



2021 Incentive Formulary Enhanced

(List of Covered Drugs)

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

This formulary was updated on 10/1/2021. For more recent information or other questions, please contact The Health Plan Pharmacy Services at 1.800.624.6961 extension 7914, or visit www.healthplan.org.

Pharmacy Benefit Programs

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

Definitions

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

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

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

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

How to Use Your Prescription Benefit

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

Specialty Pharmacy Program

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

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

Coverage for these agents are provided under your Specialty Pharmacy Benefit. The list of specialty drugs is available at www.healthplan.org/personal/products-and-services.

Drugs Requiring Prior Authorization

Certain medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A coverage determination request can be made by the member, member's representative or physician. To request a coverage determination please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for coverage determinations will be processed within 72 hours. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within 24 hours.

Quantity per Dispensing Event (QPC rules)

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

Non-Formulary Coverage Review

Certain non-formulary medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A non-formulary exception request can be made by the member, member's representative or physician. To request an exception please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for exceptions will be processed within 15 calendar days of receipt of the request. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within 24 hours or receipt.

Generic Difference Policy (copayment policy for multi-source drugs)

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

Out-of-Area Emergencies

In situations of emergency need for a prescription outside The Health Plan service area, please contact The Health Plan for the location of a participating pharmacy in that area. Present The Health Plan ID card with the emergency prescription and pay your copayment. If no pharmacy in the area participates with The Health Plan, purchase

the emergency prescription and send your receipt to The Health Plan. You will be reimbursed in full, less your applicable copayment, for the prescription provided the prescription meets the guidelines specified in this document.

Exclusions and Limitations

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

- The charge for any prescription refill other than the number set by the prescriber. Additionally, no refills dispensed more than one year from the date of the original prescription.
- *The charge for any agent used for cosmetic purposes or hair growth.
- *Nutritional and/or dietary supplements, except as covered in the Evidence of Coverage or required under Preventive Care Services or other laws. Includes, but not limited to, nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed pharmacist.
- The charge for any medications not FDA-approved for use in the general population.
- Off label use of a drug which is not medically accepted. The Health Plan uses the same guidelines as CMS for determining whether a proposed use is medically accepted.
- The charge for a drug not prescribed by a Health Plan qualified provider except in an emergency situation.
- The charge for any medication covered by any Worker's Compensation or occupational disease laws, any other group policy, or government program which is not The Health Plan's program.
- *Dental-related prescriptions such as, but not limited to, oral fluorides, dental mouth washes, devices used in dental therapy.

Certain oral fluoride products may be covered as a preventative medication.

- *The charge for prescription drugs or devices used to promote weight loss.
- *Prescriptions used to treat sexual dysfunction, either oral or topical, or devices used for impotence.
- Appliances and therapeutic devices which may require a prescription are not covered. Include, but are not limited to, garments, splints, bandages, braces or nebulizers regardless of intended use.
- *Treatment of hyperhidrosis (excessive sweating).
- Prescriptions dispensed by any other delivery service other than Express Scripts.
- *Certain legend drugs when any version or strength becomes available over the counter.
- *Drugs in quantity which exceed the limits established by The Health Plan, or which exceed any age limits established.
- Charges for administration of any drug.
- Drugs consumed at the time and place where they were dispensed or where the prescription order was issued including but not limited to samples provided from the physician.
- *Drugs or devices not requiring a prescription by Federal Law, except for injectable insulin.
- *Charges for lost, stolen or damaged medication.
- *Oral immunizations and biologicals.
- *Drugs for the treatment of infertility.
- *Compounded drugs, unless there is at least one ingredient that requires a prescription.

*Always check your Summary Plan Description for your exact plan details. Exclusions and limitations can vary by plan. If you have questions regarding pharmacy coverage, please call 740.695.7914.

Pain Management Program and Opiate/Opioid Management

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

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

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

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

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

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

Table of Contents

ANTI - INFECTIVES	3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	8
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH.....	14
CARDIOVASCULAR, HYPERTENSION & LIPIDS.....	24
DERMATOLOGICALS/TOPICAL THERAPY	30
DIAGNOSTICS & MISCELLANEOUS AGENTS	37
EAR, NOSE & THROAT MEDICATIONS.....	39
ENDOCRINE/DIABETES	40
GASTROENTEROLOGY	48
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	51
MUSCULOSKELETAL & RHEUMATOLOGY	54
OBSTETRICS & GYNECOLOGY.....	56
OPHTHALMOLOGY	61
RESPIRATORY, ALLERGY, COUGH & COLD	65
UROLOGICALS.....	68
VITAMINS, HEMATINICS & ELECTROLYTES	69
Index	73

List of Abbreviations

1: Preferred Generic

2: Preferred Brand

3: Non-preferred Drug

4: Specialty Preferred Generic

5: Specialty Preferred Brand

6: Specialty Non-preferred Drug

ACA: Affordable Care Act.

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

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

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

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

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

SP: Specialty Drug

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

*Note: Some plans may have one specialty drug copay structure for specialty preferred generic, preferred brands and non-preferred brands. Please refer to your plan document.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON	3	
<i>clotrimazole</i>	1	
CRESEMBA	2	PA
DIFLUCAN	3	
<i>fluconazole</i>	1	
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	
NOXAFIL	2	PA; QL
<i>nystatin</i>	1	
ORAVIG	3	
<i>posaconazole</i>	1	PA
SPORANOX	3	
SPORANOX PULSEPAK	3	
<i>terbinafine hcl</i>	1	
VFEND	3	PA
<i>voriconazole</i>	1	PA
ANTIVIRALS		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	
<i>acyclovir</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
APTIVUS	2	
<i>atazanavir</i>	1	
BARACLUDE	2	
BIKTARVY	2	
CIMDUO	2	
COMBIVIR	3	
DESCOVY	2	
<i>didanosine</i>	1	
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabin-tenofovir</i>	1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	1	ACA
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	2	
<i>entecavir</i>	1	
EPCLUSA	5	PA; QL
EPIVIR	3	
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	
EPZICOM	3	

Drug Name	Drug Tier	Requirements / Limits
<i>etravirine</i>	1	
EVOTAZ	3	
<i>famciclovir</i>	1	
FLUMADINE	3	
<i>fosamprenavir</i>	1	
FUZEON	2	PA
GENVOYA	2	
HARVONI	5	PA; QL
HEPSERA	3	
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
INVIRASE	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
KALETRA	3	
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA ORAL SUSPENSION	2	
LEXIVA ORAL TABLET	3	
<i>lopinavir-ritonavir</i>	1	
<i>nevirapine</i>	1	
NORVIR ORAL POWDER IN PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	3	
ODEFSEY	2	

Drug Name	Drug Tier	Requirements / Limits
<i>oseltamivir</i>	1	QL
PREVYMIS	2	QL
PREZISTA	2	
RELENZA DISKHALER	3	QL
RETROVIR	3	
REYATAZ ORAL CAPSULE	3	
REYATAZ ORAL POWDER IN PACKET	2	
<i>ribavirin</i>	1	PA
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	
SELZENTRY	2	
<i>stavudine</i>	1	
SUSTIVA	3	
SYMFI	2	
SYMFI LO	2	
SYMTUZA	2	
SYNAGIS	5	PA; LA
TAMIFLU	3	QL
TEMIXYS	2	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
TRIZIVIR	3	
TROGARZO	5	PA
TYBOST	3	
<i>valacyclovir</i>	1	
VALCYTE	3	
<i>valganciclovir</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VEMLIDY	2	
VIEKIRA PAK	6	PA; QL
VIRACEPT	2	
VIRAMUNE	3	
VIRAMUNE XR	3	
VIRAZOLE	3	PA
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VOSEVI	5	PA; QL
XOFLUZA ORAL TABLET 20 MG, 40 MG	3	QL
XOFLUZA ORAL TABLET 80 MG	3	
ZEPATIER	5	PA; QL
ZIAGEN	3	
<i>zidovudine</i>	1	
ZOVIRAX	3	
CEPHALOSPORINS		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	
<i>cefditoren pivoxil</i>	1	
<i>cefixime</i>	1	
<i>cefprozime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cephalexin</i>	1	
KEFLEX	3	
SPECTRACEF	3	

Drug Name	Drug Tier	Requirements / Limits
SUPRAX	3	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
DIFICID	3	QL
<i>e.e.s. 400</i>	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	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)</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	3	QL
<i>albendazole</i>	1	QL
ALBENZA	3	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL

Drug Name	Drug Tier	Requirements / Limits
ALINIA ORAL TABLET	3	QL
ARAKODA	3	QL
ARIKAYCE	5	PA; LA
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QL
BENZNIDAZOLE	2	QL
BETHKIS	6	PA
BILTRICIDE	3	
CAYSTON	5	PA; LA
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	3	
CLEOCIN PEDIATRIC	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	2	QL
CYCLOSERINE	3	
<i>dapsone</i>	1	
DARAPRIM	6	PA
EMVERM	2	QL
<i>ethambutol</i>	1	
FLAGYL	3	
HUMATIN	6	
<i>hydroxychloroquine</i>	1	
IMPAVIDO	2	QL
<i>isoniazid</i>	1	
<i>ivermectin</i>	1	QL
KITABIS PAK	5	PA
KRINTAFEL	3	QL
<i>linezolid</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
MALARONE	3	QL
MALARONE PEDIATRIC	3	QL
<i>mefloquine</i>	1	QL
MEPRON	3	
<i>metronidazole</i>	1	
MYAMBUTOL	3	
MYCOBUTIN	3	
NEBUPENT	3	QL
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QL
<i>paromomycin</i>	1	
PASER	3	
<i>pentamidine</i>	1	QL
<i>praziquantel</i>	1	
PRETOMANID	3	PA
PRIFTIN	2	
<i>primaquine</i>	1	QL
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	4	PA
QUALAQUIN	3	QL
<i>quinine sulfate</i>	1	QL
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
SIRTURO	2	PA; LA
SIVEXTRO	3	
SOLOSEC	2	
STROMECTOL	3	QL
<i>tinidazole</i>	1	QL
TOBI PODHALER	5	PA
<i>tobramycin</i>	4	PA
<i>tobramycin in 0.225 % nacl</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
TOBRAMYCIN WITH NEBULIZER	6	PA
TRECTOR	3	
XENLETA	3	
XIFAXAN	2	QL
ZYVOX	3	QL
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	
AUGMENTIN XR	3	
<i>dicloxacillin</i>	1	
MOXATAG	3	
<i>penicillin v potassium</i>	1	
QUINOLONES		
BAXDELA	2	
CIPRO	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl</i>	1	
FACTIVE	3	
<i>levofloxacin</i>	1	
<i>moxifloxacin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ofloxacin</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
ACTICLATE	3	ST
<i>avidoxy</i>	1	
AVIDOXY DK	3	ST
<i>demeclocycline</i>	1	
DORYX	3	ST
DORYX MPC	3	ST
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	1	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline</i>	1	
<i>mondoxyne nl</i>	1	
MONODOX	3	ST
<i>morgidox</i>	1	
MORGIDOX 1X 50	3	ST
MORGIDOX 2X100	3	ST
NUZYRA	3	QL
ORACEA	3	ST
TARGADOX	3	ST
<i>tetracycline</i>	1	
VIBRAMYCIN	3	ST
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	1	
FURADANTIN	3	
HIPREX	3	
MACROBID	3	
MACRODANTIN	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
MONUROL	3	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
PRIMSOL	3	
<i>trimethoprim</i>	1	
VANCOMYCIN		
<i>vancomycin</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
KEPIVANCE	5	PA
<i>leucovorin calcium</i>	1	
MESNEX	2	
VISTOGARD	5	PA
XGEVA	5	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ABECMA	6	PA
<i>abiraterone</i>	4	PA
ABRAXANE	5	PA
ADAKVEO	5	PA
ADCETRIS	5	PA
AFINITOR DISPERZ	5	PA
AFINITOR ORAL TABLET 10 MG	5	PA
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	6	PA
ALECENSA	5	PA; QL
ALIQOPA	5	PA; LA
ALKERAN	3	
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA
<i>anastrozole</i>	1	
AROMASIN	3	

Drug Name	Drug Tier	Requirements / Limits
ARRANON	5	PA
ARZERRA	6	PA
ASPARLAS	6	PA
ASTAGRAF XL	3	PA
AYVAKIT	6	PA; LA
<i>azacitidine</i>	4	PA
AZASAN	3	
<i>azathioprine</i>	1	
BALVERSA	5	PA; LA
BAVENCIO	5	PA; LA
BELEODAQ	6	PA
BELRAPZO	6	PA
BENDEKA	5	PA
BESPOUSA	5	PA
BEVACIZUMAB	3	PA
<i>bexarotene</i>	4	PA
<i>bicalutamide</i>	1	
BLINCYTO	5	PA
BORTEZOMIB	6	PA
BOSULIF ORAL TABLET 100 MG	5	PA; QL
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA
BRAFTOVI	6	PA; LA
BREYANZI	6	PA
BRUKINSA	6	PA; LA
CABOMETYX ORAL TABLET 20 MG	5	PA; LA; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	5	PA; LA
<i>capecitabine</i>	4	PA
CAPRELSA	5	PA; LA

Drug Name	Drug Tier	Requirements / Limits
CASODEX	3	
CELLCEPT	3	
COMETRIQ	5	PA
COPIKTRA	6	PA; LA
COSELA	6	PA
COTELLIC	5	PA; LA; QL
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
<i>cyclosporine</i>	1	
<i>cyclosporine modified</i>	1	
CYRAMZA	5	PA
DACOGEN	6	PA
DANYELZA	6	PA
DARZALEX	5	PA; LA
DARZALEX FASPRO	6	PA
DAURISMO	6	PA
<i>decitabine</i>	4	PA
DROXIA	2	
ELIGARD	5	PA
ELIGARD (3 MONTH)	5	PA
ELIGARD (4 MONTH)	5	PA
ELIGARD (6 MONTH)	5	PA
ELZONRIS	5	PA
EMCYT	2	
EMPLICITI	6	PA
ENHERTU	6	PA
ENSPRYNG	5	PA

Drug Name	Drug Tier	Requirements / Limits
ERBITUX	5	PA
ERIVEDGE	5	PA; QL
ERLEADA	5	PA
<i>erlotinib</i>	4	PA
ERWINASE	6	PA
ERWINAZE	6	PA
<i>etoposide</i>	1	
<i>everolimus (antineoplastic)</i>	4	PA
<i>everolimus (immunosuppressive)</i>	1	
EVOMELA	6	PA
<i>exemestane</i>	1	
FARESTON	3	
FARYDAK ORAL CAPSULE 10 MG	6	PA; QL
FARYDAK ORAL CAPSULE 15 MG, 20 MG	6	PA
FEMARA	3	
FIRMAGON KIT W DILUENT SYRINGE	5	PA
<i>fludarabine</i>	1	PA
<i>flutamide</i>	1	
FOLOTYN	5	PA
GAMIFANT	5	PA
GAVRETO	5	PA; LA
GAZYVA	5	PA
<i>gengraf</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG	5	PA
GILOTRIF ORAL TABLET 40 MG	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
GLEOSTINE	2	
GLIADEL WAFER	3	
HALAVEN	5	PA
HYCAMTIN INTRAVENOUS	6	PA
HYCAMTIN ORAL	5	PA
HYDREA	3	
<i>hydroxyurea</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 75 MG	5	PA
IBRANCE ORAL CAPSULE 125 MG	5	PA; QL
IBRANCE ORAL TABLET 100 MG, 75 MG	5	PA
IBRANCE ORAL TABLET 125 MG	5	PA; QL
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG	5	PA
ICLUSIG ORAL TABLET 45 MG	5	PA; QL
IDHIFA ORAL TABLET 100 MG	5	PA; LA
IDHIFA ORAL TABLET 50 MG	5	PA; LA; QL
<i>imatinib</i>	4	PA
IMBRUVICA	5	PA
IMFINZI	5	PA; LA
IMLYGIC	6	PA
IMURAN	3	
INLYTA ORAL TABLET 1 MG	5	PA
INLYTA ORAL TABLET 5 MG	5	PA; QL
IRESSA	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
ISTODAX	5	PA
IXEMPRA	5	PA
JAKAFI ORAL TABLET 10 MG, 20 MG, 25 MG, 5 MG	5	PA
JAKAFI ORAL TABLET 15 MG	5	PA; QL
JELMYTO	6	PA
JEMPERLI	6	PA
JEVTANA	5	PA
KADCYLA	5	PA
KANJINTI	5	PA
KEYTRUDA	5	PA
KOSELUGO	6	PA
KYMRIAH	5	PA
KYPROLIS	5	PA
<i>lapatinib</i>	4	PA; QL
LENVIMA	5	PA
<i>letrozole</i>	1	
LEUKERAN	2	
<i>leuprolide</i>	4	PA
LIBTAYO	5	PA
LONSURF	5	PA
LORBRENA	5	PA
LUMAKRAS	6	PA
LUMOXITI	6	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	6	PA

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT (4 MONTH)	6	PA
LUPRON DEPOT (6 MONTH)	6	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	6	PA
LUPRON DEPOT- PED	5	PA
LUPRON DEPOT- PED (3 MONTH)	5	PA
LYNPARZA	5	PA
LYSODREN	5	
MARGENZA	6	PA
MARQIBO	5	PA
MATULANE	5	PA
<i>megestrol</i>	1	
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL
MEKINIST ORAL TABLET 2 MG	5	PA
MEKTOVI	6	PA; LA
<i>melphalan</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	PA
<i>methotrexate sodium (pf)</i>	1	PA
<i>mitoxantrone</i>	4	PA
MONJUVI	6	PA
MVASI	5	PA
<i>mycophenolate mofetil</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate sodium</i>	1	
MYFORTIC	3	
MYLERAN	2	
MYLOTARG	5	PA; LA
NEORAL	3	
NERLYNX	5	PA; LA
NEXAVAR	5	PA; LA; QL
NILANDRON	3	PA
<i>nilutamide</i>	1	PA
NINLARO	5	PA
NUBEQA	5	PA; LA
<i>octreotide acetate</i>	4	PA
ODOMZO	5	PA; LA; QL
ONIVYDE	5	PA
OPDIVO	5	PA
ORGOVYX	6	PA; LA
PADCEV	6	PA
PEMAZYRE	5	PA; LA
PEPAXTO	6	PA
PERJETA	5	PA
POLIVY	6	PA
PORTRAZZA	6	PA
POTELIGEO	5	PA
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL GRANULES IN PACKET	2	
PURIXAN	5	PA
RAPAMUNE	3	
RETEVMO	6	PA; LA
ROMIDEPSIN	6	PA
ROZLYTREK	5	PA; LA

Drug Name	Drug Tier	Requirements / Limits
RUBRACA ORAL TABLET 200 MG, 300 MG	5	PA; LA
RUBRACA ORAL TABLET 250 MG	5	PA; LA; QL
RUXIENCE	5	PA
RYBREVENT	6	PA
RYDAPT	5	PA
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	2	
SANDOSTATIN	6	PA
SARCLISA	6	PA
SIGNIFOR	5	PA
<i>sirolimus</i>	1	
SOLTAMOX	3	
SOMATULINE DEPOT	5	PA
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA
SPRYCEL ORAL TABLET 140 MG	5	PA; QL
STIVARGA	5	PA; QL
<i>sunitinib</i>	1	PA
SUPPRELIN LA	6	PA
SUTENT	5	PA
SYLVANT	5	PA
SYNRIBO	5	PA
TABLOID	3	
TABRECTA	5	PA
<i>tacrolimus</i>	1	
TAFINLAR ORAL CAPSULE 50 MG	5	PA

Drug Name	Drug Tier	Requirements / Limits
TAFINLAR ORAL CAPSULE 75 MG	5	PA; QL
TAGRISSO ORAL TABLET 40 MG	5	PA; LA
TAGRISSO ORAL TABLET 80 MG	5	PA; LA; QL
TALZENNA	5	PA
<i>tamoxifen</i>	1	
TARCEVA	6	PA
TARGRETIN	5	PA
TASIGNA ORAL CAPSULE 150 MG, 50 MG	5	PA
TASIGNA ORAL CAPSULE 200 MG	5	PA; QL
TAZVERIK	6	PA; LA
TECARTUS	6	PA
TECENTRIQ	5	PA; LA
TEMODAR INTRAVENOUS	5	PA
TEMODAR ORAL	6	PA
<i>temozolomide</i>	4	PA
<i>temsirolimus</i>	4	PA
THALOMID	5	PA
TIBSOVO	5	PA
<i>topotecan</i>	4	PA
<i>toremifene</i>	1	
TORISEL	6	PA
TRAZIMERA	5	PA
TREANDA	5	PA
<i>tretinoin (antineoplastic)</i>	1	
TREXALL	3	PA
TRIPTODUR	5	PA
TRODELVY	6	PA

Drug Name	Drug Tier	Requirements / Limits
TUKYSA	6	PA; LA
TURALIO	6	PA; LA
TYKERB	6	PA; LA; QL
UKONIQ	6	PA; LA
UNITUXIN	5	PA
VANTAS	5	PA
VECTIBIX	5	PA
VELCADE	5	PA
VENCLEXTA	5	PA; LA
VENCLEXTA STARTING PACK	5	PA; QL
VERZENIO ORAL TABLET 100 MG	5	PA; LA; QL
VERZENIO ORAL TABLET 150 MG, 200 MG, 50 MG	5	PA; LA
VIDAZA	6	PA
VITRAKVI	5	PA; LA
VIZIMPRO	5	PA
VOTRIENT	5	PA; QL
VYXEOS	5	PA
XALKORI ORAL CAPSULE 200 MG	5	PA; QL
XALKORI ORAL CAPSULE 250 MG	5	PA
XELODA	6	PA
XERMELO	5	PA; LA
XOSPATA	5	PA; LA
XTANDI ORAL CAPSULE	5	PA; QL
XTANDI ORAL TABLET 40 MG	5	PA; QL
XTANDI ORAL TABLET 80 MG	5	PA
YERVOY	5	PA

Drug Name	Drug Tier	Requirements / Limits
YESCARTA	5	PA
YONDELIS	5	PA
YONSA	5	PA
ZALTRAP	5	PA
ZEJULA	5	PA; LA; QL
ZELBORAF	5	PA
ZEPZELCA	6	PA
ZIRABEV	5	PA
ZOLADEX	5	PA
ZOLINZA	5	PA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	3	
ZORTRESS ORAL TABLET 1 MG	2	
ZYDELIG ORAL TABLET 100 MG	5	PA
ZYDELIG ORAL TABLET 150 MG	5	PA; QL
ZYKADIA	5	PA; QL
ZYNLONTA	6	PA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

BANZEL	3	
BRIVIACT	3	
<i>carbamazepine</i>	1	
CARBATROL	3	
CELONTIN	2	
<i>clobazam</i>	1	
<i>clonazepam</i>	1	
DEPAKOTE	3	
DEPAKOTE ER	3	

Drug Name	Drug Tier	Requirements / Limits
DEPAKOTE SPRINKLES	3	
DIACOMIT	5	PA
DIASTAT	3	
DIASTAT ACUDIAL	3	
<i>diazepam</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
<i>divalproex</i>	1	
ELEPSIA XR	3	
EPIDIOLEX	5	PA; LA
<i>epitol</i>	1	
EQUETRO	3	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL	3	
FYCOMPA	2	
<i>gabapentin</i>	1	
GABITRIL	3	
GRALISE	3	
KLONOPIN	3	
LAMICTAL XR STARTER (BLUE)	3	
LAMICTAL XR STARTER (GREEN)	3	
LAMICTAL XR STARTER (ORANGE)	3	
<i>lamotrigine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>levetiracetam</i>	1	
MYSOLINE	3	
NAYZILAM	2	
ONFI	3	
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	
<i>phenobarbital</i>	1	
PHENYTEK	3	
<i>phenytoin</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin</i>	1	
<i>primidone</i>	1	
QUDEXY XR	2	
<i>roweepra</i>	1	
<i>rufinamide</i>	1	
SABRIL	6	PA; LA
SPRITAM	3	
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
SYMPAZAN	3	
TEGRETOL	3	
TEGRETOL XR	3	
<i>tiagabine</i>	1	
<i>topiramate</i>	1	
TROKENDI XR	3	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VALTOCO	3	
<i>vigabatrin</i>	4	PA; LA
<i>vigadrone</i>	4	PA
VIMPAT	2	
XCOPRI	3	
XCOPRI MAINTENANCE PACK	3	
XCOPRI TITRATION PACK	3	
ZARONTIN	3	
<i>zonisamide</i>	1	
ANTIPARKINSONISM AGENTS		
AZILECT	3	
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
COMTAN	3	
DUOPA	6	PA
<i>entacapone</i>	1	
INBRIJA	5	PA
KYNMOBI	2	PA
LODOSYN	3	
MIRAPEX ER	3	
NEUPRO	3	
NOURIANZ	6	LA
OSMOLEX ER	6	PA
PARLODEL	3	
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole</i>	1	

Drug Name	Drug Tier	Requirements / Limits
RYTARY	3	
<i>selegiline hcl</i>	1	
SINEMET	3	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR	3	
<i>tolcapone</i>	1	
<i>trihexyphenidyl</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; QL
AJOVY AUTOINJECTOR	2	PA; QL
AJOVY SYRINGE	2	PA; QL
<i>almotriptan malate</i>	1	QL
AMERGE	3	QL
CAFERGOT	3	
D.H.E.45	3	PA
<i>dihydroergotamine injection</i>	1	PA
<i>dihydroergotamine nasal</i>	1	QL
<i>eletriptan</i>	1	QL
EMGALITY PEN	2	PA; QL
EMGALITY SYRINGE	2	PA; QL
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
FROVA	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>frovatriptan</i>	1	QL
<i>migergot</i>	1	
MIGRANAL	3	QL
<i>naratriptan</i>	1	QL
NURTEC ODT	3	PA; QL
ONZETRA XSAIL	3	ST; QL
RELPAX	3	QL
REYVOW	3	PA; QL
<i>rizatriptan</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate oral</i>	1	QL
<i>sumatriptan succinate subcutaneous</i>	1	PA; QL
<i>sumatriptan-naproxen</i>	1	QL
TOSYMRA	3	QL
UBRELVY	3	PA; QL
ZEMBRACE SYMTOUCH	3	PA; QL
<i>zolmitriptan</i>	1	QL
ZOMIG	2	QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ARICEPT	3	
AUSTEDO	5	PA; LA
<i>dalfampridine</i>	4	PA; QL
<i>donepezil</i>	1	
EVRYSDI	6	PA; LA; QL
EXELON PATCH	3	
<i>galantamine</i>	1	
HORIZANT	3	
INGREZZA	6	PA; LA

Drug Name	Drug Tier	Requirements / Limits
INGREZZA INITIATION PACK	6	PA
KEVEYIS	6	PA
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS, DOSE PACK	3	
NAMENDA	3	
NAMENDA TITRATION PAK	3	
NAMENDA XR	3	
NAMZARIC	2	
NUEDEXTA	2	
NULIBRY	6	PA
RADICAVA	5	PA
RAZADYNE ER	3	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
RUZURGI	5	PA
TEGSEDI	5	PA; LA
<i>tetrabenazine</i>	4	PA
TYSABRI	5	PA; LA; QL
ZOLGENSMA	5	PA
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen</i>	1	
<i>carisoprodol</i>	3	
<i>carisoprodol-aspirin</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>carisoprodol-aspirin-codeine</i>	3	QL
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine</i>	1	
DANTRIUM	3	
<i>dantrolene</i>	1	
LORZONE	3	PA
<i>meprobamate</i>	3	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
NORGESIC FORTE	3	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine-asa-caffeine</i>	1	
<i>orphengesic forte</i>	1	
<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	
SKELAXIN	3	
SOMA	3	
<i>tizanidine</i>	1	
<i>vanadom</i>	3	
ZANAFLEX	3	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	1	QL
<i>acetaminophen-codeine</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
ACTIQ	3	PA; QL
ALLZITAL	3	PA
<i>ascomp with codeine</i>	1	
BELBUCA	2	PA
<i>buprenorphine</i>	1	PA
<i>buprenorphine hcl</i>	1	PA
<i>butalbital compound w/codeine</i>	1	
<i>butalbital-acetaminop-caf-cod</i>	1	
<i>butalbital-acetaminophen</i>	1	
<i>butalbital-acetaminophen-caff</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
<i>codeine sulfate</i>	1	QL
<i>codeine-bitalbital-asa-caff</i>	1	
DILAUDID	3	QL
<i>diskets</i>	1	PA
DSUVIA	3	
<i>dvorah</i>	1	QL
<i>endocet</i>	1	QL
ESGIC	3	ST
<i>fentanyl</i>	1	QL
<i>fentanyl citrate</i>	1	PA; QL
FIORICET	3	ST
FIORICET WITH CODEINE	3	
<i>hydrocodone bitartrate</i>	1	QL
<i>hydrocodone-acetaminophen</i>	1	QL
<i>hydrocodone-ibuprofen</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<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</i>	1	QL
HYSINGLA ER	2	QL
<i>levorphanol tartrate</i>	1	QL
LORTAB ELIXIR	3	QL
<i>meperidine</i>	3	QL
<i>methadone</i>	1	PA
<i>methadose</i>	1	PA
<i>morphine concentrate</i>	1	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</i>	1	QL
MS CONTIN	3	PA; QL
NALOCET	3	QL
OXAYDO	3	QL
<i>oxycodone</i>	1	QL
<i>oxycodone-acetaminophen</i>	1	QL
OXYCONTIN	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>oxymorphone oral tablet</i>	1	QL
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; QL
<i>prolate</i>	1	QL
ROXICODONE	3	QL
SUBLOCADE	5	PA
<i>tencon</i>	1	
TREZIX	3	QL
VANATOL LQ	3	ST
VANATOL S	3	ST
<i>vtol lq</i>	1	
<i>zebutal</i>	1	
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	3	ACA; OTC
ANAPROX DS	3	
ANJESO	3	
ARTHROTEC 50	3	ST
ARTHROTEC 75	3	ST
<i>aspirin</i>	1	ACA; OTC
<i>aspirin low dose</i>	1	ACA; OTC
<i>aspir-trin</i>	1	ACA; OTC
<i>bayer aspirin</i>	1	ACA; OTC
<i>buprenorphine-naloxone</i>	1	PA
<i>butorphanol</i>	1	PA; QL
CAMBIA	3	ST; QL
<i>cataflam</i>	1	
<i>celecoxib</i>	1	ST
<i>children's aspirin</i>	1	ACA; OTC
<i>choline,magnesium salicylate</i>	1	
DAYPRO	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical</i>	1	ST; QL
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	
DISALCID	3	
EC-NAPROSYN	3	ST
<i>ecotrin</i>	1	ACA; OTC
<i>ecotrin low strength</i>	1	ACA; OTC
<i>etodolac</i>	1	
EUFLEXXA	5	PA
FELDENE	3	ST
<i>fenopropfen</i>	1	ST
FLECTOR	2	ST
<i>flurbiprofen</i>	1	
<i>ibu</i>	1	
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr</i>	1	ST
<i>ketorolac</i>	1	
KLOXXADO	2	
LICART	2	ST
LODINE	3	ST
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>meloxicam</i>	1	
<i>meloxicam submicronized</i>	1	ST
MOBIC	3	ST
MONOVISC	5	PA
<i>nabumetone</i>	1	
NALFON	3	ST
<i>naloxone</i>	1	PA
<i>naltrexone</i>	1	
NAPROSYN	3	ST
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium</i>	1	
NARCAN	2	
ORTHOVISC	5	PA
<i>oxaprozin</i>	1	
<i>pentazocine-naloxone</i>	3	QL
<i>piroxicam</i>	1	
RELAFEN	3	ST
<i>salsalate</i>	1	
SPRIX	6	PA
<i>st joseph aspirin</i>	1	ACA; OTC
<i>st. joseph aspirin</i>	3	ACA; OTC
<i>sulindac</i>	1	
<i>tolmetin oral capsule</i>	1	ST
<i>tolmetin oral tablet 200 mg</i>	1	
<i>tolmetin oral tablet 600 mg</i>	1	ST
<i>tramadol</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>tramadol-acetaminophen</i>	1	QL
ULTRACET	3	QL
ULTRAM	3	QL
VIVITROL	5	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9- 0.71 MG, 5.7-1.4 MG	2	PA
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	2	
ABILIFY MYCITE	3	
ABILIFY MYCITE MAINTENANCE KIT	3	
ABILIFY MYCITE STARTER KIT	3	
ADASUVE	3	
ADDERALL XR	3	
ADHANSIA XR	3	
ADZENYS ER	3	
ADZENYS XR- ODT	3	
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	1	
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amphetamine sulfate</i>	1	
ANAFRANIL	3	
APLENZIN	3	
APTENSIO XR	3	
<i>aripiprazole</i>	1	
ARISTADA	2	
ARISTADA INITIO	2	
<i>armodafinil</i>	1	PA; QL
<i>asenapine maleate</i>	1	
ATIVAN	3	
<i>atomoxetine</i>	1	
BELSOMRA	3	ST
<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	
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	
<i>bupirone</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine</i>	1	
<i>citalopram</i>	1	
<i>clomipramine</i>	1	
<i>clonidine hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>clozapine</i>	1	
CLOZARIL	3	

Drug Name	Drug Tier	Requirements / Limits
COTEMPLA XR-ODT	3	
DAYTRANA	2	
DAYVIGO	3	ST
<i>desipramine</i>	1	
DESOXYN	3	
DESVENLAFAXIN E	3	
<i>desvenlafaxine succinate</i>	1	
DEXEDRINE SPANSULE	3	
<i>dexmethylphenidate</i>	1	
<i>dextroamphetamine</i>	1	
<i>dextroamphetamine-amphetamine</i>	1	
<i>diazepam</i>	1	
<i>diazepam intensol</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	ST
<i>duloxetine</i>	1	
DYANAVEL XR	2	
EDLUAR	3	ST
EMSAM	3	
<i>ergoloid</i>	1	
<i>escitalopram oxalate</i>	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
EVEKEO	3	
EVEKEO ODT	3	
FANAPT	3	
FETZIMA	2	
<i>fluoxetine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fluphenazine hcl</i>	1	
<i>flurazepam</i>	1	
<i>fluvoxamine</i>	1	
FORFIVO XL	3	
GEODON	3	
<i>guanfacine</i>	1	
HALCION	3	
<i>haloperidol</i>	1	
<i>haloperidol lactate</i>	1	
HETLIOZ	6	PA
HETLIOZ LQ	6	PA
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INVEGA	3	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
JORNAY PM	3	
KAPVAY	3	
KETAMINE	3	
LATUDA	2	
<i>lithium carbonate</i>	1	
LITHOBID	3	
<i>lorazepam</i>	1	
<i>lorazepam intensol</i>	1	
<i>loxapine succinate</i>	1	
<i>maprotiline</i>	1	
MARPLAN	3	
<i>methamphetamine</i>	1	
METHYLIN	3	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	
<i>methylphenidate hcl oral solution</i>	1	
<i>methylphenidate hcl oral tablet</i>	1	
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	
<i>methylphenidate hcl oral tablet,chewable</i>	1	
<i>midazolam</i>	1	
<i>mirtazapine</i>	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN)	3	
<i>modafinil</i>	1	PA; QL
<i>molindone</i>	1	
MYDAYIS	2	
NARDIL	3	
<i>nefazodone</i>	3	
NORPRAMIN	3	
<i>nortriptyline</i>	1	
NUPLAZID	6	PA

Drug Name	Drug Tier	Requirements / Limits
<i>olanzapine</i>	1	
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	3	
<i>paliperidone</i>	1	
PAMELOR	3	
PARNATE	3	
<i>paroxetine hcl</i>	1	
<i>paroxetine mesylate(menop.sym)</i>	1	
PAXIL	3	
PAXIL CR	3	
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
<i>procentra</i>	1	
<i>protriptyline</i>	1	
<i>quetiapine</i>	1	
QUILLICHEW ER	2	
QUILLIVANT XR	2	
<i>ramelteon</i>	1	
RELEXXII	3	
REMERON	3	
REMERON SOLTAB	3	
RESTORIL	3	
REXULTI	3	
RISPERDAL	3	
RISPERDAL CONSTA	2	
<i>risperidone</i>	1	
RITALIN	3	

Drug Name	Drug Tier	Requirements / Limits
RITALIN LA	3	
<i>seconal sodium</i>	1	
SECUADO	3	
<i>sertraline</i>	1	
SILENOR	3	ST
SUNOSI	2	PA; QL
SYMBYAX	3	
<i>temazepam</i>	3	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
TRANXENE T-TAB	3	
<i>tranylcypromine</i>	1	
<i>trazodone</i>	1	
<i>triazolam</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	PA
<i>venlafaxine</i>	1	
VERSACLOZ	3	
VRAYLAR	3	
VYVANSE	2	
WAKIX	6	PA; LA; QL
XYREM	5	PA; LA
XYWAV	5	PA; LA
<i>zaleplon</i>	1	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl</i>	1	
<i>zolpidem</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ZOLPIMIST	3	ST
ZULRESSO	5	PA
ZYPREXA	3	
ZYPREXA RELPREVV	3	
ZYPREXA ZYDIS	3	

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone</i>	1	
BETAPACE	3	
BETAPACE AF	3	
<i>disopyramide phosphate</i>	3	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	3	
NORPACE	3	
NORPACE CR	3	
<i>pacerone</i>	1	
<i>propafenone</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
RYTHMOL SR	3	
<i>sorine</i>	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	
SOTYLIZE	2	

ANTIHYPERTENSIVE THERAPY

ACCUPRIL	3	
ACCURETIC	3	
<i>acebutolol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ADALAT CC	3	
ALDACTAZIDE	3	
ALDACTONE	3	
<i>aliskiren</i>	1	
ALTACE	3	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol</i>	1	
BIDIL	3	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
CALAN SR	3	
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CARDIZEM	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDURA	3	
CARDURA XL	3	
CAROSPIR	3	PA
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	
CATAPRES-TTS-1	3	QL
CATAPRES-TTS-2	3	QL
CATAPRES-TTS-3	3	QL
<i>chlorthalidone</i>	1	
<i>clonidine</i>	1	QL
<i>clonidine hcl</i>	1	
COREG CR	3	
CORGARD	3	
DEMSER	3	
DIBENZYLINE	3	
<i>diltiazem</i>	1	
<i>dilt-xr</i>	1	
DIURIL	3	
<i>doxazosin</i>	1	
DYRENIUM	3	
EDECRIN	3	
<i>enalapril maleate</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>epoprostenol</i>	4	PA
<i>epoprostenol (glycine)</i>	4	PA
<i>eprosartan</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ethacrynic acid</i>	1	
<i>felodipine</i>	1	
FLOLAN	5	PA
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide</i>	1	
<i>guanfacine</i>	1	
HEMANGEOL	6	PA
<i>hydralazine</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
INSpra	3	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	1	
<i>labetalol</i>	1	
LASIX	3	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR	3	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN	3	
LOTENSIN HCT	3	
<i>matzim la</i>	1	
MAXZIDE	3	
MAXZIDE-25MG	3	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate</i>	1	
<i>metyrosine</i>	1	
MINIPRESS	3	
<i>minoxidil</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nadolol-bendroflumethiazide</i>	1	
<i>nicardipine</i>	1	
<i>nifedipine oral capsule</i>	3	
<i>nifedipine oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
NYMALIZE	3	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	6	PA
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	
<i>pindolol</i>	1	
<i>prazosin</i>	1	
PRESTALIA	3	

Drug Name	Drug Tier	Requirements / Limits
PRINIVIL	3	
PROCARDIA XL	3	
<i>propranolol</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
REMODULIN	6	PA
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
SULAR	3	
TARKA	3	
<i>taztia xt</i>	1	
TEKTURNA HCT	2	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	3	
<i>terazosin</i>	1	
<i>tiadylt er</i>	1	
TIAZAC	3	
<i>timolol maleate</i>	1	
<i>toremide</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>treprostinil sodium</i>	4	PA
<i>triamterene</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>triamterene-hydrochlorothiazid</i>	1	
UPTRAVI	5	PA; LA
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	
VASOTEC	3	
<i>veletri</i>	4	PA
<i>verapamil</i>	1	
VERELAN	3	
VERELAN PM	3	
ZESTORETIC	3	
ZESTRIL	3	
ZIAC	3	
CARDIAC GLYCOSIDES		
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin</i>	1	
LANOXIN	3	
COAGULATION THERAPY		
ADVATE	5	PA
ADYNOVATE	5	PA
AFSTYLA	5	PA
ALPHANATE	5	PA
ALPHANINE SD	5	PA
ALPROLIX	5	PA
AMICAR	3	
<i>aminocaproic acid</i>	1	
ARIXTRA	6	PA
<i>aspirin-dipyridamole</i>	1	
BENEFIX	5	PA
BRILINTA	2	

Drug Name	Drug Tier	Requirements / Limits
CABLIVI	5	PA; LA
CEPROTIN (BLUE BAR)	5	PA
CEPROTIN (GREEN BAR)	5	PA
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
COAGADEX	5	PA
CORIFACT	5	PA
<i>dipyridamole</i>	1	
DOPTLET (15 TAB PACK)	5	PA; LA; QL
EFFIENT	3	
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
ELOCTATE	5	PA
<i>enoxaparin</i>	4	PA
ESPEROCT	5	PA
FEIBA NF	5	PA
FIBRYGA	6	PA
<i>fondaparinux</i>	4	PA
FRAGMIN	5	PA
HEMLIBRA	5	PA
HEMOFIL M HIGH	5	PA
HEMOFIL M LOW	5	PA
HEMOFIL M MID	5	PA
HEMOFIL M SUPER HIGH	5	PA
<i>hep flush-10 (pf)</i>	1	PA
<i>heparin (porcine)</i>	1	PA
HEPARIN (PORCINE) IN 0.9% NACL	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>heparin (porcine) in 5 % dex</i>	1	PA
<i>heparin (porcine) in nacl (pf)</i>	1	PA
<i>heparin flush(porcine)-0.9nacl</i>	1	PA
<i>heparin lock flush (porcine)</i>	1	PA
<i>heparin lockflush(porcine)(pf)</i>	1	PA
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	PA
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	PA
<i>heparin, porcine (pf) injection solution</i>	1	PA
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	PA
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	PA
<i>heparin, porcine (pf) intravenous</i>	1	PA
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	PA
HUMATE-P	5	PA
IDELVION	6	PA

Drug Name	Drug Tier	Requirements / Limits
IXINITY	5	PA
<i>jantoven</i>	1	
JIVI	5	PA
KOATE	6	PA
KOGENATE FS	5	PA
KOVALTRY	5	PA
MEPHYTON	3	PA; QL
MONONINE	5	PA
NOVOEIGHT	5	PA
NPLATE	5	PA
OBIZUR	5	PA
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) injection solution</i>	1	PA
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	2	PA
<i>phytonadione (vitamin k1) oral</i>	1	PA; QL
<i>prasugrel</i>	1	
PROFILNINE	6	PA
PROMACTA	5	PA; LA
REBINYN	6	PA
RIASTAP	5	PA
RIXUBIS	6	PA
SEVENFACT	5	PA
TAVALISSE	5	PA; LA; QL
TRETTEN	5	PA
<i>vitamin k</i>	1	PA
<i>vitamin k1</i>	1	PA
VONVENDI	5	PA
<i>warfarin</i>	1	
WILATE	5	PA

Drug Name	Drug Tier	Requirements / Limits
XARELTO	2	
XARELTO DVT-PE TREAT 30D START	2	
ZONTIVITY	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	
ANTARA	3	ST
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
CADUET	3	ST
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	
COLESTID	3	
COLESTID FLAVORED	3	
<i>colestipol</i>	1	
EVKEEZA	6	PA
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	1	
<i>fenofibrate micronized</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
FENOFIBRATE ORAL CAPSULE	3	ST
<i>fenofibrate oral tablet</i>	1	
<i>fenofibric acid</i>	1	
FIBRICOR	3	ST

Drug Name	Drug Tier	Requirements / Limits
FLOLIPID	3	ST
<i>fluvastatin</i>	1	ACA
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	1	PA
JUXTAPID	5	PA; LA
LESCOL XL	3	ST
LIPOFEN	2	
LIVALO	2	ST
LOPID	3	
<i>lovastatin</i>	1	ACA
LOVAZA	3	PA
NEXLETOL	2	PA
NEXLIZET	2	PA
<i>niacin</i>	1	
NIACOR	3	
NIASPAN EXTENDED-RELEASE	3	
<i>omega-3 acid ethyl esters</i>	1	PA
<i>pravastatin</i>	1	ACA
<i>prevalite</i>	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
REPATHA PUSHTRONEX	2	PA
REPATHA SURECLICK	2	PA
REPATHA SYRINGE	2	PA
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ROSZET	3	ST
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
VASCEPA	2	PA
ZYPITAMAG	3	ST
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ENTRESTO	2	
<i>ranolazine</i>	1	
VECAMYL	3	
VERQUVO	2	
VYNDAMAX	5	PA
VYNDAQEL	5	PA
NITRATES		
GONITRO	3	
ISORDIL	3	
ISORDIL TITRADOSE	3	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
MINITRAN	3	
<i>nitro-bid</i>	1	
NITRO-DUR	3	
<i>nitroglycerin</i>	1	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	
<i>nitro-time</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		

Drug Name	Drug Tier	Requirements / Limits
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	
ANALPRAM-HC	3	ST
<i>calcipotriene</i>	1	QL
<i>calcipotriene-betamethasone</i>	1	QL
<i>calcitriol</i>	1	
DOVONEX	3	QL
ENSTILAR	2	QL
EPIFOAM	3	ST
<i>hydrocortisone-pramoxine</i>	1	ST
OVACE	3	
OVACE PLUS	3	
OVACE PLUS SHAMPOO	3	
OVACE PLUS WASH	3	
PRAMOSONE	3	ST
<i>selenium sulfide</i>	1	
SELRX	3	
SKYRIZI	5	PA; QL
SORIATANE	3	
SORILUX	3	QL
STELARA INTRAVENOUS	6	PA
STELARA SUBCUTANEOUS	5	PA; QL
<i>sulfacetamide sodium</i>	1	
TACLONEX	3	QL
TALTZ AUTOINJECTOR	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
TALTZ AUTOINJECTOR (2 PACK)	5	PA; QL
TALTZ AUTOINJECTOR (3 PACK)	5	PA; QL
TALTZ SYRINGE	5	PA; QL
TERSI FOAM	3	
TREMFYA	5	PA; QL
VECTICAL	3	
BURN THERAPY		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
KERATOLYTICS		
INOVA 4-1	3	ST
INOVA 8-2	3	ST
MISCELLANEOUS DERMATOLOGICALS		
AMELUZ	3	
<i>ammonium lactate</i>	1	
CANTHARIDIN IN ACETONE	3	
CONDYLOX	3	QL
CORTANE-B	3	
<i>doxepin</i>	1	ST; QL
DUPIXENT PEN	5	PA; QL
DUPIXENT SYRINGE	5	PA; QL
EFUDEX	3	
EUCRISA	3	ST; QL
FLUOROPLEX	3	
<i>fluorouracil</i>	1	
<i>iodine-sodium iodide</i>	1	
IODOFLEX	3	

Drug Name	Drug Tier	Requirements / Limits
IODOSORB	3	
LEVULAN	3	
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
PANRETIN	3	
PICATO	2	
<i>pimecrolimus</i>	1	ST; QL
<i>podofilox</i>	1	
PROTOPIC	3	ST; QL
<i>prudoxin</i>	1	ST; QL
QBREXZA	3	PA
REGRANEX	2	
SCENESSE	6	PA
<i>tacrolimus</i>	1	ST; QL
TOLAK	3	
VALCHLOR	5	PA
VEREGEN	3	ST
<i>wintergreen oil</i>	1	
ZONALON	3	ST; QL
THERAPY FOR ACNE		
ABSORICA	3	
ABSORICA LD	3	
<i>accutane</i>	1	
ACZONE	3	ST
<i>adapalene-benzoyl peroxide</i>	1	
AKLIEF	3	ST
ALTRENO	3	
<i>amnesteam</i>	1	
AMZEEQ	2	ST
ARAZLO	3	PA
AVAR LS	3	ST
<i>avar topical cleanser</i>	1	

Drug Name	Drug Tier	Requirements / Limits
AVAR TOPICAL PADS, MEDICATED	3	ST
AVAR-E GREEN	3	ST
AVAR-E LS	3	ST
<i>avita topical cream</i>	1	
AVITA TOPICAL GEL	3	
<i>azelaic acid</i>	1	
AZELEX	3	ST
BENZACLIN	3	ST
BENZACLIN PUMP	3	ST
BENZAMYCIN	3	ST
<i>benzebro</i>	1	
BENZEPRO (MICROSPHERES)	3	ST
<i>benzoyl peroxide</i>	1	
<i>bp 10-1</i>	1	ST
<i>claravis</i>	1	
CLEOCIN T	3	ST; QL
CLINDACIN ETZ	3	ST
<i>clindacin p</i>	1	
CLINDACIN PAC	3	ST
<i>clindamycin phosphate topical foam</i>	1	QL
<i>clindamycin phosphate topical gel</i>	1	QL
<i>clindamycin phosphate topical lotion</i>	1	QL
<i>clindamycin phosphate topical solution</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoin</i>	1	
<i>dapsone</i>	1	
ENZOCLEAR	3	ST
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin with ethanol</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
EVOCLIN	3	ST; QL
FABIOR	3	PA
FINACEA TOPICAL FOAM	2	ST
FINACEA TOPICAL GEL	3	ST
INOVA	3	ST
<i>isotretinoin</i>	1	
<i>ivermectin</i>	1	QL
METROCREAM	3	ST
METROGEL	3	ST
<i>metronidazole</i>	1	
MIRVASO	2	PA
<i>myorisan</i>	1	
<i>neuac</i>	1	
NEUAC KIT	3	ST
NORITATE	3	ST
ONEXTON	2	ST
PACNEX	3	ST
PLEXION	3	ST

Drug Name	Drug Tier	Requirements / Limits
PLEXION CLEANSING CLOTHS	3	ST
PR BENZOYL PEROXIDE	3	ST
RETIN-A	3	
RETIN-A MICRO PUMP	3	
RHOFADE	3	PA
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	3	ST
ROSANIL	3	ST
ROSULA	3	ST
<i>rosula cleansing cloths</i>	1	
SOOLANTRA	3	ST; QL
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur</i>	1	
<i>sulfacetamide-sulfur-cleansr23</i>	1	
<i>sulfacleanse 8-4</i>	1	ST
SUMADAN	3	ST
SUMADAN XLT	3	ST
SUMAXIN	3	ST
SUMAXIN CP	3	ST
SUMAXIN TS	3	ST
<i>tazarotene</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
TAZORAC	2	PA
<i>tretinoin</i>	1	
<i>tretinoin microspheres</i>	1	
VANOXIDE-HC	3	ST
<i>zenatane</i>	1	
ZIANA	3	ST
ZILXI	3	ST
TOPICAL ANESTHETICS		
COCAINE	3	
<i>glydo</i>	1	QL
GOPRELTO	3	
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	QL
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	QL
<i>lidocaine hcl mucous membrane solution</i>	1	
<i>lidocaine hcl-hydrocortison ac</i>	1	
<i>lidocaine topical adhesive patch, medicated</i>	1	ST; QL
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lidocort</i>	1	
<i>lta pre-attached</i>	1	
NUMBRINO	3	

Drug Name	Drug Tier	Requirements / Limits
SYNERA	3	
ZTLIDO	2	ST; QL
TOPICAL ANTIBACTERIALS		
ALTABAX	3	ST; QL
CENTANY	3	ST; QL
CENTANY AT	3	ST; QL
<i>gentamicin</i>	1	QL
KLARON	3	ST
<i>lugols</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin</i>	1	QL
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
<i>strong iodine</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON TOPICAL CREAM	2	
SULFAMYLON TOPICAL PACKET	3	
XEPI	3	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclodan topical cream</i>	1	QL
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ciclopirox topical gel</i>	1	QL
<i>ciclopirox topical shampoo</i>	1	QL
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole</i>	1	QL
<i>clotrimazole-betamethasone</i>	1	QL
<i>econazole</i>	1	QL
ERTACZO	3	QL
EXELDERM	3	QL
EXTINA	3	QL
JUBLIA	3	ST
KERYDIN	3	ST
<i>ketconazole</i>	1	QL
<i>ketodan</i>	1	QL
<i>ketodan kit</i>	1	
LOPROX	3	QL
LOPROX (AS OLAMINE)	3	QL
LOPROX KIT	3	QL
LUZU	3	QL
MENTAX	3	QL
MICONAZOLE NITRATE-ZINC OX-PET	3	QL
<i>naftifine</i>	1	QL
NAFTIN	3	QL
<i>nyamyc</i>	1	QL
<i>nystatin</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin-triamcinolone</i>	1	QL
<i>nystop</i>	1	QL
<i>oxiconazole</i>	1	QL
OXISTAT	3	QL
<i>tavaborole</i>	1	ST
VUSION	3	QL
TOPICAL ANTIVIRALS		
<i>acyclovir</i>	1	PA
DENAVIR	3	
XERESE	3	
ZOVIRAX	3	PA
TOPICAL CORTICOSTEROIDS		
<i>ala-cort</i>	1	
ALA-SCALP	3	ST
<i>alclometasone</i>	1	
<i>amcinonide</i>	1	ST
<i>apexicon e</i>	1	ST
<i>beser</i>	1	ST
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented</i>	1	
BRYHALI	3	ST

Drug Name	Drug Tier	Requirements / Limits
CAPEX	3	ST
<i>clobetasol scalp</i>	1	QL
<i>clobetasol topical cream</i>	1	QL
<i>clobetasol topical foam</i>	1	ST; QL
<i>clobetasol topical gel</i>	1	QL
<i>clobetasol topical lotion</i>	1	ST; QL
<i>clobetasol topical ointment</i>	1	QL
<i>clobetasol topical shampoo</i>	1	ST; QL
<i>clobetasol topical spray, non-aerosol</i>	1	ST; QL
<i>clobetasol-emollient topical cream</i>	1	QL
<i>clobetasol-emollient topical foam</i>	1	ST; QL
CLOBEX	3	ST; QL
<i>clodan</i>	1	ST; QL
CLODAN KIT	3	ST
CLODERM	3	ST
CORDRAN	3	ST; QL
CORDRAN TAPE LARGE ROLL	3	ST
CUTIVATE	3	ST
DERMA-SMOOTH/FS BODY OIL	3	ST
DERMA-SMOOTH/FS SCALP OIL	3	ST
DESONATE	3	ST
<i>desonide topical cream</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
DESOWEN	3	ST
<i>desoximetasone</i>	1	ST
<i>desrx</i>	1	ST
<i>diflorasone</i>	1	ST; QL
DIPROLENE (AUGMENTED)	3	ST
DUOBRII	3	ST; QL
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide</i>	1	QL
<i>fluocinonide-e</i>	1	QL
<i>flurandrenolide</i>	1	ST; QL
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide</i>	1	ST
<i>halobetasol propionate topical cream</i>	1	
HALOBETASOL PROPIONATE TOPICAL FOAM	3	ST
<i>halobetasol propionate topical ointment</i>	1	
HALOG	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate topical cream</i>	1	QL
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment</i>	1	ST
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL
<i>hydrocortisone butyr-emollient</i>	1	QL
<i>hydrocortisone valerate</i>	1	
IMPOYZ	3	ST; QL
KENALOG	3	ST; QL
LEXETTE	3	ST
LUXIQ	3	ST
<i>mometasone</i>	1	
<i>nolix</i>	1	ST; QL
NUCORT	3	ST
OLUX	3	ST; QL
OLUX-E	3	ST; QL
PANDEL	3	ST
<i>prednicarbate</i>	1	
PROCTOCORT	3	ST
PSORCON	3	ST; QL
<i>scalacort</i>	1	
SCALACORT DK	3	ST
SERNIVO	3	ST
SYNALAR	3	ST
SYNALAR CREAM KIT	3	ST

Drug Name	Drug Tier	Requirements / Limits
SYNALAR OINTMENT KIT	3	ST
SYNALAR TS	3	ST
TEMOVATE	3	ST; QL
TEXACORT	3	ST
TOPICORT	3	ST
<i>tovet emollient</i>	1	ST; QL
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>trianex</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
TRIDESILON	3	ST
<i>tritocin</i>	1	ST
ULTRAVATE	3	ST
TOPICAL ENZYMES		
SANTYL	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
ELIMITE	3	

Drug Name	Drug Tier	Requirements / Limits
EURAX	3	
<i>ivermectin</i>	1	
<i>lindane</i>	1	
<i>malathion</i>	1	
OVIDE	3	
<i>permethrin</i>	1	
SKLICE	3	
<i>spinosad</i>	1	
ULESFIA	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringer's</i>	1	
SORBITOL	3	
SORBITOL-MANNITOL	3	
<i>tis-u-sol pentalyte</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>acetic acid</i>	1	
AGRYLIN	3	
<i>anagrelide</i>	1	
<i>aqua care sodium chloride</i>	1	
<i>aqua care sterile water</i>	1	
ARALAST NP	5	PA; LA
BUPHENYL	3	

Drug Name	Drug Tier	Requirements / Limits
<i>caffeine citrate</i>	1	
CARBAGLU	5	PA; LA
CARNITOR	3	
CARNITOR (SUGAR-FREE)	3	
<i>cevimeline</i>	1	
CHEMET	2	
<i>clovique</i>	1	
<i>deferasirox</i>	4	PA
<i>deferiprone</i>	4	PA
<i>disulfiram</i>	1	
<i>droxidopa</i>	4	PA
EMPAVELI	6	PA
ENDARI	6	PA
EVOXAC	3	
EXSERVAN	3	PA
FERRIPROX ORAL SOLUTION	5	PA
FERRIPROX ORAL TABLET 1,000 MG	5	PA
FERRIPROX ORAL TABLET 500 MG	6	PA
GIVLAARI	6	PA
GLASSIA	5	PA; LA
GLEOLAN	3	
INCRELEX	5	PA; LA
INFASURF	3	
<i>levocarnitine</i>	1	
<i>levocarnitine (with sugar)</i>	1	
LITHOSTAT	3	
METOPIRONE	3	
<i>midodrine</i>	1	
<i>nitisinone</i>	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
NITYR	5	PA; LA
ORFADIN	6	PA; LA
<i>pilocarpine hcl</i>	1	
PROLASTIN-C	5	PA; LA
RADIOGARDASE	3	
RAVICTI	5	PA
RECLAST	6	PA
REVCovi	5	PA
RILUTEK	3	PA
<i>riluzole</i>	1	PA
<i>risedronate</i>	1	
SALAGEN (PILOCARPINE)	3	
<i>sodium chloride 0.9 %</i>	1	PA
<i>sodium chloride 0.9 % (flush)</i>	1	PA
<i>sodium chloride injection</i>	1	PA
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	1	
SOLIRIS	5	PA
SURVANTA	3	
SYPRINE	3	
THIOLA	6	PA
THIOLA EC	6	PA
TIGLUTIK	3	PA
<i>tiopronin</i>	4	PA
<i>trientine</i>	1	
ULTOMIRIS	6	PA
<i>water for irrigation, sterile</i>	1	
XURIDEN	5	PA

Drug Name	Drug Tier	Requirements / Limits
ZEMAIRA	5	PA; LA
ZOKINVY	6	PA; QL
<i>zoledronic acid-mannitol-water</i>	4	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA; QL
CHANTIX	2	ACA; QL
CHANTIX CONTINUING MONTH BOX	2	ACA; QL
CHANTIX STARTING MONTH BOX	2	ACA; QL
NICODERM CQ	2	OTC; QL
NICORETTE BUCCAL GUM 2 MG	2	OTC; QL
<i>nicorette buccal gum 4 mg</i>	1	ACA; OTC; QL
NICORETTE BUCCAL LOZENGE	2	OTC; QL
NICORETTE BUCCAL MINI LOZENGE	2	OTC; QL
<i>nicotine</i>	1	ACA; OTC; QL
<i>nicotine (polacrilex)</i>	1	ACA; OTC; QL
NICOTROL	3	ACA; QL
NICOTROL NS	3	ACA; QL
<i>quit 2</i>	1	ACA; OTC; QL
<i>quit 4</i>	1	ACA; OTC; QL
<i>stop smoking aid</i>	1	ACA; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
VARENICLINE	2	ACA; QL
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ARESTIN	6	PA
<i>azelastine nasal aerosol,spray</i>	1	QL
<i>azelastine nasal spray,non-aerosol</i>	1	
EPISIL	3	
GELCLAIR	3	
GELX	3	
<i>ipratropium bromide</i>	1	QL
MUGARD	3	
<i>olopatadine</i>	1	QL
<i>oralone</i>	1	
ORAMAGICRX	3	
PATANASE	3	QL
<i>pilocarpine hcl</i>	1	
PROTHELIAL	6	PA
SALAGEN (PILOCARPINE)	3	
<i>triamcinolone acetonide</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid</i>	1	
<i>ciprofloxacin hcl</i>	1	
DERMOTIC OIL	3	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	QL
<i>ofloxacin</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
OTIPRIO	3	QL
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
CIPRODEX	3	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc</i>	1	
OTOVEL	2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	6	PA
CORTEF	3	
<i>decadron</i>	1	
<i>dexabliss</i>	1	PA
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets, dose pack</i>	1	PA
DXEVO	3	PA
<i>fludrocortisone</i>	1	
<i>hidex</i>	1	PA
<i>hydrocortisone</i>	1	
MEDROL	3	
MEDROL (PAK)	3	
<i>methylprednisolone</i>	1	
<i>millipred</i>	1	
<i>millipred dp</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ORAPRED ODT	3	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
RAYOS	3	PA
TAPERDEX	3	PA
TRIESENCE (PF)	3	
ZCORT	3	ST
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	
TAPAZOLE	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ONETOUCH ULTRA TEST	2	OTC
ONETOUCH VERIO TEST STRIPS	2	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	

Drug Name	Drug Tier	Requirements / Limits
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
GLUCAGEN DIAGNOSTIC KIT	2	PA
GLUCAGON HCL	3	PA
INSPIRACHAMBER	2	
INSULIN SYRINGE-NEEDLE U-100	3	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
TRIJARDY XR	2	ST
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	PA
<i>diazoxide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
GLUCAGEN HYPOKIT	2	PA
GLUCAGON (HCL) EMERGENCY KIT	2	PA
<i>glucagon emergency kit (human)</i>	1	PA
GVOKE HYPOPEN 2-PACK	2	PA
GVOKE PFS 2-PACK SYRINGE	2	PA
PROGLYCEM	3	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL	3	OTC
ACCUTREND GLUCOSE CONTROL	3	OTC
ADVOCATE LOW CONTROL	3	OTC
ADVOCATE REDI-CODE+ CTRL LOW	3	OTC
AGAMATRIX CONTROL HIGH	3	OTC
ASSURE 4 CONTROL SOLUTION	3	OTC
ASSURE DOSE NORMAL CONTROL	3	OTC
ASSURE PRISM CONTROL 1-2 SOLN	3	OTC

Drug Name	Drug Tier	Requirements / Limits
AT HOME A1C	3	OTC
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET	2	OTC
BD SPECIALTY USE NEEDLES	2	
BD ULTRA FINE LANCETS	2	OTC
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC
BLOOD GLUCOSE CONTROL, NORMAL	3	OTC
BREEZE 2 CONTROL SOLUTION,HIGH	3	OTC
CARESENS CONTROL A NORMAL	3	OTC
CEQR SIMPLICITY	3	
CLEVER CHOICE LEVEL 2 CONTROL	3	OTC
CONTOUR CONTROL SOLUTION, NML	3	OTC
CONTOUR NEXT LEV 2 CONTROL SOL	3	OTC
COOL CONTROL A SOLUTION	3	OTC
DEXCOM G4 RECEIVER	DME	
DEXCOM G4 TRANSMITTER	DME	QL

Drug Name	Drug Tier	Requirements / Limits
DEXCOM G5 RECEIVER	DME	
DEXCOM G5-G4 SENSOR	DME	QL
DEXCOM G6 RECEIVER	DME	
DEXCOM G6 SENSOR	DME	QL
DEXCOM G6 TRANSMITTER	DME	QL
DEXCOM RECEIVER	DME	
DIATRUE CONTROL SOLN NORMAL	3	OTC
EASY PLUS II HIGH CONTROL	3	OTC
EASY STEP HIGH CONTROL SOLN	3	OTC
EASY TALK HIGH CONTROL	3	OTC
EASY TOUCH BLU CTRL SOLN-L1,L3	3	OTC
EASY TRAK II CTRL SOLN-NORMAL	3	OTC
EASY TRAK LOW CONTROL	3	OTC
EASYGLUCO PLUS NORMAL CONTROL	3	OTC
EASYMAX 15 LEVEL 2	3	OTC
EASYMAX NORMAL CONTROL	3	OTC
ECLIPSE NEEDLE	3	

Drug Name	Drug Tier	Requirements / Limits
ELEMENT COMPACT NORMAL CONTROL	3	OTC
ELEMENT NORMAL CONTROL	3	OTC
EMBRACE EVO LEVEL 1	3	OTC
EMBRACE GLUCOSE CONTROL LOW	3	OTC
EMBRACE TALK CONTROL-LOW (L1)	3	OTC
ENLITE SYSTEM	3	
EVERSENSE SENSOR-HOLDER	3	
EVOLUTION NORMAL CONTROL	3	OTC
FORA GTEL MULTI-FUNCTN MONITOR	3	OTC
FORA KETONE CONTROL SOLN-L1	3	OTC
FORA NORMAL CONTROL	3	OTC
FORA TN'G ADVANCE PRO MONITOR	3	OTC
FORACARE GDH LOW CONTROL	3	OTC
FORTISCARE NORMAL	3	OTC
FREESTYLE CONTROL	2	OTC

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 14 DAY READER	DME	
FREESTYLE LIBRE 14 DAY SENSOR	DME	QL
FREESTYLE LIBRE 2 READER	DME	
FREESTYLE LIBRE 2 SENSOR	DME	
GE100 CONTROL SOLUTION NORMAL	3	OTC
GENTEEL VACUUM LANCING DEVICE	3	OTC
GLUCOCARD 01 NORMAL CONTROL	3	OTC
GLUCOCOM CONTROL NORMAL	3	OTC
GLUCOSE CONTROL	3	OTC
GOJJI GLUCOSE CNTRL SOL-NORMAL	3	OTC
GOJJI KETONE CONTROL SOLN-L1	3	OTC
GOJJI MULTI-FUNCTIONAL METER	3	OTC
HEALTHPRO HIGH-LOW CONTROL	3	OTC
INFINITY CONTROL SOLUTION NORM	3	OTC
INFINITY VOICE CTRL SOLN-LVL 2	3	OTC

Drug Name	Drug Tier	Requirements / Limits
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MEDISENSE	2	OTC
MEDISENSE GLUCOSE KETONE	2	OTC
MYGLUCOHEALTH CONTROL SOLUTION	3	OTC
NOVA MAX GLUCOSE CONTROL	3	OTC
NOVA MAX PLUS GLUC-KETON METER	3	OTC
NOVAMAX PLUS GLU-KET	3	OTC
OMNIPOD DASH 5 PACK POD	2	PA
OMNIPOD INSULIN MANAGEMENT	2	PA
ON CALL EXPRESS CONTROL	3	OTC
ON CALL PLUS CONTROL	3	OTC
ON CALL VIVID CONTROL	3	OTC
ONETOUCH ULTRA CONTROL	2	OTC
ONETOUCH ULTRA2 METER	2	OTC; QL
ONETOUCH ULTRAMINI	2	OTC; QL
ONETOUCH VERIO FLEX METER	2	OTC; QL

Drug Name	Drug Tier	Requirements / Limits
ONETOUCH VERIO IQ METER	2	OTC; QL
ONETOUCH VERIO METER	2	OTC; QL
ONETOUCH VERIO REFLECT METER	2	OTC; QL
PEN NEEDLE, DIABETIC	3	OTC
PRECISION XTRA KETONE-GLUCOSE	2	OTC
PRODIGY CONTROL SOLUTION, LOW	3	OTC
PRODIGY CONTROL SOLUTION,HIGH	3	OTC
REFUAH PLUS GLUCOSE CONTROL	3	OTC
RIGHTEST CONTROL SOLUTION HIGH	3	OTC
SAFE-CLIP BY MAIL	2	OTC
SMARTEST CONTROL	3	OTC
SOLUS V2 CONTROL SOLUTION,HIGH	3	OTC
TELCARE CONTROL	3	OTC
TRUE METRIX LEVEL 1	3	OTC
TRUECONTROL LEVEL 0	3	OTC
UNISTRIIP LOW CONTROL	3	OTC

Drug Name	Drug Tier	Requirements / Limits
VERASENS CONTROL SOLN-LEVEL 1	3	OTC
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VIVAGUARD INO CTRL SOLN-L1,2,3	3	OTC
WAVESENSE CONTROL SOLUTION	3	OTC
INSULIN THERAPY		
BASAGLAR KWIKPEN U-100 INSULIN	3	PA
HUMALOG JUNIOR KWIKPEN U-100	2	PA
HUMALOG KWIKPEN INSULIN	2	PA
HUMALOG MIX 50-50 INSULN U-100	2	PA
HUMALOG MIX 50-50 KWIKPEN	2	PA
HUMALOG MIX 75-25 KWIKPEN	2	PA
HUMALOG MIX 75-25(U-100)INSULN	2	PA
HUMALOG U-100 INSULIN	2	PA
HUMULIN 70/30 U-100 INSULIN	2	PA
HUMULIN 70/30 U-100 KWIKPEN	2	PA

Drug Name	Drug Tier	Requirements / Limits
HUMULIN N NPH INSULIN KWIKPEN	2	PA
HUMULIN N NPH U-100 INSULIN	2	PA
HUMULIN R REGULAR U-100 INSULN	2	PA
HUMULIN R U-500 (CONC) INSULIN	2	PA
HUMULIN R U-500 (CONC) KWIKPEN	2	PA
LANTUS SOLOSTAR U-100 INSULIN	2	PA
LANTUS U-100 INSULIN	2	PA
LEVEMIR FLEXTOUCH U-100 INSULN	2	PA
LEVEMIR U-100 INSULIN	2	PA
LYUMJEV KWIKPEN U-100 INSULIN	2	PA
LYUMJEV KWIKPEN U-200 INSULIN	2	PA
LYUMJEV U-100 INSULIN	2	PA
MYXREDLIN	3	PA
SOLIQUA 100/33	2	PA
TOUJEO MAX U-300 SOLOSTAR	2	PA
TOUJEO SOLOSTAR U-300 INSULIN	2	PA
TRESIBA FLEXTOUCH U-100	2	PA

Drug Name	Drug Tier	Requirements / Limits
TRESIBA FLEXTouch U-200	2	PA
TRESIBA U-100 INSULIN	2	PA
XULTOPHY 100/3.6	2	PA
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA
ANDRODERM	2	PA
BRINEURA	5	PA
<i>cabergoline</i>	1	QL
<i>calcitonin (salmon) injection</i>	1	PA
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol</i>	1	PA
CERDELGA	5	PA
CEREZYME	5	PA
<i>cinacalcet</i>	1	PA
CRYSVITA	5	PA; QL
<i>danazol</i>	1	
DDAVP NASAL	2	PA
DDAVP ORAL	3	PA
DEPO- TESTOSTERONE	3	PA
<i>desmopressin</i>	1	PA
<i>doxercalciferol</i>	1	
ELAPRASE	5	PA
FABRAZYME	5	PA
FORTESTA	3	PA
GALAFOLD	6	PA; LA; QL
JATENZO	3	QL
JYNARQUE	6	PA; LA; QL
KANUMA	5	PA

Drug Name	Drug Tier	Requirements / Limits
KUVAN	6	PA
LUMIZYME	5	PA
MEPSEVII	5	PA
METHITEST	2	PA
<i>methyltestosterone</i>	1	PA
MIACALCIN	3	PA
<i>miglustat</i>	4	PA; LA
MYALEPT	5	PA; LA
NAGLAZYME	5	PA; LA
NATESTO	2	PA
NATPARA	5	PA; LA
NOC DURNA (MEN)	3	PA; QL
NOC DURNA (WOMEN)	3	PA; QL
ORILISSA	2	PA; QL
<i>oxandrolone</i>	1	
PALYNZIQ	5	PA; LA; QL
<i>paricalcitol intravenous</i>	1	PA
<i>paricalcitol oral</i>	1	
RAYALDEE	3	
SAMSCA ORAL TABLET 15 MG	5	PA
SAMSCA ORAL TABLET 30 MG	6	PA
<i>sapropterin</i>	4	PA
SOMAVERT	5	PA
STRENSIQ	5	PA; LA
SYNAREL	2	
TEPEZZA	6	PA
TESTOPEL	6	PA
<i>testosterone cypionate</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone enanthate</i>	1	PA
TESTOSTERONE IMPLANT PELLET 100 MG, 200 MG	3	PA
TESTOSTERONE IMPLANT PELLET 50 MG	3	
<i>testosterone transdermal</i>	1	PA
<i>tolvaptan</i>	4	PA; LA
VIMIZIM	5	PA
VOGELXO	3	PA
VPRIV	6	PA
XYOSTED	3	PA; QL
ZEMPLAR INTRAVENOUS	3	PA
ZEMPLAR ORAL	3	
<i>zoledronic acid</i>	4	PA
<i>zoledronic acid-mannitol-water</i>	4	PA
ZOLEDRONIC AC-MANNITOL-0.9NACL	6	PA
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
ACTOPLUS MET	3	ST
ACTOS	3	ST
AMARYL	3	
BYDUREON BCISE	2	PA
BYETTA	2	PA
CYCLOSET	3	
DUETACT	3	ST
FARXIGA	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin</i>	1	
GLUCOTROL	3	
GLUCOTROL XL	3	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYNASE	3	
GLYXAMBI	2	ST
INVOKAMET	2	ST
INVOKAMET XR	2	ST
INVOKANA	2	ST
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	ST
<i>metformin oral solution</i>	1	ST
<i>metformin oral tablet</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>miglitol</i>	1	
<i>nateglinide</i>	1	
OSENI	3	
OZEMPIC	2	PA
<i>pioglitazone</i>	1	
<i>pioglitazone-glimepiride</i>	1	
<i>pioglitazone-metformin</i>	1	
PRECOSE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>repaglinide</i>	1	
<i>repaglinide-metformin</i>	1	
RIOMET	3	ST
RIOMET ER	3	ST
RYBELSUS	2	PA
SEGLUROMET	2	ST
STEGLATRO	2	ST
STEGLUJAN	2	ST
SYMLINPEN 120	2	PA
SYMLINPEN 60	2	PA
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRULICITY	2	PA
XIGDUO XR	2	ST

THYROID HORMONES

ARMOUR THYROID	2	
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	3	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
<i>unithroid</i>	1	
<i>westhroid</i>	1	

GASTROENTEROLOGY

Drug Name	Drug Tier	Requirements / Limits
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>belladonna alkaloids-opium</i>	1	QL
<i>chlordiazepoxide-clidinium</i>	1	
CUVPOSA	3	
<i>dicyclomine</i>	1	
<i>diphenoxylate-atropine</i>	1	
DONNATAL	3	
<i>ed-spaz</i>	1	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyosyne</i>	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	
LOMOTIL	3	
<i>loperamide</i>	1	
<i>methscopolamine</i>	3	
MOTOFEN	3	
NULEV	3	
<i>opium tincture</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
<i>oscimin sr</i>	1	
<i>phenobarb-hyoscy-atropine-scop</i>	1	
<i>phenohydro</i>	1	
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>symax-sr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alophen (bisacodyl)</i>	1	ACA; OTC
<i>alosetron</i>	1	QL
<i>alvimopan</i>	1	
ANA-LEX KIT	3	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST
ANALPRAM-HC SINGLES	3	
<i>anucort-hc</i>	1	
<i>aprepitant</i>	1	QL
APRISO	3	
AURYXIA	3	
AVSOLA	6	PA
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide</i>	1	
<i>bisacodyl</i>	1	ACA; OTC
<i>bisa-lax (bisacodyl)</i>	1	ACA; OTC
<i>budesonide</i>	1	
<i>calcium acetate(phosphat bind)</i>	1	QL
CHENODAL	5	PA; LA
CHOLBAM	5	PA
<i>citrate of magnesia</i>	1	ACA; OTC
<i>citroma</i>	1	ACA; OTC
<i>clearlax</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
COLAZAL	3	
COMPAZINE	3	
<i>compro</i>	1	
CORTENEMA	3	
CREON	2	
<i>cromolyn</i>	1	
CYSTADANE	5	PA
<i>dronabinol</i>	1	
<i>dulcolax (magnesium hydroxide)</i>	1	ACA; OTC
ENTEREG	3	
ENTOCORT EC	3	
ENTYVIO	5	PA
<i>enulose</i>	1	
GASTROCROM	3	
GATTEX 30-VIAL	6	PA
<i>gavilax</i>	1	ACA; OTC
<i>gavilyte-c</i>	1	ACA
<i>gavilyte-g</i>	1	ACA
<i>gavilyte-n</i>	1	ACA
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl)</i>	1	ACA; OTC
<i>gentlelax</i>	1	ACA; OTC
<i>glycolax</i>	1	ACA; OTC
<i>granisetron hcl</i>	1	QL
<i>healthylax</i>	1	ACA; OTC
<i>hemmorex-hc</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>hydrocortisone-pramoxine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
INFLECTRA	6	PA
<i>lactulose</i>	1	
<i>lanthanum</i>	1	QL
<i>laxaclear</i>	1	ACA; OTC
<i>laxative (bisacodyl)</i>	1	ACA; OTC
<i>laxative peg 3350</i>	1	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe</i>	1	
LINZESS	2	QL
LOKELMA	2	QL
<i>magnesium citrate</i>	1	ACA; OTC
MARINOL	3	
<i>meclizine</i>	1	
<i>mesalamine</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl</i>	1	
<i>milk of magnesia</i>	1	ACA; OTC
<i>milk of magnesia concentrated</i>	1	ACA; OTC
<i>miralax</i>	1	ACA; OTC
MOTEGRITY	3	QL
MOVANTIK	2	QL
<i>natura-lax</i>	1	ACA; OTC
NULYTELY LEMON-LIME	3	ACA

Drug Name	Drug Tier	Requirements / Limits
OICALIVA	5	PA; LA
<i>ondansetron</i>	1	QL
<i>ondansetron hcl</i>	1	QL
<i>oral saline laxative</i>	1	ACA; OTC
ORTIKOS	3	
PANCREAZE	2	
<i>peg 3350-electrolytes</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	ACA
<i>peg-electrolyte soln</i>	1	ACA
<i>peg-prep</i>	1	ACA
PENTASA	2	
PHOSLYRA	2	QL
<i>phosphate laxative</i>	1	ACA; OTC
<i>polyethylene glycol 3350</i>	1	ACA; OTC
<i>powderlax</i>	1	ACA; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCORT	3	
PROCTOCORT	3	ST
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<i>purelax</i>	1	ACA; OTC
RECTIV	2	
REGLAN	3	
RELISTOR	2	PA
REMICADE	5	PA
RENFLEXIS	6	PA
RENVELA	3	QL

Drug Name	Drug Tier	Requirements / Limits
ROWASA	3	
<i>scopolamine base</i>	1	
<i>sevelamer carbonate</i>	1	QL
<i>sevelamer hcl</i>	1	QL
SFROWASA	3	
<i>smoothlax</i>	1	ACA; OTC
<i>sodium polystyrene sulfonate</i>	1	
SOLESTA	6	PA
<i>sps (with sorbitol)</i>	1	
SUCRAID	5	PA
<i>sulfasalazine</i>	1	
SYMPROIC	2	
SYNDROS	3	
<i>trilyte with flavor packets</i>	1	ACA
<i>trimethobenzamide</i>	1	
TRULANCE	2	
UCERIS ORAL	3	
UCERIS RECTAL	2	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
VARUBI	2	QL
VELPHORO	2	QL
VIBERZI	2	
VIOKACE	2	
<i>women's gentle laxative(bisac)</i>	1	ACA; OTC
<i>women's laxative (bisacodyl)</i>	1	ACA; OTC
ZELNORM	3	
ZENPEP	2	
ZOFRAN	3	QL

Drug Name	Drug Tier	Requirements / Limits
ZUPLENZ	3	QL
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	1	
CARAFATE	3	
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
CYTOTEC	3	
DEXILANT	3	ST
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	1	ST
<i>famotidine</i>	1	
<i>lansoprazole</i>	1	
<i>misoprostol</i>	1	
<i>nizatidine</i>	1	
OMECLAMOX-PAK	3	
<i>omeprazole</i>	1	
<i>pantoprazole</i>	1	
PEPCID	3	
<i>rabeprazole</i>	1	ST
<i>sucralfate</i>	1	
TALICIA	2	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
FULPHILA	5	PA; QL
LEUKINE	5	PA

Drug Name	Drug Tier	Requirements / Limits
MACRILEN	6	PA; QL
MOZOBIL	5	PA
NIVESTYM	5	PA
NYVEPRIA	5	PA; QL
PROCRT	5	PA
REBLOZYL	6	PA
RETACRIT	5	PA
ZARXIO	5	PA
ZIEXTENZO	5	PA
GROWTH HORMONES		
EGRIFTA SV	5	PA
GENOTROPIN	5	PA
GENOTROPIN MINQUICK	5	PA
NORDITROPIN FLEXPPO	5	PA
SEROSTIM	5	PA
ZORBTIVE	6	PA
INTERFERONS		
AUBAGIO	5	PA; QL
AVONEX	5	PA; QL
BAFIERTAM	5	PA; QL
BETASERON	5	PA; QL
COPAXONE	6	PA; QL
<i>dimethyl fumarate</i>	4	PA; QL
GILENYA	5	PA; QL
<i>glatiramer</i>	4	PA; QL
<i>glatopa</i>	4	PA; QL
KESIMPTA PEN	5	PA; QL
LEMTRADA	6	PA; QL
MAVENCLAD (10 TABLET PACK)	6	PA; LA; QL
MAVENCLAD (4 TABLET PACK)	6	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (5 TABLET PACK)	6	PA; LA; QL
MAVENCLAD (6 TABLET PACK)	6	PA; LA; QL
MAVENCLAD (7 TABLET PACK)	6	PA; LA; QL
MAVENCLAD (8 TABLET PACK)	6	PA; LA; QL
MAVENCLAD (9 TABLET PACK)	6	PA; LA; QL
MAYZENT	5	PA; QL
MAYZENT STARTER PACK	5	PA
OCREVUS	5	PA; QL
PEGASYS	5	PA; QL
PLEGRIDY	5	PA; QL
POMALYST	5	PA; LA
PONVORY	5	PA; QL
PONVORY 14-DAY STARTER PACK	5	PA; QL
REBIF (WITH ALBUMIN)	5	PA; QL
REBIF REBIDOSE	5	PA; QL
REBIF TITRATION PACK	5	PA; QL
REVLIMID	5	PA; LA
<i>ribavirin</i>	4	PA
TECFIDERA	6	PA; QL
VUMERITY	5	PA; QL
ZEPOSIA	5	PA; QL
ZEPOSIA STARTER KIT	5	PA; QL
ZEPOSIA STARTER PACK	5	PA; QL
INTERLEUKINS		

Drug Name	Drug Tier	Requirements / Limits
ACTIMMUNE	5	PA
ALDARA	3	
ALFERON N	2	PA
ARCALYST	6	PA
ILARIS (PF)	5	PA; LA
<i>imiquimod</i>	1	
INTRON A	5	PA
PROLEUKIN	5	PA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	ACA
AFLURIA QD 2021-22(3YR UP)(PF)	2	ACA
AFLURIA QD 2021-22(6-35MO)(PF)	2	ACA
AFLURIA QUAD 2021-2022(6MO UP)	2	ACA
ASCENIV	6	PA
BCG VACCINE, LIVE (PF)	2	
BEXSERO	2	ACA
BIOTHRAX	2	
BIVIGAM	6	PA
BOOSTRIX TDAP	2	ACA
BOTOX	5	PA
CUVITRU	6	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	2	ACA
DYSPORT	6	PA
ENGERIX-B (PF)	2	ACA

Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B PEDIATRIC (PF)	2	ACA
FLEBOGAMMA DIF	6	PA
FLUAD QUAD 2021-22(65Y UP)(PF)	2	ACA
FLUARIX QUAD 2021-2022 (PF)	2	ACA
FLUBLOK QUAD 2021-2022 (PF)	2	ACA
FLUCELVAX QUAD 2021-2022	2	ACA
FLUCELVAX QUAD 2021-2022 (PF)	2	ACA
FLULAVAL QUAD 2021-2022 (PF)	2	ACA
FLUMIST QUAD 2021-2022	3	ACA
FLUZONE HIGHDOSE QUAD 21-22 PF	2	ACA
FLUZONE QUAD 2021-2022	2	ACA
FLUZONE QUAD 2021-2022 (PF)	2	ACA
GAMASTAN	5	PA
GAMASTAN S/D	5	PA
GAMMAGARD LIQUID	5	PA
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	PA
GAMMAPLEX	6	PA
GAMMAPLEX (WITH SORBITOL)	6	PA
GAMUNEX-C	5	PA

Drug Name	Drug Tier	Requirements / Limits
GARDASIL 9 (PF)	2	ACA
GRASTEK	2	PA
HAVRIX (PF)	2	ACA
HEPLISAV-B (PF)	3	ACA
HIBERIX (PF)	2	ACA
HYQVIA	6	PA
IMOVAX RABIES VACCINE (PF)	2	
INFANRIX (DTAP) (PF)	2	ACA
IPOLE	2	ACA
IXIARO (PF)	2	
JANSSEN COVID-19 VACCINE (EUA)	2	ACA
KINRIX (PF)	3	ACA
MENACTRA (PF)	2	ACA
MENQUADFI (PF)	3	ACA
MENVEO A-C-Y-W-135-DIP (PF)	3	ACA
M-M-R II (PF)	2	ACA
MODERNA COVID-19 VACCINE (EUA)	2	ACA
MYOBLOC	5	PA
OCTAGAM	6	PA
ODACTRA	2	PA
ORALAIR	5	PA
PANZYGA	3	PA
PEDIARIX (PF)	2	ACA
PEDVAX HIB (PF)	2	ACA
PENTACEL (PF)	2	ACA
PENTACEL ACTHIB COMPONENT (PF)	2	ACA

Drug Name	Drug Tier	Requirements / Limits
PFIZER COVID-19 VACCINE (EUA)	2	ACA
PNEUMOVAX-23	2	ACA
PREVNAR 13 (PF)	2	ACA
PREVNAR 20 (PF)	3	ACA
PRIVIGEN	6	PA
PROQUAD (PF)	2	ACA
PROVENGE	5	PA
QUADRACEL (PF)	2	ACA
RABAVERT (PF)	2	
RAGWITEK	2	PA
RECOMBIVAX HB (PF)	2	ACA
ROTARIX	3	ACA
SHINGRIX (PF)	2	ACA
STAMARIL (PF)	2	
TDVAX	2	ACA
TENIVAC (PF)	3	ACA
TETANUS,DIPHTHERIA TOX PED(PF)	2	ACA
TRUMENBA	2	ACA
TWINRIX (PF)	2	ACA
TYPHIM VI	2	
VAQTA (PF)	3	ACA
VARIVAX (PF)	2	ACA
VARIZIG	2	
VAXELIS (PF)	3	
XEMBIFY	5	PA
XEOMIN	6	PA
YF-VAX (PF)	2	
ZOSTAVAX (PF)	3	ACA

MUSCULOSKELETAL & RHEUMATOLOGY

Drug Name	Drug Tier	Requirements / Limits
GOUT THERAPY		
<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<i>febuxostat</i>	1	
GLOPERBA	3	
KRYSTEXXA	5	PA
MITIGARE	2	
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ZYLOPRIM	3	
OSTEOPOROSIS THERAPY		
ACTONEL	3	ST; QL
<i>alendronate oral solution</i>	1	QL
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL
ATELVIA	3	ST; QL
BINOSTO	3	ST; QL
BONIVA	3	ST; QL
EVISTA	3	
FORTEO	5	PA; QL
FOSAMAX	3	ST; QL
FOSAMAX PLUS D	3	ST; QL
<i>ibandronate intravenous</i>	4	PA
<i>ibandronate oral</i>	1	QL
<i>raloxifene</i>	1	
<i>risedronate oral tablet 150 mg, 35 mg</i>	1	QL
<i>risedronate oral tablet 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL
TERIPARATIDE	6	PA; QL
TYMLOS	5	PA
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	5	PA; QL
ACTEMRA INTRAVENOUS	5	PA
ACTEMRA SUBCUTANEOUS	5	PA; QL
ARAVA	3	
BENLYSTA INTRAVENOUS	5	PA
BENLYSTA SUBCUTANEOUS	5	PA; QL
DEPEN TITRATABS	3	
ENBREL	5	PA; QL
ENBREL MINI	5	PA; QL
ENBREL SURECLICK	5	PA; QL
HUMIRA	5	PA; QL
HUMIRA PEN	5	PA; QL
HUMIRA PEN CROHNS-UC-HS START	5	PA; QL
HUMIRA PEN PSOR-UEVITS- ADOL HS	5	PA; QL
HUMIRA(CF)	5	PA; QL
HUMIRA(CF) PEDI CROHNS STARTER	5	PA; QL
HUMIRA(CF) PEN	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; QL
HUMIRA(CF) PEN PEDIATRIC UC	5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; QL
<i>leflunomide</i>	1	
OTEZLA	5	PA; QL
OTEZLA STARTER	5	PA; QL
<i>penicillamine</i>	1	
RASUVO (PF)	2	PA
RIDAURA	2	
RINVOQ	5	PA; QL
SAVELLA	2	
SIMPONI	5	PA; QL
SIMPONI ARIA	6	PA
XELJANZ	5	PA; QL
XELJANZ XR	5	PA; QL

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	3	ACA
FC2 FEMALE CONDOM	2	ACA; OTC
FEMCAP	2	ACA
KYLEENA	5	
LILETTA	6	
MIRENA	5	ACA
PARAGARD T 380A	6	ACA
SKYLA	5	

Drug Name	Drug Tier	Requirements / Limits
WIDE-SEAL DIAPHRAGM	3	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA	3	
ALORA	3	QL
<i>amabelz</i>	1	
ANGELIQ	3	
AYGESTIN	3	
<i>camila</i>	1	ACA
CLIMARA	3	QL
COMBIPATCH	2	
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
<i>deblitane</i>	1	ACA
DELESTROGEN	3	PA
DEPO-ESTRADIOL	2	PA
DEPO-PROVERA	3	ACA; QL
DEPO-SUBQ PROVERA 104	3	QL
<i>dotti</i>	1	QL
DUAVEE	2	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>errin</i>	1	ACA
ESTRACE	3	
ESTRADIOL IMPLANT	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	QL
<i>estradiol vaginal</i>	1	
<i>estradiol valerate</i>	1	PA
<i>estradiol-norethindrone acet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>estrogens-methyltestosterone</i>	1	
FEMHRT LOW DOSE	3	
<i>fyavolv</i>	1	
<i>heather</i>	1	ACA
<i>hydroxyprogest(pf)(p reg presv)</i>	4	PA
<i>hydroxyprogesterone cap(ppres)</i>	4	PA
<i>incassia</i>	1	ACA
<i>jencycla</i>	1	ACA
<i>jinteli</i>	1	
<i>lyleq</i>	1	ACA
<i>lyllana</i>	1	QL
<i>lyza</i>	1	ACA
MAKENA	6	PA
MAKENA (PF)	6	PA
<i>medroxyprogesterone intramuscular</i>	1	ACA; QL
<i>medroxyprogesterone oral</i>	1	
MENOSTAR	3	QL
<i>mimvey</i>	1	
<i>nora-be</i>	1	ACA
<i>norethindrone (contraceptive)</i>	1	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol</i>	1	
<i>norlyda</i>	1	ACA
PREFEST	3	
PREMARIN	2	
<i>progesterone</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>progesterone micronized</i>	1	
PROMETRIUM	3	
PROVERA	3	
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
CERVIDIL	3	
CLEOCIN	3	
<i>clindamycin phosphate</i>	1	
CLINDESSE	3	
<i>eluryng</i>	1	ACA
<i>etonogestrel-ethinyl estradiol</i>	1	ACA
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>gynol ii</i>	1	ACA; OTC
<i>isoxsuprine</i>	1	
LUPANETA PACK (1 MONTH)	5	PA
LUPANETA PACK (3 MONTH)	5	PA
LYSTEDA	3	
METROGEL VAGINAL	3	
<i>metronidazole</i>	1	
<i>miconazole-3</i>	1	
MYFEMBREE	2	
NEXPLANON	5	ACA
NUVARING	3	ACA
NUVESSA	3	
ORIAHNN	2	
PREPIDIL	3	

Drug Name	Drug Tier	Requirements / Limits
RELAGARD	3	
<i>terconazole</i>	1	
TODAY CONTRACEPTIVE SPONGE	2	ACA; OTC
<i>tranexamic acid</i>	1	
TRIMO-SAN JELLY	2	
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	2	OTC
VCF CONTRACEPTIVE GEL	2	OTC
<i>xulane</i>	1	ACA
<i>zafemy</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	1	ACA
<i>after pill</i>	1	ACA; OTC
AFTERA	3	ACA; OTC
<i>altavera (28)</i>	1	ACA
<i>alyacen 1/35 (28)</i>	1	ACA
<i>alyacen 7/7/7 (28)</i>	1	ACA
<i>amethia</i>	1	ACA
<i>amethyst (28)</i>	1	ACA
<i>apri</i>	1	ACA
<i>aranelle (28)</i>	1	ACA
<i>ashlyna</i>	1	ACA
<i>aubra</i>	1	ACA
<i>aubra eq</i>	1	ACA
<i>aurovela 1.5/30 (21)</i>	1	ACA
<i>aurovela 1/20 (21)</i>	1	ACA
<i>aurovela 24 fe</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>aurovela fe 1.5/30 (28)</i>	1	ACA
<i>aurovela fe 1-20 (28)</i>	1	ACA
<i>aviane</i>	1	ACA
<i>ayuna</i>	1	ACA
<i>azurette (28)</i>	1	ACA
<i>balziva (28)</i>	1	ACA
BEYAZ	3	ACA
<i>blisovi 24 fe</i>	1	ACA
<i>blisovi fe 1.5/30 (28)</i>	1	ACA
<i>blisovi fe 1/20 (28)</i>	1	ACA
<i>briellyn</i>	1	ACA
<i>camrese</i>	1	ACA
<i>camrese lo</i>	1	ACA
<i>caziant (28)</i>	1	ACA
<i>charlotte 24 fe</i>	1	ACA
<i>chateal (28)</i>	1	ACA
<i>chateal eq (28)</i>	1	ACA
<i>cryselle (28)</i>	1	ACA
<i>cyclafem 1/35 (28)</i>	1	ACA
<i>cyclafem 7/7/7 (28)</i>	1	ACA
<i>cyred</i>	1	ACA
<i>cyred eq</i>	1	ACA
<i>dasetta 1/35 (28)</i>	1	ACA
<i>dasetta 7/7/7 (28)</i>	1	ACA
<i>daysee</i>	1	ACA
<i>desog-e.estradiol/e.estradiol</i>	1	ACA
<i>desogestrel-ethinyl estradiol</i>	1	ACA
<i>dolishale</i>	1	ACA
<i>drospirenone-e.estradiol-lm.fa</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>drospirenone-ethinyl estradiol</i>	1	ACA
<i>econtra ez</i>	1	ACA; OTC
<i>econtra one-step</i>	1	ACA; OTC
<i>elimest</i>	1	ACA
ELLA	3	ACA
<i>emoquette</i>	1	ACA
<i>enpresse</i>	1	ACA
<i>enskyce</i>	1	ACA
<i>estarylla</i>	1	ACA
<i>ethynodiol diac-eth estradiol</i>	1	ACA
<i>falmina (28)</i>	1	ACA
<i>femynor</i>	1	ACA
<i>gemmily</i>	1	ACA
<i>hailey</i>	1	ACA
<i>hailey 24 fe</i>	1	ACA
<i>hailey fe 1.5/30 (28)</i>	1	ACA
<i>hailey fe 1/20 (28)</i>	1	ACA
<i>iclevia</i>	1	ACA
<i>isibloom</i>	1	ACA
<i>jaimiess</i>	1	ACA
<i>jasmiel (28)</i>	1	ACA
<i>jolessa</i>	1	ACA
<i>juleber</i>	1	ACA
<i>junel 1.5/30 (21)</i>	1	ACA
<i>junel 1/20 (21)</i>	1	ACA
<i>junel fe 1.5/30 (28)</i>	1	ACA
<i>junel fe 1/20 (28)</i>	1	ACA
<i>junel fe 24</i>	1	ACA
<i>kaitlib fe</i>	1	ACA
<i>kalliga</i>	1	ACA
<i>kariva (28)</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>kelnor 1/35 (28)</i>	1	ACA
<i>kelnor 1-50 (28)</i>	1	ACA
<i>kurvelo (28)</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol</i>	1	ACA
<i>larin 1.5/30 (21)</i>	1	ACA
<i>larin 1/20 (21)</i>	1	ACA
<i>larin 24 fe</i>	1	ACA
<i>larin fe 1.5/30 (28)</i>	1	ACA
<i>larin fe 1/20 (28)</i>	1	ACA
<i>larissia</i>	1	ACA
<i>layolis fe</i>	1	ACA
<i>leena 28</i>	1	ACA
<i>lessina</i>	1	ACA
<i>levonest (28)</i>	1	ACA
<i>levonorgestrel</i>	1	ACA; OTC
<i>levonorgestrel-ethinyl estradiol</i>	1	ACA
<i>levonorg-eth estradiol triphasic</i>	1	ACA
<i>levora-28</i>	1	ACA
<i>lillow (28)</i>	1	ACA
<i>lojaimiess</i>	1	ACA
<i>loryna (28)</i>	1	ACA
<i>low-ogestrel (28)</i>	1	ACA
<i>lo-zumandimine (28)</i>	1	ACA
<i>lutra (28)</i>	1	ACA
<i>marlissa (28)</i>	1	ACA
<i>merzee</i>	1	ACA
<i>mibelas 24 fe</i>	1	ACA
<i>microgestin 1.5/30 (21)</i>	1	ACA
<i>microgestin 1/20 (21)</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
MICROGESTIN 24 FE	3	ACA
<i>microgestin fe 1.5/30 (28)</i>	1	ACA
<i>microgestin fe 1/20 (28)</i>	1	ACA
<i>mili</i>	1	ACA
<i>mono-linyah</i>	1	ACA
<i>my choice</i>	1	ACA; OTC
<i>my way</i>	1	ACA; OTC
<i>necon 0.5/35 (28)</i>	1	ACA
<i>new day</i>	1	ACA; OTC
<i>nikki (28)</i>	1	ACA
<i>noreth-ethinyl estradiol-iron</i>	1	ACA
<i>norethindrone ac-eth estradiol</i>	1	ACA
<i>norethindrone-e.estradiol-iron</i>	1	ACA
<i>norgestimate-ethinyl estradiol</i>	1	ACA
<i>nortrel 0.5/35 (28)</i>	1	ACA
<i>nortrel 1/35 (21)</i>	1	ACA
<i>nortrel 1/35 (28)</i>	1	ACA
<i>nortrel 7/7/7 (28)</i>	1	ACA
<i>nylia 7/7/7 (28)</i>	1	ACA
<i>nymyo</i>	1	ACA
<i>ocella</i>	1	ACA
<i>opcicon one-step</i>	1	ACA; OTC
<i>option-2</i>	1	ACA; OTC
<i>orsythia</i>	1	ACA
<i>philith</i>	1	ACA
<i>pimtrea (28)</i>	1	ACA
<i>pirmella</i>	1	ACA
PLAN B ONE-STEP	2	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>portia 28</i>	1	ACA
<i>previfem</i>	1	ACA
<i>reclipsen (28)</i>	1	ACA
<i>rivelsa</i>	1	ACA
<i>setlakin</i>	1	ACA
<i>simliya (28)</i>	1	ACA
<i>simpesse</i>	1	ACA
<i>sprintec (28)</i>	1	ACA
<i>sronyx</i>	1	ACA
<i>syeda</i>	1	ACA
TAKE ACTION	3	ACA; OTC
<i>tarina 24 fe</i>	1	ACA
<i>tarina fe 1/20 (28)</i>	1	ACA
<i>taysofy</i>	1	ACA
<i>tilia fe</i>	1	ACA
<i>tri femynor</i>	1	ACA
<i>tri-estarylla</i>	1	ACA
<i>tri-legest fe</i>	1	ACA
<i>tri-linyah</i>	1	ACA
<i>tri-lo-estarylla</i>	1	ACA
<i>tri-lo-marzia</i>	1	ACA
<i>tri-lo-mili</i>	1	ACA
<i>tri-lo-sprintec</i>	1	ACA
<i>tri-mili</i>	1	ACA
<i>tri-nymyo</i>	1	ACA
<i>tri-previfem (28)</i>	1	ACA
<i>tri-sprintec (28)</i>	1	ACA
<i>trivora (28)</i>	1	ACA
<i>tri-vylibra</i>	1	ACA
<i>tri-vylibra lo</i>	1	ACA
<i>tydemy</i>	1	ACA
<i>velivet triphasic regimen (28)</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>vestura (28)</i>	1	ACA
<i>vienva</i>	1	ACA
<i>violele (28)</i>	1	ACA
<i>volnea (28)</i>	1	ACA
<i>vyfemla (28)</i>	1	ACA
<i>vylibra</i>	1	ACA
<i>wera (28)</i>	1	ACA
<i>wymzya fe</i>	1	ACA
YAZ (28)	3	ACA
<i>zarah</i>	1	ACA
<i>zovia 1/35e (28)</i>	1	ACA
<i>zumandimine (28)</i>	1	ACA
OXYTOCICS		
<i>methergine</i>	1	QL
<i>methylergonovine</i>	1	QL
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	1	
AZASITE	2	
<i>bacitracin</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BETADINE OPHTHALMIC PREP	3	
CILOXAN	3	
<i>ciprofloxacin hcl</i>	1	
<i>erythromycin</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak</i>	1	
<i>gentamicin</i>	1	QL
<i>levofloxacin</i>	1	
MOXEZA	3	

Drug Name	Drug Tier	Requirements / Limits
<i>moxifloxacin</i>	1	
MOXIFLOXACIN (PF)-BSS	3	
MOXIFLOXACIN-SOD CHLOR,ISO(PF)	3	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	QL
<i>neo-polycin</i>	1	
OCUFLOX	3	QL
<i>ofloxacin</i>	1	QL
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
POLYTRIM	3	
<i>tobramycin</i>	1	QL
TOBREX OPHTHALMIC (EYE) DROPS	3	QL
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX	3	
ZYMAXID	3	
ANTIVIRALS		
<i>trifluridine</i>	1	QL
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol</i>	1	
BETOPTIC S	3	
<i>carteolol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>levobunolol</i>	1	
<i>timolol maleate (pf)</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	QL
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
TIMOPTIC	3	QL
TIMOPTIC-XE	3	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops</i>	1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	3	
<i>atropine ophthalmic (eye) ointment</i>	1	
CYCLOGYL	3	
<i>cyclopentolate</i>	1	
CYCLOPEN-TROPIC-PHENYLEPH-WATR	3	
CYCLOPENT-TROPIC-PHEN-KETR-WAT	3	
CYCLOP-TROP-PROPA-PHEN-KET-WAT	3	
<i>homatropaire</i>	1	
ISOPTO ATROPINE	3	
MYDRIACYL	3	QL

Drug Name	Drug Tier	Requirements / Limits
PAREMYD	3	
PHENYLEPH-TROPICAMIDE IN WATER	3	
<i>tropicamide</i>	1	QL
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	3	QL
MIOCHOL-E	3	
<i>pilocarpine hcl</i>	1	QL
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	3	
ALCAINE	3	
<i>altacaine</i>	1	
ALTAFLUOR BENOX	3	
<i>azelastine</i>	1	
BEOVU	6	PA
<i>bepotastine besilate</i>	1	
BEPREVE	3	ST
BEVACIZUMAB	3	PA
CEQUA	3	PA
<i>cromolyn</i>	1	
CYCLOSPORINE IN KLARITY	3	
CYSTARAN	5	PA
DEXAMET-MOXIFL-KETORONACL(PF)	3	
<i>epinastine</i>	1	
EYLEA	5	PA
FLUORESCEIN-BENOXINATE	3	
<i>fluorescein-proparacaine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
KLARITY-A (AZITHRO-CHONDR)(PF)	3	
KLARITY-B (BETAMETH-CHOND)(PF)	3	
KLARITY-L (LOTEPRED-CHOND)(PF)	3	
LACRISERT	3	PA
LIDOCAINE-PHENYLEPHRIN-BSS(PF)	3	
<i>lidocaine-phenylephrn in water</i>	1	
LUCENTIS	6	PA
LUXTURNA	5	PA
MYDRIATIC4(TRO P-PROP-PE-KTRLC)	3	
<i>olopatadine</i>	1	QL
OMIDRIA	3	
OXERVATE	5	PA; QL
PHOTREXA CROSS-LINKING KIT	3	
PHOTREXA VISCOUS	3	
PREDNISOL ACE-GATIFLOX-BROMFEN	3	
PREDNISOLN SP-GATIFLOX-BROMFEN	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN	3	

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE ACETATE-NEPAFENAC	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC	3	
PREDNISOLONE-MOXIFLOX-BROMFEN	3	
<i>proparacaine</i>	1	
RACEPINEPH-LIDOCAINE-BSS 7(PF)	3	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF)	3	
VISUDYNE	5	PA
XIIDRA	2	PA
ZERVATE	2	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	QL
ACULAR LS	3	QL
<i>bromfenac</i>	1	
<i>diclofenac sodium</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac</i>	1	QL
PROLENSA	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
OTHER GLAUCOMA DRUGS		

Drug Name	Drug Tier	Requirements / Limits
AZOPT	3	
<i>bimatoprost</i>	1	ST
BRIMONIDINE-DORZOLAMIDE (PF)	3	
<i>brinzolamide</i>	1	
COMBIGAN	2	
<i>dorzolamide</i>	1	
DORZOLAMIDE (PF)	3	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>latanoprost</i>	1	ST; QL
LATANOPROST (PF)	3	QL
LUMIGAN	2	ST
<i>miostat</i>	1	
MITOSOL	3	
SIMBRINZA	3	
TIMOL-BRIMON-DORZO-LATANOP(PF)	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	3	
TIMOLOL-DORZOLAMID-LATANOP(PF)	3	
TIMOLOL-LATANOPROST(P F)	3	
<i>travoprost</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
TRUSOPT	3	
VYZULTA	3	ST; QL
ZIOPTAN (PF)	2	ST
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO	3	
MAXITROL	3	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
<i>neo-polycin hc</i>	1	
PRED-G	3	
PRED-G S.O.P.	3	
PREDNISOLONE ACET-GATIFLOXACIN	3	
PREDNISOLONE SOD PH-MOXIFLOX	3	
PREDNISOLONE-MOXIFLOXACIN HCL	3	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	
<i>tobramycin-dexamethasone</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TRIAMCINOLON-MOXIFLOX-WATR(PF)	3	
STEROIDS		
ALREX	3	ST
<i>dexamethasone sodium phosphate</i>	1	
DEXTENZA	3	
DEXYCU (PF)	3	
DUREZOL	3	
EYSUVIS	3	PA
<i>fluorometholone</i>	1	
FML LIQUIFILM	3	
ILUVIEN	6	PA
INVELTYS	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	2	
LOTEMAX SM	2	
<i>loteprednol etabonate</i>	1	
OZURDEX	5	PA
PRED FORTE	3	
<i>prednisolone acetate</i>	1	
PREDNISOLONE ACETATE (PF)	3	
<i>prednisolone sodium phosphate</i>	1	
RETISERT	6	PA

Drug Name	Drug Tier	Requirements / Limits
YUTIQ	6	PA
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
BLEPH-10	3	QL
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	QL
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	
<i>apraclonidine</i>	1	
<i>brimonidine</i>	1	
IOPIDINE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	
<i>phenylephrine hcl</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI HISTAMINE & ANTIALLERGENIC AGENTS		
<i>adrenalin</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>cetirizine</i>	1	
CLARINEX	3	QL
<i>clemastine</i>	1	
<i>cycloheptadine</i>	1	
<i>desloratadine</i>	1	QL
<i>dexchlorpheniramine maleate</i>	1	
DIPHEN	3	
<i>epinephrine</i>	1	PA
EPINEPHRINE HCL (PF)	3	PA
EPIPEN 2-PAK	2	PA
EPIPEN JR 2-PAK	2	PA
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	3	ST
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL
<i>promethazine</i>	1	
<i>promethegan</i>	1	
RYCLORA	3	
RYVENT	3	ST
SYMJEPI	2	PA
VISTARIL	3	

COUGH & COLD THERAPY

Drug Name	Drug Tier	Requirements / Limits
<i>benzonatate</i>	1	
BROMFED DM	3	
<i>brompheniramine-pseudoeph-dm</i>	1	
CLARINEX-D 12 HOUR	3	QL
HYCODAN (WITH HOMATROPINE)	3	
<i>hydrocodone-chlorpheniramine</i>	1	
<i>hydrocodone-homatropine</i>	1	
<i>hydromet</i>	1	
OBREDON	3	PA
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenyleph-codeine</i>	1	
<i>promethazine-phenylephrine</i>	1	
RESPA-AR	3	
TESSALON PERLES	3	
TUSSICAPS	3	PA
TUXARIN ER	3	
TUZISTRA XR	3	PA
PULMONARY AGENTS		
ACCOLATE	3	
<i>acetylcysteine</i>	1	
ADEMPAS	5	PA; LA
ADRENALIN	3	
ADVAIR DISKUS	3	ST; QL
ADVAIR HFA	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	
ALVESCO	3	QL
<i>alyq</i>	4	PA
<i>ambrisentan</i>	4	PA; LA
ANORO ELLIPTA	2	QL
<i>arformoterol</i>	1	QL
ARNUITY ELLIPTA	2	QL
ASMANEX HFA	2	QL
ASMANEX TWISTHALER	2	QL
ATROVENT HFA	3	QL
<i>azelastine-fluticasone</i>	1	QL
BEVESPI AEROSPHERE	2	QL
<i>bosentan</i>	4	PA
BREO ELLIPTA	2	ST; QL
BREZTRI AEROSPHERE	2	QL
BRONCHITOL	6	PA
BROVANA	3	QL
<i>budesonide</i>	1	QL
CINRYZE	5	PA
COMBIVENT RESPIMAT	2	QL
<i>cromolyn</i>	1	
CUROSURF	3	
DULERA	2	ST; QL
DYMISTA	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
ELIXOPHYLLIN	3	
<i>epinephrine hcl</i>	1	
ESBRIET	5	PA
FASENRA	5	PA
FASENRA PEN	5	PA
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
<i>flunisolide</i>	1	QL
<i>fluticasone propionate</i>	1	QL
<i>fluticasone propion-salmeterol</i>	1	ST; QL
<i>formoterol fumarate</i>	1	QL
HAEGARDA	6	PA; LA
HYPER-SAL	3	
<i>icatibant</i>	4	PA
INCRUSE ELLIPTA	2	QL
<i>ipratropium bromide</i>	1	
<i>ipratropium-albuterol</i>	1	QL
KALBITOR	6	PA
KALYDECO	5	PA
<i>levalbuterol hcl</i>	1	
LONHALA MAGNAIR REFILL	3	QL
LONHALA MAGNAIR STARTER	3	QL
<i>metaproterenol</i>	1	
<i>mometasone</i>	1	QL
<i>montelukast</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA	5	PA; LA; QL
OFEV	5	PA
OPSUMIT	5	PA; LA
ORKAMBI	5	PA
ORLADEYO	6	PA; LA
PERFOROMIST	2	QL
<i>pulmosal</i>	1	
PULMOZYME	5	PA
QVAR REDIHALER	2	QL
REVATIO	6	PA
RUCONEST	5	PA
<i>sajazir</i>	4	PA
SEREVENT DISKUS	2	QL
<i>sildenafil (pulm.hypertension)</i>	4	PA
SINUVA	6	PA
<i>sodium chloride</i>	1	
SPIRIVA RESPIMAT	2	QL
SPIRIVA WITH HANDIHALER	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	ST; QL
SYMDEKO	5	PA
<i>tadalafil (pulm.hypertension)</i>	4	PA
TAKHZYRO	5	PA; LA
<i>terbutaline</i>	1	

Drug Name	Drug Tier	Requirements / Limits
THEO-24	3	
<i>theophylline</i>	1	
TRACLEER ORAL TABLET	6	PA; LA
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; LA
TRELEGY ELLIPTA	2	QL
TRIKAFTA	5	PA
TYVASO	5	PA
TYVASO REFILL KIT	5	PA
TYVASO STARTER KIT	5	PA
VENTAVIS	6	PA
<i>wixela inhub</i>	1	ST; QL
XHANCE	3	QL
XOLAIR	5	PA; LA; QL
XOPENEX	3	
XOPENEX CONCENTRATE	3	
YUPELRI	2	QL
<i>zafirlukast</i>	1	
<i>zileuton</i>	1	PA
ZYFLO	3	PA

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	1	
DITROPAN XL	3	ST
<i>flavoxate</i>	1	
GELNIQUE	2	QL
GEMTESA	3	
MYRBETRIQ	2	

Drug Name	Drug Tier	Requirements / Limits
<i>oxybutynin chloride</i>	1	
OXYTROL	3	ST; QL
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
TOVIAZ	2	
<i>trospium</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	ST
<i>dutasteride-tamsulosin</i>	1	ST
<i>finasteride</i>	1	
FLOMAX	3	
JALYN	3	ST
PROSCAR	3	ST
<i>silodosin</i>	1	
<i>tamsulosin</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	5	PA; LA
ELMIRON	2	
<i>hyophen</i>	1	
K-PHOS NO 2	3	
K-PHOS ORIGINAL	2	
<i>methen-sod phos-meth blue-hyos</i>	1	
ORACIT	3	
OXLUMO	6	PA
<i>phosphasal</i>	1	
<i>potassium citrate</i>	1	
RENACIDIN	2	

Drug Name	Drug Tier	Requirements / Limits
URELLE	3	
<i>uretron d-s</i>	1	
URIBEL	3	
<i>urimar-t</i>	1	
<i>uro-458</i>	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
UROQID-ACID NO.2	3	
<i>uryl</i>	1	
<i>ustell</i>	1	
<i>utira-c</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine</i>	1	
PYRIDIUM	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN	3	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>klor-con/ef</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>lugols</i>	1	
<i>potassium chloride</i>	1	
<i>strong iodine</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	6	PA; LA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	1	ACA; OTC
<i>b complex-vitamin b12</i>	1	ACA; OTC
<i>b complex-vitamin c-folic acid</i>	1	ACA; OTC
<i>balanced b-100</i>	1	ACA; OTC
<i>balanced b-100 complex</i>	1	ACA; OTC
<i>balanced b-50</i>	1	ACA; OTC
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	3	
<i>b-complex with vitamin c</i>	1	ACA; OTC
CITRANATAL B-CALM (FE GLUC)	3	
<i>classic prenatal</i>	1	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>complex b-100</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>dialyvite 800</i>	1	ACA; OTC
DUET DHA BALANCED	3	
DUET DHA WITH OMEGA-3	3	
<i>fluoride (sodium)</i>	1	ACA; OTC
<i>folic acid</i>	1	ACA; OTC
<i>foltabs 800</i>	1	ACA; OTC
<i>full spectrum b-vitamin c</i>	1	ACA; OTC
<i>kobee</i>	1	ACA; OTC
KOSHER PRENATAL PLUS IRON	3	
<i>kpn</i>	1	ACA; OTC
<i>ludent fluoride</i>	1	ACA; OTC
MARNATAL-F	3	
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	1	ACA; OTC
<i>multivitamins with fluoride</i>	1	ACA; OTC
<i>mvc-fluoride</i>	1	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
NATACHEW (FE BIS-GLYCINATE)	3	
<i>natural b-100 complex</i>	1	ACA; OTC
NEONATAL COMPLETE	3	
NEONATAL-DHA	3	
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	3	

Drug Name	Drug Tier	Requirements / Limits
<i>newgen</i>	1	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE WITH DHA	3	
<i>one daily prenatal</i>	1	ACA; OTC
<i>perry prenatal</i>	1	ACA; OTC
<i>pnv 29-1</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
<i>prenal chew</i>	1	
<i>prenal pearl</i>	1	
<i>prenal true</i>	1	
PRENATA	3	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal</i>	1	ACA; OTC
<i>prenatal complete</i>	1	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	1	ACA; OTC
<i>prenatal multivitamins</i>	1	ACA; OTC
<i>prenatal one daily</i>	1	ACA; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
PRENATAL PLUS DHA	3	

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal vitamin</i>	1	ACA; OTC
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamin with minerals</i>	1	ACA; OTC
<i>prenatal vits96-iron fum-folic</i>	1	ACA; OTC
PRENATE DHA (FERR ASP GLYCIN)	3	
PRENATE ELITE (IRON ASP GLYC)	3	
PRENATE ENHANCE	3	
PRENATE MINI (FERR ASP GLYCIN)	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATE STAR	3	
<i>preplus</i>	1	
<i>pretab</i>	1	
PRIMACARE	3	
PROVIDA OB	3	
<i>rena-vite</i>	1	ACA; OTC
R-NATAL OB	3	
SELECT-OB	3	
SELECT-OB (FOLIC ACID)	3	
SELECT-OB + DHA	3	
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>stress formula</i>	1	ACA; OTC
<i>stress formula with iron</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>stress formula with iron(sulf)</i>	1	ACA; OTC
<i>super b complex-vitamin c</i>	1	ACA; OTC
<i>super b maxi complex</i>	1	ACA; OTC
<i>super quints</i>	1	ACA; OTC
<i>super quints b-50</i>	1	ACA; OTC
THRIVITE RX	3	
TRICARE	3	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
TRISTART DHA	3	
<i>triveen-duo dha</i>	1	
<i>tri-vitamin with fluoride</i>	1	ACA; OTC
VENOFER	2	PA
<i>virt-nate dha</i>	1	
VITAFOL FE PLUS	3	
VITAFOL GUMMIES	3	

Drug Name	Drug Tier	Requirements / Limits
VITAFOL NANO	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMED MD ONE RX	3	
VITAMEDMD REDICHEW RX	3	
<i>vitamin b complex</i>	1	ACA; OTC
<i>vitamin b complex-folic acid</i>	1	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	1	ACA; OTC
VITAPEARL	3	
VITATRUE	3	
VP-PNV-DHA	3	
<i>westab plus</i>	1	
<i>westgel dha</i>	1	

Index

A		
abacavir	3	
abacavir-lamivudine	3	
abacavir-lamivudine- zidovudine	3	
ABECMA	8	
ABILIFY MAINTENA	20	
ABILIFY MYCITE	20	
ABILIFY MYCITE MAINTENANCE KIT	20	
ABILIFY MYCITE STARTER KIT	20	
abiraterone	8	
ABRAXANE	8	
ABSORICA	31	
ABSORICA LD	31	
acamprosate	37	
acarbose	47	
ACCOLATE	66	
ACCU-CHEK GUIDE L1-L2 CTRL SOL	41	
ACCU-CHEK SMARTVIEW CONTRL SOL	41	
ACCUPRIL	24	
ACCURETIC	24	
accutane	31	
ACCUTREND GLUCOSE CONTROL	41	
ACE AEROSOL CLOUD ENHANCER	40	
acebutolol	24	
acetaminophen-caff- dihydrocod	17	
acetaminophen-codeine	17	
acetazolamide	63	
acetic acid	37, 39	
acetylcysteine	66	
acitretin	30	
ACTEMRA	55	
ACTEMRA ACTPEN	55	
ACTHAR	40	
ACTHIB (PF)	53	
ACTICLATE	7	
ACTIMMUNE	53	
ACTIQ	18	
ACTIVELLA	56	
ACTONEL	55	
ACTOPLUS MET	47	
ACTOS	47	
ACULAR	63	
ACULAR LS	63	
acyclovir	3, 35	
ACZONE	31	
ADACEL(TDAP ADOLESN/ADULT)(PF)	53	
ADAKVEO	8	
ADALAT CC	24	
adapalene-benzoyl peroxide	31	
ADASUVE	20	
ADCETRIS	8	
ADDERALL XR	20	
adefovir	3	
ADEMPAS	66	
ADHANSIA XR	20	
adrenalin	65	
ADRENALIN	66	
adult aspirin regimen	19	
ADVAIR DISKUS	66	
ADVAIR HFA	66	
ADVATE	27	
ADVOCATE LOW CONTROL	41	
ADVOCATE REDI-CODE+ CTRL LOW	41	
ADYNOVATE	27	
ADZENYS ER	20	
ADZENYS XR-ODT	20	
AEMCOLO	5	
AEROCHAMBER MINI	40	
AEROCHAMBER PLUS FLOW-VU	40	
AEROCHAMBER PLUS Z STAT	40	
AEROTRACH PLUS	40	
AEROVENT PLUS	40	
AFINITOR	8	
AFINITOR DISPERZ	8	
afirmelle	58	
AFLURIA QD 2021-22(3YR UP)(PF)	53	
AFLURIA QD 2021-22(6- 35MO)(PF)	53	
AFLURIA QUAD 2021- 2022(6MO UP)	53	
AFSTYLA	27	
after pill	58	
AFTERA	58	
AGAMATRIX CONTROL HIGH	41	
AGRYLIN	37	
AIMOVIG AUTOINJECTOR	16	
AJOVY AUTOINJECTOR	16	
AJOVY SYRINGE	16	
AKLIEF	31	
ak-poly-bac	61	
AKTEN (PF)	62	
ala-cort	35	
ALA-SCALP	35	
albendazole	5	
ALBENZA	5	
albuterol sulfate	67	
ALCAINE	62	
alclometasone	35	
ALDACTAZIDE	24	
ALDACTONE	24	
ALDARA	53	
ALDURAZYME	46	
ALECENSA	8	
alendronate	55	
ALFERON N	53	
alfuzosin	69	
ALINIA	5, 6	
ALIQOPA	8	
aliskiren	24	
ALKERAN	8	
allopurinol	55	
ALLZITAL	18	
almotriptan malate	16	
alophen (bisacodyl)	49	
ALORA	56	
alosetron	49	
ALPHAGAN P	65	
ALPHANATE	27	
ALPHANINE SD	27	
alprazolam	20	
alprazolam intensol	20	
ALPROLIX	27	
ALREX	65	
ALTABAX	34	
altacaine	62	

ALTACE	24	ANALPRAM-HC SINGLES	49	ASPARLAS.....	9
ALTAFLUOR BENOX	62	ANAPROX DS.....	19	aspirin	19
altavera (28).....	58	anaspaz	48	aspirin low dose	19
ALTRENO	31	anastrozole.....	8	aspirin-dipyridamole.....	27
ALUNBRIG	8	ANCOBON	3	aspir-trin	19
ALVESCO	67	ANDRODERM	46	ASSURE 4 CONTROL	
alvimopan.....	49	ANGELIQ	56	SOLUTION	41
alyacen 1/35 (28).....	58	ANJESO	19	ASSURE DOSE NORMAL	
alyacen 7/7/7 (28).....	58	ANORO ELLIPTA.....	67	CONTROL	41
alyq.....	67	ANTARA	29	ASSURE PRISM CONTROL	
amabelz.....	56	anucort-hc.....	49	1-2 SOLN	41
amantadine hcl.....	3	apexicon e.....	35	ASTAGRAF XL.....	9
AMARYL.....	47	APLENZIN	21	AT HOME A1C	42
ambrisentan	67	apraclonidine	65	atazanavir.....	3
amcinonide	35	aprepitant	49	ATELVIA.....	55
AMELUZ	31	apri.....	58	atenolol	24
AMERGE	16	APRISO.....	49	atenolol-chlorthalidone.....	24
amethia	58	APTENSIO XR	21	ATIVAN.....	21
amethyst (28).....	58	APTIVUS	3	atomoxetine	21
AMICAR.....	27	aqua care sodium chloride....	37	atorvastatin	29
amiloride.....	24	aqua care sterile water	37	atovaquone.....	6
amiloride-hydrochlorothiazide		ARAKODA	6	atovaquone-proguanil	6
.....	24	ARALAST NP	37	atropine	62
aminocaproic acid	27	aranelle (28).....	58	ATROPINE	62
amiodarone	24	ARAVA.....	55	ATROVENT HFA.....	67
amitriptyline	20	ARAZLO.....	31	AUBAGIO.....	52
amitriptyline-chlordiazepoxide		ARCALYST	53	aubra	58
.....	20	ARESTIN	39	aubra eq	58
amlodipine.....	24	arformoterol.....	67	AUGMENTIN.....	7
amlodipine-atorvastatin	29	ARICEPT	16	AUGMENTIN XR	7
amlodipine-benazepril	24	ARIKAYCE	6	aurovela 1.5/30 (21).....	58
amlodipine-olmesartan	24	aripiprazole.....	21	aurovela 1/20 (21).....	58
amlodipine-valsartan	24	ARISTADA.....	21	aurovela 24 fe	58
amlodipine-valsartan-hcthiazid		ARISTADA INITIO.....	21	aurovela fe 1.5/30 (28)	58
.....	24	ARIXTRA	27	aurovela fe 1-20 (28)	58
ammonium lactate	31	armodafinil	21	AURYXIA.....	49
amnestem	31	ARMOUR THYROID	48	AUSTEDO	16
amoxapine	20	ARNUITY ELLIPTA.....	67	avar	31
amoxicil-clarithromy-lansopraz		AROMASIN.....	8	AVAR.....	32
.....	51	ARRANON	9	AVAR LS	31
amoxicillin.....	7	ARTHROTEC 50.....	19	AVAR-E GREEN.....	32
amoxicillin-pot clavulanate....	7	ARTHROTEC 75.....	19	AVAR-E LS	32
amphetamine sulfate.....	21	ARZERRA	9	aviane.....	58
ampicillin.....	7	ASCENIV.....	53	avidoxy	7
AMZEEQ	31	ascomp with codeine	18	AVIDOXY DK.....	7
ANAFRANIL.....	21	asenapine maleate.....	21	avita	32
anagrelide	37	ashlyna.....	58	AVITA.....	32
ANA-LEX KIT	49	ASMANEX HFA	67	AVONEX	52
ANALPRAM-HC.....	30, 49	ASMANEX TWISTHALER	67	AVSOLA.....	49

AYGESTIN.....	56	BD MICROTAINER		BEXSERO.....	53
ayuna.....	58	LANCET.....	42	BEYAZ.....	58
AYVAKIT.....	9	BD SPECIALTY USE		bicalutamide.....	9
azacitidine.....	9	NEEDLES.....	42	BIDIL.....	24
AZASAN.....	9	BD ULTRA FINE LANCETS		BIKTARVY.....	3
AZASITE.....	61	.....	42	BILTRICIDE.....	6
azathioprine.....	9	BD ULTRA-FINE NANO		bimatoprost.....	64
azelaic acid.....	32	PEN NEEDLE.....	42	BINOSTO.....	55
azelastine.....	39, 62	BELBUCA.....	18	BIOTHRAX.....	53
azelastine-fluticasone.....	67	BELEODAQ.....	9	bisacodyl.....	49
AZELEX.....	32	belladonna alkaloids-opium.....	48	bisa-lax (bisacodyl).....	49
AZILECT.....	15	BELRAPZO.....	9	bisoprolol fumarate.....	24
azithromycin.....	5	BELSOMRA.....	21	bisoprolol-hydrochlorothiazide	
AZOPT.....	64	benazepril.....	24	.....	24
AZULFIDINE.....	49	benazepril-hydrochlorothiazide		BIVIGAM.....	53
AZULFIDINE EN-TABS.....	49	.....	24	BLEPH-10.....	65
azurette (28).....	58	BENDEKA.....	9	BLEPHAMIDE.....	65
B		BENEFIX.....	27	BLEPHAMIDE S.O.P.....	65
b complex 1 (with folic acid).....	70	BENLYSTA.....	55	BLINCYTO.....	9
b complex-vitamin b12.....	70	BENZACLIN.....	32	blisovi 24 fe.....	58
b complex-vitamin c-folic acid		BENZACLIN PUMP.....	32	blisovi fe 1.5/30 (28).....	58
.....	70	BENZAMYCIN.....	32	blisovi fe 1/20 (28).....	58
bacitracin.....	61	benzebro.....	32	BLOOD GLUCOSE	
bacitracin-polymyxin b.....	61	BENZEPRO		CONTROL, NORMAL.....	42
baclofen.....	17	(MICROSPHERES).....	32	BONIVA.....	55
BACTRIM.....	7	BENZNIDAZOLE.....	6	BOOSTRIX TDAP.....	53
BACTRIM DS.....	7	benzonatate.....	66	BORTEZOMIB.....	9
BAFIERTAM.....	52	benzoyl peroxide.....	32	bosentan.....	67
balanced b-100.....	70	benztropine.....	15	BOSULIF.....	9
balanced b-100 complex.....	70	BEOVU.....	62	BOTOX.....	53
balanced b-50.....	70	bepotastine besilate.....	62	bp 10-1.....	32
bal-care dha.....	70	BEPREVE.....	62	BRAFTOVI.....	9
BAL-CARE DHA		beser.....	35	BREATHERITE MDI	
ESSENTIAL.....	70	BESPONSA.....	9	SPACER.....	41
balsalazide.....	49	BETADINE OPHTHALMIC		BREEZE 2 CONTROL	
BALVERSA.....	9	PREP.....	61	SOLUTION,HIGH.....	42
balziva (28).....	58	betamethasone dipropionate.....	35	BREO ELLIPTA.....	67
BANZEL.....	14	betamethasone valerate.....	35	BREYANZI.....	9
BAQSIMI.....	41	betamethasone, augmented...35		BREZTRI AEROSPHERE...67	
BARACLUDE.....	3	BETAPACE.....	24	briellyn.....	58
BASAGLAR KWIKPEN U-		BETAPACE AF.....	24	BRILINTA.....	27
100 INSULIN.....	45	BETASERON.....	52	brimonidine.....	65
BAVENCIO.....	9	betaxolol.....	24, 61	BRIMONIDINE-	
BAXDELA.....	7	bethanechol chloride.....	69	DORZOLAMIDE (PF).....	64
bayer aspirin.....	19	BETHKIS.....	6	BRINEURA.....	46
BCG VACCINE, LIVE (PF).....	53	BETOPTIC S.....	61	brinzolamide.....	64
b-complex with vitamin c.....	70	BEVACIZUMAB.....	9, 62	BRIVIACT.....	14
BD INTEGRA NEEDLE.....	42	BEVESPI AEROSPHERE...67		BROMFED DM.....	66
		bexarotene.....	9	bromfenac.....	63

bromocriptine	15	candesartan-hydrochlorothiazid	24	cefixime	5
brompheniramine-pseudoeph- dm.....	66	CANTHARIDIN IN ACETONE	31	cefpodoxime	5
BRONCHITOL	67	capecitabine	9	cefprozil	5
BROVANA	67	CAPEX.....	35	cefuroxime axetil	5
BRUKINSA	9	CAPRELSA.....	9	celecoxib.....	19
BRYHALI	35	captopril.....	24	CELLCEPT	9
budesonide.....	49, 67	captopril-hydrochlorothiazide	24	CELONTIN	14
bumetanide	24	CARAFATE	51	CENTANY	34
BUPHENYL.....	37	CARBAGLU	38	CENTANY AT.....	34
buprenorphine.....	18	carbamazepine	14	cephalexin.....	5
buprenorphine hcl.....	18	CARBATROL.....	14	CEPROTIN (BLUE BAR) ..	27
buprenorphine-naloxone.....	19	carbidoopa	15	CEPROTIN (GREEN BAR) ..	27
bupropion hcl.....	21	carbidoopa-levodopa	15	CEQUA	62
BUPROPION HCL	21	carbidoopa-levodopa- entacapone	15	CEQUR SIMPLICITY	42
bupropion hcl (smoking deter)	39	carbinoxamine maleate.....	66	CERDELGA.....	46
buspirone	21	CARDIZEM	25	CEREZYME.....	46
butalbital compound w/codeine	18	CARDIZEM CD.....	25	CERVIDIL	57
butalbital-acetaminop-caf-cod	18	CARDIZEM LA.....	25	cetirizine	66
butalbital-acetaminophen	18	CARDURA	25	cevimeline.....	38
butalbital-acetaminophen-caff	18	CARDURA XL	25	CHANTIX	39
butalbital-aspirin-caffeine	18	CARESENS CONTROL A NORMAL.....	42	CHANTIX CONTINUING MONTH BOX.....	39
butorphanol.....	19	carisoprodol.....	17	CHANTIX STARTING MONTH BOX.....	39
BYDUREON BCISE	47	carisoprodol-aspirin.....	17	charlotte 24 fe	58
BYETTA	47	carisoprodol-aspirin-codeine ..	17	chateal (28)	58
C		CARNITOR.....	38	chateal eq (28)	58
cabergoline	46	CARNITOR (SUGAR-FREE)	38	CHEMET.....	38
CABLIVI.....	27	CAROSPIR	25	CHENODAL	49
CABOMETYX.....	9	carteolol.....	61	children's aspirin.....	19
CADUET.....	29	cartia xt	25	chlordiazepoxide hcl.....	21
CAFERGOT.....	16	carvedilol.....	25	chlordiazepoxide-clidinium ..	48
caffeine citrate	38	carvedilol phosphate.....	25	chloroquine phosphate.....	6
CALAN SR	24	CASODEX	9	chlorpromazine	21
calcipotriene	30	cataflam	19	chlorthalidone	25
calcipotriene-betamethasone ..	30	CATAPRES-TTS-1	25	chlorzoxazone.....	17
calcitonin (salmon).....	46	CATAPRES-TTS-2.....	25	CHOLBAM	49
calcitriol.....	30, 46	CATAPRES-TTS-3.....	25	cholestyramine (with sugar) ..	29
calcium acetate(phosphat bind)	49	CAYA CONTOURED	56	cholestyramine light	29
CAMBIA.....	19	CAYSTON	6	choline,magnesium salicylate	19
camila	56	caziant (28)	58	ciclodan.....	34
camrese.....	58	cefaclor	5	CICLODAN KIT	34
camrese lo.....	58	cefadroxil.....	5	ciclopirox.....	34
candesartan	24	cefdinir.....	5	ciclopirox-ure-camph-menth- euc.....	34
		cefditoren pivoxil	5	cilostazol.....	27
				CILOXAN	61
				CIMDUO	3

cimetidine.....	51	clonidine.....	25	CORTEF.....	40
cimetidine hcl.....	51	clonidine hcl.....	21, 25	CORTENEMA.....	49
cinacalcet.....	46	clopidogrel.....	27	CORTISPORIN-TC.....	40
CINRYZE.....	67	clorazepate dipotassium.....	21	COSELA.....	9
CIPRO.....	7	clotrimazole.....	3, 34	COTELLIC.....	9
CIPRO HC.....	40	clotrimazole-betamethasone.....	34	COTEMPLA XR-ODT.....	21
CIPRODEX.....	40	clovique.....	38	covaryx.....	56
ciprofloxacin.....	7	clozapine.....	21	covaryx h.s.....	56
ciprofloxacin hcl.....	7, 39, 61	CLOZARIL.....	21	CREON.....	49
ciprofloxacin-dexamethasone.....	40	c-nate dha.....	70	CRESEMBA.....	3
citalopram.....	21	COAGADEX.....	27	cromolyn.....	49, 62, 67
CITRANATAL B-CALM (FE GLUC).....	70	COARTEM.....	6	crotan.....	37
citrate of magnesia.....	49	COCAINE.....	33	cryselle (28).....	58
citroma.....	49	codeine sulfate.....	18	CRYSVITA.....	46
claravis.....	32	codeine-butalbital-asa-caff... ..	18	CUROSURF.....	67
CLARINEX.....	66	COLAZAL.....	49	CUTIVATE.....	35
CLARINEX-D 12 HOUR....	66	colchicine.....	55	CUVITRU.....	53
clarithromycin.....	5	colesevelam.....	29	CUVPOSA.....	48
classic prenatal.....	70	COLESTID.....	29	cyclafem 1/35 (28).....	58
clearlax.....	49	COLESTID FLAVORED	29	cyclafem 7/7/7 (28).....	58
clemastine.....	66	colestipol.....	29	cyclobenzaprine.....	17
CLEOCIN.....	57	COMBIGAN.....	64	CYCLOGYL.....	62
CLEOCIN HCL.....	6	COMBIPATCH.....	56	CYCLOMYDRIL.....	65
CLEOCIN PEDIATRIC.....	6	COMBIVENT RESPIMAT.....	67	cyclopentolate.....	62
CLEOCIN T.....	32	COMBIVIR.....	3	CYCLOPEN-TROPIC-PHENYLEPH-WATR.....	62
CLEVER CHOICE LEVEL 2 CONTROL.....	42	COMETRIQ.....	9	CYCLOPENT-TROPIC-PHEN-KETR-WAT.....	62
CLIMARA.....	56	COMPACT SPACE CHAMBER.....	41	cyclophosphamide.....	9
CLINDACIN ETZ.....	32	COMPAZINE.....	49	CYCLOPHOSPHAMIDE.....	9
clindacin p.....	32	complete natal dha.....	70	CYCLOP-TROP-PROPA-PHEN-KET-WAT.....	62
CLINDACIN PAC.....	32	complex b-100.....	70	CYCLOSERINE.....	6
clindamycin hcl.....	6	compro.....	49	CYCLOSET.....	47
clindamycin pediatric.....	6	COMTAN.....	15	cyclosporine.....	9
clindamycin phosphate... ..	32, 57	CONDYLOX.....	31	CYCLOSPORINE IN KLARITY.....	62
clindamycin-benzoyl peroxide.....	32	CONTOUR CONTROL SOLUTION, NML.....	42	cyclosporine modified.....	9
clindamycin-tretinoin.....	32	CONTOUR NEXT LEV 2 CONTROL SOL.....	42	cyproheptadine.....	66
CLINDESSE.....	57	COOL CONTROL A SOLUTION.....	42	CYRAMZA.....	9
clobazam.....	14	COPAXONE.....	52	cyred.....	58
clobetasol.....	35	COPIKTRA.....	9	cyred eq.....	58
clobetasol-emollient.....	35	CORDRAN.....	35	CYSTADANE.....	49
CLOBEX.....	35	CORDRAN TAPE LARGE ROLL.....	35	CYSTAGON.....	69
clodan.....	35	COREG CR.....	25	CYSTARAN.....	62
CLODAN KIT.....	35	CORGARD.....	25	CYTOTEC.....	51
CLODERM.....	35	CORIFACT.....	27	D	
clomipramine.....	21	CORTANE-B.....	31	D.H.E.45.....	16
clonazepam.....	14			DACOGEN.....	9

dalfampridine	16	DESONATE	35	diclofenac sodium.....	19, 63
danazol	46	desonide.....	35, 36	diclofenac-misoprostol	19
DANTRIUM	17	DESOWEN	36	dicloxacillin	7
dantrolene	17	desoximetasone	36	dicyclomine	48
DANYELZA	9	DESOXYN.....	21	didanosine.....	3
dapsone.....	6, 32	desrx	36	DIFICID	5
DAPTACEL (DTAP		DESVENLAFAXINE	21	diflorasone	36
PEDIATRIC) (PF).....	53	desvenlafaxine succinate	21	DIFLUCAN.....	3
DARAPRIM.....	6	dexabliiss	40	diflunisal	19
darifenacin	68	dexamethasone	40	digitek	27
DARZALEX	9	dexamethasone intensol.....	40	digox	27
DARZALEX FASPRO	9	dexamethasone sodium		digoxin.....	27
dasetta 1/35 (28).....	58	phosphate.....	65	dihydroergotamine.....	16
dasetta 7/7/7 (28).....	58	DEXAMETH-		DILANTIN	14
DAURISMO.....	9	MOXIFLOX(PF)-		DILANTIN EXTENDED.....	14
DAYPRO	19	NACL,ISO.....	64	DILANTIN INFATABS	14
daysee	58	DEXAMET-MOXIFL-		DILANTIN-125	14
DAYTRANA	21	KETORO-NACL(PF)	62	DILAUDID.....	18
DAYVIGO	21	dexchlorpheniramine maleate		diltiazem	25
DDAVP	46	.....	66	dilt-xr	25
deblitane	56	DEXCOM G4 RECEIVER ..	42	dimethyl fumarate.....	52
decadron	40	DEXCOM G4		DIPHEN	66
decitabine	9	TRANSMITTER.....	42	diphenoxylate-atropine	48
deferasirox.....	38	DEXCOM G5 RECEIVER ..	42	DIPROLENE	
deferiprone	38	DEXCOM G5-G4 SENSOR	42	(AUGMENTED)	36
DELESTROGEN	56	DEXCOM G6 RECEIVER ..	42	dipyridamole.....	27
demeclocycline.....	7	DEXCOM G6 SENSOR	42	DISALCID	19
DEM SER.....	25	DEXCOM G6		diskets	18
DENAVIR.....	35	TRANSMITTER.....	42	disopyramide phosphate	24
DEPAKOTE.....	14	DEXCOM RECEIVER	42	disulfiram.....	38
DEPAKOTE ER.....	14	DEXEDRINE SPANSULE ..	21	DITROPAN XL.....	68
DEPAKOTE SPRINKLES ..	14	DEXILANT.....	51	DIURIL.....	25
DEPEN TITRATABS	55	dexmethylphenidate.....	21	divalproex	14
DEPO-ESTRADIOL	56	DEXTENZA.....	65	dofetilide.....	24
DEPO-PROVERA	56	dextroamphetamine	21	DOJOLVI	70
DEPO-SUBQ PROVERA		dextroamphetamine-		dolishale.....	58
.....	56	amphetamine	21	donepezil.....	16
DEPO-TESTOSTERONE....	46	DEXYCU (PF)	65	DONNATAL	48
DERMA-SMOOTH/FS		DIACOMIT	14	DOPTelet (15 TAB PACK)	
BODY OIL	35	dialyvite 800	70	.....	27
DERMA-SMOOTH/FS		DIASTAT	14	DORYX.....	7
SCALP OIL.....	35	DIASTAT ACUDIAL	14	DORYX MPC	7
DERMOTIC OIL	39	DIATRUE CONTROL SOLN		dorzolamide	64
DESCOVY	3	NORMAL.....	42	DORZOLAMIDE (PF).....	64
desipramine	21	diazepam.....	14, 21	dorzolamide-timolol	64
desloratadine.....	66	diazepam intensol	21	dorzolamide-timolol (pf)	64
desmopressin	46	diazoxide	41	DORZOLAMIDE-TIMOLOL	
desog-e.estradiol/e.estradiol.	58	DIBENZYLINE	25	(PF)	64
desogestrel-ethinyl estradiol.	58	diclofenac potassium	19	dotti.....	56

DOVATO	3	EASY TOUCH BLU CTRL		ELIQUIS DVT-PE TREAT	
DOVONEX	30	SOLN-L1,L3	42	30D START.....	27
doxazosin.....	25	EASY TRAK II CTRL SOLN-		ELIXOPHYLLIN	67
doxepin.....	21, 31	NORMAL.....	42	ELLA.....	59
doxercalciferol.....	46	EASY TRAK LOW		ELMIRON.....	69
doxycycline hyclate.....	7	CONTROL	42	ELOCTATE	27
doxycycline monohydrate ..	7, 8	EASYGLUCO PLUS		eluryng.....	57
dronabinol.....	49	NORMAL CONTROL.....	42	ELZONRIS.....	9
drospirenone-e.estradiol-lm.fa		EASYMAX 15 LEVEL 2.....	42	EMBRACE EVO LEVEL 1.43	
.....	58	EASYMAX NORMAL		EMBRACE GLUCOSE	
drospirenone-ethinyl estradiol		CONTROL	42	CONTROL LOW	43
.....	59	ECLIPSE NEEDLE.....	42	EMBRACE TALK	
DROXIA	9	EC-NAPROSYN	19	CONTROL-LOW (L1).....	43
droxidopa.....	38	econazole.....	34	EMCYT	9
DSUVIA.....	18	econtra ez.....	59	EMGALITY PEN.....	16
DUAVEE	56	econtra one-step.....	59	EMGALITY SYRINGE.....	16
DUET DHA BALANCED... 70		ecotrin.....	19	emoquette	59
DUET DHA WITH OMEGA-3		ecotrin low strength.....	19	EMPAVELI.....	38
.....	70	EDECRIN.....	25	EMPLICITI	9
DUETACT	47	EDLUAR.....	21	EMSAM	21
dulcolax (magnesium		ed-spaz.....	48	emtricitabine	3
hydroxide)	49	EDURANT.....	3	emtricitabine-tenofovir (tdf)...	3
DULERA.....	67	eemt	56	EMTRIVA	3
duloxetine.....	21	eemt hs.....	56	EMVERM.....	6
DUOBRII	36	efavirenz	3	enalapril maleate.....	25
DUOPA	15	efavirenz-emtricitabin-tenofov		enalapril-hydrochlorothiazide	
DUPIXENT PEN	31	.....	3	.....	25
DUPIXENT SYRINGE.....	31	efavirenz-lamivu-tenofov disop		ENBREL.....	55
DUREZOL	65	.....	3	ENBREL MINI	55
dutasteride	69	effer-k	69	ENBREL SURECLICK	55
dutasteride-tamsulosin.....	69	EFFER-K.....	69	ENDARI	38
dvorah.....	18	EFFIENT	27	endocet.....	18
DXEVO.....	40	EFUDEX	31	ENERGIX-B (PF)	53
DYANAVEL XR.....	21	EGRIFTA SV	52	ENERGIX-B PEDIATRIC	
DYMISTA.....	67	ELAPRASE.....	46	(PF).....	53
DYRENIUM	25	ELEMENT COMPACT		ENHERTU	9
DYSFORT	53	NORMAL CONTROL.....	43	ENLITE SYSTEM	43
E		ELEMENT NORMAL		enoxaparin	27
e.e.s. 400.....	5	CONTROL	43	enpresse	59
E.E.S. GRANULES	5	ELEPSIA XR	14	enskyce	59
EASIVENT HOLDING		eletriptan.....	16	ENSPRYNG.....	9
CHAMBER.....	41	ELIGARD	9	ENSTILAR.....	30
EASY PLUS II HIGH		ELIGARD (3 MONTH)	9	entacapone	15
CONTROL	42	ELIGARD (4 MONTH)	9	entecavir	3
EASY STEP HIGH		ELIGARD (6 MONTH)	9	ENTEREG.....	49
CONTROL SOLN.....	42	ELIMITE.....	37	ENTOCORT EC.....	49
EASY TALK HIGH		elinest.....	59	ENTRESTO.....	30
CONTROL	42	ELIQUIS	27	ENTYVIO	49
				enulose.....	49

ENZOCLEAR.....	32	estazolam.....	21	falmina (28).....	59
EPCLUSA.....	3	ESTRACE.....	56	famciclovir.....	4
EPIDIOLEX.....	14	estradiol.....	56	famotidine.....	51
EPIFOAM.....	30	ESTRADIOL.....	56	FANAPT.....	21
epinastine.....	62	estradiol valerate.....	56	FARESTON.....	10
epinephrine.....	66	estradiol-norethindrone acet.....	56	FARXIGA.....	47
epinephrine hcl.....	67	estrogens-methyltestosterone.....	57	FARYDAK.....	10
EPINEPHRINE HCL (PF).....	66	eszopiclone.....	21	FASENRA.....	67
EPIPEN 2-PAK.....	66	ethacrynic acid.....	25	FASENRA PEN.....	67
EPIPEN JR 2-PAK.....	66	ethambutol.....	6	FC2 FEMALE CONDOM.....	56
EPISIL.....	39	ethosuximide.....	14	febuxostat.....	55
epitol.....	14	ethynodiol diac-eth estradiol.....	59	FEIBA NF.....	27
EPIVIR.....	3	etodolac.....	19	felbamate.....	14
EPIVIR HBV.....	3	etonogestrel-ethinyl estradiol.....	57	FELBATOL.....	14
eplerenone.....	25	etoposide.....	10	FELDENE.....	19
epoprostenol.....	25	etravirine.....	4	felodipine.....	25
epoprostenol (glycine).....	25	EUCRISA.....	31	fem ph.....	57
eprosartan.....	25	EUFLEXXA.....	19	FEMARA.....	10
EPZICOM.....	3	EURAX.....	37	FEMCAP.....	56
EQUETRO.....	14	euthyrox.....	48	FEMHRT LOW DOSE.....	57
ERBITUX.....	10	EVEKEO.....	21	femynor.....	59
ergolid.....	21	EVEKEO ODT.....	21	fenofibrate.....	29
ERGOMAR.....	16	everolimus (antineoplastic).....	10	FENOFIBRATE.....	29
ergotamine-caffeine.....	16	everolimus		fenofibrate micronized.....	29
ERIVEDGE.....	10	(immunosuppressive).....	10	fenofibrate nanocrystallized.....	29
ERLEADA.....	10	EVERSENSE SENSOR-		fenofibric acid.....	29
erlotinib.....	10	HOLDER.....	43	fenoprofen.....	19
errin.....	56	EVISTA.....	55	fentanyl.....	18
ERTACZO.....	34	EVKEEZA.....	29	fentanyl citrate.....	18
ERWINASE.....	10	EVOCLIN.....	32	FERRIPROX.....	38
ERWINAZE.....	10	EVOLUTION NORMAL		FETZIMA.....	21
ery pads.....	32	CONTROL.....	43	FIBRICOR.....	29
erygel.....	32	EVOMELA.....	10	FIBRYGA.....	27
ERYPED 200.....	5	EVOTAZ.....	4	FINACEA.....	32
ERYPED 400.....	5	EVOXAC.....	38	finasteride.....	69
ery-tab.....	5	EVRYSDI.....	16	FIORICET.....	18
ERY-TAB.....	5	EXELDERM.....	34	FIORICET WITH CODEINE	
erythrocine (as stearate).....	5	EXELON PATCH.....	16	.....	18
erythromycin.....	5, 61	exemestane.....	10	FIRMAGON KIT W	
erythromycin ethylsuccinate.....	5	EXSERVAN.....	38	DILUENT SYRINGE.....	10
erythromycin with ethanol.....	32	EXTINA.....	34	flac otic oil.....	39
erythromycin-benzoyl peroxide		EYLEA.....	62	FLAGYL.....	6
.....	32	EYSUVIS.....	65	flavoxate.....	68
ESBRIET.....	67	ezetimibe.....	29	FLEBOGAMMA DIF.....	53
escitalopram oxalate.....	21	ezetimibe-simvastatin.....	29	flecainide.....	24
ESGIC.....	18	F		FLECTOR.....	19
esomeprazole magnesium.....	51	FABIOR.....	32	FLEXICHAMBER.....	41
ESPEROCT.....	27	FABRAZYME.....	46	FLOLAN.....	25
estarylla.....	59	FACTIVE.....	7	FLOLIPID.....	29

FLOMAX.....	69	FLUZONE QUAD 2021-2022	53	FYCOMPA.....	14
FLOVENT DISKUS.....	67	.....	53	G	
FLOVENT HFA.....	67	FLUZONE QUAD 2021-2022		gabapentin.....	14
FLUAD QUAD 2021-22(65Y		(PF).....	53	GABITRIL.....	14
UP)(PF).....	53	FML LIQUIFILM.....	65	GALAFOLD.....	46
FLUARIX QUAD 2021-2022		folic acid.....	70	galantamine.....	16
(PF).....	53	FOLOTYN.....	10	GALZIN.....	69
FLUBLOK QUAD 2021-2022		foltabs 800.....	70	GAMASTAN.....	53
(PF).....	53	fondaparinux.....	27	GAMASTAN S/D.....	53
FLUCELVAX QUAD 2021-		FORA GTEL MULTI-		GAMIFANT.....	10
2022.....	53	FUNCTION MONITOR.....	43	GAMMAGARD LIQUID....	53
FLUCELVAX QUAD 2021-		FORA KETONE CONTROL		GAMMAGARD S-D (IGA < 1	
2022 (PF).....	53	SOLN-L1.....	43	MCG/ML).....	53
fluconazole.....	3	FORA NORMAL CONTROL		GAMMAPLEX.....	53
flucytosine.....	3	.....	43	GAMMAPLEX (WITH	
fludarabine.....	10	FORA TN'G ADVANCE PRO		SORBITOL).....	53
fludrocortisone.....	40	MONITOR.....	43	GAMUNEX-C.....	53
FLULAVAL QUAD 2021-		FORACARE GDH LOW		GARDASIL 9 (PF).....	54
2022 (PF).....	53	CONTROL.....	43	GASTROCROM.....	49
FLUMADINE.....	4	FORFIVO XL.....	22	gatifloxacin.....	61
FLUMIST QUAD 2021-2022		formoterol fumarate.....	67	GATTEX 30-VIAL.....	49
.....	53	FORTEO.....	55	gavilax.....	49
flunisolide.....	67	FORTESTA.....	46	gavilyte-c.....	49
fluocinolone.....	36	FORTISCARE NORMAL....	43	gavilyte-g.....	49
fluocinolone acetone oil....	39	FOSAMAX.....	55	gavilyte-n.....	49
fluocinolone and shower cap	36	FOSAMAX PLUS D.....	55	GAVRETO.....	10
fluocinonide.....	36	fosamprenavir.....	4	GAZYVA.....	10
fluocinonide-e.....	36	fosfomycin tromethamine.....	8	GE100 CONTROL	
FLUORESC EIN-		fosinopril.....	25	SOLUTION NORMAL....	43
BENOXINATE.....	62	fosinopril-hydrochlorothiazide		GELCLAIR.....	39
fluorescein-proparacaine....	62	.....	25	GELNIQUE.....	68
fluoride (sodium).....	70	FRAGMIN.....	27	GELX.....	39
fluorometholone.....	65	FREESTYLE CONTROL....	43	gemfibrozil.....	29
FLUOROPLEX.....	31	FREESTYLE LIBRE 14 DAY		gemmily.....	59
fluorouracil.....	31	READER.....	43	GEMTESA.....	68
fluoxetine.....	21	FREESTYLE LIBRE 14 DAY		generlac.....	49
fluphenazine hcl.....	22	SENSOR.....	43	gengraf.....	10
flurandrenolide.....	36	FREESTYLE LIBRE 2		GENOTROPIN.....	52
flurazepam.....	22	READER.....	43	GENOTROPIN MINIQUICK	
flurbiprofen.....	19	FREESTYLE LIBRE 2		.....	52
flurbiprofen sodium.....	63	SENSOR.....	43	gentak.....	61
flutamide.....	10	FROVA.....	16	gentamicin.....	34, 61
fluticasone propionate....	36, 67	frovatriptan.....	16	GENTEEL VACUUM	
fluticasone propion-salmeterol		full spectrum b-vitamin c....	70	LANCING DEVICE.....	43
.....	67	FULPHILA.....	51	gentle laxative (bisacodyl)....	49
fluvastatin.....	29	FURADANTIN.....	8	gentlelax.....	49
fluvoxamine.....	22	furosemide.....	25	GENVOYA.....	4
FLUZONE HIGHDOSE		FUZEON.....	4	GEODON.....	22
QUAD 21-22 PF.....	53	fyavolv.....	57	GILENYA.....	52

GILOTRIF.....	10	GVOKE HYPOPEN 2-PACK		heparin, porcine (pf)	28
GIVLAARI.....	38	.....	41	HEPARIN, PORCINE (PF)..	28
GLASSIA	38	GVOKE PFS 2-PACK		HEPLISAV-B (PF).....	54
glatiramer	52	SYRINGE.....	41	HEPSERA	4
glatopa	52	GYNAZOLE-1	57	HETLIOZ	22
GLEOLAN.....	38	gynol ii.....	57	HETLIOZ LQ.....	22
GLEOSTINE.....	10	H		HIBERIX (PF).....	54
GLIADEL WAFER.....	10	HAEGARDA.....	67	hidex	40
glimepiride	47	hailey	59	HIPREX.....	8
glipizide.....	47	hailey 24 fe	59	homatropaire.....	62
glipizide-metformin.....	47	hailey fe 1.5/30 (28)	59	HORIZANT.....	16
GLOPERBA.....	55	hailey fe 1/20 (28)	59	HUMALOG JUNIOR	
GLUCAGEN DIAGNOSTIC		HALAVEN.....	10	KWIKPEN U-100	45
KIT	41	halcinonide	36	HUMALOG KWIKPEN	
GLUCAGEN HYPOKIT	41	HALCION	22	INSULIN	45
GLUCAGON (HCL)		halobetasol propionate.....	36	HUMALOG MIX 50-50	
EMERGENCY KIT	41	HALOBETASOL		INSULN U-100	45
glucagon emergency kit		PROPIONATE	36	HUMALOG MIX 50-50	
(human)	41	HALOG	36	KWIKPEN.....	45
GLUCAGON HCL	41	haloperidol.....	22	HUMALOG MIX 75-25	
GLUCOCARD 01 NORMAL		haloperidol lactate	22	KWIKPEN.....	45
CONTROL	43	HARVONI.....	4	HUMALOG MIX 75-25(U-	
GLUCOCOM CONTROL		HAVRIX (PF)	54	100)INSULN	45
NORMAL.....	43	HEALTHPRO HIGH-LOW		HUMALOG U-100 INSULIN	
GLUCOSE CONTROL.....	43	CONTROL	43	.....	45
GLUCOTROL.....	47	healthylax	49	HUMATE-P	28
GLUCOTROL XL	47	heather	57	HUMATIN	6
glyburide.....	47	HEMANGEOL.....	25	HUMIRA.....	55
glyburide micronized.....	47	HEMLIBRA	27	HUMIRA PEN	55
glyburide-metformin	47	hemmorex-hc.....	49	HUMIRA PEN CROHNS-UC-	
glycolax	49	HEMOFIL M HIGH.....	27	HS START	55
glycopyrrolate.....	48	HEMOFIL M LOW.....	27	HUMIRA PEN PSOR-	
glydo.....	33	HEMOFIL M MID.....	27	UVEITS-ADOL HS	55
GLYNASE	47	HEMOFIL M SUPER HIGH	27	HUMIRA(CF)	55
GLYXAMBI	47	hep flush-10 (pf).....	27	HUMIRA(CF) PEDI	
GOJJI GLUCOSE CNTRL		heparin (porcine)	27	CROHNS STARTER	55
SOL-NORMAL.....	43	HEPARIN (PORCINE) IN		HUMIRA(CF) PEN.....	55
GOJJI KETONE CONTROL		0.9% NACL.....	27	HUMIRA(CF) PEN	
SOLN-L1.....	43	heparin (porcine) in 5 % dex	28	CROHNS-UC-HS.....	56
GOJJI MULTI-FUNCTIONAL		heparin (porcine) in nacl (pf)	28	HUMIRA(CF) PEN	
METER	43	heparin flush(porcine)-0.9nacl		PEDIATRIC UC.....	56
GONITRO.....	30	.....	28	HUMIRA(CF) PEN PSOR-	
GOPRELTO	33	heparin lock flush (porcine) .	28	UV-ADOL HS	56
GRALISE	14	heparin lockflush(porcine)(pf)		HUMULIN 70/30 U-100	
granisetron hcl	49	.....	28	INSULIN	45
GRASTEK	54	heparin(porcine) in 0.45% nacl		HUMULIN 70/30 U-100	
griseofulvin microsize	3	.....	28	KWIKPEN.....	45
griseofulvin ultramicrosize.....	3	HEPARIN(PORCINE) IN		HUMULIN N NPH INSULIN	
guanfacine	22, 25	0.45% NACL.....	28	KWIKPEN.....	45

HUMULIN N NPH U-100	ibuprofen	INVEGA SUSTENNA
INSULIN	icatibant	INVEGA TRINZA
HUMULIN R REGULAR U-	iclevia	INVELTYS
100 INSULN	ICLUSIG	INVIRASE
HUMULIN R U-500 (CONC)	icosapent ethyl	INVOKAMET
INSULIN	IDELVION	INVOKAMET XR
HUMULIN R U-500 (CONC)	IDHIFA	INVOKANA
KWIKPEN	ILARIS (PF)	iodine-sodium iodide
HYCANTIN	ILEVRO	IODOFLEX
HYCODAN (WITH	ILUVIEN	IODOSORB
HOMATROPINE)	imatinib	IOPIDINE
hydralazine	IMBRUVICA	IPOL
HYDREA	IMFINZI	ipratropium bromide
hydrochlorothiazide	imipramine hcl	ipratropium-albuterol
hydrocodone bitartrate	imipramine pamoate	irbesartan
hydrocodone-acetaminophen	imiquimod	irbesartan-hydrochlorothiazide
18	IMLYGIC .....	.....
hydrocodone-chlorpheniramine	IMOVAX RABIES VACCINE	IRESSA
.....	(PF)	ISENTRESS
66	IMPAVIDO	ISENTRESS HD
hydrocodone-homatropine ...	IMPOYZ	isibloom
66	IMURAN	isoniazid
hydrocodone-ibuprofen	INBRIJA	ISOPTO ATROPINE
18	incassia	ISOPTO CARPINE
hydrocortisone	INCRELEX	ISORDIL
36, 40, 49	INCRUSE ELLIPTA	ISORDIL TITRADOSE
hydrocortisone acetate	indapamide	isosorbide dinitrate
49	indomethacin	isosorbide mononitrate
hydrocortisone butyrate	INFANRIX (DTAP) (PF)	isotretinoin
36	INFASURF	isoxsuprine
hydrocortisone butyr-emollient	INFINITY CONTROL	isradipine
.....	SOLUTION NORM	ISTODAX
36	INFINITY VOICE CTRL	itraconazole
hydrocortisone valerate	SOLN-LVL 2	6, 32, 37
36	INFLECTRA	IVERMECTIN
hydrocortisone-acetic acid ...	INGREZZA	IXEMPRA
39	INGREZZA INITIATION	IXIARO (PF)
hydrocortisone-pramoxine ..	PACK	IXINITY
30,	INLYTA	J
49	INOVA	jaimiess
hydromet	INOVA 4-1	JAKAFI
66	INOVA 8-2	JALYN
hydromorphone	INSPIRACHAMBER	JANSSEN COVID-19
18	INSPIRA	VACCINE (EUA)
hydroxychloroquine	INSULIN SYRINGE-	jantoven
6	NEEDLE U-100	JANUMET
hydroxyprogesterone	INTELENCE	JANUMET XR
cap(ppres)	INTRON A	JANUVIA
57	INVEGA	JARDIANCE
hydroxyurea		jasmiel (28)
10		
hydroxyzine hcl		
66		
hydroxyzine pamoate		
66		
hyophen		
69		
hyoscyamine sulfate		
48		
hyosyne		
48		
HYPER-SAL		
67		
HYQVIA		
54		
HYSINGLA ER		
18		
I		
ibandronate		
55		
IBRANCE		
10		
ibu		
19		

JATENZO	46	KLARITY-A (AZITHRO- CHONDR)(PF).....	63	lamivudine-zidovudine	4
JELMYTO.....	11	KLARITY-B (BETAMETH- CHOND)(PF)	63	lamotrigine.....	14
JEMPERLI	11	KLARITY-L (LOTEPRED- CHOND)(PF)	63	LANCETS	44
jencycla.....	57	KLARON	34	LANCING DEVICE	44
JEVTANA.....	11	KLONOPIN.....	14	LANOXIN	27
jinteli.....	57	klor-con	69	lansoprazole	51
JIVI.....	28	klor-con 10	69	lanthanum	50
jlessa	59	klor-con 8	69	LANTUS SOLOSTAR U-100 INSULIN	45
JORNAY PM	22	klor-con m10	69	LANTUS U-100 INSULIN ..	45
JUBLIA	34	klor-con m15	69	lapatinib	11
juleber.....	59	klor-con m20	69	larin 1.5/30 (21)	59
JULUCA.....	4	klor-con/ef	70	larin 1/20 (21)	59
junel 1.5/30 (21)	59	KLOXXADO	19	larin 24 fe.....	59
junel 1/20 (21)	59	KOATE	28	larin fe 1.5/30 (28)	59
junel fe 1.5/30 (28)	59	kobee	70	larin fe 1/20 (28)	59
junel fe 1/20 (28)	59	KOGENATE FS.....	28	larissia.....	59
junel fe 24.....	59	KOSELUGO	11	LASIX	25
JUXTAPID.....	29	KOSHER PRENATAL PLUS IRON	70	latanoprost	64
JYNARQUE.....	46	KOVALTRY	28	LATANOPROST (PF)	64
K		K-PHOS NO 2.....	69	LATUDA.....	22
KADCYLA	11	K-PHOS ORIGINAL	69	laxaclear.....	50
kaitlib fe.....	59	kpn.....	70	laxative (bisacodyl)	50
KALBITOR.....	67	KRINTAFEL.....	6	laxative peg 3350.....	50
KALETRA	4	KRYSTEXXA.....	55	layolis fe	59
kalliga.....	59	k-tab.....	70	leena 28.....	59
KALYDECO	67	K-TAB.....	70	leflunomide.....	56
KANJINTI.....	11	kurvelo (28)	59	LEMTRADA.....	52
KANUMA.....	46	KUVAN.....	46	LENVIMA.....	11
KAPVAY	22	KYLEENA	56	LESCOL XL.....	29
KARBINAL ER	66	KYMRIAH.....	11	lessina	59
kariva (28)	59	KYNMOBI.....	15	letrozole	11
KEFLEX.....	5	KYPROLIS	11	leucovorin calcium	8
kelnor 1/35 (28)	59	L		LEUKERAN.....	11
kelnor 1-50 (28)	59	l norgest/e.estradiol-e.estrad.	59	LEUKINE.....	51
KENALOG.....	36	labetalol	25	leuprolide.....	11
KEPIVANCE	8	LACRISERT	63	levalbuterol hcl	67
KERYDIN	34	lactated ringers	37	LEVVID	48
KESIMPTA PEN	52	lactulose.....	50	LEVEMIR FLEXTOUCH U- 100 INSULN	45
KETAMINE	22	LAMICTAL XR STARTER (BLUE).....	14	LEVEMIR U-100 INSULIN	45
ketoconazole.....	3, 34	LAMICTAL XR STARTER (GREEN).....	14	levetiracetam.....	15
ketodan	34	LAMICTAL XR STARTER (ORANGE).....	14	levobunolol	62
ketodan kit.....	34	lamivudine	4	levocarnitine	38
ketoprofen.....	19			levocarnitine (with sugar).....	38
ketorolac	19, 63			levocetirizine	66
KEVEYIS.....	17			levofloxacin	7, 61
KEYTRUDA.....	11			levonest (28)	59
KINRIX (PF).....	54			levonorgestrel	59
KITABIS PAK	6				

levonorgestrel-ethinyl estrad	59	LOKELMA	50	LUPRON DEPOT (6	
levonorg-eth estrad triphasic	59	LOMOTIL	48	MONTH)	11
levora-28	59	LONHALA MAGNAIR		LUPRON DEPOT-PED	11
levorphanol tartrate	18	REFILL	67	LUPRON DEPOT-PED (3	
levo-t	48	LONHALA MAGNAIR		MONTH)	11
levothyroxine	48	STARTER	67	lutura (28)	59
levoxyl	48	LONSURF	11	LUXIQ	36
LEVSIN	48	loperamide	48	LUXTURNA	63
LEVSIN/SL	48	LOPID	29	LUZU	34
LEVULAN	31	lopinavir-ritonavir	4	lyleq	57
LEXETTE	36	LOPRESSOR	25	lyllana	57
LEXIVA	4	LOPROX	34	LYNPARZA	11
LIBTAYO	11	LOPROX (AS OLAMINE)	34	LYSODREN	11
LICART	19	LOPROX KIT	34	LYSTEDA	57
lidocaine	33	lorazepam	22	LYUMJEV KWIKPEN U-100	
lidocaine hcl	33	lorazepam intensol	22	INSULIN	45
lidocaine hcl-hydrocortison ac		LORBRENA	11	LYUMJEV KWIKPEN U-200	
	33, 50	LORTAB ELIXIR	18	INSULIN	45
LIDOCAINE HCL-		loryna (28)	59	LYUMJEV U-100 INSULIN	
HYDROCORTISON AC	50	LORZONE	17		45
lidocaine viscous	33	losartan	25	lyza	57
lidocaine-hydrocortisone-aloe		losartan-hydrochlorothiazide	25	M	
	50	LOTEMAX	65	MACRILEN	52
LIDOCAINE-		LOTEMAX SM	65	MACROBID	8
PHENYLEPHRIN-BSS(PF)		LOTENSIN	25	MACRODANTIN	8
	63	LOTENSIN HCT	25	mafenide acetate	34
lidocaine-phenylephrn in water		loteprednol etabonate	65	magnesium citrate	50
	63	lovastatin	29	MAKENA	57
lidocaine-prilocaine	33	LOVAZA	29	MAKENA (PF)	57
lidocort	33	low-ogestrel (28)	59	MALARONE	6
LILETTA	56	loxapine succinate	22	MALARONE PEDIATRIC	6
lillow (28)	59	lo-zumandimine (28)	59	malathion	37
lindane	37	lta pre-attached	33	maprotiline	22
linezolid	6	LUCENTIS	63	MARGENZA	11
LINZESS	50	ludent fluoride	70	MARINOL	50
liothyronine	48	lugols	34, 70	marlissa (28)	59
LIPOFEN	29	LUMAKRAS	11	MARNATAL-F	70
lisinopril	25	LUMIGAN	64	MARPLAN	22
lisinopril-hydrochlorothiazide		LUMIZYME	46	MARQIBO	11
	25	LUMOXITI	11	MATULANE	11
LITEAIRE MDI CHAMBER		LUPANETA PACK (1		matzim la	25
	41	MONTH)	57	MAVENCLAD (10 TABLET	
lithium carbonate	22	LUPANETA PACK (3		PACK)	52
LITHOBID	22	MONTH)	57	MAVENCLAD (4 TABLET	
LITHOSTAT	38	LUPRON DEPOT	11	PACK)	52
LIVALO	29	LUPRON DEPOT (3		MAVENCLAD (5 TABLET	
LODINE	19	MONTH)	11	PACK)	52
LODOSYN	15	LUPRON DEPOT (4		MAVENCLAD (6 TABLET	
lojaimiess	59	MONTH)	11	PACK)	52

MAVENCLAD (7 TABLET PACK).....	52	metformin	47	MICROGESTIN 24 FE	60
MAVENCLAD (8 TABLET PACK).....	52	methadone	18	microgestin fe 1.5/30 (28)	60
MAVENCLAD (9 TABLET PACK).....	52	methadose	18	microgestin fe 1/20 (28)	60
MAXITROL.....	64	methamphetamine	22	MICROSPACER.....	41
MAXZIDE	25	methazolamide.....	63	midazolam	22
MAXZIDE-25MG.....	25	methenamine hippurate	8	midodrine.....	38
MAYZENT	52	methenamine mandelate	8	migergot.....	16
MAYZENT STARTER PACK	52	methen-sod phos-meth blue- hyos	69	miglitol	47
meclizine	50	methergine	61	miglustat	46
meclofenamate	19	methimazole	40	MIGRANAL.....	16
MEDISENSE	44	METHITEST.....	46	mili.....	60
MEDISENSE GLUCOSE KETONE	44	methocarbamol	17	milk of magnesia	50
MEDROL	40	methotrexate sodium	11	milk of magnesia concentrated	50
MEDROL (PAK)	40	methotrexate sodium (pf)	11	millipred	40
medroxyprogesterone	57	methoxsalen.....	31	millipred dp	40
mefenamic acid	19	methscopolamine.....	48	mimvey	57
mefloquine.....	6	methyl salicylate.....	31	MINIPRESS	26
megestrol	11	methyldopa	25	MINITRAN	30
MEKINIST.....	11	methyldopa- hydrochlorothiazide.....	25	minocycline	8
MEKTOVI	11	methylergonovine.....	61	minoxidil.....	26
meloxicam	20	METHYLIN	22	MIOCHOL-E.....	62
meloxicam submicronized....	20	methylphenidate hcl	22	miostat	64
melfalan	11	METHYLPHENIDATE HCL	22	miralax	50
memantine	17	methylprednisolone	40	MIRAPEX ER.....	15
MEMANTINE	17	methyltestosterone.....	46	MIRENA	56
MENACTRA (PF)	54	metoclopramide hcl	50	mirtazapine	22
MENOSTAR.....	57	metolazone.....	26	MIRVASO.....	32
MENQUADFI (PF).....	54	METOPIRONE	38	misoprostol	51
MENTAX.....	34	metoprolol succinate.....	26	MITIGARE.....	55
MENVEO A-C-Y-W-135-DIP (PF).....	54	metoprolol ta-hydrochlorothiaz	26	MITOSOL	64
meperidine	18	metoprolol tartrate	26	mitoxantrone.....	11
MEPHYTON.....	28	METROCREAM.....	32	MKO (MIDAZOLAM- KETAMINE-ONDAN)	22
meprobamate	17	METROGEL	32	M-M-R II (PF).....	54
MEPRON	6	METROGEL VAGINAL.....	57	m-natal plus	70
MEPSEVII	46	metronidazole	6, 32, 57	MOBIC	20
mercaptapurine.....	11	metyrosine	26	modafinil.....	22
merzee	59	mexiletine	24	MODERNA COVID-19 VACCINE (EUA)	54
mesalamine.....	50	MIACALCIN	46	moexipril.....	26
mesalamine with cleansing wipe	50	mibelas 24 fe	59	molindone	22
MESNEX	8	MICONAZOLE NITRATE- ZINC OX-PET	34	mometasone	36, 67
metaproterenol.....	67	miconazole-3	57	mondoxyne nl	8
metaxalone	17	MICROCHAMBER	41	MONJUVI	11
		microgestin 1.5/30 (21)	59	MONODOX	8
		microgestin 1/20 (21)	59	mono-lynyah.....	60
				MONONINE	28
				MONOVISC.....	20

montelukast	67	MYSOLINE	15	NEONATAL-DHA	70
MONUROL	8	MYXREDLIN	45	neo-polycin	61
morgidox	8	N		neo-polycin hc	64
MORGIDOX 1X 50	8	nabumetone	20	NEORAL	12
MORGIDOX 2X100	8	nadolol	26	NEO-SYNALAR	34
morphine	18	nadolol-bendroflumethiazide	26	NEO-SYNALAR KIT	34
morphine concentrate	18	naftifine	34	NERLYNX	12
MOTEGRITY	50	NAFTIN	34	NESTABS	70
MOTOFEN	48	NAGLAZYME	46	NESTABS ABC	70
MOVANTIK	50	NALFON	20	NESTABS DHA	70
MOXATAG	7	NALOCET	18	neuac	32
MOXEZA	61	naloxone	20	NEUAC KIT	32
moxifloxacin	7, 61	naltrexone	20	NEUPRO	15
MOXIFLOXACIN (PF)-BSS	61	NAMENDA	17	nevirapine	4
MOXIFLOXACIN-SOD		NAMENDA TITRATION		new day	60
CHLOR,ISO(PF)	61	PAK	17	newgen	71
MOZOBIL	52	NAMENDA XR	17	NEXAVAR	12
MS CONTIN	18	NAMZARIC	17	NEXLETOL	29
MUGARD	39	NAPROSYN	20	NEXLIZET	29
MULTAQ	24	naproxen	20	NEXPLANON	57
multi-vitamin with fluoride ..	70	naproxen sodium	20	niacin	29
multivitamins with fluoride ..	70	naratriptan	16	NIACOR	29
mupirocin	34	NARCAN	20	NIASPAN EXTENDED-	
MVASI	11	NARDIL	22	RELEASE	29
mvc-fluoride	70	NATACHEW (FE BIS-		nicardipine	26
my choice	60	GLYCINATE)	70	NICODERM CQ	39
my way	60	NATACYN	61	nicorette	39
MYALEPT	46	nateglinide	47	NICORETTE	39
MYAMBUTOL	6	NATESTO	46	nicotine	39
MYCOBUTIN	6	NATPARA	46	nicotine (polacrilex)	39
mycophenolate mofetil	11	natural b-100 complex	70	NICOTROL	39
mycophenolate sodium	12	natura-lax	50	NICOTROL NS	39
MYDAYIS	22	NAYZILAM	15	nifedipine	26
MYDRIACYL	62	NEBUPENT	6	nikki (28)	60
MYDRIATIC4(TROP-PROP-		nebusal	67	NILANDRON	12
PE-KTRLC)	63	NEBUSAL	68	nilutamide	12
MYFEMBREE	57	necon 0.5/35 (28)	60	nimodipine	26
MYFORTIC	12	nefazodone	22	NINLARO	12
MYGLUCOHEALTH		neomycin	6	nisoldipine	26
CONTROL SOLUTION ..	44	neomycin-bacitracin-poly-hc ..	64	nitazoxanide	6
MYLERAN	12	neomycin-bacitracin-		nitisinone	38
MYLOTARG	12	polymyxin	61	nitro-bid	30
mynatal	70	neomycin-polymyxin b gu	37	NITRO-DUR	30
mynatal plus	70	neomycin-polymyxin b-		nitrofurantoin	8
mynatal-z	70	dexameth	64	nitrofurantoin macrocrystal ..	8
MYOBLOC	54	neomycin-polymyxin-		nitrofurantoin monohyd/m- ..	
myorisan	32	gramicidin	61	cryst	8
MYRBETRIQ	68	neomycin-polymyxin-hc 40, ..	64	nitroglycerin	30
		NEONATAL COMPLETE ..	70	NITROLINGUAL	30

NITROMIST	30	NULIBRY	17	OMIDRIA.....	63
NITROSTAT.....	30	NULYTELY LEMON-LIME		OMNIPOD DASH 5 PACK	
nitro-time	30	.....	50	POD	44
NITYR.....	38	NUMBRINO	33	OMNIPOD INSULIN	
NIVESTYM	52	NUPLAZID	22	MANAGEMENT	44
nizatidine	51	NURTEC ODT	16	ON CALL EXPRESS	
NOC DURNA (MEN).....	46	NUVARING.....	57	CONTROL	44
NOC DURNA (WOMEN)....	46	NUVESSA.....	57	ON CALL PLUS CONTROL	
nolix.....	36	NUZYRA	8	.....	44
nora-be.....	57	nyamyc	34	ON CALL VIVID CONTROL	
NORDITROPIN FLEXPRO	52	nylia 7/7/7 (28).....	60	.....	44
noreth-ethinyl estradiol-iron.	60	NYMALIZE	26	ondansetron.....	50
norethindrone (contraceptive)		nymyo	60	ondansetron hcl.....	50
.....	57	nystatin	3, 34	one daily prenatal	71
norethindrone acetate	57	nystatin-triamcinolone.....	35	ONETOUCH ULTRA	
norethindrone ac-eth estradiol		nystop	35	CONTROL	44
.....	57, 60	NYVEPRIA.....	52	ONETOUCH ULTRA TEST	
norethindrone-e.estradiol-iron		O		.....	40
.....	60	OB COMPLETE ONE	71	ONETOUCH ULTRA2	
NORGESIC FORTE	17	OB COMPLETE PETITE	71	METER.....	44
norgestimate-ethinyl estradiol		OB COMPLETE PREMIER	71	ONETOUCH ULTRAMINI.	44
.....	60	OB COMPLETE WITH DHA		ONETOUCH VERIO FLEX	
NORITATE	32	.....	71	METER.....	44
norlyda.....	57	OBIZUR	28	ONETOUCH VERIO IQ	
NORPACE	24	OBREDON.....	66	METER.....	44
NORPACE CR.....	24	OCALIVA	50	ONETOUCH VERIO METER	
NORPRAMIN	22	ocella	60	.....	44
nortrel 0.5/35 (28)	60	OCREVUS	52	ONETOUCH VERIO	
nortrel 1/35 (21)	60	OCTAGAM.....	54	REFLECT METER	44
nortrel 1/35 (28)	60	octreotide acetate.....	12	ONETOUCH VERIO TEST	
nortrel 7/7/7 (28)	60	OCUFLOX	61	STRIPS	40
nortriptyline.....	22	ODACTRA.....	54	ONEXTON.....	32
NORVIR.....	4	ODEFSEY	4	ONFI.....	15
NOURIANZ	15	ODOMZO	12	ONIVYDE	12
NOVA MAX GLUCOSE		OFEV.....	68	ONZETRA XSAIL.....	16
CONTROL	44	ofloxacin.....	7, 39, 61	opcicon one-step	60
NOVA MAX PLUS GLUC-		olanzapine.....	23	OPDIVO	12
KETON METER.....	44	olanzapine-fluoxetine	23	opium tincture.....	48
NOVAMAX PLUS GLU-KET		olmesartan	26	OPSUMIT.....	68
.....	44	olmesartan-amlodipin-		OPTICHAMBER DIAMOND	
NOVOEIGHT	28	hcthiacid	26	VHC.....	41
NOXAFIL	3	olmesartan-		option-2.....	60
np thyroid	48	hydrochlorothiazide.....	26	ORACEA.....	8
NPLATE.....	28	olopatadine	39, 63	ORACIT	69
NUBEQA	12	OLUX.....	36	oral saline laxative	50
NUCALA	68	OLUX-E	36	ORALAIR	54
NUCORT	36	OMECLAMOX-PAK	51	oralone	39
NUEDEXTA	17	omega-3 acid ethyl esters	29	ORAMAGICRX.....	39
NULEV	48	omeprazole	51	ORAPRED ODT	40

ORAVIG	3	PACNEX	32	perphenazine-amitriptyline...	23
ORENITRAM	26	PADCEV	12	perry prenatal	71
ORFADIN	38	paliperidone	23	PFIZER COVID-19	
ORGOVYX	12	PALYNZIQ	46	VACCINE (EUA)	54
ORIAHNN	57	PAMELOR	23	phenazopyridine	69
ORILISSA	46	PANCREAZE	50	phenelzine	23
ORKAMBI	68	PANDEL	36	phenobarb-hyoscy-atropine-	
ORLADEYO	68	PANRETIN	31	scop	48
orphenadrine citrate	17	pantoprazole	51	phenobarbital	15
orphenadrine-asa-caffeine ...	17	PANZYGA	54	phenohydro	48
orphengesic forte	17	PARAGARD T 380A	56	phenoxybenzamine	26
orsythia	60	PAREMYD	62	phenylephrine hcl	65
ORTHOVISC	20	paricalcitol	46	PHENYLEPH-	
ORTIKOS	50	PARLODEL	15	TROPICAMIDE IN	
oscimin	48	PARNATE	23	WATER	62
oscimin sl	48	paromomycin	6	PHENYTEK	15
oscimin sr	48	paroxetine hcl	23	phenytoin	15
oseltamivir	4	paroxetine		phenytoin sodium extended ..	15
OSENI	47	mesylate(menop.sym)	23	philith	60
OSMOLEX ER	15	PASER	6	PHOSLYRA	50
OTEZLA	56	PATANASE	39	phosphasal	69
OTEZLA STARTER	56	PAXIL	23	phosphate laxative	50
OTIPRIO	40	PAXIL CR	23	PHOTREXA CROSS-	
OTOVEL	40	PEDIARIX (PF)	54	LINKING KIT	63
OVACE	30	PEDVAX HIB (PF)	54	PHOTREXA VISCOUS	63
OVACE PLUS	30	peg 3350-electrolytes	50	PHYSIOLYTE	37
OVACE PLUS SHAMPOO	30	peg3350-sod sul-nacl-kcl-asb-c		PHYSIOSOL IRRIGATION	37
OVACE PLUS WASH	30	.....	50	phytonadione (vitamin k1) ...	28
OVIDE	37	PEGASYS	52	PHYTONADIONE	
oxandrolone	46	peg-electrolyte soln	50	(VITAMIN K1)	28
oxaprozin	20	peg-prep	50	PICATO	31
OXAYDO	18	PEMAZYRE	12	pilocarpine hcl	38, 39, 62
oxazepam	23	PEN NEEDLE, DIABETIC	44	pimecrolimus	31
oxcarbazepine	15	penicillamine	56	pimozide	23
OXERVATE	63	penicillin v potassium	7	pimtrea (28)	60
oxiconazole	35	PENTACEL (PF)	54	pindolol	26
OXISTAT	35	PENTACEL ACTHIB		pioglitazone	47
OXLUMO	69	COMPONENT (PF)	54	pioglitazone-glimepiride	47
OXTELLAR XR	15	pentamidine	6	pioglitazone-metformin	47
oxybutynin chloride	69	PENTASA	50	pirmella	60
oxycodone	18	pentazocine-naloxone	20	piroxicam	20
oxycodone-acetaminophen ...	18	pentoxifylline	28	PLAN B ONE-STEP	60
OXYCONTIN	18	PEPAXTO	12	PLEGRIDY	52
oxymorphone	19	PEPCID	51	PLEXION	32
OXYTROL	69	PERFOROMIST	68	PLEXION CLEANSING	
OZEMPIC	47	perindopril erbumine	26	CLOTHS	33
OZURDEX	65	PERJETA	12	PNEUMOVAX-23	54
P		permethrin	37	pnv 29-1	71
pacerone	24	perphenazine	23	pnv-select	71

POCKET CHAMBER	41	PREDNISOLONE ACET-		PREPIDIL.....	57
podofilox	31	GATIFLOXACIN	64	preplus	71
POLIVY	12	PREDNISOLONE SOD PH-		PRESTALIA.....	26
polycin.....	61	MOXIFLOX.....	64	pretab	71
polyethylene glycol 3350	50	prednisolone sodium phosphate		PRETOMANID	6
polymyxin b sulf-trimethoprim		.....	40, 65	prevalite	29
.....	61	PREDNISOLONE-		previfem.....	60
POLYTRIM	61	MOXIFLO-NEPAFENAC		PREVNAR 13 (PF)	54
POMALYST	52	.....	63	PREVNAR 20 (PF)	54
PONVORY.....	52	PREDNISOLONE-		PREVYMIS.....	4
PONVORY 14-DAY		MOXIFLOXACIN HCL ..	64	PREZISTA	4
STARTER PACK	52	PREDNISOLONE-		PRIFTIN	6
portia 28.....	60	MOXIFLOX-BROMFEN	63	PRIMACARE.....	71
PORTRAZZA	12	prednisone	40	primaquine.....	6
posaconazole	3	prednisone intensol.....	40	PRIMEAIRE.....	41
potassium chloride.....	70	PREFEST	57	primidone.....	15
potassium citrate.....	69	pregabalin	15	PRIMSOL.....	8
POTELIGEO.....	12	PREMARIN	57	PRINIVIL	26
powderlax	50	prenal chew.....	71	PRIVIGEN	54
PR BENZOYL PEROXIDE.....	33	prenal pearl	71	probenecid	55
pr natal 400.....	71	prenal true.....	71	probenecid-colchicine.....	55
pr natal 400 ec	71	PRENATA.....	71	PROCARDIA XL.....	26
pr natal 430.....	71	prenatabs fa.....	71	procentra	23
pr natal 430 ec	71	prenatabs rx	71	PROCHAMBER.....	41
pramipexole.....	15	prenatal	71	prochlorperazine	50
PRAMOSONE	30	prenatal complete	71	prochlorperazine maleate.....	50
prasugrel	28	prenatal multi-dha (algal oil).....	71	PROCORT	50
pravastatin	29	prenatal multivitamins.....	71	PROCRIT	52
praziquantel	6	prenatal one daily	71	PROCTOCORT.....	36, 50
prazosin	26	prenatal plus	71	procto-med hc	50
PRECISION XTRA		prenatal plus (calcium carb).....	71	procto-pak.....	50
KETONE-GLUCOSE	44	PRENATAL PLUS DHA.....	71	proctosol hc	50
PRECOSE	47	prenatal vitamin.....	71	proctozone-hc	50
PRED FORTE	65	prenatal vitamin plus low iron		PRODIGY CONTROL	
PRED-G	64	.....	71	SOLUTION, LOW	44
PRED-G S.O.P.	64	prenatal vitamin with minerals		PRODIGY CONTROL	
prednicarbate	36	.....	71	SOLUTION,HIGH	44
PREDNISOL ACE-		prenatal vits96-iron fum-folic		PROFILNINE.....	28
GATIFLOX-BROMFEN ..	63	.....	71	progesterone	57
PREDNISOLN SP-		PRENATE DHA (FERR ASP		progesterone micronized	57
GATIFLOX-BROMFEN ..	63	GLYCIN).....	71	PROGLYCEM	41
PREDNISOLN SP-		PRENATE ELITE (IRON ASP		PROGRAF.....	12
MOXIFLOX-BROMFEN	63	GLYC).....	71	PROLASTIN-C	38
prednisolone	40	PRENATE ENHANCE.....	71	prolate	19
prednisolone acetate	65	PRENATE MINI (FERR ASP		PROLENSA	63
PREDNISOLONE ACETATE		GLYCIN).....	71	PROLEUKIN	53
(PF).....	65	PRENATE PIXIE.....	71	PROMACTA	28
PREDNISOLONE ACETATE-		PRENATE RESTORE	71	promethazine	66
NEPAFENAC	63	PRENATE STAR.....	71	promethazine-codeine.....	66

promethazine-dm.....	66	quit 4.....	39	repaglinide-metformin.....	48
promethazine-phenyleph-		QVAR REDIHALER.....	68	REPATHA PUSHTRONEX	29
codeine	66	R		REPATHA SURECLICK	29
promethazine-phenylephrine	66	RABAVERT (PF)	54	REPATHA SYRINGE	29
promethegan	66	rabeprazole	51	RESPA-AR.....	66
PROMETRIUM	57	RACEPINEPH-LIDOCAINE-		RESTASIS.....	63
propafenone	24	BSS 7(PF).....	63	RESTASIS MULTIDOSE....	63
proparacaine	63	RADICAVA.....	17	RESTORIL	23
propranolol	26	RADIOGARDASE	38	RETACRIT.....	52
propranolol-hydrochlorothiazid		RAGWITEK.....	54	RETEVMO.....	12
.....	26	raloxifene.....	55	RETIN-A	33
propylthiouracil	40	ramelteon	23	RETIN-A MICRO PUMP	33
PROQUAD (PF)	54	ramipril	26	RETISERT	65
PROSCAR.....	69	ranolazine	30	RETROVIR	4
PROTHELIAL	39	RAPAMUNE.....	12	REVATIO.....	68
PROTOPIC.....	31	rasagiline	15	REVCОВI	38
protriptyline.....	23	RASUVO (PF)	56	REVLIMID.....	52
PROVENGE.....	54	RAVICTI.....	38	REXULTI	23
PROVERA	57	RAYALDEE	46	REYATAZ	4
PROVIDA OB.....	71	RAYOS	40	REYVOW.....	16
prudoxin	31	RAZADYNE ER.....	17	RHOFADE	33
PSORCON	36	REBIF (WITH ALBUMIN).	52	RIASTAP	28
pulmosal	68	REBIF REBIDOSE	52	ribavirin	4, 52
PULMOZYME.....	68	REBIF TITRATION PACK.	52	RIDAURA.....	56
purelax	50	REBINYN	28	rifabutin	6
PURIXAN	12	REBLOZYL	52	rifampin	6
pyrazinamide	6	RECLAST	38	RIGHTEST CONTROL	
PYRIDIUM	69	reclipsen (28).....	60	SOLUTION HIGH	44
pyridostigmine bromide	17	RECOMBIVAX HB (PF)	54	RILUTEK	38
PYRIDOSTIGMINE		RECTIV.....	50	riluzole	38
BROMIDE	17	REFUAH PLUS GLUCOSE		rimantadine	4
pyrimethamine.....	6	CONTROL	44	ringer's	37
Q		REGLAN.....	50	RINVOQ.....	56
QBREXZA	31	REGRANEX	31	RIOMET	48
QUADRACEL (PF)	54	RELAFEN	20	RIOMET ER.....	48
QUALAQUIN	6	RELAGARD	58	risedronate	38, 55
QUDEXY XR	15	RELENZA DISKHALER	4	RISPERDAL	23
QUESTRAN.....	29	RELEXXII.....	23	RISPERDAL CONSTA	23
QUESTRAN LIGHT.....	29	RELISTOR.....	50	risperidone	23
quetiapine	23	RELPAХ	16	RITALIN	23
QUILLICHEW ER.....	23	REMERON	23	RITALIN LA.....	23
QUILLIVANT XR.....	23	REMERON SOLTAB.....	23	RITEFLO AEROCHAMBER	
quinapril	26	REMICADE	50	.....	41
quinapril-hydrochlorothiazide		REMODULIN.....	26	ritonavir	4
.....	26	RENACIDIN	69	rivastigmine	17
quinidine gluconate	24	rena-vite.....	71	rivastigmine tartrate.....	17
quinidine sulfate	24	RENFLEXIS	50	rivelsa	60
quinine sulfate	6	REVELA	50	RIXUBIS	28
quit 2.....	39	repaglinide.....	48	rizatriptan.....	16

R-NATAL OB.....	71	SELECT-OB (FOLIC ACID)	71	sodium polystyrene sulfonate	51
ROMIDEPSIN	12	.....	71	SOLESTA.....	51
ropinirole	15	SELECT-OB + DHA	71	solifenacin.....	69
rosadan	33	selegiline hcl.....	16	SOLQUA 100/33	45
ROSADAN.....	33	selenium sulfide.....	30	SOLIRIS	38
ROSANIL.....	33	SELRX	30	SOLOSEC	6
ROSULA.....	33	SELZENTRY	4	SOLTAMOX.....	12
rosula cleansing cloths	33	se-natal 19 chewable	71	SOLUS V2 CONTROL	
rosuvastatin.....	29	se-natal-19	71	SOLUTION,HIGH	44
ROSZET.....	30	SEREVENT DISKUS	68	SOMA.....	17
ROTARIX.....	54	SERNIVO.....	36	SOMATULINE DEPOT	12
ROWASA.....	51	SEROSTIM	52	SOMAVERT	46
roweepra.....	15	sertraline	23	SOOLANTRA.....	33
ROXICODONE	19	setlakin.....	60	SORBITOL.....	37
ROZLYTREK	12	sevelamer carbonate	51	SORBITOL-MANNITOL....	37
RUBRACA.....	12	sevelamer hcl.....	51	SORIATANE	30
RUCONEST.....	68	SEVENFACT	28	SORILUX.....	30
rufinamide	15	SFROWASA	51	sorine	24
RUXIENCE.....	12	sharobel	57	sotalol	24
RUZURGI.....	17	SHINGRIX (PF).....	54	sotalol af	24
RYBELSUS	48	SIGNIFOR.....	12	SOTYLIZE	24
RYBREVANT	12	sildenafil (pulm.hypertension)		SPACE CHAMBER.....	41
RYCLORA.....	66	.....	68	SPECTRACEF	5
RYDAPT.....	12	SILENOR.....	23	spinosad	37
RYTARY	16	silodosin.....	69	SPIRIVA RESPIMAT	68
RYTHMOL SR	24	SILVADENE.....	31	SPIRIVA WITH	
RYVENT.....	66	silver sulfadiazine.....	31	HANDIHALER.....	68
S		SIMBRINZA	64	spironolactone.....	26
SABRIL.....	15	simliya (28).....	60	spironolacton-hydrochlorothiaz	
SAFE-CLIP BY MAIL	44	simpesse.....	60	.....	26
sajazir	68	SIMPONI.....	56	SPORANOX.....	3
SALAGEN (PILOCARPINE)		SIMPONI ARIA.....	56	SPORANOX PULSEPAK	3
.....	38, 39	simvastatin.....	30	sprintec (28).....	60
salsalate	20	SINEMET.....	16	SPRITAM.....	15
SAMSCA	46	SINUVA.....	68	SPRIX.....	20
SANDIMMUNE	12	sirolimus	12	SPRYCEL.....	12
SANDOSTATIN	12	SIRTURO	6	sps (with sorbitol).....	51
SANTYL	37	SIVEXTRO	6	sronyx	60
sapropterin.....	46	SKELAXIN	17	ssd	31
SARCLISA.....	12	SKLICE	37	SSKI	40
SAVELLA.....	56	SKYLA.....	56	sss 10-5	33
scalacort.....	36	SKYRIZI	30	st joseph aspirin	20
SCALACORT DK	36	SMARTEST CONTROL	44	st. joseph aspirin	20
SCENESSE	31	smoothlax	51	STALEVO 100.....	16
scopolamine base.....	51	sodium chloride	38, 68	STALEVO 125.....	16
seconal sodium	23	sodium chloride 0.9 %.....	38	STALEVO 150.....	16
SECUADO	23	sodium chloride 0.9 % (flush)		STALEVO 200.....	16
SEGLUROMET	48	.....	38	STALEVO 50.....	16
SELECT-OB	71	sodium phenylbutyrate	38		

STALEVO 75.....	16	super quints.....	72	TALICIA	51
STAMARIL (PF)	54	super quints b-50	72	TALTZ AUTOINJECTOR ..30	
stavudine.....	4	SUPPRELIN LA	12	TALTZ AUTOINJECTOR (2	
STEGLATRO.....	48	SUPRAX	5	PACK).....	31
STEGLUJAN	48	SURVANTA	38	TALTZ AUTOINJECTOR (3	
STELARA.....	30	SUSTIVA	4	PACK).....	31
STIOLTO RESPIMAT	68	SUTENT	12	TALTZ SYRINGE	31
STIVARGA.....	12	syeda.....	60	TALZENNA	13
stop smoking aid.....	39	SYLVANT	12	TAMIFLU	4
STRENSIQ.....	46	SYMAX DUOTAB.....	48	tamoxifen	13
stress formula	71	symax fastabs	48	tamsulosin.....	69
stress formula with iron.....	71	symax-sl.....	48	TAPAZOLE	40
stress formula with iron(sulf)72		symax-sr	49	TAPERDEX	40
STROMECTOL	6	SYMBICORT.....	68	TARCEVA	13
strong iodine.....	34, 70	SYMBYAX.....	23	TARGADOX.....	8
SUBLOCADE.....	19	SYMDEKO	68	TARGRETIN	13
subvenite.....	15	SYMFI.....	4	tarina 24 fe.....	60
subvenite starter (blue) kit....	15	SYMFI LO	4	tarina fe 1/20 (28)	60
subvenite starter (green) kit..	15	SYMJEPI.....	66	TARKA	26
subvenite starter (orange) kit	15	SYMLINPEN 120	48	TASIGNA.....	13
SUCRAID	51	SYMLINPEN 60	48	TASMAR	16
sucralfate	51	SYMPAZAN.....	15	tavaborole	35
SULAR.....	26	SYMPROIC.....	51	TAVALISSE	28
sulfacetamide sodium.....	30, 65	SYMTUZA.....	4	taysofy	60
sulfacetamide sodium (acne)	34	SYNAGIS.....	4	tazarotene.....	33
sulfacetamide sodium-sulfur	33	SYNALAR	36	TAZORAC	33
sulfacetamide-prednisolone..	65	SYNALAR CREAM KIT	36	taztia xt	26
sulfacetamide-sulfur-cleansr23		SYNALAR OINTMENT KIT		TAZVERIK	13
.....	33	.....	37	TDVAX.....	54
sulfacleanse 8-4	33	SYNALAR TS	37	TECARTUS	13
sulfadiazine.....	7	SYNAREL.....	46	TECENTRIQ.....	13
sulfamethoxazole-trimethoprim		SYNDROS	51	TECFIDERA	52
.....	7	SYNERA	34	TEGRETOL	15
SULFAMYLON.....	34	SYNJARDY	48	TEGRETOL XR.....	15
sulfasalazine	51	SYNJARDY XR.....	48	TEGSEDI	17
sulfatrim	7	SYNRIBO	12	TEKTURN HCT.....	26
sulindac.....	20	SYNTHROID.....	48	TELCARE CONTROL	44
SUMADAN.....	33	SYPRINE	38	telmisartan	26
SUMADAN XLT.....	33	T		telmisartan-amlodipine	26
sumatriptan	16	TABLOID	12	telmisartan-hydrochlorothiazid	
sumatriptan succinate	16	TABRECTA.....	12	.....	26
sumatriptan-naproxen.....	16	TACLONEX	30	temazepam	23
SUMAXIN	33	tacrolimus	12, 31	TEMIXYS	4
SUMAXIN CP	33	tadalafil (pulm. hypertension)		TEMODAR	13
SUMAXIN TS.....	33	.....	68	TEMOVATE	37
sunitinib.....	12	TAFINLAR	12, 13	temozolomide	13
SUNOSI	23	TAGRISSO	13	temsirolimus	13
super b complex-vitamin c ...	72	TAKE ACTION	60	tencon	19
super b maxi complex	72	TAKHZYRO.....	68	TENIVAC (PF)	54

tenofovir disoproxil fumarate.4	TIMOLOL-DORZOLAMID-	TRAZIMERA.....13
TENORETIC 100.....26	LATANOP(PF) .....64	trazodone .....23
TENORETIC 50.....26	TIMOLOL-	TREANDA .....13
TENORMIN.....26	LATANOPROST(PF) .....64	TRECTOR .....7
TEPEZZA.....46	TIMOPTIC .....62	TRELEGY ELLIPTA.....68
terazosin .....26	TIMOPTIC-XE .....62	TREMFYA .....31
terbinafine hcl.....3	tinidazole .....6	treprostinil sodium.....26
terbutaline.....68	tiopronin .....38	TRESIBA FLEXTOUCH U-
terconazole .....58	tis-u-sol pentalyte .....37	100 .....45
TERIPARATIDE .....55	TIVICAY.....4	TRESIBA FLEXTOUCH U-
TERSI FOAM .....31	TIVICAY PD .....4	200 .....46
TESSALON PERLES.....66	tizanidine .....17	TRESIBA U-100 INSULIN .46
TESTOPEL .....46	TOBI PODHALER .....6	tretinoin.....33
testosterone.....47	TOBRADEX .....64	tretinoin (antineoplastic).....13
TESTOSTERONE .....47	tobramycin.....6, 61	tretinoin microspheres .....33
testosterone cypionate .....46	tobramycin in 0.225 % nacl....6	TRETTEN .....28
testosterone enanthate .....47	TOBRAMYCIN WITH	TREXALL .....13
TETANUS,DIPHThERIA	NEBULIZER.....7	TREZIX.....19
TOX PED(PF) .....54	tobramycin-dexamethasone..64	tri femynor .....60
tetrabenazine.....17	TOBREX.....61	triamcinolone acetonide..37, 39
tetracaine hcl .....63	TODAY CONTRACEPTIVE	TRIAMCINOLON-
TETRACAINE HCL (PF)....63	SPONGE .....58	MOXIFLOX-WATR(PF).65
tetracycline .....8	TOLAK .....31	triamterene .....26
TEXACORT.....37	tolcapone .....16	triamterene-hydrochlorothiazid
THALOMID.....13	tolmetin.....20	27
THEO-24.....68	tolterodine.....69	trianex .....37
theophylline.....68	tolvaptan .....47	triazolam .....23
THIOLA .....38	TOPICORT .....37	TRICARE .....72
THIOLA EC.....38	topiramate.....15	triderm .....37
thioridazine.....23	topotecan .....13	TRIDESILON.....37
thiothixene.....23	toremifene.....13	trientine.....38
THRIVITE RX.....72	TORISEL.....13	TRIESENCE (PF) .....40
THYROLAR-1 .....48	torsemide .....26	tri-estarylla.....60
THYROLAR-1/2.....48	TOSYMRA .....16	trifluoperazine.....23
THYROLAR-1/4.....48	TOUJEO MAX U-300	trifluridine.....61
THYROLAR-2.....48	SOLOSTAR .....45	trihexyphenidyl.....16
THYROLAR-3.....48	TOUJEO SOLOSTAR U-300	TRIJARDY XR .....41
tiadylt er.....26	INSULIN .....45	TRIKAFTA .....68
tiagabine .....15	tovet emollient.....37	tri-legest fe.....60
TIAZAC .....26	TOVIAZ .....69	tri-linyah .....60
TIBSOVO.....13	TRACLEER .....68	tri-lo-estarylla .....60
TIGLUTIK .....38	tramadol.....20	tri-lo-marzia .....60
tilia fe.....60	tramadol-acetaminophen .....20	tri-lo-mili .....60
TIMOL-BRIMON-DORZO-	trandolapril .....26	tri-lo-sprintec .....60
LATANOP(PF) .....64	trandolapril-verapamil .....26	trilyte with flavor packets.....51
timolol maleate.....26, 62	tranexamic acid.....58	trimethobenzamide .....51
timolol maleate (pf).....62	TRANXENE T-TAB.....23	trimethoprim .....8
TIMOLOL-BRIMONIDI-	tranylcypromine.....23	tri-mili.....60
DORZOLAM(PF) .....64	travoprost.....64	trimipramine .....23

TRIMO-SAN JELLY	58	ULTOMIRIS	38	VARUBI.....	51
trinatal rx 1	72	ULTRACET	20	VASCEPA.....	30
trinate.....	72	ULTRAM.....	20	VASERETIC	27
TRINTELLIX.....	23	ULTRAVATE.....	37	VASOTEC.....	27
tri-nymyo.....	60	UNISTRIP LOW CONTROL		VAXELIS (PF).....	54
tri-previfem (28).....	60	.....	44	VCF CONTRACEPTIVE	
TRIPTODUR	13	unithroid	48	FILM.....	58
tri-sprintec (28).....	60	UNITUXIN	13	VCF CONTRACEPTIVE GEL	
TRISTART DHA	72	UPTRAVI.....	27	.....	58
tritocin	37	URELLE.....	69	VECAMEYL	30
TRIUMEQ.....	4	uretron d-s.....	69	VECTIBIX	13
triveen-duo dha.....	72	URIBEL.....	69	VECTICAL	31
tri-vitamin with fluoride.....	72	urimar-t.....	69	VELCADE	13
trivora (28).....	60	uro-458	69	veletri.....	27
tri-vylibra.....	60	UROCIT-K 10.....	69	velivet triphasic regimen (28)	
tri-vylibra lo.....	60	UROCIT-K 15.....	69	.....	60
TRIZIVIR.....	4	UROCIT-K 5.....	69	VELPHORO.....	51
TRODELVY	13	urogesic-blue	69	VEMLIDY.....	5
TROGARZO	4	uro-mp	69	VENCLEXTA	13
TROKENDI XR.....	15	UROQID-ACID NO.2.....	69	VENCLEXTA STARTING	
tropicamide.....	62	URSO 250	51	PACK	13
tropium.....	69	URSO FORTE.....	51	venlafaxine	23
TRUE METRIX LEVEL 1 ..	44	ursodiol.....	51	VENOFER.....	72
TRUECONTROL LEVEL 0	44	uryl.....	69	VENTAVIS	68
TRULANCE.....	51	ustell	69	verapamil	27
TRULICITY.....	48	utira-c.....	69	VERASENS CONTROL	
TRUMENBA	54	V		SOLN-LEVEL 1.....	45
TRUSOPT	64	valacyclovir	4	VEREGEN	31
TUKYSA.....	13	VALCHLOR	31	VERELAN	27
tulana	57	VALCYTE	4	VERELAN PM.....	27
TURALIO	13	valganciclovir.....	4	VERQUVO.....	30
TUSSICAPS.....	66	valproic acid	15	VERSACLOZ.....	23
TUXARIN ER.....	66	valproic acid (as sodium salt)		VERZENIO	13
TUZISTRA XR.....	66	.....	15	vestura (28).....	61
TWINRIX (PF)	54	valsartan.....	27	VFEND.....	3
TYBOST	4	valsartan-hydrochlorothiazide		V-GO 20	45
tydemy.....	60	.....	27	V-GO 30	45
TYKERB.....	13	VALTOCO.....	15	V-GO 40	45
TYMLOS	55	vanadom	17	VIBERZI	51
TYPHIM VI	54	VANATOL LQ	19	VIBRAMYCIN	8
TYSABRI.....	17	VANATOL S	19	VIDAZA.....	13
TYVASO.....	68	vancomycin	8	VIEKIRA PAK.....	5
TYVASO REFILL KIT	68	vandazole.....	58	vienna	61
TYVASO STARTER KIT ...	68	VANOXIDE-HC	33	vigabatrin.....	15
U		VANTAS.....	13	vigadrone	15
UBRELVY	16	VAQTA (PF).....	54	VIGAMOX.....	61
UCERIS.....	51	VARENICLINE	39	VIMIZIM.....	47
UKONIQ	13	VARIVAX (PF)	54	VIMPAT.....	15
ULESFIA	37	VARIZIG.....	54	VIOKACE	51

viorele (28).....	61	VYNDAQEL.....	30	XOPENEX	68
VIRACEPT	5	VYVANSE.....	23	XOPENEX CONCENTRATE	
VIRAMUNE	5	VYXEOS.....	13	.....	68
VIRAMUNE XR.....	5	VYZULTA	64	XOSPATA.....	13
VIRAZOLE.....	5	W		XTANDI.....	13
VIREAD.....	5	WAKIX	23	xulane	58
virt-nate dha.....	72	warfarin	28	XULTOPHY 100/3.6	46
VISTARIL.....	66	water for irrigation, sterile....	38	XURIDEN	38
VISTOGARD.....	8	WAVESENSE CONTROL		XYOSTED	47
VISUDYNE	63	SOLUTION	45	XYREM.....	23
VITAFOL FE PLUS	72	wera (28).....	61	XYWAV	23
VITAFOL GUMMIES.....	72	westab plus	72	Y	
VITAFOL NANO	72	westgel dha	72	YAZ (28)	61
VITAFOL ULTRA	72	westhroid	48	YERVOY	13
VITAFOL-OB.....	72	WIDE-SEAL DIAPHRAGM		YESCARTA	14
VITAFOL-OB+DHA.....	72	.....	56	YF-VAX (PF).....	54
VITAFOL-ONE	72	WILATE.....	28	YONDELIS	14
VITAMED MD ONE RX ...	72	wintergreen oil.....	31	YONSA	14
VITAMEDMD REDICHEW		wixela inhub	68	YUPELRI	68
RX	72	women's gentle laxative(bisac)		YUTIQ.....	65
vitamin b complex.....	72	.....	51	yuvaferm	57
vitamin b complex-folic acid	72	women's laxative (bisacodyl)	51	Z	
vitamin k.....	28	wymzya fe	61	zafemy	58
vitamin k1.....	28	X		zafirlukast	68
vitamins a,c,d and fluoride ...	72	XALKORI.....	13	zaleplon.....	23
VITAPEARL.....	72	XARELTO	29	ZALTRAP	14
VITATRUE	72	XARELTO DVT-PE TREAT		ZANAFLEX	17
VITRAKVI.....	13	30D START	29	zarah	61
VIVAGUARD INO CTRL		XCOPRI	15	ZARONTIN.....	15
SOLN-L1,2,3.....	45	XCOPRI MAINTENANCE		ZARXIO	52
VIVITROL	20	PACK	15	ZCORT	40
VIZIMPRO.....	13	XCOPRI TITRATION PACK		zebutal.....	19
VOGELXO.....	47	.....	15	ZEJULA	14
volnea (28).....	61	XELJANZ	56	ZELBORAF	14
VONVENDI.....	28	XELJANZ XR.....	56	ZELNORM.....	51
voriconazole	3	XELODA.....	13	ZEMAIRA	39
VORTEX HOLDING		XEMBIFY	54	ZEMBRACE SYMTOUCH.16	
CHAMBER	41	XENLETA.....	7	ZEMPLAR	47
VOSEVI	5	XEOMIN	54	zenatane	33
VOTRIENT	13	XEPI	34	ZENPEP	51
VP-PNV-DHA	72	XERESE.....	35	zenzedi.....	23
VPRIV	47	XERMELO.....	13	ZENZEDI	23
VRAYLAR.....	23	XGEVA	8	ZEPATIER	5
vtol lq.....	19	XHANCE	68	ZEPOSIA.....	52
VUMERITY	52	XIFAXAN	7	ZEPOSIA STARTER KIT ...	52
VUSION.....	35	XIGDUO XR.....	48	ZEPOSIA STARTER PACK	
vyfemla (28)	61	XIIDRA	63	.....	52
vylibra.....	61	XOFLUZA	5	ZEPZELCA	14
VYNDAMAX	30	XOLAIR.....	68	ZERViate.....	63

ZESTORETIC	27	ZOLADEx	14	zovia 1/35e (28)	61
ZESTRIL	27	zoledronic acid	47	ZOVIRAX	5, 35
ZIAC	27	zoledronic acid-mannitol-water	39, 47	ZTLIDo	34
ZIAGEN	5	ZOLEDRONIC AC- MANNITOL-0.9NACL ...	47	ZUBSOLV	20
ZIANA	33	ZOLGENSMA	17	ZULRESSO	24
zidovudine	5	ZOLINZA	14	zumandimine (28)	61
ZIEXTENZO	52	zolmitriptan	16	ZUPLENZ	51
zileuton	68	zolpidem	23	ZYDELIG	14
ZILXI	33	ZOLPIMIST	24	ZYFLO	68
ZIOPTAN (PF)	64	ZOMIG	16	ZYKADIA	14
ziprasidone hcl	23	ZONALON	31	ZYLOPRIM	55
ZIRABEV	14	zonisamide	15	ZYMAXID	61
ZIRGAN	61	ZONTIVITY	29	ZYNLONTA	14
ZITHROMAX	5	ZORBTIVE	52	ZYPITAMAG	30
ZITHROMAX TRI-PAK	5	ZORTRESS	14	ZYPREXA	24
ZITHROMAX Z-PAK	5	ZOSTAVAX (PF)	54	ZYPREXA RELPREVV	24
ZOFRAN	51			ZYPREXA ZYDIS	24
ZOKINVY	39			ZYVOX	7



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