3	*
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended oral capsule</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>phenytoin sodium intravenous syringe</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	1	
<i>pregabalin oral tablet extended release 24 hr</i>	1	ST
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR	3	ST; *
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension</i>	1	PA
<i>rufinamide oral tablet</i>	1	PA
SPRITAM ORAL TABLET FOR SUSPENSION	3	ST
<i>subvenite oral tablet</i>	1	
<i>subvenite starter (blue) kit oral tablets, dose pack</i>	1	
<i>subvenite starter (green) kit oral tablets, dose pack</i>	1	
<i>subvenite starter (orange) kit oral tablets, dose pack</i>	1	
SYMPAZAN ORAL FILM	3	PA
TEGRETOL ORAL SUSPENSION	3	*
TEGRETOL ORAL TABLET	3	*
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	3	*
<i>tiagabine oral tablet</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>topiramate oral capsule,extended release 24hr</i>	1	ST
<i>topiramate oral capsule,sprinkle,er 24hr</i>	1	ST
<i>topiramate oral tablet</i>	1	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST; *
<i>valproate sodium intravenous solution</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule</i>	1	
VALTOCO NASAL SPRAY,NON-AEROSOL	2	PA; QL
<i>vigabatrin oral powder in packet</i>	4	PA; LA; QL
<i>vigabatrin oral tablet</i>	4	PA; LA; QL
<i>vigadrone oral powder in packet</i>	4	PA; QL
<i>vigadrone oral tablet</i>	4	PA; QL
<i>vigpoder oral powder in packet</i>	4	PA; QL
XCOPRI MAINTENANCE PACK ORAL TABLET	3	QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	QL
XCOPRI ORAL TABLET 25 MG	3	FF; QL
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK	3	QL
ZARONTIN ORAL CAPSULE	3	*
ZARONTIN ORAL SOLUTION	3	*
<i>zonisamide oral capsule</i>	1	
ZTALMY ORAL SUSPENSION	4	PA
ANTIPARKINSONISM AGENTS		
<i>apomorphine subcutaneous cartridge</i>	4	PA; QL
AZILECT ORAL TABLET	3	PA; *
<i>benztropine injection solution</i>	1	
<i>benztropine oral tablet</i>	1	
<i>bromocriptine oral capsule</i>	1	
<i>bromocriptine oral tablet</i>	1	
<i>carbidopa oral tablet</i>	1	PA
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	4	PA; LA
<i>entacapone oral tablet</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL
LODOSYN ORAL TABLET	3	PA; *
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 2.25 MG, 3 MG, 3.75 MG	3	*
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	
NOURIANZ ORAL TABLET	4	PA; LA; QL
ONGENTYS ORAL CAPSULE	3	PA; QL
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG	4	PA; FF; QL
<i>pramipexole oral tablet</i>	1	
<i>pramipexole oral tablet extended release 24 hr</i>	1	
<i>rasagiline oral tablet</i>	1	
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE	3	
<i>selegiline hcl oral capsule</i>	1	
<i>selegiline hcl oral tablet</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	*
TASMAR ORAL TABLET 100 MG	3	PA; *
<i>tolcapone oral tablet</i>	1	PA
<i>trihexyphenidyl oral elixir</i>	1	
<i>trihexyphenidyl oral tablet</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>almotriptan malate oral tablet</i>	1	QL
<i>dihydroergotamine injection solution</i>	1	
<i>dihydroergotamine nasal spray,non-aerosol</i>	1	ST; QL
<i>eletriptan oral tablet</i>	1	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
ERGOMAR SUBLINGUAL TABLET	3	
<i>ergotamine-caffeine oral tablet</i>	1	
FROVA ORAL TABLET	3	ST; *; QL
<i>frovatriptan oral tablet</i>	1	QL
<i>migergot rectal suppository</i>	1	
MIGRANAL NASAL SPRAY, NON-AEROSOL	3	ST; *; QL
<i>naratriptan oral tablet</i>	1	QL
NURTEC ODT ORAL TABLET, DISINTEGRATING	2	PA; QL
QULIPTA ORAL TABLET	2	PA; QL
REYVOW ORAL TABLET	3	PA; QL
<i>rizatriptan oral tablet</i>	1	QL
<i>rizatriptan oral tablet, disintegrating</i>	1	QL
<i>sumatriptan nasal spray, non-aerosol</i>	1	QL
<i>sumatriptan succinate oral tablet</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL
<i>sumatriptan succinate subcutaneous solution</i>	1	QL
<i>sumatriptan-naproxen oral tablet</i>	1	ST; QL
TOSYMRA NASAL SPRAY, NON-AEROSOL	3	ST; QL
TRUDHESA NASAL SPRAY, NON-AEROSOL	3	ST; QL
UBRELVY ORAL TABLET	2	PA; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	3	ST; QL
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	3	ST; QL
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	ST; QL
<i>zolmitriptan oral tablet</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>zolmitriptan oral tablet,disintegrating</i>	1	QL
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	2	ST; QL
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	3	ST; *; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY	3	ST
ARICEPT ORAL TABLET	3	ST; *
AUSTEDO ORAL TABLET	4	PA; LA; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	4	PA; LA; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	4	PA; FF; LA; QL
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	4	PA; FF; LA; QL
<i>dalfampridine oral tablet extended release 12 hr</i>	4	PA; LA; QL
<i>dichlorphenamide oral tablet</i>	4	PA; LA
<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	
EVRYSDI ORAL RECON SOLN	4	PA; LA; QL
EXELON PATCH TRANSDERMAL PATCH 24 HOUR	3	ST; *
FIRDAPSE ORAL TABLET	4	PA
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	1	
<i>galantamine oral solution</i>	1	
<i>galantamine oral tablet</i>	1	
HORIZANT ORAL TABLET EXTENDED RELEASE	3	ST
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK	4	PA; QL
INGREZZA ORAL CAPSULE	4	PA; QL
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE	4	PA; FF; QL
KEVEYIS ORAL TABLET	4	PA; *; FF

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Drug Name	Drug Tier	Requirements / Limits
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK	3	
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	3	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	ST
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	ST
NUEDEXTA ORAL CAPSULE	2	PA
<i>ormalvi oral tablet</i>	4	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	4	PA; LA
<i>rivastigmine tartrate oral capsule</i>	1	
<i>rivastigmine transdermal patch 24 hour</i>	1	
<i>tetrabenazine oral tablet</i>	4	PA; LA; QL
TYSABRI INTRAVENOUS SOLUTION	4	PA; LA; QL
ZEPOSIA ORAL CAPSULE	4	PA; LA; QL
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK	4	PA; LA; QL
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	4	PA; LA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>atracurium intravenous solution</i>	1	
<i>baclofen oral suspension</i>	1	
<i>baclofen oral tablet</i>	1	
BLOXIVERZ INTRAVENOUS SOLUTION	3	*
<i>carisoprodol oral tablet</i>	1	
<i>carisoprodol-aspirin oral tablet</i>	1	
<i>carisoprodol-aspirin-codeine oral tablet</i>	1	QL
<i>chlorzoxazone oral tablet</i>	1	
<i>cyclobenzaprine oral capsule,extended release 24hr</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>cyclobenzaprine oral tablet</i>	1	
DANTRIUM ORAL CAPSULE 25 MG	3	*
<i>dantrolene oral capsule</i>	1	
FEXMID ORAL TABLET	3	ST; *
LORZONE ORAL TABLET	3	ST; *
<i>meprobamate oral tablet</i>	1	
<i>metaxalone oral tablet</i>	1	
<i>methocarbamol injection solution</i>	1	
<i>methocarbamol oral tablet</i>	1	
<i>neostigmine methylsulfate intravenous solution</i>	1	
NORGESIC FORTE ORAL TABLET	3	*
NORGESIC ORAL TABLET	3	*
<i>orphenadrine citrate injection solution</i>	1	
<i>orphenadrine citrate oral tablet extended release</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	1	
<i>orphengesic forte oral tablet</i>	1	
PREVDUO INTRAVENOUS SYRINGE	3	
<i>pyridostigmine bromide oral syrup</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>regonol injection solution</i>	1	
ROBAXIN INJECTION SOLUTION	3	*
SOMA ORAL TABLET	3	*
<i>tanlor oral tablet</i>	1	
<i>tizanidine oral capsule</i>	1	
<i>tizanidine oral tablet</i>	1	
<i>vanadom oral tablet</i>	1	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	4	PA; LA
ZANAFLEX ORAL CAPSULE	3	*
ZANAFLEX ORAL TABLET	3	*

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Drug Name	Drug Tier	Requirements / Limits
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	QL
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	QL
<i>acetaminophen-codeine oral tablet</i>	1	QL
<i>ascomp with codeine oral capsule</i>	1	QL
BELBUCA BUCCAL FILM	2	PA; QL
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	4	LA
<i>buprenorphine hcl injection solution</i>	1	QL
<i>buprenorphine hcl injection syringe</i>	1	QL
<i>buprenorphine hcl sublingual tablet</i>	1	
<i>buprenorphine transdermal patch weekly</i>	1	PA
<i>butalbital-acetaminop-caf-cod oral capsule</i>	1	QL
<i>butalbital-acetaminophen oral tablet</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	
<i>butalbital-acetaminophen-caff oral tablet</i>	1	
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
<i>butalbital-aspirin-caffeine oral tablet</i>	1	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	QL
<i>codeine-bitalbital-asa-caff oral capsule</i>	1	QL
DEMEROL (PF) INJECTION SYRINGE	3	QL
DEMEROL INJECTION SOLUTION	3	QL
DILAUDID ORAL LIQUID	3	*; QL
DILAUDID ORAL TABLET	3	*; QL
<i>diskets oral tablet,soluble</i>	1	PA; QL
<i>endocet oral tablet</i>	1	QL
ESGIC ORAL TABLET	3	ST; *
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg, 600 mcg</i>	1	PA; QL
<i>fentanyl transdermal patch 72 hour</i>	1	PA; QL
FIORICET ORAL CAPSULE	3	ST; *
FIORICET WITH CODEINE ORAL CAPSULE	3	*; QL
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	1	PA; QL
<i>hydrocodone-acetaminophen oral solution</i>	1	QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	QL
<i>hydrocodone-ibuprofen oral tablet</i>	1	QL
<i>hydromorphone oral liquid</i>	1	QL
<i>hydromorphone oral tablet</i>	1	QL
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; QL
<i>hydromorphone rectal suppository</i>	1	QL
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR	3	PA; *; QL
<i>levorphanol tartrate oral tablet</i>	1	QL
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	QL
<i>meperidine oral solution</i>	1	QL
<i>meperidine oral tablet 50 mg</i>	1	QL
<i>methadone injection solution</i>	1	PA; QL
<i>methadone oral concentrate</i>	1	PA; QL
<i>methadone oral solution</i>	1	PA; QL
<i>methadone oral tablet</i>	1	PA; QL
<i>methadone oral tablet,soluble</i>	1	PA; QL
<i>methadose oral concentrate</i>	1	PA; QL
<i>methadose oral tablet,soluble</i>	1	PA; QL
<i>morphine concentrate oral solution</i>	1	QL
MORPHINE INJECTION SYRINGE 2 MG/ML	3	QL
<i>morphine injection syringe 4 mg/ml</i>	1	QL
MORPHINE INTRAMUSCULAR PEN INJECTOR	3	QL
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	QL
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	QL
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; QL
<i>morphine oral capsule,extend.release pellets</i>	1	PA; QL
<i>morphine oral solution</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral tablet</i>	1	QL
<i>morphine oral tablet extended release</i>	1	PA; QL
<i>morphine rectal suppository</i>	1	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	PA; *, QL
NALOCET ORAL TABLET	3	QL
<i>oxycodone oral capsule</i>	1	QL
<i>oxycodone oral concentrate</i>	1	QL
<i>oxycodone oral solution</i>	1	QL
<i>oxycodone oral tablet</i>	1	QL
<i>oxycodone-acetaminophen oral solution</i>	1	QL
<i>oxycodone-acetaminophen oral tablet</i>	1	QL
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	PA; QL
<i>oxymorphone oral tablet</i>	1	QL
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; QL
<i>prolate oral tablet</i>	1	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	*, QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	4	LA
<i>tencon oral tablet</i>	1	
TREZIX ORAL CAPSULE	3	QL
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet,delayed release (dr/ec)</i>	0	ACA; OTC
ANAPROX DS ORAL TABLET	3	ST; *
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; *
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; *
<i>aspirin childrens oral tablet,chewable</i>	0	ACA; OTC
<i>aspirin oral tablet,chewable</i>	0	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	0	ACA; OTC
<i>bayer low dose aspirin oral tablet,delayed release (dr/ec)</i>	0	ACA; OTC
<i>buprenorphine-naloxone sublingual film</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine-naloxone sublingual tablet</i>	1	
<i>butorphanol injection solution</i>	1	QL
<i>butorphanol nasal spray,non-aerosol</i>	1	QL
CAMBIA ORAL POWDER IN PACKET	3	ST; *; QL
<i>celecoxib oral capsule</i>	1	
DAYPRO ORAL TABLET	3	ST; *
<i>diclofenac potassium oral capsule</i>	1	
<i>diclofenac potassium oral powder in packet</i>	1	ST; QL
<i>diclofenac potassium oral tablet 25 mg</i>	1	ST
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec)</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	ST; QL
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic</i>	1	
<i>diflunisal oral tablet</i>	1	
DISALCID ORAL TABLET	3	*
DUEXIS ORAL TABLET	3	ST; *
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; *
<i>ecotrin low strength oral tablet,delayed release (dr/ec)</i>	0	ACA; OTC
<i>etodolac oral capsule</i>	1	
<i>etodolac oral tablet</i>	1	
<i>etodolac oral tablet extended release 24 hr</i>	1	
EUFLEXXA INTRA-ARTICULAR SYRINGE	4	PA; LA
<i>fenoprofen oral capsule 400 mg</i>	1	ST
<i>fenoprofen oral tablet</i>	1	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR	2	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet</i>	1	
<i>ibuprofen oral suspension</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet</i>	1	ST
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>indomethacin oral suspension</i>	1	ST; FF
<i>indomethacin rectal suppository 50 mg</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 200 mg</i>	1	ST
<i>ketorolac oral tablet</i>	1	QL
<i>kiprofen oral capsule</i>	1	ST
KLOXXADO NASAL SPRAY, NON-AEROSOL	2	QL
LICART TRANSDERMAL PATCH 24 HOUR	2	ST; QL
LODINE ORAL TABLET	3	ST; *
<i>lofena oral tablet</i>	1	ST
<i>lofexidine oral tablet</i>	1	PA; QL
<i>meclofenamate oral capsule</i>	1	
<i>mefenamic acid oral capsule</i>	1	
<i>meloxicam oral tablet</i>	1	QL
<i>meloxicam submicronized oral capsule</i>	1	ST; QL
MONOVISC INTRA-ARTICULAR SYRINGE	4	PA; LA
<i>nabumetone oral tablet</i>	1	
<i>nalbuphine injection solution</i>	1	QL
NALFON ORAL TABLET	3	ST; *
NALMEFENE INJECTION SOLUTION	3	
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naloxone nasal spray, non-aerosol</i>	1	OTC; QL
<i>naltrexone oral tablet</i>	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR	3	ST; *
NAPROSYN ORAL SUSPENSION	3	ST; *
NAPROSYN ORAL TABLET 500 MG	3	ST; *
<i>naproxen oral suspension</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic</i>	1	ST
NARCAN NASAL SPRAY, NON-AEROSOL	3	*; QL
OPVEE NASAL SPRAY, NON-AEROSOL	3	
ORTHOVISC INTRA-ARTICULAR SYRINGE	4	PA; LA
<i>oxaprozin oral tablet</i>	1	
<i>pentazocine-naloxone oral tablet</i>	1	QL
<i>piroxicam oral capsule</i>	1	
REXTOVY NASAL SPRAY, NON-AEROSOL	2	QL
<i>salsalate oral tablet</i>	1	
SPRIX NASAL SPRAY, NON-AEROSOL	4	ST; QL
<i>st joseph aspirin oral tablet, chewable</i>	0	ACA; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec)</i>	0	ACA; OTC
<i>sulindac oral tablet</i>	1	
TOLECTIN 600 ORAL TABLET	3	ST; *
<i>tolmetin oral capsule</i>	1	ST
<i>tramadol oral tablet 50 mg</i>	1	QL
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; QL
<i>tramadol-acetaminophen oral tablet</i>	1	QL
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	4	LA
ZUBSOLV SUBLINGUAL TABLET	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	2	

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Drug Name	Drug Tier	Requirements / Limits
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP	3	QL
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD	3	QL
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED	3	
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	3	ST
<i>alprazolam intensol oral concentrate</i>	1	
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet extended release 24 hr</i>	1	
<i>alprazolam oral tablet,disintegrating</i>	1	
<i>amitriptyline oral tablet</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet</i>	1	
<i>amoxapine oral tablet</i>	1	
<i>amphetamine sulfate oral tablet</i>	1	
ANAFRANIL ORAL CAPSULE	3	*
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; FF; QL
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet,disintegrating</i>	1	QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
<i>armodafinil oral tablet</i>	1	ST; QL
<i>asenapine maleate sublingual tablet</i>	1	QL
ATIVAN INJECTION SOLUTION	3	*
ATIVAN ORAL TABLET	3	*
<i>atomoxetine oral capsule</i>	1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	3	ST; QL
AZSTARYS ORAL CAPSULE	2	ST
BELSOMRA ORAL TABLET	3	ST; QL
<i>bupropion hcl oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL
<i>buspirone oral tablet</i>	1	
CAPLYTA ORAL CAPSULE	3	QL
<i>chlordiazepoxide hcl oral capsule</i>	1	
<i>chlorpromazine oral concentrate</i>	1	
<i>chlorpromazine oral tablet</i>	1	
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	QL
<i>clomipramine oral capsule</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium oral tablet</i>	1	
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet,disintegrating</i>	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	*
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	3	ST
DAYTRANA TRANSDERMAL PATCH 24 HOUR	3	ST; *
DAYVIGO ORAL TABLET	3	ST; QL
<i>desipramine oral tablet</i>	1	
DESOXYN ORAL TABLET	3	*
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	1	ST; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	3	ST; *
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	1	
<i>dexmethylphenidate oral tablet</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	
<i>dextroamphetamine sulfate oral solution</i>	1	
<i>dextroamphetamine sulfate oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>	1	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	
<i>dextroamphetamine-amphetamine oral tablet</i>	1	
<i>diazepam injection solution</i>	1	
<i>diazepam injection syringe</i>	1	
<i>diazepam intensol oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	ST; QL
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	ST; QL
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	3	ST; FF
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; FF
EMSAM TRANSDERMAL PATCH 24 HOUR	3	
<i>ergoloid oral tablet</i>	1	
<i>escitalopram oxalate oral solution</i>	1	ST
<i>escitalopram oxalate oral tablet</i>	1	QL
<i>estazolam oral tablet</i>	1	QL
<i>eszopiclone oral tablet</i>	1	QL
FANAPT ORAL TABLET	3	QL
FANAPT ORAL TABLETS,DOSE PACK	3	QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	ST; QL
<i>fluoxetine oral solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST
<i>fluphenazine decanoate injection solution</i>	1	
<i>fluphenazine hcl injection solution</i>	1	
<i>fluphenazine hcl oral concentrate</i>	1	
<i>fluphenazine hcl oral elixir</i>	1	
<i>fluphenazine hcl oral tablet</i>	1	
<i>flurazepam oral capsule</i>	1	QL
<i>fluvoxamine oral capsule,extended release 24hr</i>	1	ST; QL
<i>fluvoxamine oral tablet</i>	1	QL
GEODON ORAL CAPSULE	3	*; QL
<i>guanfacine oral tablet extended release 24 hr</i>	1	
HALCION ORAL TABLET 0.25 MG	3	*; QL
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	*
<i>haloperidol decanoate intramuscular solution</i>	1	
<i>haloperidol lactate injection solution</i>	1	
<i>haloperidol lactate oral concentrate</i>	1	
<i>haloperidol oral tablet</i>	1	
HETLIOZ LQ ORAL SUSPENSION	4	PA; LA; QL
HETLIOZ ORAL CAPSULE	4	PA; *; LA; QL
<i>imipramine hcl oral tablet</i>	1	
<i>imipramine pamoate oral capsule</i>	1	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	3	*; QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE	3	
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK	3	ST
LATUDA ORAL TABLET	3	*; FF; QL
<i>lisdexamfetamine oral capsule</i>	1	
<i>lisdexamfetamine oral tablet,chewable</i>	1	ST; FF
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>lithium carbonate oral tablet extended release</i>	1	
<i>lithium citrate oral solution</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	*
<i>lorazepam injection solution</i>	1	
<i>lorazepam injection syringe</i>	1	
<i>lorazepam intensol oral concentrate</i>	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate oral capsule</i>	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET	4	PA; LA; QL
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK	3	PA
<i>lurasidone oral tablet</i>	1	QL
LYBALVI ORAL TABLET	3	QL
MARPLAN ORAL TABLET	3	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70	3	ST; *
<i>methamphetamine oral tablet</i>	1	
METHYLIN ORAL SOLUTION	3	*
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	
<i>methylphenidate hcl oral solution</i>	1	
<i>methylphenidate hcl oral tablet</i>	1	
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
<i>methylphenidate hcl oral tablet,chewable</i>	1	
<i>methylphenidate transdermal patch 24 hour</i>	1	ST
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet,disintegrating</i>	1	
<i>modafinil oral tablet</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>molindone oral tablet</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	3	ST; *
NARDIL ORAL TABLET	3	*
<i>nefazodone oral tablet</i>	1	
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	1	
NUPLAZID ORAL CAPSULE	4	PA; LA; QL
NUPLAZID ORAL TABLET	4	PA; LA; QL
<i>olanzapine intramuscular recon soln</i>	1	
<i>olanzapine oral tablet</i>	1	QL
<i>olanzapine oral tablet,disintegrating</i>	1	QL
<i>olanzapine-fluoxetine oral capsule</i>	1	
<i>oxazepam oral capsule</i>	1	
<i>paliperidone oral tablet extended release 24hr</i>	1	QL
PAMELOR ORAL CAPSULE	3	*
PARNATE ORAL TABLET	3	*
<i>paroxetine hcl oral suspension</i>	1	ST
<i>paroxetine hcl oral tablet</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	ST; QL
<i>paroxetine mesylate(menop.sym) oral capsule</i>	1	ST; QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *; QL
PAXIL ORAL SUSPENSION	3	ST; *
PAXIL ORAL TABLET	3	ST; *; QL
<i>perphenazine oral tablet</i>	1	
<i>perphenazine-amitriptyline oral tablet</i>	1	
<i>phenelzine oral tablet</i>	1	
<i>pimozide oral tablet</i>	1	
<i>procentra oral solution</i>	1	
<i>protriptyline oral tablet</i>	1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>quetiapine oral tablet extended release 24 hr</i>	1	QL
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR	3	ST; FF
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON	3	ST; FF
QUVIVIQ ORAL TABLET	3	ST; QL
<i>ramelteon oral tablet</i>	1	QL
REMERON ORAL TABLET 15 MG, 30 MG	3	*
REMERON SOLTAB ORAL TABLET,DISINTEGRATING	3	*
RESTORIL ORAL CAPSULE	3	*; QL
REXULTI ORAL TABLET	3	QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	*
RISPERDAL ORAL SOLUTION	3	*
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	*; QL
<i>risperidone microspheres intramuscular suspension,extended rel recon</i>	1	
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet,disintegrating</i>	1	QL
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	2	
SECUADO TRANSDERMAL PATCH 24 HOUR	3	QL
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	QL
SILENOR ORAL TABLET	3	ST; *; QL
SODIUM OXYBATE ORAL SOLUTION	4	PA; QL
SUNOSI ORAL TABLET	2	ST; QL
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	*
<i>tasimelteon oral capsule</i>	4	PA; LA; QL
<i>temazepam oral capsule</i>	1	QL
<i>thioridazine oral tablet</i>	1	
<i>thiothixene oral capsule</i>	1	
<i>tranylcypromine oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>trazodone oral tablet</i>	1	
<i>triazolam oral tablet</i>	1	QL
<i>trifluoperazine oral tablet</i>	1	
<i>trimipramine oral capsule</i>	1	
TRINTELLIX ORAL TABLET	3	ST; QL
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING	2	
<i>venlafaxine oral capsule,extended release 24hr</i>	1	QL
<i>venlafaxine oral tablet</i>	1	QL
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST; QL
VERSACLOZ ORAL SUSPENSION	3	
<i>vilazodone oral tablet</i>	1	ST; QL
VRAYLAR ORAL CAPSULE	3	QL
VYVANSE ORAL CAPSULE	3	ST; *
VYVANSE ORAL TABLET,CHEWABLE	3	ST; *
WAKIX ORAL TABLET	4	ST; LA; QL
XYWAV ORAL SOLUTION	4	PA; QL
<i>zaleplon oral capsule</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG, 7.5 MG	3	*
ZENZEDI ORAL TABLET 2.5 MG	3	
<i>ziprasidone hcl oral capsule</i>	1	QL
<i>zolpidem oral tablet</i>	1	QL
<i>zolpidem oral tablet,ext release multiphase</i>	1	QL
<i>zolpidem sublingual tablet</i>	1	QL
ZURZUVAE ORAL CAPSULE	4	FF; QL
ZYPREXA INTRAMUSCULAR RECON SOLN	3	*
ZYPREXA ORAL TABLET	3	*; QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING	3	*; QL

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

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Drug Name	Drug Tier	Requirements / Limits
<i>adenosine intravenous solution</i>	1	
<i>amiodarone intravenous solution</i>	1	
<i>amiodarone oral tablet</i>	1	
BETAPACE AF ORAL TABLET	3	ST; *
BETAPACE ORAL TABLET	3	ST; *
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide oral capsule</i>	1	
<i>flecainide oral tablet</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine oral capsule</i>	1	
MULTAQ ORAL TABLET	2	
NEXTERONE INTRAVENOUS SOLUTION	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection solution</i>	1	
<i>propafenone oral capsule,extended release 12 hr</i>	1	
<i>propafenone oral tablet</i>	1	
<i>quinidine gluconate oral tablet extended release</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
<i>sotalol af oral tablet</i>	1	
SOTALOL INTRAVENOUS SOLUTION	3	
<i>sotalol oral tablet</i>	1	
SOTYLIZE ORAL SOLUTION	2	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET	3	*
ACCURETIC ORAL TABLET	3	*
<i>acebutolol oral capsule</i>	1	
ALDACTONE ORAL TABLET	3	*
<i>aliskiren oral tablet</i>	1	
ALTACE ORAL CAPSULE	3	*
<i>amiloride oral tablet</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>amlodipine oral tablet</i>	1	
<i>amlodipine-benazepril oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-olmesartan oral tablet</i>	1	
<i>amlodipine-valsartan oral tablet</i>	1	
<i>amlodipine-valsartan-hcthiazid oral tablet</i>	1	
<i>atenolol oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	1	
<i>benazepril oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
<i>betaxolol oral tablet</i>	1	
BIDIL ORAL TABLET	3	*, FF
<i>bisoprolol fumarate oral tablet</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	
<i>bumetanide injection solution</i>	1	
<i>bumetanide oral tablet</i>	1	
<i>candesartan oral tablet</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet</i>	1	
<i>captopril oral tablet</i>	1	
<i>captopril-hydrochlorothiazide oral tablet</i>	1	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR	3	*
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR	3	*
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	*
CARDURA ORAL TABLET	3	ST; *, QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	3	ST; QL
<i>cartia xt oral capsule,extended release 24hr</i>	1	
<i>carvedilol oral tablet</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	*, QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	*, QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	*, QL
<i>chlorothiazide sodium intravenous recon soln</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet</i>	1	
<i>clonidine transdermal patch weekly</i>	1	QL
CONSENSI ORAL TABLET	3	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	3	ST; *
DEMSER ORAL CAPSULE	3	PA; *
DIBENZYLINE ORAL CAPSULE	3	PA; *
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr</i> 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable</i>	1	
DIURIL ORAL SUSPENSION	3	
<i>doxazosin oral tablet</i>	1	QL
DYRENIUM ORAL CAPSULE	3	*
EDECRIN ORAL TABLET	3	ST; *
<i>enalapril maleate oral solution</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
<i>eplerenone oral tablet</i>	1	
<i>epoprostenol intravenous recon soln</i>	4	PA; LA
<i>eprosartan oral tablet</i>	1	
<i>ethacrynate sodium intravenous recon soln</i>	1	
<i>ethacrynic acid oral tablet</i>	1	
<i>felodipine oral tablet extended release 24 hr</i>	1	
FLOLAN INTRAVENOUS RECON SOLN	4	PA; LA
<i>fosinopril oral tablet</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	
<i>furosemide injection solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
<i>hydralazine injection solution</i>	1	
<i>hydralazine oral tablet</i>	1	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>indapamide oral tablet</i>	1	
INSPRA ORAL TABLET	3	*
<i>irbesartan oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
<i>isosorbide-hydralazine oral tablet</i>	1	
<i>isradipine oral capsule</i>	1	
KERENDIA ORAL TABLET	2	PA; QL
<i>labetalol oral tablet</i>	1	
LASIX ORAL TABLET	3	ST; *
<i>lisinopril oral tablet</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
LOPRESSOR ORAL TABLET	3	ST; *
<i>losartan oral tablet</i>	1	
<i>losartan-hydrochlorothiazide oral tablet</i>	1	
LOTENSIN HCT ORAL TABLET	3	*
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	*
<i>matzim la oral tablet extended release 24 hr</i>	1	
<i>methyldopa oral tablet</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet</i>	1	
<i>methyldopate intravenous solution</i>	1	
<i>metolazone oral tablet</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	1	
<i>metoprolol tartrate intravenous solution</i>	1	
<i>metoprolol tartrate oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>metyrosine oral capsule</i>	1	PA
<i>minoxidil oral tablet</i>	1	
<i>moexipril oral tablet</i>	1	
<i>nadolol oral tablet</i>	1	
<i>nebivolol oral tablet</i>	1	
<i>nicardipine oral capsule</i>	1	
<i>nifedipine oral capsule</i>	1	
<i>nifedipine oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>nimodipine oral capsule</i>	1	
<i>nisoldipine oral tablet extended release 24 hr</i>	1	
NYMALIZE ORAL SOLUTION	3	
NYMALIZE ORAL SYRINGE	3	
<i>olmesartan oral tablet</i>	1	
<i>olmesartan-amlodipin-hcthiazyd oral tablet</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; LA; QL
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; LA; QL
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; LA; QL
ORENITRAM ORAL TABLET EXTENDED RELEASE	4	PA; LA; QL
<i>papaverine injection solution</i>	1	
<i>perindopril erbumine oral tablet</i>	1	
<i>phenoxybenzamine oral capsule</i>	1	PA
<i>pindolol oral tablet</i>	1	
<i>prazosin oral capsule</i>	1	
PRESTALIA ORAL TABLET	3	ST
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	3	ST; *
<i>propranolol intravenous solution</i>	1	
<i>propranolol oral capsule,extended release 24 hr</i>	1	
<i>propranolol oral solution</i>	1	
<i>propranolol oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>propranolol-hydrochlorothiazid oral tablet</i>	1	
<i>quinapril oral tablet</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	
REMODULIN INJECTION SOLUTION	4	PA; *; LA
<i>spironolactone oral suspension</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST; *
<i>telmisartan oral tablet</i>	1	
<i>telmisartan-amlodipine oral tablet</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet</i>	1	
TENORETIC 100 ORAL TABLET	3	ST; *
TENORETIC 50 ORAL TABLET	3	ST; *
TENORMIN ORAL TABLET	3	ST; *
<i>terazosin oral capsule</i>	1	QL
<i>tiadylt er oral capsule,extended release 24 hr</i>	1	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	*
<i>timolol maleate oral tablet</i>	1	
<i>toremide oral tablet</i>	1	
<i>trandolapril oral tablet</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	
<i>treprostinil sodium injection solution</i>	4	PA; LA
<i>triamterene oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
UPTRAVI INTRAVENOUS RECON SOLN	4	
UPTRAVI ORAL TABLET	4	PA; LA; QL
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; LA; QL
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	
VASERETIC ORAL TABLET	3	*

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Drug Name	Drug Tier	Requirements / Limits
VASOTEC ORAL TABLET	3	*
<i>veletri intravenous recon soln</i>	4	PA; LA
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	
<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	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT	3	ST; *
ZESTORETIC ORAL TABLET	3	*
ZESTRIL ORAL TABLET	3	*
CARDIAC GLYCOSIDES		
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet</i>	1	
LANOXIN ORAL TABLET	3	*
COAGULATION THERAPY		
AMICAR ORAL SOLUTION	3	*
AMICAR ORAL TABLET	3	*
<i>aminocaproic acid intravenous solution</i>	1	
<i>aminocaproic acid oral solution</i>	1	
<i>aminocaproic acid oral tablet</i>	1	
ARIXTRA SUBCUTANEOUS SYRINGE	4	*
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	1	
BRILINTA ORAL TABLET	2	
CABLIVI INJECTION KIT	4	PA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	4	PA; LA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	4	PA; LA
<i>cilostazol oral tablet</i>	1	
<i>clopidogrel oral tablet</i>	1	
CYKLOKAPRON INTRAVENOUS SOLUTION	3	*
<i>dabigatran etexilate oral capsule</i>	1	
<i>dipyridamole oral tablet</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
EFFIENT ORAL TABLET	3	*
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	
ELIQUIS ORAL TABLET	2	
<i>enoxaparin subcutaneous solution</i>	4	
<i>enoxaparin subcutaneous syringe</i>	4	
<i>fondaparinux subcutaneous syringe</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
HEMGENIX INTRAVENOUS SUSPENSION	4	PA; LA
<i>hep flush-10 (pf) intravenous solution</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin lock flush (porcine) intravenous solution</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	3	
<i>jantoven oral tablet</i>	1	
KENGREAL INTRAVENOUS RECON SOLN	3	
NPLATE SUBCUTANEOUS RECON SOLN	4	PA; LA
<i>pentoxifylline oral tablet extended release</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
<i>prasugrel oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PROMACTA ORAL POWDER IN PACKET	4	PA; LA
PROMACTA ORAL TABLET	4	PA; LA
<i>protamine intravenous solution</i>	1	
TAVALISSE ORAL TABLET	4	PA; QL
<i>tranexamic acid intravenous solution</i>	1	
<i>warfarin oral tablet</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	
XARELTO ORAL TABLET	2	
ZONTIVITY ORAL TABLET	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet</i>	1	QL
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	ACA; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
CADUET ORAL TABLET	3	ST; *; QL
<i>cholestyramine (with sugar) oral powder</i>	1	
<i>cholestyramine (with sugar) oral powder in packet</i>	1	
<i>cholestyramine light oral powder</i>	1	
<i>cholestyramine light oral powder in packet</i>	1	
<i>colesevelam oral powder in packet</i>	1	
<i>colesevelam oral tablet</i>	1	
COLESTID ORAL GRANULES	3	ST; *
COLESTID ORAL TABLET	3	ST; *
<i>colestipol oral granules</i>	1	
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	
<i>ezetimibe oral tablet</i>	1	
<i>ezetimibe-simvastatin oral tablet</i>	1	QL
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet</i>	1	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	1	
<i>fenofibric acid oral tablet</i>	1	
FENOGLIDE ORAL TABLET	3	ST; *
FIBRICOR ORAL TABLET	3	ST; *
FLOLIPID ORAL SUSPENSION	3	ST; QL
<i>fluvastatin oral capsule</i>	0	ACA; QL
<i>fluvastatin oral tablet extended release 24 hr</i>	0	ACA; QL
<i>gemfibrozil oral tablet</i>	1	
<i>icosapent ethyl oral capsule</i>	1	PA
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	4	LA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *; QL
LIVALO ORAL TABLET	3	ST; *; QL
LOPID ORAL TABLET	3	*
<i>lovastatin oral tablet</i>	0	ACA; QL
NEXLETOL ORAL TABLET	2	PA
NEXLIZET ORAL TABLET	2	PA
<i>niacin oral tablet extended release 24 hr</i>	1	
<i>omega-3 acid ethyl esters oral capsule</i>	1	PA
<i>pitavastatin calcium oral tablet</i>	0	ACA; QL
<i>pravastatin oral tablet</i>	0	ACA; QL
<i>prevalite oral powder</i>	1	
<i>prevalite oral powder in packet</i>	1	
QUESTRAN LIGHT ORAL POWDER	3	ST; *
QUESTRAN ORAL POWDER	3	ST; *
QUESTRAN ORAL POWDER IN PACKET	3	ST; *
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	2	
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	2	
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	2	
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0	ACA; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
ROSZET ORAL TABLET	3	ST; QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	ACA; QL
<i>simvastatin oral tablet 80 mg</i>	1	QL
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	ST; *
VASCEPA ORAL CAPSULE	3	PA; *
ZYPITAMAG ORAL TABLET	3	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS ORAL CAPSULE	4	PA; LA; QL
ENTRESTO ORAL TABLET	2	QL
ENTRESTO SPRINKLE ORAL PELLETT	2	FF; QL
<i>ivabradine oral tablet</i>	1	PA
<i>ranolazine oral tablet extended release 12 hr</i>	1	
VERQUVO ORAL TABLET	2	QL
VYNDAMAX ORAL CAPSULE	4	PA; LA
VYNDAQEL ORAL CAPSULE	4	PA; LA
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET	3	
ISORDIL ORAL TABLET	3	*
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	*
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	
<i>nitro-bid transdermal ointment</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	
<i>nitroglycerin sublingual tablet</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual spray,non-aerosol</i>	1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL	3	*
NITROMIST TRANSLINGUAL AEROSOL,SPRAY	3	*
NITROSTAT SUBLINGUAL TABLET	3	*

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Drug Name	Drug Tier	Requirements / Limits
<i>nitro-time oral capsule, extended release</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	1	
ANALPRAM-HC TOPICAL LOTION	3	ST; *
<i>calcipotriene scalp solution</i>	1	QL
<i>calcipotriene topical cream</i>	1	QL
<i>calcipotriene topical ointment</i>	1	QL
<i>calcipotriene-betamethasone topical ointment</i>	1	ST; QL
<i>calcipotriene-betamethasone topical suspension</i>	1	QL
<i>calcitriol topical ointment</i>	1	
ENSTILAR TOPICAL FOAM	2	ST; QL
EPIFOAM TOPICAL FOAM	3	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	ST
OVACE PLUS SHAMPOO TOPICAL SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER	3	
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL LOTION	3	
OVACE PLUS WASH TOPICAL CLEANSER, GEL	3	
OVACE TOPICAL CLEANSER	3	*
PLEXION NS TOPICAL SHAMPOO	3	
PRAMOSONE TOPICAL CREAM 1-1 %	3	ST
PRAMOSONE TOPICAL LOTION	3	ST
PRAMOSONE TOPICAL OINTMENT	3	ST
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
SOTYKTU ORAL TABLET	4	PA; LA; QL
SPEVIGO SUBCUTANEOUS SYRINGE	4	PA; LA
STELARA INTRAVENOUS SOLUTION	4	PA; LA
STELARA SUBCUTANEOUS SOLUTION	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
STELARA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>sulfacetamide sodium topical cleanser</i>	1	
<i>sulfacetamide sodium topical cleanser, gel</i>	1	
<i>sulfacetamide sodium topical shampoo</i>	1	
TACLONEX TOPICAL SUSPENSION	3	*; QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML	4	PA; FF; LA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; LA; QL
TERSI FOAM TOPICAL FOAM	3	
TREMFYA INTRAVENOUS SOLUTION	4	PA; LA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA
TREMFYA SUBCUTANEOUS AUTO- INJECTOR	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	4	PA; LA
VECTICAL TOPICAL OINTMENT	3	*
VTAMA TOPICAL CREAM	3	PA; QL
WYNZORA TOPICAL CREAM	3	ST; QL
ZORYVE TOPICAL CREAM 0.3 %	3	PA; QL
ZORYVE TOPICAL FOAM	3	ST; FF; QL
BURN THERAPY		
SILVADENE TOPICAL CREAM	3	*
<i>silver sulfadiazine topical cream</i>	1	
<i>ssd topical cream</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR	4	PA; FF; LA; QL
ADBRY SUBCUTANEOUS SYRINGE	4	PA; FF; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
CIBINQO ORAL TABLET	4	PA; LA; QL
CORTANE-B TOPICAL LOTION	3	*
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL
<i>doxepin topical cream</i>	1	ST; QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	4	PA; LA; QL
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA
EFUDEX TOPICAL CREAM	3	*
EUCRISA TOPICAL OINTMENT	2	ST; QL
FLUOROPLEX TOPICAL CREAM	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
HYFTOR TOPICAL GEL	4	PA
IODOFLEX TOPICAL PADS, MEDICATED	3	
IODOSORB TOPICAL GEL	3	
LEVULAN TOPICAL SOLUTION	3	
<i>methoxsalen oral capsule,liqd-filled,rapid rel</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OPZELURA TOPICAL CREAM	3	PA; QL
PANRETIN TOPICAL GEL	4	PA
<i>pimecrolimus topical cream</i>	1	ST; QL
<i>podofilox topical gel</i>	1	ST; FF; QL
<i>podofilox topical solution</i>	1	
<i>prudoxin topical cream</i>	1	ST; QL
REGRANEX TOPICAL GEL	2	QL
<i>tacrolimus topical ointment</i>	1	ST; QL
TOLAK TOPICAL CREAM	3	
UVADEX INJECTION SOLUTION	2	
VALCHLOR TOPICAL GEL	4	PA; LA
VYJUVEK TOPICAL GEL	4	PA
<i>wintergreen oil oil</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ZONALON TOPICAL CREAM	3	ST; *; QL
THERAPY FOR ACNE		
ABSORICA ORAL CAPSULE	3	ST; *
<i>accutane oral capsule</i>	1	
ACZONE TOPICAL GEL	3	ST; *
ACZONE TOPICAL GEL WITH PUMP	3	ST; *
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	ST
<i>adapalene topical solution</i>	1	
<i>adapalene-benzoyl peroxide topical gel with pump</i>	1	
AKLIEF TOPICAL CREAM	3	PA
ALTRENO TOPICAL LOTION	3	
<i>amnestem oral capsule</i>	1	
AMZEEQ TOPICAL FOAM	3	ST
ARAZLO TOPICAL LOTION	3	PA
AVAR LS TOPICAL CLEANSER	3	ST
<i>avar topical cleanser</i>	1	
<i>azelaic acid topical gel</i>	1	
AZELEX TOPICAL CREAM	3	ST
BENZAMYCIN TOPICAL GEL	3	ST; *
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER	3	ST; *
<i>benzepro topical towelette</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam</i>	1	
<i>bp 10-1 topical cleanser</i>	1	ST
<i>brimonidine topical gel with pump</i>	1	PA
<i>claravis oral capsule</i>	1	
CLEOCIN T TOPICAL LOTION	3	ST; *; QL
CLINDACIN ETZ TOPICAL KIT	3	ST
<i>clindacin etz topical swab</i>	1	
<i>clindacin p topical swab</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CLINDACIN PAC TOPICAL KIT	3	ST
<i>clindacin topical foam</i>	1	QL
<i>clindamycin phosphate topical foam</i>	1	QL
<i>clindamycin phosphate topical gel</i>	1	QL
<i>clindamycin phosphate topical gel, once daily</i>	1	ST; QL
<i>clindamycin phosphate topical lotion</i>	1	QL
<i>clindamycin phosphate topical solution</i>	1	QL
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	1	
<i>clindamycin-tretinoin topical gel</i>	1	
<i>dapsone topical gel</i>	1	
<i>dapsone topical gel with pump</i>	1	
DIFFERIN TOPICAL CREAM	3	ST; *
DIFFERIN TOPICAL GEL WITH PUMP	3	ST; *
DIFFERIN TOPICAL LOTION	3	ST
EPIDUO FORTE TOPICAL GEL WITH PUMP	3	ST; *
EPSOLAY TOPICAL CREAM	3	ST
<i>ery pads topical swab</i>	1	
<i>erygel topical gel</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide topical gel</i>	1	
EVOCLIN TOPICAL FOAM	3	ST; *; QL
FINACEA TOPICAL FOAM	2	ST
<i>isotretinoin oral capsule</i>	1	
<i>ivermectin topical cream</i>	1	QL
METROCREAM TOPICAL CREAM	3	ST; *
METROGEL TOPICAL GEL 1 %	3	ST; *
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel</i>	1	
<i>metronidazole topical gel with pump</i>	1	
<i>metronidazole topical lotion</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MIRVASO TOPICAL GEL WITH PUMP	3	PA; *
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL	3	ST
<i>neuac topical gel</i>	1	
ONEXTON TOPICAL GEL WITH PUMP	3	ST; *
PLEXION TOPICAL CLEANSER	3	ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER	3	ST; *
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	3	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	3	*
RETIN-A TOPICAL CREAM	3	*
RETIN-A TOPICAL GEL	3	*
RHOFADE TOPICAL CREAM	3	PA
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSDAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSDAN TOPICAL KIT, CLEANSER AND CREAM	3	ST
<i>rosula cleansing cloths topical pads, medicated</i>	1	
ROSULA TOPICAL CLEANSER	3	ST
SOOLANTRA TOPICAL CREAM	3	ST; *, QL
<i>sss 10-5 topical cream</i>	1	
<i>sss 10-5 topical foam</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cream</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	
<i>sulfacleanse 8-4 topical suspension</i>	1	ST
SUMADAN TOPICAL CLEANSER	3	ST
SUMADAN TOPICAL KIT	3	ST

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Drug Name	Drug Tier	Requirements / Limits
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM	3	ST
<i>tazarotene topical cream</i>	1	PA
<i>tazarotene topical gel</i>	1	PA
<i>tretinoin microspheres topical gel</i>	1	
<i>tretinoin microspheres topical gel with pump</i>	1	
<i>tretinoin topical cream</i>	1	
<i>tretinoin topical gel</i>	1	
TWYNEO TOPICAL CREAM	3	ST
VANOXIDE-HC TOPICAL SUSPENSION	3	ST
<i>zenatane oral capsule</i>	1	
ZIANA TOPICAL GEL	3	ST; *
TOPICAL ANESTHETICS		
<i>bupivacaine-epinephrine (pf) injection solution</i>	1	
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %)</i>	1	
<i>dermacinrx lidocan topical adhesive patch,medicated</i>	1	PA
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION	3	
<i>lidocaine hcl laryngotracheal solution</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous mucous membrane solution</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lidocan iii topical adhesive patch,medicated</i>	1	PA
<i>lidocan iv topical adhesive patch,medicated</i>	1	PA
<i>lidocan v topical adhesive patch,medicated</i>	1	PA
<i>lidocort topical cream</i>	1	
NYNUTEY TOPICAL CREAM	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>polocaine-mpf injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 2 %-1:200,000	3	*
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED	2	PA
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT	3	ST; QL
CENTANY AT TOPICAL OINTMENT KIT	3	ST; QL
CENTANY TOPICAL OINTMENT	3	ST; QL
<i>gentamicin topical cream</i>	1	QL
<i>gentamicin topical ointment</i>	1	QL
KLARON TOPICAL SUSPENSION	3	ST; *
<i>lugols topical solution</i>	1	
<i>mafenide acetate topical packet</i>	1	
<i>mupirocin calcium topical cream</i>	1	ST; QL
<i>mupirocin topical ointment</i>	1	QL
NEO-SYNALAR KIT TOPICAL CREAM	3	
NEO-SYNALAR TOPICAL CREAM	3	
<i>strong iodine topical solution</i>	1	
<i>sulfacetamide sodium (acne) topical suspension</i>	1	
SULFAMYLON TOPICAL CREAM	2	
XEPI TOPICAL CREAM	3	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclodan topical cream</i>	1	QL
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL
<i>ciclopirox topical gel</i>	1	QL
<i>ciclopirox topical shampoo</i>	1	QL
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>ciclopirox-ure-camph-menth-euc topical solution</i>	1	
<i>clotrimazole topical cream</i>	1	QL
<i>clotrimazole topical solution</i>	1	QL
<i>clotrimazole-betamethasone topical cream</i>	1	QL
<i>clotrimazole-betamethasone topical lotion</i>	1	QL
<i>econazole topical cream</i>	1	QL
EXELDERM TOPICAL CREAM	3	QL
EXELDERM TOPICAL SOLUTION	3	QL
EXTINA TOPICAL FOAM	3	ST; *; QL
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	3	ST
<i>ketoconazole topical cream</i>	1	QL
<i>ketoconazole topical foam</i>	1	ST; QL
<i>ketoconazole topical shampoo</i>	1	QL
<i>ketodan topical foam</i>	1	ST; QL
<i>klayesta topical powder</i>	1	QL
LOPROX (AS OLAMINE) TOPICAL CREAM	3	*; QL
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	*; QL
LUZU TOPICAL CREAM	3	FF; QL
<i>naftifine topical cream</i>	1	QL
<i>naftifine topical gel 2 %</i>	1	QL
NAFTIN TOPICAL GEL 2 %	3	*; QL
<i>nyamyc topical powder</i>	1	QL
<i>nystatin topical cream</i>	1	QL
<i>nystatin topical ointment</i>	1	QL
<i>nystatin topical powder</i>	1	QL
<i>nystatin-triamcinolone topical cream</i>	1	QL
<i>nystatin-triamcinolone topical ointment</i>	1	QL
<i>nystop topical powder</i>	1	QL
<i>oxiconazole topical cream</i>	1	QL
<i>tavaborole topical solution with applicator</i>	1	ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	PA; QL
<i>acyclovir topical ointment</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
DENAVIR TOPICAL CREAM	3	*
<i>penciclovir topical cream</i>	1	
ZOVIRAX TOPICAL CREAM	3	PA; *; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP TOPICAL LOTION	3	ST; *
<i>alclometasone topical cream</i>	1	
<i>alclometasone topical ointment</i>	1	
<i>amcinonide topical cream</i>	1	ST
<i>amcinonide topical ointment</i>	1	ST
<i>apexicon e topical cream</i>	1	ST
<i>beser topical lotion</i>	1	ST
<i>betamethasone dipropionate topical cream</i>	1	
<i>betamethasone dipropionate topical lotion</i>	1	
<i>betamethasone dipropionate topical ointment</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 topical cream</i>	1	
<i>betamethasone, augmented topical gel</i>	1	
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	1	
BRYHALI TOPICAL LOTION	3	ST
CAPEX TOPICAL SHAMPOO	3	ST
<i>clobetasol scalp solution</i>	1	QL
<i>clobetasol topical cream</i>	1	QL
<i>clobetasol topical foam</i>	1	ST; QL
<i>clobetasol topical gel</i>	1	QL
<i>clobetasol topical lotion</i>	1	ST; QL
<i>clobetasol topical ointment</i>	1	QL
<i>clobetasol topical shampoo</i>	1	ST; QL
<i>clobetasol topical spray,non-aerosol</i>	1	ST; QL
<i>clobetasol-emollient topical cream</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol-emollient topical foam</i>	1	ST; QL
CLOBEX TOPICAL SHAMPOO	3	ST; *, QL
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	ST; *, QL
<i>clocortolone pivalate topical cream</i>	1	
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER	3	ST; QL
<i>clodan topical shampoo</i>	1	ST; QL
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	3	ST
CORDRAN TOPICAL CREAM 0.025 %	3	ST; QL
CORDRAN TOPICAL CREAM 0.05 %	3	ST; *, QL
CORDRAN TOPICAL LOTION	3	ST; *, QL
CORDRAN TOPICAL OINTMENT	3	ST; *, QL
DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL	3	ST; *
DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL	3	ST; *
<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 topical cream</i>	1	ST
<i>desoximetasone topical gel</i>	1	ST
<i>desoximetasone topical ointment</i>	1	ST
<i>desoximetasone topical spray, non-aerosol</i>	1	ST
<i>diflorasone topical cream</i>	1	ST; QL
<i>diflorasone topical ointment</i>	1	ST; QL
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	ST; *
DUOBRII TOPICAL LOTION	3	ST; QL
<i>fluocinolone and shower cap scalp oil</i>	1	
<i>fluocinolone topical cream</i>	1	
<i>fluocinolone topical oil</i>	1	
<i>fluocinolone topical ointment</i>	1	
<i>fluocinolone topical solution</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL
<i>fluocinonide topical gel</i>	1	QL
<i>fluocinonide topical ointment</i>	1	QL
<i>fluocinonide topical solution</i>	1	QL
<i>fluocinonide-e topical cream</i>	1	QL
<i>flurandrenolide topical cream</i>	1	ST; QL
<i>flurandrenolide topical lotion</i>	1	ST; QL
<i>flurandrenolide topical ointment</i>	1	ST; QL
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide topical cream</i>	1	ST
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical foam</i>	1	ST; FF
<i>halobetasol propionate topical ointment</i>	1	
HALOG TOPICAL CREAM	3	ST; *
HALOG TOPICAL OINTMENT	3	ST
HALOG TOPICAL SOLUTION	3	ST
<i>hydrocortisone butyrate topical cream</i>	1	QL
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment</i>	1	ST; QL
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	1	
<i>hydrocortisone valerate topical ointment</i>	1	
KENALOG TOPICAL AEROSOL	3	ST; *; QL
<i>mometasone topical cream</i>	1	
<i>mometasone topical ointment</i>	1	
<i>mometasone topical solution</i>	1	
NUCORT TOPICAL LOTION	3	ST
OLUX TOPICAL FOAM	3	ST; *; QL
PANDEL TOPICAL CREAM	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>prednicarbate topical cream</i>	1	
<i>prednicarbate topical ointment</i>	1	
PROCTOCORT TOPICAL CREAM	3	ST; *
SCALACORT DK TOPICAL COMBO PACK	3	ST
<i>scalacort topical lotion</i>	1	
SYNALAR CREAM KIT TOPICAL CREAM	3	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM	3	ST
SYNALAR TOPICAL CREAM	3	ST; *
SYNALAR TOPICAL OINTMENT	3	ST; *
SYNALAR TOPICAL SOLUTION	3	ST; *
SYNALAR TS TOPICAL KIT	3	ST
TEXACORT TOPICAL SOLUTION	3	ST
TOPICORT TOPICAL CREAM	3	ST; *
TOPICORT TOPICAL GEL	3	ST; *
TOPICORT TOPICAL OINTMENT	3	ST; *
<i>tovet emollient topical foam</i>	1	ST; QL
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL	3	
SANTYL TOPICAL OINTMENT	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion</i>	1	
ELIMITE TOPICAL CREAM	3	*
EURAX TOPICAL CREAM	3	
EURAX TOPICAL LOTION	3	
<i>malathion topical lotion</i>	1	
OVIDE TOPICAL LOTION	3	*

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Drug Name	Drug Tier	Requirements / Limits
<i>permethrin topical cream</i>	1	
<i>spinosad topical suspension</i>	1	
ULESFIA TOPICAL LOTION	3	

DIAGNOSTICS & MISCELLANEOUS AGENTS

IRRIGATING SOLUTIONS

<i>lactated ringers irrigation solution</i>	1	
<i>neomycin-polymyxin b gu irrigation solution</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION	3	*
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	3	*
<i>ringer's irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION	3	
<i>tis-u-sol pentalyte irrigation irrigation solution</i>	1	

MISCELLANEOUS AGENTS

<i>acamprosate oral tablet, delayed release (dr/ec)</i>	1	
<i>acetic acid irrigation solution</i>	1	
AGRYLIN ORAL CAPSULE	3	*
AMPHADASE INJECTION SOLUTION	3	
<i>anagrelide oral capsule</i>	1	
BUPHENYL ORAL POWDER	4	PA; *
BUPHENYL ORAL TABLET	4	PA; *
<i>caffeine citrate oral solution</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE	4	PA; *, LA
<i>carglumic acid oral tablet, dispersible</i>	4	PA
CARNITOR (SUGAR-FREE) ORAL SOLUTION	3	*
CARNITOR INTRAVENOUS SOLUTION	3	*
CARNITOR ORAL SOLUTION	3	*
CARNITOR ORAL TABLET	3	*
<i>cevimeline oral capsule</i>	1	
CHEMET ORAL CAPSULE	2	PA
<i>deferasirox oral granules in packet</i>	4	PA; LA
<i>deferasirox oral tablet</i>	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
<i>deferasirox oral tablet, dispersible</i>	4	PA; LA
<i>deferiprone oral tablet</i>	4	PA; LA
<i>disulfiram oral tablet</i>	1	
<i>droxidopa oral capsule</i>	4	PA; LA
EMPAVELI SUBCUTANEOUS SOLUTION	4	PA
ENDARI ORAL POWDER IN PACKET	4	PA; LA
EVOXAC ORAL CAPSULE	3	*
FABHALTA ORAL CAPSULE	4	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE	4	PA
FERRIPROX ORAL SOLUTION	4	PA
FERRIPROX ORAL TABLET	4	PA; *
FERRLECIT INTRAVENOUS SOLUTION	3	PA; *
<i>glutamine (sickle cell) oral powder in packet</i>	4	PA; FF; LA
HYLENEX INJECTION SOLUTION	3	
INCRELEX SUBCUTANEOUS SOLUTION	4	PA; LA
JOENJA ORAL TABLET	4	PA; QL
LAMZEDE INTRAVENOUS RECON SOLN	4	PA
<i>levocarnitine (with sugar) oral solution</i>	1	
<i>levocarnitine intravenous solution</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LITFULO ORAL CAPSULE	4	PA; LA; QL
LITHOSTAT ORAL TABLET	3	
METOPIRONE ORAL CAPSULE	3	
<i>midodrine oral tablet</i>	1	
<i>nitisinone oral capsule</i>	4	PA; LA
NITYR ORAL TABLET	4	PA; LA
OLPRUVA ORAL PELLETS IN PACKET	4	PA
ORFADIN ORAL CAPSULE	4	PA; *
ORFADIN ORAL SUSPENSION	4	PA
PHEBURANE ORAL GRANULES	4	PA; LA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET	4	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; QL
RADIOGARDASE ORAL CAPSULE	3	
REZDIFFRA ORAL TABLET	4	PA; FF; LA; QL
RILUTEK ORAL TABLET	3	PA; *
<i>riluzole oral tablet</i>	1	PA
<i>risedronate oral tablet 30 mg</i>	1	QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	*
<i>sodium chlor 0.9% bacteriostat injection solution</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride injection syringe</i>	1	
<i>sodium ferric gluconat-sucrose intravenous solution</i>	1	PA
<i>sodium phenylbutyrate oral powder</i>	1	PA
<i>sodium phenylbutyrate oral tablet</i>	1	PA
SOHONOS ORAL CAPSULE	4	PA; FF; QL
SOLIRIS INTRAVENOUS SOLUTION	4	PA; LA
SYPRINE ORAL CAPSULE	3	PA; *
TEGLUTIK ORAL SUSPENSION	4	PA
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC)	4	PA
TIGLUTIK ORAL SUSPENSION	4	PA
<i>tiopronin oral tablet</i>	4	PA; LA
<i>tiopronin oral tablet,delayed release (dr/ec)</i>	4	PA
<i>trientine oral capsule 250 mg</i>	1	PA
VOYDEYA ORAL TABLET	4	PA
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET	4	PA
ZOKINVY ORAL CAPSULE	4	PA; QL
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
CHANTIX CONTINUING MONTH BOX ORAL TABLET	0	ACA
CHANTIX ORAL TABLET 1 MG	0	ACA
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	0	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	0	*; ACA; OTC
NICORETTE BUCCAL GUM 2 MG	0	*; ACA; OTC
<i>nicorette buccal gum 4 mg</i>	0	ACA; OTC
NICORETTE BUCCAL LOZENGE	0	ACA; OTC
NICORETTE BUCCAL MINI LOZENGE	0	ACA; OTC
<i>nicotine (polacrilex) buccal gum</i>	0	ACA; OTC
<i>nicotine (polacrilex) buccal lozenge</i>	0	ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge</i>	0	ACA; OTC
<i>nicotine transdermal patch 24 hour</i>	0	ACA; OTC
<i>nicotine transdermal patch, td daily, sequential</i>	0	ACA; OTC
NICOTROL NS NASAL SPRAY, NON-AEROSOL	0	ACA
<i>quit 2 buccal gum</i>	0	ACA; OTC
<i>quit 2 buccal lozenge</i>	0	ACA; OTC
<i>quit 4 buccal gum</i>	0	ACA; OTC
<i>quit 4 buccal lozenge</i>	0	ACA; OTC
<i>stop smoking aid buccal lozenge</i>	0	ACA; OTC
<i>varenicline oral tablet</i>	0	ACA
<i>varenicline oral tablets,dose pack</i>	0	ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	QL
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	1	
CLINPRO 5000 DENTAL PASTE	3	
<i>denta 5000 plus dental cream</i>	1	
<i>denta 5000 plus sensitive dental paste</i>	1	
<i>dentagel dental gel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
<i>fluoride (sodium) dental solution</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
FLUORIMAX 5000 DENTAL PASTE	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE	3	
<i>fraiche 5000 dental gel</i>	1	
FRAICHE 5000 PREVI DENTAL GEL	3	
FRAICHE 5000 SENSITIVE DENTAL GEL	3	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	
<i>ipratropium bromide nasal spray,non-aerosol</i>	1	QL
JUST RIGHT 5000 DENTAL PASTE	3	
<i>kourzeq dental paste</i>	1	
MUGARD MUCOUS MEMBRANE SOLUTION	4	
<i>olopatadine nasal spray,non-aerosol</i>	1	QL
<i>oralone dental paste</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	
PREVIDENT 5000 PLUS DENTAL CREAM	3	*
PREVIDENT 5000 SENSITIVE DENTAL PASTE	3	
PREVIDENT DENTAL GEL	3	*
PREVIDENT DENTAL SOLUTION	3	*
PREVIDENT KIDS DENTAL PASTE	3	
Q-CARE RX Q4 KIT	3	

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Drug Name	Drug Tier	Requirements / Limits
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	*
<i>sf 5000 plus dental cream</i>	1	
<i>sf dental gel</i>	1	
<i>sodium fluoride 5000 plus dental cream</i>	1	
<i>sodium fluoride-pot nitrate dental paste</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS	3	*
<i>flac otic oil otic (ear) drops</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	1	
<i>ofloxacin otic (ear) drops</i>	1	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	1	
OTOVEL OTIC (EAR) SOLUTION	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL	4	PA; LA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR	4	PA; LA
CORTEF ORAL TABLET	3	*
<i>cortisone oral tablet</i>	1	
CORTROSYN INJECTION RECON SOLN	3	*
<i>cosyntropin injection recon soln</i>	1	
<i>deflazacort oral suspension</i>	4	PA
<i>deflazacort oral tablet</i>	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
DEPO-MEDROL INJECTION SUSPENSION	3	
<i>dexabliss oral tablets,dose pack</i>	1	ST
<i>dexamethasone intensol oral drops</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	ST
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution</i>	1	
<i>fludrocortisone oral tablet</i>	1	
<i>hydrocortisone oral tablet</i>	1	
KENALOG INJECTION SUSPENSION 10 MG/ML	3	
KENALOG INJECTION SUSPENSION 40 MG/ML	3	*
KENALOG-80 INJECTION SUSPENSION	3	
MEDROL (PAK) ORAL TABLETS,DOSE PACK	3	*
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	*
MEDROL ORAL TABLET 2 MG	3	
<i>methylprednisolone acetate injection suspension</i>	1	
<i>methylprednisolone oral tablet</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>millipred dp oral tablets,dose pack</i>	1	
<i>millipred oral tablet</i>	1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING	3	*
<i>prednisolone oral solution</i>	1	
<i>prednisolone oral tablet</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>prednisone intensol oral concentrate</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablets,dose pack</i>	1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST
TAPERDEX ORAL TABLETS,DOSE PACK	3	ST
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; QL
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
TRIESENCE (PF) INTRAOCULAR SUSPENSION	3	
XIPERE (PF) SUPRACHOROIDAL SUSPENSION	4	LA
ZCORT ORAL TABLETS,DOSE PACK	3	ST
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution</i>	1	
<i>propylthiouracil oral tablet</i>	1	
SSKI ORAL SOLUTION	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
FREESTYLE INSULINX STRIP	2	OTC
FREESTYLE INSULINX TEST STRIPS STRIP	2	OTC
FREESTYLE LITE STRIPS STRIP	2	OTC
FREESTYLE PRECISION NEO STRIPS STRIP	2	OTC
FREESTYLE TEST STRIP	2	OTC
ONETOUCH ULTRA TEST STRIP	2	OTC
ONETOUCH VERIO TEST STRIPS STRIP	2	OTC
PRECISION XTRA TEST STRIP	2	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER	2	
AEROCHAMBER MECHANICAL VENT SPACER	2	
AEROCHAMBER MINI SPACER	2	
AEROCHAMBER PLUS FLOW-VU SPACER	2	

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Drug Name	Drug Tier	Requirements / Limits
AEROCHAMBER PLUS Z STAT SPACER	2	
AEROTRACH PLUS SPACER	2	
AEROVENT PLUS SPACER	2	
BREATHERITE MDI SPACER SPACER	2	
COMPACT SPACE CHAMBER SPACER	2	
EASIVENT HOLDING CHAMBER SPACER	2	
EUA PATIENT ASSESSMENT	2	
FLEXICHAMBER SPACER	2	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	3	
LITEAIRE MDI CHAMBER SPACER	2	
MICROCHAMBER SPACER	2	
MICROSPACER SPACER	2	
OPTICHAMBER DIAMOND VHC SPACER	2	
POCKET CHAMBER SPACER	2	
PRIMEAIRE SPACER	2	
PROCHAMBER SPACER	2	
RITEFLO AEROCHAMBER SPACER	2	
SPACE CHAMBER SPACER	2	
VORTEX HOLDING CHAMBER SPACER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL	2	QL
<i>diazoxide oral suspension</i>	1	
<i>glucagon emergency kit (human) injection recon soln</i>	1	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	2	QL
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	QL
GVOKE SUBCUTANEOUS SOLUTION	2	QL
PROGLYCEM ORAL SUSPENSION	3	*
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	3	OTC
ACCUTREND GLUCOSE CONTROL SOLUTION	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	2	OTC
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	2	OTC
BD INTEGRA NEEDLE NEEDLE	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE	2	OTC
CEQUR SIMPLICITY DEVICE	2	
DEXCOM G6 RECEIVER	2	FF; QL
DEXCOM G6 SENSOR DEVICE	2	QL
DEXCOM G6 TRANSMITTER DEVICE	2	QL
DEXCOM G7 RECEIVER	2	FF; QL
DEXCOM G7 SENSOR DEVICE	2	QL
FREESTYLE FREEDOM KIT	0	OTC
FREESTYLE FREEDOM LITE KIT	0	OTC
FREESTYLE INSULINX	0	OTC
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	QL
FREESTYLE LIBRE 2 READER	2	
FREESTYLE LIBRE 2 SENSOR KIT	2	QL
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	2	FF; QL
FREESTYLE LIBRE 3 READER	2	FF; QL
FREESTYLE LIBRE 3 SENSOR DEVICE	2	QL
FREESTYLE LITE METER KIT	0	OTC
GENTEEL VACUUM LANCING DEVICE COMBO PACK	3	OTC
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	
LANCETS 33 GAUGE	2	OTC
LANCING DEVICE	2	OTC

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Drug Name	Drug Tier	Requirements / Limits
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL
ONETOUCH ULTRA2 METER	2	OTC
ONETOUCH VERIO FLEX METER	2	OTC
ONETOUCH VERIO REFLECT METER	2	OTC
PRECISION XTRA MONITOR	0	OTC
T:FLEX SUBCUTANEOUS CARTRIDGE	2	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	2	
TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE	2	
TWIIST REFILL KT(CSST-NDL-SYR) KIT	2	
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT	2	
TWIIST STARTER KIT KIT	2	
V-GO 20 DEVICE	2	
V-GO 30 DEVICE	2	
V-GO 40 DEVICE	2	
INSULIN THERAPY		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR	3	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	

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Drug Name	Drug Tier	Requirements / Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	2	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	3	FF
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	

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Drug Name	Drug Tier	Requirements / Limits
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	2	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	2	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	2	QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	3	FF; QL
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	4	PA; LA
<i>cabergoline oral tablet</i>	1	QL
<i>calcitonin (salmon) injection solution</i>	1	
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule</i>	1	
<i>calcitriol oral solution</i>	1	
CERDELGA ORAL CAPSULE	4	PA; LA; QL
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA; LA
<i>cetorelix subcutaneous kit</i>	4	PA
CETROTIDE SUBCUTANEOUS KIT	4	PA; *; LA

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Drug Name	Drug Tier	Requirements / Limits
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN	4	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	4	PA; FF; LA; QL
<i>cinacalcet oral tablet</i>	1	PA
<i>clomid oral tablet</i>	1	
<i>clomiphene citrate oral tablet</i>	1	
<i>danazol oral capsule</i>	1	
DDAVP ORAL TABLET	3	*
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	*
<i>desmopressin injection solution</i>	4	LA
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
<i>desmopressin oral tablet</i>	1	
<i>doxercalciferol intravenous solution</i>	1	
<i>doxercalciferol oral capsule</i>	1	ST
ELAPRASE INTRAVENOUS SOLUTION	4	PA; LA
FABRAZYME INTRAVENOUS RECON SOLN	4	PA; FF; LA
<i>fyremadel subcutaneous syringe</i>	4	PA; LA
GALAFOLD ORAL CAPSULE	4	PA; LA; QL
<i>ganirelix subcutaneous syringe</i>	4	PA; LA
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR	4	PA; LA
GONAL-F RFF SUBCUTANEOUS RECON SOLN	4	PA; LA
GONAL-F SUBCUTANEOUS RECON SOLN	4	PA; LA
HECTOROL INTRAVENOUS SOLUTION	3	*
JATENZO ORAL CAPSULE	3	QL
<i>javygtor oral powder in packet</i>	4	PA; LA
<i>javygtor oral tablet,soluble</i>	4	PA; LA
JYNARQUE ORAL TABLET	4	PA; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
KANUMA INTRAVENOUS SOLUTION	4	PA; LA
KUVAN ORAL POWDER IN PACKET	4	PA; *; FF; LA
KUVAN ORAL TABLET,SOLUBLE	4	PA; *; FF; LA
LUMIZYME INTRAVENOUS RECON SOLN	4	PA; LA
MENOPUR SUBCUTANEOUS RECON SOLN	4	PA; LA
METHITEST ORAL TABLET	2	
<i>methyltestosterone oral capsule</i>	1	
MIACALCIN INJECTION SOLUTION	3	*
<i>mifepristone oral tablet 300 mg</i>	4	PA; FF; LA
<i>miglustat oral capsule</i>	4	PA; LA; QL
MYALEPT SUBCUTANEOUS RECON SOLN	4	PA; LA
NAGLAZYME INTRAVENOUS SOLUTION	4	PA; LA
NATESTO NASAL GEL IN METERED-DOSE PUMP	3	FF; QL
NEXVIAZYME INTRAVENOUS RECON SOLN	4	PA; LA
NOC DURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING	3	PA; QL
NOC DURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING	3	PA; QL
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	PA; LA; QL
ORILISSA ORAL TABLET	2	PA
OVIDREL SUBCUTANEOUS SYRINGE	4	PA; LA
PALYNZIQ SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>pamidronate intravenous solution</i>	4	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	3	
<i>paricalcitol intravenous solution</i>	1	
<i>paricalcitol oral capsule</i>	1	ST
PREGNYL INTRAMUSCULAR RECON SOLN	4	PA; LA; QL
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	ST
ROCALTROL ORAL SOLUTION	3	ST; *
<i>sapropterin oral powder in packet</i>	4	PA; LA
<i>sapropterin oral tablet,soluble</i>	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
SOMAVERT SUBCUTANEOUS RECON SOLN	4	PA; LA
STRENSIQ SUBCUTANEOUS SOLUTION	4	PA
SYNAREL NASAL SPRAY, NON-AEROSOL	2	PA
TESTOPEL IMPLANT PELLETT	4	
<i>testosterone cypionate intramuscular oil</i>	1	
<i>testosterone enanthate intramuscular oil</i>	1	
TESTOSTERONE IMPLANT PELLETT 100 MG, 200 MG, 50 MG	3	
<i>testosterone transdermal gel</i>	1	QL
<i>testosterone transdermal gel in metered-dose pump</i>	1	QL
<i>testosterone transdermal gel in packet</i>	1	QL
<i>testosterone transdermal solution in metered pump w/app</i>	1	QL
<i>tolvaptan oral tablet</i>	4	PA; LA; QL
VIMIZIM INTRAVENOUS SOLUTION	4	PA; LA
VOGELXO TRANSDERMAL GEL	3	*; QL
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	QL
VOGELXO TRANSDERMAL GEL IN PACKET	3	QL
VOXZOGO SUBCUTANEOUS RECON SOLN	4	PA; LA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	2	QL
YORVIPATH SUBCUTANEOUS PEN INJECTOR	4	PA
ZEMPLAR INTRAVENOUS SOLUTION	3	*
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	ST; *
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	ST; *; QL
ACTOS ORAL TABLET	3	ST; *; QL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
BYETTA SUBCUTANEOUS PEN INJECTOR	2	PA; QL
CYCLOSET ORAL TABLET	3	
DUETACT ORAL TABLET	3	ST; *; QL

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Drug Name	Drug Tier	Requirements / Limits
FARXIGA ORAL TABLET	2	ST; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin oral tablet</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR	3	*
<i>glyburide micronized oral tablet</i>	1	
<i>glyburide oral tablet</i>	1	
<i>glyburide-metformin oral tablet</i>	1	
GLYXAMBI ORAL TABLET	2	ST; QL
JANUMET ORAL TABLET	2	ST; QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	ST; QL
JANUVIA ORAL TABLET	2	ST; QL
JARDIANCE ORAL TABLET	2	ST; QL
<i>metformin oral solution</i>	1	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	QL
<i>metformin oral tablet extended release 24 hr (osm er)</i>	1	ST; QL
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	ST; QL
<i>miglitol oral tablet</i>	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR	2	PA; QL
<i>nateglinide oral tablet</i>	1	
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	ST; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL
<i>pioglitazone oral tablet</i>	1	QL
<i>pioglitazone-glimepiride oral tablet</i>	1	QL
<i>pioglitazone-metformin oral tablet</i>	1	QL
PRECOSE ORAL TABLET	3	*
<i>repaglinide oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
RIOMET ORAL SOLUTION	3	ST; *
RYBELSUS ORAL TABLET	2	PA; QL
<i>saxagliptin oral tablet</i>	1	ST; QL
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr</i>	1	ST; QL
SEGLUOMET ORAL TABLET	2	ST; QL
STEGLATRO ORAL TABLET	2	ST; QL
STEGLUJAN ORAL TABLET	3	ST; FF; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	2	PA; QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	2	PA; QL
SYNJARDY ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	PA; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
THYROID HORMONES		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
ARMOUR THYROID ORAL TABLET	2	
ERMEZA ORAL SOLUTION	3	ST
<i>euthyrox oral tablet</i>	1	
<i>levo-t oral tablet</i>	1	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine intravenous solution</i>	1	
<i>liothyronine oral tablet</i>	1	
<i>niva thyroid oral tablet</i>	1	
<i>np thyroid oral tablet</i>	1	
<i>thyroid (pork) oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>unithroid oral tablet</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz oral tablet,disintegrating</i>	1	
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>belladonna alkaloids-opium rectal suppository</i>	1	QL
<i>chlordiazepoxide-clidinium oral capsule</i>	1	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	*
DONNATAL ORAL TABLET	3	
<i>ed-spaz oral tablet,disintegrating</i>	1	
GLYCATATE ORAL TABLET	3	
<i>glycopyrrolate injection solution</i>	1	
<i>glycopyrrolate oral solution</i>	1	
<i>glycopyrrolate oral tablet</i>	1	
<i>hyoscyamine sulfate oral drops</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate oral tablet,disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual tablet</i>	1	
<i>hyosyne oral drops</i>	1	
<i>hyosyne oral elixir</i>	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR	3	*
LEVSIN ORAL TABLET	3	*
LEVSIN/SL SUBLINGUAL TABLET	3	*
LOMOTIL ORAL TABLET	3	*

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Drug Name	Drug Tier	Requirements / Limits
<i>loperamide oral capsule</i>	1	
<i>methscopolamine oral tablet</i>	1	
MOTOFEN ORAL TABLET	3	
NULEV ORAL TABLET,DISINTEGRATING	3	*
<i>opium tincture oral tincture</i>	1	
<i>oscimin oral tablet</i>	1	
<i>oscimin sl sublingual tablet</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet</i>	1	
ROBINUL FORTE ORAL TABLET	3	*
ROBINUL ORAL TABLET	3	*
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE	3	
<i>symax fastabs oral tablet,disintegrating</i>	1	
<i>symax-sl sublingual tablet</i>	1	
<i>symax-sr oral tablet extended release 12 hr</i>	1	
MISCELLANEOUS AGENTS		
AURYXIA ORAL TABLET	3	
<i>lanthanum oral tablet,chewable</i>	1	QL
LOKELMA ORAL POWDER IN PACKET	2	QL
RENVELA ORAL POWDER IN PACKET	3	*; QL
RENVELA ORAL TABLET	3	*; QL
<i>sevelamer carbonate oral powder in packet</i>	1	QL
<i>sevelamer carbonate oral tablet</i>	1	QL
<i>sevelamer hcl oral tablet</i>	1	QL
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension</i>	1	
<i>sps (with sorbitol) rectal enema</i>	1	
VELPHORO ORAL TABLET,CHEWABLE	2	QL
VELTASSA ORAL POWDER IN PACKET	2	QL
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ANA-LEX KIT RECTAL KIT	3	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST; *
<i>anucort-hc rectal suppository</i>	1	
<i>aprepitant oral capsule</i>	1	QL
<i>aprepitant oral capsule,dose pack</i>	1	QL
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	*
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*
AZULFIDINE ORAL TABLET	3	*
<i>balsalazide oral capsule</i>	1	
<i>betaine oral powder</i>	4	PA
<i>budesonide oral capsule,delayed,extend.release</i>	1	
<i>budesonide oral tablet,delayed and ext.release</i>	1	
<i>budesonide rectal foam</i>	1	
BYLVAY ORAL CAPSULE	4	PA; LA; QL
BYLVAY ORAL PELLETT	4	PA; LA; QL
CHENODAL ORAL TABLET	4	PA
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL
<i>citrate of magnesia oral solution</i>	0	ACA; OTC
<i>citroma oral solution</i>	0	ACA; OTC
<i>clearlax oral powder</i>	0	ACA; OTC
COLAZAL ORAL CAPSULE	3	*
COMPAZINE ORAL TABLET	3	*
COMPAZINE RECTAL SUPPOSITORY	3	*
<i>compro rectal suppository</i>	1	
<i>constulose oral solution</i>	1	
CORTENEMA RECTAL ENEMA	3	*
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
<i>cromolyn oral concentrate</i>	1	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>dimenhydrinate injection solution</i>	1	
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec)</i>	1	QL
<i>dronabinol oral capsule</i>	1	PA
<i>droperidol injection solution</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension</i>	0	ACA; OTC
ENTYVIO INTRAVENOUS RECON SOLN	4	PA; LA
<i>enulose oral solution</i>	1	
GASTROCROM ORAL CONCENTRATE	3	*
GATTEX 30-VIAL SUBCUTANEOUS KIT	4	PA; LA
<i>gavilax oral powder</i>	0	ACA; OTC
<i>gavilyte-c oral recon soln</i>	0	ACA
<i>gavilyte-g oral recon soln</i>	0	ACA
<i>gavilyte-n oral recon soln</i>	0	ACA
<i>generlac oral solution</i>	1	
<i>gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec)</i>	0	ACA; OTC
<i>gentle laxative (mag hydrox) oral suspension</i>	0	ACA; OTC
<i>gentlelax oral powder</i>	0	ACA; OTC
GOLYTELY ORAL RECON SOLN	3	*
<i>granisetron hcl oral tablet</i>	1	QL
<i>hemmorex-hc rectal suppository</i>	1	
<i>hydrocortisone acetate rectal suppository</i>	1	
<i>hydrocortisone rectal enema</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
INFLECTRA INTRAVENOUS RECON SOLN	4	PA; LA
KINEVAC INJECTION RECON SOLN	2	
KRISTALOSE ORAL PACKET	3	
<i>lactulose oral packet</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>laxative (bisacodyl) oral tablet,delayed release (dr/ec)</i>	0	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>laxative peg 3350 oral powder</i>	0	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit</i>	1	
LINZESS ORAL CAPSULE	2	QL
LIVMARLI ORAL SOLUTION	4	PA
<i>lubiprostone oral capsule</i>	1	QL
<i>magnesium citrate oral solution</i>	0	ACA; OTC
MARINOL ORAL CAPSULE	3	PA; *
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets)</i>	1	
<i>mesalamine oral capsule, extended release</i>	1	
<i>mesalamine oral capsule,extended release 24hr</i>	1	
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit</i>	1	
<i>metoclopramide hcl injection solution</i>	1	
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia oral suspension</i>	0	ACA; OTC
MOVANTIK ORAL TABLET	2	QL
<i>natura-lax oral powder</i>	0	ACA; OTC
<i>nitroglycerin rectal ointment</i>	1	
OCALIVA ORAL TABLET	4	PA; LA; QL
OMVOH INTRAVENOUS SOLUTION	4	PA; LA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR	4	PA; FF; LA; QL
OMVOH SUBCUTANEOUS SYRINGE	4	PA; LA
<i>ondansetron hcl (pf) injection solution</i>	1	
<i>ondansetron hcl (pf) injection syringe</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ondansetron hcl intravenous solution</i>	1	
<i>ondansetron hcl oral solution</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	QL
<i>onelax magnesium citrate oral solution</i>	0	ACA; OTC
<i>oral saline laxative oral liquid</i>	0	ACA; OTC
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	2	
<i>peg 3350-electrolytes oral recon soln</i>	0	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	0	ACA
<i>peg-electrolyte soln oral recon soln</i>	0	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	*
<i>phosphate laxative oral liquid</i>	0	ACA; OTC
<i>polyethylene glycol 3350 oral powder</i>	0	ACA; OTC
<i>powderlax oral powder</i>	0	ACA; OTC
<i>prochlorperazine edisylate injection solution</i>	1	
<i>prochlorperazine maleate oral tablet</i>	1	
<i>prochlorperazine rectal suppository</i>	1	
PROCORT RECTAL CREAM	3	
PROCTOCORT RECTAL SUPPOSITORY	3	ST; *
<i>procto-med hc topical cream with perineal applicator</i>	1	
<i>proctosol hc topical cream with perineal applicator</i>	1	
<i>proctozone-hc topical cream with perineal applicator</i>	1	
<i>purelax oral powder</i>	0	ACA; OTC
RECTIV RECTAL OINTMENT	3	*
REGLAN ORAL TABLET	3	*

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Drug Name	Drug Tier	Requirements / Limits
RELISTOR ORAL TABLET	2	ST
RELISTOR SUBCUTANEOUS SOLUTION	2	ST
RELISTOR SUBCUTANEOUS SYRINGE	2	ST
ROWASA RECTAL ENEMA KIT	3	*
SANCUSO TRANSDERMAL PATCH WEEKLY	3	QL
<i>scopolamine base transdermal patch 3 day</i>	1	
SFROWASA RECTAL ENEMA	3	*
SINCALIDE INJECTION RECON SOLN	3	
SKYRIZI INTRAVENOUS SOLUTION	4	PA; LA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	4	PA; LA; QL
<i>smoothlax oral powder</i>	0	ACA; OTC
<i>sodium,potassium,mag sulfates oral recon soln</i>	0	ACA
SUCRAID ORAL SOLUTION	4	PA
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	1	
SYMPROIC ORAL TABLET	2	
SYNDROS ORAL SOLUTION	3	PA
TIGAN INTRAMUSCULAR SOLUTION	3	
<i>trimethobenzamide oral capsule</i>	1	
TRULANCE ORAL TABLET	2	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE	3	*
UCERIS RECTAL FOAM	3	*
URSO FORTE ORAL TABLET	3	*
<i>ursodiol oral capsule</i>	1	
<i>ursodiol oral tablet</i>	1	
VARUBI ORAL TABLET	2	QL
VIBERZI ORAL TABLET	2	
VIOKACE ORAL TABLET	2	
VOWST ORAL CAPSULE	4	
<i>women's gentle laxative(bisac) oral tablet,delayed release (dr/ec)</i>	0	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack</i>	1	QL
<i>bismuth subcit k-metronidz-tcn oral capsule</i>	1	
CARAFATE ORAL SUSPENSION	3	*, FF
CARAFATE ORAL TABLET	3	*, FF
<i>cimetidine hcl oral solution</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC ORAL TABLET	3	*
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	1	ST; QL
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	1	ST
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>esomeprazole sodium intravenous recon soln</i>	1	
<i>famotidine (pf) intravenous solution</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback</i>	1	
<i>famotidine intravenous solution</i>	1	
<i>famotidine oral suspension for reconstitution</i>	1	
<i>famotidine oral tablet 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	ST
<i>misoprostol oral tablet</i>	1	
<i>nizatidine oral capsule</i>	1	
OMECLAMOX-PAK ORAL COMBO PACK	3	QL
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	1	QL
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	
<i>omeprazole oral tablet,disintegrat, delay rel</i>	1	OTC
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	ST
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	ST; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	ST
<i>pantoprazole intravenous recon soln</i>	1	
<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
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET 40 MG	3	*
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	1	
<i>sucralfate oral suspension</i>	1	
<i>sucralfate oral tablet</i>	1	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE	2	QL
VOQUEZNA DUAL PAK ORAL COMBO PACK	3	FF
VOQUEZNA ORAL TABLET	3	ST; FF
VOQUEZNA TRIPLE PAK ORAL COMBO PACK	3	FF

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

<i>ribavirin oral capsule</i>	4	PA; LA
<i>ribavirin oral tablet 200 mg</i>	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
BIOTECHNOLOGY DRUGS		
ARCALYST SUBCUTANEOUS RECON SOLN	4	PA; QL
FULPHILA SUBCUTANEOUS SYRINGE	4	PA; FF; LA; QL
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PA; LA
LEUKINE INJECTION RECON SOLN	4	PA; LA
MOZOBIL SUBCUTANEOUS SOLUTION	4	*; LA
NIVESTYM INJECTION SOLUTION	4	PA; LA
NIVESTYM SUBCUTANEOUS SYRINGE	4	PA; LA
<i>plerixafor subcutaneous solution</i>	4	LA
PROCRIT INJECTION SOLUTION	4	PA; LA
PROLEUKIN INTRAVENOUS RECON SOLN	4	PA; LA
RETACRIT INJECTION SOLUTION	4	PA; LA
XOLREMDI ORAL CAPSULE	4	PA
ZARXIO INJECTION SYRINGE	4	PA; FF; LA
ZIEXTENZO SUBCUTANEOUS SYRINGE	4	PA; LA; QL
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN	2	PA; LA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE	4	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; LA
NGENLA SUBCUTANEOUS PEN INJECTOR	4	PA; LA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR	4	PA; FF; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE	4	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN	4	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA; LA
ALFERON N INJECTION SOLUTION	4	
PEGASYS SUBCUTANEOUS SOLUTION	4	LA; QL
PEGASYS SUBCUTANEOUS SYRINGE	4	LA; QL
MULTIPLE SCLEROSIS AGENTS		

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Drug Name	Drug Tier	Requirements / Limits
AUBAGIO ORAL TABLET	4	PA; *; FF; LA; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; LA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; LA; QL
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA; QL
BETASERON SUBCUTANEOUS KIT	4	PA; LA; QL
COPAXONE SUBCUTANEOUS SYRINGE	4	PA; *; FF; LA; QL
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i>	4	PA; LA; QL
<i>fingolimod oral capsule</i>	4	PA; LA; QL
<i>glatiramer subcutaneous syringe</i>	4	PA; LA; QL
<i>glatopa subcutaneous syringe</i>	4	PA; LA; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
LEMTRADA INTRAVENOUS SOLUTION	4	PA; LA; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAYZENT ORAL TABLET	4	PA; LA; QL
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK	4	PA; LA; QL
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	4	PA; LA; QL
OCREVUS INTRAVENOUS SOLUTION	4	PA; LA; QL
PLEGRIDY INTRAMUSCULAR SYRINGE	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
PLEGRIDY SUBCUTANEOUS SYRINGE	4	PA; LA; QL
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK	4	PA; LA; QL
PONVORY ORAL TABLET	4	PA; LA; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	4	PA; LA; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>teriflunomide oral tablet</i>	4	PA; LA; QL
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN	0	ACA
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN	2	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	0	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	0	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	0	ACA
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION	0	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	0	ACA
ATGAM INTRAVENOUS SOLUTION	4	PA
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION	0	ACA
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE	0	ACA
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	
BEXSERO INTRAMUSCULAR SYRINGE	0	ACA
BIVIGAM INTRAVENOUS SOLUTION	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	0	ACA
BOTOX INJECTION RECON SOLN	4	PA; FF
CAPVAXIVE INTRAMUSCULAR SYRINGE	0	ACA
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE	0	ACA
CUVITRU SUBCUTANEOUS SOLUTION	4	PA; FF; LA
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	4	PA; LA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	0	ACA
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
DYSPORT INTRAMUSCULAR RECON SOLN	4	PA; LA
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION	0	ACA
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE	0	ACA
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	0	ACA
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION	2	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	4	PA
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION	0	ACA
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE	0	ACA
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION	0	ACA
GAMMAGARD LIQUID INJECTION SOLUTION	4	PA; LA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	0	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	0	ACA
GRASTEK SUBLINGUAL TABLET	2	PA
HEPAGAM B INJECTION SOLUTION	4	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	0	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	0	ACA
HYPERHEP B INTRAMUSCULAR SOLUTION	4	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	4	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	0	ACA
IPOL INJECTION SUSPENSION	0	ACA
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN	0	ACA
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION	0	
KINRIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	0	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	0	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	0	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	0	ACA
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
MRESVIA (PF) INTRAMUSCULAR SYRINGE	0	ACA
MYOBLOC INTRAMUSCULAR SOLUTION	4	PA; LA
NABI-HB INTRAMUSCULAR SOLUTION	4	
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE	0	ACA
ODACTRA SUBLINGUAL TABLET	2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	0	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT	0	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	0	ACA
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION	0	ACA
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION	0	ACA
PNEUMOVAX-23 INJECTION SYRINGE	0	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	0	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	0	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	0	ACA
RAGWITEK SUBLINGUAL TABLET	2	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	0	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	0	ACA
ROTARIX ORAL SUSPENSION	0	ACA
ROTATEQ VACCINE ORAL SOLUTION	0	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE	0	ACA
TDVAX INTRAMUSCULAR SUSPENSION	0	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	0	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE	0	ACA
THYMOGLOBULIN INTRAVENOUS RECON SOLN	4	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	4	
TRUMENBA INTRAMUSCULAR SYRINGE	0	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
VAXELIS (PF) INTRAMUSCULAR SUSPENSION	0	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE	0	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE	0	ACA
XEOMIN INTRAMUSCULAR RECON SOLN	4	PA; FF; LA

IMMUNOLOGY

INTERLEUKINS

<i>imiquimod topical cream in metered-dose pump</i>	1	
<i>imiquimod topical cream in packet</i>	1	

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet</i>	1	
<i>allopurinol sodium intravenous recon soln</i>	1	
<i>aloprim intravenous recon soln</i>	1	
<i>colchicine oral capsule</i>	1	ST
<i>colchicine oral tablet</i>	1	
<i>febuxostat oral tablet</i>	1	ST
GLOPERBA ORAL SOLUTION	3	
KRYSTEXXA INTRAVENOUS SOLUTION	4	PA; LA
MITIGARE ORAL CAPSULE	3	ST; *; FF
<i>probenecid oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>probenecid-colchicine oral tablet</i>	1	
ZYLOPRIM ORAL TABLET 100 MG	3	*
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	ST; *; QL
<i>alendronate oral solution</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; *; QL
BINOSTO ORAL TABLET, EFFERVESCENT	3	ST; QL
EVISTA ORAL TABLET	3	*
FORTEO SUBCUTANEOUS PEN INJECTOR	4	PA; *; LA; QL
FOSAMAX ORAL TABLET 70 MG	3	ST; *; QL
FOSAMAX PLUS D ORAL TABLET	3	ST; QL
<i>ibandronate intravenous solution</i>	4	PA; LA
<i>ibandronate intravenous syringe</i>	4	PA; LA
<i>ibandronate oral tablet</i>	1	QL
<i>raloxifene oral tablet</i>	0	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; LA; QL
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
ACTEMRA INTRAVENOUS SOLUTION	4	PA; LA
ACTEMRA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ADALIMUMAB-ADBIM SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT	4	PA; QL
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT	4	PA; QL
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	4	PA; FF; LA; QL
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; FF; LA; QL
ARAVA ORAL TABLET	3	*, QL
BENLYSTA INTRAVENOUS RECON SOLN	4	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
BENLYSTA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
DEPEN TITRATABS ORAL TABLET	3	PA; *
ENBREL MINI SUBCUTANEOUS CARTRIDGE	4	PA; LA; QL
ENBREL SUBCUTANEOUS SOLUTION	4	PA; LA; QL
ENBREL SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; LA; QL
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE	4	PA; LA; QL
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>leflunomide oral tablet</i>	1	QL
OTEZLA ORAL TABLET 20 MG	4	PA; FF; LA; QL
OTEZLA ORAL TABLET 30 MG	4	PA; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51)	4	PA; FF; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; LA; QL
<i>penicillamine oral capsule</i>	1	PA
<i>penicillamine oral tablet</i>	1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	2	ST
RIDAURA ORAL CAPSULE	2	
RINVOQ LQ ORAL SOLUTION	4	PA; FF; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL
SAVELLA ORAL TABLET	2	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QL
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT	4	PA; LA; QL
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; LA; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR	4	PA; LA
TYENNE INTRAVENOUS SOLUTION	4	PA; LA
TYENNE SUBCUTANEOUS SYRINGE	4	PA; LA
XELJANZ ORAL SOLUTION	4	PA; LA; QL
XELJANZ ORAL TABLET	4	PA; LA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM	0	ACA
DUREX AVANTI BARE REAL FEEL	0	ACA; OTC
DUREX TROPICAL CONDOM DEVICE	0	ACA; OTC
FC2 FEMALE CONDOM	0	ACA; OTC
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA; LA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	0	ACA; OTC
WIDE-SEAL DIAPHRAGM	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET	3	*
ANGELIQ ORAL TABLET	3	
<i>camila oral tablet</i>	0	ACA
CLIMARA TRANSDERMAL PATCH WEEKLY	3	*; QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	2	
<i>covaryx h.s. oral tablet</i>	1	
<i>covaryx oral tablet</i>	1	
CRINONE VAGINAL GEL 8 %	2	LA
<i>deblitane oral tablet</i>	0	ACA
DELESTROGEN INTRAMUSCULAR OIL	3	*
DEPO-ESTRADIOL INTRAMUSCULAR OIL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	0	*; ACA
DEPO-PROVERA INTRAMUSCULAR SYRINGE	0	*; ACA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	0	ACA
<i>dotti transdermal patch semiweekly</i>	1	QL
DUAVEE ORAL TABLET	2	
<i>eemt hs oral tablet</i>	1	
<i>eemt oral tablet</i>	1	
<i>emzahh oral tablet</i>	0	ACA
ENDOMETRIN VAGINAL INSERT	3	FF; LA
<i>errin oral tablet</i>	0	ACA
ESTRACE ORAL TABLET	3	*
<i>estradiol oral tablet</i>	1	
<i>estradiol transdermal gel in metered-dose pump</i>	1	QL
<i>estradiol transdermal gel in packet</i>	1	QL
<i>estradiol transdermal patch semiweekly</i>	1	QL
<i>estradiol transdermal patch weekly</i>	1	QL
<i>estradiol vaginal cream</i>	1	
<i>estradiol vaginal tablet</i>	1	
<i>estradiol valerate intramuscular oil</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>estradiol-norethindrone acet oral tablet</i>	1	
ESTRATEST F.S. ORAL TABLET	3	*
<i>estrogens-methyltestosterone oral tablet</i>	1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	3	QL
<i>fyavolv oral tablet</i>	1	
<i>gallifrey oral tablet</i>	1	
<i>heather oral tablet</i>	0	ACA
<i>incassia oral tablet</i>	0	ACA
<i>jencycla oral tablet</i>	0	ACA
<i>jinteli oral tablet</i>	1	
<i>lyleq oral tablet</i>	0	ACA
<i>lyllana transdermal patch semiweekly</i>	1	QL
<i>lyza oral tablet</i>	0	ACA
<i>medroxyprogesterone intramuscular suspension</i>	0	ACA
<i>medroxyprogesterone intramuscular syringe</i>	0	ACA
<i>medroxyprogesterone oral tablet</i>	1	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	QL
<i>mimvey oral tablet</i>	1	
<i>nora-be oral tablet</i>	0	ACA
<i>norethindrone (contraceptive) oral tablet</i>	0	ACA
<i>norethindrone acetate oral tablet</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
OPILL ORAL TABLET	0	ACA; OTC
PREMARIN INJECTION RECON SOLN	2	
PREMARIN VAGINAL CREAM	2	
<i>progesterone intramuscular oil</i>	4	LA
<i>progesterone micronized oral capsule</i>	1	
PROMETRIUM ORAL CAPSULE	3	*
PROVERA ORAL TABLET	3	*
<i>sharobel oral tablet</i>	0	ACA
<i>tulana oral tablet</i>	0	ACA
<i>yuvaferm vaginal tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING	0	ACA
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	3	
CLEOCIN VAGINAL CREAM	3	*
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal cream</i>	1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE	3	
<i>eluryng vaginal ring</i>	0	ACA
<i>enilloring vaginal ring</i>	0	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	0	ACA
<i>fem ph vaginal gel</i>	1	
GYNAZOLE-1 VAGINAL CREAM	3	
<i>haloette vaginal ring</i>	0	ACA
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
MIFEPREX ORAL TABLET	3	
<i>mifepristone oral tablet 200 mg</i>	4	
MYFEMBREE ORAL TABLET	2	PA
NEXPLANON SUBDERMAL IMPLANT	0	ACA; LA
<i>norelgestromin-ethin.estradiol transdermal patch weekly</i>	0	ACA
NUVESSA VAGINAL GEL	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL	2	PA
PREPIDIL VAGINAL GEL	3	
RELAGARD VAGINAL GEL	3	*
<i>terconazole vaginal cream</i>	1	
<i>terconazole vaginal suppository</i>	1	
<i>tranexamic acid oral tablet</i>	1	
TRIMO-SAN JELLY VAGINAL GEL	2	
<i>vandazole vaginal gel</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM	0	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL	0	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
VEOZAH ORAL TABLET	3	
XACIATO VAGINAL GEL	2	
<i>xulane transdermal patch weekly</i>	0	ACA
<i>zafemy transdermal patch weekly</i>	0	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet</i>	0	ACA
<i>after pill oral tablet</i>	0	ACA; OTC
AFTERA ORAL TABLET	0	*, ACA; OTC
<i>altavera (28) oral tablet</i>	0	ACA
<i>alyacen 1/35 (28) oral tablet</i>	0	ACA
<i>alyacen 7/7/7 (28) oral tablet</i>	0	ACA
<i>amethia oral tablets,dose pack,3 month</i>	0	ACA
<i>amethyst (28) oral tablet</i>	0	ACA
<i>apri oral tablet</i>	0	ACA
<i>aranelle (28) oral tablet</i>	0	ACA
<i>ashlyna oral tablets,dose pack,3 month</i>	0	ACA
<i>aubra eq oral tablet</i>	0	ACA
<i>aubra oral tablet</i>	0	ACA
<i>aurovela 1.5/30 (21) oral tablet</i>	0	ACA
<i>aurovela 1/20 (21) oral tablet</i>	0	ACA
<i>aurovela 24 fe oral tablet</i>	0	ACA
<i>aurovela fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>aurovela fe 1-20 (28) oral tablet</i>	0	ACA
<i>aviane oral tablet</i>	0	ACA
<i>ayuna oral tablet</i>	0	ACA
<i>azurette (28) oral tablet</i>	0	ACA
<i>balziva (28) oral tablet</i>	0	ACA
BEYAZ ORAL TABLET	0	*, ACA
<i>blisovi 24 fe oral tablet</i>	0	ACA
<i>blisovi fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>blisovi fe 1/20 (28) oral tablet</i>	0	ACA
<i>briellyn oral tablet</i>	0	ACA
<i>camrese lo oral tablets,dose pack,3 month</i>	0	ACA
<i>camrese oral tablets,dose pack,3 month</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>caziant (28) oral tablet</i>	0	ACA
<i>charlotte 24 fe oral tablet,chewable</i>	0	ACA
<i>chateal (28) oral tablet</i>	0	ACA
<i>chateal eq (28) oral tablet</i>	0	ACA
<i>cryselle (28) oral tablet</i>	0	ACA
<i>curae oral tablet</i>	0	ACA; OTC
<i>cyred eq oral tablet</i>	0	ACA
<i>cyred oral tablet</i>	0	ACA
<i>dasetta 1/35 (28) oral tablet</i>	0	ACA
<i>dasetta 7/7/7 (28) oral tablet</i>	0	ACA
<i>daysee oral tablets,dose pack,3 month</i>	0	ACA
<i>desog-e.estradiol/e.estradiol oral tablet</i>	0	ACA
<i>dolishale oral tablet</i>	0	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	0	ACA
<i>drospirenone-ethinyl estradiol oral tablet</i>	0	ACA
<i>econtra ez oral tablet</i>	0	ACA; OTC
<i>econtra one-step oral tablet</i>	0	ACA; OTC
<i>elinest oral tablet</i>	0	ACA
ELLA ORAL TABLET	0	ACA
<i>enpresse oral tablet</i>	0	ACA
<i>enskyce oral tablet</i>	0	ACA
<i>estarylla oral tablet</i>	0	ACA
<i>ethynodiol diac-eth estradiol oral tablet</i>	0	ACA
<i>falmina (28) oral tablet</i>	0	ACA
<i>finzala oral tablet,chewable</i>	0	ACA
<i>gemmily oral capsule</i>	0	ACA
<i>hailey 24 fe oral tablet</i>	0	ACA
<i>hailey fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>hailey fe 1/20 (28) oral tablet</i>	0	ACA
<i>hailey oral tablet</i>	0	ACA
<i>her style oral tablet</i>	0	ACA; OTC
<i>iclevia oral tablets,dose pack,3 month</i>	0	ACA
<i>isibloom oral tablet</i>	0	ACA
<i>jaimiess oral tablets,dose pack,3 month</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>jasmiel (28) oral tablet</i>	0	ACA
<i>jolessa oral tablets,dose pack,3 month</i>	0	ACA
<i>joyeaux oral tablet</i>	0	ACA
<i>juleber oral tablet</i>	0	ACA
<i>junel 1.5/30 (21) oral tablet</i>	0	ACA
<i>junel 1/20 (21) oral tablet</i>	0	ACA
<i>junel fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>junel fe 1/20 (28) oral tablet</i>	0	ACA
<i>junel fe 24 oral tablet</i>	0	ACA
<i>kaitlib fe oral tablet,chewable</i>	0	ACA
<i>kalliga oral tablet</i>	0	ACA
<i>kariva (28) oral tablet</i>	0	ACA
<i>kelnor 1/35 (28) oral tablet</i>	0	ACA
<i>kelnor 1/50 (28) oral tablet</i>	0	ACA
<i>kurvelo (28) oral tablet</i>	0	ACA
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month</i>	0	ACA
<i>larin 1.5/30 (21) oral tablet</i>	0	ACA
<i>larin 1/20 (21) oral tablet</i>	0	ACA
<i>larin 24 fe oral tablet</i>	0	ACA
<i>larin fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>larin fe 1/20 (28) oral tablet</i>	0	ACA
<i>layolis fe oral tablet,chewable</i>	0	ACA
<i>leena 28 oral tablet</i>	0	ACA
<i>lessina oral tablet</i>	0	ACA
<i>levonest (28) oral tablet</i>	0	ACA
<i>levonorgest-eth.estradiol-iron oral tablet</i>	0	ACA
<i>levonorgestrel oral tablet</i>	0	ACA; OTC
<i>levonorgestrel-ethinyl estrad oral tablet</i>	0	ACA
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	0	ACA
<i>levonorg-eth estrad triphasic oral tablet</i>	0	ACA
<i>levora-28 oral tablet</i>	0	ACA
<i>lojaimiess oral tablets,dose pack,3 month</i>	0	ACA
<i>loryna (28) oral tablet</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>low-ogestrel (28) oral tablet</i>	0	ACA
<i>lo-zumandimine (28) oral tablet</i>	0	ACA
<i>luteru (28) oral tablet</i>	0	ACA
<i>marlissa (28) oral tablet</i>	0	ACA
<i>merzee oral capsule</i>	0	ACA
<i>mibelas 24 fe oral tablet,chewable</i>	0	ACA
<i>microgestin 1.5/30 (21) oral tablet</i>	0	ACA
<i>microgestin 1/20 (21) oral tablet</i>	0	ACA
<i>microgestin fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>microgestin fe 1/20 (28) oral tablet</i>	0	ACA
<i>mili oral tablet</i>	0	ACA
<i>mono-linyah oral tablet</i>	0	ACA
<i>my choice oral tablet</i>	0	ACA; OTC
<i>my way oral tablet</i>	0	ACA; OTC
<i>necon 0.5/35 (28) oral tablet</i>	0	ACA
<i>new day oral tablet</i>	0	ACA; OTC
<i>nikki (28) oral tablet</i>	0	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</i>	0	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	0	ACA
<i>norethindrone-e.estradiol-iron oral capsule</i>	0	ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	0	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	0	ACA
<i>norgestimate-ethinyl estradiol oral tablet</i>	0	ACA
<i>nortrel 0.5/35 (28) oral tablet</i>	0	ACA
<i>nortrel 1/35 (21) oral tablet</i>	0	ACA
<i>nortrel 1/35 (28) oral tablet</i>	0	ACA
<i>nortrel 7/7/7 (28) oral tablet</i>	0	ACA
<i>nylia 1/35 (28) oral tablet</i>	0	ACA
<i>nylia 7/7/7 (28) oral tablet</i>	0	ACA
<i>ocella oral tablet</i>	0	ACA
<i>opcicon one-step oral tablet</i>	0	ACA; OTC
<i>option-2 oral tablet</i>	0	ACA; OTC
<i>philith oral tablet</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>pimtrex (28) oral tablet</i>	0	ACA
PLAN B ONE-STEP ORAL TABLET	0	*, ACA; OTC
<i>portia 28 oral tablet</i>	0	ACA
<i>reclipsen (28) oral tablet</i>	0	ACA
<i>rivelsa oral tablets,dose pack,3 month</i>	0	ACA
<i>setlakin oral tablets,dose pack,3 month</i>	0	ACA
<i>simliya (28) oral tablet</i>	0	ACA
<i>simpesse oral tablets,dose pack,3 month</i>	0	ACA
<i>sprintec (28) oral tablet</i>	0	ACA
<i>sronyx oral tablet</i>	0	ACA
<i>syeda oral tablet</i>	0	ACA
TAKE ACTION ORAL TABLET	0	*, ACA; OTC
<i>tarina 24 fe oral tablet</i>	0	ACA
<i>tarina fe 1/20 (28) oral tablet</i>	0	ACA
<i>tilia fe oral tablet</i>	0	ACA
<i>tri-estarylla oral tablet</i>	0	ACA
<i>tri-legest fe oral tablet</i>	0	ACA
<i>tri-lynyah oral tablet</i>	0	ACA
<i>tri-lo-estarylla oral tablet</i>	0	ACA
<i>tri-lo-marzia oral tablet</i>	0	ACA
<i>tri-lo-mili oral tablet</i>	0	ACA
<i>tri-lo-sprintec oral tablet</i>	0	ACA
<i>tri-mili oral tablet</i>	0	ACA
<i>tri-sprintec (28) oral tablet</i>	0	ACA
<i>trivora (28) oral tablet</i>	0	ACA
<i>tri-vylibra lo oral tablet</i>	0	ACA
<i>tri-vylibra oral tablet</i>	0	ACA
<i>turqoz (28) oral tablet</i>	0	ACA
<i>tydemy oral tablet</i>	0	ACA
<i>velivet triphasic regimen (28) oral tablet</i>	0	ACA
<i>vestura (28) oral tablet</i>	0	ACA
<i>vienva oral tablet</i>	0	ACA
<i>viorele (28) oral tablet</i>	0	ACA
<i>volnea (28) oral tablet</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>vyfemla (28) oral tablet</i>	0	ACA
<i>vylibra oral tablet</i>	0	ACA
<i>wera (28) oral tablet</i>	0	ACA
<i>wymzya fe oral tablet,chewable</i>	0	ACA
YAZ (28) ORAL TABLET	0	*; ACA
<i>zarah oral tablet</i>	0	ACA
<i>zovia 1-35 (28) oral tablet</i>	0	ACA
<i>zumandimine (28) oral tablet</i>	0	ACA

OXYTOCICS

<i>methylergonovine oral tablet</i>	1	QL
<i>oxytocin injection solution</i>	1	

OPHTHALMOLOGY

ANTIBIOTICS

AZASITE OPHTHALMIC (EYE) DROPS	2	
<i>bacitracin ophthalmic (eye) ointment</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	1	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	1	
<i>erythromycin ophthalmic (eye) ointment</i>	1	
<i>gatifloxacin ophthalmic (eye) drops</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	1	
<i>neo-polycin ophthalmic (eye) ointment</i>	1	
OCUFLOX OPHTHALMIC (EYE) DROPS	3	*
<i>ofloxacin ophthalmic (eye) drops</i>	1	
<i>polycin ophthalmic (eye) ointment</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	
<i>povidone-iodine ophthalmic (eye) solution</i>	1	
<i>tobramycin ophthalmic (eye) drops</i>	1	
TOBRAMYCIN-VANCOMYCIN OPTHALMIC (EYE) DROPS 1.5-5 %	3	
TOBREX OPTHALMIC (EYE) OINTMENT	3	
VIGAMOX OPTHALMIC (EYE) DROPS	3	*
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	1	
ZIRGAN OPTHALMIC (EYE) GEL	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	1	
BETOPTIC S OPTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>carteolol ophthalmic (eye) drops</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS	4	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment</i>	1	
CYCLOGYL OPTHALMIC (EYE) DROPS	3	*
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire ophthalmic (eye) drops</i>	1	
MYDRIACYL OPTHALMIC (EYE) DROPS	3	*
<i>tropicamide ophthalmic (eye) drops</i>	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E INTRAOCULAR KIT	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL	3	
ALCAINE OPHTHALMIC (EYE) DROPS	3	*
<i>altacaine ophthalmic (eye) drops</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS	3	*
<i>azelastine ophthalmic (eye) drops</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops</i>	1	
CEQUA OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
<i>cromolyn ophthalmic (eye) drops</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette</i>	1	PA; QL
CYSTARAN OPHTHALMIC (EYE) DROPS	4	PA
<i>epinastine ophthalmic (eye) drops</i>	1	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS	3	
<i>fluorescein-proparacaine ophthalmic (eye) drops</i>	1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE, GEL	3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS	2	PA; QL
<i>olopatadine ophthalmic (eye) drops</i>	1	
OMIDRIA INTRAOCULAR CONCENTRATE	3	
OXERVATE OPHTHALMIC (EYE) DROPS	4	PA; LA
<i>proparacaine ophthalmic (eye) drops</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	2	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	PA; *; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>tetracaine hcl ophthalmic (eye) drops</i>	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL	3	PA
VEVYE OPHTHALMIC (EYE) DROPS	3	PA; FF; QL
XDEMVIY OPHTHALMIC (EYE) DROPS	4	FF; QL

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Drug Name	Drug Tier	Requirements / Limits
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	2	PA; QL
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS	3	ST; *
ACULAR OPHTHALMIC (EYE) DROPS	3	ST; *
<i>bromfenac ophthalmic (eye) drops</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>ketorolac ophthalmic (eye) drops</i>	1	
PROLENSA OPHTHALMIC (EYE) DROPS	3	*
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	1	
<i>acetazolamide oral tablet</i>	1	
<i>acetazolamide sodium injection recon soln</i>	1	
<i>methazolamide oral tablet</i>	1	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops</i>	1	PA
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC (EYE) DROPS	3	
<i>brimonidine-timolol ophthalmic (eye) drops</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS	3	*
<i>dorzolamide ophthalmic (eye) drops</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	
<i>latanoprost ophthalmic (eye) drops</i>	1	PA
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	PA
<i>miostat intraocular solution</i>	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	1	PA
TIMOL-BRIMON-DORZOL-BIMATO(PF) OPHTHALMIC (EYE) DROPS	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>travoprost ophthalmic (eye) drops</i>	1	PA
VYZULTA OPHTHALMIC (EYE) DROPS	3	PA
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*
MAXITROL OPHTHALMIC (EYE) OINTMENT	3	*
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	1	
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	1	
<i>difluprednate ophthalmic (eye) drops</i>	1	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION	2	PA; QL
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	1	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST; *
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	ST; *
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	ST
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	3	ST
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	1	ST; FF
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS	3	*
<i>apraclonidine ophthalmic (eye) drops</i>	1	
<i>brimonidine ophthalmic (eye) drops</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS	3	
<i>phenylephrine hcl ophthalmic (eye) drops</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI HISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR	2	QL
<i>carbinoxamine maleate oral liquid</i>	1	
CARBINOXAMINE MALEATE ORAL SUSPENSION,EXTENDED REL 12 HR	3	FF
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
CLARINEX ORAL TABLET	3	*, QL
<i>clemastine oral syrup</i>	1	
<i>clemastine oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cypheptadine oral syrup</i>	1	
<i>cypheptadine oral tablet</i>	1	
<i>desloratadine oral tablet</i>	1	QL
<i>desloratadine oral tablet,disintegrating</i>	1	QL
<i>dexchlorpheniramine maleate oral solution</i>	1	
DIPHEN ORAL ELIXIR	3	*
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe</i>	1	
EPINEPHRINE HCL (PF) INJECTION SOLUTION	3	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
EPIPEN INJECTION AUTO-INJECTOR	3	ST; *; QL
EPIPEN JR INJECTION AUTO-INJECTOR	3	ST; *; QL
<i>hydroxyzine hcl intramuscular solution</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral capsule</i>	1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR	3	ST
PHENERGAN INJECTION SOLUTION	3	*
<i>promethazine injection solution</i>	1	
<i>promethazine oral syrup</i>	1	
<i>promethazine oral tablet</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository</i>	1	
QUZYTIR INTRAVENOUS SOLUTION	3	
RYCLORA ORAL SOLUTION	3	*
RYVENT ORAL TABLET	3	ST
VISTARIL ORAL CAPSULE 25 MG	3	*
COUGH & COLD THERAPY		
<i>benzonatate oral capsule</i>	1	
BROMFED DM ORAL SYRUP	3	*
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	3	QL
<i>codeine-guaifenesin oral liquid</i>	1	
CODITUSSIN AC ORAL LIQUID	3	
CODITUSSIN DAC ORAL LIQUID	3	
<i>g tussin ac oral liquid</i>	1	
HISTEX-AC ORAL SYRUP	3	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP	3	*
HYCODAN (WITH HOMATROPINE) ORAL TABLET	3	*
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet oral syrup</i>	1	
MAR-COF CG ORAL LIQUID	3	
<i>maxi-tuss ac oral liquid</i>	1	
MAXI-TUSS CD ORAL LIQUID	3	
NINJACOF-XG ORAL LIQUID	3	
POLY-TUSSIN AC ORAL LIQUID	3	
<i>promethazine-codeine oral syrup</i>	1	
<i>promethazine-dm oral syrup</i>	1	
<i>promethazine-phenylephrine oral syrup</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	3	*
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	3	
PULMONARY AGENTS		
ACCOLATE ORAL TABLET	3	*
<i>acetylcysteine solution</i>	1	
ADEMPAS ORAL TABLET	4	PA; LA; QL
ADRENALIN NASAL SOLUTION	3	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	PA; *; FF; QL

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Drug Name	Drug Tier	Requirements / Limits
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	PA; QL
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION	3	PA; QL
AIRSUPRA INHALATION HFA AEROSOL INHALER	2	
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	
<i>alyq oral tablet</i>	4	PA; QL
<i>ambrisentan oral tablet</i>	4	PA; LA; QL
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
<i>arformoterol inhalation solution for nebulization</i>	1	QL
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER	3	QL
<i>azelastine-fluticasone nasal spray,non-aerosol</i>	1	ST; QL
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	FF; QL
<i>bosentan oral tablet</i>	4	PA; LA; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	2	PA; FF; QL
<i>breyndra inhalation hfa aerosol inhaler</i>	1	PA; QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	2	QL
BROVANA INHALATION SOLUTION FOR NEBULIZATION	3	*; QL
<i>budesonide inhalation suspension for nebulization</i>	1	QL
<i>budesonide-formoterol inhalation hfa aerosol inhaler</i>	1	PA; QL
CINRYZE INTRAVENOUS RECON SOLN	4	PA; LA; QL
COMBIVENT RESPIMAT INHALATION MIST	2	QL
<i>cromolyn inhalation solution for nebulization</i>	1	
DULERA INHALATION HFA AEROSOL INHALER	2	PA; QL
DYMISTA NASAL SPRAY, NON-AEROSOL	3	ST; *; QL
ELIXOPHYLLIN ORAL ELIXIR	3	
<i>epinephrine hcl nasal solution</i>	1	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; FF; LA; QL
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	4	PA; LA; QL
<i>flunisolide nasal spray, non-aerosol</i>	1	ST; QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	PA; QL
<i>formoterol fumarate inhalation solution for nebulization</i>	1	QL
FORMOTEROL FUMARATE-NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	2	QL
HAEGARDA SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	3	
<i>icatibant subcutaneous syringe</i>	4	PA; QL
<i>ipratropium bromide inhalation solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	QL
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; LA; QL
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	4	PA; LA; QL
KALYDECO ORAL GRANULES IN PACKET 5.8 MG	4	PA; FF; LA; QL
KALYDECO ORAL TABLET	4	PA; LA; QL
<i>levalbuterol hcl inhalation solution for nebulization</i>	1	
<i>mometasone nasal spray,non-aerosol</i>	1	ST; QL
<i>montelukast oral granules in packet</i>	1	
<i>montelukast oral tablet</i>	1	
<i>montelukast oral tablet,chewable</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
NUCALA SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; QL
OFEV ORAL CAPSULE	4	PA; LA; QL
OPSUMIT ORAL TABLET	4	PA; LA; QL
OPSYNVI ORAL TABLET	4	PA; FF; LA; QL
ORKAMBI ORAL GRANULES IN PACKET	4	PA; LA; QL
ORKAMBI ORAL TABLET	4	PA; LA; QL
ORLADEYO ORAL CAPSULE	4	PA; QL
<i>pirfenidone oral capsule</i>	4	PA; LA; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; LA; QL
<i>pulmosal inhalation solution for nebulization</i>	1	
PULMOZYME INHALATION SOLUTION	4	PA; LA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	2	QL
REVATIO INTRAVENOUS SOLUTION	4	LA
REVATIO ORAL TABLET	4	PA; *; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>roflumilast oral tablet 250 mcg</i>	1	ST; QL
<i>roflumilast oral tablet 500 mcg</i>	1	ST
RUCONEST INTRAVENOUS RECON SOLN	4	PA; LA; QL
RYALTRIS NASAL SPRAY, NON-AEROSOL	3	ST; QL
<i>sajazir subcutaneous syringe</i>	4	PA; LA; QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	3	FF; QL
<i>sildenafil (pulm.hypertension) intravenous solution</i>	4	LA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	4	PA; LA; QL
<i>sildenafil (pulm.hypertension) oral tablet</i>	4	PA; LA; QL
<i>sodium chloride inhalation solution for nebulization</i>	1	
SPIRIVA RESPIMAT INHALATION MIST	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	*; QL
STIOLTO RESPIMAT INHALATION MIST	2	QL
STRIVERDI RESPIMAT INHALATION MIST	2	QL
SYMBICORT INHALATION HFA AEROSOL INHALER	3	PA; *; QL
SYMDEKO ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL
<i>tadalafil (pulm. hypertension) oral tablet</i>	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>terbutaline oral tablet</i>	1	
<i>terbutaline subcutaneous solution</i>	1	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR	3	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
<i>tiotropium bromide inhalation capsule, w/inhalation device</i>	1	
TRACLEER ORAL TABLET	4	PA; *; LA; QL
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; LA; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
WINREVAIR SUBCUTANEOUS KIT	4	PA; LA
<i>wixela inhub inhalation blister with device</i>	1	PA; QL
XHANCE NASAL AEROSOL BREATH ACTIVATED	2	ST; QL
XOLAIR SUBCUTANEOUS AUTO-INJECTOR	4	PA; FF; LA; QL
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	4	PA; LA; QL
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; FF; LA; QL
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	2	QL
<i>zafirlukast oral tablet</i>	1	
<i>zileuton oral tablet, er multiphase 12 hr</i>	1	ST
ZYFLO ORAL TABLET	3	ST

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr</i>	1	
<i>fesoterodine oral tablet extended release 24 hr</i>	1	
<i>flavoxate oral tablet</i>	1	
GEMTESA ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>mirabegron oral tablet extended release 24 hr</i>	1	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	*
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	3	ST; QL
<i>solifenacin oral tablet</i>	1	
<i>tolterodine oral capsule,extended release 24hr</i>	1	
<i>tolterodine oral tablet</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *, FF
<i>trospium oral capsule,extended release 24hr</i>	1	
<i>trospium oral tablet</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	1	
<i>dutasteride oral capsule</i>	1	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE	3	ST; *
PROSCAR ORAL TABLET	3	ST; *
<i>silodosin oral capsule</i>	1	
<i>tadalafil oral tablet 5 mg</i>	1	PA; QL
<i>tamsulosin oral capsule</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE	4	
ELMIRON ORAL CAPSULE	2	
K-PHOS NO 2 ORAL TABLET	3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>methen-sod phos-meth blue-hyos oral tablet</i>	1	
ORACIT ORAL SOLUTION	3	
<i>potassium citrate oral tablet extended release</i>	1	
PROSTIN VR PEDIATRIC INJECTION SOLUTION	3	
RENACIDIN IRRIGATION SOLUTION	2	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	1	
URELLE ORAL TABLET	3	
<i>uretron d-s oral tablet</i>	1	
URIBEL TABS ORAL TABLET	3	*
<i>urimar-t oral tablet</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	*
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	*
<i>urogesic-blue oral tablet</i>	1	
<i>uro-mp oral capsule</i>	1	
UROQID-ACID NO.2 ORAL TABLET	3	
<i>uro-sp oral capsule</i>	1	
<i>uryl oral tablet</i>	1	

URINARY ANESTHETICS

phenazopyridine oral tablet 100 mg, 200 mg

1

VITAMINS, HEMATINICS & ELECTROLYTES

ELECTROLYTES

<i>calcium acetate(phosphat bind) oral capsule</i>	1	QL
<i>calcium acetate(phosphat bind) oral tablet</i>	1	QL
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE	3	
<i>klor-con 10 oral tablet extended release</i>	1	
<i>klor-con 8 oral tablet extended release</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	
<i>klor-con oral packet</i>	1	
<i>klor-con/ef oral tablet, effervescent</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	*
<i>lugols oral solution</i>	1	
<i>magnesium chloride injection solution</i>	1	
<i>magnesium sulfate in water intravenous parenteral solution</i>	1	
<i>magnesium sulfate in water intravenous piggyback</i>	1	
<i>magnesium sulfate injection solution</i>	1	
<i>magnesium sulfate injection syringe</i>	1	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution</i>	1	
<i>sodium chloride intravenous solution</i>	1	
<i>strong iodine oral solution</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID	4	PA; LA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	

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Drug Name	Drug Tier	Requirements / Limits
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
VITAMINS & HEMATINICS		
ACCRUFER ORAL CAPSULE	3	
ASCOR INTRAVENOUS SOLUTION	3	
<i>ascorbic acid (vitamin c) injection solution</i>	1	
<i>b complex 1 (with folic acid) oral tablet</i>	0	ACA; OTC
<i>b complex 100 injection solution</i>	1	
<i>b complex-vitamin c-folic acid oral tablet</i>	0	ACA; OTC
<i>balanced b-100 oral tablet</i>	0	ACA; OTC
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR	3	
<i>bal-care dha oral combo pack, tablet and cap, dr</i>	1	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	0	ACA; OTC
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL	3	FF
CITRANATAL MEDLEY ORAL CAPSULE	3	FF
<i>classic prenatal oral tablet</i>	0	ACA; OTC
<i>c-nate dha oral capsule</i>	1	
<i>complete natal dha oral combo pack</i>	1	
CONCEPT DHA ORAL CAPSULE	3	*
CONCEPT OB ORAL CAPSULE	3	*
<i>cyanocobalamin (vitamin b-12) injection solution</i>	1	
<i>cyanocobalamin (vitamin b-12) nasal spray, non-aerosol</i>	1	ST; FF; QL
<i>dialyvite 800 oral tablet</i>	0	ACA; OTC
<i>dodex injection solution</i>	1	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FA-8 ORAL CAPSULE	3	OTC
<i>fluoride (sodium) oral drops</i>	0	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>fluoride (sodium) oral tablet,chewable</i>	0	ACA; OTC
<i>folic acid injection solution</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	0	ACA; OTC
<i>folitab oral tablet extended release</i>	0	ACA; OTC
<i>folivane-ob oral capsule</i>	1	
<i>foltabs 800 oral tablet</i>	0	ACA; OTC
<i>full spectrum b-vitamin c oral tablet</i>	0	ACA; OTC
<i>hydroxocobalamin intramuscular solution</i>	1	
INFED INJECTION SOLUTION	2	PA
INJECTAFER INTRAVENOUS SOLUTION	3	PA
<i>kobee oral tablet</i>	0	ACA; OTC
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	
<i>ludent fluoride oral tablet,chewable</i>	0	ACA; OTC
MARNATAL-F ORAL CAPSULE	3	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN	3	
<i>m-natal plus oral tablet</i>	1	
<i>multi-vitamin with fluoride oral drops</i>	0	ACA; OTC
<i>multi-vitamin with fluoride oral tablet,chewable</i>	0	ACA; OTC
<i>mvc-fluoride oral tablet,chewable</i>	0	ACA; OTC
<i>mynatal oral capsule</i>	1	
<i>mynatal plus oral tablet</i>	1	
<i>mynatal-z oral tablet</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL	3	ST; *; QL
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	3	
NEONATAL COMPLETE ORAL TABLET	3	
NEONATAL FE ORAL TABLET	3	
NEONATAL PLUS VITAMIN ORAL TABLET	3	
NEONATAL-DHA ORAL COMBO PACK	3	
NESTABS ABC ORAL COMBO PACK	3	

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Drug Name	Drug Tier	Requirements / Limits
NESTABS DHA ORAL COMBO PACK	3	
NESTABS ONE ORAL CAPSULE	3	
NESTABS ORAL TABLET	3	
<i>newgen oral tablet</i>	1	
OB COMPLETE ONE ORAL CAPSULE	3	
OB COMPLETE PETITE ORAL CAPSULE	3	
OB COMPLETE PREMIER ORAL TABLET	3	
OB COMPLETE WITH DHA ORAL CAPSULE	3	
ONE A DAY WOMEN'S PRENATAL DHA ORAL COMBO PACK	3	OTC
<i>one daily prenatal oral combo pack</i>	0	ACA; OTC
<i>pnv-dha oral capsule</i>	1	
<i>pnv-omega oral capsule</i>	1	
<i>pnv-select oral tablet</i>	1	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr</i>	1	
<i>pr natal 400 oral combo pack</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr</i>	1	
<i>pr natal 430 oral combo pack</i>	1	
PRENATA ORAL TABLET,CHEWABLE	3	
<i>prenatabs fa oral tablet</i>	1	
<i>prenatabs rx oral tablet</i>	1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	2	OTC
<i>prenatal complete oral tablet</i>	0	ACA; OTC
<i>prenatal multi-dha (algal oil) oral capsule</i>	0	ACA; OTC
<i>prenatal multivitamins oral tablet</i>	0	ACA; OTC
<i>prenatal one daily oral tablet</i>	0	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	0	ACA; OTC
PRENATAL ORAL TABLET 28-800 MG-MCG	3	OTC
<i>prenatal plus (calcium carb) oral tablet</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
<i>prenatal plus oral tablet</i>	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET	3	
<i>prenatal vit no.179-iron-folic oral tablet</i>	0	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	0	ACA; OTC
<i>prenatal vitamin with minerals oral tablet</i>	0	ACA; OTC
<i>prenatal-u oral capsule</i>	1	
PRENATE AM ORAL TABLET	3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	3	
PRENATE ENHANCE ORAL CAPSULE	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE PIXIE ORAL CAPSULE	3	
PRENATE RESTORE ORAL CAPSULE	3	
PRENATE STAR ORAL TABLET	3	
PRIMACARE ORAL CAPSULE	3	
PROVIDA OB ORAL CAPSULE	3	
<i>rena-vite oral tablet</i>	0	ACA; OTC
R-NATAL OB ORAL CAPSULE	3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	3	*
SELECT-OB + DHA ORAL COMBO PACK	3	
SELECT-OB ORAL TABLET,CHEWABLE	3	
<i>se-natal 19 chewable oral tablet,chewable</i>	1	
<i>se-natal-19 oral tablet</i>	1	
<i>soluvita a,c,d with fluoride oral drops</i>	0	ACA; OTC
<i>soluvita oral drops</i>	0	ACA; OTC
<i>stress formula with iron oral tablet</i>	0	ACA; OTC
<i>stress formula with iron(sulf) oral tablet</i>	0	ACA; OTC
<i>super b maxi complex oral tablet</i>	0	ACA; OTC
<i>super b-50 complex oral capsule</i>	0	ACA; OTC
<i>super quints oral tablet</i>	0	ACA; OTC
<i>taron-c dha oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
THRIVITE RX ORAL TABLET	3	
TRICARE ORAL TABLET	3	
<i>tricon oral capsule</i>	0	ACA; OTC
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	
TRIFERIC HEMODIALYSIS SOLUTION	3	
<i>trinatal rx 1 oral tablet</i>	1	
<i>trinate oral tablet</i>	1	
TRISTART DHA ORAL CAPSULE	3	
<i>tri-vitamin with fluoride oral drops</i>	0	ACA; OTC
VENOFER INTRAVENOUS SOLUTION	2	PA
VITAFOL FE PLUS ORAL CAPSULE	3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE	3	
VITAFOL ULTRA ORAL CAPSULE	3	
VITAFOL-OB ORAL TABLET	3	
VITAFOL-OB+DHA ORAL COMBO PACK	3	
VITAFOL-ONE ORAL CAPSULE	3	
VITAMEDMD ONE RX ORAL CAPSULE	3	
<i>vitamin b complex-folic acid oral tablet</i>	0	ACA; OTC
<i>vitamins a,c,d and fluoride oral drops</i>	0	ACA; OTC
<i>wescap-c dha oral capsule</i>	1	
<i>wescap-pn dha oral capsule</i>	1	
<i>wesnatal dha complete oral combo pack</i>	1	
<i>wesnate dha oral capsule</i>	1	
<i>westab plus oral tablet</i>	1	
<i>westgel dha oral capsule</i>	1	
<i>zatean-pn dha oral capsule</i>	1	
<i>zatean-pn plus oral capsule</i>	1	
<i>zingiber oral tablet</i>	1	

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Index

A		
<i>abacavir</i>	4	
<i>abacavir-lamivudine</i>	4	
ABELCET.....	3	
ABILIFY ASIMTUFII.....	42	
ABILIFY MAINTENA.....	42	
ABILIFY MYCITE MAINTENANCE KIT.....	43	
ABILIFY MYCITE STARTER KIT.....	43	
<i>abiraterone</i>	17	
ABRAXANE.....	17	
ABRYSVO (PF).....	104	
ABSORICA.....	65	
ACAM2000 (NATIONAL STOCKPILE).....	104	
<i>acamprosate</i>	75	
<i>acarbose</i>	90	
ACCOLATE.....	128	
ACCRUFER.....	137	
ACCU-CHEK SMARTVIEW CONTRL SOL.....	83	
ACCUPRIL.....	51	
ACCURETIC.....	51	
<i>accutane</i>	65	
AC CUTREND GLUCOSE CONTROL.....	83	
ACE AEROSOL CLOUD ENHANCER.....	82	
<i>acebutolol</i>	51	
<i>acetaminophen-caff-</i> <i>dihydrocod</i>	37	
<i>acetaminophen-codeine</i>	37	
<i>acetazolamide</i>	124	
<i>acetazolamide sodium</i>	124	
<i>acetic acid</i>	75, 80	
<i>acetylcysteine</i>	128	
<i>acitretin</i>	62	
ACTEMRA.....	109	
ACTEMRA ACTPEN.....	109	
ACTHAR.....	80	
ACTHAR SELFJECT.....	80	
ACTHIB (PF).....	104	
ACTICLATE.....	15	
ACTIMMUNE.....	102	
ACTIVELLA.....	113	
ACTONEL.....	109	
ACTOPLUS MET.....	90	
ACTOS.....	90	
ACULAR.....	124	
ACULAR LS.....	124	
<i>acyclovir</i>	4, 70	
ACZONE.....	65	
ADACEL(TDAP ADOLESN/ADULT)(PF)	104	
ADALIMUMAB-ADAZ....	109	
ADALIMUMAB-ADBM..	109, 110	
ADALIMUMAB-ADBM(CF) PEN CROHNS.....	110	
ADALIMUMAB-ADBM(CF) PEN PS-UV.....	110	
ADALIMUMAB-RYVK ...	110	
<i>adapalene</i>	65	
ADAPALENE.....	65	
<i>adapalene-benzoyl peroxide</i>	65	
ADASUVE.....	43	
ADBRY.....	63	
ADCETRIS.....	17	
<i>adefovir</i>	4	
ADEMPAS.....	128	
<i>adenosine</i>	51	
ADLARITY.....	34	
ADRENALIN.....	128	
<i>adrucil</i>	17	
<i>adthyza</i>	92	
<i>adult aspirin regimen</i>	39	
ADVAIR DISKUS.....	128	
ADVAIR HFA.....	129	
ADZENYS XR-ODT.....	43	
AEMCOLO.....	10	
AEROCHAMBER MECHANICAL VENT....	82	
AEROCHAMBER MINI.....	82	
AEROCHAMBER PLUS FLOW-VU.....	82	
AEROCHAMBER PLUS Z STAT.....	83	
AEROTRACH PLUS.....	83	
AEROVENT PLUS.....	83	
<i>afirmelle</i>	116	
AFLURIA TRIV 2024-2025	104	
AFLURIA TRIV 2024-2025 (PF).....	104	
<i>after pill</i>	116	
AFTERA.....	116	
AGRYLIN.....	75	
AIMOVIG AUTOINJECTOR	32	
AIRDUO DIGIHALER.....	129	
AIRSUPRA.....	129	
AJOVY AUTOINJECTOR..	32	
AJOVY SYRINGE.....	32	
AKLIEF.....	65	
AKTEN (PF).....	123	
<i>ala-cort</i>	71	
ALA-SCALP.....	71	
<i>albendazole</i>	10	
<i>albuterol sulfate</i>	129	
ALCAINE.....	123	
<i>alclometasone</i>	71	
ALDACTONE.....	51	
ALDURAZYME.....	87	
ALECENSA.....	17	
<i>alendronate</i>	109	
ALFERON N.....	102	
<i>alfuzosin</i>	134	
ALINIA.....	10	
<i>aliskiren</i>	51	
ALKERAN.....	17	
<i>allopurinol</i>	108	
<i>allopurinol sodium</i>	108	
<i>almotriptan malate</i>	33	
<i>aloprim</i>	108	
<i>alosetron</i>	94	
ALPHAGAN P.....	126	
<i>alprazolam</i>	43	
<i>alprazolam intensol</i>	43	
ALTABAX.....	69	
<i>altacaine</i>	123	
ALTACE.....	51	
ALTAFLUOR BENOX.....	123	
<i>altavera (28)</i>	116	
ALTRENO.....	65	
ALUNBRIG.....	17	
<i>alyacen 1/35 (28)</i>	116	
<i>alyacen 7/7/7 (28)</i>	116	
<i>alyq</i>	129	
<i>amantadine hcl</i>	4	
AMBISOME.....	3	
<i>ambrisentan</i>	129	
<i>amcinonide</i>	71	

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<i>amethia</i>	116	<i>apexicon e</i>	71	<i>atovaquone-proguanil</i>	10
<i>amethyst (28)</i>	116	APLENZIN	43	<i>atracurium</i>	35
AMICAR	57	<i>apomorphine</i>	31	<i>atropine</i>	93, 122
<i>amikacin</i>	10	<i>apraclonidine</i>	126	ATROVENT HFA	129
<i>amiloride</i>	51	<i>aprepitant</i>	95	AUBAGIO	103
<i>amiloride-hydrochlorothiazide</i>	51	APRETUDE	4	<i>aubra</i>	116
<i>aminocaproic acid</i>	57	<i>apri</i>	116	<i>aubra eq</i>	116
<i>aminophylline</i>	129	APRISO	95	AUDENZ (NATIONAL STOCKPILE)	104
<i>amiodarone</i>	51	APTIOM	27	AUDENZ(PF)(NATIONAL STOCKPILE)	104
<i>amitriptyline</i>	43	APTIVUS	4	AUGMENTIN	14
<i>amitriptyline-chlordiazepoxide</i>	43	<i>aranelle (28)</i>	116	AUGMENTIN ES-600	14
AMJEVITA(CF)	110	ARAVA	110	AUGMENTIN XR	14
AMJEVITA(CF) AUTOINJECTOR	110	ARAZLO	65	AUGTYRO	18
<i>amlodipine</i>	51	ARCALYST	102	<i>aurovela 1.5/30 (21)</i>	116
<i>amlodipine-atorvastatin</i>	59	AREXVY (PF)	104	<i>aurovela 1/20 (21)</i>	116
<i>amlodipine-benazepril</i>	51	<i>arformoterol</i>	129	<i>aurovela 24 fe</i>	116
<i>amlodipine-olmesartan</i>	52	ARICEPT	34	<i>aurovela fe 1.5/30 (28)</i>	116
<i>amlodipine-valsartan</i>	52	ARIKAYCE	10	<i>aurovela fe 1-20 (28)</i>	116
<i>amlodipine-valsartan-hcthiiazid</i>	52	<i>aripiprazole</i>	43	AURYXIA	94
<i>amnestem</i>	65	ARISTADA	43	AUSTEDO	34
<i>amoxapine</i>	43	ARISTADA INITIO	43	AUSTEDO XR	34
<i>amoxicil-clarithromy-</i> <i>lansopraz</i>	100	ARIXTRA	57	AUSTEDO XR TITRATION KT(WK1-4)	34
<i>amoxicillin</i>	13	<i>armodafinil</i>	43	AUTOJECT 2 INJECTION DEVICE	84
<i>amoxicillin-pot clavulanate</i> 13, 14		ARMOUR THYROID	92	AUTOPEN 1 TO 21 UNITS	84
AMPHADASE	75	ARNUITY ELLIPTA	129	AUVELITY	43
<i>amphetamine sulfate</i>	43	AROMASIN	17	AUVI-Q	126
<i>amphotericin b</i>	3	ARRANON	17	<i>avar</i>	65
<i>amphotericin b liposome</i>	3	ARTHROTEC 50	39	AVAR LS	65
<i>ampicillin</i>	14	ARTHROTEC 75	39	<i>aviane</i>	116
<i>ampicillin sodium</i>	14	<i>ascomp with codeine</i>	37	<i>avidoxy</i>	15
<i>ampicillin-sulbactam</i>	14	ASCOR	137	AVIDOXY DK	15
AMZEEQ	65	<i>ascorbic acid (vitamin c)</i>	137	AVONEX	103
ANAFRANIL	43	<i>asenapine maleate</i>	43	AVYCAZ	8
<i>anagrelide</i>	75	<i>ashlyna</i>	116	<i>ayuna</i>	116
ANA-LEX KIT	95	ASMANEX HFA	129	AYVAKIT	18
ANALPRAM-HC	62, 95	ASMANEX TWISTHALER	129	<i>azacitidine</i>	18
ANAPROX DS	39	<i>aspirin</i>	39	AZACTAM	10
<i>anaspaz</i>	93	<i>aspirin childrens</i>	39	AZASAN	18
<i>anastrozole</i>	17	<i>aspirin-dipyridamole</i>	57	AZASITE	121
ANCOBON	3	ASTAGRAF XL	18	<i>azathioprine</i>	18
ANGELIQ	113	<i>atazanavir</i>	4	<i>azathioprine sodium</i>	18
ANNOVERA	115	ATELVIA	109	<i>azelaic acid</i>	65
ANORO ELLIPTA	129	<i>atenolol</i>	52	<i>azelastine</i>	78, 123
<i>anucort-hc</i>	95	<i>atenolol-chlorthalidone</i>	52	<i>azelastine-fluticasone</i>	129
		ATGAM	104	AZELEX	65
		ATIVAN	43	AZILECT	31
		<i>atomoxetine</i>	43		
		<i>atorvastatin</i>	59		
		<i>atovaquone</i>	10		

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azithromycin.....9	benazepril-hydrochlorothiazide.....52	BLOXIVERZ35
AZSTARYS43	BENLYSTA110	BOOSTRIX TDAP.....105
aztreonam .....10	BENZAMYCIN .....65	bosentan.....129
AZULFIDINE .....95	benzebro .....65	BOSULIF .....18
AZULFIDINE EN-TABS ....95	BENZEPRO	BOTOX .....105
azurette (28) .....116	(MICROSPHERES) .....65	bp 10-1 .....65
B	BENZNIDAZOLE .....10	BRAFTOVI .....18
<i>b complex 1 (with folic acid)</i>	benzonatate.....127	BREATHERITE MDI
.....137	benzoyl peroxide.....65	SPACER.....83
<i>b complex 100</i>.....137	benztropine .....31	BREO ELLIPTA .....129, 130
<i>b complex-vitamin c-folic acid</i>	bepotastine besilate .....123	BREXAFEMME .....3
.....137	beser .....71	breyana .....130
<i>bacitracin</i> .....10, 121	BETADINE OPHTHALMIC	BREZTRI AEROSPHERE.130
<i>bacitracin-polymyxin b</i>.....121	PREP .....121	briellyn.....116
<i>baclofen</i> .....35	betaine .....95	BRILINTA .....57
BACTRIM.....15	betamethasone dipropionate 71	brimonidine.....65, 126
BACTRIM DS .....15	betamethasone valerate .....71	BRIMONIDINE-
BAFIERTAM.....103	betamethasone, augmented ..71	DORZOLAMIDE.....124
<i>balanced b-100</i>.....137	BETAPACE .....51	brimonidine-timolol .....124
<i>bal-care dha</i> .....137	BETAPACE AF .....51	brinzolamide .....124
BAL-CARE DHA	BETASERON .....103	BRIVIACT .....27
ESSENTIAL.....137	betaxolol .....52, 122	BRIXADI .....37
<i>balsalazide</i>.....95	bethanechol chloride .....134	BROMFED DM .....127
BALVERSA.....18	BETHKIS .....11	bromfenac .....124
<i>balziva (28)</i>.....116	BETOPTIC S.....122	bromocriptine .....31
BAQSIMI .....83	BEVESPI AEROSPHERE.129	brompheniramine-pseudoeph-
BARACLUDE .....4	bexarotene .....18	dm .....127
BASAGLAR KWIKPEN U-	BEXSERO.....104	BROVANA .....130
100 INSULIN.....85	BEYAZ.....116	BRUKINSA.....18
BASAGLAR TEMPO PEN(U-	BEYFORTUS.....4	BRYHALI .....71
100)INSLN.....85	bicalutamide .....18	budesonide.....95, 130
BAVENCIO .....18	BICILLIN C-R .....14	budesonide-formoterol .....130
BAXDELA.....15	BICILLIN L-A .....14	bumetanide .....52
<i>bayer low dose aspirin</i> .....39	BIDIL .....52	BUPHENYL.....75
BCG VACCINE, LIVE (PF)	BIKTARVY .....4	bupivacaine-epinephrine (pf)68
.....104	BILTRICIDE.....11	buprenorphine .....37
<i>b-complex with vitamin c</i>....137	bimatoprost.....124	buprenorphine hcl .....37
BD INTEGRA NEEDLE ....84	BINOSTO.....109	buprenorphine-naloxone 39, 40
BD MICROTAINER	bismuth subcit k-metronidz-tcn	bupropion hcl.....43, 44
LANCET .....84	100	bupropion hcl (smoking deter)
BD SPECIALTY USE	bisoprolol fumarate .....52	77
NEEDLES .....84	bisoprolol-hydrochlorothiazide	buspirone .....44
BD ULTRA-FINE NANO	52	busulfan .....18
PEN NEEDLE.....84	BIVIGAM .....104	BUSULFEX .....18
BELBUCA .....37	bleomycin.....18	butalbital-acetaminop-caf-cod
BELEODAQ .....18	BLINCYTO.....18	37
<i>belladonna alkaloids-opium</i> .93	blisovi 24 fe .....116	butalbital-acetaminophen.....37
BELSOMRA43	blisovi fe 1.5/30 (28).....116	butalbital-acetaminophen-caff
benazepril.....52	blisovi fe 1/20 (28).....116	37
		butalbital-aspirin-caffeine37

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<i>butorphanol</i>	40	CARDIZEM LA.....	52	<i>cephalexin</i>	9
BYDUREON BCISE	90	CARDURA	52	CEPROTIN (BLUE BAR) ...	57
BYETTA	90	CARDURA XL	52	CEPROTIN (GREEN BAR) ..	57
BYLVAY	95	<i>carglumic acid</i>	75	CEQUA	123
C		<i>carisoprodol</i>	35	CEQUR SIMPLICITY	84
<i>cabergoline</i>	87	<i>carisoprodol-aspirin</i>	35	CERDELGA.....	87
CABLIVI.....	57	<i>carisoprodol-aspirin-codeine</i>		CEREBYX	28
CABOMETYX	18	.....	35	CEREZYME.....	87
CADUET.....	59	CARNITOR.....	75	CERVIDIL	115
<i>caffeine citrate</i>	75	CARNITOR (SUGAR-FREE)		<i>cetorelix</i>	87
<i>calcipotriene</i>	62	.....	75	CETROTIDE	87
<i>calcipotriene-betamethasone</i>	62	<i>carteolol</i>	122	<i>cevimeline</i>	75
<i>calcitonin (salmon)</i>	87	<i>cartia xt</i>	52	CHANTIX	78
<i>calcitriol</i>	62, 87	<i>carvedilol</i>	52	CHANTIX CONTINUING	
<i>calcium acetate(phosphat bind)</i>		<i>carvedilol phosphate</i>	52	MONTH BOX	78
.....	135	CASODEX	18	CHANTIX STARTING	
CALQUENCE		CATAPRES-TTS-1.....	52	MONTH BOX	78
(ACALABRUTINIB MAL)		CATAPRES-TTS-2.....	52	<i>charlotte 24 fe</i>	117
.....	18	CATAPRES-TTS-3.....	52	<i>chateal (28)</i>	117
CAMBIA	40	CAYA CONTOURED	112	<i>chateal eq (28)</i>	117
<i>camila</i>	113	CAYSTON	11	CHEMET.....	75
<i>camrese</i>	116	<i>caziant (28)</i>	117	CHENODAL	95
<i>camrese lo</i>	116	<i>cefaclor</i>	8	<i>chloramphenicol sod succinate</i>	
CAMZYOS	61	<i>cefadroxil</i>	8	.....	11
<i>candesartan</i>	52	<i>cefdinir</i>	8	<i>chlordiazepoxide hcl</i>	44
<i>candesartan-</i>		<i>cefepime</i>	8	<i>chlordiazepoxide-clidinium</i> ..	93
<i>hydrochlorothiazid</i>	52	CEFEPIME IN DEXTROSE 5		<i>chloroprocaine (pf)</i>	68
<i>capecitabine</i>	18	%.....	8	<i>chloroquine phosphate</i>	11
CAPEX.....	71	<i>cefepime in dextrose,iso-osm</i> ..	8	<i>chlorothiazide sodium</i>	52
CAPLYTA	44	<i>cefixime</i>	8	<i>chlorpromazine</i>	44
CAPRELSA	18	CEFOTAN.....	8	<i>chlorthalidone</i>	53
<i>captopril</i>	52	<i>cefotaxime</i>	8	<i>chlorzoxazone</i>	35
<i>captopril-hydrochlorothiazide</i>		<i>cefotetan</i>	8	CHOLBAM	95
.....	52	<i>cefoxitin</i>	8	<i>cholestyramine (with sugar)</i> ..	59
CAPVAXIVE.....	105	<i>cefoxitin in dextrose, iso-osm</i> ..	8	<i>cholestyramine light</i>	59
CARAFATE.....	100	<i>cefpodoxime</i>	8	CHORIONIC	
CARBAGLU	75	<i>cefprozil</i>	8	GONADOTROPIN,	
<i>carbamazepine</i>	27, 28	<i>ceftazidime</i>	8	HUMAN	88
CARBAMAZEPINE.....	28	<i>ceftriaxone</i>	9	CIBINQO	64
CARBATROL.....	28	CEFTRIAZONE	9	<i>ciclodan</i>	69
<i>carbidopa</i>	31	<i>ceftriaxone in dextrose,iso-os</i> ..	9	CICLODAN KIT.....	69
<i>carbidopa-levodopa</i>	31, 32	<i>cefuroxime axetil</i>	9	<i>ciclopirox</i>	69
<i>carbidopa-levodopa-</i>		<i>cefuroxime sodium</i>	9	<i>ciclopirox-ure-camph-menth-</i>	
<i>entacapone</i>	32	<i>celecoxib</i>	40	<i>euc</i>	70
<i>carbinoxamine maleate</i>	126	CELLCEPT	18, 19	<i>cidofovir</i>	4
CARBINOXAMINE		CELLCEPT INTRAVENOUS		<i>cilostazol</i>	57
MALEATE.....	126	.....	18	CIMDUO	4
<i>carboplatin</i>	18	CELONTIN	28	<i>cimetidine</i>	100
CARDIZEM.....	52	CENTANY	69	<i>cimetidine hcl</i>	100
CARDIZEM CD	52	CENTANY AT.....	69	<i>cinacalcet</i>	88

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CINRYZE	130	clonazepam	28	CORTROSYN	80
CIPRO	15	clonidine	53	COSMEGEN	19
ciprofloxacin.....	15	clonidine hcl	44, 53	cosyntropin	80
ciprofloxacin hcl.....	15, 80, 121	clopidogrel.....	57	COTELLIC.....	19
ciprofloxacin in 5 % dextrose	15	clorazepate dipotassium	44	COTEMPLA XR-ODT	44
ciprofloxacin-dexamethasone	80	clotrimazole	3, 70	covaryx	113
citalopram	44	clotrimazole-betamethasone	70	covaryx h.s.	113
CITRANATAL B-CALM (FE GLUC).....	137	clozapine.....	44	CREON.....	95
CITRANATAL MEDLEY	137	CLOZARIL	44	CRESEMBA.....	3
citrate of magnesia	95	c-nate dha	137	CRINONE	113
citroma	95	COARTEM	11	cromolyn.....	95, 123, 130
cladribine	19	codeine sulfate.....	37	crotan.....	74
claravis.....	65	codeine-butalbital-asa-caff	37	cryselle (28)	117
CLARINEX.....	126	codeine-guaifenesin.....	128	curae	117
CLARINEX-D 12 HOUR ..	128	CODITUSSIN AC.....	128	CUVITRU	105
clarithromycin	9	CODITUSSIN DAC.....	128	cyanocobalamin (vitamin b-12)	137
classic prenatal	137	COLAZAL	95	cyclobenzaprine	35, 36
clearlax.....	95	colchicine.....	108	CYCLOGYL	122
clemastine.....	126	colesevelam	59	CYCLOMYDRIL.....	126
CLEOCIN	115	COLESTID.....	59	cyclopentolate.....	122
CLEOCIN HCL	11	colestipol	59	cyclophosphamide	19
CLEOCIN PEDIATRIC.....	11	colistin (colistimethate na) ...	11	CYCLOPHOSPHAMIDE	19
CLEOCIN T	65	COLY-MYCIN M PARENTERAL	11	cycloserine	11
CLIMARA	113	COMBIGAN	124	CYCLOSET	90
clindacin	66	COMBIPATCH.....	113	cyclosporine.....	19, 123
clindacin etz.....	65	COMBIVENT RESPIMAT.....	130	cyclosporine modified.....	19
CLINDACIN ETZ.....	65	COMETRIQ	19	CYKLOKAPRON.....	57
clindacin p.....	65	COMIRNATY 2024-25 (12Y UP)(PF)	105	CYLTEZO(CF)	110
CLINDACIN PAC	66	COMPACT SPACE CHAMBER	83	CYLTEZO(CF) PEN.....	110
clindamycin hcl	11	COMPAZINE.....	95	CROHN'S-UC-HS.....	110
clindamycin pediatric.....	11	complete natal dha	137	CYLTEZO(CF) PEN PSORIASIS-UV	110
clindamycin phosphate	66, 115	compro.....	95	cyproheptadine	127
clindamycin-benzoyl peroxide	66	CONCEPT DHA	137	cyred	117
clindamycin-tretinoin	66	CONCEPT OB	137	cyred eq	117
CLINDESSE	115	CONSENSI	53	CYSTAGON	134
CLINPRO 5000.....	78	constulose	95	CYSTARAN.....	123
clobazam	28	COPAXONE	103	cytarabine	19
clobetasol	71	COPIKTRA	19	cytarabine (pf)	19
clobetasol-emollient	71, 72	CORDRAN	72	CYTOGAM.....	105
CLOBEX.....	72	CORDRAN TAPE LARGE ROLL.....	72	CYTOTEC.....	100
clocortolone pivalate.....	72	COREG CR	53	D	
clodan.....	72	CORTANE-B	64	dabigatran etexilate.....	57
CLODAN KIT.....	72	CORTEF.....	80	dacarbazine	19
clomid.....	88	CORTENEMA	95	dactinomycin.....	19
clomiphene citrate	88	cortisone	80	dalfampridine	34
clomipramine.....	44	CORTISPORIN-TC	80	DALVANCE	11
				danazol	88

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DANTRIUM	36	DESCOVY	5	diflunisal	40
dantrolene.....	36	desipramine	44	difluprednate.....	125
dapsone	11, 66	desloratadine	127	digoxin	57
DAPTACEL (DTAP		desmopressin	88	dihydroergotamine	33
PEDIATRIC) (PF)	105	DESMOPRESSIN	88	DILANTIN	28
DARAPRIM.....	11	desog-e.estradiol/e.estradiol		DILANTIN EXTENDED.....	28
darifenacin	133	.....	117	DILANTIN INFATABS	28
darunavir	5	desonide.....	72	DILANTIN-125.....	28
DARZALEX	19	desoximetasone.....	72	DILAUDID.....	37
dasatinib	19	DESOXYN	44	diltiazem	53
dasetta 1/35 (28).....	117	DESVENLAFAXINE	44	dilt-xr	53
dasetta 7/7/7 (28)	117	desvenlafaxine succinate	44	dimenhydrinate	96
daunorubicin	19	dexabliss	81	dimethyl fumarate	103
DAURISMO.....	19	dexamethasone	81	DIPHEN	127
DAYPRO	40	dexamethasone intensol.....	81	diphenhydramine hcl	127
daysee	117	dexamethasone sodium phos		diphenoxylate-atropine.....	93
DAYTRANA	44	(pf)	81	DIPROLENE	
DAYVIGO	44	dexamethasone sodium		(AUGMENTED)	72
DDAVP	88	phosphate.....	81, 125	dipyridamole.....	57
deblitane	113	dexchlorpheniramine maleate		DISALCID	40
decitabine	19	.....	127	diskets	37
deferasirox.....	75, 76	DEXCOM G6 RECEIVER ..	84	disopyramide phosphate.....	51
deferiprone	76	DEXCOM G6 SENSOR	84	disulfiram.....	76
deflazacort.....	80	DEXCOM G6		DIURIL.....	53
DELESTROGEN	113	TRANSMITTER	84	divalproex	28
demeclocycline	15	DEXCOM G7 RECEIVER ..	84	dodex.....	137
DEMEROL	37	DEXCOM G7 SENSOR	84	dofetilide	51
DEMEROL (PF)	37	DEXEDRINE SPANSULE ..	44	DOJOLVI	136
DEMSER.....	53	dexlansoprazole.....	100	dolishale	117
DENAVIR.....	71	dexmethylphenidate	44	donepezil.....	34
DENG VAXIA (PF).....	105	dextroamphetamine sulfate..	44	DONNATAL	93
denta 5000 plus	78	dextroamphetamine-		DOPTelet (15 TAB PACK)	
denta 5000 plus sensitive.....	78	amphetamine	45	.....	57
dentagel	78	DIACOMIT	28	dorzolamide	124
DEPAKOTE.....	28	dialyvite 800	137	dorzolamide-timolol	124
DEPAKOTE ER.....	28	diazepam.....	28, 45	dorzolamide-timolol (pf).....	124
DEPAKOTE SPRINKLES ..	28	diazepam intensol	45	dotti.....	113
DEPEN TITRATABS	110	diazoxide.....	83	DOVATO	5
DEPO-ESTRADIOL	113	DIBENZYLIN	53	doxazosin	53
DEPO-MEDROL	81	dichlorphenamide	34	doxepin	45, 64
DEPO-PROVERA	113	DICLEGIS.....	95	doxercalciferol.....	88
DEPO-SUBQ PROVERA		diclofenac potassium	40	DOXIL.....	19
.....	113	diclofenac sodium...40, 64, 124		doxorubicin, peg-liposomal ..	19
DEPO-TESTOSTERONE....	88	diclofenac-misoprostol	40	doxy-100	15
dermacinrx lidocan	68	dicloxacillin	14	doxycycline hyclate.....	15, 16
DERMA-SMOOTH/FS		dicyclomine.....	93	doxycycline monohydrate	16
BODY OIL	72	DIFFERIN	66	doxylamine-pyridoxine (vit b6)	
DERMA-SMOOTH/FS		DIFICID	9	.....	96
SCALP OIL.....	72	diflorasone.....	72	dronabinol	96
DERMOTIC OIL	80	DIFLUCAN.....	3	droperidol	96

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<i>drospirenone-e.estradiol-lm.fa</i>	EFFER-K.....	135	ENSTILAR.....	62
.....	EFFIENT.....	58	<i>entacapone</i>	32
<i>drospirenone-ethinyl estradiol</i>	EFUDEx.....	64	<i>entecavir</i>	5
.....	EGRIFTA SV.....	102	ENTRESTO.....	61
DROXIA.....	ELAPRASE.....	88	ENTRESTO SPRINKLE.....	61
<i>droxidopa</i>	ELEPSIA XR.....	28	ENTYVIO.....	96
DUAVEE.....	<i>eletriptan</i>	33	<i>enulose</i>	96
DUET DHA WITH OMEGA-3	ELIGARD.....	19	EPCLUSA.....	5
.....	ELIGARD (3 MONTH).....	19	EPIDIOLEX.....	28
DUETACT.....	ELIGARD (4 MONTH).....	19	EPIDUO FORTE.....	66
DUEXIS.....	ELIGARD (6 MONTH).....	19	EPIFOAM.....	62
<i>dulcolax (magnesium</i>	ELIMITE.....	74	<i>epinastine</i>	123
<i>hydroxide)</i>	<i>elinet</i>	117	<i>epinephrine</i>	127
DULERA.....	ELIQUIS.....	58	<i>epinephrine hcl</i>	130
<i>duloxetine</i>	ELIQUIS DVT-PE TREAT		EPINEPHRINE HCL (PF).....	127
DUOBRII.....	30D START.....	58	EPIPEN.....	127
DUOPA.....	ELITEK.....	17	EPIPEN JR.....	127
DUPIXENT PEN.....	ELIXOPHYLLIN.....	130	<i>epirubicin</i>	20
DUPIXENT SYRINGE.....	ELLA.....	117	<i>epitol</i>	28
DUREX AVANTI BARE	ELLENCE.....	20	EPIVIR.....	5
REAL FEEL.....	ELMIRON.....	134	<i>eplerenone</i>	53
DUREX TROPICAL	<i>eluryng</i>	115	<i>epoprostenol</i>	53
CONDOM.....	EMGALITY PEN.....	33	<i>eprosartan</i>	53
<i>dutasteride</i>	EMGALITY SYRINGE.....	33	EPSOLAY.....	66
<i>dutasteride-tamsulosin</i>	EMPAVELI.....	76	EQUETRO.....	28
DYANAVEL XR.....	EMPLICITI.....	20	ERAXIS(WATER DILUENT)	
DYMISTA.....	EMSAM.....	45	.....	3
DYRENIUM.....	<i>emtricitabine</i>	5	ERBITUX.....	20
DYSPORT.....	<i>emtricitabine-tenofovir (tdf)</i> ...	5	<i>ergocalciferol (vitamin d2)</i>	137
E	EMTRIVA.....	5	<i>ergoloid</i>	45
<i>e.e.s. 400</i>	EMVERM.....	11	ERGOMAR.....	33
E.E.S. GRANULES.....	<i>emzahn</i>	113	<i>ergotamine-caffeine</i>	33
EASIVENT HOLDING	<i>enalapril maleate</i>	53	<i>eribulin</i>	20
CHAMBER.....	<i>enalaprilat</i>	53	ERIVEDGE.....	20
EBGLYSS PEN.....	<i>enalapril-hydrochlorothiazide</i>		ERLEADA.....	20
EC-NAPROSYN.....	.....	53	<i>erlotinib</i>	20
<i>econazole</i>	ENBREL.....	110	ERMEZA.....	92
<i>econtra ez</i>	ENBREL MINI.....	110	<i>errin</i>	113
<i>econtra one-step</i>	ENBREL SURECLICK.....	110	ERVEBO(PF)(NATIONAL	
<i>ecotrin low strength</i>	ENDARI.....	76	STOCKPILE).....	105
EDECRIIN.....	<i>endocet</i>	37	ERWINASE.....	20
<i>ed-spaz</i>	ENDOMETRIN.....	113	<i>ery pads</i>	66
EDURANT.....	ENGERIX-B (PF).....	105	<i>erygel</i>	66
<i>eemt</i>	ENGERIX-B PEDIATRIC		ERYPED 200.....	9
<i>eemt hs</i>	(PF).....	105	ERYPED 400.....	9
<i>efavirenz</i>	<i>enilloring</i>	115	<i>ery-tab</i>	9
<i>efavirenz-emtricitabin-tenofov</i> 5	<i>enoxaparin</i>	58	ERY-TAB.....	10
<i>efavirenz-lamivu-tenofov disop</i>	<i>enpresse</i>	117	ERYTHROCIN.....	10
.....	<i>enskyce</i>	117	<i>erythrocine (as stearate)</i>	10
<i>effe-k</i>	ENSPRYNG.....	20	<i>erythromycin</i>	10, 121

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<i>erythromycin ethylsuccinate</i>10	EXELON PATCH.....34	<i>finasteride</i>134
<i>erythromycin lactobionate</i>10	<i>exemestane</i>20	<i>fin golimod</i>103
<i>erythromycin with ethanol</i>....66	EXPAREL (PF).....68	<i>finzala</i> .....117
<i>erythromycin-benzoyl peroxide</i>.....66	EXTENCILLINE .....14	FIORICET .....37
<i>escitalopram oxalate</i> .....45	EXTINA .....70	FIORICET WITH CODEINE.....37
ESGIC .....37	EYSUVIS .....125	FIRDAPSE .....34
<i>esomeprazole magnesium</i> ...100	<i>ezetimibe</i>.....59	FIRMAGON KIT W DILUENT SYRINGE .....20
<i>esomeprazole sodium</i> .....100	<i>ezetimibe-simvastatin</i> .....59	<i>flac otic oil</i> .....80
<i>estarylla</i>.....117	F	FLAGYL .....11
<i>estazolam</i>.....45	FA-8.....137	<i>flavoxate</i> .....133
ESTRACE .....113	FABHALTA.....76	FLEBOGAMMA DIF .....105
<i>estradiol</i>.....113	FABRAZYME .....88	<i>flecainide</i> .....51
<i>estradiol valerate</i>.....113	FACTIVE .....15	FLECTOR .....40
<i>estradiol-norethindrone acet</i>.....114	<i>falmina (28)</i> .....117	FLEXICHAMBER.....83
ESTRATEST F.S. ....114	<i>famciclovir</i>.....5	FLOLAN .....53
<i>estrogens-methyltestosterone</i>.....114	<i>famotidine</i> .....100	FLOLIPID .....60
<i>eszopiclone</i> .....45	<i>famotidine (pf)</i> .....100	FLOMAX .....134
<i>ethacrynate sodium</i> .....53	<i>famotidine (pf)-nacl (iso-os)</i> .....100	<i>floxuridine</i>.....20
<i>ethacrynic acid</i> .....53	FANAPT .....45	FLUAD TRIV 2024-25(65Y UP)(PF).....105
<i>ethambutol</i> .....11	FARESTON .....20	FLUARIX TRIV 2024-2025 (PF).....105
<i>ethosuximide</i>.....28	FARXIGA .....91	FLUBLOK TRIV 2024-2025 (PF).....105
<i>ethynodiol diac-eth estradiol</i>.....117	FASENRA.....130	FLUCELVAX TRIV 2024- 2025 .....105
ETHYOL .....17	FASENRA PEN .....130	FLUCELVAX TRIV 2024- 2025 (PF).....105
<i>etodolac</i> .....40	FASLODEX .....20	<i>fluconazole</i>.....3
<i>etonogestrel-ethinyl estradiol</i>.....115	FC2 FEMALE CONDOM .112	<i>flucytosine</i>.....3
ETOPOPHOS.....20	<i>febuxostat</i>.....108	<i>fludarabine</i> .....20
<i>etoposide</i>.....20	<i>felbamate</i> .....29	<i>fludrocortisone</i> .....81
<i>etravirine</i> .....5	FELBATOL.....29	FLULAVAL TRIV 2024-2025 (PF).....105
EUA PATIENT ASSESSMENT .....83	<i>felodipine</i> .....53	FLUMADINE.....5
EUCRISA.....64	<i>fem ph</i> .....115	FLUMIST TRIVALENT 2024-2025.....105
EUFLEXXA.....40	FEMARA .....20	<i>flunisolide</i> .....130
EULEXIN.....20	<i>fenofibrate</i> .....59	<i>fluocinolone</i> .....72
EURAX .....74	<i>fenofibrate micronized</i>.....59	<i>fluocinolone acetonide oil</i> ...80
<i>euthyrox</i>.....92	<i>fenofibrate nanocrystallized</i> .59	<i>fluocinolone and shower cap</i> 72
EVAMIST .....114	<i>fenofibric acid</i>.....60	<i>fluocinonide</i> .....72, 73
<i>everolimus (antineoplastic)</i> ..20	<i>fenofibric acid (choline)</i> .....60	<i>fluocinonide-e</i> .....73
<i>everolimus</i> (immunosuppressive).....20	FENOGLIDE.....60	FLUORESC EIN- BENOXINATE .....123
EVISTA.....109	<i>fenoprofen</i>.....40	<i>fluorescein-proparacaine</i> ...123
EVOCLIN .....66	<i>fentanyl</i> .....37	<i>fluoride (sodium)</i> ...78, 79, 137, 138
EVOTAZ .....5	<i>fentanyl citrate</i>.....37	
EVOXAC .....76	FERRIPROX .....76	
EVRYSDI .....34	FERRIPROX (2 TIMES A DAY).....76	
EXELDERM70	FERRLECIT.....76	
	<i>fesoterodine</i>133	
	FETZIMA.....45	
	FEXMID.....36	
	FIBRICOR.....60	
	FINACEA.....66	

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FLUORIDEX DAILY		GASTROCROM	96
DEFENSE	79	<i>gatifloxacin</i>	121
FLUORIDEX SENSITIVITY		GATTEX 30-VIAL	96
RELIEF	79	<i>gavilax</i>	96
FLUORIMAX 5000	79	<i>gavilyte-c</i>	96
FLUORIMAX 5000		<i>gavilyte-g</i>	96
SENSITIVE	79	<i>gavilyte-n</i>	96
<i>fluorometholone</i>	125	GAVRETO	20
FLUOROPLEX	64	GAZYVA	20
<i>fluorouracil</i>	20, 64	<i>gefitinib</i>	21
<i>fluoxetine</i>	45, 46	GELCLAIR	79
<i>fluphenazine decanoate</i>	46	<i>gemfibrozil</i>	60
<i>fluphenazine hcl</i>	46	<i>gemmily</i>	117
<i>flurandrenolide</i>	73	GEMTESA	133
<i>flurazepam</i>	46	<i>generlac</i>	96
<i>flurbiprofen</i>	40	<i>engraf</i>	21
<i>flurbiprofen sodium</i>	124	GENOTROPIN	102
<i>fluticasone propionate</i>	73	GENOTROPIN MINIQUICK	
<i>fluticasone propion-salmeterol</i>		.....	102
.....	130	<i>gentamicin</i>	11, 69, 121
<i>fluvastatin</i>	60	<i>gentamicin in nacl (iso-osm)</i>	11
<i>fluvoxamine</i>	46	GENTAMICIN IN NACL	
FLUZONE HIGH-DOSE		(ISO-OSM)	11
TRIV 24-25	106	<i>gentamicin sulfate (ped) (pf)</i>	11
FLUZONE TRIV 2024-2025		GENTEEL VACUUM	
.....	106	LANCING DEVICE	84
FLUZONE TRIV 2024-2025		<i>gentle laxative (bisacodyl)</i>	96
(PF)	106	<i>gentle laxative (mag hydrox)</i>	96
FML LIQUIFILM	125	<i>gentlelax</i>	96
<i>folic acid</i>	138	GENVOYA	5
<i>folitab</i>	138	GEODON	46
<i>folivane-ob</i>	138	GILOTRIF	21
FOLOTYN	20	<i>glatiramer</i>	103
<i>foltabs 800</i>	138	<i>glatopa</i>	103
<i>fondaparinux</i>	58	GLEOSTINE	21
<i>formoterol fumarate</i>	130	GLIADEL WAFER	21
FORMOTEROL		<i>glimepiride</i>	91
FUMARATE-NEBULIZER		<i>glipizide</i>	91
.....	130	<i>glipizide-metformin</i>	91
FORTEO	109	GLOPERBA	108
FOSAMAX	109	<i>glucagon emergency kit</i>	
FOSAMAX PLUS D	109	(human)	83
<i>fosamprenavir</i>	5	GLUCAGON HCL	83
<i>fosfomycin tromethamine</i>	16	GLUCOTROL XL	91
<i>fosinopril</i>	53	<i>glutamine (sickle cell)</i>	76
<i>fosinopril-hydrochlorothiazide</i>		<i>glyburide</i>	91
.....	53	<i>glyburide micronized</i>	91
<i>fosphenytoin</i>	29	<i>glyburide-metformin</i>	91
FRAGMIN	58	GLYCATE	93
<i>fraiche 5000</i>	79	<i>glycopyrrolate</i>	93
FRAICHE 5000 PREVI	79		
FRAICHE 5000 SENSITIVE			
.....	79		
FREESTYLE FREEDOM	84		
FREESTYLE FREEDOM			
LITE	84		
FREESTYLE INSULINX	82, 84		
FREESTYLE INSULINX			
TEST STRIPS	82		
FREESTYLE LIBRE 14 DAY			
READER	84		
FREESTYLE LIBRE 14 DAY			
SENSOR	84		
FREESTYLE LIBRE 2			
READER	84		
FREESTYLE LIBRE 2			
SENSOR	84		
FREESTYLE LIBRE 3 PLUS			
SENSOR	84		
FREESTYLE LIBRE 3			
READER	84		
FREESTYLE LIBRE 3			
SENSOR	84		
FREESTYLE LITE METER	84		
FREESTYLE LITE STRIPS	82		
FREESTYLE PRECISION			
NEO STRIPS	82		
FREESTYLE TEST	82		
FROVA	33		
<i>frovatriptan</i>	33		
<i>full spectrum b-vitamin c</i>	138		
FULPHILA	102		
<i>fulvestrant</i>	20		
FURADANTIN	16		
<i>furosemide</i>	53, 54		
FUZEON	5		
<i>fyavolv</i>	114		
FYCOMPA	29		
<i>fyremadel</i>	88		
G			
<i>g tussin ac</i>	128		
<i>gabapentin</i>	29		
GALAFOLD	88		
<i>galantamine</i>	34		
<i>gallifrey</i>	114		
GALZIN	135		
GAMMAGARD LIQUID	106		
<i>ganirelix</i>	88		
GARDASIL 9 (PF)	106		

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GLYXAMBI	91	HEPLISAV-B (PF).....	106	HUMULIN 70/30 U-100	
GOLYTELY	96	<i>her style</i>	117	KWIKPEN.....	86
GONAL-F	88	HETLIOZ	46	HUMULIN N NPH INSULIN	
GONAL-F RFF	88	HETLIOZ LQ.....	46	KWIKPEN.....	86
GONAL-F RFF REDI-JECT	88	HIBERIX (PF).....	106	HUMULIN N NPH U-100	
GONITRO	61	HISTEX-AC.....	128	INSULIN	86
GRALISE	29	<i>homatropaire</i>	122	HUMULIN R REGULAR U-	
<i>granisetron hcl</i>	96	HORIZANT.....	34	100 INSULN	86
GRASTEK	106	HUMALOG JUNIOR		HUMULIN R U-500 (CONC)	
<i>griseofulvin microsize</i>	3	KWIKPEN U-100	85	INSULIN	86
<i>griseofulvin ultramicrosize</i>	3	HUMALOG KWIKPEN		HUMULIN R U-500 (CONC)	
<i>guanfacine</i>	46, 54	INSULIN	86	KWIKPEN.....	86
GVOKE	83	HUMALOG MIX 50-50		HYCANTIN.....	21
GVOKE HYPOPEN 2-PACK		KWIKPEN.....	86	HYCODAN (WITH	
.....	83	HUMALOG MIX 75-25		HOMATROPINE).....	128
GVOKE PFS 2-PACK		KWIKPEN.....	86	<i>hydralazine</i>	54
SYRINGE	83	HUMALOG MIX 75-25(U-		HYDREA	21
GYNAZOLE-1.....	115	100)INSULN	86	<i>hydrochlorothiazide</i>	54
H		HUMALOG TEMPO PEN(U-		<i>hydrocodone bitartrate</i> ...37, 38	
HAEGARDA	130	100)INSULN	86	<i>hydrocodone-acetaminophen</i> 38	
<i>hailey</i>	117	HUMALOG U-100 INSULIN		<i>hydrocodone-</i>	
<i>hailey 24 fe</i>	117	.....	86	<i>chlorpheniramine</i>	128
<i>hailey fe 1.5/30 (28)</i>	117	HUMATIN	11	<i>hydrocodone-homatropine</i> .128	
<i>hailey fe 1/20 (28)</i>	117	HUMIRA (ONLY NDCS		<i>hydrocodone-ibuprofen</i>	38
HALAVEN.....	21	STARTING WITH 00074)		<i>hydrocortisone</i>	73, 81, 96
<i>halcinonide</i>	73	.....	110	<i>hydrocortisone acetate</i>	96
HALCION	46	HUMIRA PEN (ONLY NDCS		<i>hydrocortisone butyrate</i>	73
HALDOL DECANOATE....	46	STARTING WITH 00074)		<i>hydrocortisone valerate</i>	73
<i>halobetasol propionate</i>	73	.....	111	<i>hydrocortisone-acetic acid</i> ...80	
<i>haloette</i>	115	HUMIRA(CF) (ONLY NDCS		<i>hydrocortisone-pramoxine</i> ..62,	
HALOG	73	STARTING WITH 00074)		96	
<i>haloperidol</i>	46	.....	111	<i>hydromet</i>	128
<i>haloperidol decanoate</i>	46	HUMIRA(CF) PEN (ONLY		<i>hydromorphone</i>	38
<i>haloperidol lactate</i>	46	NDCS STARTING WITH		<i>hydroxocobalamin</i>	138
HARVONI	5	00074).....	111	<i>hydroxychloroquine</i>	11
<i>heather</i>	114	HUMIRA(CF) PEN		<i>hydroxyurea</i>	21
HECTOROL.....	88	CROHNS-UC-HS (ONLY		<i>hydroxyzine hcl</i>	127
HEMGENIX.....	58	NDCS STARTING WITH		<i>hydroxyzine pamoate</i>	127
<i>hemmorex-hc</i>	96	00074).....	111	HYFTOR	64
<i>hep flush-10 (pf)</i>	58	HUMIRA(CF) PEN		HYLENEX	76
HEPAGAM B	106	PEDIATRIC UC (ONLY		<i>hyoscyamine sulfate</i>	93
<i>heparin (porcine)</i>	58	NDCS STARTING WITH		<i>hyosyne</i>	93
<i>heparin (porcine) in 5 % dex</i> 58		00074).....	111	HYPERHEP B.....	106
<i>heparin (porcine) in nacl (pf)</i>		HUMIRA(CF) PEN PSOR-		HYPERHEP B NEONATAL	
.....	58	UV-ADOL HS (ONLY		.....	106
<i>heparin lock flush (porcine)</i> .58		NDCS STARTING WITH		HYPER-SAL	130
<i>heparin lockflush(porcine)(pf)</i>		00074).....	111	HYRIMOZ PEN CROHN'S-	
.....	58	HUMULIN 70/30 U-100		UC STARTER.....	111
<i>heparin, porcine (pf)</i>	58	INSULIN	86	HYRIMOZ PEN PSORIASIS	
HEPARIN, PORCINE (PF) .58				STARTER	111

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HYRIMOZ(CF).....	111	INPEN (NOVOLOG OR FIASP) BLUE	84	JARDIANCE	91
HYRIMOZ(CF) PEDI CROHN STARTER	111	INPEN (NOVOLOG OR FIASP) PINK	84	<i>jasmiel</i> (28).....	118
HYRIMOZ(CF) PEN	111	INSPIRA	54	JATENZO.....	88
HYSINGLA ER	38	INSULIN LISPRO	86	<i>javygtor</i>	88
I		INSULIN LISPRO PROTAMIN-LISPRO	86	<i>jencycla</i>	114
<i>ibandronate</i>	109	INTELENCE	5	JEVTANA	22
IBRANCE	21	INVEGA.....	46	<i>jinteli</i>	114
<i>ibu</i>	40	INVEGA SUSTENNA.....	46	JOENJA.....	76
<i>ibuprofen</i>	40, 41	INVEGA TRINZA.....	46	<i>jolessa</i>	118
<i>ibuprofen-famotidine</i>	41	INVELTYS	125	JORNAY PM.....	46
<i>icatibant</i>	130	IODOFLEX	64	<i>joyeaux</i>	118
<i>iclevia</i>	117	IODOPEN	21	JUBLIA	70
ICLUSIG	21	IODOSORB.....	64	<i>juleber</i>	118
<i>icosapent ethyl</i>	60	IOPIDINE.....	126	JULUCA.....	5
IDAMYCIN PFS.....	21	IPOL	106	<i>junel 1.5/30 (21)</i>	118
<i>idarubicin</i>	21	<i>ipratropium bromide</i>	79, 130	<i>junel 1/20 (21)</i>	118
IDHIFA	21	<i>ipratropium-albuterol</i>	131	<i>junel fe 1.5/30 (28)</i>	118
IFEX.....	21	<i>irbesartan</i>	54	<i>junel fe 1/20 (28)</i>	118
<i>ifosfamide</i>	21	<i>irbesartan-hydrochlorothiazide</i>	54	<i>junel fe 24</i>	118
IHEEZO (PF)	123	IRESSA	21	JUST RIGHT 5000.....	79
ILARIS (PF).....	102	ISENTRESS	5	JUXTAPID	60
ILEVRO	124	ISENTRESS HD	5	JYNARQUE	88
<i>imatinib</i>	21	<i>isibloom</i>	117	JYNNEOS (PF)	106
IMBRUVICA	21	ISOLYTE S PH 7.4.....	136	K	
IMDELLTRA.....	21	ISOLYTE-S.....	136	KADCYLA.....	22
IMFINZI.....	21	<i>isoniazid</i>	11, 12	<i>kaitlib fe</i>	118
<i>imipenem-cilastatin</i>	11	ISORDIL	61	KALBITOR.....	131
<i>imipramine hcl</i>	46	ISORDIL TITRADOSE	61	KALETRA	6
<i>imipramine pamoate</i>	46	<i>isosorbide dinitrate</i>	61	<i>kalliga</i>	118
<i>imiquimod</i>	108	<i>isosorbide mononitrate</i>	61	KALYDECO	131
IMLYGIC.....	21	<i>isosorbide-hydralazine</i>	54	KANUMA	89
IMPAVIDO	11	<i>isotretinoin</i>	66	KARBINAL ER	127
IMURAN.....	21	<i>isradipine</i>	54	<i>kariva</i> (28)	118
INBRIJA	32	<i>itraconazole</i>	3	<i>kelnor 1/35 (28)</i>	118
<i>incassia</i>	114	<i>ivabradine</i>	61	<i>kelnor 1/50 (28)</i>	118
INCRELEX	76	<i>ivermectin</i>	12, 66	KENALOG.....	73, 81
<i>indapamide</i>	54	IWILFIN.....	21	KENALOG-80	81
<i>indomethacin</i>	41	IXCHIQ (PF).....	106	KENGREAL.....	58
INFANRIX (DTAP) (PF) ..	106	IXEMPRA	21	KEPIVANCE	17
INFED	138	J		KERENDIA.....	54
INFLECTRA.....	96	<i>jaimiess</i>	117	KESIMPTA PEN.....	103
INGREZZA	34	JAKAFI	21	<i>ketoconazole</i>	3, 70
INGREZZA INITIATION		<i>jantoven</i>	58	<i>ketodan</i>	70
PK(TARDIV).....	34	JANUMET	91	<i>ketoprofen</i>	41
INGREZZA SPRINKLE.....	34	JANUMET XR.....	91	<i>ketorolac</i>	41, 124
INJECTAFER	138	JANUVIA.....	91	KEVEYIS	34
INLYTA	21			KEYTRUDA	22
INPEN (FOR HUMALOG)				KINEVAC	96
PINK	84			KINRIX (PF)	106
				<i>kiprofen</i>	41

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KISQALI.....	22	lapatinib.....	22	LICART.....	41
KITABIS PAK.....	12	larin 1.5/30 (21).....	118	lidocaine.....	68
KLARON.....	69	larin 1/20 (21).....	118	lidocaine hcl.....	68
klayesta.....	70	larin 24 fe.....	118	lidocaine hcl-hydrocortison ac	
klor-con.....	136	larin fe 1.5/30 (28).....	118	.....	68, 97
klor-con 10.....	135	larin fe 1/20 (28).....	118	LIDOCAINE HCL-	
klor-con 8.....	135	LASIX.....	54	HYDROCORTISON AC	.97
klor-con m10.....	135	latanoprost.....	124	lidocaine in 5 % dextrose (pf)	
klor-con m15.....	135	LATUDA.....	46	.....	51
klor-con m20.....	136	laxative (bisacodyl).....	96	lidocaine viscous.....	68
klor-con/ef.....	136	laxative peg 3350.....	97	lidocaine-epinephrine (pf)....	68
KLOXXADO.....	41	layolis fe.....	118	lidocaine-hydrocortisone-aloe	
kobee.....	138	LAZCLUZE.....	22	.....	97
KOSELUGO.....	22	leena 28.....	118	lidocaine-prilocaine.....	68
KOSHER PRENATAL PLUS		leflunomide.....	111	lidocan iii.....	68
IRON.....	138	LEMTRADA.....	103	lidocan iv.....	68
kourzeq.....	79	lenalidomide.....	22	lidocan v.....	68
K-PHOS NO 2.....	134	LENVIMA.....	22	lidocort.....	68
K-PHOS ORIGINAL.....	134	LESCOL XL.....	60	LILETTA.....	112
KRINTAFEL.....	12	lessina.....	118	linezolid.....	12
KRISTALOSE.....	96	letrozole.....	22	linezolid-0.9% sodium chloride	
KRYSTEXXA.....	108	leucovorin calcium.....	17	.....	12
K-TAB.....	136	LEUKERAN.....	22	LINZESS.....	97
kurvelo (28).....	118	LEUKINE.....	102	liothyronine.....	92
KUVAN.....	89	leuprolide.....	22	lisdexamfetamine.....	46
KYLEENA.....	112	levalbuterol hcl.....	131	lisinopril.....	54
L		LEVVID.....	93	lisinopril-hydrochlorothiazide	
<i>l norgest/e.estradiol-e.estrad</i>		LEVEMIR U-100 INSULIN	86	.....	54
.....	118	levetiracetam.....	29	LITEAIRE MDI CHAMBER	
labetalol.....	54	levobunolol.....	122	.....	83
lacosamide.....	29	levocarnitine.....	76	LITFULO.....	76
lactated ringers.....	75	levocarnitine (with sugar)....	76	lithium carbonate.....	46, 47
lactulose.....	96	levofloxacin.....	15, 121	lithium citrate.....	47
LAGEVRIO (EUA).....	6	levofloxacin in d5w.....	15	LITHOBID.....	47
LAMICTAL XR STARTER		levonest (28).....	118	LITHOSTAT.....	76
(BLUE).....	29	levonorgest-eth.estradiol-iron		LIVALO.....	60
LAMICTAL XR STARTER		.....	118	LIVMARLI.....	97
(GREEN).....	29	levonorgestrel.....	118	LIVTENCITY.....	6
LAMICTAL XR STARTER		levonorgestrel-ethinyl estrad		LODINE.....	41
(ORANGE).....	29	.....	118	LODOSYN.....	32
lamivudine.....	6	levonorg-eth estrad triphasic		lofena.....	41
lamivudine-zidovudine.....	6	.....	118	lofexidine.....	41
lamotrigine.....	29	levora-28.....	118	lojaimiess.....	118
LAMZEDE.....	76	levorphanol tartrate.....	38	LOKELMA.....	94
LANCETS.....	84	levo-t.....	92	LOMOTIL.....	93
LANCING DEVICE.....	84	levothyroxine.....	92	LONSURF.....	22
LANOXIN.....	57	levoxyl.....	92	loperamide.....	94
lanreotide.....	22	LEVSIN.....	93	LOPID.....	60
lansoprazole.....	100, 101	LEVSIN/SL.....	93	lopinavir-ritonavir.....	6
lanthanum.....	94	LEVULAN.....	64	LOPRESSOR.....	54

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LOPROX (AS OLAMINE).. 70	LYUMJEV KWIKPEN U-200	MECOBALAMIN (VITAMIN
<i>lorazepam</i> 47	INSULIN 87	B12) 138
<i>lorazepam intensol</i> 47	LYUMJEV TEMPO PEN(U-	MEDROL 81
LORBRENA 22	100)INSULN 87	MEDROL (PAK)..... 81
<i>loryna (28)</i> 118	LYUMJEV U-100 INSULIN	<i>medroxyprogesterone</i> 114
LORZONE 36	 87	<i>mefenamic acid</i> 41
<i>losartan</i> 54	<i>lyza</i> 114	<i>mefloquine</i> 12
<i>losartan-hydrochlorothiazide</i>	M	<i>megestrol</i> 23
..... 54	MACROBID 16	MEKINIST 23
LOTEMAX 125	<i>mafenide acetate</i> 69	MEKTOVI..... 23
LOTEMAX SM 125	<i>magnesium chloride</i> 136	<i>meloxicam</i> 41
LOTENSIN 54	<i>magnesium citrate</i> 97	<i>meloxicam submicronized</i> ... 41
LOTENSIN HCT 54	<i>magnesium sulfate</i> 136	<i>memantine</i> 35
<i>loteprednol etabonate</i> . 125, 126	<i>magnesium sulfate in water</i> 136	MEMANTINE..... 35
<i>lovastatin</i> 60	MALARONE 12	MENOPUR..... 89
<i>low-ogestrel (28)</i> 119	MALARONE PEDIATRIC .12	MENOSTAR 114
<i>loxapine succinate</i> 47	<i>malathion</i> 74	MENQUADFI (PF) 106
<i>lo-zumandimine (28)</i> 119	<i>maraviroc</i> 6	MENVEO A-C-Y-W-135-DIP
<i>lubiprostone</i> 97	MAR-COF CG 128	(PF)..... 106
<i>ludent fluoride</i> 138	MARINOL 97	<i>meperidine</i> 38
<i>lugols</i> 69, 136	<i>marlissa (28)</i> 119	<i>meperidine (pf)</i> 38
LUMAKRAS 22	MARNATAL-F..... 138	<i>meprobamate</i> 36
LUMIGAN 124	MARPLAN 47	MEPRON 12
LUMIZYME 89	MATULANE..... 22	<i>mercaptopurine</i> 23
LUMRYZ 47	<i>matzim la</i> 54	<i>merzee</i> 119
LUMRYZ STARTER PACK	MAVENCLAD (10 TABLET	<i>mesalamine</i> 97
..... 47	PACK)..... 103	<i>mesalamine with cleansing</i>
LUPKYNIS 22	MAVENCLAD (4 TABLET	<i>wipe</i> 97
LUPRON DEPOT 22	PACK)..... 103	<i>mesna</i> 17
LUPRON DEPOT (3	MAVENCLAD (5 TABLET	MESNEX..... 17
MONTH)..... 22	PACK)..... 103	METADATE CD..... 47
LUPRON DEPOT (4	MAVENCLAD (6 TABLET	<i>metaxalone</i> 36
MONTH)..... 22	PACK)..... 103	<i>metformin</i> 91
LUPRON DEPOT (6	MAVENCLAD (7 TABLET	<i>methadone</i> 38
MONTH)..... 22	PACK)..... 103	<i>methadose</i> 38
LUPRON DEPOT-PED 22	MAVENCLAD (8 TABLET	<i>methamphetamine</i> 47
LUPRON DEPOT-PED (3	PACK)..... 103	<i>methazolamide</i> 124
MONTH)..... 22	MAVENCLAD (9 TABLET	<i>methenamine hippurate</i> 16
<i>lurasidone</i> 47	PACK)..... 103	<i>methenamine mandelate</i> 16
<i>lutra (28)</i> 119	MAXITROL 125	<i>methen-sod phos-meth blue-</i>
LUZU 70	<i>maxi-tuss ac</i> 128	<i>hyos</i> 135
LYBALVI 47	MAXI-TUSS CD..... 128	<i>methimazole</i> 82
<i>lyleq</i> 114	MAYZENT 103	METHITEST 89
<i>lyllana</i> 114	MAYZENT STARTER(FOR	<i>methocarbamol</i> 36
LYNPARZA..... 22	1MG MAINT) 103	<i>methotrexate sodium</i> 23
LYSODREN..... 22	MAYZENT STARTER(FOR	<i>methotrexate sodium (pf)</i> 23
LYTGOBI 22	2MG MAINT) 103	<i>methoxsalen</i> 64
LYUMJEV KWIKPEN U-100	<i>meclizine</i> 97	<i>methscopolamine</i> 94
INSULIN 86	<i>meclofenamate</i> 41	<i>methsuximide</i> 29
		<i>methyl salicylate</i> 64

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methyldopa.....	54	minoxidil.....	55	mycophenolate mofetil (hcl) .23	
methyldopa-		MIOCHOL-E.....	122	mycophenolate sodium23	
hydrochlorothiazide	54	miostat	124	MYDAYIS	48
methyldopate	54	mirabegron	134	MYDRIACYL	122
methylergonovine	121	MIRAPEX ER.....	32	MYFEMBREE	115
METHYLIN.....	47	MIRENA	112	MYFORTIC	23
methylphenidate	47	mirtazapine.....	47	MYHIBBIN.....	23
methylphenidate hcl.....	47	MIRVASO.....	67	MYLERAN	23
methylprednisolone	81	misoprostol	101	mynatal	138
methylprednisolone acetate..	81	MITIGARE	108	mynatal plus.....	138
methyltestosterone	89	mitoxantrone.....	23	mynatal-z	138
metoclopramide hcl	97	M-M-R II (PF).....	106	MYOBLOC	107
metolazone.....	54	m-natal plus.....	138	MYRBETRIQ.....	134
METOPIRONE	76	modafinil.....	47	MYSOLINE	29
metoprolol succinate	54	MODERNA COVID 24-		N	
metoprolol ta-hydrochlorothiaz		25(6M-11Y)PF	106	NABI-HB	107
.....	54	moexipril.....	55	nabumetone.....	41
metoprolol tartrate	54	molindone	48	nadolol.....	55
metro i.v.....	12	mometasone	73, 131	nafacillin.....	14
METROCREAM.....	66	mondoxynl.....	16	nafacillin in dextrose iso-osm..	14
METROGEL	66	MONODOX	16	naftifine.....	70
metronidazole	12, 66, 115	mono-lynyah.....	119	NAFTIN	70
metronidazole in nacl (iso-os)		MONOVISC.....	41	NAGLAZYME.....	89
.....	12	montelukast.....	131	nalbuphine	41
metyrosine	55	MORGIDOX 1X100	16	NALFON.....	41
mexiletine	51	morphine.....	38, 39	NALMEFENE	41
MIACALCIN	89	MORPHINE	38	NALOCET	39
mibelas 24 fe	119	morphine concentrate.....	38	naloxone	41
miconazole-3	115	MOTOFEN.....	94	naltrexone	41
MICROCHAMBER.....	83	MOUNJARO.....	91	NAMENDA TITRATION	
microgestin 1.5/30 (21)	119	MOVANTIK	97	PAK	35
microgestin 1/20 (21)	119	MOXATAG.....	14	NAMENDA XR	35
microgestin fe 1.5/30 (28) ..	119	moxifloxacin	15, 121	NAMZARIC.....	35
microgestin fe 1/20 (28)	119	MOXIFLOXACIN-		NAPRELAN CR	41
MICROSPACER.....	83	SOD.ACE,SUL-WATER..	15	NAPROSYN.....	41
midodrine	76	MOZOBIL.....	102	naproxen	41, 42
MIEBO (PF).....	123	MRESVIA (PF).....	107	naproxen sodium	42
MIFEPREX	115	MS CONTIN	39	naproxen-esomeprazole.....	42
mifepristone	89, 115	MUGARD	79	naratriptan.....	33
migergot	33	MULTAQ.....	51	NARCAN	42
miglitol	91	multi-vitamin with fluoride..	138	NARDIL	48
miglustat.....	89	mupirocin.....	69	NASCOBAL.....	138
MIGRANAL	33	mupirocin calcium.....	69	NATACHEW (FE BIS-	
mili.....	119	mvc-fluoride.....	138	GLYCINATE).....	138
milk of magnesia.....	97	my choice	119	NATACYN.....	121
millipred	81	my way.....	119	nateglinide	91
millipred dp	81	MYALEPT	89	NATESTO.....	89
mimvey.....	114	MYCAPSSA	23	natura-lax	97
MINOCIN	16	MYCOBUTIN.....	12	NAYZILAM.....	29
minocycline.....	16	mycophenolate mofetil.....	23	nebivolol	55

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NEBUPENT	12	<i>nicardipine</i>	55	NORGESIC FORTE	36
<i>nebusal</i>	131	NICODERM CQ	78	<i>norgestimate-ethinyl estradiol</i>	
NEBUSAL	131	<i>nicorette</i>	78	.....	119
<i>necon 0.5/35 (28)</i>	119	NICORETTE.....	78	NORMOSOL-R.....	136
NEEVODHA (WITH ALGAL		<i>nicotine</i>	78	NORMOSOL-R PH 7.4.....	137
OIL).....	138	<i>nicotine (polacrilex)</i>	78	<i>nortrel 0.5/35 (28)</i>	119
<i>nefazodone</i>	48	NICOTROL NS.....	78	<i>nortrel 1/35 (21)</i>	119
<i>nelarabine</i>	23	<i>nifedipine</i>	55	<i>nortrel 1/35 (28)</i>	119
<i>neomycin</i>	12	<i>nikki (28)</i>	119	<i>nortrel 7/7/7 (28)</i>	119
<i>neomycin-bacitracin-poly-hc</i>		NILANDRON	23	<i>nortriptyline</i>	48
.....	125	<i>nilutamide</i>	23	NORVIR.....	6
<i>neomycin-bacitracin-</i>		<i>nimodipine</i>	55	NOURIANZ	32
<i>polymyxin</i>	121	NINJACOF-XG.....	128	NOVAREL	89
<i>neomycin-polymyxin b gu</i>	75	NINLARO	23	NOVAVAX COVID 2024-	
<i>neomycin-polymyxin b-</i>		NIPENT.....	23	25(PF)(EUA)	107
<i>dexameth</i>	125	<i>nisoldipine</i>	55	NOVOPEN ECHO	85
<i>neomycin-polymyxin-</i>		<i>nitazoxanide</i>	12	NOXAFIL.....	3
<i>gramicidin</i>	121	<i>nitisinone</i>	76	<i>np thyroid</i>	92
<i>neomycin-polymyxin-hc 80</i> , 125		<i>nitro-bid</i>	61	NPLATE.....	58
NEONATAL COMPLETE 138		NITRO-DUR	61	NUBEQA	23
NEONATAL FE	138	<i>nitrofurantoin</i>	16	NUCALA	131
NEONATAL PLUS		<i>nitrofurantoin macrocrystal</i> .16		NUCORT.....	73
VITAMIN.....	138	<i>nitrofurantoin monohyd/m-</i>		NUEDEXTA	35
NEONATAL-DHA	138	<i>cryst</i>	16	NULEV.....	94
<i>neo-polycin</i>	121	<i>nitroglycerin</i>	61, 97	NULOJIX	24
<i>neo-polycin hc</i>	125	NITROLINGUAL	61	NUPLAZID	48
NEORAL.....	23	NITROMIST	61	NURTEC ODT	33
<i>neostigmine methylsulfate</i>	36	NITROSTAT.....	61	NUVESSA.....	115
NEO-SYNALAR	69	<i>nitro-time</i>	62	NUZYRA	16
NEO-SYNALAR KIT	69	NITYR.....	76	<i>nyamyc</i>	70
NERLYNX.....	23	<i>niva thyroid</i>	92	<i>nylia 1/35 (28)</i>	119
NESTABS	139	NIVESTYM	102	<i>nylia 7/7/7 (28)</i>	119
NESTABS ABC.....	138	<i>nizatidine</i>	101	NYMALIZE	55
NESTABS DHA	139	NOC DURNA (MEN).....	89	NYNUTEY	68
NESTABS ONE.....	139	NOC DURNA (WOMEN)	89	<i>nystatin</i>	3, 70
<i>neuac</i>	67	<i>nora-be</i>	114	<i>nystatin-triamcinolone</i>	70
NEUAC KIT	67	NORDITROPIN FLEXPPO		<i>nystop</i>	70
NEUPRO.....	32	.....	102	O	
<i>nevirapine</i>	6	<i>norelgestromin-ethin.estradiol</i>		OB COMPLETE ONE	139
<i>new day</i>	119	.....	115	OB COMPLETE PETITE ..	139
<i>newgen</i>	139	<i>noreth-ethinyl estradiol-iron</i>		OB COMPLETE PREMIER	
NEXAVAR	23	.....	119	.....	139
NEXLETOL	60	<i>norethindrone (contraceptive)</i>		OB COMPLETE WITH DHA	
NEXLIZET.....	60	.....	114	.....	139
NEXOBRID	74	<i>norethindrone acetate</i>	114	OALIVA	97
NEXPLANON	115	<i>norethindrone ac-eth estradiol</i>		<i>ocella</i>	119
NEXTERONE	51	.....	114, 119	OCREVUS	103
NEXVIAZYME	89	<i>norethindrone-e.estradiol-iron</i>		<i>octreotide acetate</i>	24
NGENLA	102		119	<i>octreotide,microspheres</i>	24
<i>niacin</i>	60	NORGESIC	36	OCUFLOX	121

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ODACTRA	107	ONETOUCH ULTRA TEST	82	oseltamivir	6
ODEFSEY	6	ONETOUCH ULTRA2 METER	85	OSENI	91
ODOMZO	24	ONETOUCH VERIO FLEX METER	85	OSMOLEX ER.....	32
OFEV	131	ONETOUCH VERIO REFLECT METER	85	OTEZLA.....	111
ofloxacin	15, 80, 121	ONETOUCH VERIO TEST STRIPS	82	OTEZLA STARTER.....	111
OGSIVEO	24	ONEXTON.....	67	OTOVEL	80
OJEMDA.....	24	ONGENTYS	32	OVACE	62
olanzapine	48	opcicon one-step.....	119	OVACE PLUS.....	62
olanzapine-fluoxetine	48	OPILL.....	114	OVACE PLUS SHAMPOO.....	62
olmesartan	55	opium tincture.....	94	OVACE PLUS WASH.....	62
olmesartan-amlodipin-hcthiamid	55	OPSUMIT	131	OVIDE.....	74
olmesartan-hydrochlorothiazide	55	OPSYNVI.....	131	OVIDREL.....	89
olopatadine.....	79, 123	OPTICHAMBER DIAMOND VHC.....	83	oxacillin	14
OLPRUVA.....	76	option-2	119	oxacillin in dextrose(iso-osm)	14
OLUX.....	73	OPVEE	42	oxaliplatin.....	24
OMECLAMOX-PAK	101	OPZELURA	64	oxaprozin	42
omega-3 acid ethyl esters.....	60	ORACIT	135	oxazepam	48
omeprazole	101	oral saline laxative	98	oxcarbazepine.....	30
omeprazole-sodium bicarbonate.....	101	ORALAIR	107	OXERVATE.....	123
OMIDRIA	123	oralone.....	79	oxiconazole	70
OMNIPOD 5 (G6/LIBRE 2 PLUS).....	85	ORAMAGICRX.....	79	OXTELLAR XR	30
OMNIPOD 5 G6-G7 INTRO KT(GEN5).....	85	ORAPRED ODT	81	oxybutynin chloride	134
OMNIPOD 5 G6-G7 PODS (GEN 5).....	85	ORAVIG	3	oxycodone	39
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	85	ORENITRAM	55	oxycodone-acetaminophen ...	39
OMNIPOD DASH INTRO KIT (GEN 4)	85	ORENITRAM MONTH 1 TITRATION KT	55	OXYCONTIN	39
OMNIPOD DASH PODS (GEN 4).....	85	ORENITRAM MONTH 2 TITRATION KT	55	oxymorphone	39
OMNIPOD GO PODS 10 UNITS/DAY	85	ORENITRAM MONTH 3 TITRATION KT	55	oxytocin.....	121
OMNITROPE.....	102	ORFADIN	76	OXYTROL	134
OMVOH.....	97	ORGOVYX	24	OZEMPIC.....	91
OMVOH PEN	97	ORIAHNN.....	115	P	
ONCASPAR	24	ORLISSA	89	pacerone	51
ondansetron	98	ORKAMBI	131	paclitaxel	24
ondansetron hcl	98	ORLADEYO.....	131	paclitaxel protein-bound	24
ondansetron hcl (pf)	97	ormalvi.....	35	paliperidone.....	48
ONE A DAY WOMEN'S PRENATAL DHA	139	orphenadrine citrate.....	36	PALYNZIQ	89
one daily prenatal.....	139	orphenadrine-asa-caffeine ...	36	PAMELOR.....	48
onelax magnesium citrate.....	98	orphengesic forte.....	36	pamidronate.....	89
		ORSERDU	24	PANCREAZE.....	98
		ORTHOVISC	42	PANDEL	73
		oscimin.....	94	PANRETIN	64
		oscimin sl.....	94	pantoprazole	101
				papaverine	55
				PARAGARD T 380A.....	112
				paraplatin	24
				paricalcitol	89
				PARICALCITOL	89
				PARNATE.....	48
				paromomycin	12
				paroxetine hcl	48

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<i>paroxetine</i>		<i>phenytoin</i>	30	<i>potassium iodide</i>	82
<i>mesylate(menop.sym)</i>	48	<i>phenytoin sodium</i>	30	<i>povidone-iodine</i>	122
PASER	12	<i>phenytoin sodium extended</i> ..	30	<i>powderlax</i>	98
PAXIL	48	<i>philith</i>	119	PR BENZOYL PEROXIDE..	67
PAXIL CR.....	48	<i>phosphate laxative</i>	98	<i>pr natal 400</i>	139
PAXLOVID	6	PHOSPHOLINE IODIDE ..	122	<i>pr natal 400 ec</i>	139
<i>pazopanib</i>	24	PHOTOFRIN.....	24	<i>pr natal 430</i>	139
PEDIARIX (PF)	107	PHYSIOLYTE	75	<i>pr natal 430 ec</i>	139
PEDVAX HIB (PF).....	107	PHYSIOSOL IRRIGATION	75	PRALATREXATE.....	24
<i>peg 3350-electrolytes</i>	98	<i>phytonadione (vitamin k1)</i>	58	<i>pramipexole</i>	32
<i>peg3350-sod sul-nacl-kcl-asb-c</i>		<i>pilocarpine hcl</i>	76, 79, 123	PRAMOSONE	62
.....	98	<i>pimecrolimus</i>	64	<i>prasugrel</i>	58
PEGASYS	102	<i>pimozide</i>	48	<i>pravastatin</i>	60
<i>peg-electrolyte soln</i>	98	<i>pimtree (28)</i>	120	<i>praziquantel</i>	12
PEMAZYRE	24	<i>pindolol</i>	55	<i>prazosin</i>	55
PENBRAYA (PF)	107	<i>pioglitazone</i>	91	PRECISION XTRA	
<i>penciclovir</i>	71	<i>pioglitazone-glimepiride</i>	91	MONITOR	85
<i>penicillamine</i>	111	<i>pioglitazone-metformin</i>	91	PRECISION XTRA TEST ..	82
PENICILLIN G POT IN		PIQRAY	24	PRECOSE.....	91
DEXTROSE	14	<i>pirfenidone</i>	131	PRED FORTE	126
<i>penicillin g potassium</i>	14	<i>piroxicam</i>	42	<i>prednicarbate</i>	74
<i>penicillin g sodium</i>	14	<i>pitavastatin calcium</i>	60	<i>prednisolone</i>	81
<i>penicillin v potassium</i>	14	PLAN B ONE-STEP	120	<i>prednisolone acetate</i>	126
PENTACEL (PF)	107	PLASMA-LYTE A	137	<i>prednisolone sodium</i>	
<i>pentamidine</i>	12	PLEGRIDY	103, 104	<i>phosphate</i>	81, 126
PENTASA.....	98	<i>plerixafor</i>	102	<i>prednisone</i>	82
<i>pentazocine-naloxone</i>	42	PLEXION	67	<i>prednisone intensol</i>	82
<i>pentoxifylline</i>	58	PLEXION NS.....	62	<i>pregabalin</i>	30
PEPCID	101	PNEUMOVAX-23	107	PREGNYL.....	89
<i>perindopril erbumine</i>	55	<i>pnv-dha</i>	139	PREMARIN	114
PERJETA	24	<i>pnv-omega</i>	139	PRENATA.....	139
<i>permethrin</i>	75	<i>pnv-select</i>	139	<i>prenatabs fa</i>	139
<i>perphenazine</i>	48	POCKET CHAMBER.....	83	<i>prenatabs rx</i>	139
<i>perphenazine-amitriptyline</i> ..	48	<i>podofilox</i>	64	<i>prenatal</i>	139
PFIZER COVID 2024-25(5Y-		<i>polocaine-mpf</i>	69	PRENATAL	139
11Y)PF	107	<i>polycin</i>	121	PRENATAL + DHA	139
PFIZER COVID 2024-		<i>polyethylene glycol 3350</i>	98	<i>prenatal complete</i>	139
25(6MO-4Y)PF	107	<i>polymyxin b sulfate</i>	12	<i>prenatal multi-dha (algal oil)</i>	
<i>pfizerpen-g</i>	14	<i>polymyxin b sulf-trimethoprim</i>		.....	139
PHEBURANE	76	.....	122	<i>prenatal multivitamins</i>	139
<i>phenazopyridine</i>	135	POLY-TUSSIN AC.....	128	<i>prenatal one daily</i>	139
<i>phenelzine</i>	48	POMALYST	24	<i>prenatal plus</i>	139
PHENERGAN.....	127	PONVORY	104	<i>prenatal plus (calcium carb)</i>	
<i>phenobarb-hyoscy-atropine-</i>		PONVORY 14-DAY		.....	139
<i>scop</i>	94	STARTER PACK.....	104	PRENATAL PLUS DHA...139	
<i>phenobarbital</i>	30	<i>portia 28</i>	120	PRENATAL PLUS	
<i>phenohydro</i>	94	<i>posaconazole</i>	4	VITAMIN-MINERAL ..139	
<i>phenoxybenzamine</i>	55	<i>potassium chloride</i>	136	<i>prenatal vit no.179-iron-folic</i>	
<i>phenylephrine hcl</i>	126	POTASSIUM CHLORIDE	136		139
PHENYTEK.....	30	<i>potassium citrate</i>	135	<i>prenatal vitamin</i>	140

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<i>prenatal vitamin with minerals</i>	140	PROCHAMBER	83	Q	
<i>prenatal-u</i>	140	<i>prochlorperazine</i>	98	Q-CARE RX Q4.....	79
PRENATE AM	140	<i>prochlorperazine edisylate</i> ...	98	QELBREE	48
PRENATE CHEWABLE... 140		<i>prochlorperazine maleate</i>	98	QUADRACEL (PF)	107
PRENATE DHA (FERR ASP		PROCORT.....	98	QUALAQUIN	13
GLYCIN)	140	PROCRT	102	QUDEXY XR.....	30
PRENATE ELITE (IRON ASP		PROCTOCORT.....	74, 98	QUESTRAN.....	60
GLYC).....	140	<i>procto-med hc</i>	98	QUESTRAN LIGHT.....	60
PRENATE ENHANCE.....	140	<i>proctosol hc</i>	98	<i>quetiapine</i>	48, 49
PRENATE		<i>proctozone-hc</i>	98	QUILLICHEW ER.....	49
ESSENTIAL(IRON-ASP-		<i>progesterone</i>	114	QUILLIVANT XR	49
GL)	140	<i>progesterone micronized</i>	114	<i>quinapril</i>	56
PRENATE MINI (FERR ASP		PROGLYCEM	83	<i>quinapril-hydrochlorothiazide</i>	
GLYCIN)	140	PROGRAF.....	24	.....	56
PRENATE PIXIE.....	140	<i>prolate</i>	39	<i>quinidine gluconate</i>	51
PRENATE RESTORE	140	PROLENSA	124	<i>quinidine sulfate</i>	51
PRENATE STAR.....	140	PROLEUKIN	102	<i>quinine sulfate</i>	13
PREPIDIL	115	PROMACTA.....	59	<i>quit 2</i>	78
PRESTALIA	55	<i>promethazine</i>	127	<i>quit 4</i>	78
PRETOMANID.....	12	<i>promethazine-codeine</i>	128	QULIPTA	33
<i>prevalite</i>	60	<i>promethazine-dm</i>	128	QUVIVIQ	49
PREVDUO	36	<i>promethazine-phenylephrine</i>		QUZYTIR	127
PREVIDENT.....	79	.....	128	QVAR REDIHALER	131
PREVIDENT 5000 BOOSTER		<i>promethegan</i>	127	R	
PLUS	79	PROMETRIUM	114	<i>rabeprazole</i>	101
PREVIDENT 5000 ENAMEL		<i>propafenone</i>	51	RADICAVA ORS STARTER	
PROTECT	79	<i>proparacaine</i>	123	KIT SUSP	35
PREVIDENT 5000 ORTHO		<i>propranolol</i>	55	RADIOGARDASE.....	77
DEFENSE	79	<i>propranolol-</i>		RAGWITEK.....	107
PREVIDENT 5000 PLUS....	79	<i>hydrochlorothiazid</i>	56	<i>raloxifene</i>	109
PREVIDENT 5000		<i>propylthiouracil</i>	82	<i>ramelteon</i>	49
SENSITIVE.....	79	PROQUAD (PF).....	107	<i>ramipril</i>	56
PREVIDENT KIDS	79	PROSCAR.....	134	<i>ranolazine</i>	61
PREVNAR 20 (PF)	107	PROSTIN VR PEDIATRIC		RAPIVAB (PF)	6
PREVYMIS.....	6	.....	135	<i>rasagiline</i>	32
PREZISTA	6	<i>protamine</i>	59	RASUVO (PF).....	111
PRIFTIN.....	12	<i>protriptyline</i>	48	RAYALDEE.....	89
PRIMACARE	140	PROVERA	114	RAYOS.....	82
<i>primaquine</i>	12	PROVIDA OB.....	140	REBIF (WITH ALBUMIN)	
PRIMAXIN IV	12	<i>prudoxin</i>	64	.....	104
PRIMEAIRE	83	<i>pulmosal</i>	131	REBIF REBIDOSE	104
<i>primidone</i>	30	PULMOZYME.....	131	REBIF TITRATION PACK	
PRIMSOL	16	<i>purelax</i>	98	.....	104
PRIORIX (PF).....	107	PURIXAN	24	<i>reclipsen (28)</i>	120
<i>probenecid</i>	108	<i>pyrazinamide</i>	12	RECOMBIVAX HB (PF)...	107
<i>probenecid-colchicine</i>	109	<i>pyridostigmine bromide</i>	36	RECTIV.....	98
<i>procainamide</i>	51	PYRIDOSTIGMINE		REGLAN	98
PROCARDIA XL	55	BROMIDE.....	36	<i>regonol</i>	36
<i>procentra</i>	48	<i>pyrimethamine</i>	12	REGRANEX	64
		PYRUKYND.....	76, 77	RELAGARD	115

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

RELENZA DISKHALER.....6	<i>ritonavir</i>.....6	SCEMBLIX.....25
RELISTOR.....99	<i>rivastigmine</i>.....35	<i>scopolamine base</i>.....99
REMERON .....49	<i>rivastigmine tartrate</i>.....35	SECUADO .....49
REMERON SOLTAB.....49	<i>rivelsa</i> .....120	SEGLUROMET .....92
REMODULIN.....56	<i>rizatriptan</i>.....33	SELECT-OB.....140
RENACIDIN.....135	R-NATAL OB.....140	SELECT-OB (FOLIC ACID) .....140
<i>rena-vite</i> .....140	ROBAXIN.....36	SELECT-OB + DHA.....140
RENVELA .....94	ROBINUL .....94	<i>selegiline hcl</i>.....32
<i>repaglinide</i> .....91	ROBINUL FORTE.....94	<i>selenium sulfide</i> .....62
REPATHA PUSHTRONEX 60	ROCALTROL .....89	SELZENTRY .....6, 7
REPATHA SURECLICK ....60	<i>roflumilast</i> .....132	SEMGLEE(INSULIN GLARGINE-YFGN) .....87
REPATHA SYRINGE .....60	<i>ropinirole</i>.....32	SEMGLEE(INSULIN GLARG-YFGN)PEN .....87
RESPA-AR .....128	<i>rosadan</i>.....67	<i>se-natal 19 chewable</i> .....140
RESTASIS .....123	ROSADAN.....67	<i>se-natal-19</i>.....140
RESTASIS MULTIDOSE .123	ROSULA .....67	SEREVENT DISKUS .....132
RESTORIL.....49	<i>rosula cleansing cloths</i>.....67	SEROSTIM .....102
RETACRIT .....102	<i>rosuvastatin</i> .....60	<i>sertraline</i>.....49
RETEVMO .....24	ROSZET .....61	<i>setlakin</i>.....120
RETIN-A.....67	ROTARIX .....107	<i>sevelamer carbonate</i>.....94
RETIN-A MICRO PUMP ....67	ROTATEQ VACCINE.....107	<i>sevelamer hcl</i> .....94
RETROVIR.....6	ROWASA.....99	SEYSARA.....16
REVATIO .....131	<i>roweepra</i>.....30	<i>sf 80</i>
REVLIMID .....24	ROXICODONE.....39	<i>sf 5000 plus</i>.....80
REXTOVY.....42	ROZLYTREK .....24	SFROWASA .....99
REXULTI.....49	RUBRACA.....25	<i>sharobel</i> .....114
REYATAZ .....6	RUCONEST .....132	SHINGRIX (PF).....107
REYVOW .....33	<i>rufinamide</i> .....30	SIGNIFOR.....25
REZDIFFRA .....77	RYALTRIS .....132	<i>sildenafil (pulm.hypertension)</i> .....132
REZUROCK .....24	RYBELSUS.....92	SILENOR .....49
REZZAYO .....4	RYCLORA.....127	<i>silodosin</i>.....134
RHOFADE.....67	RYDAPT .....25	SILVADENE.....63
<i>ribavirin</i>.....6, 101	RYKINDO.....49	<i>silver sulfadiazine</i>.....63
RIDAURA.....111	RYLAZE .....25	SIMBRINZA .....124
<i>rifabutin</i>.....13	RYTARY.....32	SIMLANDI(CF) AUTOINJECTOR .....112
RIFADIN.....13	RYVENT.....127	<i>simliya (28)</i>.....120
<i>rifampin</i> .....13	S	<i>simpesse</i>.....120
RILUTEK.....77	<i>sajazir</i> .....132	SIMPONI.....112
<i>riluzole</i>.....77	SALAGEN (PILOCARPINE) .....77, 80	SIMPONI ARIA.....112
<i>rimantadine</i> .....6	<i>salsalate</i>.....42	SIMULECT .....25
<i>ringer's</i> .....75	SANCUSO .....99	<i>simvastatin</i>.....61
RINVOQ .....112	SANDIMMUNE .....25	SINCALIDE .....99
RINVOQ LQ.....111	SANDOSTATIN .....25	SINEMET .....32
RIOMET .....92	SANTYL .....74	<i>sirolimus</i> .....25
<i>risedronate</i> .....77, 109	<i>sapropterin</i> .....89	SIRTURO.....13
RISPERDAL .....49	SAVELLA.....112	SIVEXTRO .....13
RISPERDAL CONSTA .....49	<i>saxagliptin</i> .....92	
<i>risperidone</i> .....49	<i>saxagliptin-metformin</i> .....92	
<i>risperidone microspheres</i>.....49	<i>scalacort</i> .....74	
RITEFLO AEROCHAMBER.....83	SCALACORT DK .....74	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

SKYLA	112	spironolacton-		sumatriptan.....	33
SKYRIZI	62, 99	hydrochlorothiaz	56	sumatriptan succinate.....	33
smoothlax	99	SPORANOX	4	sumatriptan-naproxen	33
sodium chlor 0.9% bacteriostat		sprintec (28)	120	sunitinib malate	25
.....	77	SPRITAM.....	30	SUNLENCA.....	7
sodium chloride	77, 132, 136	SPRIX.....	42	SUNOSI.....	49
sodium chloride 0.45 %.....	136	SPRYCEL	25	super b maxi complex	140
sodium chloride 0.9 %.....	77	sps (with sorbitol)	94	super b-50 complex.....	140
sodium chloride 3 %		sronyx	120	super quintis	140
hypertonic.....	136	ssd	63	SUTENT	25
sodium chloride 5 %		SSKI	82	syeda	120
hypertonic.....	136	sss 10-5	67	SYLVANT	25
sodium citrate-citric acid ...	135	st joseph aspirin.....	42	SYMAX DUOTAB	94
sodium ferric gluconat-sucrose		st. joseph aspirin.....	42	symax fastabs.....	94
.....	77	STEGLATRO.....	92	symax-sl	94
sodium fluoride 5000 plus	80	STEGLUJAN	92	symax-sr	94
sodium fluoride-pot nitrate...	80	STELARA	62, 63	SYMBICORT	132
SODIUM OXYBATE	49	STIOLTO RESPIMAT.....	132	SYMBYAX	49
sodium phenylbutyrate	77	STIVARGA.....	25	SYMDEKO	132
sodium polystyrene sulfonate	94	stop smoking aid	78	SYMFI	7
sodium,potassium,mag sulfates		STRENSIQ.....	90	SYMFI LO.....	7
.....	99	STREPTOMYCIN	13	SYMLINPEN 120	92
SOHONOS	77	stress formula with iron.....	140	SYMLINPEN 60	92
solifenacin	134	stress formula with iron(sulf)		SYMPAZAN	30
SOLQUA 100/33	87	.....	140	SYMPROIC.....	99
SOLIRIS.....	77	STRIVERDI RESPIMAT ..	132	SYMTUZA.....	7
SOLTAMOX.....	25	STROMECTOL	13	SYNAGIS.....	7
solvita	140	strong iodine	69, 136	SYNALAR	74
solvita a,c,d with fluoride .	140	SUBLOCADE	39	SYNALAR CREAM KIT ...	74
SOMA	36	subvenite	30	SYNALAR OINTMENT KIT	
SOMATULINE DEPOT	25	subvenite starter (blue) kit....	30	.....	74
SOMAVERT	90	subvenite starter (green) kit .	30	SYNALAR TS.....	74
SOOLANTRA.....	67	subvenite starter (orange) kit	30	SYNAREL.....	90
sorafenib.....	25	SUCRAID	99	SYNDROS	99
SORBITOL	75	sucralfate	101	SYNJARDY	92
SORBITOL-MANNITOL....	75	SULAR.....	56	SYNJARDY XR.....	92
sotalol	51	sulfacetamide sodium ...	63, 126	SYPRINE	77
SOTALOL.....	51	sulfacetamide sodium (acne)	69	T	
sotalol af.....	51	sulfacetamide sodium-sulfur.	67	T	
SOTYKTU	62	sulfacetamide-prednisolone	126	FLEX	85
SOTYLIZE.....	51	sulfacleanse 8-4.....	67	SLIM X2.....	85
SPACE CHAMBER.....	83	sulfadiazine.....	15	TABLOID.....	25
SPEVIGO	62	sulfamethoxazole-trimethoprim		TABRECTA	25
SPIKEVAX 2024-2025(12Y		.....	15	TACLONEX.....	63
UP)(PF)	108	SULFAMYLON.....	69	tacrolimus	25, 64
spinosad.....	75	sulfasalazine	99	tadalafil.....	134
SPIRIVA RESPIMAT	132	sulfatrim.....	15	tadalafil (pulm. hypertension)	
SPIRIVA WITH		sulindac	42	.....	132
HANDIHALER.....	132	SUMADAN.....	67	TAFINLAR	25
spironolactone	56	SUMADAN XLT	68	tafluprost (pf).....	124

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TAGRISSO	25	TENORETIC 100.....	56	TOBI PODHALER	13
TAKE ACTION	120	TENORETIC 50.....	56	TOBRADEX	125
TAKHZYRO	132	TENORMIN	56	<i>tobramycin</i>	13, 122
TALICIA	101	<i>terazosin</i>	56	<i>tobramycin in 0.225 % nacl.</i>	13
TALTZ AUTOINJECTOR ..	63	<i>terbinafine hcl</i>	4	<i>tobramycin sulfate</i>	13
TALTZ AUTOINJECTOR (2		<i>terbutaline</i>	132	TOBRAMYCIN WITH	
PACK).....	63	<i>terconazole</i>	115	NEBULIZER.....	13
TALTZ AUTOINJECTOR (3		<i>teriflunomide</i>	104	<i>tobramycin-dexamethasone</i>	125
PACK).....	63	<i>teriparatide</i>	109	TOBRAMYCIN-	
TALTZ SYRINGE.....	63	TERIPARATIDE	109	VANCOMYCIN.....	122
TALZENNA.....	25	TERSI FOAM	63	TOBREX	122
TAMIFLU	7	TESTOPEL	90	TOLAK.....	64
<i>tamoxifen</i>	25	<i>testosterone</i>	90	<i>tolcapone</i>	32
<i>tamsulosin</i>	134	TESTOSTERONE.....	90	TOLECTIN 600.....	42
TANDEM MOBI		<i>testosterone cypionate</i>	90	<i>tolmetin</i>	42
CARTRIDGE	85	<i>testosterone enanthate</i>	90	<i>tolterodine</i>	134
<i>tanlor</i>	36	<i>tetrabenazine</i>	35	<i>tolvaptan</i>	90
TAPERDEX	82	<i>tetracaine hcl</i>	123	TOPICORT.....	74
TARCEVA.....	25	TETRACAINE HCL (PF).....	123	<i>topiramate</i>	30, 31
TARGADOX	16	<i>tetracycline</i>	16	<i>topotecan</i>	26
TARGRETIN	25	TEVIMBRA	26	<i>toremifene</i>	26
<i>tarina 24 fe</i>	120	TEXACORT.....	74	<i>torpenz</i>	26
<i>tarina fe 1/20 (28)</i>	120	THALOMID.....	26	<i>torsemide</i>	56
<i>taron-c dha</i>	140	THEO-24.....	132	TOSYMRA.....	33
TARPEYO	82	<i>theophylline</i>	132	TOUJEO MAX U-300	
TASIGNA	25	THIOLA EC	77	SOLOSTAR	87
<i>tasimelteon</i>	49	<i>thioridazine</i>	49	TOUJEO SOLOSTAR U-300	
TASMAR	32	<i>thiothixene</i>	49	INSULIN	87
<i>tavaborole</i>	70	THRIVITE RX.....	141	<i>tovet emollient</i>	74
TAVALISSE	59	THYMOGLOBULIN	108	TOVIAZ	134
<i>tazarotene</i>	68	<i>thyroid (pork)</i>	92	TRACLEER	132
<i>tazicef</i>	9	<i>tiadylt er</i>	56	<i>tramadol</i>	42
TAZVERIK.....	26	<i>tiagabine</i>	30	<i>tramadol-acetaminophen</i>	42
TDVAX.....	108	TIAZAC	56	<i>trandolapril</i>	56
TECELRA.....	26	TIBSOVO.....	26	<i>trandolapril-verapamil</i>	56
TEFLARO	9	TICE BCG.....	108	<i>tranexamic acid</i>	59, 115
TEGLUTIK	77	TIGAN.....	99	<i>tranylcypromine</i>	49
TEGRETOL	30	TIGLUTIK	77	<i>travoprost</i>	125
TEGRETOL XR.....	30	<i>tilia fe</i>	120	<i>trazodone</i>	50
<i>telmisartan</i>	56	TIMOL-BRIMON-DORZOL-		TRECTOR	13
<i>telmisartan-amlodipine</i>	56	BIMATO(PF).....	124	TRELEGY ELLIPTA.....	133
<i>telmisartan-hydrochlorothiazid</i>		<i>timolol maleate</i>	56, 122	TREMFYA	63
.....	56	<i>timolol maleate (pf)</i>	122	TREMFYA PEN	63
<i>temazepam</i>	49	<i>tinidazole</i>	13	<i>treprostinil sodium</i>	56
TEMBEXA	7	<i>tiopronin</i>	77	TRESIBA FLEXTOUCH U-	
TEMODAR	26	<i>tiotropium bromide</i>	132	100	87
<i>temozolomide</i>	26	<i>tis-u-sol pentalyte</i>	75	TRESIBA FLEXTOUCH U-	
<i>tencon</i>	39	TIVICAY.....	7	200	87
TENIVAC (PF)	108	TIVICAY PD	7	TRESIBA U-100 INSULIN ..	87
<i>tenofovir disoproxil fumarate</i>	7	<i>tizanidine</i>	36	<i>tretinoin</i>	68

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<i>tretinoin (antineoplastic)</i>26	TRULANCE.....99	<i>uryl</i>135
<i>tretinoin microspheres</i>68	TRULICITY.....92	UVADEX64
TREXALL.....26	TRUMENBA.....108	UZEDY.....50
TREZIX.....39	TRUSTEX-RIA NON-LUB	V
<i>triamcinolone acetonide</i> 74, 80, 82	CONDOMS.....112	<i>valacyclovir</i> .....7
<i>triamterene</i> .....56	TUKYSA.....26	VALCHLOR .....64
<i>triamterene-hydrochlorothiazid</i>.....56	<i>tulana</i>.....114	VALCYTE .....7
<i>triazolam</i> .....50	TURALIO .....26	<i>valganciclovir</i> .....7
TRICARE.....141	<i>turqoz (28)</i>.....120	<i>valproate sodium</i> .....31
<i>tricon</i> .....141	TUXARIN ER.....128	<i>valproic acid</i>.....31
<i>triderm</i>.....74	TWIIST REFILL KT(CSST- NDL-SYR) .....85	<i>valproic acid (as sodium salt)</i> .....31
<i>trientine</i> .....77	TWIIST RFL(INFUS-CSST- NDL-SYR) .....85	<i>valsartan</i> .....56
TRIESENCE (PF) .....82	TWIIST STARTER KIT .....85	<i>valsartan-hydrochlorothiazide</i>.....56
<i>tri-estarylla</i>.....120	TWINRIX (PF).....108	VALTOCO .....31
TRIFERIC .....141	TWYNEO.....68	<i>vanadom</i> .....36
<i>trifluoperazine</i> .....50	TYBOST .....7	VANCOCIN .....17
<i>trifluridine</i> .....122	<i>tydemy</i>.....120	<i>vancomycin</i> .....17
<i>trihexyphenidyl</i>.....32	TYENNE .....112	<i>vandazole</i> .....115
TRIJARDY XR.....92	TYENNE AUTOINJECTOR.....112	VANOXIDE-HC .....68
TRIKAFTA .....133	TYKERB .....26	<i>varenicline</i> .....78
<i>tri-legest fe</i>.....120	TYMLOS.....109	VARIVAX (PF).....108
<i>tri-lynyah</i>.....120	TYRVAYA .....123	VARUBI.....99
TRILIPIX .....61	TYSABRI.....35	VASCEPA.....61
<i>tri-lo-estarylla</i> .....120	TYVASO.....133	VASERETIC .....56
<i>tri-lo-marzia</i> .....120	TYVASO DPI .....133	VASOTEC.....57
<i>tri-lo-mili</i> .....120	TYVASO REFILL KIT.....133	VAXELIS (PF).....108
<i>tri-lo-sprintec</i> .....120	TYVASO STARTER KIT .133	VAXNEUVANCE (PF) .....108
<i>trimethobenzamide</i> .....99	U	VCF CONTRACEPTIVE FILM.....115
<i>trimethoprim</i>.....17	UBRELVY .....33	VCF CONTRACEPTIVE GEL.....115
<i>tri-mili</i> .....120	UCERIS.....99	VECTIBIX .....26
<i>trimipramine</i>.....50	ULESFIA.....75	VECTICAL .....63
TRIMO-SAN JELLY .....115	UNASYN .....14	<i>veletri</i>.....57
<i>trinatal rx 1</i> .....141	<i>unithroid</i> .....93	<i>velivet triphasic regimen (28)</i> .....120
<i>trinate</i> .....141	UNITUXIN .....26	VELPHORO.....94
TRINTELLIX.....50	UPTRAVI.....56	VELTASSA.....94
TRIPTODUR .....26	URELLE.....135	VEMLIDY.....7
<i>tri-sprintec (28)</i>.....120	<i>uretron d-s</i>.....135	VENCLEXTA .....26
TRISTART DHA .....141	URIBEL TABS .....135	VENCLEXTA STARTING PACK .....26
TRIUMEQ.....7	<i>urimar-t</i> .....135	<i>venlafaxine</i>.....50
TRIUMEQ PD .....7	UROCIT-K 10.....135	VENOFER.....141
<i>tri-vitamin with fluoride</i> ....141	UROCIT-K 15.....135	VENTAVIS .....133
<i>trivora (28)</i>.....120	<i>urogesic-blue</i>.....135	VEOZAH.....116
<i>tri-vylibra</i> .....120	<i>uro-mp</i> .....135	<i>verapamil</i>.....57
<i>tri-vylibra lo</i> .....120	UROQID-ACID NO.2.....135	VERELAN PM.....57
TROKENDI XR.....31	<i>uro-sp</i>.....135	
<i>tropicamide</i>.....122	URSO FORTE.....99	
<i>trospium</i>.....134	<i>ursodiol</i>.....99	
TRUDHESA.....33		

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

VERQUVO	61	VOQUEZNA.....	101	XARELTO DVT-PE TREAT	
VERSACLOZ	50	VOQUEZNA DUAL PAK.....	101	30D START.....	59
VERZENIO	26	VOQUEZNA TRIPLE PAK		XCOPRI	31
<i>vestura (28)</i>	120	.....	101	XCOPRI MAINTENANCE	
VEVYE	123	VORANIGO.....	27	PACK	31
VFEND	4	<i>voriconazole</i>	4	XCOPRI TITRATION PACK	
VFEND IV	4	VORTEX HOLDING		.....	31
V-GO 20.....	85	CHAMBER	83	XDEMVY.....	123
V-GO 30.....	85	VOSEVI	7	XELJANZ.....	112
V-GO 40.....	85	VOTRIENT	27	XELJANZ XR.....	112
VIBATIV	17	VOWST.....	99	XELODA.....	27
VIBERZI	99	VOXZOGO	90	XENLETA.....	13
VIBRAMYCIN	16	VOYDEYA	77	XEOMIN	108
VIDAZA.....	26	VRAYLAR.....	50	XEPI	69
<i>vienna</i>	120	VTAMA	63	XERMELO.....	27
<i>vigabatrin</i>	31	VUMERITY	104	XGEVA	17
<i>vigadrone</i>	31	<i>vyfemla (28)</i>	121	XHANCE	133
VIGAMOX	122	VYJUVEK.....	64	XIFAXAN	13
<i>vigpoder</i>	31	<i>vylibra</i>	121	XIGDUO XR.....	92
VIJOICE.....	26	VYNDAMAX	61	XIIDRA	124
<i>vilazodone</i>	50	VYNDAQEL.....	61	XIPERE (PF).....	82
VIMIZIM	90	VYVANSE.....	50	XOFLUZA	7
<i>vinblastine</i>	26	VYVGART HYTRULO	36	XOLAIR.....	133
<i>vincasar pfs</i>	26	VYZULTA	125	XOLREMDI.....	102
<i>vincristine</i>	26	W		XOSPATA.....	27
<i>vinorelbine</i>	26	WAKIX	50	XTANDI.....	27
VIOKACE	99	<i>warfarin</i>	59	<i>xulane</i>	116
<i>violele (28)</i>	120	<i>water for irrigation, sterile</i>	77	XULTOPHY 100/3.6	87
VIRACEPT	7	WELIREG	27	XURIDEN	77
VIRAZOLE	7	<i>wera (28)</i>	121	XYLOCAINE-	
VIREAD.....	7	<i>wescap-c dha</i>	141	MPF/EPINEPHRINE	69
VISTARIL.....	127	<i>wescap-pn dha</i>	141	XYOSTED	90
VISTOGARD.....	17	<i>wesnatal dha complete</i>	141	XYWAV	50
VITAFOL FE PLUS	141	<i>wesnate dha</i>	141	Y	
VITAFOL GUMMIES.....	141	<i>westab plus</i>	141	YAZ (28)	121
VITAFOL ULTRA	141	<i>westgel dha</i>	141	YERVOY	27
VITAFOL-OB	141	WIDE-SEAL DIAPHRAGM		YONDELIS	27
VITAFOL-OB+DHA	141	.....	112	YONSA	27
VITAFOL-ONE	141	WINREVAIR.....	133	YORVIPATH.....	90
VITAMEDMD ONE RX ...	141	<i>wintergreen oil</i>	64	YUPELRI	133
<i>vitamin b complex-folic acid</i>		<i>wixela inhub</i>	133	<i>yuvafem</i>	114
.....	141	<i>women's gentle laxative(bisac)</i>		Z	
<i>vitamins a,c,d and fluoride</i> .	141	.....	99	<i>zafemy</i>	116
VITRAKVI.....	26	<i>wymzya fe</i>	121	<i>zafirlukast</i>	133
VIVITROL	42	WYNZORA.....	63	<i>zaleplon</i>	50
VIVJOA	4	X		ZALTRAP	27
VIZIMPRO	26	XACIATO	116	ZANAFLEX	36
VOGELXO.....	90	XALKORI	27	ZANOSAR	27
<i>volnea (28)</i>	120	XARELTO	59	<i>zarah</i>	121
VONJO.....	26			ZARONTIN.....	31

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

ZARXIO.....	102	ZEVALIN (Y-90).....	27	ZONTIVITY.....	59
<i>zatean-pn dha</i>	141	ZIAGEN	8	ZORTRESS	27
<i>zatean-pn plus</i>	141	ZIANA.....	68	ZORYVE	63
ZCORT.....	82	<i>zidovudine</i>	8	<i>zovia 1-35 (28)</i>	121
ZEJULA	27	ZIEXTENZO.....	102	ZOVIRAX	71
ZELBORAF	27	<i>zileuton</i>	133	ZTALMY	31
ZEMBRACE SYMTOUCH.....	33	<i>zingiber</i>	141	ZTLIDO.....	69
ZEMPLAR	90	<i>ziprasidone hcl</i>	50	ZUBSOLV.....	42
<i>zenatane</i>	68	ZIRGAN.....	122	<i>zumandimine (28)</i>	121
ZENPEP	100	ZITHROMAX	10	ZURZUVAE.....	50
<i>zenzedi</i>	50	ZITHROMAX TRI-PAK	10	ZYDELIG.....	27
ZENZEDI	50	ZITHROMAX Z-PAK	10	ZYFLO	133
ZEPATIER.....	7	ZOKINVY	77	ZYKADIA	27
ZEPOSIA	35	ZOLADEX	27	ZYLOPRIM.....	109
ZEPOSIA STARTER KIT (28- DAY).....	35	ZOLINZA.....	27	ZYMFENTRA.....	100
ZEPOSIA STARTER PACK (7-DAY)	35	<i>zolmitriptan</i>	33, 34	ZYNYZ.....	27
ZERBAXA.....	9	ZOLMITRIPTAN	33	ZYPITAMAG.....	61
ZESTORETIC	57	<i>zolpidem</i>	50	ZYPREXA.....	50
ZESTRIL	57	ZOMIG	34	ZYPREXA RELPREVV	50
		ZONALON.....	65	ZYPREXA ZYDIS	50
		<i>zonisamide</i>	31	ZYVOX	13

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