

Select Drug List

for Select Municipalities

2025

This document is the complete ConnectiCare pharmacy drug list, or formulary, that is covered by your employer-sponsored plan for municipalities. This drug list is effective for plan year 2025. It is updated monthly and the last update was on April 1, 2025. The list is subject to change as new drugs come to market or are removed from the market. Please check the Pharmacy Center on connecticare.com for the most up-to-date drug list covered by your plan.

What is the Select Drug List?

It's a list of covered drugs — both generic and brand-name drugs — selected by ConnectiCare in consultation with a team of health care providers. It includes the prescription therapies believed to be a necessary part of a quality treatment program. ConnectiCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a ConnectiCare network pharmacy and other plan rules are followed.

How do I use the formulary?

To search for your drug within the formulary, please refer to the:

- *Table of Contents* on page 1 and look for your drug under the therapeutic class sections; or
- *Index*, which starts on page 173, and look for your drug and the corresponding page.

This formulary will tell you what tier your drug is in. A drug tier is a group of medications included within a similar price range. Check your benefit summary to see what your cost-share is for the drugs in each tier.

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

*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, 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 and brand-name drugs?

A generic drug is approved by the U.S. Food and Drug Administration (FDA) as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

This formulary differentiates between the two kinds of drugs by how they are presented on the list:

- generic drugs are italicized and spelled out in lowercase letters
- brand-name drugs are not italicized and spelled out in uppercase letters

Under your plan, a pharmacist will fill a generic drug for a prescription whenever a generic is available. For the most part, this will happen even if your prescription is written for a brand-name drug. But you or your doctor can specifically instruct the pharmacist to fill the prescription with a brand-name drug. When this happens, you may pay more and the cost will depend on your plan benefits. Please refer to your plan documents for details.

Are there any limitations on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These are indicated in the formulary with initials after their names. Here is a key to the limitations and how you will see them noted in the formulary:

Preauthorization (PA)

Some drugs require preauthorization. This means that you or your doctor will need to get approval from us before you fill your prescriptions. If you don't get approval, the drug may not be covered and you may be responsible for the entire cost of the medication.

Preauthorization requests can be faxed to the ConnectiCare Pharmacy Services Department at 1-800-249-1367 by the prescribing physician's office. A form for submitting a request can be found on connecticare.com. If we deny a preauthorization request, we will notify you and your doctor in writing with the reason and information on how to appeal.

Some drugs that require preauthorization must be filled at a specialty pharmacy. Please refer to the "limited availability" section below for more information.

Quantity limits (QL)

For certain medications, ConnectiCare limits the amount of the drug that we will cover. For example, ConnectiCare covers MAXALT (or its generic version, *rizatriptan*) for 9 tablets per 30 days. This may be in addition to a standard one-month or three-month supply.

Step therapy (ST)

In some cases, ConnectiCare 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.

Limited availability (LA)

Drugs labeled "LA" for "limited availability" must be filled by ConnectiCare's preferred specialty pharmacy, Accredo, and are limited to a 30-day supply. These drugs are prescription medications used to treat complex conditions and often require special storage, handling and close monitoring by you, your doctor or pharmacist. For more information, please visit accredo.com.

Over the counter (OTC)

ConnectiCare does not cover over-the-counter drugs unless they are listed in this formulary and have been prescribed by a doctor. The formulary notes which drugs have any additional requirements or limits.

Affordable Care Act (ACA)

This refers to the preventive guidelines of the federal Affordable Care Act, also known as health care reform. Drugs marked "ACA" may be free to you if they are prescribed under the preventive care guidelines of the ACA. You will not have to pay any copayment, coinsurance or anything toward your deductible. More information on ACA-covered drugs is available [here](#).

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 1-877-603-1032.

How do I contact someone at ConnectiCare?

To reach Member Services:

- Call 1-800-251-7722 (TTY: 1-800-833-8134) Monday to Friday 8 a.m. to 6 p.m.
- Send a secure message by logging into 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 1-800-828-3407 Monday-Friday, 8 a.m. to 6 p.m.
- For preauthorization requests or any medical management issue, call 1-800-562-6833 Monday-Friday from 8 a.m. to 5 p.m.
- 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.

Accessibility and Nondiscrimination 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
1-800-251-7722 (TTY: 1-800-833-8134)

You can file a grievance in person at 175 Scott Swamp Road, Farmington, CT, or by mail or fax (860) 674-2232. 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 of 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 (TTY: 800-537-7697)

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 1-800-833-8134).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 1-800-833-8134).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-251-7722 (TTY: 1-800-833-8134).

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: 1-800-833-8134)。

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-251-7722 (TTY: 1-800-833-8134).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-251-7722 (ATS: 1-800-833-8134).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-251-7722 (TTY: 1-800-833-8134).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-251-7722 (телетайп: 1-800-833-8134).

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: 1-800-833-8134).

1-800-251-7722 ب. رقم اتص..... ل. بالمج..... ان ل.ك تتواف..... ر اللغوي..... ة المس..... اعدة خدمات ف..... ان ،اللف..... ة انك..... ر نتج..... ث كن..... ت إذا ؛ملحوظة 1-800-833-8134: واليك..... م الص..... م ه.اتف رق.....م 7722

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-251-7722 (TTY: 1-800-833-8134)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: 1-800-833-8134).

Úyan द यिद आप िहंदी बोलते हतो आपके िलए मुयत मभाषा सहायता सेवाएं उपलब्ध हए। 1-800-251-7722 (TTY: 1-800-833-8134) पर कॉल कए

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: 1-800-833-8134).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-251-7722 (TTY: 1-800-833-8134).

របៀបយកសេវាបំប្លែងអក្ខរកិច្ចជាអក្ខរកិច្ចសាមញ្ញ ឬសេវាបំប្លែងអក្ខរកិច្ចជាអក្ខរកិច្ចសាមញ្ញ គឺអាចម្ចាស់សំរាប់ គេ។
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1-800-251-7722 (TTY: 1-800-833-8134)។

સચના: જો તમે ગુજરાતી બોલતા હો, તો ેન: શુદ્ધ ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-251-7722 (TTY: 1-800-833-8134).

Intro Rev. 2.28.17

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	2
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	17
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH.....	28
AUTONOMIC & CNS DRUGS, NEUROLOGY	58
CARDIOVASCULAR, HYPERTENSION & LIPIDS.....	60
DERMATOLOGICALS/TOPICAL THERAPY	74
DIAGNOSTICS & MISCELLANEOUS AGENTS	89
EAR, NOSE & THROAT MEDICATIONS.....	93
ENDOCRINE/DIABETES	95
GASTROENTEROLOGY	114
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	125
IMMUNOLOGY	131
MUSCULOSKELETAL & RHEUMATOLOGY	132
OBSTETRICS & GYNECOLOGY.....	138
OPHTHALMOLOGY	148
RESPIRATORY, ALLERGY, COUGH & COLD	155
UROLOGICALS	163
VITAMIN, HEMATINIC & ELECTROLYTES.....	166
VITAMINS, HEMATINICS & ELECTROLYTES	166
Index	173

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

*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
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	3	ST; QL
<i>posaconazole oral suspension</i>	1	PA
<i>posaconazole oral tablet,delayed release (dr/ec)</i>	1	PA
SPORANOX ORAL CAPSULE	3	*
SPORANOX ORAL SOLUTION	3	*
<i>terbinafine hcl oral tablet</i>	1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION	3	PA; QL
VFEND IV INTRAVENOUS RECON SOLN	3	PA; *
VFEND ORAL SUSPENSION FOR RECONSTITUTION	3	*; QL
VFEND ORAL TABLET 50 MG	3	*; QL
VIVJOA ORAL CAPSULE	3	PA; QL
<i>voriconazole intravenous recon soln</i>	1	PA
<i>voriconazole oral suspension for reconstitution</i>	1	QL
<i>voriconazole oral tablet</i>	1	QL
ANTIVIRALS		
<i>abacavir oral solution</i>	1	QL
<i>abacavir oral tablet</i>	1	QL
<i>abacavir-lamivudine oral tablet</i>	1	QL
<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	0	ACA
APTIVUS ORAL CAPSULE	3	QL
<i>atazanavir oral capsule</i>	1	QL
BARACLUDE ORAL SOLUTION	3	
BARACLUDE ORAL TABLET	3	*
BEYFORTUS INTRAMUSCULAR SYRINGE	0	ACA

*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
BIKTARVY ORAL TABLET	2	QL
<i>cidofovir intravenous solution</i>	1	PA
CIMDUO ORAL TABLET	3	QL
COMPLERA ORAL TABLET	3	QL
<i>darunavir oral tablet</i>	1	QL
DELSTRIGO ORAL TABLET	3	QL
DESCOVY ORAL TABLET 120-15 MG	2	QL
DESCOVY ORAL TABLET 200-25 MG	0	ACA; QL
DOVATO ORAL TABLET	3	QL
EDURANT ORAL TABLET	3	QL
<i>efavirenz oral tablet</i>	1	QL
<i>efavirenz-emtricitabin-tenofov oral tablet</i>	1	QL
<i>efavirenz-lamivu-tenofov disop oral tablet</i>	1	QL
<i>emtricitabine oral capsule</i>	1	QL
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	QL
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	0	ACA; QL
EMTRIVA ORAL CAPSULE	3	*; QL
EMTRIVA ORAL SOLUTION	2	QL
<i>entecavir oral tablet</i>	1	
EPCLUSA ORAL PELLETS IN PACKET	2	PA; LA; QL
EPCLUSA ORAL TABLET	2	PA; LA
EPIVIR ORAL SOLUTION	3	*; QL
EPIVIR ORAL TABLET	3	*; QL
<i>etravirine oral tablet</i>	1	QL
EVOTAZ ORAL TABLET	3	QL
<i>famciclovir oral tablet</i>	1	
FLUMADINE ORAL TABLET	3	*
<i>fosamprenavir oral tablet</i>	1	QL
FUZEON SUBCUTANEOUS RECON SOLN	3	PA; QL
GENVOYA ORAL TABLET	2	QL
HARVONI ORAL PELLETS IN PACKET	3	PA; LA; QL
HARVONI ORAL TABLET	3	PA; LA; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	*; QL

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Drug Name	Drug Tier	Requirements / Limits
INTELENCE ORAL TABLET 25 MG	3	QL
ISENTRESS HD ORAL TABLET	2	QL
ISENTRESS ORAL POWDER IN PACKET	3	QL
ISENTRESS ORAL TABLET	2	QL
ISENTRESS ORAL TABLET,CHEWABLE	2	QL
JULUCA ORAL TABLET	3	QL
KALETRA ORAL SOLUTION	3	*; QL
KALETRA ORAL TABLET	3	*; QL
LAGEVRIO (EUA) ORAL CAPSULE	0	QL
<i>lamivudine oral solution</i>	1	QL
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	QL
<i>lamivudine-zidovudine oral tablet</i>	1	QL
LIVTENCITY ORAL TABLET	3	PA
<i>lopinavir-ritonavir oral solution</i>	1	QL
<i>lopinavir-ritonavir oral tablet</i>	1	QL
<i>maraviroc oral tablet</i>	1	QL
MAVYRET ORAL PELLETS IN PACKET	3	PA; LA; QL
MAVYRET ORAL TABLET	3	PA; LA; QL
<i>nevirapine oral suspension</i>	1	QL
<i>nevirapine oral tablet</i>	1	QL
<i>nevirapine oral tablet extended release 24 hr</i>	1	QL
NORVIR ORAL POWDER IN PACKET	3	QL
NORVIR ORAL TABLET	3	*; QL
ODEFSEY ORAL TABLET	3	QL
<i>oseltamivir oral capsule</i>	1	QL
<i>oseltamivir oral suspension for reconstitution</i>	1	QL
PAXLOVID ORAL TABLETS,DOSE PACK	3	QL
PIFELTRO ORAL TABLET	3	QL
PREVYMIS ORAL PELLETS IN PACKET	3	QL
PREVYMIS ORAL TABLET	3	PA
PREZCOBIX ORAL TABLET	3	QL
PREZISTA ORAL SUSPENSION	3	QL
PREZISTA ORAL TABLET 150 MG, 75 MG	3	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
PREZISTA ORAL TABLET 600 MG, 800 MG	3	*; QL
RAPIVAB (PF) INTRAVENOUS SOLUTION	3	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	2	QL
RETROVIR ORAL CAPSULE	3	*; QL
RETROVIR ORAL SYRUP	3	*; QL
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	*; QL
REYATAZ ORAL POWDER IN PACKET	3	QL
<i>ribavirin inhalation recon soln</i>	1	PA
<i>ribavirin oral capsule</i>	1	LA
<i>ribavirin oral tablet 200 mg</i>	1	LA
<i>rimantadine oral tablet</i>	1	
<i>ritonavir oral tablet</i>	1	QL
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	3	QL
SELZENTRY ORAL SOLUTION	3	QL
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	*; QL
SOVALDI ORAL PELLETS IN PACKET	3	PA; LA
SOVALDI ORAL TABLET	3	PA; LA
STRIBILD ORAL TABLET	3	QL
SUNLENCA ORAL TABLET	3	PA; QL
SUNLENCA SUBCUTANEOUS SOLUTION	3	PA; QL
SYMFI LO ORAL TABLET	3	*; QL
SYMFI ORAL TABLET	3	*; QL
SYMTUZA ORAL TABLET	3	QL
SYNAGIS INTRAMUSCULAR SOLUTION	3	PA; LA; QL
TAMIFLU ORAL CAPSULE	3	*; QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	*; QL
<i>tenofovir disoproxil fumarate oral tablet</i>	1	QL
TIVICAY ORAL TABLET 50 MG	3	QL
TIVICAY PD ORAL TABLET FOR SUSPENSION	3	QL
TRIUMEQ ORAL TABLET	3	QL
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	3	QL

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Drug Name	Drug Tier	Requirements / Limits
TRUVADA ORAL TABLET	3	PA; *; QL
TYBOST ORAL TABLET	3	QL
<i>valacyclovir oral tablet</i>	1	
VALCYTE ORAL RECON SOLN	3	*
VALCYTE ORAL TABLET	3	*; QL
<i>valganciclovir oral recon soln</i>	1	
<i>valganciclovir oral tablet</i>	1	QL
VALTREX ORAL TABLET	3	*
VEMLIDY ORAL TABLET	3	PA
VIRACEPT ORAL TABLET	2	QL
VIRAZOLE INHALATION RECON SOLN	3	PA
VIREAD ORAL POWDER	3	QL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL
VIREAD ORAL TABLET 300 MG	3	*; QL
VOSEVI ORAL TABLET	2	PA; LA; QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL
ZEPATIER ORAL TABLET	2	PA; LA; QL
ZIAGEN ORAL SOLUTION	3	*; QL
<i>zidovudine oral capsule</i>	1	QL
<i>zidovudine oral syrup</i>	1	QL
<i>zidovudine oral tablet</i>	1	QL
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN	3	PA
<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	

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Drug Name	Drug Tier	Requirements / Limits
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	
<i>cefepime in dextrose,iso-osm intravenous piggyback</i>	1	PA
<i>cefepime injection recon soln</i>	1	PA
<i>cefixime oral capsule</i>	1	QL
<i>cefixime oral suspension for reconstitution</i>	1	QL
CEFOTAN INJECTION RECON SOLN	3	PA
<i>cefotaxime injection recon soln 1 gram, 2 gram</i>	1	PA
<i>cefotetan injection recon soln</i>	1	PA
<i>cefotetan intravenous recon soln</i>	1	PA
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	1	PA
<i>cefoxitin intravenous recon soln</i>	1	PA
<i>cefpodoxime oral suspension for reconstitution</i>	1	QL
<i>cefpodoxime oral tablet</i>	1	QL
<i>cefprozil oral suspension for reconstitution</i>	1	
<i>cefprozil oral tablet</i>	1	
<i>ceftazidime injection recon soln</i>	1	PA
<i>ceftriaxone in dextrose,iso-os intravenous piggyback</i>	1	PA
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	PA
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	PA
<i>ceftriaxone intravenous recon soln</i>	1	PA
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA
<i>cefuroxime sodium intravenous recon soln</i>	1	PA
<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	PA
TEFLARO INTRAVENOUS RECON SOLN	3	PA
ZERBAXA INTRAVENOUS RECON SOLN	3	PA

ERYTHROMYCINS & OTHER MACROLIDES

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Drug Name	Drug Tier	Requirements / Limits
<i>azithromycin intravenous recon soln</i>	1	PA
<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	PA; QL
DIFICID ORAL TABLET	3	PA; 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	
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	PA; *
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin lactobionate intravenous recon soln</i>	1	PA
<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	PA; *
ZITHROMAX ORAL PACKET	3	*
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	*
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	*

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Drug Name	Drug Tier	Requirements / Limits
ZITHROMAX TRI-PAK ORAL TABLET	3	*
ZITHROMAX Z-PAK ORAL TABLET	3	*
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet</i>	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	QL
ALINIA ORAL TABLET	3	*; QL
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	3	PA; QL
<i>atovaquone oral suspension</i>	1	PA
<i>atovaquone-proguanil oral tablet</i>	1	PA
AZACTAM INJECTION RECON SOLN	3	PA; *
<i>aztreonam injection recon soln</i>	1	PA
<i>bacitracin intramuscular recon soln</i>	1	PA
BENZNIDAZOLE ORAL TABLET	3	PA
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	3	*; LA
BILTRICIDE ORAL TABLET	3	*
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	3	PA; LA
<i>chloramphenicol sod succinate intravenous recon soln</i>	1	PA
<i>chloroquine phosphate oral tablet</i>	1	PA
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	3	PA
<i>colistin (colistimethate na) injection recon soln</i>	1	PA
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN	3	PA; *
<i>cycloserine oral capsule</i>	1	
DALVANCE INTRAVENOUS SOLUTION	3	PA
<i>dapsone oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
DARAPRIM ORAL TABLET	3	PA; *
EMVERM ORAL TABLET,CHEWABLE	3	
<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	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	3	
<i>gentamicin injection solution</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution</i>	1	
HUMATIN ORAL CAPSULE	3	LA
<i>hydroxychloroquine oral tablet</i>	1	
<i>imipenem-cilastatin intravenous recon soln</i>	1	PA
IMPAVIDO ORAL CAPSULE	3	PA
<i>isoniazid injection solution</i>	1	PA
<i>isoniazid oral solution</i>	1	
<i>isoniazid oral tablet</i>	1	
<i>ivermectin oral tablet</i>	1	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	3	LA
KRINTAFEL ORAL TABLET	3	PA
LAMPIT ORAL TABLET	3	PA
LIKMEZ ORAL SUSPENSION	3	
<i>linezolid oral suspension for reconstitution</i>	1	QL
<i>linezolid oral tablet</i>	1	QL
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	1	PA
MALARONE ORAL TABLET	3	PA; *
MALARONE PEDIATRIC ORAL TABLET	3	PA; *
<i>mefloquine oral tablet</i>	1	PA
MEPRON ORAL SUSPENSION	3	PA; *
<i>metro i.v. intravenous piggyback</i>	1	PA
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole oral capsule</i>	1	
METRONIDAZOLE ORAL TABLET 125 MG	3	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION RECON SOLN	3	*
<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	
PLAQUENIL ORAL TABLET	3	*
<i>polymyxin b sulfate injection recon soln</i>	1	PA
<i>praziquantel oral tablet</i>	1	
PRETOMANID ORAL TABLET	3	PA
PRIFTIN ORAL TABLET	2	
<i>primaquine oral tablet</i>	1	
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	PA; *
<i>pyrazinamide oral tablet</i>	1	
<i>pyrimethamine oral tablet</i>	1	PA
QUALAQUIN ORAL CAPSULE	3	PA; *
<i>quinine sulfate oral capsule</i>	1	
<i>rifabutin oral capsule</i>	1	
RIFADIN INTRAVENOUS RECON SOLN	3	PA; *
<i>rifampin intravenous recon soln</i>	1	PA
<i>rifampin oral capsule</i>	1	
SIRTURO ORAL TABLET	3	PA
SIVEXTRO INTRAVENOUS RECON SOLN	3	PA
SIVEXTRO ORAL TABLET	3	PA
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	3	PA; QL
SOVUNA ORAL TABLET	3	ST
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	3	PA
STROMECTOL ORAL TABLET	3	*

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Drug Name	Drug Tier	Requirements / Limits
<i>tinidazole oral tablet</i>	1	QL
TOBI INHALATION SOLUTION FOR NEBULIZATION	3	*; LA
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	PA; LA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	1	PA; LA
<i>tobramycin inhalation solution for nebulization</i>	1	LA
<i>tobramycin sulfate injection recon soln</i>	1	
<i>tobramycin sulfate injection solution</i>	1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	3	LA
TRECTOR ORAL TABLET	3	
XENLETA ORAL TABLET	3	PA; QL
XIFAXAN ORAL TABLET	2	PA
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	*; QL
ZYVOX ORAL TABLET	3	*; QL
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	
<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	PA
<i>ampicillin sodium intravenous recon soln</i>	1	PA
<i>ampicillin-sulbactam injection recon soln</i>	1	PA
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	3	*

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Drug Name	Drug Tier	Requirements / Limits
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	3	PA
BICILLIN L-A INTRAMUSCULAR SYRINGE	3	
<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	PA
<i>nafcillin injection recon soln</i>	1	PA
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	PA
<i>oxacillin injection recon soln</i>	1	PA
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	3	PA
<i>penicillin g potassium injection recon soln</i>	1	PA
<i>penicillin g sodium injection recon soln</i>	1	PA
<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	PA
UNASYN INJECTION RECON SOLN	3	PA; *
QUINOLONES		
BAXDELA ORAL TABLET	3	PA; QL
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	*
CIPRO ORAL TABLET 250 MG, 500 MG	3	*
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	1	PA
<i>ciprofloxacin oral suspension,microcapsule recon</i>	1	
<i>levofloxacin in d5w intravenous piggyback</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>levofloxacin intravenous solution</i>	1	PA
<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	3	PA
<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	PA
<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	PA
<i>avidoxy oral tablet</i>	1	
<i>demeclocycline oral tablet</i>	1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	3	ST
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG	3	ST; *
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	ST
<i>doxy-100 intravenous recon soln</i>	1	PA
<i>doxycycline hyclate intravenous recon soln</i>	1	PA
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet 50 mg</i>	1	PA
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	ST
<i>doxycycline monohydrate oral capsule</i>	1	
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase</i>	1	PA
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE	3	ST
MINOCIN INTRAVENOUS RECON SOLN	3	PA
<i>minocycline oral capsule</i>	1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr</i>	1	PA
<i>monodoxyne nl oral capsule</i>	1	
MONODOX ORAL CAPSULE	3	ST; *
MORGIDOX 1X100 KIT	3	
NUZYRA ORAL TABLET	3	PA
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	PA; *
SEYSARA ORAL TABLET	3	PA
TARGADOX ORAL TABLET	3	PA; *
<i>tetracycline oral capsule</i>	1	
<i>tetracycline oral tablet</i>	1	ST
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet</i>	1	QL
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	

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Drug Name	Drug Tier	Requirements / Limits
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	3	
PRIMSOL ORAL SOLUTION	3	
<i>trimethoprim oral tablet</i>	1	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML	3	
FIRVANQ ORAL RECON SOLN 50 MG/ML	3	*
VANCOCIN ORAL CAPSULE	3	*
<i>vancomycin oral capsule</i>	1	
<i>vancomycin oral recon soln</i>	1	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	3	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
ELITEK INTRAVENOUS RECON SOLN	3	PA
ETHYOL INTRAVENOUS RECON SOLN	3	PA; *
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	3	PA
<i>leucovorin calcium injection recon soln</i>	1	PA
<i>leucovorin calcium injection solution</i>	1	PA
<i>leucovorin calcium oral tablet</i>	1	
<i>mesna intravenous solution</i>	1	PA
MESNEX INTRAVENOUS SOLUTION	3	PA; *
MESNEX ORAL TABLET	3	*
VISTOGARD ORAL GRANULES IN PACKET	3	PA
XGEVA SUBCUTANEOUS SOLUTION	3	LA; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet</i>	1	PA; LA; QL
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	PA; *; LA
ADCETRIS INTRAVENOUS RECON SOLN	3	LA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	3	PA; *; LA

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Drug Name	Drug Tier	Requirements / Limits
AFINITOR ORAL TABLET	3	PA; *; LA
AKEEGA ORAL TABLET	2	PA; QL
ALECENSA ORAL CAPSULE	3	PA; LA
ALKERAN ORAL TABLET	3	*
ALUNBRIG ORAL TABLET	3	PA
ALUNBRIG ORAL TABLETS,DOSE PACK	3	PA
<i>anastrozole oral tablet</i>	0	ACA
ARIMIDEX ORAL TABLET	3	*
AROMASIN ORAL TABLET	3	*
ARRANON INTRAVENOUS SOLUTION	3	PA; *; LA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	
AUGTYRO ORAL CAPSULE	3	PA; LA
AYVAKIT ORAL TABLET	3	PA; QL
<i>azacitidine injection recon soln</i>	1	PA; LA
AZASAN ORAL TABLET	3	*
<i>azathioprine oral tablet</i>	1	
<i>azathioprine sodium injection recon soln</i>	1	PA
BALVERSA ORAL TABLET	3	PA
BAVENCIO INTRAVENOUS SOLUTION	3	PA
BELEODAQ INTRAVENOUS RECON SOLN	3	PA
<i>bexarotene oral capsule</i>	1	PA; LA
<i>bexarotene topical gel</i>	1	PA; LA
<i>bicalutamide oral tablet</i>	1	
<i>bleomycin injection recon soln</i>	1	PA
BLINCYTO INTRAVENOUS KIT	3	PA
BOSULIF ORAL CAPSULE	3	PA; LA; QL
BOSULIF ORAL TABLET	3	PA; LA; QL
BRAFTOVI ORAL CAPSULE	3	PA; LA; QL
BRUKINSA ORAL CAPSULE	3	PA; QL
<i>busulfan intravenous solution</i>	1	PA
BUSULFEX INTRAVENOUS SOLUTION	3	PA; *
CABOMETYX ORAL TABLET	3	PA; LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>capecitabine oral tablet</i>	1	PA; LA
CAPRELSA ORAL TABLET	3	PA; QL
<i>carboplatin intravenous recon soln</i>	1	PA
<i>carboplatin intravenous solution</i>	1	PA
CASODEX ORAL TABLET	3	*
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN	3	PA; *
CELLCEPT ORAL CAPSULE	3	*
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	3	PA; *
CELLCEPT ORAL TABLET	3	*
<i>cladribine intravenous solution</i>	1	PA
COMETRIQ ORAL CAPSULE	3	PA; LA
COPIKTRA ORAL CAPSULE	3	PA; QL
COTELLIC ORAL TABLET	3	PA; LA
<i>cyclophosphamide intravenous recon soln</i>	1	PA
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	
<i>cyclosporine intravenous solution</i>	1	PA
<i>cyclosporine modified oral capsule</i>	1	
<i>cyclosporine modified oral solution</i>	1	
<i>cyclosporine oral capsule</i>	1	
<i>cytarabine (pf) injection solution</i>	1	PA
<i>cytarabine injection solution</i>	1	PA
<i>dacarbazine intravenous recon soln</i>	1	PA
<i>dactinomycin intravenous recon soln</i>	1	PA
DANZITEN ORAL TABLET	3	PA
DARZALEX INTRAVENOUS SOLUTION	3	PA; LA
<i>dasatinib oral tablet</i>	1	PA; LA
<i>daunorubicin intravenous solution</i>	1	PA
DAURISMO ORAL TABLET	3	PA; LA; QL
<i>decitabine intravenous recon soln</i>	1	PA; LA
DOXIL INTRAVENOUS SUSPENSION	3	PA; *

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Drug Name	Drug Tier	Requirements / Limits
<i>doxorubicin, peg-liposomal intravenous suspension</i>	1	PA
DROXIA ORAL CAPSULE	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	3	LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	3	LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	3	LA
ELIGARD SUBCUTANEOUS SYRINGE	3	LA
ELLECE INTRAVENOUS SOLUTION 200 MG/100 ML	3	PA; *
ELLECE INTRAVENOUS SOLUTION 50 MG/25 ML	3	PA
EMPLICITI INTRAVENOUS RECON SOLN	3	PA; LA
ENSPRYNG SUBCUTANEOUS SYRINGE	3	PA; LA
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	PA
ERBITUX INTRAVENOUS SOLUTION	3	PA; LA
<i>eribulin intravenous solution</i>	1	PA
ERIVEDGE ORAL CAPSULE	3	PA; LA; QL
ERLEADA ORAL TABLET	3	PA; LA; QL
<i>erlotinib oral tablet</i>	1	PA; LA; QL
ERWINASE INJECTION RECON SOLN	3	PA
ETOPOPHOS INTRAVENOUS RECON SOLN	3	PA
<i>etoposide intravenous solution</i>	1	PA
<i>etoposide oral capsule</i>	1	
EULEXIN ORAL CAPSULE	3	*
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; LA
<i>everolimus (antineoplastic) oral tablet for suspension</i>	1	PA; LA
<i>everolimus (immunosuppressive) oral tablet</i>	1	PA
<i>exemestane oral tablet</i>	0	ACA
FARESTON ORAL TABLET	3	*
FASLODEX INTRAMUSCULAR SYRINGE	3	PA; *
FEMARA ORAL TABLET	3	*

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Drug Name	Drug Tier	Requirements / Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN	3	PA; LA
<i>floxuridine injection recon soln</i>	1	PA
<i>fludarabine intravenous recon soln</i>	1	PA
<i>fludarabine intravenous solution</i>	1	PA
<i>fluorouracil intravenous solution</i>	1	PA
FOLOTYN INTRAVENOUS SOLUTION	3	PA; LA
FOTIVDA ORAL CAPSULE	3	PA
FRUZAQLA ORAL CAPSULE	3	PA; QL
<i>fulvestrant intramuscular syringe</i>	1	PA
GAVRETO ORAL CAPSULE	3	PA; QL
GAZYVA INTRAVENOUS SOLUTION	3	PA; LA
<i>gefitinib oral tablet</i>	1	PA; LA
<i>gengraf oral capsule</i>	1	
<i>gengraf oral solution</i>	1	
GILOTRIF ORAL TABLET	3	PA; LA; QL
GLEEVEC ORAL TABLET	3	PA; *; LA
GLEOSTINE ORAL CAPSULE	3	
GLIADEL WAFER IMPLANT WAFER	3	
HALAVEN INTRAVENOUS SOLUTION	3	PA; *; LA
HERCEPTIN INTRAVENOUS RECON SOLN	3	PA; LA
HYCANTIN ORAL CAPSULE	3	PA; LA
HYDREA ORAL CAPSULE	3	*
<i>hydroxyurea oral capsule</i>	1	
IBRANCE ORAL CAPSULE	2	PA; LA; QL
IBRANCE ORAL TABLET	3	PA; LA; QL
ICLUSIG ORAL TABLET	3	PA
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	PA; *
<i>idarubicin intravenous solution</i>	1	PA
IDHIFA ORAL TABLET	3	PA; LA; QL
IFEX INTRAVENOUS RECON SOLN	3	PA; *
<i>ifosfamide intravenous recon soln</i>	1	PA
<i>ifosfamide intravenous solution</i>	1	PA
<i>imatinib oral tablet</i>	1	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA ORAL CAPSULE	3	PA; QL
IMBRUVICA ORAL SUSPENSION	3	PA; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	3	PA; QL
IMFINZI INTRAVENOUS SOLUTION	3	PA; LA
IMKELDI ORAL SOLUTION	3	PA
IMLYGIC INJECTION SUSPENSION	3	PA
IMURAN ORAL TABLET	3	*
INLYTA ORAL TABLET	3	PA; LA; QL
INQOVI ORAL TABLET	3	PA; LA; QL
INREBIC ORAL CAPSULE	3	PA; LA; QL
IODOPEN INTRAVENOUS SOLUTION	3	PA
IRESSA ORAL TABLET	3	PA; *; LA
ITOVEBI ORAL TABLET	3	PA; LA; QL
IWILFIN ORAL TABLET	3	PA; QL
IXEMPRA INTRAVENOUS RECON SOLN	3	PA; LA
JAKAFI ORAL TABLET	3	PA; LA; QL
JAYPIRCA ORAL TABLET	3	PA; LA
JEVTANA INTRAVENOUS SOLUTION	3	PA; LA
JYLAMVO ORAL SOLUTION	3	PA
KADCYLA INTRAVENOUS RECON SOLN	3	LA
KEYTRUDA INTRAVENOUS SOLUTION	3	PA
KISQALI ORAL TABLET	3	PA; LA
KLISYRI TOPICAL OINTMENT IN PACKET	3	PA
KOSELUGO ORAL CAPSULE	3	PA
KRAZATI ORAL TABLET	3	PA; QL
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	1	PA
<i>lapatinib oral tablet</i>	1	PA; LA; QL
LAZCLUZE ORAL TABLET	3	PA
<i>lenalidomide oral capsule</i>	1	PA; LA
LENVIMA ORAL CAPSULE	3	PA; LA
<i>letrozole oral tablet</i>	1	
LEUKERAN ORAL TABLET	2	
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>leuprolide subcutaneous kit</i>	1	LA
LONSURF ORAL TABLET	3	PA; LA
LORBRENA ORAL TABLET	3	PA; LA
LUMAKRAS ORAL TABLET	3	PA; LA; QL
LUPKYNIS ORAL CAPSULE	3	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	3	LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	3	LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	3	LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	3	LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	3	LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT	3	LA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	3	LA
LYNPARZA ORAL TABLET	3	PA; LA
LYSODREN ORAL TABLET	3	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	3	PA
MATULANE ORAL CAPSULE	2	PA
<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	3	PA; LA; QL
MEKINIST ORAL TABLET	3	PA; LA; QL
MEKTOVI ORAL TABLET	3	PA; LA; QL
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium (pf) injection recon soln</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium oral tablet</i>	1	
<i>mitoxantrone intravenous concentrate</i>	1	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	PA
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	1	PA
<i>mycophenolate mofetil oral capsule</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	
<i>mycophenolate mofetil oral tablet</i>	1	
<i>mycophenolate sodium oral tablet,delayed release (dr/ec)</i>	1	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*
MYHIBBIN ORAL SUSPENSION	3	
MYLERAN ORAL TABLET	2	
<i>nelarabine intravenous solution</i>	1	PA; LA
NEMLUVIO SUBCUTANEOUS PEN INJECTOR	3	PA; LA; QL
NEORAL ORAL CAPSULE	3	*
NEORAL ORAL SOLUTION	3	*
NERLYNX ORAL TABLET	3	PA; LA; QL
NEXAVAR ORAL TABLET	3	PA; *, LA
NILANDRON ORAL TABLET	3	PA; *
<i>nilutamide oral tablet</i>	1	PA
NINLARO ORAL CAPSULE	3	PA; LA
NIPENT INTRAVENOUS RECON SOLN	3	PA
NUBEQA ORAL TABLET	3	PA; LA; QL
NULOJIX INTRAVENOUS RECON SOLN	3	PA
<i>octreotide acetate injection solution</i>	1	PA; LA
<i>octreotide acetate injection syringe</i>	1	PA; LA
<i>octreotide,microspheres intramuscular suspension,extended rel recon</i>	1	PA; LA; QL
ODOMZO ORAL CAPSULE	3	PA; LA; QL
OGSIVEO ORAL TABLET	3	PA; QL
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL
OJEMDA ORAL TABLET	3	PA; QL
OJJAARA ORAL TABLET	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
ONCASPAR INJECTION SOLUTION	3	PA
ONUREG ORAL TABLET	3	PA; LA
ORGOVYX ORAL TABLET	3	PA
ORSERDU ORAL TABLET	3	PA
<i>oxaliplatin intravenous recon soln</i>	1	PA
<i>oxaliplatin intravenous solution</i>	1	PA
<i>paclitaxel intravenous concentrate</i>	1	PA
<i>paclitaxel protein-bound intravenous suspension for reconstitution</i>	1	PA
<i>paraplatin intravenous solution</i>	1	PA
<i>pazopanib oral tablet</i>	1	PA; LA
PEMAZYRE ORAL TABLET	3	PA; QL
PERJETA INTRAVENOUS SOLUTION	3	PA; LA
PHOTOFRIN INTRAVENOUS RECON SOLN	3	PA
PIQRAY ORAL TABLET	3	PA; LA; QL
POMALYST ORAL CAPSULE	3	PA; LA
PRALATREXATE INTRAVENOUS SOLUTION	3	PA; LA
PROGRAF INTRAVENOUS SOLUTION	3	PA
PROGRAF ORAL CAPSULE	3	*
PROGRAF ORAL GRANULES IN PACKET	3	
PURIXAN ORAL SUSPENSION	3	
QINLOCK ORAL TABLET	3	PA; QL
RETEVMO ORAL TABLET	3	PA; LA; QL
REVLIMID ORAL CAPSULE	2	PA; LA
REVUFORJ ORAL TABLET	3	PA
REZUROCK ORAL TABLET	3	PA; QL
ROZLYTREK ORAL CAPSULE	3	PA; LA; QL
ROZLYTREK ORAL PELLETS IN PACKET	3	PA; LA
RUBRACA ORAL TABLET	3	PA; LA
RYDAPT ORAL CAPSULE	3	PA; LA
RYLAZE INTRAMUSCULAR SOLUTION	3	PA
SANDIMMUNE INTRAVENOUS SOLUTION	3	PA; *
SANDIMMUNE ORAL CAPSULE	3	*
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; *, LA

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Drug Name	Drug Tier	Requirements / Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	PA; LA; QL
SCEMBLIX ORAL TABLET	3	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	3	PA
SIKLOS ORAL TABLET	3	PA
SIMULECT INTRAVENOUS RECON SOLN	3	PA
<i>sirolimus oral solution</i>	1	
<i>sirolimus oral tablet</i>	1	
SOLTAMOX ORAL SOLUTION	0	ACA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	3	PA; LA
<i>sorafenib oral tablet</i>	1	PA; LA
SPRYCEL ORAL TABLET	3	PA; *; LA
STIVARGA ORAL TABLET	3	PA; LA; QL
<i>sunitinib malate oral capsule</i>	1	PA; LA; QL
SUTENT ORAL CAPSULE	3	PA; *; LA; QL
SYLVANT INTRAVENOUS RECON SOLN	3	PA; LA
TABLOID ORAL TABLET	2	
TABRECTA ORAL TABLET	3	PA; LA; QL
<i>tacrolimus oral capsule</i>	1	
TAFINLAR ORAL CAPSULE	3	PA; LA; QL
TAFINLAR ORAL TABLET FOR SUSPENSION	3	PA; LA; QL
TAGRISSO ORAL TABLET	3	PA; LA; QL
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	3	PA; LA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	PA; LA; QL
<i>tamoxifen oral tablet</i>	0	ACA
TARCEVA ORAL TABLET 100 MG	3	PA; *; LA; QL
TARGRETIN ORAL CAPSULE	3	PA; *; LA
TARGRETIN TOPICAL GEL	3	PA; *; LA
TASIGNA ORAL CAPSULE	3	PA; LA
TAZVERIK ORAL TABLET	3	PA; QL
TEMODAR INTRAVENOUS RECON SOLN	3	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
<i>temozolomide oral capsule</i>	1	PA; LA
TEPMETKO ORAL TABLET	3	PA; QL
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PA; LA; QL
TIBSOVO ORAL TABLET	3	PA; QL
<i>topotecan intravenous recon soln</i>	1	PA; LA
<i>topotecan intravenous solution</i>	1	PA; LA
<i>toremifene oral tablet</i>	1	
<i>torpenz oral tablet</i>	1	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA
<i>tretinoin (antineoplastic) oral capsule</i>	1	PA
TREXALL ORAL TABLET	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA
TRUQAP ORAL TABLET	3	PA; QL
TUKYSA ORAL TABLET	3	PA; QL
TURALIO ORAL CAPSULE 125 MG	3	PA; QL
TYKERB ORAL TABLET	3	PA; *; LA; QL
UNITUXIN INTRAVENOUS SOLUTION	3	PA; QL
VANFLYTA ORAL TABLET	3	PA
VECTIBIX INTRAVENOUS SOLUTION	3	PA; LA
VENCLEXTA ORAL TABLET	3	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	3	PA
VERZENIO ORAL TABLET	2	PA; LA
VIDAZA INJECTION RECON SOLN	3	PA; *; LA
VIJOICE ORAL GRANULES IN PACKET	3	PA; QL
VIJOICE ORAL TABLET	3	PA; QL
<i>vinblastine intravenous solution</i>	1	PA
<i>vincasar pfs intravenous solution</i>	1	PA
<i>vincristine intravenous solution</i>	1	PA
<i>vinorelbine intravenous solution</i>	1	PA
VITRAKVI ORAL CAPSULE	3	PA; LA; QL
VITRAKVI ORAL SOLUTION	3	PA; LA; QL
VIZIMPRO ORAL TABLET	3	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
VONJO ORAL CAPSULE	3	PA; QL
VORANIGO ORAL TABLET	3	PA
VOTRIENT ORAL TABLET	3	PA; *, LA
WELIREG ORAL TABLET	3	PA
XALKORI ORAL CAPSULE	3	PA; LA; QL
XALKORI ORAL PELLETT	3	PA; LA; QL
XATMEP ORAL SOLUTION	3	PA
XELODA ORAL TABLET	3	PA; *, LA
XERMELO ORAL TABLET	3	PA
XOSPATA ORAL TABLET	3	PA; QL
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	3	PA
XTANDI ORAL CAPSULE	3	PA; LA; QL
XTANDI ORAL TABLET	3	PA; LA; QL
YERVOY INTRAVENOUS SOLUTION	3	PA; LA
YONDELIS INTRAVENOUS RECON SOLN	3	PA
YONSA ORAL TABLET	3	PA; LA; QL
ZALTRAP INTRAVENOUS SOLUTION	3	PA; LA
ZANOSAR INTRAVENOUS RECON SOLN	3	PA
ZEJULA ORAL TABLET	3	PA; LA; QL
ZELBORAF ORAL TABLET	3	PA; LA; QL
ZEVALIN (Y-90) INTRAVENOUS KIT	3	PA
ZOLADEX SUBCUTANEOUS IMPLANT	3	LA
ZOLINZA ORAL CAPSULE	3	PA; LA
ZORTRESS ORAL TABLET	3	PA; *
ZYDELIG ORAL TABLET	3	PA; LA
ZYKADIA ORAL TABLET	3	PA; LA
ZYTIGA ORAL TABLET	3	PA; *, LA; QL

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APTOM ORAL TABLET	3	PA
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Drug Name	Drug Tier	Requirements / Limits
BANZEL ORAL SUSPENSION	3	*
BANZEL ORAL TABLET	3	*
BRIVIACT INTRAVENOUS SOLUTION	3	PA
BRIVIACT ORAL SOLUTION	3	
BRIVIACT ORAL TABLET 10 MG	3	
BRIVIACT ORAL TABLET 100 MG, 25 MG, 50 MG, 75 MG	3	PA
<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	
<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	PA; *
<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	*
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	3	*
DIACOMIT ORAL CAPSULE	3	PA; QL
DIACOMIT ORAL POWDER IN PACKET	3	PA; QL
<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	*

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Drug Name	Drug Tier	Requirements / Limits
<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	
EPIDIOLEX ORAL SOLUTION	3	PA; LA
<i>epitol oral tablet</i>	1	
EPRONTIA ORAL SOLUTION	3	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	PA
<i>ethosuximide oral capsule</i>	1	
<i>ethosuximide oral solution</i>	1	
<i>felbamate oral suspension</i>	1	
<i>felbamate oral tablet</i>	1	
FELBATOL ORAL TABLET	3	*
FINTEPLA ORAL SOLUTION	3	PA
<i>fosphenytoin injection solution</i>	1	PA
FYCOMPA ORAL SUSPENSION	3	
FYCOMPA ORAL TABLET	3	
<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
GABARONE ORAL TABLET	3	ST
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
KEPPRA INTRAVENOUS SOLUTION	3	PA; *
KEPPRA ORAL SOLUTION	3	*
KEPPRA ORAL TABLET	3	*
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR	3	*
KLONOPIN ORAL TABLET	3	*
<i>lacosamide intravenous solution</i>	1	PA
<i>lacosamide oral solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>lacosamide oral tablet</i>	1	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING	3	*
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK	3	*
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK	3	*
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK	3	*
LAMICTAL ORAL TABLET	3	*
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	*
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK	3	*
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK	3	*
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK	3	*
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR	3	*
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	3	PA
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	3	PA
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	3	PA
<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	PA
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	3	

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Drug Name	Drug Tier	Requirements / Limits
LIBERVANT BUCCAL FILM	3	PA
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; *; QL
LYRICA ORAL CAPSULE	3	PA; *; QL
LYRICA ORAL SOLUTION	3	PA; *; QL
<i>methsuximide oral capsule</i>	1	
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
MYSOLINE ORAL TABLET	3	*
NAYZILAM NASAL SPRAY, NON-AEROSOL	3	PA; QL
NEURONTIN ORAL CAPSULE	3	*
NEURONTIN ORAL SOLUTION	3	*
NEURONTIN ORAL TABLET	3	*
ONFI ORAL SUSPENSION	3	PA; *
ONFI ORAL TABLET	3	PA; *
<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	PA; *
<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	PA
<i>phenytoin sodium intravenous syringe</i>	1	PA
<i>pregabalin oral capsule</i>	1	PA; QL
<i>pregabalin oral solution</i>	1	PA; QL
<i>pregabalin oral tablet extended release 24 hr</i>	1	PA; QL
PRIMIDONE ORAL TABLET 125 MG	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR	3	PA; *

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Drug Name	Drug Tier	Requirements / Limits
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension</i>	1	
<i>rufinamide oral tablet</i>	1	
SABRIL ORAL POWDER IN PACKET	3	*; LA
SABRIL ORAL TABLET	3	*; LA
SPRITAM ORAL TABLET FOR SUSPENSION	3	
<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	
TOPAMAX ORAL CAPSULE, SPRINKLE	3	*
TOPAMAX ORAL TABLET	3	*
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG	3	
<i>topiramate oral capsule,extended release 24hr</i>	1	PA
<i>topiramate oral capsule,sprinkle,er 24hr</i>	1	PA
<i>topiramate oral tablet</i>	1	
TRILEPTAL ORAL SUSPENSION	3	*
TRILEPTAL ORAL TABLET	3	*
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA; *
<i>valproate sodium intravenous solution</i>	1	PA
<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	3	PA
<i>vigabatrin oral powder in packet</i>	1	LA
<i>vigabatrin oral tablet</i>	1	LA

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Drug Name	Drug Tier	Requirements / Limits
<i>vigadrone oral powder in packet</i>	1	
<i>vigadrone oral tablet</i>	1	
VIGAFYDE ORAL SOLUTION	3	
<i>vigpoder oral powder in packet</i>	1	
VIMPAT INTRAVENOUS SOLUTION	3	PA; *
VIMPAT ORAL SOLUTION	3	*
VIMPAT ORAL TABLET	3	*
XCOPRI MAINTENANCE PACK ORAL TABLET	3	PA
XCOPRI ORAL TABLET	3	PA
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK	3	PA
ZARONTIN ORAL CAPSULE	3	*
ZARONTIN ORAL SOLUTION	3	*
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	*
ZONISADE ORAL SUSPENSION	3	PA
<i>zonisamide oral capsule</i>	1	
ZTALMY ORAL SUSPENSION	3	PA
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE	3	PA; LA; QL
<i>apomorphine subcutaneous cartridge</i>	1	PA; QL
AZILECT ORAL TABLET	3	*
<i>benztropine injection solution</i>	1	PA
<i>benztropine oral tablet</i>	1	
<i>bromocriptine oral capsule</i>	1	
<i>bromocriptine oral tablet</i>	1	
<i>carbidopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	1	
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE	3	
DHIVY ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	3	LA
<i>entacapone oral tablet</i>	1	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	3	PA
LODOSYN ORAL TABLET	3	*
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	
NOURIANZ ORAL TABLET	3	PA; LA
ONAPGO SUBCUTANEOUS CARTRIDGE	3	PA; LA; QL
ONGENTYS ORAL CAPSULE	3	PA; QL
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG	3	PA
<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 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>ropinirole oral tablet 3 mg, 4 mg, 5 mg</i>	1	QL
<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	*
<i>tolcapone oral tablet</i>	1	
<i>trihexyphenidyl oral elixir</i>	1	
<i>trihexyphenidyl oral tablet</i>	1	
XADAGO ORAL TABLET	3	PA
ZELAPAR ORAL TABLET,DISINTEGRATING	3	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
<i>almotriptan malate oral tablet</i>	1	QL
<i>dihydroergotamine injection solution</i>	1	
<i>dihydroergotamine nasal spray,non-aerosol</i>	1	PA; QL
<i>eletriptan oral tablet</i>	1	PA; QL
ELYXYB ORAL SOLUTION	3	PA
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	*; QL
<i>frovatriptan oral tablet</i>	1	QL
IMITREX ORAL TABLET	3	*; QL
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR	3	*; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE	3	*; QL
MAXALT ORAL TABLET 10 MG	3	*; QL
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	*; QL
<i>migergot rectal suppository</i>	1	
MIGRANAL NASAL SPRAY,NON-AEROSOL	3	*; QL
<i>naratriptan oral tablet</i>	1	QL
NURTEC ODT ORAL TABLET,DISINTEGRATING	3	ST; QL
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED	3	PA; QL
QULIPTA ORAL TABLET	3	PA; QL
RELPAK ORAL TABLET	3	ST; *; QL
REYVOW ORAL TABLET	3	ST; QL
<i>rizatriptan oral tablet</i>	1	QL
<i>rizatriptan oral tablet,disintegrating</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<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	PA; QL
TOSYMRA NASAL SPRAY, NON-AEROSOL	3	PA; QL
TREXIMET ORAL TABLET	3	PA; *, QL
TRUDHESA NASAL SPRAY, NON-AEROSOL	3	QL
UBRELVY ORAL TABLET	3	ST; QL
ZAVZPRET NASAL SPRAY, NON-AEROSOL	2	PA; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	3	PA; QL
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	3	PA; QL
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	1	QL
<i>zolmitriptan oral tablet</i>	1	QL
<i>zolmitriptan oral tablet,disintegrating</i>	1	QL
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	2	QL
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	3	*, QL
ZOMIG ORAL TABLET	3	*, QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY	3	PA
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	3	PA; *, LA; QL
ARICEPT ORAL TABLET 10 MG, 5 MG	3	*
ARICEPT ORAL TABLET 23 MG	3	PA; *
AUSTEDO ORAL TABLET	3	PA; LA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; LA; QL
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	3	PA; LA; QL
<i>dalfampridine oral tablet extended release 12 hr</i>	1	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
DAYBUE ORAL SOLUTION	3	PA; QL
<i>dichlorphenamide oral tablet</i>	1	PA; LA; QL
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	PA
<i>donepezil oral tablet,disintegrating</i>	1	PA
EVRYSDI ORAL RECON SOLN	3	PA; LA
EVRYSDI ORAL TABLET	3	PA; LA
EXELON PATCH TRANSDERMAL PATCH 24 HOUR	3	PA; *
FIRDAPSE ORAL TABLET	3	PA; QL
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	1	PA
<i>galantamine oral solution</i>	1	PA
<i>galantamine oral tablet</i>	1	PA
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA; QL
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK	3	PA; QL
INGREZZA ORAL CAPSULE	3	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE	3	PA
KEVEYIS ORAL TABLET	3	PA; *; QL
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	PA
<i>memantine oral solution</i>	1	PA
<i>memantine oral tablet</i>	1	PA
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA
<i>memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 28-10 mg</i>	1	PA
MIPLYFFA ORAL CAPSULE	3	PA; QL
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	2	PA
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	PA
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG	3	PA; *
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 28-10 MG	3	PA; *

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Drug Name	Drug Tier	Requirements / Limits
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 21-10 MG, 7-10 MG	3	PA
NUDEXTA ORAL CAPSULE	3	PA; QL
<i>ormalvi oral tablet</i>	1	PA; QL
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	3	LA
<i>rivastigmine tartrate oral capsule</i>	1	PA
<i>rivastigmine transdermal patch 24 hour</i>	1	PA
SKYCLARYS ORAL CAPSULE	3	PA
<i>tetrabenazine oral tablet</i>	1	PA; LA; QL
TYSABRI INTRAVENOUS SOLUTION	3	PA; LA
WAINUA SUBCUTANEOUS AUTO-INJECTOR	3	PA
XENAZINE ORAL TABLET	3	PA; *; LA; QL
ZEPOSIA ORAL CAPSULE	2	PA; LA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK	2	PA; LA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	2	PA; LA
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA; *; QL
<i>atracurium intravenous solution</i>	1	
BACLOFEN ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	3	PA
<i>baclofen oral solution 5 mg/5 ml</i>	1	PA
<i>baclofen oral suspension</i>	1	PA
<i>baclofen oral tablet</i>	1	
BLOXIVERZ INTRAVENOUS SOLUTION	3	PA; *
<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 250 mg, 375 mg, 750 mg</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral capsule,extended release 24hr</i>	1	PA; QL
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cyclobenzaprine oral tablet 7.5 mg</i>	1	PA
DANTRIUM ORAL CAPSULE 25 MG	3	*
<i>dantrolene oral capsule</i>	1	
FEXMID ORAL TABLET	3	PA; *
FLEQSUVY ORAL SUSPENSION	3	PA; *
LORZONE ORAL TABLET	3	PA; *
LYVISPAH ORAL GRANULES IN PACKET	3	PA
<i>meprobamate oral tablet</i>	1	
MESTINON ORAL SYRUP	3	*
MESTINON ORAL TABLET	3	*
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE	3	*
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol injection solution</i>	1	PA
<i>methocarbamol oral tablet</i>	1	
<i>neostigmine methylsulfate intravenous solution</i>	1	PA
NORGESIC FORTE ORAL TABLET	3	PA; *
NORGESIC ORAL TABLET	3	PA; *
<i>orphenadrine citrate injection solution</i>	1	PA
<i>orphenadrine citrate oral tablet extended release</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	1	PA
<i>orphengesic forte oral tablet</i>	1	PA
OZOBAX DS ORAL SOLUTION	3	PA
OZOBAX ORAL SOLUTION	3	PA
<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	PA
ROBAXIN INJECTION SOLUTION	3	PA; *
SOMA ORAL TABLET 250 MG	3	ST; *
SOMA ORAL TABLET 350 MG	3	*

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Drug Name	Drug Tier	Requirements / Limits
<i>tanlor oral tablet</i>	1	
<i>tizanidine oral capsule</i>	1	
<i>tizanidine oral tablet</i>	1	
<i>vanadom oral tablet</i>	1	
ZANAFLEX ORAL CAPSULE	3	*
ZANAFLEX ORAL TABLET	3	*
ZILBRYSQ SUBCUTANEOUS SYRINGE	3	PA
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	3	QL
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	3	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	QL
<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	
BUTRANS TRANSDERMAL PATCH WEEKLY	3	*, QL
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	QL
<i>codeine-bitalbitol-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

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Drug Name	Drug Tier	Requirements / Limits
ESGIC ORAL TABLET	3	*
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; QL
<i>fentanyl transdermal patch 72 hour</i>	1	PA; QL
FIORICET ORAL CAPSULE	3	*
FIORICET WITH CODEINE ORAL CAPSULE	3	*, QL
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	1	PA; QL
<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</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

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Drug Name	Drug Tier	Requirements / Limits
<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
<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
OXYCODONE ORAL TABLET, ORAL ONLY	3	QL
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	3	PA; 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
PERCOCET ORAL TABLET	3	*, QL
PRIMLEV ORAL TABLET	3	QL
PROLATE ORAL SOLUTION	3	QL
<i>prolate oral tablet</i>	1	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	*, QL
ROXYBOND ORAL TABLET, ORAL ONLY	3	QL
SEGLENTIS ORAL TABLET	3	PA; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	3	LA
<i>tencon oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
TREZIX ORAL CAPSULE	3	QL
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH)	3	PA; QL
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec)</i>	0	ACA; OTC
ANAPROX DS ORAL TABLET	3	*
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	PA; *
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	PA; *
<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	QL
<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	PA; *, QL
CELEBREX ORAL CAPSULE	3	*, QL
<i>celecoxib oral capsule</i>	1	QL
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 17-83	3	PA; QL
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75	3	PA; QL
COXANTO ORAL CAPSULE	3	
DAYPRO ORAL TABLET	3	*
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR	3	PA
<i>diclofenac potassium oral capsule</i>	1	PA
<i>diclofenac potassium oral powder in packet</i>	1	PA; QL
<i>diclofenac potassium oral tablet 25 mg</i>	1	PA
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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	PA
DICLOFENAC SUBMICRONIZED ORAL CAPSULE	3	PA
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i>	1	
<i>diflunisal oral tablet</i>	1	
DISALCID ORAL TABLET	3	*
DOLOBID ORAL TABLET	3	PA
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC)	3	*
<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	
FENOPROFEN ORAL CAPSULE 200 MG	3	PA
<i>fenoprofen oral capsule 400 mg</i>	1	PA
<i>fenoprofen oral tablet</i>	1	PA
FENOPRON ORAL CAPSULE	3	PA
FLECTOR TRANSDERMAL PATCH 12 HOUR	3	PA
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet</i>	1	PA; QL
INDOCIN ORAL SUSPENSION	3	*
INDOCIN RECTAL SUPPOSITORY	3	*
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>indomethacin oral suspension</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	PA
<i>ketorolac oral tablet</i>	1	QL
<i>kiprofen oral capsule</i>	1	PA
KLOXXADO NASAL SPRAY, NON-AEROSOL	3	QL
LICART TRANSDERMAL PATCH 24 HOUR	3	PA
LODINE ORAL TABLET	3	*
<i>lofena oral tablet</i>	1	PA
<i>lofexidine oral tablet</i>	1	PA; QL
LUCEMYRA ORAL TABLET	3	PA; *, QL
<i>meclofenamate oral capsule</i>	1	
<i>mefenamic acid oral capsule</i>	1	
MELOXICAM ORAL SUSPENSION	3	PA
<i>meloxicam oral tablet</i>	1	
<i>meloxicam submicronized oral capsule</i>	1	PA
<i>nabumetone oral tablet</i>	1	
<i>nalbuphine injection solution</i>	1	QL
NALFON ORAL CAPSULE 400 MG	3	PA; *
NALFON ORAL TABLET	3	PA; *
NALMEFENE INJECTION SOLUTION	2	
<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	PA; *
NAPROSYN ORAL SUSPENSION	3	*
NAPROSYN ORAL TABLET 500 MG	3	*
<i>naproxen oral suspension</i>	1	
<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	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic</i>	1	PA; QL
NARCAN NASAL SPRAY,NON-AEROSOL	3	*; QL
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR	3	PA; QL
NUCYNTA ORAL TABLET	3	QL
OPVEE NASAL SPRAY,NON-AEROSOL	3	QL
OXAPROZIN ORAL CAPSULE	3	
<i>oxaprozin oral tablet</i>	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	PA; *
<i>pentazocine-naloxone oral tablet</i>	1	QL
<i>piroxicam oral capsule</i>	1	
RELAFEN DS ORAL TABLET	3	PA
REXTOVY NASAL SPRAY,NON-AEROSOL	3	QL
<i>salsalate oral tablet</i>	1	
SPRIX NASAL SPRAY,NON-AEROSOL	3	PA; 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
SUBOXONE SUBLINGUAL FILM	3	*; QL
<i>sulindac oral tablet</i>	1	
TOLECTIN 600 ORAL TABLET	3	PA; *
<i>tolmetin oral capsule</i>	1	
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; QL
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; QL
TRAMADOL ORAL SOLUTION	3	PA; QL
<i>tramadol oral tablet 100 mg, 50 mg</i>	1	QL
TRAMADOL ORAL TABLET 25 MG, 75 MG	3	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
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 500-20 MG	3	PA; *

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Drug Name	Drug Tier	Requirements / Limits
VISCO-3 INTRA-ARTICULAR SYRINGE	2	PA; LA
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	LA; QL
VIVLODEX ORAL CAPSULE	3	PA; *
ZIMHI INJECTION SYRINGE	3	
ZIPSOR ORAL CAPSULE	3	PA; *
ZORVOLEX ORAL CAPSULE	2	PA
ZUBSOLV SUBLINGUAL TABLET	3	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	3	QL
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	2	QL
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	QL
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP	3	PA; QL
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD	3	PA; QL
ABILIFY ORAL TABLET	3	*; QL
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED	3	
ADDERALL ORAL TABLET	3	*; QL
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR	3	*; QL
ADDYI ORAL TABLET	3	QL
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	3	PA; QL
<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	
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE	3	*
AMBIEN ORAL TABLET	3	*
<i>amitriptyline oral tablet</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amoxapine oral tablet</i>	1	
<i>amphetamine sulfate oral tablet</i>	1	QL
ANAFRANIL ORAL CAPSULE	3	*
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR	3	PA
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60	3	PA; *; 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	3	QL
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	QL
<i>armodafinil oral tablet</i>	1	PA; QL
<i>asenapine maleate sublingual tablet</i>	1	ST; QL
ATIVAN INJECTION SOLUTION	3	PA; *
ATIVAN ORAL TABLET	3	*
<i>atomoxetine oral capsule</i>	1	QL
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	3	PA; QL
AZSTARYS ORAL CAPSULE	3	PA
BELSOMRA ORAL TABLET	3	PA; QL
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	PA
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	
<i>buspirone oral tablet</i>	1	
CAPLYTA ORAL CAPSULE	3	PA; QL
CELEXA ORAL TABLET	3	ST; *
<i>chlordiazepoxide hcl oral capsule</i>	1	
<i>chlorpromazine oral concentrate</i>	1	
<i>chlorpromazine oral tablet</i>	1	
CITALOPRAM ORAL CAPSULE	3	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	
<i>clomipramine oral capsule</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	QL
<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	*
COBENFY ORAL CAPSULE	3	PA; QL
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK	3	PA; QL
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR	3	*; QL
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	3	PA; QL
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	*
DAYTRANA TRANSDERMAL PATCH 24 HOUR	3	*; QL
DAYVIGO ORAL TABLET	3	PA; QL
<i>desipramine oral tablet</i>	1	
DESOXYN ORAL TABLET	3	*; QL
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	1	QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	3	*; QL
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	1	QL
<i>dexmethylphenidate oral tablet</i>	1	QL
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	QL
<i>dextroamphetamine sulfate oral solution</i>	1	QL
<i>dextroamphetamine sulfate oral tablet</i>	1	QL
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>	1	QL

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

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Drug Name	Drug Tier	Requirements / Limits
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	QL
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet</i>	1	
<i>fluphenazine decanoate injection solution</i>	1	
<i>fluphenazine hcl injection solution</i>	1	PA
<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	
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	ST
<i>fluvoxamine oral tablet</i>	1	
FOCALIN ORAL TABLET	3	*; QL
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50	3	PA; *; QL
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	3	PA
GEODON ORAL CAPSULE	3	*; QL
<i>guanfacine oral tablet extended release 24 hr</i>	1	QL
HALCION ORAL TABLET 0.25 MG	3	*
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	*
<i>haloperidol decanoate intramuscular solution</i>	1	
<i>haloperidol lactate injection solution</i>	1	PA
<i>haloperidol lactate oral concentrate</i>	1	
<i>haloperidol oral tablet</i>	1	
HETLIOZ LQ ORAL SUSPENSION	3	PA; LA
HETLIOZ ORAL CAPSULE	3	PA; *; LA
<i>imipramine hcl oral tablet</i>	1	
<i>imipramine pamoate oral capsule</i>	1	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR	3	*; QL
INVEGA HAFYERA INTRAMUSCULAR SYRINGE	3	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	3	*; QL

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Drug Name	Drug Tier	Requirements / Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE	3	
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK	3	PA
LATUDA ORAL TABLET	3	ST; *; QL
LEXAPRO ORAL TABLET	3	ST; *
<i>lisdexamfetamine oral capsule</i>	1	QL
<i>lisdexamfetamine oral tablet,chewable</i>	1	QL
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<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	PA
<i>lorazepam injection syringe</i>	1	PA
<i>lorazepam intensol oral concentrate</i>	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA
<i>loxapine succinate oral capsule</i>	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET	3	PA; LA
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK	3	PA; QL
LUNESTA ORAL TABLET	3	*; QL
<i>lurasidone oral tablet</i>	1	ST; QL
LYBALVI ORAL TABLET	3	PA
MARPLAN ORAL TABLET	3	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70	3	PA; *; QL
<i>methamphetamine oral tablet</i>	1	QL
METHYLIN ORAL SOLUTION	3	*; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	QL
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	QL
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	QL
<i>methylphenidate hcl oral solution</i>	1	QL
<i>methylphenidate hcl oral tablet</i>	1	QL
<i>methylphenidate hcl oral tablet extended release</i>	1	QL
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	1	QL
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	3	ST; QL
<i>methylphenidate hcl oral tablet,chewable</i>	1	QL
<i>methylphenidate transdermal patch 24 hour</i>	1	QL
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet,disintegrating</i>	1	
<i>modafinil oral tablet</i>	1	PA; QL
<i>molindone oral tablet</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	3	*; QL
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	3	PA; LA; QL
NUPLAZID ORAL TABLET	3	PA; LA; QL
NUVIGIL ORAL TABLET	3	PA; *; QL
<i>olanzapine intramuscular recon soln</i>	1	QL
<i>olanzapine oral tablet</i>	1	QL
<i>olanzapine oral tablet,disintegrating</i>	1	QL
<i>olanzapine-fluoxetine oral capsule</i>	1	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR	3	ST
OPIPZA ORAL FILM	3	PA; QL
<i>oxazepam oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<i>paroxetine hcl oral tablet</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	
<i>paroxetine mesylate(menop.sym) oral capsule</i>	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *
PAXIL ORAL SUSPENSION	3	ST; *
PAXIL ORAL TABLET	3	ST; *
<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	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	*; QL
<i>procentra oral solution</i>	1	QL
<i>protriptyline oral tablet</i>	1	
PROVIGIL ORAL TABLET	3	PA; *; QL
PROZAC ORAL CAPSULE	3	ST; *
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR	3	QL
QUAZEPAM ORAL TABLET	3	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg</i>	1	QL
QUETIAPINE ORAL TABLET 150 MG	3	
<i>quetiapine oral tablet 400 mg, 50 mg</i>	1	
<i>quetiapine oral tablet extended release 24 hr</i>	1	QL
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR	3	PA; QL
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON	3	PA; QL
QUVIVIQ ORAL TABLET	3	PA; QL
<i>ramelteon oral tablet</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	3	ST; *; QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	ST; QL
REMERON ORAL TABLET 15 MG, 30 MG	3	*
REMERON SOLTAB ORAL TABLET,DISINTEGRATING	3	*
RESTORIL ORAL CAPSULE	3	*
REXULTI ORAL TABLET	3	PA
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	PA; *; QL
RISPERDAL ORAL SOLUTION	3	*
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	*
<i>risperidone microspheres intramuscular suspension,extended rel recon</i>	1	QL
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	
<i>risperidone oral tablet,disintegrating</i>	1	QL
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50	3	*; QL
RITALIN ORAL TABLET	3	*; QL
ROZEREM ORAL TABLET	3	*; QL
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	PA; QL
SAPHRIS SUBLINGUAL TABLET	3	ST; *; QL
SECUADO TRANSDERMAL PATCH 24 HOUR	3	ST; QL
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG	3	*; QL
SEROQUEL ORAL TABLET 400 MG, 50 MG	3	*
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	*; QL
SERTRALINE ORAL CAPSULE	3	PA
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	
SILENOR ORAL TABLET	3	PA; *
SODIUM OXYBATE ORAL SOLUTION	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
STRATTERA ORAL CAPSULE	3	*; QL
SUNOSI ORAL TABLET	3	PA
SYMBYAX ORAL CAPSULE 6-25 MG	3	*
<i>tasimelteon oral capsule</i>	1	PA; LA
<i>temazepam oral capsule</i>	1	
<i>thioridazine oral tablet</i>	1	
<i>thiothixene oral capsule</i>	1	
<i>tranylcypromine oral tablet</i>	1	
<i>trazodone oral tablet</i>	1	
<i>triazolam oral tablet</i>	1	
<i>trifluoperazine oral tablet</i>	1	
<i>trimipramine oral capsule</i>	1	
TRINTELLIX ORAL TABLET	3	ST
VALIUM ORAL TABLET	3	*
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR	3	ST
<i>venlafaxine oral capsule,extended release 24hr</i>	1	
<i>venlafaxine oral tablet</i>	1	
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST
VERSACLOZ ORAL SUSPENSION	3	
VIIBRYD ORAL TABLET	3	ST; *
<i>vilazodone oral tablet</i>	1	ST
VRAYLAR ORAL CAPSULE	3	PA; QL
VYVANSE ORAL CAPSULE	3	*; QL
VYVANSE ORAL TABLET,CHEWABLE	3	*; QL
WAKIX ORAL TABLET	3	PA; LA
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR	3	*
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR	3	*; QL
XANAX ORAL TABLET	3	*
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR	3	*
XELSTRYM TRANSDERMAL PATCH 24 HOUR	3	PA; QL
XYREM ORAL SOLUTION	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
XYWAV ORAL SOLUTION	3	PA
<i>zaleplon oral capsule</i>	1	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	QL
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG, 7.5 MG	3	*; QL
ZENZEDI ORAL TABLET 2.5 MG	3	QL
<i>ziprasidone hcl oral capsule</i>	1	QL
ZOLOFT ORAL CONCENTRATE	3	ST; *
ZOLOFT ORAL TABLET	3	ST; *
ZOLPIDEM ORAL CAPSULE	3	PA
<i>zolpidem oral tablet</i>	1	
<i>zolpidem oral tablet,ext release multiphase</i>	1	
<i>zolpidem sublingual tablet</i>	1	
ZURZUVAE ORAL CAPSULE	3	PA; QL
ZYPREXA INTRAMUSCULAR RECON SOLN	3	*; QL
ZYPREXA ORAL TABLET	3	*; QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING	3	*; QL

AUTONOMIC & CNS DRUGS, NEUROLOGY

MULTIPLE SCLEROSIS AGENTS

AUBAGIO ORAL TABLET	3	PA; *; LA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; LA
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; LA
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	PA; LA; QL
BETASERON SUBCUTANEOUS KIT	2	PA; LA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	3	*; LA; QL
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	3	*; LA
<i>dimethyl fumarate oral capsule,delayed release(dr/ec)</i>	1	PA; LA
<i>fingolimod oral capsule</i>	1	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
GILENYA ORAL CAPSULE 0.25 MG	2	PA
GILENYA ORAL CAPSULE 0.5 MG	3	PA; *; LA
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	LA; QL
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	LA
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	LA; QL
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	LA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	3	PA; LA
LEMTRADA INTRAVENOUS SOLUTION	3	PA; LA
MAVENCLAD (10 TABLET PACK) ORAL TABLET	2	PA; LA
MAVENCLAD (4 TABLET PACK) ORAL TABLET	2	PA; LA
MAVENCLAD (5 TABLET PACK) ORAL TABLET	2	PA; LA
MAVENCLAD (6 TABLET PACK) ORAL TABLET	2	PA; LA
MAVENCLAD (7 TABLET PACK) ORAL TABLET	2	PA; LA
MAVENCLAD (8 TABLET PACK) ORAL TABLET	2	PA; LA
MAVENCLAD (9 TABLET PACK) ORAL TABLET	2	PA; LA
MAYZENT ORAL TABLET	2	PA; LA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK	2	PA; LA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	2	PA; LA
OCREVUS INTRAVENOUS SOLUTION	3	PA; LA
PLEGRIDY INTRAMUSCULAR SYRINGE	2	PA; LA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	2	PA; LA
PLEGRIDY SUBCUTANEOUS SYRINGE	2	PA; LA
PONVORY ORAL TABLET	3	PA; LA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	2	PA; LA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	2	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	2	PA; LA
TASCENSO ODT ORAL TABLET,DISINTEGRATING	2	PA; LA
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	PA; *, LA
<i>teriflunomide oral tablet</i>	1	PA; LA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	LA

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine intravenous solution</i>	1	PA
<i>amiodarone intravenous solution</i>	1	PA
<i>amiodarone oral tablet</i>	1	
BETAPACE AF ORAL TABLET	3	*
BETAPACE ORAL TABLET	3	*
<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	3	
NEXTERONE INTRAVENOUS SOLUTION	3	PA
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG	3	
NORPACE ORAL CAPSULE	3	*
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection solution</i>	1	PA
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>sotalol af oral tablet</i>	1	
SOTALOL INTRAVENOUS SOLUTION	3	PA
<i>sotalol oral tablet</i>	1	
SOTYLIZE ORAL SOLUTION	3	
TIKOSYN ORAL CAPSULE	3	*
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	ST
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	
<i>amlodipine-olmesartan oral tablet</i>	1	ST
<i>amlodipine-valsartan oral tablet</i>	1	ST
<i>amlodipine-valsartan-hcthiiazid oral tablet</i>	1	
ATACAND HCT ORAL TABLET	3	ST; *
ATACAND ORAL TABLET	3	ST; *
<i>atenolol oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	1	
AVALIDE ORAL TABLET	3	*
AVAPRO ORAL TABLET	3	*
AZOR ORAL TABLET	3	ST; *
<i>benazepril oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
BENICAR HCT ORAL TABLET	3	ST; *
BENICAR ORAL TABLET	3	ST; *
<i>betaxolol oral tablet</i>	1	
BIDIL ORAL TABLET	3	*
<i>bisoprolol fumarate oral tablet</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>bumetanide injection solution</i>	1	PA
<i>bumetanide oral tablet</i>	1	
BYSTOLIC ORAL TABLET	3	*
<i>candesartan oral tablet</i>	1	ST
<i>candesartan-hydrochlorothiazid oral tablet</i>	1	ST
<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	*
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	3	ST
<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	ST
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	*
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	*
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	*
<i>chlorothiazide sodium intravenous recon soln</i>	1	PA
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet</i>	1	
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR	2	
<i>clonidine transdermal patch weekly</i>	1	
CONJUPRI ORAL TABLET	3	PA
CONSENSI ORAL TABLET	3	PA; QL
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	3	*
COREG ORAL TABLET	3	*

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Drug Name	Drug Tier	Requirements / Limits
COZAAR ORAL TABLET	3	*
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	
DIOVAN HCT ORAL TABLET	3	*
DIOVAN ORAL TABLET	3	*
DIURIL ORAL SUSPENSION	3	
<i>doxazosin oral tablet</i>	1	
DYRENIUM ORAL CAPSULE	3	*
EDARBI ORAL TABLET	3	ST
EDARBYCLOR ORAL TABLET	3	ST
EDECIN ORAL TABLET	3	*
<i>enalapril maleate oral solution</i>	1	PA
<i>enalapril maleate oral tablet</i>	1	
<i>enalaprilat intravenous solution</i>	1	PA
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
EPANED ORAL SOLUTION	3	PA; *
<i>eplerenone oral tablet</i>	1	
<i>eprosartan oral tablet</i>	1	ST
<i>ethacrynate sodium intravenous recon soln</i>	1	PA
<i>ethacrynic acid oral tablet</i>	1	
EXFORGE HCT ORAL TABLET	3	*
EXFORGE ORAL TABLET	3	ST; *
<i>felodipine oral tablet extended release 24 hr</i>	1	
FLOLAN INTRAVENOUS RECON SOLN	3	PA; LA
<i>fosinopril oral tablet</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FUROSCIX SUBCUTANEOUS KIT	3	PA; QL
<i>furosemide injection solution</i>	1	PA
<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	
HEMANGEOL ORAL SOLUTION	3	
<i>hydralazine injection solution</i>	1	PA
<i>hydralazine oral tablet</i>	1	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
HYZAAR ORAL TABLET	3	*
<i>indapamide oral tablet</i>	1	
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	*
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR	2	
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	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR	3	
KATERZIA ORAL SUSPENSION	3	PA
KERENDIA ORAL TABLET	3	PA; QL
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LABETALOL ORAL TABLET 400 MG	3	
LASIX ORAL TABLET	3	*
LEVAMLODIPINE ORAL TABLET	3	PA
<i>lisinopril oral tablet</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
LOPRESSOR ORAL TABLET	3	*
<i>losartan oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>losartan-hydrochlorothiazide oral tablet</i>	1	
LOTENSIN HCT ORAL TABLET	3	*
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	*
LOTREL ORAL CAPSULE	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	PA
<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	PA
<i>metoprolol tartrate oral tablet</i>	1	
<i>metyrosine oral capsule</i>	1	PA
MICARDIS HCT ORAL TABLET	3	ST; *
MICARDIS ORAL TABLET	3	ST; *
<i>minoxidil oral tablet</i>	1	
<i>moexipril oral tablet</i>	1	
<i>nadolol oral tablet</i>	1	
<i>nebivolol oral tablet</i>	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
<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	PA
<i>nimodipine oral solution</i>	1	PA
<i>nisoldipine oral tablet extended release 24 hr</i>	1	
NORLIQVA ORAL SOLUTION	3	PA
NORVASC ORAL TABLET	3	*
NYMALIZE ORAL SOLUTION	3	PA
NYMALIZE ORAL SYRINGE	3	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>olmesartan oral tablet</i>	1	ST
<i>olmesartan-amlodipin-hcthiiazid oral tablet</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	ST
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	3	PA; LA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	3	PA; LA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	3	PA; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE	3	PA; LA
<i>papaverine injection solution</i>	1	PA
<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	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	3	*
<i>propranolol intravenous solution</i>	1	PA
<i>propranolol oral capsule,extended release 24 hr</i>	1	
<i>propranolol oral solution</i>	1	
<i>propranolol oral tablet</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet</i>	1	
QBRELIS ORAL SOLUTION	3	PA
<i>quinapril oral tablet</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	
REMODULIN INJECTION SOLUTION	3	PA; *, LA
SOAAZ ORAL TABLET 40 MG	3	
<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	*
TEKTURNA ORAL TABLET	3	ST; *

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Drug Name	Drug Tier	Requirements / Limits
<i>telmisartan oral tablet</i>	1	ST
<i>telmisartan-amlodipine oral tablet</i>	1	ST
<i>telmisartan-hydrochlorothiazid oral tablet</i>	1	ST
TENORETIC 100 ORAL TABLET	3	*
TENORETIC 50 ORAL TABLET	3	*
TENORMIN ORAL TABLET	3	*
<i>terazosin oral capsule</i>	1	
THALITONE ORAL TABLET	3	
<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	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	*
<i>torse mide 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>	1	PA; LA
<i>triamterene oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
TRIBENZOR ORAL TABLET	3	*
UPTRAVI INTRAVENOUS RECON SOLN	3	PA
UPTRAVI ORAL TABLET	3	PA; LA
UPTRAVI ORAL TABLETS,DOSE PACK	3	PA; LA
VALSARTAN ORAL SOLUTION	3	ST
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	
VASERETIC ORAL TABLET	3	*
VASOTEC ORAL TABLET	3	*
<i>veletri intravenous recon soln</i>	1	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	

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Drug Name	Drug Tier	Requirements / Limits
<i>verapamil oral tablet extended release</i>	1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT	3	*
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		
ALVAIZ ORAL TABLET	3	PA; LA
AMICAR ORAL SOLUTION	3	*
AMICAR ORAL TABLET	3	*
<i>aminocaproic acid intravenous solution</i>	1	PA
<i>aminocaproic acid oral solution</i>	1	
<i>aminocaproic acid oral tablet</i>	1	
ARIXTRA SUBCUTANEOUS SYRINGE	3	*
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	1	
BRILINTA ORAL TABLET	2	
CABLIVI INJECTION KIT	3	PA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	3	PA; LA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	3	PA; LA
<i>cilostazol oral tablet</i>	1	
<i>clopidogrel oral tablet</i>	1	
CYKLOKAPRON INTRAVENOUS SOLUTION	3	PA; *
<i>dabigatran etexilate oral capsule</i>	1	QL
<i>dipyridamole oral tablet</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET	3	PA; LA; QL
EFFIENT ORAL TABLET	3	*
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	
ELIQUIS ORAL TABLET	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>enoxaparin subcutaneous solution</i>	1	
<i>enoxaparin subcutaneous syringe</i>	1	
<i>fondaparinux subcutaneous syringe</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION	3	
FRAGMIN SUBCUTANEOUS SYRINGE	3	
<i>hep flush-10 (pf) intravenous solution</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution</i>	1	PA
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	1	PA
<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	PA
LOVENOX SUBCUTANEOUS SOLUTION	3	PA; *
LOVENOX SUBCUTANEOUS SYRINGE	3	*
MULPLETA ORAL TABLET	3	PA; LA; QL
NPLATE SUBCUTANEOUS RECON SOLN	3	PA; LA
<i>pentoxifylline oral tablet extended release</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
PLAVIX ORAL TABLET 75 MG	3	*
PRADAXA ORAL CAPSULE	3	PA; *; QL

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Drug Name	Drug Tier	Requirements / Limits
PRADAXA ORAL PELLETS IN PACKET	3	PA
<i>prasugrel hcl oral tablet</i>	1	
PROMACTA ORAL POWDER IN PACKET	3	PA; LA
PROMACTA ORAL TABLET	3	PA; LA
<i>protamine intravenous solution</i>	1	PA
SAVAYSA ORAL TABLET	3	PA
TAVALISSE ORAL TABLET	3	PA
<i>tranexamic acid intravenous solution</i>	1	PA
<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		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
<i>amlodipine-atorvastatin oral tablet</i>	1	
ATORVALIQ ORAL SUSPENSION	3	PA; QL
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
CADUET ORAL TABLET	3	*
<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	*
COLESTID ORAL TABLET	3	*
<i>colestipol oral granules</i>	1	
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	
CRESTOR ORAL TABLET	3	*

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Drug Name	Drug Tier	Requirements / Limits
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE	3	
<i>ezetimibe oral tablet</i>	1	QL
EZETIMIBE-ROSUVASTATIN ORAL TABLET	3	PA
<i>ezetimibe-simvastatin oral tablet</i>	1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	
<i>fenofibrate nanocrystallized oral tablet</i>	1	
FENOFIBRATE ORAL CAPSULE	3	
<i>fenofibrate oral tablet</i>	1	
<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 105 MG	3	ST; *
FLOLIPID ORAL SUSPENSION	3	PA; QL
<i>fluvastatin oral capsule</i>	0	ACA
<i>fluvastatin oral tablet extended release 24 hr</i>	0	ACA
<i>gemfibrozil oral tablet</i>	1	
<i>icosapent ethyl oral capsule</i>	1	PA
JUXTAPID ORAL CAPSULE	3	PA; LA; QL
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	*
LIPITOR ORAL TABLET	3	*
LIPOFEN ORAL CAPSULE	3	
LIVALO ORAL TABLET	3	ST; *; QL
LOPID ORAL TABLET	3	*
<i>lovastatin oral tablet</i>	0	ACA
LOVAZA ORAL CAPSULE	3	PA; *
NEXLETOL ORAL TABLET	3	PA; QL
NEXLIZET ORAL TABLET	3	PA; QL
<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	ST; ACA; QL

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Drug Name	Drug Tier	Requirements / Limits
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR	2	PA; QL
<i>pravastatin oral tablet</i>	0	ACA
<i>prevalite oral powder</i>	1	
<i>prevalite oral powder in packet</i>	1	
QUESTRAN LIGHT ORAL POWDER	3	*
QUESTRAN ORAL POWDER	3	*
QUESTRAN ORAL POWDER IN PACKET	3	*
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	2	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	2	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
ROSZET ORAL TABLET	3	PA
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
TRICOR ORAL TABLET	3	*
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 45 MG	3	*
VASCEPA ORAL CAPSULE	3	PA; *
VYTORIN 10-10 ORAL TABLET	3	*
VYTORIN 10-20 ORAL TABLET	3	*
VYTORIN 10-40 ORAL TABLET	3	*
VYTORIN 10-80 ORAL TABLET	3	*
WELCHOL ORAL POWDER IN PACKET	3	*
WELCHOL ORAL TABLET	3	*
ZETIA ORAL TABLET	3	*; QL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; *
ZYPITAMAG ORAL TABLET	3	ST
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET	3	
CAMZYOS ORAL CAPSULE	3	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
CORLANOR ORAL SOLUTION	2	PA
CORLANOR ORAL TABLET	3	PA; *
ENTRESTO ORAL TABLET	2	
ENTRESTO SPRINKLE ORAL PELLETT	2	
FILSPARI ORAL TABLET	3	PA; QL
<i>ivabradine oral tablet</i>	1	PA
LODOCO ORAL TABLET	3	PA; QL
<i>ranolazine oral tablet extended release 12 hr</i>	1	
TRYVIO ORAL TABLET	3	PA; QL
VERQUVO ORAL TABLET	3	PA
VYNDAMAX ORAL CAPSULE	3	PA; LA; QL
VYNDAQEL ORAL CAPSULE	3	PA; LA; QL
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 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
<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	*
<i>nitro-time oral capsule, extended release</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	1	PA
ANALPRAM-HC TOPICAL LOTION	3	*
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; LA
BIMZELX SUBCUTANEOUS SYRINGE	3	PA; LA
<i>calcipotriene scalp solution</i>	1	QL
<i>calcipotriene topical cream</i>	1	QL
CALCIPOTRIENE TOPICAL FOAM	3	ST; QL
<i>calcipotriene topical ointment</i>	1	QL
<i>calcipotriene-betamethasone topical ointment</i>	1	PA; QL
<i>calcipotriene-betamethasone topical suspension</i>	1	PA; QL
<i>calcitriol topical ointment</i>	1	QL
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	3	PA; LA; QL
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	3	PA; LA; QL
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR	3	PA; LA; QL
COSENTYX SUBCUTANEOUS SYRINGE	3	PA; LA; QL
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR	3	PA; LA; QL
ENSTILAR TOPICAL FOAM	3	PA; QL
EPIFOAM TOPICAL FOAM	3	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	
ILUMYA SUBCUTANEOUS SYRINGE	3	PA; LA
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	

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Drug Name	Drug Tier	Requirements / Limits
PRAMOSONE TOPICAL CREAM 1-1 %	3	
PRAMOSONE TOPICAL LOTION	3	
PRAMOSONE TOPICAL OINTMENT	3	
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SILIQ SUBCUTANEOUS SYRINGE	3	PA; LA; QL
SKYRIZI SUBCUTANEOUS PEN INJECTOR	2	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; LA; QL
SORILUX TOPICAL FOAM	3	ST; QL
SOTYKTU ORAL TABLET	2	PA; LA
SPEVIGO SUBCUTANEOUS SYRINGE	3	PA; LA; QL
STELARA INTRAVENOUS SOLUTION	2	PA; LA; QL
STELARA SUBCUTANEOUS SOLUTION	2	PA; LA; QL
STELARA SUBCUTANEOUS SYRINGE	2	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	2	PA; LA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	2	PA; LA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; LA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	2	PA; LA; QL
TERSI FOAM TOPICAL FOAM	3	
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR	3	PA; LA; QL
TREMFYA SUBCUTANEOUS AUTO- INJECTOR	2	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE	2	PA; LA; QL
VECTICAL TOPICAL OINTMENT	3	*; QL
VTAMA TOPICAL CREAM	3	PA; QL
WYNZORA TOPICAL CREAM	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
ZORYVE TOPICAL CREAM	3	PA; QL
ZORYVE TOPICAL FOAM	3	PA
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	2	PA; LA; QL
ADBRY SUBCUTANEOUS SYRINGE	2	PA; LA; QL
CARAC TOPICAL CREAM	3	
CIBINQO ORAL TABLET	2	PA; LA; QL
CONDYLOX TOPICAL GEL	3	*
CORTANE-B TOPICAL LOTION	3	*
<i>diclofenac sodium topical gel 3 %</i>	1	
<i>doxepin topical cream</i>	1	PA
DRYSOL DAB-O-MATIC TOPICAL SOLUTION	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	2	PA; LA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	2	PA; LA
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR	2	PA; LA; QL
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE	2	PA; LA; QL
EFUDEX TOPICAL CREAM	3	*
ELIDEL TOPICAL CREAM	3	*; QL
EUCRISA TOPICAL OINTMENT	3	PA
FLUOROURACIL TOPICAL CREAM 0.5 %	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
HYFTOR TOPICAL GEL	3	PA; QL
IODOFLEX TOPICAL PADS, MEDICATED	3	
IODOSORB TOPICAL GEL	3	
LEVULAN TOPICAL SOLUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
<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
PANRETIN TOPICAL GEL	3	PA
<i>pimecrolimus topical cream</i>	1	QL
<i>podofilox topical gel</i>	1	
<i>podofilox topical solution</i>	1	
<i>prudoxin topical cream</i>	1	PA
QBREXZA TOPICAL TOWELETTE	3	PA; QL
REGRANEX TOPICAL GEL	3	PA
SOFDRA TOPICAL GEL WITH PUMP	3	PA; QL
<i>tacrolimus topical ointment</i>	1	QL
TOLAK TOPICAL CREAM	3	
UVADEX INJECTION SOLUTION	3	PA
VALCHLOR TOPICAL GEL	3	PA; LA; QL
VEREGEN TOPICAL OINTMENT	3	
<i>wintergreen oil oil</i>	1	
ZONALON TOPICAL CREAM	3	PA; *
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE	3	PA
ABSORICA ORAL CAPSULE	3	*
ACANYA TOPICAL GEL WITH PUMP	3	ST; *
<i>acutane oral capsule</i>	1	
ACZONE TOPICAL GEL	3	PA; *
ACZONE TOPICAL GEL WITH PUMP	3	PA; *
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.1 %</i>	1	OTC
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	
<i>adapalene topical solution</i>	1	
<i>adapalene-benzoyl peroxide topical gel with pump</i>	1	
AKLIEF TOPICAL CREAM	3	PA

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Drug Name	Drug Tier	Requirements / Limits
ALTRENO TOPICAL LOTION	3	PA
<i>amnesteeem oral capsule</i>	1	
AMZEEQ TOPICAL FOAM	3	PA
ARAZLO TOPICAL LOTION	3	PA
ATRALIN TOPICAL GEL	3	*
AVAR LS TOPICAL CLEANSER	3	ST
<i>avar topical cleanser</i>	1	ST
<i>azelaic acid topical gel</i>	1	PA
AZELEX TOPICAL CREAM	2	ST
BENZAMYCIN TOPICAL GEL	3	*
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER	3	*
<i>benzepro topical towelette</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam</i>	1	PA
<i>bp 10-1 topical cleanser</i>	1	
<i>brimonidine topical gel with pump</i>	1	PA
CABTREO TOPICAL GEL	3	
<i>claravis oral capsule</i>	1	
CLENIA PLUS TOPICAL SUSPENSION	3	
CLEOCIN T TOPICAL LOTION	3	*
CLINDACIN ETZ TOPICAL KIT	3	
<i>clindacin etz topical swab</i>	1	
<i>clindacin p topical swab</i>	1	
CLINDACIN PAC TOPICAL KIT	3	
<i>clindacin topical foam</i>	1	
CLINDAGEL TOPICAL GEL, ONCE DAILY	3	ST; *
<i>clindamycin phosphate topical foam</i>	1	
<i>clindamycin phosphate topical gel</i>	1	
<i>clindamycin phosphate topical gel, once daily</i>	1	ST
<i>clindamycin phosphate topical lotion</i>	1	
<i>clindamycin phosphate topical solution</i>	1	
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	1	
<i>clindamycin-tretinoin topical gel</i>	1	
<i>dapsone topical gel</i>	1	PA
<i>dapsone topical gel with pump</i>	1	PA
DIFFERIN TOPICAL CREAM	3	*
DIFFERIN TOPICAL GEL 0.1 %	3	*; OTC
DIFFERIN TOPICAL GEL WITH PUMP	3	*
DIFFERIN TOPICAL LOTION	3	
EPIDUO FORTE TOPICAL GEL WITH PUMP	3	*
EPSOLAY TOPICAL CREAM	3	PA
<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	*
FABIOR TOPICAL FOAM	3	
FINACEA TOPICAL FOAM	3	PA
<i>isotretinoin oral capsule</i>	1	
<i>ivermectin topical cream</i>	1	PA
METROCREAM TOPICAL CREAM	3	*
METROGEL TOPICAL GEL 1 %	3	*
<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	
MIRVASO TOPICAL GEL WITH PUMP	3	PA; *
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL	3	
<i>neuac topical gel</i>	1	
NORITATE TOPICAL CREAM	2	PA
ONEXTON TOPICAL GEL WITH PUMP	3	*
PLEXION TOPICAL CLEANSER	3	ST

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Drug Name	Drug Tier	Requirements / Limits
PR BENZOYL PEROXIDE TOPICAL CLEANSER	3	*
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.08 %, 0.1 %	3	*
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	3	
RETIN-A MICRO TOPICAL GEL	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	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	
ROSADAN TOPICAL KIT,CLEANSER AND CREAM	3	
<i>rosula cleansing cloths topical pads, medicated</i>	1	PA
ROSULA TOPICAL CLEANSER	3	PA
SOOLANTRA TOPICAL CREAM	3	PA; *
<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	
SULFACETAMIDE SODIUM-SULFUR TOPICAL CLEANSER 8-4 %	3	ST
<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	
SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 %	3	
<i>sulfacleanse 8-4 topical suspension</i>	1	
SUMADAN TOPICAL CLEANSER	3	
SUMADAN TOPICAL KIT	3	

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Drug Name	Drug Tier	Requirements / Limits
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM	3	
<i>tazarotene topical cream</i>	1	
TAZAROTENE TOPICAL FOAM	3	
<i>tazarotene topical gel</i>	1	
TAZORAC TOPICAL CREAM	3	*
TAZORAC TOPICAL GEL	3	*
<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	
VELTIN TOPICAL GEL	3	ST; *
WINLEVI TOPICAL CREAM	3	ST
<i>zenatane oral capsule</i>	1	
ZIANA TOPICAL GEL	3	*
ZILXI TOPICAL FOAM	3	PA
TOPICAL ANESTHETICS		
<i>bupivacaine-epinephrine (pf) injection solution</i>	1	PA
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %)</i>	1	PA
<i>dermacinrx lidocan topical adhesive patch,medicated</i>	1	
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION	3	PA
<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	
<i>lidocaine topical ointment</i>	1	
<i>lidocaine viscous mucous membrane solution</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000</i>	1	PA
<i>lidocaine-prilocaine topical cream</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-prilocaine topical kit</i>	1	
LIDOCAINE-TETRACAINE TOPICAL CREAM	3	
<i>lidocan iii topical adhesive patch,medicated</i>	1	
<i>lidocan iv topical adhesive patch,medicated</i>	1	
<i>lidocan v topical adhesive patch,medicated</i>	1	
<i>lidocort topical cream</i>	1	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED	3	*
NYNUTEY TOPICAL CREAM	3	
PLIAGLIS TOPICAL CREAM	3	
<i>polocaine-mpf injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1	PA
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000	3	PA
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 2 %-1:200,000	3	PA; *
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED	3	PA
TOPICAL ANTIBACTERIALS		
ALCORTIN A TOPICAL GEL	3	PA
ALCORTIN A TOPICAL GEL IN PACKET	3	PA
ALTABAX TOPICAL OINTMENT	3	PA
CENTANY AT TOPICAL OINTMENT KIT	3	PA
CENTANY TOPICAL OINTMENT	3	PA
<i>gentamicin topical cream</i>	1	
<i>gentamicin topical ointment</i>	1	
KLARON TOPICAL SUSPENSION	3	*
<i>lugols topical solution</i>	1	
<i>mafenide acetate topical packet</i>	1	
<i>mupirocin calcium topical cream</i>	1	PA
<i>mupirocin topical ointment</i>	1	
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	3	

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Drug Name	Drug Tier	Requirements / Limits
XEPI TOPICAL CREAM	3	PA
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	
<i>ciclodan topical cream</i>	1	
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	
<i>ciclopirox topical gel</i>	1	
<i>ciclopirox topical shampoo</i>	1	
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	
<i>ciclopirox-ure-camph-menth-euc topical solution</i>	1	
<i>clotrimazole topical cream</i>	1	
<i>clotrimazole topical solution</i>	1	
<i>clotrimazole-betamethasone topical cream</i>	1	
<i>clotrimazole-betamethasone topical lotion</i>	1	
<i>econazole nitrate topical cream</i>	1	
ECOZA TOPICAL FOAM	3	PA; QL
ERTACZO TOPICAL CREAM	3	
EXELDERM TOPICAL CREAM	3	PA
EXELDERM TOPICAL SOLUTION	3	PA
EXTINA TOPICAL FOAM	3	*
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	3	PA
<i>ketoconazole topical cream</i>	1	
<i>ketoconazole topical foam</i>	1	
<i>ketoconazole topical shampoo</i>	1	
<i>ketodan topical foam</i>	1	
<i>klayesta topical powder</i>	1	
LOPROX (AS OLAMINE) TOPICAL CREAM	3	*
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	*
LULICONAZOLE TOPICAL CREAM	3	PA; QL
LUZU TOPICAL CREAM	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT	3	PA; QL
<i>naftifine topical cream</i>	1	
<i>naftifine topical gel</i>	1	
NAFTIN TOPICAL GEL 2 %	3	*
<i>nyamyc topical powder</i>	1	
<i>nystatin topical cream</i>	1	
<i>nystatin topical ointment</i>	1	
<i>nystatin topical powder</i>	1	
<i>nystatin-triamcinolone topical cream</i>	1	
<i>nystatin-triamcinolone topical ointment</i>	1	
<i>nystop topical powder</i>	1	
<i>oxiconazole topical cream</i>	1	PA
OXISTAT TOPICAL LOTION	3	
SULCONAZOLE TOPICAL CREAM	3	PA
SULCONAZOLE TOPICAL SOLUTION	3	PA
<i>tavaborole topical solution with applicator</i>	1	PA
VUSION TOPICAL OINTMENT	3	PA; QL
XOLEGEL TOPICAL GEL	3	
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	PA
<i>acyclovir topical ointment</i>	1	PA
DENAVIR TOPICAL CREAM	3	*
<i>penciclovir topical cream</i>	1	
XERESE TOPICAL CREAM	3	PA
ZOVIRAX TOPICAL CREAM	3	PA; *
ZOVIRAX TOPICAL OINTMENT	3	PA; *
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP TOPICAL LOTION	3	*
<i>alclometasone topical cream</i>	1	
<i>alclometasone topical ointment</i>	1	
<i>amcinonide topical cream</i>	1	PA
<i>amcinonide topical ointment</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>apexicon e topical cream</i>	1	PA
<i>beser topical lotion</i>	1	PA
<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	PA
<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	PA
CAPEX TOPICAL SHAMPOO	3	
<i>clobetasol scalp solution</i>	1	PA
<i>clobetasol topical cream 0.05 %</i>	1	PA
<i>clobetasol topical foam</i>	1	PA; QL
<i>clobetasol topical gel</i>	1	PA
<i>clobetasol topical lotion</i>	1	PA
<i>clobetasol topical ointment</i>	1	PA
<i>clobetasol topical shampoo</i>	1	PA
<i>clobetasol topical spray,non-aerosol</i>	1	PA
<i>clobetasol-emollient topical cream</i>	1	PA
<i>clobetasol-emollient topical foam</i>	1	PA; QL
CLOBEX TOPICAL SHAMPOO	3	PA; *
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	PA; *
<i>clocortolone pivalate topical cream</i>	1	PA
CLODRAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER	3	PA
<i>clodan topical shampoo</i>	1	PA
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	3	PA; QL
CORDRAN TOPICAL CREAM 0.025 %	3	PA
CORDRAN TOPICAL CREAM 0.05 %	3	PA; *

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Drug Name	Drug Tier	Requirements / Limits
CORDRAN TOPICAL LOTION	3	PA; *
CORDRAN TOPICAL OINTMENT	3	PA; *
DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL	3	*
DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL	3	*
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	PA
<i>desonide topical lotion</i>	1	PA
<i>desonide topical ointment</i>	1	
DESOWEN TOPICAL CREAM	3	*
<i>desoximetasone topical cream 0.05 %</i>	1	PA
<i>desoximetasone topical cream 0.25 %</i>	1	
<i>desoximetasone topical gel</i>	1	PA
<i>desoximetasone topical ointment</i>	1	PA
<i>desoximetasone topical spray,non-aerosol</i>	1	PA
<i>diflorasone topical cream</i>	1	PA
<i>diflorasone topical ointment</i>	1	PA
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	*
DUOBRII TOPICAL LOTION	3	PA; 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	
<i>fluocinonide topical cream 0.1 %</i>	1	PA
<i>fluocinonide topical gel</i>	1	
<i>fluocinonide topical ointment</i>	1	
<i>fluocinonide topical solution</i>	1	
<i>fluocinonide-e topical cream</i>	1	
<i>flurandrenolide topical cream</i>	1	PA
<i>flurandrenolide topical lotion</i>	1	PA
<i>flurandrenolide topical ointment</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	PA
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide topical cream</i>	1	PA
<i>halcinonide topical solution</i>	1	PA
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical foam</i>	1	PA
<i>halobetasol propionate topical ointment</i>	1	
HALOG TOPICAL CREAM	3	PA; *
HALOG TOPICAL OINTMENT	3	PA
HALOG TOPICAL SOLUTION	3	PA
<i>hydrocortisone butyrate topical cream</i>	1	
<i>hydrocortisone butyrate topical lotion</i>	1	PA
<i>hydrocortisone butyrate topical ointment</i>	1	
<i>hydrocortisone butyrate topical solution</i>	1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2 %</i>	1	ST
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical solution</i>	1	ST
<i>hydrocortisone valerate topical cream</i>	1	
<i>hydrocortisone valerate topical ointment</i>	1	
IMPOYZ TOPICAL CREAM	3	PA
KENALOG TOPICAL AEROSOL	3	*
LOCOID LIPOCREAM TOPICAL CREAM	3	*
LOCOID TOPICAL LOTION	3	PA; *
<i>mometasone topical cream</i>	1	
<i>mometasone topical ointment</i>	1	
<i>mometasone topical solution</i>	1	
NUCORT TOPICAL LOTION	3	
OLUX TOPICAL FOAM	3	PA; *, QL
PANDEL TOPICAL CREAM	3	
<i>prednicarbate topical cream</i>	1	
<i>prednicarbate topical ointment</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PROCTOCORT TOPICAL CREAM	3	*
SCALACORT DK TOPICAL COMBO PACK	3	PA
<i>scalacort topical lotion</i>	1	
SYNALAR CREAM KIT TOPICAL CREAM	3	
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM	3	
SYNALAR TOPICAL CREAM	3	*
SYNALAR TOPICAL OINTMENT	3	*
SYNALAR TOPICAL SOLUTION	3	*
SYNALAR TS TOPICAL KIT	3	
TEXACORT TOPICAL SOLUTION	3	
TOPICORT TOPICAL CREAM 0.05 %	3	PA; *
TOPICORT TOPICAL CREAM 0.25 %	3	*
TOPICORT TOPICAL GEL	3	PA; *
TOPICORT TOPICAL OINTMENT	3	PA; *
TOPICORT TOPICAL SPRAY, NON-AEROSOL	3	PA; *
<i>tovet emollient topical foam</i>	1	PA; QL
<i>triamcinolone acetonide topical aerosol</i>	1	
<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	PA
<i>triderm topical cream 0.5 %</i>	1	
ULTRAVATE TOPICAL LOTION	3	PA
VANOS TOPICAL CREAM	3	PA; *
VERDESO TOPICAL FOAM	3	ST
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT	3	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion</i>	1	
ELIMITE TOPICAL CREAM	3	*
EURAX TOPICAL CREAM	2	
EURAX TOPICAL LOTION	2	
<i>malathion topical lotion</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
NATROBA TOPICAL SUSPENSION	3	*
OVIDE TOPICAL LOTION	3	*
<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	PA
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	PA
<i>anagrelide oral capsule</i>	1	
BUPHENYL ORAL POWDER	3	PA; *
BUPHENYL ORAL TABLET	3	PA; *
<i>caffeine citrate oral solution</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE	3	*, LA
<i>carglumic acid oral tablet, dispersible</i>	1	
CARNITOR (SUGAR-FREE) ORAL SOLUTION	3	*
CARNITOR INTRAVENOUS SOLUTION	3	PA; *
CARNITOR ORAL SOLUTION	3	*
CARNITOR ORAL TABLET	3	*
<i>cevimeline oral capsule</i>	1	
CHEMET ORAL CAPSULE	3	

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Drug Name	Drug Tier	Requirements / Limits
CUVRIOR ORAL TABLET	3	PA
<i>deferasirox oral granules in packet</i>	1	PA; LA
<i>deferasirox oral tablet</i>	1	PA; LA
<i>deferasirox oral tablet, dispersible</i>	1	PA; LA
<i>deferiprone oral tablet</i>	1	LA
<i>disulfiram oral tablet</i>	1	
<i>droxidopa oral capsule</i>	1	PA; LA; QL
DUVYZAT ORAL SUSPENSION	3	PA
EMPAVELI SUBCUTANEOUS SOLUTION	3	PA
ENDARI ORAL POWDER IN PACKET	3	PA; LA; QL
EVOXAC ORAL CAPSULE	3	*
EXJADE ORAL TABLET, DISPERSIBLE	3	PA; *, LA
FABHALTA ORAL CAPSULE	3	PA; QL
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE	3	
FERRIPROX ORAL SOLUTION	3	
FERRIPROX ORAL TABLET	3	*
FERRLECIT INTRAVENOUS SOLUTION	3	PA; *
<i>glutamine (sickle cell) oral powder in packet</i>	1	PA; LA; QL
HYLENEX INJECTION SOLUTION	3	PA
INCRELEX SUBCUTANEOUS SOLUTION	3	PA
JADENU ORAL TABLET	3	PA; *, LA
JADENU SPRINKLE ORAL GRANULES IN PACKET	3	PA; *, LA
JOENJA ORAL TABLET	3	PA; QL
<i>levocarnitine (with sugar) oral solution</i>	1	
<i>levocarnitine intravenous solution</i>	1	PA
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LITFULO ORAL CAPSULE	3	PA; LA; QL
LITHOSTAT ORAL TABLET	3	
METOPIRONE ORAL CAPSULE	3	
<i>midodrine oral tablet</i>	1	
<i>nitisinone oral capsule</i>	1	PA; LA
NITYR ORAL TABLET	3	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
NORTHERA ORAL CAPSULE	3	PA; *, LA; QL
OLPRUVA ORAL PELLETS IN PACKET	3	PA
ORFADIN ORAL CAPSULE	3	PA; *
ORFADIN ORAL SUSPENSION	3	PA
PHEBURANE ORAL GRANULES	3	PA; LA
PYRUKYND ORAL TABLET	3	PA
PYRUKYND ORAL TABLETS,DOSE PACK	3	PA
RADIOGARDASE ORAL CAPSULE	3	
RAVICTI ORAL LIQUID	3	PA; LA
REZDIFFRA ORAL TABLET	3	PA; LA; QL
RILUTEK ORAL TABLET	3	*
<i>riluzole oral tablet</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	
<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 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	3	PA
SOLIRIS INTRAVENOUS SOLUTION	3	PA; LA
SYPRINE ORAL CAPSULE	3	*
TAVNEOS ORAL CAPSULE	3	PA
TEGLUTIK ORAL SUSPENSION	3	PA; QL
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; *
THIOLA ORAL TABLET	3	PA; *
TIGLUTIK ORAL SUSPENSION	3	PA; QL
<i>tiopronin oral tablet</i>	1	PA; LA
<i>tiopronin oral tablet,delayed release (dr/ec)</i>	1	PA
<i>trientine oral capsule 250 mg</i>	1	PA
TRIENTINE ORAL CAPSULE 500 MG	3	PA

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Drug Name	Drug Tier	Requirements / Limits
VAFSEO ORAL TABLET	3	PA; QL
VELTASSA ORAL POWDER IN PACKET 1 GRAM	3	PA
<i>venxxiva oral tablet,delayed release (dr/ec)</i>	1	PA
VOYDEYA ORAL TABLET	3	PA; QL
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET	3	PA
ZOKINVY ORAL CAPSULE	3	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	0	ACA
CHANTIX CONTINUING MONTH BOX ORAL TABLET	0	ACA
CHANTIX ORAL TABLET	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 tartrate oral tablet</i>	0	ACA
<i>varenicline tartrate oral tablets,dose pack</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray,non-aerosol</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	
<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	ST
FRAICHE 5000 SENSITIVE DENTAL GEL	3	ST
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	
<i>ipratropium bromide nasal spray,non-aerosol</i>	1	
JUST RIGHT 5000 DENTAL PASTE	3	
<i>kourzeq dental paste</i>	1	
MUGARD MUCOUS MEMBRANE SOLUTION	3	
<i>olopatadine nasal spray,non-aerosol</i>	1	ST
<i>oralone dental paste</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>pilocarpine hcl oral tablet</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	

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Drug Name	Drug Tier	Requirements / Limits
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	
SALAGEN (PILOCARPINE) ORAL TABLET	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	
CETRAXAL OTIC (EAR) DROPPERETTE	3	
<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		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	1	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION	3	
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	

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Drug Name	Drug Tier	Requirements / Limits
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL	3	PA; LA; QL
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR	3	PA; LA
AGAMREE ORAL SUSPENSION	3	PA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE	3	PA
CORTEF ORAL TABLET	3	*
<i>cortisone oral tablet</i>	1	
CORTROPHIN GEL INJECTION GEL	3	PA; LA; QL
CORTROSYN INJECTION RECON SOLN	3	PA; *
<i>cosyntropin injection recon soln</i>	1	PA
<i>deflazacort oral suspension</i>	1	PA
<i>deflazacort oral tablet</i>	1	PA; LA
DEPO-MEDROL INJECTION SUSPENSION	3	
<i>dexabliss oral tablets,dose pack</i>	1	PA
<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	PA
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution</i>	1	
EMFLAZA ORAL SUSPENSION	3	PA; LA
EMFLAZA ORAL TABLET	3	PA; *; LA
<i>fludrocortisone oral tablet</i>	1	
HEMADY ORAL TABLET	3	PA
<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	

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Drug Name	Drug Tier	Requirements / Limits
MEDROL (PAK) ORAL TABLETS,DOSE PACK	3	*
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	*
MEDROL ORAL TABLET 2 MG	2	
<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	
<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	PA
TAPERDEX ORAL TABLETS,DOSE PACK	3	PA
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	PA
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
TRIESENCE (PF) INTRAOCULAR SUSPENSION	3	
XIPERE (PF) SUPRACHOROIDAL SUSPENSION	3	LA
ZCORT ORAL TABLETS,DOSE PACK	3	PA
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>potassium iodide oral solution</i>	1	
<i>propylthiouracil oral tablet</i>	1	
SSKI ORAL SOLUTION	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	2	OTC
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	3	PA; OTC; QL
ACCU-CHEK GUIDE GLUCOSE METER	3	PA; OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	3	PA; OTC
ACCU-CHEK GUIDE TEST STRIPS STRIP	3	PA; OTC; QL
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	3	OTC
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	3	PA; OTC; QL
ACCUTREND GLUCOSE CONTROL SOLUTION	3	OTC
ACCUTREND GLUCOSE TEST STRIPS STRIP	3	PA; OTC; QL
ADVANCED GLUC METER TEST STRIP STRIP	3	PA; OTC; QL
ADVOCATE REDI-CODE PLUS STRIP	3	PA; OTC; QL
AGAMATRIX AMP TEST STRIPS STRIP	3	PA; OTC; QL
ASSURE 4 STRIPS STRIP	3	PA; OTC; QL
ASSURE PLATINUM TEST STRIP STRIP	3	PA; OTC; QL
ASSURE PRISM MULTI STRIP STRIP	3	PA; OTC; QL
BIONIME RIGHTEST TEST STRIPS STRIP	3	PA; OTC; QL
BLOOD GLUCOSE TEST STRIP	3	PA; OTC; QL
BLULINK GLUCOSE TEST STRIP STRIP	3	PA; OTC; QL
CARESENS N TEST STRIPS STRIP	3	PA; OTC; QL
CARETOUCH TEST STRIP STRIP	3	PA; OTC; QL
CLEVER CHOICE MICRO TEST STRIP STRIP	3	PA; OTC; QL
CLEVER CHOICE PRO STRIP	3	PA; OTC; QL
CLEVER CHOICE TALK TEST STRIP	3	PA; OTC; QL
CLEVER CHOICE TEST STRIPS STRIP	3	PA; OTC; QL
CLEVER CHOICE VOICE PLUS TEST STRIP	3	PA; OTC; QL
CONTOUR NEXT TEST STRIPS STRIP	3	PA; OTC; QL
CONTOUR PLUS TEST STRIP STRIP	3	PA; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
CONTOUR TEST STRIPS STRIP	3	PA; OTC; QL
DEXCOM G6 RECEIVER	2	QL
DEXCOM G6 SENSOR DEVICE	2	QL
DEXCOM G6 TRANSMITTER DEVICE	2	QL
DEXCOM G7 RECEIVER	2	QL
DEXCOM G7 SENSOR DEVICE	2	QL
DIATRUE PLUS TEST STRIP STRIP	3	PA; OTC; QL
EASY PLUS II TEST STRIP	3	PA; OTC; QL
EASY STEP STRIP	3	PA; OTC; QL
EASY TALK GLUCOSE TEST STRIP	3	PA; OTC; QL
EASY TALK PLUS II TEST STRIP STRIP	3	PA; OTC; QL
EASY TOUCH BLULINK TEST STRIP STRIP	3	PA; OTC; QL
EASY TOUCH TEST STRIP STRIP	3	PA; OTC; QL
EASY TRAK GLUCOSE TEST STRIP	3	PA; OTC; QL
EASY TRAK II TEST STRIP STRIP	3	PA; OTC; QL
EASYGLUCO TEST STRIP	3	PA; OTC; QL
EASYMAX STRIP	3	PA; OTC; QL
ELEMENT COMPACT TEST STRIPS STRIP	3	PA; OTC; QL
ELEMENT TEST STRIPS STRIP	3	PA; OTC; QL
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	3	PA; OTC; QL
EMBRACE EVO TEST STRIPS STRIP	3	PA; OTC; QL
EMBRACE PRO TEST STRIPS STRIP	3	PA; OTC; QL
EMBRACE TALK TEST STRIPS STRIP	3	PA; OTC; QL
EVENCARE G2 STRIP	3	PA; OTC; QL
EVENCARE G3 TEST STRIP	3	PA; OTC; QL
EVENCARE MINI GLUCOSE TEST STR STRIP	3	PA; OTC; QL
EVENCARE PROVIEW TEST STRIP STRIP	3	PA; OTC; QL
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE	3	
EVERSENSE 365 TRANSMITTER DEVICE	3	
EVOLUTION TEST STRIPS STRIP	3	PA; OTC; QL
EZ SMART PLUS TEST STRIP	3	PA; OTC; QL
EZ SMART TEST STRIP	3	PA; OTC; QL
FORA 6 CONNECT GLUCOSE STRIP STRIP	3	PA; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP	3	PA; OTC; QL
FORA D40-G31 TEST STRIPS STRIP	3	PA; OTC; QL
FORA G20 STRIP	3	PA; OTC; QL
FORA GD50 TEST STRIPS STRIP	3	PA; OTC; QL
FORA GTEL GLUCOSE TEST STRIP STRIP	3	PA; OTC; QL
FORA TEST STRIP STRIP	3	PA; OTC; QL
FORA TN'G ADVAN PRO TEST STRIP STRIP	3	PA; OTC; QL
FORA TN'G VOICE TEST STRIPS STRIP	3	PA; OTC; QL
FORA V10 STRIP	3	PA; OTC; QL
FORA V10-V12-D10-D20 STRIPS STRIP	3	PA; OTC; QL
FORACARE GD20 STRIP	3	PA; OTC; QL
FORACARE GD40 TEST STRIPS STRIP	3	PA; OTC; QL
FREESTYLE FLASH SYSTEM KIT	0	OTC
FREESTYLE FREEDOM KIT	0	OTC
FREESTYLE FREEDOM LITE KIT	0	OTC
FREESTYLE INSULINX	0	OTC
FREESTYLE INSULINX STRIP	2	OTC; QL
FREESTYLE INSULINX TEST STRIPS STRIP	2	OTC; QL
FREESTYLE LIBRE 14 DAY READER	2	QL
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	QL
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	3	QL
FREESTYLE LIBRE 2 READER	2	QL
FREESTYLE LIBRE 2 SENSOR KIT	2	QL
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	2	QL
FREESTYLE LIBRE 3 READER	2	QL
FREESTYLE LIBRE 3 SENSOR DEVICE	2	QL
FREESTYLE LITE METER KIT	0	OTC
FREESTYLE LITE STRIPS STRIP	2	OTC; QL
FREESTYLE PRECISION NEO METER	0	OTC
FREESTYLE PRECISION NEO STRIPS STRIP	2	OTC; QL
FREESTYLE SIDEKICK II KIT	0	OTC
FREESTYLE SYSTEM KIT KIT	0	OTC
FREESTYLE TEST STRIP	2	OTC; QL
GE100 BLOOD GLUCOSE TEST STRIP STRIP	3	PA; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
GE333 BLOOD GLUCOSE TEST STRIP STRIP	3	PA; OTC; QL
GENSTRIP TEST STRIP STRIP	3	PA; OTC; QL
GLUCO NAVII TEST STRIP STRIP	3	PA; OTC; QL
GLUCOCARD 01 SENSOR PLUS STRIP	3	PA; OTC; QL
GLUCOCARD EXPRESSION STRIP	3	PA; OTC; QL
GLUCOCARD SHINE TEST STRIPS STRIP	3	PA; OTC; QL
GLUCOCARD VITAL SENSOR STRIP	3	PA; OTC; QL
GLUCOCARD VITAL TEST STRIPS STRIP	3	PA; OTC; QL
GLUCOCOM GLUCOSE STRIP	3	PA; OTC; QL
GM100 STRIP	3	PA; OTC; QL
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	3	PA; OTC; QL
HARMONY GLUCOSE TEST STRIP STRIP	3	PA; OTC; QL
HEALTHPRO TEST STRIPS STRIP	3	PA; OTC; QL
IHEALTH GLUCOSE TEST STRIP STRIP	3	PA; OTC; QL
INFINITY TEST STRIPS STRIP	3	PA; OTC; QL
MICRO BLOOD GLUCOSE STRIP	3	PA; OTC; QL
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	3	PA; OTC; QL
MICRODOT XTRA BLOOD GLUCOSE STRIP	3	PA; OTC; QL
MYGLUCOHEALTH STRIP	3	PA; OTC; QL
NEUTEK 2TEK TEST STRIPS STRIP	3	PA; OTC; QL
NOVA MAX GLUCOSE TEST STRIP	3	PA; OTC; QL
ON CALL EXPRESS TEST STRIP STRIP	3	PA; OTC; QL
ONETOUCH ULTRA TEST STRIP	3	PA; OTC; QL
ONETOUCH VERIO TEST STRIPS STRIP	3	PA; OTC; QL
OPTIUM EZ STRIP	2	PA; OTC; QL
OPTIUM TEST STRIP	2	PA; OTC; QL
PHARMACIST CHOICE STRIP	3	PA; OTC; QL
PIP BLOOD GLUCOSE TEST STRIP STRIP	3	PA; OTC; QL
PLATINUM TEST STRIP STRIP	3	PA; OTC; QL
PRECISION PCX PLUS TEST STRIP	2	OTC; QL
PRECISION PCX TEST STRIP	2	OTC; QL
PRECISION POINT OF CARE TEST STRIP	2	OTC; QL
PRECISION Q-I-D TEST STRIP	2	OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
PRECISION XTRA MONITOR	0	OTC
PRECISION XTRA TEST STRIP	2	OTC; QL
PREMIER TEST STRIP STRIP	3	PA; OTC; QL
PREMIUM V10 STRIP	3	PA; OTC; QL
PRODIGY NO CODING STRIP	3	PA; OTC; QL
QUINTET AC STRIP	3	PA; OTC; QL
REFUAH PLUS STRIP	3	PA; OTC; QL
RELION CONFIRM-MICRO STRIP	3	PA; OTC; QL
RELION PRIME TEST STRIPS STRIP	3	PA; OTC; QL
RELION ULTIMA STRIP	3	PA; OTC; QL
REVEAL TEST STRIP STRIP	3	PA; OTC; QL
RIGHTEST GS550 TEST STRIPS STRIP	3	PA; OTC; QL
RIGHTEST GT333 TEST STRIP STRIP	3	PA; OTC; QL
SMART SENSE TEST STRIPS STRIP	3	PA; OTC; QL
SMARTEST TEST STRIP	3	PA; OTC; QL
SOLUS V2 TEST STRIPS STRIP	3	PA; OTC; QL
SURE-TEST EASYPLUS MINI STRIP	3	PA; OTC; QL
TELCARE TEST STRIPS STRIP	3	PA; OTC; QL
TEMPO SMART BUTTON DEVICE	3	
TEMPO WELCOME KIT KIT	3	
TEST N'GO TEST STRIP	3	PA; OTC; QL
TRUE METRIX GLUCOSE TEST STRIP STRIP	3	PA; OTC; QL
TRUETEST TEST STRIPS STRIP	3	PA; OTC; QL
TRUETRACK TEST STRIP	3	PA; OTC; QL
ULTRATRAK STRIP	3	PA; OTC; QL
ULTRATRAK ULTIMATE STRIP	3	PA; OTC; QL
UNISTRIPI1 TEST STRIP STRIP	3	PA; OTC; QL
VIVAGUARD INO TEST STRIP STRIP	3	PA; OTC; QL
WAVESENSE JAZZ STRIP	3	PA; OTC; QL
WAVESENSE PRESTO STRIP	3	PA; OTC; QL
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER	3	
AEROCHAMBER MECHANICAL VENT SPACER	3	

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Drug Name	Drug Tier	Requirements / Limits
AEROCHAMBER MINI SPACER	3	
AEROCHAMBER PLUS FLOW-VU SPACER	3	
AEROCHAMBER PLUS Z STAT SPACER	3	
AEROTRACH PLUS SPACER	3	
AEROVENT PLUS SPACER	3	
BREATHERITE MDI SPACER SPACER	3	
COMPACT SPACE CHAMBER SPACER	3	
EASIVENT HOLDING CHAMBER SPACER	3	
EUA PATIENT ASSESSMENT	3	
FLEXICHAMBER SPACER	3	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	3	QL
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
LITEAIRE MDI CHAMBER SPACER	3	
<i>metformin oral tablet 750 mg</i>	1	
MICROCHAMBER SPACER	3	
MICROSPACER SPACER	3	
OPTICHAMBER DIAMOND VHC SPACER	3	
POCKET CHAMBER SPACER	3	
PRIMEAIRE SPACER	3	
PROCHAMBER SPACER	3	
RITEFLO AEROCHAMBER SPACER	3	
RYBELSUS ORAL TABLET 1.5 MG, 4 MG, 9 MG	2	PA; QL
SPACE CHAMBER SPACER	3	
VORTEX HOLDING CHAMBER SPACER	3	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL	2	QL
<i>diazoxide oral suspension</i>	1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	3	PA; QL
<i>glucagon emergency kit (human) injection recon soln</i>	1	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	2	QL

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Drug Name	Drug Tier	Requirements / Limits
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	QL
GVOKE SUBCUTANEOUS SOLUTION	2	QL
PROGLYCEM ORAL SUSPENSION	3	*
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE	3	PA
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
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	3	OTC; QL
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
CEQR SIMPLICITY DEVICE	2	
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; QL
LANCING DEVICE	2	OTC
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	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	2	QL

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Drug Name	Drug Tier	Requirements / Limits
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	OTC
T:FLEX SUBCUTANEOUS CARTRIDGE	3	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	3	
V-GO 20 DEVICE	3	
V-GO 30 DEVICE	3	
V-GO 40 DEVICE	3	
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	ST
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	ST
AFREZZA INHALATION CARTRIDGE WITH INHALER	3	ST
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	ST
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION	3	ST
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR	3	
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	ST
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	ST
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE	3	ST
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	3	ST
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	2	

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Drug Name	Drug Tier	Requirements / Limits
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 DEGLUDEC SUBCUTANEOUS INSULIN PEN	3	PA
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION	3	PA
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN	3	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN	3	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	3	PA
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN	3	ST
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	3	ST

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Drug Name	Drug Tier	Requirements / Limits
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	ST
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	ST
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
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	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	ST
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	3	ST
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	3	ST
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	ST
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION	3	ST
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	ST
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	ST
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	3	ST
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	3	ST
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION	3	ST
RELION NOVOLIN R INJECTION SOLUTION	3	ST
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN	3	PA

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Drug Name	Drug Tier	Requirements / Limits
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	3	PA
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	3	PA
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	2	
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	2	
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	3	PA; LA
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	*; QL
ANDROGEL TRANSDERMAL GEL IN PACKET	3	*; QL
AVEED INTRAMUSCULAR SOLUTION	3	PA
AZMIRO INTRAMUSCULAR SYRINGE	3	
<i>cabergoline oral tablet</i>	1	
<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	PA
<i>calcitriol oral capsule</i>	1	
<i>calcitriol oral solution</i>	1	
CERDELGA ORAL CAPSULE	3	PA; LA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	3	PA; LA
<i>cetrotide subcutaneous kit</i>	1	PA
CETROTIDE SUBCUTANEOUS KIT	3	PA; *; LA

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Drug Name	Drug Tier	Requirements / Limits
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN	3	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	3	PA; 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>	1	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)	3	
<i>desmopressin oral tablet</i>	1	
<i>doxercalciferol intravenous solution</i>	1	PA
<i>doxercalciferol oral capsule</i>	1	PA
ELAPRASE INTRAVENOUS SOLUTION	3	PA; LA
ELELYSO INTRAVENOUS RECON SOLN	3	PA; LA
FABRAZYME INTRAVENOUS RECON SOLN	3	PA; LA
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE	3	PA; LA
<i>fyremadel subcutaneous syringe</i>	1	PA; LA
GALAFOLD ORAL CAPSULE	3	PA; LA; QL
<i>ganirelix subcutaneous syringe</i>	1	PA; LA
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR	2	PA; LA
GONAL-F RFF SUBCUTANEOUS RECON SOLN	2	PA; LA
GONAL-F SUBCUTANEOUS RECON SOLN	2	PA; LA
HECTOROL INTRAVENOUS SOLUTION	3	PA; *
ISTURISA ORAL TABLET 1 MG, 5 MG	3	PA
JATENZO ORAL CAPSULE	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>javygtor oral powder in packet</i>	1	PA; LA
<i>javygtor oral tablet,soluble</i>	1	PA; LA
JYNARQUE ORAL TABLET	2	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL	2	PA; QL
KANUMA INTRAVENOUS SOLUTION	3	PA; LA
KORLYM ORAL TABLET	3	PA; *
KUVAN ORAL POWDER IN PACKET	3	PA; *, LA
KUVAN ORAL TABLET,SOLUBLE	3	PA; *, LA
KYZATREX ORAL CAPSULE	3	PA; QL
LUMIZYME INTRAVENOUS RECON SOLN	3	PA; LA
MENOPUR SUBCUTANEOUS RECON SOLN	2	PA; LA
METHITEST ORAL TABLET	3	QL
<i>methyltestosterone oral capsule</i>	1	QL
MIACALCIN INJECTION SOLUTION	3	*
<i>mifepristone oral tablet 300 mg</i>	1	PA; LA
<i>miglustat oral capsule</i>	1	PA; LA
MYALEPT SUBCUTANEOUS RECON SOLN	3	PA; LA
NAGLAZYME INTRAVENOUS SOLUTION	3	PA; LA
NATESTO NASAL GEL IN METERED-DOSE PUMP	3	PA
NEXVIAZYME INTRAVENOUS RECON SOLN	3	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	3	PA; LA; QL
ORILISSA ORAL TABLET	2	PA
OVIDREL SUBCUTANEOUS SYRINGE	3	PA; LA
PALYNZIQ SUBCUTANEOUS SYRINGE	3	PA; LA
<i>pamidronate intravenous solution</i>	1	PA
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	3	PA
<i>paricalcitol intravenous solution</i>	1	PA
<i>paricalcitol oral capsule</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
PREGNYL INTRAMUSCULAR RECON SOLN	3	PA; LA; QL
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	PA
RECORLEV ORAL TABLET	3	PA; QL
ROCALTROL ORAL SOLUTION	3	*
SAMSCA ORAL TABLET	3	PA; *; LA
<i>sapropterin oral powder in packet</i>	1	PA; LA
<i>sapropterin oral tablet,soluble</i>	1	PA; LA
SENSIPAR ORAL TABLET	3	*
SOMAVERT SUBCUTANEOUS RECON SOLN	3	PA; LA
STRENSIQ SUBCUTANEOUS SOLUTION	2	PA
SYNAREL NASAL SPRAY,NON-AEROSOL	3	PA
TESTIM TRANSDERMAL GEL	3	*; QL
TESTOPEL IMPLANT PELLETT	3	PA
<i>testosterone cypionate intramuscular oil</i>	1	
<i>testosterone enanthate intramuscular oil</i>	1	
TESTOSTERONE IMPLANT PELLETT 100 MG, 200 MG, 50 MG	3	PA
<i>testosterone transdermal gel</i>	1	QL
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1	QL
<i>testosterone transdermal gel in packet</i>	1	QL
<i>testosterone transdermal solution in metered pump w/app</i>	1	
TLANDO ORAL CAPSULE	3	PA; QL
<i>tolvaptan oral tablet</i>	1	PA; LA
UNDECATREX ORAL CAPSULE	3	PA; QL
VIMIZIM INTRAVENOUS SOLUTION	3	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	3	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
VPRIV INTRAVENOUS RECON SOLN	3	PA; LA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	3	PA
YORVIPATH SUBCUTANEOUS PEN INJECTOR	3	PA
ZEMPLAR INTRAVENOUS SOLUTION	3	PA; *
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	*
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	*; QL
ACTOS ORAL TABLET	3	*; QL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
CYCLOSET ORAL TABLET	3	
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; QL
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET	3	ST; QL
DUETACT ORAL TABLET	3	ST; *
FARXIGA ORAL TABLET	3	ST; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
GLIMEPIRIDE ORAL TABLET 3 MG	3	ST
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
GLIPIZIDE ORAL TABLET 2.5 MG	3	
<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	QL
INPEFA ORAL TABLET	3	PA; QL
INVOKAMET ORAL TABLET	2	QL
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	QL

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Drug Name	Drug Tier	Requirements / Limits
INVOKANA ORAL TABLET	2	QL
JANUMET ORAL TABLET	2	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	
JANUVIA ORAL TABLET	2	
JARDIANCE ORAL TABLET	2	QL
JENTADUETO ORAL TABLET	2	
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	
KAZANO ORAL TABLET	3	ST
<i>liraglutide subcutaneous pen injector</i>	1	PA; QL
<i>metformin oral solution</i>	1	PA; QL
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
METFORMIN ORAL TABLET 625 MG	3	PA
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>metformin oral tablet extended release 24 hr (osm er)</i>	1	PA
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	PA
<i>miglitol oral tablet</i>	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR	2	PA; QL
<i>nateglinide oral tablet</i>	1	
NESINA ORAL TABLET 12.5 MG, 25 MG	3	ST
OSENI ORAL TABLET 12.5-30 MG, 25-45 MG	3	PA
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	ST
<i>pioglitazone-metformin oral tablet</i>	1	QL
PRECOSE ORAL TABLET	3	*
QTERN ORAL TABLET	3	PA; QL
<i>repaglinide oral tablet</i>	1	
RIOMET ORAL SOLUTION	3	PA; *; QL
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
saxagliptin oral tablet	1	ST
saxagliptin-metformin oral tablet, er multiphase 24 hr	1	ST
SEGLUROMET ORAL TABLET	3	ST; QL
SITAGLIPTIN ORAL TABLET	3	ST
SITAGLIPTIN-METFORMIN ORAL TABLET	3	ST
STEGLATRO ORAL TABLET	3	ST; QL
STEGLUJAN ORAL TABLET	3	PA; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	3	PA; QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	3	PA; QL
SYNJARDY ORAL TABLET	2	QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	QL
TRADJENTA ORAL TABLET	2	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	QL
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	PA; QL
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	3	PA; *, QL
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	3	PA; *, QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; QL
ZITUVIMET ORAL TABLET	3	ST
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR	3	ST
ZITUVIO ORAL TABLET	3	ST
THYROID HORMONES		
adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	3	
ARMOUR THYROID ORAL TABLET	2	
CYTOMEL ORAL TABLET	3	*
ERMEZA ORAL SOLUTION	3	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>euthyrox oral tablet</i>	1	
<i>levo-t oral tablet</i>	1	
LEVOTHYROXINE ORAL CAPSULE	3	
<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	PA
<i>liothyronine oral tablet</i>	1	
<i>niva thyroid oral tablet</i>	1	
<i>np thyroid oral tablet</i>	1	
SYNTHROID ORAL TABLET	3	*
THYQUIDITY ORAL SOLUTION	3	PA
<i>thyroid (pork) oral tablet</i>	1	
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	PA
<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	PA
<i>belladonna alkaloids-opium rectal suppository</i>	1	QL
<i>chlordiazepoxide-clidinium oral capsule</i>	1	
CUVPOSA ORAL SOLUTION	3	PA; *
DARTISLA ORAL TABLET,DISINTEGRATING	3	PA
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>ed-spaz oral tablet,disintegrating</i>	1	
GLYCATO ORAL TABLET	3	
<i>glycopyrrolate injection solution</i>	1	PA
<i>glycopyrrolate oral solution</i>	1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>glycopyrrolate oral tablet 1.5 mg</i>	1	PA
<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	
LEVBIID ORAL TABLET EXTENDED RELEASE 12 HR	3	*
LEVSIN ORAL TABLET	3	*
LEVSIN/SL SUBLINGUAL TABLET	3	*
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE	3	*
LOMOTIL ORAL TABLET	3	*
<i>loperamide oral capsule</i>	1	
<i>methscopolamine oral tablet</i>	1	
MOTOFEN ORAL TABLET	3	
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; QL
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	

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Drug Name	Drug Tier	Requirements / Limits
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 GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT) ORAL CAPSULE	3	PA; QL
<i>alosetron oral tablet</i>	1	QL
AMITIZA ORAL CAPSULE	3	PA; *, QL
ANALPRAM-HC RECTAL CREAM 1-1 %	2	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	*
ANTIVERT ORAL TABLET 50 MG	3	
ANTIVERT ORAL TABLET,CHEWABLE	3	*
<i>anucort-hc rectal suppository</i>	1	
ANUSOL-HC RECTAL SUPPOSITORY	3	*
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	3	*
<i>aprepitant oral capsule 125 mg</i>	1	QL
<i>aprepitant oral capsule 40 mg, 80 mg</i>	1	
<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>	1	
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	QL
<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	PA
BYLVAY ORAL CAPSULE	3	PA; LA
BYLVAY ORAL PELLETT	3	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
CANASA RECTAL SUPPOSITORY	3	ST; *
CHENODAL ORAL TABLET	3	PA
CHOLBAM ORAL CAPSULE	3	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	2	PA; LA; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	2	PA; LA; 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
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	0	PA; ACA
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	*
CORTIFOAM RECTAL FOAM	2	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
<i>cromolyn oral concentrate</i>	1	
CYSTADANE ORAL POWDER	3	*
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	ST; *
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*; QL
<i>dimenhydrinate injection solution</i>	1	PA
DIPENTUM ORAL CAPSULE	3	ST
<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	PA
<i>dulcolax (magnesium hydroxide) oral suspension</i>	0	ACA; OTC
EMEND ORAL CAPSULE 80 MG	3	*
EMEND ORAL CAPSULE,DOSE PACK	3	*; QL

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Drug Name	Drug Tier	Requirements / Limits
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	
ENTYVIO INTRAVENOUS RECON SOLN	2	PA; LA
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR	3	PA; LA
<i>enulose oral solution</i>	1	
EOHILIA ORAL SUSPENSION IN PACKET	3	PA; QL
GASTROCROM ORAL CONCENTRATE	3	*
GATTEX 30-VIAL SUBCUTANEOUS KIT	3	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
GIMOTI NASAL SPRAY WITH PUMP	3	PA
GOLYTELY ORAL RECON SOLN	3	*
<i>granisetron hcl oral tablet</i>	1	PA
<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</i>	1	
HYDROCORTISONE-PRAMOXINE RECTAL SUPPOSITORY	3	
IBSRELA ORAL TABLET	3	PA; QL
INFLECTRA INTRAVENOUS RECON SOLN	2	PA; LA
INFLIXIMAB INTRAVENOUS RECON SOLN	3	PA
IQIRVO ORAL TABLET	3	PA; LA; QL
KINEVAC INJECTION RECON SOLN	3	PA
KRISTALOSE ORAL PACKET	3	
<i>lactulose oral packet</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>lactulose oral solution</i>	1	
<i>laxative (bisacodyl) oral tablet,delayed release (dr/ec)</i>	0	ACA; OTC
<i>laxative peg 3350 oral powder</i>	0	ACA; OTC
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; *
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL KIT 3-2.5 % (7 GRAM)	3	
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit</i>	1	
LINZESS ORAL CAPSULE	2	QL
LIVDELZI ORAL CAPSULE	3	PA; QL
LIVMARLI ORAL SOLUTION	3	PA
LOTRONEX ORAL TABLET	3	*; QL
<i>lubiprostone oral capsule</i>	1	PA; QL
<i>magnesium citrate oral solution</i>	0	ACA; OTC
MARINOL ORAL CAPSULE 10 MG, 5 MG	3	PA; *
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
MECLIZINE ORAL TABLET 50 MG	3	
<i>mesalamine oral capsule (with del rel tablets)</i>	1	
<i>mesalamine oral capsule, extended release</i>	1	ST
<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	PA
<i>metoclopramide hcl injection syringe</i>	1	PA
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia oral suspension</i>	0	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
MOTEGRITY ORAL TABLET	3	PA; QL
MOVANTIK ORAL TABLET	3	
MOVIPREP ORAL POWDER IN PACKET	3	*
<i>natura-lax oral powder</i>	0	ACA; OTC
<i>nitroglycerin rectal ointment</i>	1	
OALIVA ORAL TABLET	3	PA; LA
OMVOH INTRAVENOUS SOLUTION	2	PA; LA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA; LA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	2	PA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; LA
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	2	PA
<i>ondansetron hcl (pf) injection syringe</i>	1	PA
<i>ondansetron hcl intravenous solution</i>	1	PA
<i>ondansetron hcl oral solution</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG	3	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	
<i>onelix 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	3	ST
<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	3	ST

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Drug Name	Drug Tier	Requirements / Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	*
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC)	3	ST
<i>phosphate laxative oral liquid</i>	0	ACA; OTC
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL	0	PA; ACA
<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	PA
<i>prochlorperazine maleate oral tablet</i>	1	
<i>prochlorperazine rectal suppository</i>	1	
PROCORT RECTAL CREAM	3	
PROCTOCORT RECTAL SUPPOSITORY	3	*
PROCTOFOAM HC RECTAL FOAM	3	
<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>prucalopride oral tablet</i>	1	PA; QL
<i>purelax oral powder</i>	0	ACA; OTC
RECTIV RECTAL OINTMENT	3	*
REGLAN ORAL TABLET	3	*
RELISTOR ORAL TABLET	3	PA
RELISTOR SUBCUTANEOUS SOLUTION	3	PA
RELISTOR SUBCUTANEOUS SYRINGE	3	PA
RELTONE ORAL CAPSULE	3	ST
REMICADE INTRAVENOUS RECON SOLN	3	PA; LA
ROWASA RECTAL ENEMA KIT	3	*
SANCUSO TRANSDERMAL PATCH WEEKLY	3	ST; QL
<i>scopolamine base transdermal patch 3 day</i>	1	
SFROWASA RECTAL ENEMA	3	*
SKYRIZI INTRAVENOUS SOLUTION	2	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	2	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	3	PA
SUFLAVE ORAL RECON SOLN	0	PA; ACA
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN	3	*
SUTAB ORAL TABLET	0	ACA
SYMPROIC ORAL TABLET	3	
SYNDROS ORAL SOLUTION	3	PA
TIGAN INTRAMUSCULAR SOLUTION	3	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY	3	*
<i>trimethobenzamide oral capsule</i>	1	
TRULANCE ORAL TABLET	2	QL
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE	3	*
UCERIS RECTAL FOAM	3	PA; *
URSO FORTE ORAL TABLET	3	*
<i>ursodiol oral capsule</i>	1	
<i>ursodiol oral tablet</i>	1	
VARUBI ORAL TABLET	3	QL
VELSIPITY ORAL TABLET	2	PA; LA; QL
VIBERZI ORAL TABLET	2	
VIOKACE ORAL TABLET	3	ST
VOWST ORAL CAPSULE	3	PA
<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	2	PA; LA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT	2	PA; LA
ULCER THERAPY		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*; QL
<i>amoxicil-clarithromy-lansopraz oral combo pack</i>	1	
<i>bismuth subcit k-metronidz-tcn oral capsule</i>	1	
CARAFATE ORAL SUSPENSION	3	*
CARAFATE ORAL TABLET	3	*
<i>cimetidine hcl oral solution</i>	1	
<i>cimetidine oral tablet</i>	1	
CYTOTEC ORAL TABLET	3	*
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS	3	*; QL
<i>dexlansoprazole oral capsule,biphase delayed releas</i>	1	QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	OTC; QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	PA; QL
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	1	PA; QL
<i>esomeprazole sodium intravenous recon soln</i>	1	PA
<i>famotidine (pf) intravenous solution</i>	1	PA
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback</i>	1	PA
<i>famotidine intravenous solution</i>	1	PA
<i>famotidine oral suspension for reconstitution</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
KONVOMEF ORAL SUSPENSION FOR RECONSTITUTION	3	QL
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	1	QL
<i>lansoprazole oral tablet, disintegrat, delay rel</i>	1	QL
<i>misoprostol oral tablet</i>	1	
NEXIUM 24HR ORAL CAPSULE, DELAYED RELEASE(DR/EC)	3	*, OTC; QL
NEXIUM 24HR ORAL TABLET, DELAYED RELEASE (DR/EC)	3	OTC; QL
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC)	3	PA; *, QL
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET	3	PA; *, QL
<i>nizatidine oral capsule</i>	1	
OMECLAMOX-PAK ORAL COMBO PACK	3	
<i>omeprazole magnesium oral capsule, delayed release(dr/ec)</i>	1	OTC; QL
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	QL
<i>omeprazole oral tablet, delayed release (dr/ec)</i>	1	OTC; QL
<i>omeprazole oral tablet, disintegrat, delay rel</i>	1	OTC
<i>omeprazole-sodium bicarbonate oral capsule</i>	1	QL
<i>omeprazole-sodium bicarbonate oral packet</i>	1	QL
<i>pantoprazole intravenous recon soln</i>	1	PA
<i>pantoprazole oral granules dr for susp in packet</i>	1	PA
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL
PEPCID ORAL TABLET	3	*
PREVACID 24HR ORAL CAPSULE, DELAYED RELEASE(DR/EC)	3	*, OTC; QL
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC)	3	*, QL
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL	3	*, QL
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	3	
PRILOSEC OTC ORAL TABLET, DELAYED RELEASE (DR/EC)	2	OTC; QL
PROTONIX INTRAVENOUS RECON SOLN	3	PA; *

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Drug Name	Drug Tier	Requirements / Limits
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	PA; *
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*; QL
PYLERA ORAL CAPSULE	3	*
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	3	QL
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	QL
<i>sucralfate oral suspension</i>	1	
<i>sucralfate oral tablet</i>	1	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	
VOQUEZNA DUAL PAK ORAL COMBO PACK	3	QL
VOQUEZNA ORAL TABLET	3	PA; QL
VOQUEZNA TRIPLE PAK ORAL COMBO PACK	3	QL
ZEGERID OTC ORAL CAPSULE	2	OTC; QL

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	LA; QL
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	2	LA; QL
ARCALYST SUBCUTANEOUS RECON SOLN	3	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	LA; QL
GRANIX SUBCUTANEOUS SOLUTION	2	PA; LA; QL
GRANIX SUBCUTANEOUS SYRINGE	2	PA; LA; QL
ILARIS (PF) SUBCUTANEOUS SOLUTION	3	PA; LA
LEUKINE INJECTION RECON SOLN	3	LA
MIRCERA INJECTION SYRINGE	3	
MOZOBIL SUBCUTANEOUS SOLUTION	3	PA; *; LA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	3	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
NEULASTA SUBCUTANEOUS SYRINGE	3	PA; LA; QL
NEUPOGEN INJECTION SOLUTION	3	PA; LA; QL
NEUPOGEN INJECTION SYRINGE	3	PA; LA; QL
<i>plerixafor subcutaneous solution</i>	1	PA; LA
PROCRIT INJECTION SOLUTION	2	LA; QL
PROLEUKIN INTRAVENOUS RECON SOLN	3	PA; LA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; LA; QL
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	3	PA; LA; QL
UDENYCA SUBCUTANEOUS SYRINGE	3	PA; LA; QL
XOLREMDI ORAL CAPSULE	3	PA; QL
ZARXIO INJECTION SYRINGE	2	PA; LA; QL
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN	3	PA; LA
GENOTROPIN MINQUICK SUBCUTANEOUS SYRINGE	3	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	3	PA; LA
HUMATROPE INJECTION CARTRIDGE	3	PA; LA
NGENLA SUBCUTANEOUS PEN INJECTOR	3	PA; LA
NORDITROPIN FLEXPOR SUBCUTANEOUS PEN INJECTOR	2	PA; LA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	3	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE	3	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN	3	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	3	PA; LA
SKYTROFA SUBCUTANEOUS CARTRIDGE	3	PA; LA
SOGROYA SUBCUTANEOUS PEN INJECTOR	3	PA; LA
ZOMACTON SUBCUTANEOUS RECON SOLN	3	PA; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	2	PA; LA
ALFERON N INJECTION SOLUTION	2	PA

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Drug Name	Drug Tier	Requirements / Limits
BESREMI SUBCUTANEOUS SYRINGE	3	PA
PEGASYS SUBCUTANEOUS SOLUTION	3	PA; LA
PEGASYS SUBCUTANEOUS SYRINGE	3	PA; LA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN	0	ACA
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN	3	
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	3	PA
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION	0	
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	PA
BEXSERO INTRAMUSCULAR SYRINGE	0	ACA
BIVIGAM INTRAVENOUS SOLUTION	3	PA; LA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	0	ACA
BOTOX INJECTION RECON SOLN	3	PA; QL
CAPVAXIVE INTRAMUSCULAR SYRINGE	0	ACA
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE	0	ACA
CUVITRU SUBCUTANEOUS SOLUTION	3	PA; LA
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	3	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	0	ACA
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
DYSPORE INTRAMUSCULAR RECON SOLN	3	PA; LA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	0	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	0	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	0	ACA
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION	3	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	3	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
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	3	PA; LA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	0	ACA
GRASTEK SUBLINGUAL TABLET	3	PA
HEPAGAM B INJECTION SOLUTION	3	PA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	0	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	0	ACA
HYPERHEP B INTRAMUSCULAR SOLUTION	2	PA
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	3	PA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	0	ACA
IPOL INJECTION SUSPENSION	0	ACA
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION	0	ACA
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
MRESVIA (PF) INTRAMUSCULAR SYRINGE	0	ACA
MYOBLOC INTRAMUSCULAR SOLUTION	3	PA; LA
NABI-HB INTRAMUSCULAR SOLUTION	3	PA
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE	0	ACA
ODACTRA SUBLINGUAL TABLET	3	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE	3	PA

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Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET	3	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-20MCG-5LF- 62 DU/0.5 ML	0	ACA
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION	0	ACA
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	0	ACA
PNEUMOVAX-23 INJECTION SYRINGE	0	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	0	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	0	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	0	ACA
RAGWITEK SUBLINGUAL TABLET	3	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	PA; ACA
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	3	PA
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	3	PA
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	3	PA; LA

IMMUNOLOGY

INTERLEUKINS

<i>imiquimod topical cream in metered-dose pump</i>	1	QL
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Drug Name	Drug Tier	Requirements / Limits
<i>imiquimod topical cream in packet</i>	1	QL
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	3	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 3.75 %	3	*; QL
ZYCLARA TOPICAL CREAM IN PACKET	3	*; QL

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet</i>	1	
<i>allopurinol sodium intravenous recon soln</i>	1	PA
<i>aloprim intravenous recon soln</i>	1	PA
<i>colchicine oral capsule</i>	1	PA
<i>colchicine oral tablet</i>	1	
COLCRYS ORAL TABLET	3	*
<i>febuxostat oral tablet</i>	1	ST
GLOPERBA ORAL SOLUTION	3	PA
KRYSTEXXA INTRAVENOUS SOLUTION	3	PA; LA
MITIGARE ORAL CAPSULE	3	*
<i>probenecid oral tablet</i>	1	
<i>probenecid-colchicine oral tablet</i>	1	
ULORIC ORAL TABLET	3	ST; *
ZYLOPRIM ORAL TABLET 100 MG	3	*

OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG	3	*
ACTONEL ORAL TABLET 35 MG	3	*; QL
<i>alendronate oral solution</i>	1	
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC)	3	*
BINOSTO ORAL TABLET, EFFERVESCENT	3	
EVISTA ORAL TABLET	3	*
FORTEO SUBCUTANEOUS PEN INJECTOR	3	*; LA
FOSAMAX ORAL TABLET 70 MG	3	*; QL

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Drug Name	Drug Tier	Requirements / Limits
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT	3	QL
FOSAMAX PLUS D ORAL TABLET 70 MG-5,600 UNIT	3	
<i>ibandronate intravenous solution</i>	1	PA; LA
<i>ibandronate intravenous syringe</i>	1	PA; LA
<i>ibandronate oral tablet</i>	1	QL
PROLIA SUBCUTANEOUS SYRINGE	3	PA; LA; QL
<i>raloxifene oral tablet</i>	0	ACA
<i>risedronate oral tablet 150 mg, 5 mg</i>	1	
<i>risedronate oral tablet 35 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	1	PA; LA
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	3	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR	2	LA
OTHER RHEUMATOLOGICALS		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT	3	PA; QL
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	2	PA; LA; QL
ACTEMRA INTRAVENOUS SOLUTION	2	PA; LA
ACTEMRA SUBCUTANEOUS SYRINGE	2	PA; LA; QL
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT	3	PA; LA; QL
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT	3	PA; LA; QL
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT	3	PA; LA; QL
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT	3	PA; LA; QL
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT	3	PA; QL
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR	2	PA; LA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE	2	PA; LA; QL
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT	2	PA; LA; QL
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA; LA; QL
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; LA
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; LA
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; LA; QL
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; LA
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; LA; QL
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT	3	PA; QL
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT	2	PA; QL
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT	2	PA; QL
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; LA; QL
AMJEVITA(CF) SUBCUTANEOUS SYRINGE	3	PA; LA; QL
ARAVA ORAL TABLET	3	*
AURANOFIN ORAL CAPSULE	3	
BENLYSTA INTRAVENOUS RECON SOLN	3	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	3	PA; LA
BENLYSTA SUBCUTANEOUS SYRINGE	3	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
CUPRIMINE ORAL CAPSULE	3	PA; *
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; LA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; LA; QL
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; LA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; LA; QL
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	2	PA; LA; QL
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA; LA; QL
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; LA
DEPEN TITRATABS ORAL TABLET	3	PA; *
ENBREL MINI SUBCUTANEOUS CARTRIDGE	2	PA; LA; QL
ENBREL SUBCUTANEOUS SOLUTION	2	PA; LA; QL
ENBREL SUBCUTANEOUS SYRINGE	2	PA; LA; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	2	PA; LA; QL
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR	3	PA; LA; QL
HADLIMA SUBCUTANEOUS SYRINGE	3	PA; LA; QL
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR	3	PA; LA; QL
HADLIMA(CF) SUBCUTANEOUS SYRINGE	3	PA; LA; QL
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL
HULIO(CF) SUBCUTANEOUS SYRINGE KIT	3	PA; QL
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	3	PA; LA; QL
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT	3	PA; LA; QL
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	3	PA; LA; QL
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	3	PA; LA; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	3	PA; LA; QL
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR	3	PA; LA; QL
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR	3	PA; LA; QL
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR	3	PA; QL
HYRIMOZ SUBCUTANEOUS SYRINGE	3	PA; QL
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE	3	PA; LA; QL
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR	3	PA; LA; QL
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE	3	PA; LA; QL
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT	3	PA; LA; QL
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT	3	PA; LA; QL
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	3	PA; LA; QL
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT	3	PA; LA; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR	3	PA; LA; QL
KEVZARA SUBCUTANEOUS SYRINGE	3	PA; LA; QL
KINERET SUBCUTANEOUS SYRINGE	3	PA; QL
<i>leflunomide oral tablet</i>	1	
OLUMIANT ORAL TABLET	3	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN	3	PA; LA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	3	PA; LA; QL
ORENCIA SUBCUTANEOUS SYRINGE	3	PA; LA; QL
OTEZLA ORAL TABLET	2	PA; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; LA; QL
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR	3	PA
<i>penicillamine oral capsule</i>	1	PA
<i>penicillamine oral tablet</i>	1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	3	PA
RIDAURA ORAL CAPSULE	2	
RINVOQ LQ ORAL SOLUTION	2	PA; LA; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	2	PA; LA; QL
SAVELLA ORAL TABLET	2	
SAVELLA ORAL TABLETS,DOSE PACK	2	
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT	2	PA; LA; QL
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT	2	PA; QL
SIMPONI ARIA INTRAVENOUS SOLUTION	3	PA; LA; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR	2	PA; LA; QL
SIMPONI SUBCUTANEOUS SYRINGE	2	PA; LA; QL
TOFIDENCE INTRAVENOUS SOLUTION	3	PA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR	2	PA; LA
TYENNE INTRAVENOUS SOLUTION	2	PA; LA
TYENNE SUBCUTANEOUS SYRINGE	2	PA; LA
XELJANZ ORAL SOLUTION	2	PA; LA
XELJANZ ORAL TABLET	2	PA; LA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	2	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT	3	PA; QL
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT	3	PA; QL
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT	3	PA; QL
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR	3	PA; 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
FEMCAP VAGINAL DEVICE 22 MM	0	ACA
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

ESTROGENS & PROGESTINS

ACTIVELLA ORAL TABLET	3	*
ANGELIQ ORAL TABLET	3	
BIJUVA ORAL CAPSULE	3	
<i>camila oral tablet</i>	0	ACA
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	3	
CLIMARA TRANSDERMAL PATCH WEEKLY	3	*
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>covaryx h.s. oral tablet</i>	1	
<i>covaryx oral tablet</i>	1	
CRINONE VAGINAL GEL 4 %	2	
CRINONE VAGINAL GEL 8 %	2	LA
<i>deblitane oral tablet</i>	0	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	3	*
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	0	*; ACA
DEPO-PROVERA INTRAMUSCULAR SYRINGE	0	*; ACA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	0	ACA
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	3	*; QL
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	3	*
<i>dotti transdermal patch semiweekly</i>	1	
DUAVEE ORAL TABLET	2	
<i>eemt hs oral tablet</i>	1	
<i>eemt oral tablet</i>	1	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP	3	QL
<i>emzahh oral tablet</i>	0	ACA
ENDOMETRIN VAGINAL INSERT	2	LA
<i>errin oral tablet</i>	0	ACA
ESTRACE ORAL TABLET	3	*
ESTRACE VAGINAL CREAM	3	*
<i>estradiol oral tablet</i>	1	
<i>estradiol transdermal gel in metered-dose pump</i>	1	
<i>estradiol transdermal gel in packet</i>	1	QL
<i>estradiol transdermal patch semiweekly</i>	1	
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol vaginal cream</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>estradiol vaginal tablet</i>	1	
<i>estradiol valerate intramuscular oil</i>	1	
<i>estradiol-norethindrone acet oral tablet</i>	1	
ESTRATEST F.S. ORAL TABLET	3	*
ESTRATEST H.S. ORAL TABLET	3	*
ESTRING VAGINAL RING	2	QL
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	*
<i>estrogens-methyltestosterone oral tablet</i>	1	
EVAMIST TRANSDERMAL SPRAY, NON- AEROSOL	2	
FEMRING VAGINAL RING	3	QL
<i>fyavolv oral tablet</i>	1	
<i>gallifrey oral tablet</i>	1	
<i>heather oral tablet</i>	0	ACA
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	3	
<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	
<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	
MENEST ORAL TABLET	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	
<i>mimvey oral tablet</i>	1	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY	3	*
<i>nora-be oral tablet</i>	0	ACA
<i>norethindrone (contraceptive) oral tablet</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
<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	3	PA
PREMARIN ORAL TABLET	2	
PREMARIN VAGINAL CREAM	2	
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
<i>progesterone intramuscular oil</i>	1	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
VAGIFEM VAGINAL TABLET	3	*
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY	3	*
<i>yuvaferm vaginal tablet</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING	0	ACA; QL
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	3	
CLEOCIN VAGINAL CREAM	3	*
CLEOCIN VAGINAL SUPPOSITORY	2	
<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
INTRAROSA VAGINAL INSERT	3	

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Drug Name	Drug Tier	Requirements / Limits
<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>	1	
MYFEMBREE ORAL TABLET	3	PA
NEXPLANON SUBDERMAL IMPLANT	0	ACA
<i>norelgestromin-ethin.estradiol transdermal patch weekly</i>	0	ACA
NUVARING VAGINAL RING	0	*; ACA
NUVESSA VAGINAL GEL	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL	3	PA
OSPHENA ORAL TABLET	3	
PHEXXI VAGINAL GEL	0	ACA
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	3	
TWIRLA TRANSDERMAL PATCH WEEKLY	0	ACA
<i>vandazole vaginal gel</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM	0	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL	0	ACA; OTC
VEOZAH ORAL TABLET	3	PA; QL
XACIATO VAGINAL GEL	3	
<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

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Drug Name	Drug Tier	Requirements / Limits
<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
BALCOLTRA ORAL TABLET	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
<i>caziant (28) oral tablet</i>	0	ACA
<i>charlotte 24 fe oral tablet,chewable</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

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Drug Name	Drug Tier	Requirements / Limits
<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>feirza oral tablet</i>	0	ACA
FEMLYV ORAL TABLET,DISINTEGRATING	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
<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

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Drug Name	Drug Tier	Requirements / Limits
<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.estradiol 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 estradiol oral tablet</i>	0	ACA
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	0	ACA
<i>levonorg-eth estradiol triphasic oral tablet</i>	0	ACA
<i>levora-28 oral tablet</i>	0	ACA
LO LOESTRIN FE ORAL TABLET	0	ACA
LOESTRIN 1.5/30 (21) ORAL TABLET	0	*; ACA
LOESTRIN 1/20 (21) ORAL TABLET	0	*; ACA
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET	0	*; ACA
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET	0	*; ACA
<i>lojaimiess oral tablets,dose pack,3 month</i>	0	ACA
<i>loryna (28) oral tablet</i>	0	ACA
<i>low-ogestrel (28) oral tablet</i>	0	ACA
<i>lo-zumandimine (28) oral tablet</i>	0	ACA
<i>lutra (28) oral tablet</i>	0	ACA
<i>marlissa (28) oral tablet</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
<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>minzoya oral tablet</i>	0	ACA
<i>mono-lynyah oral tablet</i>	0	ACA
<i>my choice oral tablet</i>	0	ACA; OTC
<i>my way oral tablet</i>	0	ACA; OTC
NATAZIA ORAL TABLET	0	ACA
<i>necon 0.5/35 (28) oral tablet</i>	0	ACA
<i>new day oral tablet</i>	0	ACA; OTC
NEXTSTELLIS ORAL TABLET	0	ACA
<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 1.5 mg-30 mcg (21)/75 mg (7)</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
SAFYRAL ORAL TABLET	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
SLYND ORAL TABLET	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
TAYTULLA ORAL CAPSULE	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-linyah 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
TYBLUME ORAL TABLET,CHEWABLE	0	ACA
<i>valtya oral tablet</i>	0	ACA
<i>velivet triphasic regimen (28) oral tablet</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
<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
<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
YASMIN (28) ORAL TABLET	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	
<i>oxytocin injection solution</i>	1	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS	3	
<i>bacitracin ophthalmic (eye) ointment</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	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	3	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX OPHTHALMIC (EYE) DROPS	3	*
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %	3	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	3	*
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
<i>carteolol ophthalmic (eye) drops</i>	1	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY	3	*
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette</i>	1	ST
<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	
<i>timolol ophthalmic (eye) drops</i>	1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	3	ST

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Drug Name	Drug Tier	Requirements / Limits
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	3	ST; *
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	2	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE	3	
CYCLOGYL OPHTHALMIC (EYE) DROPS	3	*
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire ophthalmic (eye) drops</i>	1	
MYDRIACYL OPHTHALMIC (EYE) DROPS	3	*
<i>tropicamide ophthalmic (eye) drops</i>	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E INTRAOCULAR KIT	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
QLOSI OPHTHALMIC (EYE) DROPPERETTE	3	
VUITY OPHTHALMIC (EYE) DROPS	3	PA; QL
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL	3	
<i>alaway ophthalmic (eye) drops</i>	1	OTC
ALCAINE OPHTHALMIC (EYE) DROPS	3	*
<i>allergy eye (ketotifen) ophthalmic (eye) drops</i>	1	OTC
<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	
BEPREVE OPHTHALMIC (EYE) DROPS	3	ST; *
CEQUA OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
<i>children's alaway ophthalmic (eye) drops</i>	1	OTC
<i>cromolyn ophthalmic (eye) drops</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
CYSTADROPS OPHTHALMIC (EYE) DROPS	3	PA
CYSTARAN OPHTHALMIC (EYE) DROPS	3	PA
<i>epinastine ophthalmic (eye) drops</i>	1	
<i>eye itch relief ophthalmic (eye) drops</i>	1	OTC
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS	3	
<i>fluorescein-proparacaine ophthalmic (eye) drops</i>	1	
<i>ketotifen fumarate ophthalmic (eye) drops</i>	1	OTC
MIEBO (PF) OPHTHALMIC (EYE) DROPS	3	PA; QL
<i>olopatadine ophthalmic (eye) drops</i>	1	
OMIDRIA INTRAOCULAR CONCENTRATE	3	
OXERVATE OPHTHALMIC (EYE) DROPS	3	PA; LA; QL
<i>proparacaine ophthalmic (eye) drops</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	2	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	*; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>tetracaine hcl ophthalmic (eye) drops</i>	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL	3	PA
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE	3	QL
VEVYE OPHTHALMIC (EYE) DROPS	3	PA
<i>wal-zyr (ketotifen) ophthalmic (eye) drops</i>	1	OTC
XDEMVIY OPHTHALMIC (EYE) DROPS	3	PA; QL
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	2	
ZADITOR OPHTHALMIC (EYE) DROPS	2	OTC
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE	3	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS	3	*
ACULAR OPHTHALMIC (EYE) DROPS	3	*
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>bromfenac ophthalmic (eye) drops</i>	1	
BROMSITE OPHTHALMIC (EYE) DROPS	3	*
<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	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
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	PA
<i>methazolamide oral tablet</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST; *
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC (EYE) DROPS	3	
<i>brimonidine-timolol ophthalmic (eye) drops</i>	1	ST
<i>brinzolamide ophthalmic (eye) drops,suspension</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS	3	*
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE	3	*
COSOPT 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	
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE	3	ST; QL
<i>latanoprost ophthalmic (eye) drops</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
<i>miostat intraocular solution</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
RHOPRESSA OPHTHALMIC (EYE) DROPS	3	PA
ROCKLATAN OPHTHALMIC (EYE) DROPS	3	PA
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	1	ST
TRAVATAN Z OPHTHALMIC (EYE) DROPS	3	ST; *
<i>travoprost ophthalmic (eye) drops</i>	1	
VYZULTA OPHTHALMIC (EYE) DROPS	3	PA
XALATAN OPHTHALMIC (EYE) DROPS	3	*
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION	3	ST
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	3	ST; *
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	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
STERIODS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST; *; QL

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Drug Name	Drug Tier	Requirements / Limits
CLOBETASOL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	1	
<i>difluprednate ophthalmic (eye) drops</i>	1	ST
DUREZOL OPHTHALMIC (EYE) DROPS	3	ST; *
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	ST; *
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST; *
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	ST
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	3	ST
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	1	QL
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
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	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE	3	PA
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR	3	PA; QL
<i>carbinoxamine maleate oral liquid</i>	1	
CARBINOXAMINE MALEATE ORAL SUSPENSION, EXTENDED REL 12 HR	3	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	PA
CLARINEX ORAL TABLET	3	PA; *, QL
<i>clemastine oral syrup</i>	1	
<i>clemastine oral tablet</i>	1	
<i>cypheptadine oral syrup</i>	1	
<i>cypheptadine oral tablet</i>	1	
<i>desloratadine oral tablet</i>	1	PA; QL
<i>desloratadine oral tablet, disintegrating</i>	1	PA; QL
<i>dexchlorpheniramine maleate oral solution</i>	1	PA
DIPHEN ORAL ELIXIR	3	*
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>diphenhydramine hcl injection syringe</i>	1	
EPINEPHRINE HCL (PF) INJECTION SOLUTION	3	PA
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	QL
<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	*; QL
EPIPEN JR INJECTION AUTO-INJECTOR	3	*; QL
<i>hydroxyzine hcl intramuscular solution</i>	1	PA
<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	
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	
NEFFY NASAL SPRAY,NON-AEROSOL	2	QL
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>promethgan rectal suppository</i>	1	
QUZYTIR INTRAVENOUS SOLUTION	3	
RYCLORA ORAL SOLUTION	3	PA; *
RYVENT ORAL TABLET	3	PA
COUGH & COLD THERAPY		
<i>benzonatate oral capsule</i>	1	
BROMFED DM ORAL SYRUP	3	*
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	3	PA; QL
<i>codeine-guaifenesin oral liquid</i>	1	
CODITUSSIN AC ORAL LIQUID	3	
CODITUSSIN DAC ORAL LIQUID	3	

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Drug Name	Drug Tier	Requirements / Limits
<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		
<i>24 hour nasal allergy nasal aerosol,spray</i>	1	OTC
ACCOLATE ORAL TABLET	3	*
<i>acetylcysteine solution</i>	1	
ADCIRCA ORAL TABLET	3	PA; *, LA
ADEMPAS ORAL TABLET	3	PA; LA
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	*, QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	QL
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
AIRSUPRA INHALATION HFA AEROSOL INHALER	3	PA; QL
<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	
ALVESCO INHALATION HFA AEROSOL INHALER	3	PA
<i>alyq oral tablet</i>	1	PA
<i>ambrisentan oral tablet</i>	1	PA; LA; QL
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	PA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
<i>arformoterol inhalation solution for nebulization</i>	1	
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	QL
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	2	
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	2	
<i>azelastine-fluticasone nasal spray,non-aerosol</i>	1	PA; QL
BERINERT INTRAVENOUS KIT	3	PA; LA
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	PA; QL
<i>bosentan oral tablet</i>	1	PA; LA; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
<i>breyndra inhalation hfa aerosol inhaler</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	PA; QL
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE	3	PA; LA
BROVANA INHALATION SOLUTION FOR NEBULIZATION	3	*
<i>budesonide inhalation suspension for nebulization</i>	1	QL
<i>budesonide-formoterol inhalation hfa aerosol inhaler</i>	1	
CINQAIR INTRAVENOUS SOLUTION	3	PA
CINRYZE INTRAVENOUS RECON SOLN	3	PA; LA
COMBIVENT RESPIMAT INHALATION MIST	2	QL
<i>cromolyn inhalation solution for nebulization</i>	1	
DALIRESPI ORAL TABLET	3	*; QL
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	3	PA; QL
DULERA INHALATION HFA AEROSOL INHALER	2	
DYMISTA NASAL SPRAY, NON-AEROSOL	3	PA; *; QL
ELIXOPHYLLIN ORAL ELIXIR	3	
ESBRIET ORAL CAPSULE	3	PA; *; LA
ESBRIET ORAL TABLET	3	PA; *; LA
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	2	PA; LA
FASENRA SUBCUTANEOUS SYRINGE	2	PA; LA
FIRAZYR SUBCUTANEOUS SYRINGE	3	PA; *; QL
<i>flunisolide nasal spray, non-aerosol</i>	1	
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE	3	PA; QL
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE	2	QL
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER	2	PA; QL
<i>fluticasone propionate nasal spray, suspension</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	QL
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	3	QL
<i>formoterol fumarate inhalation solution for nebulization</i>	1	
HAEGARDA SUBCUTANEOUS RECON SOLN	3	PA; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	3	
<i>icatibant subcutaneous syringe</i>	1	PA; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	2	
<i>ipratropium bromide inhalation solution</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	
KALBITOR SUBCUTANEOUS SOLUTION	3	PA; LA
KALYDECO ORAL GRANULES IN PACKET	3	PA; LA; QL
KALYDECO ORAL TABLET	3	PA; LA; QL
LETAIRIS ORAL TABLET	3	PA; *; LA; QL
<i>levalbuterol hcl inhalation solution for nebulization</i>	1	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	3	ST
LIQREV ORAL SUSPENSION	3	PA; LA
<i>mometasone nasal spray,non-aerosol</i>	1	
<i>montelukast oral granules in packet</i>	1	
<i>montelukast oral tablet</i>	1	
<i>montelukast oral tablet,chewable</i>	1	
NASACORT NASAL AEROSOL,SPRAY	2	ST; OTC
<i>nasal allergy nasal aerosol,spray</i>	1	OTC
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	PA; LA
NUCALA SUBCUTANEOUS RECON SOLN	2	PA; LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA
OFEV ORAL CAPSULE	2	PA; LA
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION	3	PA; QL
OMNARIS NASAL SPRAY, NON-AEROSOL	3	ST
OPSUMIT ORAL TABLET	3	PA; LA
OPSYNVI ORAL TABLET	3	PA; LA; QL
ORKAMBI ORAL GRANULES IN PACKET	3	PA; LA; QL
ORKAMBI ORAL TABLET	3	PA; LA; QL
ORLADEYO ORAL CAPSULE	3	PA; QL
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	3	*
<i>pirfenidone oral capsule</i>	1	PA; LA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	PA; LA
PIRFENIDONE ORAL TABLET 534 MG	3	PA
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	3	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED	2	
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION	3	*; QL
<i>pulmosal inhalation solution for nebulization</i>	1	
PULMOZYME INHALATION SOLUTION	2	LA
QNASL NASAL HFA AEROSOL INHALER	3	ST; QL
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	2	QL
REVATIO INTRAVENOUS SOLUTION	3	PA; LA; QL
REVATIO ORAL TABLET	3	PA; *; LA; QL
<i>roflumilast oral tablet</i>	1	QL
RUCONEST INTRAVENOUS RECON SOLN	3	PA; LA
RYALTRIS NASAL SPRAY, NON-AEROSOL	3	PA; QL
<i>sajazir subcutaneous syringe</i>	1	PA; LA; QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>sildenafil (pulm.hypertension) intravenous solution</i>	1	PA; LA; QL
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	1	PA; LA
<i>sildenafil (pulm.hypertension) oral tablet</i>	1	PA; LA; QL
SINGULAIR ORAL GRANULES IN PACKET	3	*
SINGULAIR ORAL TABLET	3	*
SINGULAIR ORAL TABLET,CHEWABLE	3	*
<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	3	QL
SYMBICORT INHALATION HFA AEROSOL INHALER	3	*
SYMDEKO ORAL TABLETS, SEQUENTIAL	3	PA; LA; QL
<i>tadalafil (pulm. hypertension) oral tablet</i>	1	PA; LA
TADLIQ ORAL SUSPENSION	3	PA; LA
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA; LA
TAKHZYRO SUBCUTANEOUS SYRINGE	3	PA; LA
<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	QL
TRACLEER ORAL TABLET	3	PA; *; LA; QL
TRACLEER ORAL TABLET FOR SUSPENSION	3	PA; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
<i>triamcinolone acetonide nasal aerosol,spray</i>	1	OTC

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Drug Name	Drug Tier	Requirements / Limits
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	3	PA; LA; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL	3	PA; LA; QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	3	PA; QL
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	3	PA; LA; QL
TYVASO INHALATION SOLUTION FOR NEBULIZATION	3	PA; LA; QL
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	3	PA; LA; QL
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	3	PA; LA; QL
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	3	PA; LA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER	3	PA; QL
WINREVAIR SUBCUTANEOUS KIT	3	PA; LA
<i>wixela inhub inhalation blister with device</i>	1	QL
XHANCE NASAL AEROSOL BREATH ACTIVATED	3	ST
XOLAIR SUBCUTANEOUS AUTO-INJECTOR	2	PA; LA
XOLAIR SUBCUTANEOUS RECON SOLN	2	PA; LA
XOLAIR SUBCUTANEOUS SYRINGE	2	PA; LA
XOPENEX HFA INHALATION HFA AEROSOL INHALER	3	PA
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	3	
<i>zafirlukast oral tablet</i>	1	
ZETONNA NASAL HFA AEROSOL INHALER	3	ST; QL
<i>zileuton oral tablet, er multiphase 12 hr</i>	1	PA
ZYFLO ORAL TABLET	3	PA
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr</i>	1	ST
<i>fesoterodine oral tablet extended release 24 hr</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>flavoxate oral tablet</i>	1	
GEMTESA ORAL TABLET	3	ST
<i>mirabegron oral tablet extended release 24 hr</i>	1	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	*
<i>oxybutynin chloride oral syrup</i>	1	
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	3	
<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
<i>solifenacin oral tablet</i>	1	ST
<i>tolterodine oral capsule,extended release 24hr</i>	1	
<i>tolterodine oral tablet</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *
<i>trospium oral capsule,extended release 24hr</i>	1	ST
<i>trospium oral tablet</i>	1	ST
VESICARE LS ORAL SUSPENSION	3	PA
VESICARE ORAL TABLET	3	ST; *
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	1	
AVODART ORAL CAPSULE	3	*; QL
CIALIS ORAL TABLET 5 MG	3	*; QL
<i>dutasteride oral capsule</i>	1	QL
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	1	
ENTADFI ORAL CAPSULE	3	PA; QL
<i>finasteride oral tablet 5 mg</i>	1	QL
FLOMAX ORAL CAPSULE	3	*; QL
PROSCAR ORAL TABLET	3	*; QL
RAPAFLO ORAL CAPSULE	3	ST; *

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Drug Name	Drug Tier	Requirements / Limits
<i>silodosin oral capsule</i>	1	ST
<i>tadalafil oral tablet 5 mg</i>	1	QL
<i>tamsulosin oral capsule</i>	1	QL
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR	3	*
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet</i>	1	
MISCELLANEOUS UROLOGICALS		
<i>alprostadil injection solution</i>	1	PA
CYSTAGON ORAL CAPSULE	3	
ELMIRON ORAL CAPSULE	3	
K-PHOS NO 2 ORAL TABLET	3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	3	
<i>methen-sod phos-meth blue-hyos oral tablet</i>	1	
ORACIT ORAL SOLUTION	3	
<i>potassium citrate oral tablet extended release</i>	1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	3	PA; LA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	3	PA; LA
PROSTIN VR PEDIATRIC INJECTION SOLUTION	3	PA
RENACIDIN IRRIGATION SOLUTION	3	
RIVFLOZA SUBCUTANEOUS SOLUTION	3	PA
RIVFLOZA SUBCUTANEOUS SYRINGE	3	PA
<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	*
URIMAR-T ORAL CAPSULE	3	
<i>urimar-t oral tablet</i>	1	
URNEVA ORAL CAPSULE	3	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	*

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Drug Name	Drug Tier	Requirements / Limits
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		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM ORAL TABLET	3	*
VITAMIN, HEMATINIC & ELECTROLYTES		
ELECTROLYTES		
AURYXIA ORAL TABLET	3	PA
FOSRENOL ORAL POWDER IN PACKET	3	ST
FOSRENOL ORAL TABLET,CHEWABLE	3	ST; *
<i>lanthanum oral tablet,chewable</i>	1	ST
LOKELMA ORAL POWDER IN PACKET	3	PA
REVELA ORAL POWDER IN PACKET	3	ST; *
REVELA ORAL TABLET	3	ST; *
<i>sevelamer carbonate oral powder in packet</i>	1	ST
<i>sevelamer carbonate oral tablet</i>	1	
<i>sevelamer hcl oral tablet</i>	1	ST; 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	3	PA
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	PA
XPHOZAH ORAL TABLET	3	PA; QL
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule</i>	1	
<i>calcium acetate(phosphat bind) oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effe-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	
<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	
<i>lugols oral solution</i>	1	
<i>magnesium sulfate in water intravenous piggyback 4 gram/50 ml (8 %)</i>	1	PA
<i>magnesium sulfate injection syringe</i>	1	PA
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	PA
POKONZA ORAL PACKET	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	3	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	PA
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	3	PA
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	PA
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	PA
VITAMINS & HEMATINICS		
ACCRUFER ORAL CAPSULE	3	PA
ASCOR INTRAVENOUS SOLUTION	3	PA
<i>ascorbic acid (vitamin c) injection solution</i>	1	PA
<i>b complex 1 (with folic acid) oral tablet</i>	0	ACA; OTC
<i>b complex 100 injection solution</i>	1	PA
<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	
CITRANATAL MEDLEY ORAL CAPSULE	3	
<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	
<i>dialyvite 800 oral tablet</i>	0	ACA; OTC
<i>dodex injection solution</i>	1	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK	3	

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Drug Name	Drug Tier	Requirements / Limits
<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
<i>fluoride (sodium) oral tablet,chewable</i>	0	ACA; OTC
<i>folic acid injection solution</i>	1	PA
<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	PA
INFED INJECTION SOLUTION	3	PA
INJECTAFER INTRAVENOUS SOLUTION	3	
<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	*
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE	3	
NATAL PNV ORAL TABLET	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	3	
NEONATAL COMPLETE ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
NEONATAL FE ORAL TABLET	3	
NEONATAL PLUS VITAMIN ORAL TABLET	3	
NEONATAL-DHA ORAL COMBO PACK	3	
<i>neo-vital rx oral tablet</i>	1	ST
NESTABS ABC ORAL COMBO PACK	3	
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	

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Drug Name	Drug Tier	Requirements / Limits
PRENATAL PLUS DHA ORAL COMBO PACK	3	
<i>prenatal plus oral tablet</i>	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET	2	
<i>prenatal vit no.179-iron-folic oral tablet</i>	0	ACA; OTC
<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

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Drug Name	Drug Tier	Requirements / Limits
<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	
THRIVITE RX ORAL TABLET	3	
TRICARE ORAL TABLET	2	
<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	3	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	

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

Index

2		
24 hour nasal allergy	157	
A		
abacavir.....	3	
abacavir-lamivudine.....	3	
ABELCET.....	2	
ABILIFY	48	
ABILIFY ASIMTUFII.....	48	
ABILIFY MAINTENA.....	48	
ABILIFY MYCITE MAINTENANCE KIT	48	
ABILIFY MYCITE STARTER KIT	48	
abiraterone	17	
ABRAXANE.....	17	
ABRILADA(CF).....	133	
ABRILADA(CF) PEN	133	
ABRYSVO (PF).....	127	
ABSORICA.....	77	
ABSORICA LD	77	
ACAM2000 (NATIONAL STOCKPILE).....	127	
acamprosate	89	
ACANYA.....	77	
acarbose	111	
ACCOLATE.....	157	
ACCRUFER.....	168	
ACCU-CHEK AVIVA CONTROL SOLN.....	97	
ACCU-CHEK AVIVA PLUS TEST STRP.....	97	
ACCU-CHEK GUIDE GLUCOSE METER.....	97	
ACCU-CHEK GUIDE ME GLUCOSE MTR.....	97	
ACCU-CHEK GUIDE TEST STRIPS.....	97	
ACCU-CHEK SMARTVIEW CONTRL SOL	97	
ACCU-CHEK SMARTVIEW TEST STRIP	97	
ACCUPRIL	61	
ACCURETIC	61	
accutane	77	
ACCUTREND GLUCOSE CONTROL	97	
ACCUTREND GLUCOSE TEST STRIPS	97	
ACE AEROSOL CLOUD ENHANCER	101	
acebutolol	61	
acetaminophen-caff- dihydrocod.....	41	
acetaminophen-codeine.....	41	
acetazolamide.....	152	
acetazolamide sodium	152	
acetic acid.....	89, 94	
acetylcysteine.....	157	
ACIPHEX.....	123	
acitretin	74	
ACTEMRA	133	
ACTEMRA ACTPEN.....	133	
ACTHAR.....	95	
ACTHAR SELFJECT	95	
ACTHIB (PF).....	127	
ACTICLATE.....	15	
ACTIMMUNE	126	
ACTIVELLA.....	138	
ACTONEL	132	
ACTOPLUS MET	111	
ACTOS.....	111	
ACULAR.....	151	
ACULAR LS.....	151	
ACUVAIL (PF).....	151	
acyclovir	3, 84	
ACZONE.....	77	
ADACEL(TDAP ADOLESN/ADULT)(PF)	127	
ADALIMUMAB-AACF	133	
ADALIMUMAB-AACF(CF) PEN CROHNS	133	
ADALIMUMAB-AACF(CF) PEN PS-UV	133	
ADALIMUMAB-AATY....	133	
ADALIMUMAB-ADAZ....	134	
ADALIMUMAB-ADBM...	134	
ADALIMUMAB-ADBM(CF) PEN CROHNS	134	
ADALIMUMAB-ADBM(CF) PEN PS-UV	134	
ADALIMUMAB-FKJP.....	134	
ADALIMUMAB-RYVK ...	134	
adapalene	77	
ADAPALENE	77	
adapalene-benzoyl peroxide ..	77	
ADASUVE	48	
ADBRY	76	
ADCETRIS.....	17	
ADCIRCA	157	
ADDERALL.....	48	
ADDERALL XR.....	48	
ADDYI	48	
adefovir.....	3	
ADEMPAS	157	
adenosine	60	
ADLARITY	37	
ADMELOG SOLOSTAR U- 100 INSULIN	104	
ADMELOG U-100 INSULIN LISPRO	104	
adrucil.....	17	
adthyza.....	113	
ADTHYZA.....	113	
adult aspirin regimen	44	
ADVAIR DISKUS	157	
ADVAIR HFA.....	157	
ADVANCED GLUC METER TEST STRIP.....	97	
ADVOCATE REDI-CODE PLUS	97	
ADZENYS XR-ODT	48	
AEROCHAMBER MECHANICAL VENT ..	101	
AEROCHAMBER MINI ...	102	
AEROCHAMBER PLUS FLOW-VU.....	102	
AEROCHAMBER PLUS Z STAT	102	
AEROTRACH PLUS.....	102	
AEROVENT PLUS.....	102	
AFINITOR	18	
AFINITOR DISPERZ	17	
afirmelle.....	142	
AFLURIA TRIV 2024-2025	127	
AFLURIA TRIV 2024-2025 (PF).....	127	
AFREZZA	104	
after pill	142	

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

AFTERA	142	ALTOPREV	70	<i>ampicillin-sulbactam</i>	13
AGAMATRIX AMP TEST		ALTRENO	78	AMPYRA	37
STRIPS.....	97	ALUNBRIG	18	AMRIX.....	39
AGAMREE	95	ALVAIZ	68	AMZEEQ	78
AGRYLIN.....	89	ALVESCO.....	158	ANAFRANIL	49
AIMOVIG AUTOINJECTOR		<i>alyacen 1/35 (28)</i>	142	<i>anagrelide</i>	89
.....	35	<i>alyacen 7/7/7 (28)</i>	142	ANALPRAM-HC.....	74, 116
AIRDUO RESPICLICK	157	<i>alyq</i>	158	ANAPROX DS.....	44
AIRSUPRA	158	<i>amantadine hcl</i>	3	<i>anaspaz</i>	114
AJOVY AUTOINJECTOR..	36	AMBIEN	48	<i>anastrozole</i>	18
AJOVY SYRINGE	36	AMBIEN CR.....	48	ANCOBON	2
AKEEGA	18	AMBISOME	2	ANDROGEL	107
AKLIEF.....	77	<i>ambrisentan</i>	158	ANGELIQ	138
AKTEN (PF)	150	<i>amcinonide</i>	84	ANNOVERA.....	141
AKYNZEO (NETUPITANT)		<i>amethia</i>	143	ANORO ELLIPTA.....	158
.....	116	<i>amethyst (28)</i>	143	ANTIVERT	116
<i>ala-cort</i>	84	AMICAR.....	68	<i>anucort-hc</i>	116
ALA-SCALP	84	<i>amikacin</i>	10	ANUSOL-HC	116
<i>alaway</i>	150	<i>amiloride</i>	61	<i>apexicon e</i>	85
<i>albendazole</i>	10	<i>amiloride-hydrochlorothiazide</i>		APIDRA SOLOSTAR U-100	
<i>albuterol sulfate</i>	158	.....	61	INSULIN	104
ALCAINE	150	<i>aminocaproic acid</i>	68	APIDRA U-100 INSULIN .	104
<i>alclometasone</i>	84	<i>aminophylline</i>	158	APLENZIN.....	49
ALCORTIN A.....	82	<i>amiodarone</i>	60	APOKYN	34
ALDACTONE	61	AMITIZA	116	<i>apomorphine</i>	34
ALDURAZYME	107	<i>amitriptyline</i>	48	<i>apraclonidine</i>	155
ALECENSA	18	<i>amitriptyline-chlordiazepoxide</i>		<i>aprepitant</i>	116
<i>alendronate</i>	132	.....	48	APRETUDE	3
ALFERON N.....	126	AMJEVITA(CF)	134	<i>apri</i>	143
<i>alfuzosin</i>	164	AMJEVITA(CF)		APRISO	116
ALINIA	10	AUTOINJECTOR	134	APTENSIO XR	49
<i>aliskiren</i>	61	<i>amlodipine</i>	61	APTIOM.....	28
ALKERAN.....	18	<i>amlodipine-atorvastatin</i>	70	APTIVUS	3
ALKINDI SPRINKLE	95	<i>amlodipine-benazepril</i>	61	<i>aranelle (28)</i>	143
<i>allergy eye (ketotifen)</i>	150	<i>amlodipine-olmesartan</i>	61	ARANESP (IN	
<i>allopurinol</i>	132	<i>amlodipine-valsartan</i>	61	POLYSORBATE)	125
<i>allopurinol sodium</i>	132	<i>amlodipine-valsartan-hcthiacid</i>		ARAVA	134
<i>almotriptan malate</i>	36	.....	61	ARAZLO.....	78
<i>aloprim</i>	132	<i>amnestem</i>	78	ARCALYST.....	125
<i>alosetron</i>	116	<i>amoxapine</i>	49	AREXVY (PF)	127
ALPHAGAN P.....	155	<i>amoxicil-clarithromy-</i>		<i>arformoterol</i>	158
<i>alprazolam</i>	48	<i>lansopraz</i>	123	ARICEPT	37
<i>alprazolam intensol</i>	48	<i>amoxicillin</i>	13	ARIKAYCE	10
<i>alprostadi</i>	165	<i>amoxicillin-pot clavulanate</i> ..	13	ARIMIDEX	18
ALREX.....	153	AMPHADASE	89	<i>aripiprazole</i>	49
ALTABAX.....	82	<i>amphetamine sulfate</i>	49	ARISTADA	49
<i>altacaine</i>	150	<i>amphotericin b</i>	2	ARISTADA INITIO.....	49
ALTACE	61	<i>amphotericin b liposome</i>	2	ARIXTRA	68
ALTAFLUOR BENOX	150	<i>ampicillin</i>	13	<i>armodafinil</i>	49
<i>altavera (28)</i>	142	<i>ampicillin sodium</i>	13	ARMOUR THYROID.....	113

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

ARNUITY ELLIPTA.....	158	AUGMENTIN ES-600.....	13	AZULFIDINE	116
AROMASIN.....	18	AUGMENTIN XR	14	AZULFIDINE EN-TABS ..	116
ARRANON	18	AUGTYRO	18	azurette (28).....	143
ARTHROTEC 50.....	44	AURANOFIN	134	B	
ARTHROTEC 75.....	44	aurovela 1.5/30 (21)	143	<i>b complex 1 (with folic acid)</i>	
ascomp with codeine	41	aurovela 1/20 (21)	143	.....	168
ASCOR.....	168	aurovela 24 fe	143	<i>b complex 100</i>	168
ascorbic acid (vitamin c)....	168	aurovela fe 1.5/30 (28)	143	<i>b complex-vitamin c-folic acid</i>	
asenapine maleate	49	aurovela fe 1-20 (28)	143	.....	168
ashlyna	143	AURYXIA.....	166	<i>bacitracin</i>	10, 148
ASMANEX HFA	158	AUSTEDO	37	<i>bacitracin-polymyxin b</i>	148
ASMANEX TWISTHALER		AUSTEDO XR.....	37	<i>baclofen</i>	39
.....	158	AUSTEDO XR TITRATION		BACLOFEN	39
<i>aspirin</i>	44	KT(WK1-4).....	37	BACTRIM.....	15
<i>aspirin childrens</i>	44	AUTOJECT 2 INJECTION		BACTRIM DS.....	15
<i>aspirin-dipyridamole</i>	68	DEVICE	103	BAFIERTAM.....	58
ASPRUZYO SPRINKLE.....	72	AUTOPEN 1 TO 21 UNITS		<i>balanced b-100</i>	168
ASSURE 4 STRIPS	97	.....	103	<i>bal-care dha</i>	168
ASSURE PLATINUM TEST		AUVELITY	49	BAL-CARE DHA	
STRIP	97	AUVI-Q.....	155	ESSENTIAL.....	168
ASSURE PRISM MULTI		AVALIDE	61	BALCOLTRA	143
STRIP	97	AVAPRO.....	61	<i>balsalazide</i>	116
ASTAGRAF XL	18	<i>avar</i>	78	BALVERSA	18
ATACAND	61	AVAR LS	78	<i>balziva (28)</i>	143
ATACAND HCT	61	AVEED	107	BANZEL	29
<i>atazanavir</i>	3	<i>aviane</i>	143	BAQSIMI	102
ATELVIA.....	132	<i>avidoxy</i>	15	BARACLUDE.....	3
<i>atenolol</i>	61	AVIDOXY DK.....	15	BASAGLAR KWIKPEN U-	
<i>atenolol-chlorthalidone</i>	61	AVODART	164	100 INSULIN	104
ATGAM	127	AVONEX	58	BASAGLAR TEMPO PEN(U-	
ATIVAN.....	49	AVYCAZ	7	100)INSLN	104
<i>atomoxetine</i>	49	<i>ayuna</i>	143	BAVENCIO	18
ATORVALIQ.....	70	AYVAKIT.....	18	BAXDELA	14
<i>atorvastatin</i>	70	<i>azacitidine</i>	18	<i>bayer low dose aspirin</i>	44
<i>atovaquone</i>	10	AZACTAM	10	BCG VACCINE, LIVE (PF)	
<i>atovaquone-proguanil</i>	10	AZASAN.....	18	.....	127
<i>atracurium</i>	39	AZASITE	148	<i>b-complex with vitamin c</i>	168
ATRALIN	78	<i>azathioprine</i>	18	BD INTEGRA NEEDLE ...	103
<i>atropine</i>	114, 150	<i>azathioprine sodium</i>	18	BD MICROTAINER	
ATROPINE SULFATE (PF)		<i>azelaic acid</i>	78	LANCET	103
.....	150	<i>azelastine</i>	93, 150	BD SPECIALTY USE	
ATROVENT HFA	158	<i>azelastine-fluticasone</i>	158	NEEDLES	103
AUBAGIO	58	AZELEX	78	BELBUCA	41
<i>aubra</i>	143	AZILECT	34	BELEODAQ.....	18
<i>aubra eq</i>	143	<i>azithromycin</i>	9	<i>belladonna alkaloids-opium</i>	
AUDENZ (NATIONAL		AZMIRO	107	.....	114
STOCKPILE).....	127	AZOPT	152	BELSOMRA	49
AUDENZ(PF)(NATIONAL		AZOR	61	<i>benazepril</i>	61
STOCKPILE).....	127	AZSTARYS	49	<i>benazepril-hydrochlorothiazide</i>	
AUGMENTIN.....	14	<i>aztreonam</i>	10	.....	61

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

BENICAR	61	bismuth subcit k-metronidz-tcn	123	BUPHENYL	89
BENICAR HCT	61	.....	123	bupivacaine-epinephrine (pf)81	
BENLYSTA	134	bisoprolol fumarate	61	buprenorphine	41
BENZAMYCIN	78	bisoprolol-hydrochlorothiazide	61	buprenorphine hcl	41
benzepto	78	.....	61	buprenorphine-naloxone	44
BENZEPRO		BIVIGAM	127	bupropion hcl.....	49
(MICROSPHERES).....	78	bleomycin.....	18	BUPROPION HCL	49
BENZNIDAZOLE	10	BLINCYTO.....	18	bupropion hcl (smoking deter)	
benzonatate.....	156	blisovi 24 fe	143	.....	92
benzoyl peroxide.....	78	blisovi fe 1.5/30 (28).....	143	buspirone	49
benztropine	34	blisovi fe 1/20 (28).....	143	busulfan	18
bepotastine besilate	150	BLOOD GLUCOSE TEST ..	97	BUSULFEX	18
BEPREVE	150	BLOXIVERZ	39	butalbital-acetaminop-caf-cod	
BERINERT	158	BLULINK GLUCOSE TEST		.....	41
beser	85	STRIP	97	butalbital-acetaminophen....	41
BESIVANCE	148	BONJESTA.....	116	butalbital-acetaminophen-caff	
BESREMI.....	127	BOOSTRIX TDAP.....	127	.....	41
BETADINE OPHTHALMIC		bosentan.....	158	butalbital-aspirin-caffeine....	41
PREP	148	BOSULIF	18	butorphanol	44
betaine	116	BOTOX	127	BUTRANS	41
betamethasone dipropionate	85	bp 10-1.....	78	BYDUREON BCISE.....	111
betamethasone valerate.....	85	BRAFTOVI.....	18	BYLVAY	116
betamethasone, augmented ..	85	BREATHERITE MDI		BYSTOLIC.....	62
BETAPACE	60	SPACER.....	102	C	
BETAPACE AF	60	BREO ELLIPTA	158	cabergoline	107
BETASERON	58	BREXAFEMME	2	CABLIVI.....	68
betaxolol.....	61, 149	brey-na	158	CABOMETYX.....	18
bethanechol chloride	165	BREZTRI AEROSPHERE.	159	CABTREO	78
BETHKIS	10	briellyn.....	143	CADUET	70
BETIMOL	149	BRILINTA	68	caffeine citrate	89
BETOPTIC S.....	149	brimonidine	78, 155	calcipotriene	74
BEVESPI AEROSPHERE .	158	BRIMONIDINE-		CALCIPOTRIENE.....	74
bexarotene	18	DORZOLAMIDE.....	152	calcipotriene-betamethasone	74
BEXSERO.....	127	brimonidine-timolol.....	152	calcitonin (salmon).....	107
BEYAZ.....	143	brinzolamide.....	152	calcitriol	74, 107
BEYFORTUS.....	3	BRIVIACT	29	calcium acetate(phosphat bind)	
bicalutamide	18	BRIXADI	41	.....	166
BICILLIN C-R	14	BROMFED DM	156	CALQUENCE	
BICILLIN L-A	14	bromfenac	152	(ACALABRUTINIB MAL)	
BIDIL	61	bromocriptine	34	.....	18
BIJUVA.....	138	brompheniramine-pseudoeph-		CAMBIA	44
BIKTARVY	4	dm	156	camila	138
BILTRICIDE.....	10	BROMSITE.....	152	camrese.....	143
BIMZELX	74	BRONCHITOL	159	camrese lo.....	143
BIMZELX AUTOINJECTOR		BROVANA	159	CAMZYOS.....	72
.....	74	BRUKINSA.....	18	CANASA.....	117
BINOSTO.....	132	BRYHALI	85	candesartan	62
BIONIME RIGHTEST TEST		budesonide.....	116, 159	candesartan-	
STRIPS.....	97	budesonide-formoterol	159	hydrochlorothiazid	62
		bumetanide	62	capecitabine.....	19

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

CAPEX.....	85	<i>cefadroxil</i>	7	CHENODAL	117
CAPLYTA	49	<i>cefdinir</i>	7	<i>children's alaway</i>	150
CAPRELSA	19	<i>cefepime</i>	8	<i>chloramphenicol sod succinate</i>	
<i>captopril</i>	62	CEFEPIME IN DEXTROSE 5		.....	10
<i>captopril-hydrochlorothiazide</i>		%.....	8	<i>chlordiazepoxide hcl</i>	49
.....	62	<i>cefepime in dextrose,iso-osm</i> ..	8	<i>chlordiazepoxide-clidinium</i>	114
CAPVAXIVE.....	127	<i>cefixime</i>	8	<i>chloroprocaine (pf)</i>	81
CARAC	76	CEFOTAN.....	8	<i>chloroquine phosphate</i>	10
CARAFATE.....	123	<i>cefotaxime</i>	8	<i>chlorothiazide sodium</i>	62
CARBAGLU	89	<i>cefotetan</i>	8	<i>chlorpromazine</i>	49
<i>carbamazepine</i>	29	<i>cefoxitin</i>	8	<i>chlorthalidone</i>	62
CARBAMAZEPINE.....	29	<i>cefoxitin in dextrose, iso-osm</i> .	8	<i>chlorzoxazone</i>	39
CARBATROL.....	29	<i>cefpodoxime</i>	8	CHOLBAM	117
<i>carbidopa</i>	34	<i>cefprozil</i>	8	<i>cholestyramine (with sugar)</i> .	70
<i>carbidopa-levodopa</i>	34	<i>ceftazidime</i>	8	<i>cholestyramine light</i>	70
<i>carbidopa-levodopa-</i>		<i>ceftriaxone</i>	8	CHORIONIC	
<i>entacapone</i>	34	CEFTRIAZONE	8	GONADOTROPIN,	
<i>carbinoxamine maleate</i>	155	<i>ceftriaxone in dextrose,iso-os</i> .	8	HUMAN	108
CARBINOXAMINE		<i>cefuroxime axetil</i>	8	CIALIS	164
MALEATE.....	155	<i>cefuroxime sodium</i>	8	CIBINQO	76
<i>carboplatin</i>	19	CELEBREX	44	<i>ciclodan</i>	83
CARDIZEM	62	<i>celecoxib</i>	44	CICLODAN KIT.....	83
CARDIZEM CD	62	CELEXA	49	<i>ciclopirox</i>	83
CARDIZEM LA.....	62	CELLCEPT	19	<i>ciclopirox-ure-camph-menth-</i>	
CARDURA	62	CELLCEPT INTRAVENOUS		<i>euc</i>	83
CARDURA XL	62	.....	19	<i>cidofovir</i>	4
CARESENS N TEST STRIPS		CELONTIN	29	<i>cilostazol</i>	68
.....	97	CENTANY	82	CILOXAN	148
CARETOUCH TEST STRIP		CENTANY AT.....	82	CIMDUO	4
.....	97	<i>cephalexin</i>	8	<i>cimetidine</i>	123
<i>carglumic acid</i>	89	CEPROTIN (BLUE BAR) ...	68	<i>cimetidine hcl</i>	123
<i>carisoprodol</i>	39	CEPROTIN (GREEN BAR) 68		CIMZIA.....	117
<i>carisoprodol-aspirin</i>	39	CEQUA	150	CIMZIA POWDER FOR	
<i>carisoprodol-aspirin-codeine</i>		CEQUR SIMPLICITY	103	RECONST	117
.....	39	CERDELGA.....	107	<i>cinacalcet</i>	108
CARNITOR	89	CEREBYX	29	CINQAIR	159
CARNITOR (SUGAR-FREE)		CEREZYME	107	CINRYZE.....	159
.....	89	CERVIDIL	141	CIPRO	14
<i>carteolol</i>	149	CETRAXAL.....	94	CIPRO HC.....	94
<i>cartia xt</i>	62	<i>cetorelix</i>	107	<i>ciprofloxacin</i>	14
<i>carvedilol</i>	62	CETROTIDE.....	107	<i>ciprofloxacin hcl</i>	14, 94, 148
<i>carvedilol phosphate</i>	62	<i>cevimeline</i>	89	<i>ciprofloxacin in 5 % dextrose</i>	
CASODEX.....	19	CHANTIX	92	.....	14
CATAPRES-TTS-1.....	62	CHANTIX CONTINUING		<i>ciprofloxacin-dexamethasone</i>	
CATAPRES-TTS-2.....	62	MONTH BOX.....	92	.....	94
CATAPRES-TTS-3.....	62	CHANTIX STARTING		CIPROFLOXACIN-	
CAYA CONTOURED.....	138	MONTH BOX.....	92	FLUOCINOLONE	94
CAYSTON	10	<i>charlotte 24 fe</i>	143	<i>citalopram</i>	50
<i>caziant (28)</i>	143	<i>chateal eq (28)</i>	143	CITALOPRAM	49
<i>cefaclor</i>	7	CHEMET.....	89		

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

CITRANATAL B-CALM (FE GLUC).....	168	<i>clodan</i>	85	CONJUPRI	62
CITRANATAL MEDLEY	168	CLODAN KIT	85	CONSENSI.....	62
<i>citrate of magnesia</i>	117	<i>clomid</i>	108	<i>constulose</i>	117
<i>citroma</i>	117	<i>clomiphene citrate</i>	108	CONTOUR NEXT TEST STRIPS	97
<i>cladribine</i>	19	<i>clomipramine</i>	50	CONTOUR PLUS TEST STRIP	97
<i>claravis</i>	78	<i>clonazepam</i>	29	CONTOUR TEST STRIPS ..	98
CLARINEX.....	155	<i>clonidine</i>	62	CONZIP.....	44
CLARINEX-D 12 HOUR ..	156	<i>clonidine hcl</i>	50, 62	COPAXONE	58
<i>clarithromycin</i>	9	CLONIDINE HCL	62	COPIKTRA	19
<i>classic prenatal</i>	168	<i>clopidogrel</i>	68	CORDRAN.....	85, 86
<i>clearlax</i>	117	<i>clorazepate dipotassium</i>	50	CORDRAN TAPE LARGE ROLL	85
<i>clemastine</i>	155	<i>clotrimazole</i>	2, 83	COREG.....	62
CLENIA PLUS	78	<i>clotrimazole-betamethasone</i> ..	83	COREG CR	62
CLENPIQ	117	<i>clozapine</i>	50	CORLANOR	73
CLEOCIN.....	141	CLOZARIL	50	CORTANE-B	76
CLEOCIN HCL.....	10	<i>c-nate dha</i>	168	CORTEF.....	95
CLEOCIN PEDIATRIC.....	10	COARTEM	10	CORTENEMA	117
CLEOCIN T	78	COBENFY	50	CORTIFOAM.....	117
CLEVER CHOICE MICRO TEST STRIP	97	COBENFY STARTER PACK	50	<i>cortisone</i>	95
CLEVER CHOICE PRO.....	97	<i>codeine sulfate</i>	41	CORTISPORIN-TC	94
CLEVER CHOICE TALK TEST	97	<i>codeine-butalbital-asa-caff</i> ..	41	CORTROPHIN GEL	95
CLEVER CHOICE TEST STRIPS.....	97	<i>codeine-guaifenesin</i>	156	CORTROSYN.....	95
CLEVER CHOICE VOICE PLUS TEST.....	97	CODITUSSIN AC.....	156	COSENTYX.....	74
CLIMARA	138	CODITUSSIN DAC.....	156	COSENTYX (2 SYRINGES)	74
CLIMARA PRO.....	138	COLAZAL	117	COSENTYX PEN	74
<i>clindacin</i>	78	<i>colchicine</i>	132	COSENTYX PEN (2 PENS)	74
<i>clindacin etz</i>	78	COLCRYS.....	132	COSENTYX UNOREADY PEN.....	74
CLINDACIN ETZ.....	78	<i>colesevelam</i>	70	COSOPT.....	152
<i>clindacin p</i>	78	COLESTID.....	70	COSOPT (PF).....	152
CLINDACIN PAC	78	<i>colestipol</i>	70	<i>cosyntropin</i>	95
CLINDAGEL	78	<i>colistin (colistimethate na)</i> ...	10	COTELLIC.....	19
<i>clindamycin hcl</i>	10	COLY-MYCIN M PARENTERAL	10	COTEMPLA XR-ODT	50
<i>clindamycin pediatric</i>	10	COMBIGAN	152	<i>covaryx</i>	139
<i>clindamycin phosphate</i> ..	78, 141	COMBIPATCH.....	138	<i>covaryx h.s.</i>	139
<i>clindamycin-benzoyl peroxide</i>	78, 79	COMBIVENT RESPIMAT	159	COXANTO.....	44
<i>clindamycin-tretinoin</i>	79	COMETRIQ	19	COZAAR.....	63
CLINDESSE	141	COMIRNATY 2024-25 (12Y UP)(PF)	127	CREON.....	117
CLINPRO 5000.....	93	COMPACT SPACE CHAMBER	102	CRESEMBA.....	2
<i>clobazam</i>	29	COMPAZINE.....	117	CRESTOR	70
<i>clobetasol</i>	85	COMPLERA	4	CREXONT	34
CLOBETASOL	154	<i>complete natal dha</i>	168	CRINONE	139
<i>clobetasol-emollient</i>	85	<i>compro</i>	117	<i>cromolyn</i>	117, 150, 159
CLOBEX.....	85	CONCEPT DHA	168	<i>crotan</i>	88
<i>clocortolone pivalate</i>	85	CONCEPT OB	168	<i>cryselle (28)</i>	143
		CONCERTA	50	CUPRIMINE	135
		CONDYLOX.....	76		

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<i>curae</i>	143	DAPAGLIFLOZIN		DERMA-SMOOTH/FS	
CUVITRU	127	PROPANEDIOL	111	BODY OIL	86
CUVPOSA	114	<i>dapsone</i>	10, 79	DERMA-SMOOTH/FS	
CUVRIOR.....	90	DAPTACEL (DTAP		SCALP OIL	86
<i>cyanocobalamin (vitamin b-12)</i>		PEDIATRIC) (PF).....	128	DERMOTIC OIL.....	94
.....	168	DARAPRIM.....	11	DESCOVY	4
<i>cyclobenzaprine</i>	39, 40	<i>darifenacin</i>	163	<i>desipramine</i>	50
CYCLOGYL	150	DARTISLA	114	<i>desloratadine</i>	155
CYCLOMYDRIL.....	155	<i>darunavir</i>	4	<i>desmopressin</i>	108
<i>cyclopentolate</i>	150	DARZALEX	19	DESMOPRESSIN	108
<i>cyclophosphamide</i>	19	<i>dasatinib</i>	19	<i>desog-e.estradiol/e.estradiol</i>	
CYCLOPHOSPHAMIDE....	19	<i>dasetta 1/35 (28)</i>	143	.....	144
<i>cycloserine</i>	10	<i>dasetta 7/7/7 (28)</i>	143	<i>desonide</i>	86
CYCLOSET	111	<i>daunorubicin</i>	19	DESOWEN.....	86
<i>cyclosporine</i>	19, 150	DAURISMO.....	19	<i>desoximetasone</i>	86
<i>cyclosporine modified</i>	19	DAYBUE	38	DESODYN	50
CYKLOKAPRON.....	68	DAYPRO.....	44	DESVENLAFAXINE	50
CYLTEZO(CF)	135	<i>daysee</i>	143	<i>desvenlafaxine succinate</i>	50
CYLTEZO(CF) PEN.....	135	DAYTRANA.....	50	<i>dexabliss</i>	95
CYLTEZO(CF) PEN		DAYVIGO	50	<i>dexamethasone</i>	95
CROHN'S-UC-HS.....	135	DDAVP	108	<i>dexamethasone intensol</i>	95
CYLTEZO(CF) PEN		<i>deblitane</i>	139	<i>dexamethasone sodium phos</i>	
PSORIASIS-UV	135	<i>decitabine</i>	19	(pf)	95
CYMBALTA	50	<i>deferasirox</i>	90	<i>dexamethasone sodium</i>	
<i>cyproheptadine</i>	155	<i>deferiprone</i>	90	<i>phosphate</i>	95, 154
<i>cyred</i>	143	<i>deflazacort</i>	95	<i>dexchlorpheniramine maleate</i>	
<i>cyred eq</i>	143	DELESTROGEN	139	.....	155
CYSTADANE.....	117	DELSTRIGO.....	4	DEXCOM G6 RECEIVER ..	98
CYSTADROPS.....	151	DELZICOL	117	DEXCOM G6 SENSOR.....	98
CYSTAGON	165	<i>demeclocycline</i>	15	DEXCOM G6	
CYSTARAN	151	DEMEROL.....	41	TRANSMITTER	98
<i>cytarabine</i>	19	DEMEROL (PF).....	41	DEXCOM G7 RECEIVER ..	98
<i>cytarabine (pf)</i>	19	DEMSE.....	63	DEXCOM G7 SENSOR.....	98
CYTOGAM.....	127	DENAVIR.....	84	DEXEDRINE SPANSULE ..	50
CYTOMEL.....	113	DENGVAIXIA (PF).....	128	DEXILANT.....	123
CYTOTEC	123	<i>denta 5000 plus</i>	93	<i>dexlansoprazole</i>	123
D		<i>denta 5000 plus sensitive</i>	93	<i>dexmethylphenidate</i>	50
<i>dabigatran etexilate</i>	68	<i>dentagel</i>	93	<i>dextroamphetamine sulfate</i> ...50	
<i>dacarbazine</i>	19	DEPAKOTE.....	29	<i>dextroamphetamine-</i>	
<i>dactinomycin</i>	19	DEPAKOTE ER.....	29	<i>amphetamine</i>	50, 51
<i>dalfampridine</i>	37	DEPAKOTE SPRINKLES ..	29	DHIVY	34
DALIRESP.....	159	DEPEN TITRATABS	135	DIACOMIT	29
DALVANCE	10	DEPO-ESTRADIOL	139	<i>dialyvit 800</i>	168
<i>danazol</i>	108	DEPO-MEDROL	95	DIATRUE PLUS TEST STRIP	
DANTRIUM	40	DEPO-PROVERA.....	139	.....	98
<i>dantrolene</i>	40	DEPO-SUBQ PROVERA	104	<i>diazepam</i>	29, 51
DANZITEN.....	19	.....	139	<i>diazepam intensol</i>	51
DAPAGLIFLOZ		DEPO-TESTOSTERONE..	108	<i>diazoxide</i>	102
PROPANED-METFORMIN		<i>dermacinrx lidocan</i>	81	DIBENZYLINE	63
.....	111			<i>dichlorphenamide</i>	38

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DICLEGIS.....	117	DONNATAL.....	114	DUREZOL	154
DICLOFENAC EPOLAMINE		DOPTelet (15 TAB PACK)		<i>dutasteride</i>	164
.....	44	.....	68	<i>dutasteride-tamsulosin</i>	164
<i>diclofenac potassium</i>	44	DORAL	51	DUVYZAT.....	90
<i>diclofenac sodium</i>	44, 45, 76,	DORYX.....	15	DYANAVEL XR	51
152		DORYX MPC	15	DYMISTA.....	159
DICLOFENAC		<i>dorzolamide</i>	152	DYRENIUM.....	63
SUBMICRONIZED	45	<i>dorzolamide-timolol</i>	152	DYSPORT	128
<i>diclofenac-misoprostol</i>	45	<i>dorzolamide-timolol (pf)</i>	152	E	
<i>dicloxacillin</i>	14	<i>dotti</i>	139	<i>e.e.s. 400</i>	9
<i>dicyclomine</i>	114	DOVATO	4	E.E.S. GRANULES.....	9
DIFFERIN.....	79	<i>doxazosin</i>	63	EASIVENT HOLDING	
DIFICID	9	<i>doxepin</i>	51, 76	CHAMBER	102
<i>diflorasone</i>	86	<i>doxercalciferol</i>	108	EASY PLUS II TEST.....	98
DIFLUCAN.....	2	DOXIL.....	19	EASY STEP	98
<i>diflunisal</i>	45	<i>doxorubicin, peg-liposomal</i> ..	20	EASY TALK GLUCOSE	
<i>difluprednate</i>	154	<i>doxy-100</i>	15	TEST.....	98
<i>digoxin</i>	68	<i>doxycycline hyclate</i>	15	EASY TALK PLUS II TEST	
<i>dihydroergotamine</i>	36	DOXYCYCLINE HYCLATE		STRIP	98
DILANTIN.....	29	.....	16	EASY TOUCH BLULINK	
DILANTIN EXTENDED	29	<i>doxycycline monohydrate</i>	16	TEST STRIP.....	98
DILANTIN INFATABS	29	<i>doxylamine-pyridoxine (vit b6)</i>		EASY TOUCH TEST STRIP	
DILANTIN-125	29	.....	117	.....	98
DILAUDID	41	DRIZALMA SPRINKLE.....	51	EASY TRAK GLUCOSE	
<i>diltiazem</i>	63	<i>dronabinol</i>	117	TEST.....	98
<i>dilt-xr</i>	63	<i>droperidol</i>	117	EASY TRAK II TEST STRIP	
<i>dimenhydrinate</i>	117	<i>drospirenone-e.estradiol-lm,fa</i>		.....	98
<i>dimethyl fumarate</i>	58	.....	144	EASYGLUCO TEST	98
DIOVAN	63	<i>drospirenone-ethinyl estradiol</i>		EASYMAX	98
DIOVAN HCT	63	.....	144	EBGLYSS PEN.....	76
DIPENTUM	117	DROXIA	20	EBGLYSS SYRINGE	76
DIPHEN	155	<i>droxidopa</i>	90	EC-NAPROSYN	45
<i>diphenhydramine hcl</i> ..	155, 156	DRYSOL DAB-O-MATIC ..	76	<i>econazole nitrate</i>	83
<i>diphenoxylate-atropine</i>	114	DUAKLIR PRESSAIR	159	<i>econtra ez</i>	144
DIPROLENE		DUAVEE.....	139	<i>econtra one-step</i>	144
(AUGMENTED).....	86	DUET DHA WITH OMEGA-3		<i>ecotrin low strength</i>	45
<i>dipyridamole</i>	68	.....	168	ECOZA.....	83
DISALCID	45	DUETACT	111	EDARBI	63
<i>diskets</i>	41	<i>dulcolax (magnesium</i>		EDARBYCLOR.....	63
<i>disopyramide phosphate</i>	60	<i>hydroxide)</i>	117	EDECRIN.....	63
<i>disulfiram</i>	90	DULERA.....	159	<i>ed-spaz</i>	115
DIURIL	63	<i>duloxetine</i>	51	EDURANT	4
<i>divalproex</i>	30	DUOBRII	86	<i>eemt</i>	139
DIVIGEL.....	139	DUOPA	35	<i>eemt hs</i>	139
<i>dodex</i>	168	DUPIXENT PEN	76	<i>efavirenz</i>	4
<i>dofetilide</i>	60	DUPIXENT SYRINGE.....	76	<i>efavirenz-emtricitabin-tenofov</i> 4	
DOJOLVI.....	167	DUREX AVANTI BARE		<i>efavirenz-lamivu-tenofov disop</i>	
<i>dolishale</i>	144	REAL FEEL	138		4
DOLOBID.....	45	DUREX TROPICAL		<i>effe-k</i>	167
<i>donepezil</i>	38	CONDOM	138	EFFER-K.....	167

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EFFEXOR XR.....	51	<i>enalapril maleate</i>	63	ERAXIS(WATER DILUENT)	2
EFFIENT.....	68	<i>enalaprilat</i>	63	ERBITUX.....	20
EFUDEX	76	<i>enalapril-hydrochlorothiazide</i>	63	<i>ergocalciferol (vitamin d2)</i>	169
EGRIFTA SV	126	.....	63	<i>ergoloid</i>	51
ELAPRASE.....	108	ENBREL	135	ERGOMAR	36
ELELYSO	108	ENBREL MINI	135	<i>ergotamine-caffeine</i>	36
ELEMENT COMPACT TEST		ENBREL SURECLICK	135	<i>eribulin</i>	20
STRIPS.....	98	ENDARI.....	90	ERIVEDGE	20
ELEMENT TEST STRIPS...	98	<i>endocet</i>	41	ERLEADA	20
ELEPSIA XR	30	ENDOMETRIN.....	139	<i>erlotinib</i>	20
ELESTRIN	139	ENGERIX-B (PF)	128	ERMEZA.....	113
<i>eletriptan</i>	36	ENGERIX-B PEDIATRIC		<i>errin</i>	139
ELIDEL	76	(PF).....	128	ERTACZO.....	83
ELIGARD	20	<i>enilloring</i>	141	ERVEBO(PF)(NATIONAL	
ELIGARD (3 MONTH).....	20	<i>enoxaparin</i>	69	STOCKPILE)	128
ELIGARD (4 MONTH).....	20	<i>enpresse</i>	144	ERWINASE	20
ELIGARD (6 MONTH).....	20	<i>enskyce</i>	144	<i>ery pads</i>	79
ELIMITE	88	ENSPRYNG	20	<i>erygel</i>	79
<i>elinest</i>	144	ENSTILAR.....	74	ERYPED 200.....	9
ELIQUIS	68	<i>entacapone</i>	35	ERYPED 400.....	9
ELIQUIS DVT-PE TREAT		ENTADFI.....	164	<i>ery-tab</i>	9
30D START	68	<i>entecavir</i>	4	ERY-TAB.....	9
ELITEK.....	17	ENTRESTO.....	73	ERYTHROCIN	9
ELIXOPHYLLIN.....	159	ENTRESTO SPRINKLE	73	<i>erythrocine (as stearate)</i>	9
ELLA.....	144	ENTYVIO	118	<i>erythromycin</i>	9, 148
ELLENCE	20	ENTYVIO PEN.....	118	<i>erythromycin ethylsuccinate</i> ...	9
ELMIRON.....	165	<i>enulose</i>	118	<i>erythromycin lactobionate</i>	9
<i>eluryng</i>	141	ENVARUS XR	20	<i>erythromycin with ethanol</i> ...	79
ELYXYB.....	36	EOHILIA.....	118	<i>erythromycin-benzoyl peroxide</i>	79
EMBRACE BLOOD		EPANED	63	.....	79
GLUCOSE SYSTEM.....	98	EPCLUSA	4	ERZOFRI	51
EMBRACE EVO TEST		EPIDIOLEX	30	ESBRIET	159
STRIPS.....	98	EPIDUO FORTE.....	79	<i>escitalopram oxalate</i>	51
EMBRACE PRO TEST		EPIFOAM	74	ESGIC.....	42
STRIPS.....	98	<i>epinastine</i>	151	<i>esomeprazole magnesium</i> ...	123
EMBRACE TALK TEST		<i>epinephrine</i>	156	<i>esomeprazole sodium</i>	123
STRIPS.....	98	EPINEPHRINE	156	<i>estarylla</i>	144
EMEND.....	117, 118	EPINEPHRINE HCL (PF) .	156	<i>estazolam</i>	51
EMFLAZA	95	EPIPEN	156	ESTRACE	139
EMGALITY PEN	36	EPIPEN JR	156	<i>estradiol</i>	139, 140
EMGALITY SYRINGE.....	36	<i>epirubicin</i>	20	<i>estradiol valerate</i>	140
EMPAVELI.....	90	<i>epitol</i>	30	<i>estradiol-norethindrone acet</i>	140
EMPLICITI	20	EPIVIR	4	.....	140
EMROSI.....	16	<i>eplerenone</i>	63	ESTRATEST F.S.	140
EMSAM	51	EPOGEN	125	ESTRATEST H.S.....	140
<i>emtricitabine</i>	4	EPRONTIA	30	ESTRING	140
<i>emtricitabine-tenofovir (tdf)</i> ...	4	<i>eprosartan</i>	63	ESTROGEL.....	140
EMTRIVA.....	4	EPSOLAY	79	<i>estrogens-methyltestosterone</i>	140
EMVERM	11	EQUETRO	30		140
<i>emzahn</i>	139				

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<i>eszopiclone</i>	51	<i>eye itch relief</i>	151	<i>fentanyl citrate</i>	42
<i>ethacrynate sodium</i>	63	EYSUVIS	154	FERRIPROX	90
<i>ethacrynic acid</i>	63	EZ SMART PLUS TEST	98	FERRIPROX (2 TIMES A DAY)	90
<i>ethambutol</i>	11	EZ SMART TEST	98	FERRLECIT	90
<i>ethosuximide</i>	30	EZALLOR SPRINKLE	71	<i>fesoterodine</i>	163
<i>ethynodiol diac-eth estradiol</i>	144	<i>ezetimibe</i>	71	FETZIMA	51
ETHYOL	17	EZETIMIBE- ROSUVASTATIN	71	FEXMID	40
<i>etodolac</i>	45	<i>ezetimibe-simvastatin</i>	71	FIASP FLEXTOUCH U-100 INSULIN	104
<i>etonogestrel-ethinyl estradiol</i>	141	F		FIASP PENFILL U-100 INSULIN	104
ETOPOPHOS	20	FA-8	169	FIASP PUMPCART	104
<i>etoposide</i>	20	FABHALTA	90	FIASP U-100 INSULIN	104
<i>etravirine</i>	4	FABIOR	79	FIBRICOR	71
EUA PATIENT ASSESSMENT	102	FABRAZYME	108	FILSPARI	73
EUCRISA	76	<i>falmina (28)</i>	144	FINACEA	79
EULEXIN	20	<i>famciclovir</i>	4	<i>finasteride</i>	164
EURAX	88	<i>famotidine</i>	123	<i>finbolimod</i>	58
<i>euthyrox</i>	114	<i>famotidine (pf)</i>	123	FINTEPLA	30
EVAMIST	140	<i>famotidine (pf)-nacl (iso-os)</i>	123	<i>finzala</i>	144
EVEKEO	51	FANAPT	51	FIORICET	42
EVENCARE G2	98	FARESTON	20	FIORICET WITH CODEINE	42
EVENCARE G3 TEST	98	FARXIGA	111	FIRAZYR	159
EVENCARE MINI GLUCOSE TEST STR	98	FASENRA	159	FIRDAPSE	38
EVENCARE PROVIEW TEST STRIP	98	FASENRA PEN	159	FIRMAGON KIT W DILUENT SYRINGE	21
<i>everolimus (antineoplastic)</i> ..	20	FASLODEX	20	FIRVANQ	17
<i>everolimus</i> (immunosuppressive)	20	FC2 FEMALE CONDOM .	138	<i>flac otic oil</i>	94
EVERSENSE 365 SENSOR	98	<i>febuxostat</i>	132	FLAGYL	11
EVERSENSE 365 TRANSMITTER	98	<i>feirza</i>	144	FLAREX	154
EVISTA	132	<i>felbamate</i>	30	<i>flavoxate</i>	164
EVOCLIN	79	FELBATOL	30	FLEBOGAMMA DIF	128
EVOLUTION TEST STRIPS	98	<i>felodipine</i>	63	<i>flecainide</i>	60
EVOTAZ	4	<i>fem ph</i>	141	FLECTOR	45
EVOXAC	90	FEMARA	20	FLEQSUVY	40
EVRYSDI	38	FEMCAP	138	FLEXICHAMBER	102
EXELDERM	83	FEMLYV	144	FLOLAN	63
EXELON PATCH	38	FEMRING	140	FLOLIPID	71
<i>exemestane</i>	20	<i>fenofibrate</i>	71	FLOMAX	164
EXFORGE	63	FENOFIBRATE	71	<i>floxuridine</i>	21
EXFORGE HCT	63	<i>fenofibrate micronized</i>	71	FLUAD TRIV 2024-25(65Y UP)(PF)	128
EXJADE	90	FENOFIBRATE MICRONIZED	71	FLUARIX TRIV 2024-2025 (PF)	128
EXPAREL (PF)	81	<i>fenofibrate nanocrystallized</i> .	71	FLUBLOK TRIV 2024-2025 (PF)	128
EXTENCILLINE	14	<i>fenofibric acid</i>	71	FLUCELVAX TRIV 2024- 2025	128
EXTINA	83	<i>fenofibric acid (choline)</i>	71		
		FENOGLIDE	71		
		<i>fenoprofen</i>	45		
		FENOPROFEN	45		
		FENOPRON	45		
		<i>fentanyl</i>	42		

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FLUCELVAX TRIV 2024-2025 (PF).....	128	FLUZONE HIGH-DOSE TRIV 24-25	128	FOTIVDA.....	21
<i>fluconazole</i>	2	FLUZONE TRIV 2024-2025	128	FRAGMIN.....	69
<i>flucytosine</i>	2	FLUZONE TRIV 2024-2025 (PF).....	128	<i>fraiche 5000</i>	93
<i>fludarabine</i>	21	FML FORTE	154	FRAICHE 5000 PREVI	93
<i>fludrocortisone</i>	95	FML LIQUIFILM	154	FRAICHE 5000 SENSITIVE	93
FLULAVAL TRIV 2024-2025 (PF).....	128	FOCALIN.....	52	FREESTYLE FLASH SYSTEM	99
FLUMADINE	4	FOCALIN XR	52	FREESTYLE FREEDOM....	99
FLUMIST TRIVALENT 2024-2025.....	128	<i>folic acid</i>	169	FREESTYLE FREEDOM LITE	99
<i>flunisolide</i>	159	<i>folitab</i>	169	FREESTYLE INSULINX....	99
<i>fluocinolone</i>	86	<i>folivane-ob</i>	169	FREESTYLE INSULINX TEST STRIPS	99
<i>fluocinolone acetonide oil</i>	94	FOLLISTIM AQ	108	FREESTYLE LIBRE 14 DAY READER	99
<i>fluocinolone and shower cap</i>	86	FOLOTYN	21	FREESTYLE LIBRE 14 DAY SENSOR.....	99
<i>fluocinonide</i>	86	<i>foltabs 800</i>	169	FREESTYLE LIBRE 2 PLUS SENSOR.....	99
<i>fluocinonide-e</i>	86	<i>fondaparinux</i>	69	FREESTYLE LIBRE 2 READER	99
FLUORESC EIN-BENOXINATE	151	FORA 6 CONNECT GLUCOSE STRIP.....	98	FREESTYLE LIBRE 2 SENSOR.....	99
<i>fluorescein-proparacaine</i> ...	151	FORA 6CONN-GTEL-TN'G ADV STRIP	99	FREESTYLE LIBRE 3 PLUS SENSOR.....	99
<i>fluoride (sodium)</i>	93, 169	FORA D40-G31 TEST STRIPS	99	FREESTYLE LIBRE 3 READER	99
FLUORIDEX DAILY DEFENSE	93	FORA G20	99	FREESTYLE LIBRE 3 SENSOR.....	99
FLUORIDEX SENSITIVITY RELIEF	93	FORA GD50 TEST STRIPS	99	FREESTYLE LITE METER	99
FLUORIMAX 5000	93	FORA GTEL GLUCOSE TEST STRIP.....	99	FREESTYLE LITE STRIPS	99
FLUORIMAX 5000 SENSITIVE.....	93	FORA TEST STRIP	99	FREESTYLE PRECISION NEO METER	99
<i>fluorometholone</i>	154	FORA TN'G ADVAN PRO TEST STRIP.....	99	FREESTYLE PRECISION NEO STRIPS.....	99
<i>fluorouracil</i>	21, 76	FORA TN'G VOICE TEST STRIPS	99	FREESTYLE SIDEKICK II.	99
FLUOROURACIL	76	FORA V10	99	FREESTYLE SYSTEM KIT	99
<i>fluoxetine</i>	51, 52	FORA V10-V12-D10-D20 STRIPS	99	FREESTYLE TEST	99
<i>fluphenazine decanoate</i>	52	FORACARE GD20.....	99	FROVA.....	36
<i>fluphenazine hcl</i>	52	FORACARE GD40 TEST STRIPS	99	<i>frovatriptan</i>	36
<i>flurandrenolide</i>	86	FORFIVO XL.....	52	FRUZAQLA.....	21
<i>flurazepam</i>	52	<i>formoterol fumarate</i>	160	<i>full spectrum b-vitamin c</i>	169
<i>flurbiprofen</i>	45	FORTEO	132	<i>fulvestrant</i>	21
<i>flurbiprofen sodium</i>	152	FOSAMAX	132	FULVICIN P/G	2
FLUTICASONE FUROATE-VILANTEROL.....	159	FOSAMAX PLUS D.....	133	FURADANTIN	16
<i>fluticasone propionate</i> ..	87, 159	<i>fosamprenavir</i>	4	FUROSCIX	64
FLUTICASONE PROPIONATE	159	<i>fosfomycin tromethamine</i>	16	<i>furosemide</i>	64
<i>fluticasone propion-salmeterol</i>	160	<i>fosinopril</i>	63	FUZEON	4
FLUTICASONE PROPION-SALMETEROL	159, 160	<i>fosinopril-hydrochlorothiazide</i>	63	<i>fyavolv</i>	140
<i>fluvastatin</i>	71	<i>fosphenytoin</i>	30		
<i>fluvoxamine</i>	52	FOSRENOL	166		

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FYCOMPA	30	GILENYA	59	GRALISE	30
<i>fyremadel</i>	108	GILOTRIF	21	<i>granisetron hcl</i>	118
G		GIMOTI	118	GRANIX	125
<i>g tussin ac</i>	157	<i>glatiramer</i>	59	GRASTEK	129
<i>gabapentin</i>	30	<i>glatopa</i>	59	<i>griseofulvin microsize</i>	2
GABARONE	30	GLEEVEC	21	<i>griseofulvin ultramicrosize</i>	2
GALAFOLD	108	GLEOSTINE	21	<i>guanfacine</i>	52, 64
<i>galantamine</i>	38	GLIADEL WAFER	21	GVOKE	103
<i>gallifrey</i>	140	<i>glimepiride</i>	111	GVOKE HYPOPEN 2-PACK	
GALZIN	167	GLIMEPIRIDE	111	.....	102
GAMMAGARD LIQUID ..	128	<i>glipizide</i>	111	GVOKE PFS 2-PACK	
<i>ganirelix</i>	108	GLIPIZIDE	111	SYRINGE	103
GARDASIL 9 (PF)	128, 129	<i>glipizide-metformin</i>	111	GYNAZOLE-1	141
GASTROCROM	118	GLOPERBA	132	H	
<i>gatifloxacin</i>	148	GLUCAGON (HCL)		HADLIMA	135
GATTEX 30-VIAL	118	EMERGENCY KIT	102	HADLIMA PUSHTOUCH	135
<i>gavilax</i>	118	<i>glucagon emergency kit</i>		HADLIMA(CF)	135
<i>gavilyte-c</i>	118	(human)	102	HADLIMA(CF)	
<i>gavilyte-g</i>	118	GLUCAGON HCL	102	PUSHTOUCH	135
<i>gavilyte-n</i>	118	GLUCO NAVII TEST STRIP		HAEGARDA	160
GAVRETO	21	.....	100	<i>hailey</i>	144
GAZYVA	21	GLUCOCARD 01 SENSOR		<i>hailey 24 fe</i>	144
GE100 BLOOD GLUCOSE		PLUS	100	<i>hailey fe 1.5/30 (28)</i>	144
TEST STRIP	99	GLUCOCARD EXPRESSION		<i>hailey fe 1/20 (28)</i>	144
GE333 BLOOD GLUCOSE		.....	100	HALAVEN	21
TEST STRIP	100	GLUCOCARD SHINE TEST		<i>halcinonide</i>	87
<i>gefitinib</i>	21	STRIPS	100	HALCION	52
GELCLAIR	93	GLUCOCARD VITAL		HALDOL DECANOATE	52
<i>gemfibrozil</i>	71	SENSOR	100	<i>halobetasol propionate</i>	87
<i>gemmily</i>	144	GLUCOCARD VITAL TEST		<i>haloette</i>	141
GEMTESA	164	STRIPS	100	HALOG	87
<i>generlac</i>	118	GLUCOCOM GLUCOSE ..	100	<i>haloperidol</i>	52
<i>gengraf</i>	21	GLUCOTROL XL	111	<i>haloperidol decanoate</i>	52
GENOTROPIN	126	<i>glutamine (sickle cell)</i>	90	<i>haloperidol lactate</i>	52
GENOTROPIN MINQUICK		<i>glyburide</i>	111	HARMONY GLUCOSE TEST	
.....	126	<i>glyburide micronized</i>	111	STRIP	100
GENSTRIP TEST STRIP ..	100	<i>glyburide-metformin</i>	111	HARVONI	4
<i>gentamicin</i>	11, 82, 148	GLYCATATE	115	HEALTHPRO TEST STRIPS	
<i>gentamicin in nacl (iso-osm)</i>	11	<i>glycopyrrolate</i>	115	.....	100
GENTAMICIN IN NACL		GLYXAMBI	111	<i>heather</i>	140
(ISO-OSM)	11	GM100	100	HECTOROL	108
<i>gentamicin sulfate (ped) (pf)</i>	11	GOCOVRI	35	HEMADY	95
GENTEEL VACUUM		GOJJI BLOOD GLUCOSE		HEMANGEOL	64
LANCING DEVICE	103	TEST STRIP	100	<i>hemmorex-hc</i>	118
<i>gentle laxative (bisacodyl)</i>	118	GOLYTELY	118	<i>hep flush-10 (pf)</i>	69
<i>gentle laxative (mag hydrox)</i>		GONAL-F	108	HEPAGAM B	129
.....	118	GONAL-F RFF	108	<i>heparin (porcine)</i>	69
<i>gentlelax</i>	118	GONAL-F RFF REDI-JECT		<i>heparin (porcine) in 5 % dex</i>	69
GENVOYA	4		108	<i>heparin (porcine) in nacl (pf)</i>	
GEODON	52	GONITRO	73		69

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<i>heparin lock flush (porcine)</i> .69	NDCS STARTING WITH	HYPERHEP B NEONATAL
<i>heparin lockflush(porcine)(pf)</i>	00074).....136	129
.....69	HUMULIN 70/30 U-100	HYPER-SAL .....160
<i>heparin, porcine (pf)</i> .....69	INSULIN .....105	HYRIMOZ .....136
HEPARIN, PORCINE (PF) .69	HUMULIN 70/30 U-100	HYRIMOZ PEN .....136
HEPLISAV-B (PF) .....129	KWIKPEN.....105	HYRIMOZ PEN CROHN'S-
<i>her style</i> .....144	HUMULIN N NPH INSULIN	UC STARTER.....136
HERCEPTIN .....21	KWIKPEN.....105	HYRIMOZ PEN PSORIASIS
HETLIOZ .....52	HUMULIN N NPH U-100	STARTER .....136
HETLIOZ LQ.....52	INSULIN .....105	HYRIMOZ(CF) .....136
HIBERIX (PF).....129	HUMULIN R REGULAR U-	HYRIMOZ(CF) PEDI
HISTEX-AC.....157	100 INSULN .....105	CROHN STARTER .....136
<i>homatropaire</i> .....150	HUMULIN R U-500 (CONC)	HYRIMOZ(CF) PEN .....136
HORIZANT .....38	INSULIN .....105	HYSINGLA ER.....42
HULIO(CF) .....135	HUMULIN R U-500 (CONC)	HYZAAR .....64
HULIO(CF) PEN .....135	KWIKPEN.....105	I
HUMALOG JUNIOR	HYCAMTIN .....21	<i>ibandronate</i>.....133
KWIKPEN U-100 .....104	HYCODAN (WITH	IBRANCE.....21
HUMALOG KWIKPEN	HOMATROPINE).....157	IBSRELA .....118
INSULIN .....104	<i>hydralazine</i> .....64	<i>ibu</i> .....45
HUMALOG MIX 50-50	HYDREA .....21	<i>ibuprofen</i>.....45
KWIKPEN .....105	<i>hydrochlorothiazide</i>.....64	<i>ibuprofen-famotidine</i> .....45
HUMALOG MIX 75-25	<i>hydrocodone bitartrate</i> .....42	<i>icatibant</i> .....160
KWIKPEN .....105	<i>hydrocodone-acetaminophen</i> 42	<i>iclevia</i> .....144
HUMALOG MIX 75-25(U-	<i>hydrocodone-</i>	ICLUSIG .....21
100)INSULN .....105	<i>chlorpheniramine</i> .....157	<i>icosapent ethyl</i> .....71
HUMALOG TEMPO PEN(U-	<i>hydrocodone-homatropine</i> .157	IDACIO(CF).....136
100)INSULN .....105	<i>hydrocodone-ibuprofen</i> .....42	IDACIO(CF) PEN .....136
HUMALOG U-100 INSULIN	<i>hydrocortisone</i>.....87, 95, 118	IDACIO(CF) PEN CROHN-
.....105	<i>hydrocortisone acetate</i> .....118	UC STARTR .....136
HUMATIN .....11	<i>hydrocortisone butyrate</i> .....87	IDACIO(CF) PEN
HUMATROPE .....126	<i>hydrocortisone valerate</i>.....87	PSORIASIS START .....136
HUMIRA (ONLY NDCS	<i>hydrocortisone-acetic acid</i> ..94	IDAMYCIN PFS .....21
STARTING WITH 00074)	<i>hydrocortisone-pramoxine</i> ..74,	<i>idarubicin</i> .....21
.....135	118	IDHIFA.....21
HUMIRA PEN (ONLY NDCS	HYDROCORTISONE-	IFEX .....21
STARTING WITH 00074)	PRAMOXINE .....118	<i>ifosfamide</i> .....21
.....136	<i>hydromet</i>.....157	IHEALTH GLUCOSE TEST
HUMIRA(CF) (ONLY NDCS	<i>hydromorphone</i> .....42	STRIP .....100
STARTING WITH 00074)	<i>hydroxocobalamin</i> .....169	ILARIS (PF) .....125
.....136	<i>hydroxychloroquine</i>.....11	ILEVRO .....152
HUMIRA(CF) PEN (ONLY	<i>hydroxyurea</i>.....21	ILUMYA .....74
NDCS STARTING WITH	<i>hydroxyzine hcl</i>.....156	<i>imatinib</i>.....21
00074).....136	<i>hydroxyzine pamoate</i> .....156	IMBRUVICA .....22
HUMIRA(CF) PEN	HYFTOR .....76	IMFINZI .....22
CROHNS-UC-HS (ONLY	HYLENEX .....90	<i>imipenem-cilastatin</i> .....11
NDCS STARTING WITH	<i>hyoscyamine sulfate</i>.....115	<i>imipramine hcl</i>.....52
00074).....136	<i>hyosyne</i> .....115	<i>imipramine pamoate</i> .....52
HUMIRA(CF) PEN PSOR-	HYPERHEP B.....129	<i>imiquimod</i>131, 132
UV-ADOL HS (ONLY		IMITREX36

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IMITREX STATDOSE PEN36	INSULIN LISPRO	J
IMITREX STATDOSE	PROTAMIN-LISPRO 105	JADENU.....90
REFILL 36	INSULIN SYRINGE-	JADENU SPRINKLE .....90
IMKELDI.....22	NEEDLE U-100 102	<i>jaimiess</i>.....144
IMLYGIC.....22	INTELENCE .....4, 5	JAKAFI .....22
IMPAVIDO 11	INTRAROSA 141	<i>jantoven</i> .....69
IMPOYZ.....87	INTUNIV ER .....52	JANUMET .....112
IMURAN.....22	INVEGA.....52	JANUMET XR.....112
IMVEXXY MAINTENANCE	INVEGA HAFYERA.....52	JANUVIA.....112
PACK 140	INVEGA SUSTENNA.....53	JARDIANCE .....112
IMVEXXY STARTER PACK	INVEGA TRINZA .....53	<i>jasmiel (28)</i>.....144
..... 140	INVELTYS 154	JATENZO.....108
INBRIJA.....35	INVOKAMET.....111	<i>javygtor</i>.....109
<i>incassia</i> 140	INVOKAMET XR 111	JAYPIRCA .....22
INCRELEX 90	INVOKANA 112	<i>jencycla</i>.....140
INCRUSE ELLIPTA..... 160	IODOFLEX.....76	JENTADUETO .....112
<i>indapamide</i>.....64	IODOPEN .....22	JENTADUETO XR.....112
INDERAL LA .....64	IODOSORB.....76	JEVTANA .....22
INDERAL XL .....64	IOPIDINE.....155	<i>jinteli</i>.....140
INDOCIN .....45	IPOL .....129	JOENJA .....90
<i>indomethacin</i> .....45	<i>ipratropium bromide</i> ....93, 160	<i>jolessa</i> .....144
INFANRIX (DTAP) (PF)... 129	<i>ipratropium-albuterol</i> 160	JORNAY PM.....53
INFED 169	IQIRVO 118	<i>joyeaux</i>.....144
INFINITY TEST STRIPS.. 100	<i>irbesartan</i> .....64	JUBLIA .....83
INFLECTRA..... 118	<i>irbesartan-hydrochlorothiazide</i>	<i>juleber</i>.....144
INFLIXIMAB 118	64	JULUCA.....5
INGREZZA .....38	IRESSA .....22	<i>june1 1.5/30 (21)</i> .....144
INGREZZA INITIATION	ISENTRESS .....5	<i>june1 1/20 (21)</i> .....144
PK(TARDIV).....38	ISENTRESS HD .....5	<i>june1 fe 1.5/30 (28)</i> .....144
INGREZZA SPRINKLE .....38	<i>isibloom</i> .....144	<i>june1 fe 1/20 (28)</i> .....144
INJECTAFER 169	ISOLYTE S PH 7.4.....168	<i>june1 fe 24</i> .....144
INLYTA .....22	ISOLYTE-S.....168	JUST RIGHT 5000.....93
INNOPRAN XL .....64	<i>isoniazid</i>.....11	JUXTAPID .....71
INPEFA.....111	ISORDIL .....73	JYLAMVO .....22
INPEN (FOR HUMALOG)	ISORDIL TITRADOSE .....73	JYNARQUE .....109
PINK.....103	<i>isosorbide dinitrate</i>.....73	JYNNEOS (PF) .....129
INPEN (NOVOLOG OR	<i>isosorbide mononitrate</i>.....73	K
FIASP) BLUE 103	<i>isosorbide-hydralazine</i> .....64	KADCYLA.....22
INPEN (NOVOLOG OR	<i>isotretinoin</i>.....79	<i>kaitlib fe</i>.....145
FIASP) PINK 103	<i>isradipine</i>.....64	KALBITOR.....160
INQOVI.....22	ISTALOL .....149	KALETRA .....5
INREBIC.....22	ISTURISA .....108	<i>kalliga</i> .....145
INSPRA.....64	ITOVEBI .....22	KALYDECO .....160
INSULIN DEGLUDEC 105	<i>itraconazole</i> .....2	KANUMA .....109
INSULIN GLARGINE U-300	<i>ivabradine</i>.....73	KAPSPARGO SPRINKLE ..64
CONC.....105	<i>ivermectin</i> 11, 79	KARBINAL ER .....156
INSULIN GLARGINE-YFGN	IWILFIN.....22	<i>kariva (28)</i> .....145
.....105	IXEMPRA22	KATERZIA64
INSULIN LISPRO 105, 106	IYUZEH (PF).....152	KAZANO112
		<i>kelnor 1/35 (28)</i>145

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<i>kelnor 1/50 (28)</i>	145	KYLEENA	138	<i>larin fe 1/20 (28)</i>	145
KENALOG.....	87, 95	KYZATREX	109	LASIX	64
KENALOG-80	95	L		<i>latanoprost</i>	152
KENGREAL	69	<i>l norgest/e.estradiol-e.estrad</i>		LATUDA.....	53
KEPIVANCE	17	.....	145	<i>laxative (bisacodyl)</i>	119
KEPPRA.....	30	<i>labetalol</i>	64	<i>laxative peg 3350</i>	119
KEPPRA XR	30	LABETALOL	64	<i>layolis fe</i>	145
KERENDIA	64	<i>lacosamide</i>	30, 31	LAZCLUZE	22
KESIMPTA PEN	59	<i>lactated ringers</i>	89	<i>leena 28</i>	145
<i>ketoconazole</i>	2, 83	<i>lactulose</i>	118, 119	<i>leflunomide</i>	136
<i>ketodan</i>	83	LAGEVRIO (EUA).....	5	LEMTRADA.....	59
<i>ketoprofen</i>	45, 46	LAMICTAL	31	<i>lenalidomide</i>	22
<i>ketorolac</i>	46, 152	LAMICTAL ODT	31	LENVIMA.....	22
<i>ketotifen fumarate</i>	151	LAMICTAL ODT STARTER		LESCOL XL.....	71
KEYEYIS.....	38	(BLUE).....	31	<i>lessina</i>	145
KEVZARA.....	136	LAMICTAL ODT STARTER		LETAIRIS	160
KEYTRUDA.....	22	(GREEN).....	31	<i>letrozole</i>	22
KINERET.....	136	LAMICTAL ODT STARTER		<i>leucovorin calcium</i>	17
KINEVAC.....	118	(ORANGE).....	31	LEUKERAN.....	22
KINRIX (PF).....	129	LAMICTAL STARTER		LEUKINE.....	125
<i>kiprofen</i>	46	(BLUE) KIT	31	<i>leuprolide</i>	23
KISQALI.....	22	LAMICTAL STARTER		LEUPROLIDE (3 MONTH) 22	
KITABIS PAK	11	(GREEN) KIT	31	<i>levalbuterol hcl</i>	160
KLARON	82	LAMICTAL STARTER		LEVALBUTEROL	
<i>klayesta</i>	83	(ORANGE) KIT	31	TARTRATE	160
KLISYRI	22	LAMICTAL XR.....	31	LEVAMLODIPINE	64
KLONOPIN	30	LAMICTAL XR STARTER		LEVBID	115
<i>klor-con</i>	167	(BLUE).....	31	<i>levetiracetam</i>	31
<i>klor-con 10</i>	167	LAMICTAL XR STARTER		LEVETIRACETAM.....	31
<i>klor-con 8</i>	167	(GREEN).....	31	<i>levobunolol</i>	149
<i>klor-con m10</i>	167	LAMICTAL XR STARTER		<i>levocarnitine</i>	90
<i>klor-con m15</i>	167	(ORANGE).....	31	<i>levocarnitine (with sugar)</i>	90
<i>klor-con m20</i>	167	<i>lamivudine</i>	5	<i>levocetirizine</i>	156
<i>klor-con/ef</i>	167	<i>lamivudine-zidovudine</i>	5	<i>levofloxacin</i>	15, 148
KLOXXADO	46	<i>lamotrigine</i>	31	<i>levofloxacin in d5w</i>	14
<i>kobee</i>	169	LAMPIT	11	<i>levonest (28)</i>	145
KONVOMEPI	124	LANCETS	103	<i>levonorgest-eth.estradiol-iron</i>	
KORLYM.....	109	LANCING DEVICE	103	.....	145
KOSELUGO	22	LANOXIN.....	68	<i>levonorgestrel</i>	145
KOSHER PRENATAL PLUS		<i>lanreotide</i>	22	<i>levonorgestrel-ethinyl estrad</i>	
IRON	169	<i>lansoprazole</i>	124	.....	145
<i>kourzeq</i>	93	<i>lanthanum</i>	166	<i>levonorg-eth estrad triphasic</i>	
K-PHOS NO 2.....	165	LANTUS SOLOSTAR U-100		.....	145
K-PHOS ORIGINAL	165	INSULIN	106	<i>levora-28</i>	145
KRAZATI	22	LANTUS U-100 INSULIN	106	<i>levorphanol tartrate</i>	42
KRINTAFEL.....	11	<i>lapatinib</i>	22	<i>levo-t</i>	114
KRISTALOSE	118	<i>larin 1.5/30 (21)</i>	145	<i>levothyroxine</i>	114
KRYSTEXXA.....	132	<i>larin 1/20 (21)</i>	145	LEVOTHYROXINE	114
<i>kurvelo (28)</i>	145	<i>larin 24 fe</i>	145	<i>levoxyl</i>	114
KUVAN	109	<i>larin fe 1.5/30 (28)</i>	145	LEVSIN	115

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LEVSIN/SL	115	LIVALO	71	LUCEMYRA.....	46
LEVULAN	76	LIVDELZI.....	119	<i>luent fluoride</i>	169
LEXAPRO	53	LIVMARLI	119	<i>lugols</i>	82, 167
LIALDA	119	LIVTENCITY	5	LULICONAZOLE	83
LIBERVANT	32	LO LOESTRIN FE.....	145	LUMAKRAS.....	23
LIBRAX (WITH		LOCOID	87	LUMIGAN	152
CLIDINIUM)	115	LOCOID LIPOCREAM.....	87	LUMIZYME.....	109
LICART	46	LODINE	46	LUMRYZ	53
<i>lidocaine</i>	81	LODOCO	73	LUMRYZ STARTER PACK	
<i>lidocaine hcl</i>	81	LODOSYN	35	.....	53
<i>lidocaine hcl-hydrocortison ac</i>		LOESTRIN 1.5/30 (21).....	145	LUNESTA.....	53
.....	81, 119	LOESTRIN 1/20 (21).....	145	LUPKYNIS	23
LIDOCAINE HCL-		LOESTRIN FE 1.5/30 (28-		LUPRON DEPOT	23
HYDROCORTISON AC	119	DAY).....	145	LUPRON DEPOT (3	
<i>lidocaine in 5 % dextrose (pf)</i>		LOESTRIN FE 1/20 (28-DAY)		MONTH)	23
.....	60	.....	145	LUPRON DEPOT (4	
<i>lidocaine viscous</i>	81	<i>lofena</i>	46	MONTH)	23
<i>lidocaine-epinephrine (pf)</i>	81	<i>lofexidine</i>	46	LUPRON DEPOT (6	
<i>lidocaine-hydrocortisone-aloe</i>		<i>lojaimiess</i>	145	MONTH)	23
.....	119	LOKELMA	166	LUPRON DEPOT-PED	23
<i>lidocaine-prilocaine</i>	81, 82	LOMOTIL	115	LUPRON DEPOT-PED (3	
LIDOCAINE-TETRACAINE		LONSURF.....	23	MONTH)	23
.....	82	<i>loperamide</i>	115	<i>lurasidone</i>	53
<i>lidocan iii</i>	82	LOPID	71	<i>luteru (28)</i>	145
<i>lidocan iv</i>	82	<i>lopinavir-ritonavir</i>	5	LUZU	83
<i>lidocan v</i>	82	LOPRESSOR	64	LYBALVI.....	53
<i>lidocort</i>	82	LOPROX (AS OLAMINE)..	83	<i>lyleq</i>	140
LIDODERM.....	82	<i>lorazepam</i>	53	<i>lyllana</i>	140
LIKMEZ.....	11	<i>lorazepam intensol</i>	53	LYNPARZA.....	23
LILETTA	138	LORBRENA	23	LYRICA	32
<i>linezolid</i>	11	LOREEV XR.....	53	LYRICA CR.....	32
<i>linezolid-0.9% sodium chloride</i>		<i>loryna (28)</i>	145	LYSODREN.....	23
.....	11	LORZONE	40	LYTGOBI.....	23
LINZESS.....	119	<i>losartan</i>	64	LYUMJEV KWIKPEN U-100	
<i>liothyronine</i>	114	<i>losartan-hydrochlorothiazide</i>		INSULIN	106
LIPITOR.....	71	.....	65	LYUMJEV KWIKPEN U-200	
LIPOFEN	71	LOTEMAX	154	INSULIN	106
LIQREV	160	LOTEMAX SM.....	154	LYUMJEV TEMPO PEN(U-	
<i>liraglutide</i>	112	LOTENSIN	65	100)INSULN	106
<i>lisdexamfetamine</i>	53	LOTENSIN HCT	65	LYUMJEV U-100 INSULIN	
<i>lisinopril</i>	64	<i>loteprednol etabonate</i>	154	.....	106
<i>lisinopril-hydrochlorothiazide</i>		LOTREL.....	65	LYVISPAH	40
.....	64	LOTRONEX	119	<i>lyza</i>	140
LITEAIRE MDI CHAMBER		<i>lovastatin</i>	71	M	
.....	102	LOVAZA.....	71	MACROBID.....	16
LITFULO	90	LOVENOX.....	69	<i>mafenide acetate</i>	82
<i>lithium carbonate</i>	53	<i>low-ogestrel (28)</i>	145	<i>magnesium citrate</i>	119
<i>lithium citrate</i>	53	<i>loxapine succinate</i>	53	<i>magnesium sulfate</i>	167
LITHOBID.....	53	<i>lo-zumandimine (28)</i>	145	<i>magnesium sulfate in water</i>	167
LITHOSTAT	90	<i>lubiprostone</i>	119	MALARONE	11

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MALARONE PEDIATRIC . 11	MELOXICAM46	METHYLIN53
<i>malathion</i>88	<i>meloxicam submicronized</i>46	<i>methylphenidate</i>54
<i>maraviroc</i> .....5	<i>memantine</i> .....38	<i>methylphenidate hcl</i>.....54
MAR-COF CG .....157	MEMANTINE.....38	METHYLPHENIDATE HCL
MARINOL .....119	<i>memantine-donepezil</i>.....38	54
<i>marlissa (28)</i> .....145	MENEST .....140	<i>methylprednisolone</i>.....96
MARNATAL-F.....169	MENOPUR .....109	<i>methylprednisolone acetate</i> ..96
MARPLAN .....53	MENOSTAR .....140	<i>methyltestosterone</i> .....109
MATULANE .....23	MENQUADFI (PF).....129	<i>metoclopramide hcl</i> .....119
<i>matzim la</i> .....65	MENVEO A-C-Y-W-135-DIP	<i>metolazone</i> .....65
MAVENCLAD (10 TABLET	(PF).....129	METOPIRON .....90
PACK).....59	<i>meperidine</i> .....42	<i>metoprolol succinate</i> .....65
MAVENCLAD (4 TABLET	<i>meperidine (pf)</i> .....42	<i>metoprolol ta-hydrochlorothiaz</i>
PACK).....59	<i>meprobamate</i> .....40	65
MAVENCLAD (5 TABLET	MEPRON .....11	<i>metoprolol tartrate</i> .....65
PACK).....59	<i>mercaptopurine</i> .....23	<i>metro i.v.</i> .....11
MAVENCLAD (6 TABLET	<i>merzee</i>.....146	METROCREAM.....79
PACK).....59	<i>mesalamine</i>.....119	METROGEL .....79
MAVENCLAD (7 TABLET	<i>mesalamine with cleansing</i>	<i>metronidazole</i> .....12, 79, 142
PACK).....59	<i>wipe</i> .....119	METRONIDAZOLE .....12
MAVENCLAD (8 TABLET	<i>mesna</i>.....17	<i>metronidazole in nacl (iso-os)</i>
PACK).....59	MESNEX.....17	11
MAVENCLAD (9 TABLET	MESTINON .....40	<i>metyrosine</i>.....65
PACK).....59	MESTINON TIMESPAN ....40	<i>mexiletine</i>.....60
MAVYRET .....5	METADATE CD .....53	MIACALCIN .....109
MAXALT.....36	<i>metaxalone</i>.....40	<i>mibelas 24 fe</i>.....146
MAXALT-MLT .....36	<i>metformin</i>.....102, 112	MICARDIS.....65
MAXIDEX .....154	METFORMIN .....112	MICARDIS HCT.....65
MAXITROL.....153	<i>methadone</i> .....42	MICONAZOLE NITRATE-
<i>maxi-tuss ac</i>.....157	<i>methadose</i> .....42	ZINC OX-PET.....84
MAXI-TUSS CD.....157	<i>methamphetamine</i>.....53	<i>miconazole-3</i>.....142
MAYZENT .....59	<i>methazolamide</i>.....152	MICRO BLOOD GLUCOSE
MAYZENT STARTER(FOR	<i>methenamine hippurate</i> .....16	100
1MG MAINT).....59	<i>methenamine mandelate</i> .....16	MICROCHAMBER .....102
MAYZENT STARTER(FOR	<i>methen-sod phos-meth blue-</i>	MICRODOT BLOOD
2MG MAINT).....59	<i>hyos</i>.....165	GLUCOSE SYSTEM.....100
<i>meclizine</i>.....119	<i>methimazole</i>.....96	MICRODOT XTRA BLOOD
MECLIZINE .....119	METHITEST.....109	GLUCOSE.....100
<i>meclofenamate</i>.....46	<i>methocarbamol</i>.....40	<i>microgestin 1.5/30 (21)</i> .....146
MECOBALAMIN (VITAMIN	<i>methotrexate sodium</i>.....23	<i>microgestin 1/20 (21)</i> .....146
B12).....169	<i>methotrexate sodium (pf)</i>.....23	<i>microgestin fe 1.5/30 (28)</i> ...146
MEDROL .....96	<i>methoxsalen</i> .....77	<i>microgestin fe 1/20 (28)</i>.....146
MEDROL (PAK) .....96	<i>methscopolamine</i> .....115	MICROSPACER.....102
<i>medroxyprogesterone</i> .....140	<i>methsuximide</i> .....32	<i>midodrine</i>.....90
<i>mefenamic acid</i>.....46	<i>methyl salicylate</i> .....77	MIEBO (PF) .....151
<i>mefloquine</i> .....11	<i>methyldopa</i> .....65	MIFEPREX .....142
<i>megestrol</i> .....23	<i>methyldopa-</i>	<i>mifepristone</i> .....109, 142
MEKINIST.....23	<i>hydrochlorothiazide</i>.....65	<i>migergot</i>.....36
MEKTOVI23	<i>methyldopate</i>65	<i>miglitol</i>112
<i>meloxicam</i>46	<i>methylergonovine</i>148	<i>miglustat</i>109

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MIGRANAL	36	MRESVIA (PF)	129	NAPROSYN	46
<i>mili</i>	146	MS CONTIN	43	<i>naproxen</i>	46
<i>milk of magnesia</i>	119	MUGARD	93	<i>naproxen sodium</i>	46
<i>millipred</i>	96	MULPLETA	69	<i>naproxen-esomeprazole</i>	47
<i>millipred dp</i>	96	MULTAQ	60	<i>naratriptan</i>	36
<i>mimvey</i>	140	<i>multi-vitamin with fluoride</i>	169	NARCAN	47
MINIVELLE	140	<i>mupirocin</i>	82	NARDIL	54
MINOCIN	16	<i>mupirocin calcium</i>	82	NASACORT	160
<i>minocycline</i>	16	<i>mvc-fluoride</i>	169	<i>nasal allergy</i>	160
MINOCYCLINE	16	<i>my choice</i>	146	NASCOBAL	169
<i>minoxidil</i>	65	<i>my way</i>	146	NATACHEW (FE BIS- GLYCINATE)	169
<i>minzoya</i>	146	MYALEPT	109	NATACYN	148
MIOCHOL-E	150	MYCAPSSA	24	NATAL PNV	169
<i>miostat</i>	152	<i>mycophenolate mofetil</i>	24	NATAZIA	146
MIPLYFFA	38	<i>mycophenolate mofetil (hcl)</i>	24	<i>nateglinide</i>	112
<i>mirabegron</i>	164	<i>mycophenolate sodium</i>	24	NATESTO	109
MIRCERA	125	MYDAYIS	54	NATROBA	89
MIRENA	138	MYDRIACYL	150	<i>natura-lax</i>	120
<i>mirtazapine</i>	54	MYFEMBREE	142	NAYZILAM	32
MIRVASO	79	MYFORTIC	24	<i>nebivolol</i>	65
<i>misoprostol</i>	124	MYGLUCOHEALTH	100	NEBUPENT	12
MITIGARE	132	MYHIBBIN	24	<i>nebusal</i>	160
<i>mitoxantrone</i>	23	MYLERAN	24	NEBUSAL	160
M-M-R II (PF)	129	<i>mynatal</i>	169	<i>necon 0.5/35 (28)</i>	146
<i>m-natal plus</i>	169	<i>mynatal plus</i>	169	NEEVODHA (WITH ALGAL OIL)	169
<i>modafinil</i>	54	<i>mynatal-z</i>	169	<i>nefazodone</i>	54
MODERNA COVID 24- 25(6M-11Y)PF	129	MYOBLOC	129	NEFFY	156
<i>moexipril</i>	65	MYRBETRIQ	164	<i>nelarabine</i>	24
<i>molindone</i>	54	MYSOLINE	32	NEMLUVIO	24
<i>mometasone</i>	87, 160	MYTESI	115	<i>neomycin</i>	12
<i>mondoxylene nl</i>	16	N		<i>neomycin-bacitracin-poly-hc</i>	153
MONODOX	16	NABI-HB	129	<i>neomycin-bacitracin-</i> <i>polymyxin</i>	149
<i>mono-lynyah</i>	146	<i>nabumetone</i>	46	<i>neomycin-polymyxin b gu</i>	89
<i>montelukast</i>	160	<i>nadolol</i>	65	<i>neomycin-polymyxin b-</i> <i>dexameth</i>	153
MORGIDOX 1X100	16	<i>nafcillin</i>	14	<i>neomycin-polymyxin-</i> <i>gramicidin</i>	149
<i>morphine</i>	42, 43	<i>nafcillin in dextrose iso-osm</i>	14	<i>neomycin-polymyxin-hc 94</i>	153
MORPHINE	42, 43	<i>naftifine</i>	84	NEONATAL COMPLETE	169
<i>morphine concentrate</i>	42	NAFTIN	84	NEONATAL FE	170
MOTEGRITY	120	NAGLAZYME	109	NEONATAL PLUS VITAMIN	170
MOTOFEN	115	<i>nalbuphine</i>	46	NEONATAL-DHA	170
MOTPOLY XR	32	NALFON	46	<i>neo-polycin</i>	149
MOUNJARO	112	NALMEFENE	46	<i>neo-polycin hc</i>	153
MOVANTIK	120	NALOCET	43	NEORAL	24
MOVIPREP	120	<i>naloxone</i>	46		
MOXATAG	14	<i>naltrexone</i>	46		
<i>moxifloxacin</i>	15, 148	NAMENDA TITRATION PAK	38		
MOXIFLOXACIN- SOD.ACE,SUL-WATER	15	NAMENDA XR	38		
MOZOBIL	125	NAMZARIC	38, 39		
		NAPRELAN CR	46		

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<i>neostigmine methylsulfate</i>	40	NIPENT	24	<i>nortriptyline</i>	54
NEO-SYNALAR	82	<i>nisoldipine</i>	65	NORVASC	65
NEO-SYNALAR KIT	82	<i>nitazoxanide</i>	12	NORVIR	5
<i>neo-vital rx</i>	170	<i>nitisinone</i>	90	NOURIANZ	35
NERLYNX	24	<i>nitro-bid</i>	73	NOVA MAX GLUCOSE	
NESINA	112	NITRO-DUR	73	TEST	100
NESTABS	170	<i>nitrofurantoin</i>	17	NOVAREL	109
NESTABS ABC	170	NITROFURANTOIN	17	NOVAVAX COVID 2024-	
NESTABS DHA	170	<i>nitrofurantoin macrocrystal</i> .	16	25(PF)(EUA)	129
NESTABS ONE	170	<i>nitrofurantoin monohyd/m-</i>		NOVOLIN 70-30 FLEXPEN	
<i>neuac</i>	79	<i>cryst</i>	16	U-100	106
NEUAC KIT	79	<i>nitroglycerin</i>	73, 120	NOVOLIN N FLEXPEN ...	106
NEULASTA	126	NITROLINGUAL	73	NOVOLIN R FLEXPEN ...	106
NEULASTA ONPRO	125	NITROMIST	73	NOVOLOG FLEXPEN U-100	
NEUPOGEN	126	NITROSTAT	73	INSULIN	106
NEUPRO	35	<i>nitro-time</i>	73	NOVOLOG MIX 70-30 U-100	
NEURONTIN	32	NITYR	90	INSULN	106
NEUTEK 2TEK TEST		<i>niva thyroid</i>	114	NOVOLOG MIX 70-	
STRIPS	100	<i>nizatidine</i>	124	30FLEXPEN U-100	106
NEVANAC	152	NOC DURNA (MEN)	109	NOVOLOG PENFILL U-100	
<i>nevirapine</i>	5	NOC DURNA (WOMEN) ..	109	INSULIN	106
<i>new day</i>	146	<i>nora-be</i>	140	NOVOLOG U-100 INSULIN	
<i>newgen</i>	170	NORDITROPIN FLEXPRO		ASPART	106
NEXAVAR	24	.....	126	NOVOPEN ECHO	103
NEXICLON XR	65	<i>norelgestromin-ethin.estradiol</i>		NOXAFIL	2
NEXIUM	124	.....	142	<i>np thyroid</i>	114
NEXIUM 24HR	124	<i>noreth-ethinyl estradiol-iron</i>		NPLATE	69
NEXIUM PACKET	124	.....	146	NUBEQA	24
NEXLETOL	71	<i>norethindrone (contraceptive)</i>		NUCALA	160, 161
NEXLIZET	71	.....	140	NUCORT	87
NEXPLANON	142	<i>norethindrone acetate</i>	141	NUCYNTA	47
NEXTERONE	60	<i>norethindrone ac-eth estradiol</i>		NUCYNTA ER	47
NEXTSTELLIS	146	.....	141, 146	NUEDEXTA	39
NEXVIAZYME	109	<i>norethindrone-e.estradiol-iron</i>		NULEV	115
NGENLA	126	.....	146	NULOJIX	24
<i>niacin</i>	71	NORGESIC	40	NUPLAZID	54
<i>nicardipine</i>	65	NORGESIC FORTE	40	NURTEC ODT	36
NICODERM CQ	92	<i>norgestimate-ethinyl estradiol</i>		NUTROPIN AQ NUSPIN ..	126
<i>nicorette</i>	92	.....	146	NUVARING	142
NICORETTE	92	NORITATE	79	NUVESSA	142
<i>nicotine</i>	92	NORLIQVA	65	NUVIGIL	54
<i>nicotine (polacrilex)</i>	92	NORMOSOL-R	167	NUZYRA	16
NICOTROL NS	92	NORMOSOL-R PH 7.4	168	<i>nyamyc</i>	84
<i>nifedipine</i>	65	NORPACE	60	<i>nylia 1/35 (28)</i>	146
<i>nikki (28)</i>	146	NORPACE CR	60	<i>nylia 7/7/7 (28)</i>	146
NILANDRON	24	NORTHERA	91	NYMALIZE	65
<i>nilutamide</i>	24	<i>nortrel 0.5/35 (28)</i>	146	NYNUTEY	82
<i>nimodipine</i>	65	<i>nortrel 1/35 (21)</i>	146	<i>nystatin</i>	2, 84
NINJACOF-XG	157	<i>nortrel 1/35 (28)</i>	146	<i>nystatin-triamcinolone</i>	84
NINLARO	24	<i>nortrel 7/7/7 (28)</i>	146	<i>nystop</i>	84

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O		
OB COMPLETE ONE	170	
OB COMPLETE PETITE..	170	
OB COMPLETE PREMIER	170	
OB COMPLETE WITH DHA	170	
OALIVA.....	120	
<i>ocella</i>	146	
OCREVUS	59	
<i>octreotide acetate</i>	24	
<i>octreotide,microspheres</i>	24	
OCUFLOX.....	149	
ODACTRA.....	129	
ODEFSEY	5	
ODOMZO	24	
OFEV	161	
<i>ofloxacin</i>	15, 94, 149	
OGSIVEO	24	
OHTUVAYRE	161	
OJEMDA.....	24	
OJJAARA.....	24	
<i>olanzapine</i>	54	
<i>olanzapine-fluoxetine</i>	54	
<i>olmesartan</i>	66	
<i>olmesartan-amlodipin-hcthiacid</i>	66	
<i>olmesartan-hydrochlorothiazide</i>	66	
<i>olopatadine</i>	93, 151	
OLPRUVA.....	91	
OLUMIANT.....	136	
OLUX.....	87	
OMECLAMOX-PAK	124	
<i>omega-3 acid ethyl esters</i>	71	
<i>omeprazole</i>	124	
<i>omeprazole magnesium</i>	124	
<i>omeprazole-sodium bicarbonate</i>	124	
OMIDRIA	151	
OMNARIS	161	
OMNIPOD 5 (G6/LIBRE 2 PLUS).....	103	
OMNIPOD 5 G6-G7 INTRO KT(GEN5).....	103	
OMNIPOD 5 G6-G7 PODS (GEN 5).....	103	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	103	
OMNIPOD DASH INTRO KIT (GEN 4)	104	
OMNIPOD DASH PODS (GEN 4).....	104	
OMNITROPE.....	126	
OMVOH.....	120	
OMVOH PEN	120	
ON CALL EXPRESS TEST STRIP	100	
ONAPGO	35	
ONCASPAR.....	25	
<i>ondansetron</i>	120	
ONDANSETRON	120	
<i>ondansetron hcl</i>	120	
<i>ondansetron hcl (pf)</i>	120	
ONE A DAY WOMEN'S PRENATAL DHA	170	
<i>one daily prenatal</i>	170	
<i>onelix magnesium citrate</i>	120	
ONETOUCH ULTRA TEST	100	
ONETOUCH VERIO TEST STRIPS	100	
ONEXTON.....	79	
ONFI.....	32	
ONGENTYS	35	
ONUREG	25	
ONYDA XR.....	54	
ONZETRA XSAIL.....	36	
<i>opcicon one-step</i>	146	
OPILL.....	141	
OPIPZA	54	
<i>opium tincture</i>	115	
OPSUMIT	161	
OPSYNVI.....	161	
OPTICHAMBER DIAMOND VHC.....	102	
<i>option-2</i>	146	
OPTIUM EZ.....	100	
OPTIUM TEST	100	
OPVEE	47	
OPZELURA	77	
ORACEA.....	16	
ORACIT	165	
<i>oral saline laxative</i>	120	
ORALAIR	129	
<i>oralone</i>	93	
ORAMAGICRX.....	93	
ORAPRED ODT	96	
ORAVIG	3	
ORENCIA	137	
ORENCIA (WITH MALTOSÉ).....	137	
ORENCIA CLICKJECT	137	
ORENITRAM	66	
ORENITRAM MONTH 1 TITRATION KT	66	
ORENITRAM MONTH 2 TITRATION KT	66	
ORENITRAM MONTH 3 TITRATION KT	66	
ORFADIN	91	
ORGOVYX	25	
ORIAHNN.....	142	
ORILISSA	109	
ORKAMBI	161	
ORLADEYO	161	
<i>ormalvi</i>	39	
<i>orphenadrine citrate</i>	40	
<i>orphenadrine-asa-caffeine</i> ...	40	
<i>orphengesic forte</i>	40	
ORSERDU	25	
<i>oscimin</i>	115	
<i>oscimin sl</i>	115	
<i>oseltamivir</i>	5	
OSENI	112	
OSMOLEX ER.....	35	
OSPHENA.....	142	
OTEZLA.....	137	
OTEZLA STARTER.....	137	
OTOVEL	94	
OTREXUP (PF).....	137	
OVACE	74	
OVACE PLUS.....	74	
OVACE PLUS SHAMPOO.....	74	
OVACE PLUS WASH.....	74	
OVIDE.....	89	
OVIDREL.....	109	
<i>oxacillin</i>	14	
<i>oxacillin in dextrose(iso-osm)</i>	14	
<i>oxaliplatin</i>	25	
<i>oxaprozin</i>	47	
OXAPROZIN	47	
<i>oxazepam</i>	54	
<i>oxcarbazepine</i>	32	
OXERVATE.....	151	
<i>oxiconazole</i>	84	
OXISTAT	84	
OXTELLAR XR	32	

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<i>oxybutynin chloride</i>	164	<i>paroxetine</i>		<i>phenobarb-hyoscy-atropine-</i>	
OXYBUTYNIN CHLORIDE		<i>mesylate(menop.sym)</i>	55	<i>scop</i>	115
.....	164	PASER.....	12	<i>phenobarbital</i>	32
<i>oxycodone</i>	43	PAXIL	55	<i>phenohydro</i>	115
OXYCODONE.....	43	PAXIL CR.....	55	<i>phenoxybenzamine</i>	66
<i>oxycodone-acetaminophen</i> ...	43	PAXLOVID.....	5	<i>phenylephrine hcl</i>	155
OXYCONTIN	43	<i>pazopanib</i>	25	PHENYTEK.....	32
<i>oxymorphone</i>	43	PEDIARIX (PF)	130	<i>phenytoin</i>	32
<i>oxytocin</i>	148	PEDVAX HIB (PF).....	130	<i>phenytoin sodium</i>	32
OXYTROL.....	164	<i>peg 3350-electrolytes</i>	120	<i>phenytoin sodium extended</i> ...	32
OZEMPIC	112	<i>peg3350-sod sul-nacl-kcl-asb-c</i>		PHEXXI	142
OZOBAX	40	.....	120	<i>philith</i>	146
OZOBAX DS	40	PEGASYS	127	<i>phosphate laxative</i>	121
P		<i>peg-electrolyte soln</i>	120	PHOSPHOLINE IODIDE ..	150
<i>pacerone</i>	60	PEMAZYRE	25	PHOTOFRIN.....	25
<i>paclitaxel</i>	25	PEN NEEDLE, DIABETIC	104	PHYSIOLYTE	89
<i>paclitaxel protein-bound</i>	25	PENBRAYA (PF)	130	PHYSIOSOL IRRIGATION	89
PALFORZIA (LEVEL 0)..	129	<i>penciclovir</i>	84	<i>phytonadione (vitamin k1)</i>	69
PALFORZIA (LEVEL 1)..	129	<i>penicillamine</i>	137	PIFELTRO	5
PALFORZIA (LEVEL 2)..	130	PENICILLIN G POT IN		<i>pilocarpine hcl</i>	93, 150
PALFORZIA (LEVEL 3)..	130	DEXTROSE	14	<i>pimecrolimus</i>	77
PALFORZIA (LEVEL 4)..	130	<i>penicillin g potassium</i>	14	<i>pimozide</i>	55
PALFORZIA (LEVEL 5)..	130	<i>penicillin g sodium</i>	14	<i>pimtree (28)</i>	147
PALFORZIA (LEVEL 6)..	130	<i>penicillin v potassium</i>	14	<i>pindolol</i>	66
PALFORZIA (LEVEL 7)..	130	PENNSAID	47	<i>pioglitazone</i>	112
PALFORZIA (LEVEL 8)..	130	PENTACEL (PF)	130	<i>pioglitazone-glimepiride</i>	112
PALFORZIA (LEVEL 9)..	130	<i>pentamidine</i>	12	<i>pioglitazone-metformin</i>	112
PALFORZIA (LEVEL 10).	130	PENTASA	120, 121	PIP BLOOD GLUCOSE TEST	
PALFORZIA INITIAL (1-3		<i>pentazocine-naloxone</i>	47	STRIP	100
YRS).....	130	<i>pentoxifylline</i>	69	PIQRAY	25
PALFORZIA INITIAL (4-17		PEPCID	124	<i>pirfenidone</i>	161
YRS).....	130	PERCOCET.....	43	PIRFENIDONE	161
PALFORZIA LEVEL 11		PERFOROMIST	161	<i>piroxicam</i>	47
MAINTENANCE.....	130	<i>perindopril erbumine</i>	66	<i>pitavastatin calcium</i>	71
<i>paliperidone</i>	55	PERJETA	25	PLAN B ONE-STEP	147
PALYNZIQ.....	109	<i>permethrin</i>	89	PLAQUENIL.....	12
PAMELOR.....	55	<i>perphenazine</i>	55	PLASMA-LYTE A	168
<i>pamidronate</i>	109	<i>perphenazine-amitriptyline</i> ..	55	PLATINUM TEST STRIP .	100
PANCREAZE	120	PERTZYE	121	PLAVIX	69
PANDEL	87	PFIZER COVID 2024-25(5Y-		PLEGRIDY	59
PANRETIN	77	11Y)PF	130	PLENVU	121
<i>pantoprazole</i>	124	PFIZER COVID 2024-		<i>plerixafor</i>	126
<i>papaverine</i>	66	25(6MO-4Y)PF	130	PLEXION	79
PARAGARD T 380A.....	138	<i>pfizerpen-g</i>	14	PLEXION NS.....	74
<i>paraplatin</i>	25	PHARMACIST CHOICE ..	100	PLIAGLIS	82
<i>paricalcitol</i>	109	PHEBURANE.....	91	PNEUMOVAX-23	130
PARICALCITOL	109	<i>phenazopyridine</i>	166	<i>pnv-dha</i>	170
PARNATE	55	<i>phenelzine</i>	55	<i>pnv-omega</i>	170
<i>paromomycin</i>	12	PHENERGAN.....	156	<i>pnv-select</i>	170
<i>paroxetine hcl</i>	55			POCKET CHAMBER.....	102

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

<i>podofilox</i>	77	<i>prednisone</i>	96	PREVACID	124
POKONZA.....	167	<i>prednisone intensol</i>	96	PREVACID 24HR.....	124
<i>polocaine-mpf</i>	82	<i>pregabalin</i>	32	PREVACID SOLUTAB.....	124
<i>polycin</i>	149	PREGNYL.....	110	<i>prevalite</i>	72
<i>polyethylene glycol 3350</i>	121	PREMARIN	141	PREVIDENT	94
<i>polymyxin b sulfate</i>	12	PREMIER TEST STRIP	101	PREVIDENT 5000 BOOSTER	
<i>polymyxin b sulf-trimethoprim</i>		PREMIUM V10	101	PLUS	93
.....	149	PREMPHASE	141	PREVIDENT 5000 ENAMEL	
POLY-TUSSIN AC.....	157	PREMPRO	141	PROTECT	93
POMALYST	25	PRENATA.....	170	PREVIDENT 5000 ORTHO	
PONVORY.....	59	<i>prenatabs fa</i>	170	DEFENSE.....	94
<i>portia 28</i>	147	<i>prenatabs rx</i>	170	PREVIDENT 5000 PLUS	94
<i>posaconazole</i>	3	<i>prenatal</i>	170	PREVIDENT 5000	
<i>potassium chloride</i>	167	PRENATAL	170	SENSITIVE	94
POTASSIUM CHLORIDE	167	PRENATAL + DHA	170	PREVIDENT KIDS.....	94
<i>potassium citrate</i>	165	<i>prenatal complete</i>	170	PREVNAR 20 (PF)	130
<i>potassium iodide</i>	97	<i>prenatal multi-dha (algal oil)</i>		PREVYMIS	5
<i>povidone-iodine</i>	149	.....	170	PREZCOBIX.....	5
<i>powderlax</i>	121	<i>prenatal multivitamins</i>	170	PREZISTA	5, 6
PR BENZOYL PEROXIDE.	80	<i>prenatal one daily</i>	170	PRIFTIN	12
<i>pr natal 400</i>	170	<i>prenatal plus</i>	171	PRILOSEC	124
<i>pr natal 400 ec</i>	170	<i>prenatal plus (calcium carb)</i>		PRILOSEC OTC	124
<i>pr natal 430</i>	170	.....	170	PRIMACARE.....	171
<i>pr natal 430 ec</i>	170	PRENATAL PLUS DHA..	171	<i>primaquine</i>	12
PRADAXA.....	69, 70	PRENATAL PLUS		PRIMAXIN IV	12
PRALATREXATE.....	25	VITAMIN-MINERAL ...	171	PRIMEAIRE.....	102
PRALUENT PEN	72	<i>prenatal vit no.179-iron-folic</i>		<i>primidone</i>	32
<i>pramipexole</i>	35	.....	171	PRIMIDONE	32
PRAMOSONE	75	<i>prenatal vitamin</i>	171	PRIMLEV.....	43
<i>prasugrel hcl</i>	70	<i>prenatal vitamin with minerals</i>		PRIMSOL.....	17
<i>pravastatin</i>	72	.....	171	PRIORIX (PF).....	130
<i>praziquantel</i>	12	<i>prenatal-u</i>	171	PRISTIQ	55
<i>prazosin</i>	66	PRENATE AM.....	171	PROAIR DIGIHALER.....	161
PRECISION PCX PLUS TEST		PRENATE CHEWABLE..	171	PROAIR RESPICLICK.....	161
.....	100	PRENATE DHA (FERR ASP		<i>probenecid</i>	132
PRECISION PCX TEST	100	GLYCIN).....	171	<i>probenecid-colchicine</i>	132
PRECISION POINT OF		PRENATE ELITE (IRON ASP		<i>procainamide</i>	60
CARE TEST.....	100	GLYC).....	171	PROCARDIA XL.....	66
PRECISION Q-I-D TEST..	100	PRENATE ENHANCE	171	<i>procentra</i>	55
PRECISION XTRA		PRENATE		PROCHAMBER.....	102
MONITOR	101	ESSENTIAL(IRON-ASP-		<i>prochlorperazine</i>	121
PRECISION XTRA TEST.	101	GL)	171	<i>prochlorperazine edisylate</i> .	121
PRECOSE	112	PRENATE MINI (FERR ASP		<i>prochlorperazine maleate</i> ..	121
PRED FORTE	154	GLYCIN).....	171	PROCORT.....	121
PRED MILD	154	PRENATE PIXIE.....	171	PROCRIT	126
<i>prednicarbate</i>	87	PRENATE RESTORE	171	PROCTOCORT.....	88, 121
<i>prednisolone</i>	96	PRENATE STAR.....	171	PROCTOFOAM HC	121
<i>prednisolone acetate</i>	154	PREPIDIL	142	<i>procto-med hc</i>	121
<i>prednisolone sodium</i>		PRESTALIA	66	<i>proctosol hc</i>	121
<i>phosphate</i>	96, 154	PRETOMANID.....	12	<i>proctozone-hc</i>	121

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PROCYSBI	165	PYRIDOSTIGMINE		RASUVO (PF).....	137
PRODIGY NO CODING...	101	BROMIDE.....	40	RAVICTI.....	91
<i>progesterone</i>	141	<i>pyrimethamine</i>	12	RAYALDEE.....	110
<i>progesterone micronized</i>	141	PYRUKYND.....	91	RAYOS.....	96
PROGLYCEM	103	Q		REBIF (WITH ALBUMIN) .	59
PROGRAF	25	QBRELIS	66	REBIF REBIDOSE	59
<i>prolate</i>	43	QBREXZA	77	REBIF TITRATION PACK.	60
PROLATE.....	43	Q-CARE RX Q4.....	94	<i>reclipsen (28)</i>	147
PROLENSA	152	QELBREE	55	RECOMBIVAX HB (PF)...	131
PROLEUKIN	126	QINLOCK	25	RECORLEV	110
PROLIA	133	QLOSI	150	RECTIV.....	121
PROMACTA.....	70	QNASL.....	161	REFUAH PLUS	101
<i>promethazine</i>	156	QTERN.....	112	REGLAN	121
<i>promethazine-codeine</i>	157	QUADRACEL (PF)	131	<i>regonol</i>	40
<i>promethazine-dm</i>	157	QUALAQUIN	12	REGRANEX	77
<i>promethazine-phenylephrine</i>		QUAZEPAM.....	55	RELAFEN DS	47
.....	157	QUDEXY XR.....	32	RELAGARD	142
<i>promethegan</i>	156	QUESTRAN.....	72	RELENZA DISKHALER	6
PROMETRIUM	141	QUESTRAN LIGHT.....	72	RELEXXII.....	56
<i>propafenone</i>	60	<i>quetiapine</i>	55	RELION CONFIRM-MICRO	
<i>proparacaine</i>	151	QUETIAPINE	55	.....	101
<i>propranolol</i>	66	QUILLICHEW ER.....	55	RELION NOVOLIN 70/30	106
<i>propranolol-</i>		QUILLIVANT XR.....	55	RELION NOVOLIN N	106
<i>hydrochlorothiazid</i>	66	<i>quinapril</i>	66	RELION NOVOLIN R.....	106
<i>propylthiouracil</i>	97	<i>quinapril-hydrochlorothiazide</i>		RELION PRIME TEST	
PROQUAD (PF)	131	.....	66	STRIPS	101
PROSCAR.....	164	<i>quinidine gluconate</i>	60	RELION ULTIMA	101
PROSTIN VR PEDIATRIC		<i>quinidine sulfate</i>	60	RELISTOR	121
.....	165	<i>quinine sulfate</i>	12	RELPAK.....	36
<i>protamine</i>	70	QUINTET AC	101	RELTONE	121
PROTONIX.....	124, 125	<i>quit 2</i>	92	REMERON.....	56
<i>protriptyline</i>	55	<i>quit 4</i>	92	REMERON SOLTAB.....	56
PROVERA	141	QULIPTA	36	REMICADE	121
PROVIDA OB.....	171	QUVIVIQ.....	55	REMODULIN	66
PROVIGIL	55	QUZYTIR	156	RENACIDIN	165
PROZAC	55	QVAR REDHALER	161	<i>rena-vite</i>	171
<i>prucalopride</i>	121	R		REVELA	166
<i>prudoxin</i>	77	<i>rabeprazole</i>	125	<i>repaglinide</i>	112
PULMICORT.....	161	RABEPRAZOLE	125	REPATHA PUSHTRONEX	72
PULMICORT FLEXHALER		RADICAVA ORS STARTER		REPATHA SURECLICK	72
.....	161	KIT SUSP.....	39	REPATHA SYRINGE	72
<i>pulmosal</i>	161	RADIOGARDASE	91	RESPA-AR.....	157
PULMOZYME.....	161	RAGWITEK.....	131	RESTASIS.....	151
<i>purelax</i>	121	<i>raloxifene</i>	133	RESTASIS MULTIDOSE..	151
PURIXAN	25	<i>ramelteon</i>	55	RESTORIL	56
PYLERA	125	<i>ramipril</i>	66	RETEVMO.....	25
<i>pyrazinamide</i>	12	<i>ranolazine</i>	73	RETIN-A	80
PYRIDIUM	166	RAPAFLO.....	164	RETIN-A MICRO	80
<i>pyridostigmine bromide</i>	40	RAPIVAB (PF)	6	RETIN-A MICRO PUMP	80
		<i>rasagiline</i>	35	RETROVIR	6

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REVATIO	161	<i>roflumilast</i>	161	SCSEMBLIX	26
REVEAL TEST STRIP.....	101	<i>ropinirole</i>	35	<i>scopolamine base</i>	121
REVLIMID	25	<i>rosadan</i>	80	SECUADO	56
REVUFORJ.....	25	ROSADAN.....	80	SEGLENTIS.....	43
REXTOVY.....	47	ROSULA	80	SEGLUROMET	113
REXULTI.....	56	<i>rosula cleansing cloths</i>	80	SELECT-OB.....	171
REYATAZ	6	<i>rosuvastatin</i>	72	SELECT-OB (FOLIC ACID)	
REYVOW	36	ROSZET	72	.....	171
REZDIFFRA	91	ROTARIX	131	SELECT-OB + DHA.....	171
REZUROCK	25	ROTATEQ VACCINE.....	131	<i>selegiline hcl</i>	35
REZVOGLAR KWIKPEN	106	ROWASA.....	121	<i>selenium sulfide</i>	75
RHOFADE	80	<i>roweepra</i>	33	SELZENTRY	6
RHOPRESSA.....	153	ROXICODONE.....	43	SEMGLEE(INSULIN	
<i>ribavirin</i>	6	ROXYBOND	43	GLARGINE-YFGN)	107
RIDAURA.....	137	ROZEREM.....	56	SEMGLEE(INSULIN	
<i>rifabutin</i>	12	ROZLYTREK	25	GLARG-YFGN)PEN	107
RIFADIN.....	12	RUBRACA.....	25	<i>se-natal 19</i>	171
<i>rifampin</i>	12	RUCONEST.....	161	<i>se-natal 19 chewable</i>	171
RIGHTEST GS550 TEST		<i>rufinamide</i>	33	SENSIPAR	110
STRIPS.....	101	RUKOBIA.....	6	SEREVENT DISKUS	161
RIGHTEST GT333 TEST		RYALTRIS	161	SEROQUEL	56
STRIP	101	RYBELSUS.....	102, 112	SEROQUEL XR.....	56
RILUTEK.....	91	RYCLORA.....	156	SEROSTIM	126
<i>riluzole</i>	91	RYDAPT	25	<i>sertraline</i>	56
<i>rimantadine</i>	6	RYKINDO.....	56	SERTRALINE.....	56
<i>ringer's</i>	89	RYLAZE	25	<i>setlakin</i>	147
RINVOQ	137	RYTARY.....	35	<i>sevelamer carbonate</i>	166
RINVOQ LQ.....	137	RYVENT.....	156	<i>sevelamer hcl</i>	166
RIOMET.....	112	S		SEYSARA.....	16
<i>risedronate</i>	91, 133	SABRIL.....	33	<i>sf 94</i>	
RISPERDAL	56	SAFYRAL.....	147	<i>sf 5000 plus</i>	94
RISPERDAL CONSTA	56	<i>sajazir</i>	161	SFROWASA	121
<i>risperidone</i>	56	SALAGEN (PILOCARPINE)		<i>sharobel</i>	141
<i>risperidone microspheres</i>	56	.....	94	SHINGRIX (PF).....	131
RITALIN.....	56	<i>salsalate</i>	47	SIGNIFOR.....	26
RITALIN LA.....	56	SAMSCA.....	110	SIGNIFOR LAR.....	26
RITEFLO AEROCHAMBER		SANCUSO	121	SIKLOS	26
.....	102	SANDIMMUNE	25	<i>sildenafil (pulm.hypertension)</i>	
<i>ritonavir</i>	6	SANDOSTATIN	25	.....	162
<i>rivastigmine</i>	39	SANDOSTATIN LAR		SILENOR	56
<i>rivastigmine tartrate</i>	39	DEPOT	26	SILIQ.....	75
<i>rivelsa</i>	147	SANTYL	88	<i>silodosin</i>	165
RIVFLOZA	165	SAPHRIS.....	56	SILVADENE.....	76
<i>rizatriptan</i>	36	<i>sapropterin</i>	110	<i>silver sulfadiazine</i>	76
R-NATAL OB.....	171	SAVAYSA	70	SIMBRINZA	153
ROBAXIN.....	40	SAVELLA.....	137	SIMLANDI(CF).....	137
ROBINUL	116	<i>saxagliptin</i>	113	SIMLANDI(CF)	
ROBINUL FORTE	116	<i>saxagliptin-metformin</i>	113	AUTOINJECTOR	137
ROCALTROL.....	110	<i>scalacort</i>	88	<i>simliya (28)</i>	147
ROCKLATAN	153	SCALACORT DK	88	<i>simpesse</i>	147

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SIMPONI	137	SOLUS V2 TEST STRIPS.....	101	stress formula with iron.....	171
SIMPONI ARIA.....	137	soluvita	171	stress formula with iron(sulf)	
SIMULECT	26	soluvita a,c,d with fluoride	171	.....	172
simvastatin.....	72	SOMA	40	STRIBILD	6
SINEMET.....	35	SOMATULINE DEPOT	26	STRIVERDI RESPIMAT	162
SINGULAIR	162	SOMAVERT	110	STROMECTOL	12
sirolimus.....	26	SOOLANTRA.....	80	strong iodine.....	82, 167
SIRTURO.....	12	sorafenib.....	26	SUBLOCADE	43
SITAGLIPTIN	113	SORBITOL	89	SUBOXONE	47
SITAGLIPTIN-METFORMIN		SORBITOL-MANNITOL....	89	subvenite	33
.....	113	SORILUX.....	75	subvenite starter (blue) kit....	33
SIVEXTRO	12	sotalol	61	subvenite starter (green) kit..	33
SKYCLARYS	39	SOTALOL.....	61	subvenite starter (orange) kit	33
SKYLA.....	138	sotalol af.....	61	SUCRAID.....	122
SKYRIZI	75, 121, 122	SOTYKTU	75	sucralfate	125
SKYTROFA.....	126	SOTYLIZE.....	61	SUFLAVE	122
SLYND.....	147	SOVALDI	6	SULAR.....	66
SMART SENSE TEST		SOVUNA	12	SULCONAZOLE	84
STRIPS.....	101	SPACE CHAMBER.....	102	sulfacetamide sodium ...	75, 155
SMARTEST TEST	101	SPEVIGO	75	sulfacetamide sodium (acne)	82
smoothlax	122	SPIKEVAX 2024-2025(12Y		sulfacetamide sodium-sulfur.	80
SOAANZ.....	66	UP)(PF)	131	SULFACETAMIDE	
sodium chlor 0.9% bacteriostat		spinosad.....	89	SODIUM-SULFUR.....	80
.....	91	SPIRIVA RESPIMAT.....	162	sulfacetamide-prednisolone	155
sodium chloride	162, 167	SPIRIVA WITH		sulfacleanse 8-4	80
sodium chloride 0.45 %.....	167	HANDIHALER.....	162	sulfadiazine.....	15
sodium chloride 0.9 %.....	91	spironolactone	66	sulfamethoxazole-trimethoprim	
sodium chloride 3 %		spironolacton-		.....	15
hypertonic.....	167	hydrochlorothiaz	66	SULFAMYLON.....	82
sodium chloride 5 %		SPORANOX	3	sulfasalazine	122
hypertonic.....	167	sprintec (28)	147	sulfatrim.....	15
sodium citrate-citric acid ...	165	SPRITAM.....	33	sulindac.....	47
sodium ferric gluconat-sucrose		SPRIX.....	47	SUMADAN	80
.....	91	SPRYCEL	26	SUMADAN XLT	81
sodium fluoride 5000 plus	94	sps (with sorbitol).....	166	sumatriptan.....	37
sodium fluoride-pot nitrate...	94	sronyx	147	sumatriptan succinate.....	37
SODIUM OXYBATE	56	ssd	76	sumatriptan-naproxen	37
sodium phenylbutyrate	91	SSKI	97	sunitinib malate	26
sodium polystyrene sulfonate		sss 10-5.....	80	SUNLENCA.....	6
.....	166	st joseph aspirin.....	47	SUNOSI.....	57
sodium,potassium,mag sulfates		st. joseph aspirin.....	47	super b maxi complex	172
.....	122	STEGLATRO.....	113	super b-50 complex.....	172
SOFDRA	77	STEGLUJAN	113	super quints	172
SOGROYA.....	126	STELARA	75	SUPREP BOWEL PREP KIT	
SOHONOS.....	91	STIOLTO RESPIMAT.....	162	.....	122
solifenacin	164	STIVARGA.....	26	SURE-TEST EASYPLUS	
SOLQUA 100/33	107	stop smoking aid.....	92	MINI	101
SOLIRIS.....	91	STRATTERA.....	57	SUTAB.....	122
SOLOSEC	12	STRENSIQ.....	110	SUTENT.....	26
SOLTAMOX.....	26	STREPTOMYCIN	12	syeda	147

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SYLVANT	26	TALTZ SYRINGE	75	TENORMIN	67
SYMAX DUOTAB	116	TALZENNA	26	TEPMETKO	27
<i>symax fastabs</i>	116	TAMIFLU	6	<i>terazosin</i>	67
<i>symax-sl</i>	116	<i>tamoxifen</i>	26	<i>terbinafine hcl</i>	3
<i>symax-sr</i>	116	<i>tamsulosin</i>	165	<i>terbutaline</i>	162
SYMBICORT	162	<i>tanlor</i>	41	<i>terconazole</i>	142
SYMBYAX	57	TAPERDEX	96	<i>teriflunomide</i>	60
SYMDEKO	162	TARCEVA	26	<i>teriparatide</i>	133
SYMFI	6	TARGADOX	16	TERIPARATIDE	133
SYMFI LO	6	TARGRETIN	26	TERSI FOAM	75
SYMLINPEN 120	113	<i>tarina 24 fe</i>	147	TEST N'GO TEST	101
SYMLINPEN 60	113	<i>tarina fe 1/20 (28)</i>	147	TESTIM	110
SYMPAZAN	33	<i>taron-c dha</i>	172	TESTOPEL	110
SYMPROIC	122	TARPEYO	96	<i>testosterone</i>	110
SYMTUZA	6	TASCENSO ODT	60	TESTOSTERONE	110
SYNAGIS	6	TASIGNA	26	<i>testosterone cypionate</i>	110
SYNALAR	88	<i>tasimelteon</i>	57	<i>testosterone enanthate</i>	110
SYNALAR CREAM KIT ...	88	TASMAR	35	<i>tetrabenazine</i>	39
SYNALAR OINTMENT KIT		<i>tavaborole</i>	84	<i>tetracaine hcl</i>	151
.....	88	TAVALISSE	70	TETRACAINE HCL (PF) ..	151
SYNALAR TS	88	TAVNEOS	91	<i>tetracycline</i>	16
SYNAREL	110	TAYTULLA	147	TEXACORT	88
SYNDROS	122	<i>tazarotene</i>	81	THALITONE	67
SYNJARDY	113	TAZAROTENE	81	THALOMID	27
SYNJARDY XR	113	<i>tazicef</i>	8	THEO-24	162
SYNTHROID	114	TAZORAC	81	<i>theophylline</i>	162
SYPRINE	91	TAZVERIK	26	THIOLA	91
T		TDVAX	131	THIOLA EC	91
T		TECFIDERA	60	<i>thioridazine</i>	57
FLEX	104	TEFLARO	8	<i>thiothixene</i>	57
SLIM X2	104	TEGLUTIK	91	THRIVITE RX	172
TABLOID	26	TEGRETOL	33	THYMOGLOBULIN	131
TABRECTA	26	TEGRETOL XR	33	THYQUIDITY	114
TACLONEX	75	TEKTRUNA	66	<i>thyroid (pork)</i>	114
<i>tacrolimus</i>	26, 77	TELCARE TEST STRIPS ..	101	<i>tiadylt er</i>	67
<i>tadalafil</i>	165	<i>telmisartan</i>	67	<i>tiagabine</i>	33
<i>tadalafil (pulm. hypertension)</i>		<i>telmisartan-amlodipine</i>	67	TIAZAC	67
.....	162	<i>telmisartan-hydrochlorothiazid</i>		TIBSOVO	27
TADLIQ	162	.....	67	TICE BCG	131
TAFINLAR	26	<i>temazepam</i>	57	TIGAN	122
<i>tafluprost (pf)</i>	153	TEMODAR	26	TIGLUTIK	91
TAGRISSO	26	<i>temozolomide</i>	27	TIKOSYN	61
TAKE ACTION	147	TEMPO SMART BUTTON		<i>tilia fe</i>	147
TAKHZYRO	162	.....	101	<i>timolol</i>	149
TALICIA	125	TEMPO WELCOME KIT ..	101	<i>timolol maleate</i>	67, 149
TALTZ AUTOINJECTOR ..	75	<i>tencon</i>	43	<i>timolol maleate (pf)</i>	149
TALTZ AUTOINJECTOR (2		TENIVAC (PF)	131	TIMOPTIC OCUDOSE (PF)	
PACK)	75	<i>tenofovir disoproxil fumarate</i> ..	6	.....	149, 150
TALTZ AUTOINJECTOR (3		TENORETIC 100	67	<i>tinidazole</i>	13
PACK)	75	TENORETIC 50	67	<i>tiopronin</i>	91

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<i>tiotropium bromide</i>	162	<i>tranexamic acid</i>	70, 142	<i>tri-lo-marzia</i>	147
TIROSINT.....	114	TRANSDERM-SCOP	122	<i>tri-lo-mili</i>	147
TIROSINT-SOL.....	114	<i>tranylcypromine</i>	57	<i>tri-lo-sprintec</i>	147
<i>tis-u-sol pentalyte</i>	89	TRAVATAN Z.....	153	<i>trimethobenzamide</i>	122
TIVICAY	6	<i>travoprost</i>	153	<i>trimethoprim</i>	17
TIVICAY PD	6	<i>trazodone</i>	57	<i>tri-mili</i>	147
<i>tizanidine</i>	41	TRECTOR.....	13	<i>trimipramine</i>	57
TLANDO	110	TRELEGY ELLIPTA.....	162	TRIMO-SAN JELLY	142
TOBI.....	13	TRELSTAR.....	27	<i>trinatal rx 1</i>	172
TOBI PODHALER	13	TREMFYA.....	75	<i>trinate</i>	172
TOBRADEX	153	TREMFYA PEN	75	TRINTELLIX.....	57
TOBRADEX ST	153	<i>treprostinil sodium</i>	67	TRIPTODUR.....	27
<i>tobramycin</i>	13, 149	TRESIBA FLEXTOUCH U- 100	107	<i>tri-sprintec (28)</i>	147
<i>tobramycin in 0.225 % nacl</i> .	13	TRESIBA FLEXTOUCH U- 200	107	TRISTART DHA	172
<i>tobramycin sulfate</i>	13	TRESIBA U-100 INSULIN	107	TRIUMEQ.....	6
TOBRAMYCIN WITH NEBULIZER.....	13	<i>tretinoin</i>	81	TRIUMEQ PD.....	6
<i>tobramycin-dexamethasone</i>	153	<i>tretinoin (antineoplastic)</i>	27	<i>tri-vitamin with fluoride</i>	172
TOBREX.....	149	<i>tretinoin microspheres</i>	81	<i>trivora (28)</i>	147
TOFIDENCE.....	137	TREXALL.....	27	<i>tri-vylibra</i>	147
TOLAK	77	TREXIMET	37	<i>tri-vylibra lo</i>	147
<i>tolcapone</i>	35	TREZIX.....	44	TROKENDI XR	33
TOLECTIN 600	47	<i>triamcinolone acetonide</i> 88, 94, 96, 162		<i>tropicamide</i>	150
<i>tolmetin</i>	47	<i>triamterene</i>	67	<i>trospium</i>	164
TOLSURA	3	<i>triamterene-hydrochlorothiazid</i>	67	TRUDHESA.....	37
<i>tolterodine</i>	164	<i>triazolam</i>	57	TRUE METRIX GLUCOSE TEST STRIP.....	101
<i>tolvaptan</i>	110	TRIBENZOR.....	67	TRUETEST TEST STRIPS	101
TOPAMAX	33	TRICARE.....	172	TRUETRACK TEST.....	101
TOPICORT	88	<i>tricon</i>	172	TRULANCE.....	122
<i>topiramate</i>	33	TRICOR	72	TRULICITY	113
TOPIRAMATE	33	<i>triderm</i>	88	TRUMENBA.....	131
<i>topotecan</i>	27	<i>trientine</i>	91	TRUQAP	27
TOPROL XL	67	TRIENTINE	91	TRUSTEX-RIA NON-LUB CONDOMS	138
<i>toremifene</i>	27	TRIESENCE (PF)	96	TRUVADA.....	7
<i>torpenz</i>	27	<i>tri-estarylla</i>	147	TRYVIO	73
<i>torsemide</i>	67	TRIFERIC	172	TUDORZA PRESSAIR	163
TOSYMRA	37	<i>trifluoperazine</i>	57	TUKYSA.....	27
TOUJEO MAX U-300 SOLOSTAR	107	<i>trifluridine</i>	149	<i>tulana</i>	141
TOUJEO SOLOSTAR U-300 INSULIN.....	107	<i>trihexyphenidyl</i>	35	TURALIO.....	27
<i>tovet emollient</i>	88	TRIJARDY XR	113	<i>turqoz (28)</i>	147
TOVIAZ	164	TRIKAFTA	163	TUXARIN ER.....	157
TRACLEER	162	<i>tri-legest fe</i>	147	TWINRIX (PF).....	131
TRADJENTA.....	113	TRILEPTAL.....	33	TWIRLA.....	142
<i>tramadol</i>	47	<i>tri-linyah</i>	147	TWYNEO.....	81
TRAMADOL	47	TRILIPIX	72	TYBLUME.....	147
<i>tramadol-acetaminophen</i>	47	<i>tri-lo-estarylla</i>	147	TYBOST.....	7
<i>trandolapril</i>	67			TYENNE	137
<i>trandolapril-verapamil</i>	67			TYENNE AUTOINJECTOR	137

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

TYKERB.....	27	VALCYTE.....	7	VENTAVIS.....	163
TYMLOS.....	133	<i>valganciclovir</i>	7	VENTOLIN HFA.....	163
TYRVAYA.....	151	VALIUM.....	57	<i>venxxiva</i>	92
TYSABRI.....	39	<i>valproate sodium</i>	33	VEOZAH.....	142
TYVASO.....	163	<i>valproic acid</i>	33	<i>verapamil</i>	67, 68
TYVASO DPI.....	163	<i>valproic acid (as sodium salt)</i>	33	VERDESO.....	88
TYVASO REFILL KIT.....	163	<i>valsartan</i>	67	VEREGEN.....	77
TYVASO STARTER KIT.....	163	VALSARTAN.....	67	VERELAN PM.....	68
U		<i>valsartan-hydrochlorothiazide</i>	67	VERKAZIA.....	151
UBRELVY.....	37	VALTOCO.....	33	VERQUVO.....	73
UCERIS.....	122	VALTREX.....	7	VERSACLOZ.....	57
UDENYCA.....	126	<i>valtya</i>	147	VERZENIO.....	27
UDENYCA AUTOINJECTOR	126	<i>vanadom</i>	41	VESICARE.....	164
UDENYCA ONBODY.....	126	VANCOCIN.....	17	VESICARE LS.....	164
ULESFIA.....	89	<i>vancomycin</i>	17	<i>vestura (28)</i>	148
ULORIC.....	132	<i>vandazole</i>	142	VEVYE.....	151
ULTRATRAK.....	101	VANFLYTA.....	27	VFEND.....	3
ULTRATRAK ULTIMATE	101	VANOS.....	88	VFEND IV.....	3
ULTRAVATE.....	88	VANOXIDE-HC.....	81	V-GO 20.....	104
UNASYN.....	14	<i>varenicline tartrate</i>	92	V-GO 30.....	104
UNDECATREX.....	110	VARIVAX (PF).....	131	V-GO 40.....	104
UNISTRIP1 TEST STRIP.....	101	VARUBI.....	122	VIBATIV.....	17
<i>unithroid</i>	114	VASCEPA.....	72	VIBERZI.....	122
UNITUXIN.....	27	VASERETIC.....	67	VICTOZA 2-PAK.....	113
UPNEEQ (PF).....	155	VASOTEC.....	67	VICTOZA 3-PAK.....	113
UPTRAVI.....	67	VAXELIS (PF).....	131	VIDAZA.....	27
URELLE.....	165	VAXNEUVANCE (PF).....	131	<i>vienna</i>	148
<i>uretron d-s</i>	165	VCF CONTRACEPTIVE FILM.....	142	<i>vigabatrin</i>	33
URIBEL TABS.....	165	VCF CONTRACEPTIVE GEL	142	<i>vigadrone</i>	34
<i>urimar-t</i>	165	VECTIBIX.....	27	VIGAFYDE.....	34
URIMAR-T.....	165	VECTICAL.....	75	VIGAMOX.....	149
URNEVA.....	165	<i>veletri</i>	67	<i>vigpoder</i>	34
UROCIT-K 10.....	165	<i>velivet triphasic regimen (28)</i>	147	VIIBRYD.....	57
UROCIT-K 15.....	166	VELPHORO.....	166	VIJOICE.....	27
<i>urogesic-blue</i>	166	VELSIPITY.....	122	<i>vilazodone</i>	57
<i>uro-mp</i>	166	VELTASSA.....	92, 166	VIMIZIM.....	110
UROQID-ACID NO.2.....	166	VELTIN.....	81	VIMOVO.....	47
<i>uro-sp</i>	166	VEMLIDY.....	7	VIMPAT.....	34
UROXATRAL.....	165	VENCLEXTA.....	27	<i>vinblastine</i>	27
URSO FORTE.....	122	VENCLEXTA STARTING PACK.....	27	<i>vincasar pfs</i>	27
<i>ursodiol</i>	122	<i>venlafaxine</i>	57	<i>vincristine</i>	27
<i>uryl</i>	166	VENLAFAXINE BESYLATE	57	<i>vinorelbine</i>	27
UVADEX.....	77	VENOFER.....	172	VIOKACE.....	122
V				<i>viorele (28)</i>	148
VAFSEO.....	92			VIRACEPT.....	7
VAGIFEM.....	141			VIRAZOLE.....	7
<i>valacyclovir</i>	7			VIREAD.....	7
VALCHLOR.....	77			VISCO-3.....	48
				VISTOGARD.....	17
				VITAFOL FE PLUS.....	172

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

VITAFOL GUMMIES.....	172	W	XELSTRYM.....	57	
VITAFOL ULTRA	172	WAINUA	XENAZINE	39	
VITAFOL-OB.....	172	WAKIX	XENLETA.....	13	
VITAFOL-OB+DHA.....	172	wal-zyr (ketotifen).....	151	XEOMIN	131
VITAFOL-ONE	172	warfarin	70	XEPI	83
VITAMEDMD ONE RX ...	172	water for irrigation, sterile...	92	XERESE	84
vitamin b complex-folic acid		WAVESENSE JAZZ	101	XERMELO.....	28
.....	172	WAVESENSE PRESTO....	101	XGEVA	17
vitamins a,c,d and fluoride.	172	WELCHOL	72	XHANCE	163
VITRAKVI.....	27	WELIREG	28	XIFAXAN	13
VIVAGUARD INO TEST		WELLBUTRIN SR	57	XIGDUO XR.....	113
STRIP	101	WELLBUTRIN XL.....	57	XIIDRA	151
VIVELLE-DOT	141	wera (28)	148	XIMINO	16
VIVITROL	48	wescap-c dha	172	XIPERE (PF).....	96
VIVJOA	3	wescap-pn dha	172	XOFLUZA	7
VIVLODEX	48	wesnata dha complete	172	XOLAIR.....	163
VIZIMPRO.....	27	wesnate dha	172	XOLEGEL.....	84
VOGELXO.....	110	westab plus	172	XOLREMDI.....	126
volnea (28).....	148	westgel dha	172	XOPENEX HFA	163
VONJO.....	28	WIDE-SEAL DIAPHRAGM		XOSPATA.....	28
VOQUEZNA.....	125	.....	138	XPHOZAH.....	166
VOQUEZNA DUAL PAK.	125	WINLEVI.....	81	XPOVIO	28
VOQUEZNA TRIPLE PAK		WINREVAIR	163	XTAMPZA ER.....	44
.....	125	wintergreen oil	77	XTANDI.....	28
VORANIGO.....	28	wixela inhub	163	xulane	142
voriconazole	3	women's gentle laxative(bisac)		XULTOPHY 100/3.6	107
VORTEX HOLDING		.....	122	XURIDEN	92
CHAMBER	102	wymzya fe	148	XYLOCAINE-	
VOSEVI	7	WYNZORA.....	75	MPF/EPINEPHRINE	82
VOTRIENT	28	X		XYOSTED	111
VOWST.....	122	XACIATO	142	XYREM.....	57
VOXZOGO	110	XADAGO.....	35	XYWAV	58
VOYDEYA	92	XALATAN.....	153	Y	
VPRIV	111	XALKORI	28	YASMIN (28).....	148
VRAYLAR.....	57	XANAX.....	57	YAZ (28)	148
VTAMA	75	XANAX XR	57	YERVOY	28
VUITY	150	XARELTO	70	YONDELIS	28
VUMERITY	60	XARELTO DVT-PE TREAT		YONSA	28
VUSION.....	84	30D START	70	YORVIPATH	111
vyfemla (28).....	148	XATMEP.....	28	YUFLYMA(CF).....	138
vylibra.....	148	XCOPRI	34	YUFLYMA(CF) AI	
VYNDAMAX	73	XCOPRI MAINTENANCE		CROHN'S-UC-HS.....	138
VYNDAQEL.....	73	PACK	34	YUFLYMA(CF)	
VYTORIN 10-10.....	72	XCOPRI TITRATION PACK		AUTOINJECTOR	138
VYTORIN 10-20.....	72	.....	34	YUPELRI	163
VYTORIN 10-40.....	72	XDEMVY	151	YUSIMRY(CF) PEN.....	138
VYTORIN 10-80.....	72	XELJANZ	137	yuvaferm.....	141
VYVANSE.....	57	XELJANZ XR	137	Z	
VYZULTA.....	153	XELODA.....	28	ZADITOR.....	151
		XELPROS	153	zafemy	142

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<i>zafirlukast</i>	163	ZERVIAE	151	ZOLPIDEM.....	58
<i>zaleplon</i>	58	ZESTORETIC	68	ZOMACTON	126
ZALTRAP	28	ZESTRIL	68	ZOMIG	37
ZANAFLEX.....	41	ZETIA	72	ZONALON.....	77
ZANOSAR.....	28	ZETONNA	163	ZONEGRAN	34
<i>zarah</i>	148	ZEVALIN (Y-90).....	28	ZONISADE	34
ZARONTIN	34	ZIAGEN	7	<i>zonisamide</i>	34
ZARXIO.....	126	ZIANA.....	81	ZONTIVITY	70
<i>zatean-pn dha</i>	172	<i>zidovudine</i>	7	ZORTRESS	28
<i>zatean-pn plus</i>	172	ZILBRYSQ	41	ZORVOLEX.....	48
ZAVZPRET	37	<i>zileuton</i>	163	ZORYVE.....	76
ZCORT.....	96	ZILXI.....	81	<i>zovia 1-35 (28)</i>	148
ZEGALOGUE		ZIMHI	48	ZOVIRAX	84
AUTOINJECTOR.....	103	<i>zingiber</i>	172	ZTALMY	34
ZEGALOGUE SYRINGE .	103	ZIOPTAN (PF).....	153	ZTLIDO.....	82
ZEGERID OTC.....	125	<i>ziprasidone hcl</i>	58	ZUBSOLV.....	48
ZEJULA	28	ZIPSOR	48	<i>zumandimine (28)</i>	148
ZELAPAR.....	35	ZIRGAN.....	149	ZURZUVAE.....	58
ZELBORAF	28	ZITHROMAX.....	9	ZYCLARA	132
ZEMBRACE SYMTOUCH.	37	ZITHROMAX TRI-PAK	10	ZYDELIG.....	28
ZEMPLAR	111	ZITHROMAX Z-PAK	10	ZYFLO	163
<i>zenatane</i>	81	ZITUVIMET	113	ZYKADIA.....	28
ZENPEP	123	ZITUVIMET XR.....	113	ZYLET	153
<i>zenzedi</i>	58	ZITUVIO.....	113	ZYLOPRIM.....	132
ZENZEDI	58	ZOCOR	72	ZYMFENTRA.....	123
ZEPATIER.....	7	ZOKINVY.....	92	ZYPITAMAG.....	72
ZEPOSIA	39	ZOLADEX	28	ZYPREXA.....	58
ZEPOSIA STARTER KIT (28-		ZOLINZA.....	28	ZYPREXA RELPREVV	58
DAY).....	39	<i>zolmitriptan</i>	37	ZYPREXA ZYDIS	58
ZEPOSIA STARTER PACK		ZOLMITRIPTAN	37	ZYTIGA	28
(7-DAY)	39	ZOLOFT.....	58	ZYVOX	13
ZERBAXA.....	8	<i>zolpidem</i>	58		

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