



2023 Incentive Formulary Unlimited (List of Covered Drugs)

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

This formulary was updated on 10/1/2023. 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 and Crohn's disease.

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

Drugs Requiring Prior Authorization

Certain medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A coverage determination request can be made by the member, member's representative or physician. To request a coverage determination please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for coverage determinations will be processed within 7 days. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within 48 hours.

Quantity Per Dispensing Event (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 7 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 48 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 or the original prescription.
- The charge for any prescription, oral or topical, that is prescribed for cosmetic purposes.
- The charge for any medications not FDA-approved for use in the general population.
- Off label use of a drug which is not medically accepted. The Health Plan uses the same guidelines as CMS for determining whether a proposed use is medically accepted.
- The charge for a drug not prescribed by a 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. These include, but are not limited to, garments, splints, bandages, or braces regardless of intended use.

- Charges for lost or stolen prescription drugs unless noted within your Summary of Benefits. Please contact The Health plan for details.

- Certain legend drugs when any version or strength become available over the counter.

Pain Management Program and Opiate/Opioid Management

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

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

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

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

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

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

List of Abbreviations

1: Preferred Generic

2: Preferred Brand

3: Non-preferred Drug

4: Specialty 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.

This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.

Table of Contents

| | |
|--|-----------|
| ANTI - INFECTIVES..... | 3 |
| ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS..... | 8 |
| AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH..... | 15 |
| CARDIOVASCULAR, HYPERTENSION & LIPIDS..... | 25 |
| DERMATOLOGICALS/TOPICAL THERAPY | 32 |
| DIAGNOSTICS & MISCELLANEOUS AGENTS..... | 38 |
| EAR, NOSE & THROAT MEDICATIONS..... | 40 |
| ENDOCRINE/DIABETES | 41 |
| GASTROENTEROLOGY..... | 50 |
| IMMUNOLOGY, VACCINES & BIOTECHNOLOGY | 53 |
| IMMUNOLOGY..... | 56 |
| MUSCULOSKELETAL & RHEUMATOLOGY | 56 |
| OBSTETRICS & GYNECOLOGY..... | 58 |
| OPHTHALMOLOGY | 63 |
| RESPIRATORY, ALLERGY, COUGH & COLD | 67 |
| UROLOGICALS | 70 |
| VITAMINS, HEMATINICS & ELECTROLYTES..... | 71 |
| Index | 75 |

List of Abbreviations

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

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

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| ANTI - INFECTIVES | | |
| ANTIFUNGAL AGENTS | | |
| ANCOBON | 3 | |
| BREXAFEMME | 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 | |
| NOXAFL ORAL SUSP,DELAYED RELEASE FOR RECON | 2 | PA |
| NOXAFL ORAL SUSPENSION | 3 | PA; QL |
| <i>nystatin</i> | 1 | |
| ORAVIG | 3 | |
| <i>posaconazole oral suspension</i> | 1 | PA; QL |
| <i>posaconazole oral tablet,delayed release (dr/ec)</i> | 1 | PA |
| SPORANOX | 3 | |
| <i>terbinafine hcl</i> | 1 | |
| VFEND | 3 | PA |
| VIVJOA | 3 | PA |
| <i>voriconazole</i> | 1 | PA |
| ANTIVIRALS | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>abacavir</i> | 1 | |
| <i>abacavir-lamivudine</i> | 1 | |
| <i>acyclovir</i> | 1 | |
| <i>adefovir</i> | 1 | |
| <i>amantadine hcl</i> | 1 | |
| APRETUDE | 6 | |
| APTIVUS | 2 | |
| <i>atazanavir</i> | 1 | |
| BARACLUEDE | 2 | |
| BIKTARVY | 2 | |
| CIMDUO | 2 | |
| COMBIVIR | 3 | |
| <i>darunavir ethanolate</i> | 1 | |
| DESCOVY | 2 | |
| <i>didanosine</i> | 1 | |
| DOVATO | 2 | |
| EDURANT | 2 | |
| <i>efavirenz</i> | 1 | |
| <i>efavirenz-emtricitabin-tenofov</i> | 1 | |
| <i>efavirenz-lamivu-tenofov disop</i> | 1 | |
| <i>emtricitabine</i> | 1 | |
| <i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | 1 | |
| <i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i> | 1 | ACA |
| EMTRIVA ORAL CAPSULE | 3 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------------|------------------|------------------------------|
| EMTRIVA ORAL SOLUTION | 2 | |
| <i>entecavir</i> | 1 | |
| EPCLUSA | 5 | PA; QL |
| EPIVIR | 3 | |
| EPZICOM | 3 | |
| <i>etravirine</i> | 1 | |
| EVOTAZ | 3 | |
| <i>famciclovir</i> | 1 | |
| FLUMADINE | 3 | |
| <i>fosamprenavir</i> | 1 | |
| FUZEON | 2 | PA; QL |
| GENVOYA | 2 | |
| HARVONI | 5 | PA; QL |
| HEPSERA | 3 | |
| INTELENCE ORAL TABLET 100 MG, 200 MG | 3 | |
| INTELENCE ORAL TABLET 25 MG | 2 | |
| ISENTRESS | 2 | |
| ISENTRESS HD | 2 | |
| JULUCA | 2 | |
| KALETRA | 3 | |
| LAGEVRIO (EUA) | 2 | QL |
| <i>lamivudine</i> | 1 | |
| <i>lamivudine-zidovudine</i> | 1 | |
| LEXIVA ORAL SUSPENSION | 2 | |
| LEXIVA ORAL TABLET | 3 | |
| LIVTENCITY | 3 | PA; QL |
| <i>lopinavir-ritonavir</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------------|------------------|------------------------------|
| <i>maraviroc</i> | 1 | |
| <i>nevirapine</i> | 1 | |
| NORVIR ORAL POWDER IN PACKET | 2 | |
| NORVIR ORAL TABLET | 3 | |
| ODEFSEY | 2 | |
| <i>oseltamivir</i> | 1 | QL |
| PAXLOVID | 2 | QL |
| PREVYMIS | 2 | QL |
| PREZISTA ORAL SUSPENSION | 2 | |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 2 | |
| PREZISTA ORAL TABLET 600 MG, 800 MG | 3 | |
| 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 ORAL SOLUTION | 2 | |
| SELZENTRY ORAL TABLET 150 MG, 300 MG | 3 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| SELZENTRY ORAL TABLET 25 MG, 75 MG | 2 | |
| <i>stavudine</i> | 1 | |
| SUNLENCA | 6 | |
| SYMFI | 2 | |
| SYMFI LO | 2 | |
| SYMTUZA | 2 | |
| SYNAGIS | 5 | PA; LA |
| TAMIFLU | 3 | QL |
| TEMBEXA | 3 | |
| <i>tenofovir disoproxil fumarate</i> | 1 | |
| TIVICAY | 2 | |
| TIVICAY PD | 2 | |
| TRIUMEQ | 2 | |
| TRIUMEQ PD | 2 | |
| TRIZIVIR | 3 | |
| TROGARZO | 5 | PA |
| TYBOST | 3 | |
| <i>valacyclovir</i> | 1 | |
| VALCYTE | 3 | |
| <i>valganciclovir</i> | 1 | |
| VEMLIDY | 2 | |
| VIEKIRA PAK | 6 | PA; QL |
| VIRACEPT | 2 | |
| VIRAZOLE | 3 | PA |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 2 | |
| VIREAD ORAL TABLET 300 MG | 3 | |
| VOSEVI | 5 | PA; QL |
| XOFLUZA | 3 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| ZEPATIER | 5 | PA; QL |
| ZIAGEN | 3 | |
| <i>zidovudine</i> | 1 | |
| CEPHALOSPORINS | | |
| <i>cefaclor</i> | 1 | |
| <i>cefadroxil</i> | 1 | |
| <i>cefdinir</i> | 1 | |
| <i>cefixime</i> | 1 | |
| <i>cefpodoxime</i> | 1 | |
| <i>cefprozil</i> | 1 | |
| <i>cefuroxime axetil</i> | 1 | |
| <i>cephalexin</i> | 1 | |
| 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, DELAYE D RELEASE (DR/EC) 500 MG | 3 | |
| <i>erythrocin (as stearate)</i> | 1 | |
| <i>erythromycin</i> | 1 | |
| <i>erythromycin ethylsuccinate</i> | 1 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|-------------------------------------|------------------|------------------------------|
| ZITHROMAX | 3 | |
| ZITHROMAX TRI-PAK | 3 | |
| ZITHROMAX Z-PAK | 3 | |
| MISCELLANEOUS ANTIINFECTIVES | | |
| AEMCOLO | 3 | QL |
| <i>albendazole</i> | 1 | QL |
| ALINIA | 2 | 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 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------|------------------|------------------------------|
| HUMATIN | 6 | |
| <i>hydroxychloroquine</i> | 1 | |
| IMPAVIDO | 2 | PA; QL |
| <i>isoniazid</i> | 1 | |
| <i>ivermectin</i> | 1 | PA; QL |
| KITABIS PAK | 5 | PA |
| KRINTAFEL | 3 | QL |
| <i>linezolid</i> | 1 | QL |
| 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>paramomycin</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 | |
| QUALAQUIN | 3 | QL |
| <i>quinine sulfate</i> | 1 | QL |
| <i>rifabutin</i> | 1 | |
| <i>rifampin</i> | 1 | |
| SIRTURO | 2 | PA; LA |

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| Drug Name | Drug Tier | Requirements / Limits |
|------------------------------------|------------------|------------------------------|
| SIVEXTRO | 3 | |
| SOLOSEC | 2 | |
| STROMECTOL | 3 | PA; QL |
| <i>tinidazole</i> | 1 | QL |
| TOBI PODHALER | 5 | PA |
| <i>tobramycin</i> | 4 | PA |
| <i>tobramycin in 0.225 % nacl</i> | 4 | PA |
| TOBRAMYCIN WITH NEBULIZER | 6 | PA |
| TRECATOR | 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 | 2 | |
| AUGMENTIN ES-600 | 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 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>levofloxacin</i> | 1 | |
| <i>moxifloxacin</i> | 1 | |
| <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 | |
| <i>doxycycline hyclate oral capsule</i> | 1 | |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | 1 | |
| <i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i> | 1 | ST |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i> | 1 | ST |
| <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 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>doxycycline monohydrate oral tablet</i> | 1 | |
| LYMEPAK | 3 | |
| <i>minocycline</i> | 1 | |
| <i>monodoxine nl</i> | 1 | |
| MONODOX | 3 | ST |
| <i>morgodox</i> | 1 | |
| MORGIDOX 1X 50 | 3 | ST |
| MORGIDOX 1X100 | 3 | ST |
| NUZYRA | 3 | QL |
| 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 | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>vancomycin</i> | 1 | QL |
| 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 | 6 | PA |
| ADAKVEO | 5 | PA |
| ADCETRIS | 5 | 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 | |
| ARRANON | 6 | PA |
| ARZERRA | 6 | PA |
| ASPARLAS | 6 | PA |
| ASTAGRAF XL | 3 | PA |

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

| Drug Name | Drug Tier | Requirements / Limits | Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|--------------------------------------|-----------|-----------------------|
| AYVAKIT | 6 | PA; LA | CABOMETYX ORAL TABLET 20 MG | 5 | PA; LA; QL |
| <i>azacitidine</i> | 4 | PA | CABOMETYX ORAL TABLET 40 MG, 60 MG | 5 | PA; LA |
| AZASAN | 3 | | CALQUENCE (ACALABRUTINIB MAL) | 5 | PA; LA; QL |
| <i>azathioprine</i> | 1 | | <i>capecitabine</i> | 4 | PA |
| BALVERSA | 5 | PA; LA | CAPRELSA | 5 | PA; LA |
| BAVENCIO | 5 | PA; LA | CARVYKTI | 5 | PA |
| BELEODAQ | 6 | PA | CASODEX | 3 | |
| BELRAPZO | 6 | PA | CELLCEPT | 3 | |
| <i>bendamustine</i> | 4 | PA | COMETRIQ | 5 | PA |
| BENDEKA | 5 | PA | COPIKTRA | 6 | PA; LA |
| BESPONSA | 5 | PA | COSELA | 6 | PA |
| BEVACIZUMAB | 3 | PA | COTELLIC | 5 | PA; LA; QL |
| <i>bexarotene</i> | 4 | PA | <i>cyclophosphamide oral capsule</i> | 1 | |
| <i>bicalutamide</i> | 1 | | CYCLOPHOSPHAMIDE ORAL TABLET | 3 | |
| BLINCYTO | 5 | PA | <i>cyclosporine</i> | 1 | |
| BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG | 5 | PA | <i>cyclosporine modified</i> | 1 | |
| <i>bortezomib injection recon soln 3.5 mg</i> | 4 | PA | CYRAMZA | 5 | PA |
| BORTEZOMIB INTRAVENOUS RECON SOLN | 6 | PA | DANYELZA | 6 | PA |
| BORTEZOMIB INTRAVENOUS SOLUTION | 5 | PA | DARZALEX | 5 | PA; LA |
| BOSULIF ORAL TABLET 100 MG | 5 | PA; QL | DARZALEX FASPRO | 6 | PA |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 5 | PA | DAURISMO | 6 | PA |
| BRAFTOVI | 6 | PA; LA | <i>decitabine</i> | 4 | PA |
| BREYANZI | 6 | PA | DROXIA | 2 | |
| BRUKINSA | 6 | PA; LA | ELAHERE | 6 | PA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| 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 |
| ERBITUX | 5 | PA |
| ERIVEDGE | 5 | PA; QL |
| ERLEADA | 5 | PA |
| <i>erlotinib</i> | 4 | PA |
| ERWINASE | 6 | PA |
| <i>etoposide</i> | 1 | |
| EULEXIN | 3 | |
| <i>everolimus (antineoplastic)</i> | 4 | PA |
| <i>everolimus (immunosuppressive)</i> | 1 | |
| EVOMELA | 6 | PA |
| <i>exemestane</i> | 1 | |
| EXKIVITY | 5 | PA |
| FARESTON | 3 | |
| FEMARA | 3 | |
| FIRMAGON KIT W DILUENT SYRINGE | 5 | PA |
| <i>fludarabine</i> | 1 | |
| FOLOTYN | 5 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| FYARRO | 6 | PA |
| GAMIFANT | 5 | PA |
| GAVRETO | 5 | PA; LA |
| GAZYVA | 5 | PA |
| <i>gefitinib</i> | 4 | PA; QL |
| <i>gengraf</i> | 1 | |
| GILOTTRIF ORAL TABLET 20 MG, 30 MG | 5 | PA |
| GILOTTRIF ORAL TABLET 40 MG | 5 | PA; QL |
| 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 |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| IDHIFA ORAL TABLET 50 MG | 5 | PA; LA; QL |
| <i>imatinib</i> | 4 | PA |
| IMBRUVICA | 5 | PA |
| IMFINZI | 5 | PA; LA |
| IMJUDO | 6 | PA |
| IMLYGIC | 6 | PA |
| IMURAN | 3 | |
| INLYTA ORAL TABLET 1 MG | 5 | PA |
| INLYTA ORAL TABLET 5 MG | 5 | PA; QL |
| IRESSA | 5 | PA; QL |
| ISTODAX | 5 | PA |
| IXEMPRADA | 5 | PA |
| JAKAFI ORAL TABLET 10 MG, 20 MG, 25 MG, 5 MG | 5 | ST |
| JAKAFI ORAL TABLET 15 MG | 5 | ST; QL |
| JELMYTO | 6 | PA |
| JEMPERLI | 6 | PA |
| JEVTANA | 5 | PA |
| KADCYLA | 5 | PA |
| KANJINTI | 5 | PA |
| KEYTRUDA | 5 | PA |
| KIMMTRAK | 5 | PA |
| KISQALI | 5 | PA |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG | 5 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG | 5 | PA; QL |
| KOSELUGO | 6 | PA |
| KYMRIAH | 5 | PA |
| KYPROLIS | 5 | PA |
| <i>lapatinib</i> | 4 | PA; QL |
| <i>lenalidomide</i> | 4 | PA |
| 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 |
| LUNSUMIO | 5 | PA |
| LUPKYNIS | 5 | PA; QL |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | 5 | PA |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG | 6 | PA |
| LUPRON DEPOT (4 MONTH) | 6 | PA |
| LUPRON DEPOT (6 MONTH) | 6 | PA |

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

| Drug Name | Drug Tier | Requirements / Limits | Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|-----------------------------|------------------|------------------------------|
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG | 5 | PA | <i>mycophenolate sodium</i> | 1 | |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG | 6 | PA | MYFORTIC | 3 | |
| LUPRON DEPOT-PED | 5 | PA | MYLERAN | 2 | |
| LUPRON DEPOT-PED (3 MONTH) | 5 | PA | MYLOTARG | 5 | PA; LA |
| LYNPARZA | 5 | PA | <i>nelarabine</i> | 4 | PA |
| LYSODREN | 5 | | NEORAL | 3 | |
| LYTGOBI | 5 | PA; LA | NERLYNX | 5 | PA; LA |
| MARGENZA | 6 | PA | NEXAVAR | 6 | PA; LA; QL |
| MATULANE | 5 | PA | NILANDRON | 3 | PA |
| <i>megestrol</i> | 1 | | <i>nilutamide</i> | 1 | PA |
| MEKINIST ORAL RECON SOLN | 5 | PA | NINLARO | 5 | PA |
| MEKINIST ORAL TABLET 0.5 MG | 5 | PA; QL | NUBEQA | 5 | PA; LA |
| MEKINIST ORAL TABLET 2 MG | 5 | PA | <i>octreotide acetate</i> | 4 | PA |
| MEKTOVI | 6 | PA; LA | ODOMZO | 5 | PA; LA; QL |
| <i>melphalan</i> | 1 | | ONIVYDE | 5 | PA |
| <i>mercaptopurine</i> | 1 | | OPDIVO | 5 | PA |
| <i>methotrexate sodium</i> | 1 | | OPDUALAG | 5 | PA |
| <i>methotrexate sodium (pf)</i> | 1 | | ORGOVYX | 6 | PA; LA |
| <i>mitoxantrone</i> | 4 | PA | ORSERDU | 5 | PA |
| MONJUVI | 6 | PA | PACLITAXEL PROTEIN-BOUND | 5 | PA |
| MVASI | 6 | PA | PADCEV | 6 | PA |
| MYCAPSSA | 6 | PA; LA; QL | PEMAZYRE | 5 | PA; LA |
| <i>mycophenolate mofetil</i> | 1 | | PERJETA | 5 | PA |

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

| Drug Name | Drug Tier | Requirements / Limits | Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|--|-----------|-----------------------|
| PROGRAF ORAL CAPSULE | 3 | | SOLTAMOX | 3 | |
| PROGRAF ORAL GRANULES IN PACKET | 2 | | SOMATULINE DEPOT | 5 | PA; QL |
| PURIXAN | 5 | PA | <i>sorafenib</i> | 4 | PA; QL |
| RAPAMUNE | 3 | | SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 70 MG, 80 MG | 5 | PA |
| RETEVMO | 6 | PA; LA | SPRYCEL ORAL TABLET 140 MG | 5 | PA; QL |
| REVLIMID | 5 | PA; LA | STIVARGA | 5 | PA; QL |
| REZUROCK | 3 | PA; QL | <i>sunitinib malate</i> | 4 | PA |
| <i>romidepsin intravenous recon soln</i> | 4 | PA | SUPPRELIN LA | 6 | PA |
| ROMIDEPSIN INTRAVENOUS SOLUTION | 6 | PA | SUTENT | 6 | PA |
| ROZLYTREK | 5 | PA; LA | SYLVANT | 5 | PA |
| RUBRACA ORAL TABLET 200 MG, 300 MG | 5 | PA; LA | SYNRIBO | 5 | PA |
| RUBRACA ORAL TABLET 250 MG | 5 | PA; LA; QL | TABLOID | 3 | |
| RUXIENCE | 5 | PA | TABRECTA | 5 | PA |
| RYBREVANT | 6 | PA | <i>tacrolimus</i> | 1 | |
| RYDAPT | 5 | PA | TAFINLAR ORAL CAPSULE 50 MG | 5 | PA |
| RYLAZE | 6 | PA | TAFINLAR ORAL CAPSULE 75 MG | 5 | PA; QL |
| SANDIMMUNE ORAL CAPSULE | 3 | | TAFINLAR ORAL TABLET FOR SUSPENSION | 5 | PA |
| SANDIMMUNE ORAL SOLUTION | 2 | | TAGRISSO ORAL TABLET 40 MG | 5 | PA; LA |
| SANDOSTATIN | 6 | PA | TAGRISSO ORAL TABLET 80 MG | 5 | PA; LA; QL |
| SAPHNELO | 6 | PA | TALZENNA | 5 | PA |
| SARCLISA | 6 | PA | <i>tamoxifen</i> | 1 | |
| SCEMBLIX | 5 | PA | TARCEVA | 6 | PA |
| SIGNIFOR | 5 | PA | TARGETIN | 6 | PA |
| <i>sirolimus</i> | 1 | | | | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|------------------------------------|------------------|------------------------------|
| 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 |
| TECVAYLI | 6 | PA |
| TEMODAR | 5 | PA |
| <i>temozolomide</i> | 4 | PA |
| <i>temsirolimus</i> | 4 | PA |
| THALOMID | 5 | PA |
| TIBSOVO | 5 | PA |
| TIVDAK | 6 | 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 | |
| TRIPTODUR | 5 | PA |
| TRODELVY | 6 | PA |
| TUKYSA | 6 | PA; LA |
| TURALIO | 6 | PA; LA |
| TYKERB | 6 | PA; LA; QL |
| UNITUXIN | 5 | PA |
| VECTIBIX | 5 | PA |
| VELCADE | 6 | PA |
| VENCLEXTA | 5 | PA; LA |
| VENCLEXTA STARTING PACK | 5 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| VERZENIO ORAL TABLET 100 MG | 5 | PA; LA; QL |
| VERZENIO ORAL TABLET 150 MG, 200 MG, 50 MG | 5 | PA; LA |
| VIDAZA | 6 | PA |
| VIJOICE | 5 | PA; QL |
| VITRAKVI | 5 | PA; LA |
| VIZIMPRO | 5 | PA |
| VONJO | 5 | PA |
| VOTRIENT | 5 | PA; QL |
| VYXEOS | 5 | PA |
| WELIREG | 6 | PA; LA |
| 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 |
| YESCARTA | 5 | PA |
| YONDELIS | 5 | PA |
| YONSA | 5 | PA |
| ZALTRAP | 5 | PA |
| ZEJULA ORAL CAPSULE | 5 | PA; LA; QL |
| ZEJULA ORAL TABLET 100 MG | 5 | PA; LA; QL |

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

| Drug Name | Drug Tier | Requirements / Limits |
|-----------------------------------|------------------|------------------------------|
| ZEJULA ORAL TABLET 200 MG, 300 MG | 5 | PA; LA |
| ZELBORAF | 5 | PA |
| ZEPZELCA | 6 | PA |
| ZIRABEV | 5 | PA |
| ZOLADEX | 5 | PA |
| ZOLINZA | 5 | PA |
| ZORTRESS | 3 | |
| ZYDELIG ORAL TABLET 100 MG | 5 | PA |
| ZYDELIG ORAL TABLET 150 MG | 5 | PA; QL |
| ZYKADIA | 5 | PA; QL |
| ZYNLONTA | 6 | PA |
| ZYNYZ | 5 | PA |

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

| | | |
|---|---|----|
| APTIOM | 3 | |
| BRIVIACT | 3 | ST |
| <i>carbamazepine</i> | 1 | |
| CARBATROL | 3 | |
| CELONTIN | 2 | |
| <i>clobazam</i> | 1 | |
| <i>clonazepam</i> | 1 | |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 500 MG | 3 | ST |
| DEPAKOTE ORAL TABLET, DELAYE D RELEASE (DR/EC) 125 MG, 250 MG | 3 | ST |
| DEPAKOTE ORAL TABLET, DELAYE D RELEASE (DR/EC) 500 MG | 3 | |
| DEPAKOTE SPRINKLES | 3 | ST |
| DIACOMIT | 5 | PA |
| DIASTAT | 3 | |
| DIASSTAT ACUDIAL | 3 | |
| <i>diazepam</i> | 1 | |
| DILANTIN | 2 | |
| DILANTIN EXTENDED | 3 | |
| DILANTIN INFATABS | 3 | |
| DILANTIN-125 | 3 | |
| <i>divalproex</i> | 1 | |
| ELEPSIA XR | 3 | ST |
| 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 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG | 3 | ST |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG | 3 | |
| <i>lacosamide</i> | 1 | |
| LAMICTAL XR STARTER (BLUE) | 3 | ST |
| LAMICTAL XR STARTER (GREEN) | 3 | ST |
| LAMICTAL XR STARTER (ORANGE) | 3 | ST |
| <i>lamotrigine</i> | 1 | |
| <i>levetiracetam</i> | 1 | |
| <i>methsuximide</i> | 1 | |
| MYSOLINE | 3 | |
| NAYZILAM | 2 | |
| <i>oxcarbazepine</i> | 1 | |
| OXTELLAR XR | 3 | ST |
| <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 | 3 | ST |
| <i>roweepra</i> | 1 | |
| <i>rufinamide</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| SPRITAM | 3 | ST |
| <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 oral capsule, sprinkle</i> | 1 | |
| <i>topiramate oral capsule,extended release 24hr</i> | 1 | |
| <i>topiramate oral capsule,sprinkle,er 24hr</i> | 1 | ST |
| <i>topiramate oral tablet</i> | 1 | |
| TROKENDI XR | 3 | ST |
| <i>valproic acid</i> | 1 | |
| <i>valproic acid (as sodium salt)</i> | 1 | |
| VALTOCO | 3 | |
| <i>vigabatrin</i> | 4 | PA; LA |
| <i>vigadron</i> | 4 | PA |
| XCOPRI | 3 | |
| XCOPRI MAINTENANCE PACK | 3 | |
| XCOPRI TITRATION PACK | 3 | |
| ZARONTIN | 3 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------------|------------------|------------------------------|
| <i>zonisamide</i> | 1 | |
| ZTALMY | 5 | PA; LA |
| ANTIPARKINSONISM AGENTS | | |
| <i>apomorphine</i> | 4 | PA |
| AZILECT | 3 | ST |
| <i>benztropine</i> | 1 | |
| <i>bromocriptine</i> | 1 | |
| <i>carbidopa</i> | 1 | PA |
| <i>carbidopa-levodopa</i> | 1 | |
| <i>carbidopa-levodopa-entacapone</i> | 1 | |
| COMTAN | 3 | |
| DUOPA | 6 | PA |
| <i>entacapone</i> | 1 | |
| INBRIJA | 5 | PA |
| LODOSYN | 3 | PA |
| 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 | |
| RYTARY | 3 | |
| <i>selegiline hcl</i> | 1 | |
| SINEMET | 3 | |
| STALEVO 100 | 3 | |
| STALEVO 125 | 3 | |
| STALEVO 150 | 3 | |
| STALEVO 200 | 3 | |
| STALEVO 50 | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| STALEVO 75 | 3 | |
| TASMAR | 3 | PA |
| <i>tolcapone</i> | 1 | PA |
| <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 |
| <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 |
| <i>frovatriptan</i> | 1 | QL |
| <i>migergot</i> | 1 | |
| MIGRANAL | 3 | QL |
| <i>naratriptan</i> | 1 | QL |
| NURTEC ODT | 2 | PA; QL |
| QULIPTA | 2 | PA; QL |
| REVVOW | 3 | PA; QL |
| <i>rizatriptan</i> | 1 | QL |
| <i>sumatriptan</i> | 1 | QL |
| <i>sumatriptan succinate</i> | 1 | QL |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|------------------|------------------------------|
| <i>sumatriptan-naproxen</i> | 1 | QL |
| TOSYMRA | 3 | QL |
| TRUDHESA | 3 | QL |
| UBRELVY | 2 | PA; QL |
| ZEMBRACE SYMTOUCH | 3 | QL |
| <i>zolmitriptan nasal</i> | 1 | ST; QL |
| <i>zolmitriptan oral</i> | 1 | QL |
| ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG | 2 | ST; QL |
| ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG | 3 | ST; QL |

MISCELLANEOUS NEUROLOGICAL THERAPY

| | | |
|--|---|------------|
| ADLARITY | 3 | |
| ARICEPT | 3 | ST |
| AUSTEDO | 5 | PA; LA |
| AUSTEDO XR | 5 | PA |
| AUSTEDO XR TITRATION KT(WK1-4) | 5 | PA |
| <i>dalfampridine</i> | 4 | PA; QL |
| <i>dichlorphenamide</i> | 4 | PA |
| <i>donepezil oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>donepezil oral tablet 23 mg</i> | 1 | ST |
| <i>donepezil oral tablet, disintegrating</i> | 1 | |
| EVRYSDI | 6 | PA; LA; QL |
| EXELON PATCH | 3 | ST |
| FIRDAPSE | 5 | PA; LA |
| <i>galantamine</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| HORIZANT | 3 | ST |
| INGREZZA | 6 | PA; LA |
| 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 | ST |
| NAMENDA TITRATION PAK | 3 | |
| NAMENDA XR | 3 | |
| NAMZARIC | 2 | ST |
| NUEDEXTA | 2 | |
| NULIBRY | 6 | PA |
| RADICAVA | 5 | PA |
| RADICAVA ORS STARTER KIT SUSP | 5 | PA |
| <i>rivastigmine</i> | 1 | |
| <i>rivastigmine tartrate</i> | 1 | |
| TEGSEDI | 5 | PA; LA; QL |
| <i>tetrabenazine</i> | 4 | PA |
| TYSABRI | 5 | PA; LA; QL |
| ZEPOSIA | 5 | PA; QL |
| ZEPOSIA STARTER KIT (28-DAY) | 5 | PA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|------------------------------------|-----------|-----------------------|
| ZEPOSIA STARTER PACK (7-DAY) | 5 | PA; QL |
| ZOLGENSMA | 5 | PA |

MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

| | | |
|---|---|--------|
| baclofen | 1 | |
| carisoprodol | 3 | |
| carisoprodol-aspirin | 3 | |
| carisoprodol-aspirin-codeine | 3 | ST; QL |
| chlorzoxazone | 1 | |
| cyclobenzaprine | 1 | |
| DANTRIUM | 3 | |
| dantrolene | 1 | |
| LORZONE | 3 | PA |
| meprobamate | 3 | |
| metaxalone | 1 | |
| methocarbamol | 1 | |
| NORGESIC | 3 | |
| NORGESIC FORTE | 3 | |
| orphenadrine citrate | 1 | |
| orphenadrine-asa-caffeine | 1 | |
| orphengesic forte | 1 | |
| pyridostigmine bromide oral syrup | 1 | |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG | 3 | |
| pyridostigmine bromide oral tablet 60 mg | 1 | |
| pyridostigmine bromide oral tablet extended release | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|-------------------------------|-----------|-----------------------|
| SOMA | 3 | |
| tizanidine | 1 | |
| vanadom | 3 | |
| VYVGART | 6 | PA |
| ZANAFLEX | 3 | |
| NARCOTIC ANALGESICS | | |
| acetaminophen-caff-dihydrocod | 1 | ST; QL |
| acetaminophen-codeine | 1 | ST; QL |
| ALLZITAL | 3 | PA |
| ascomp with codeine | 1 | |
| BELBUCA | 2 | ST |
| buprenorphine | 1 | ST |
| buprenorphine hcl | 1 | |
| butalbital compound w/codeine | 1 | |
| butalbital-acetaminop-caf-cod | 1 | |
| butalbital-acetaminophen | 1 | |
| butalbital-acetaminophen-caff | 1 | |
| butalbital-aspirin-caffeine | 1 | |
| codeine sulfate | 1 | ST; QL |
| codeine-butalbital-asa-caff | 1 | |
| DILAUDID | 3 | ST; QL |
| diskets | 1 | ST |
| DSUVIA | 3 | |
| endocet | 1 | ST; QL |
| ESGIC | 3 | PA |
| fentanyl | 1 | QL |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| fentanyl citrate | 1 | ST; QL |
| FIORICET | 3 | PA |
| FIORICET WITH CODEINE | 3 | |
| hydrocodone bitartrate oral capsule, oral only, er 12hr | 1 | ST; QL |
| hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr | 1 | QL |
| hydrocodone-acetaminophen | 1 | ST; QL |
| hydrocodone-ibuprofen | 1 | ST; QL |
| hydromorphone oral liquid | 1 | ST; QL |
| hydromorphone oral tablet | 1 | ST; QL |
| hydromorphone oral tablet extended release 24 hr | 1 | PA; QL |
| hydromorphone rectal | 1 | ST; QL |
| HYSINGLA ER | 2 | QL |
| levorphanol tartrate | 1 | ST; QL |
| meperidine | 3 | ST; QL |
| methadone injection | 1 | |
| methadone oral | 1 | ST |
| methadose | 1 | ST |
| morphine concentrate | 1 | ST; QL |
| morphine oral capsule, er multiphase 24 hr | 1 | PA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| morphine oral capsule, extend.releas pellets | 1 | PA; QL |
| morphine oral solution | 1 | ST; QL |
| morphine oral tablet | 1 | ST; QL |
| morphine oral tablet extended release | 1 | PA; QL |
| morphine rectal | 1 | ST; QL |
| MS CONTIN | 3 | PA; QL |
| NALOCET | 3 | ST; QL |
| OXAYDO | 3 | ST; QL |
| oxycodone | 1 | ST; QL |
| oxycodone-acetaminophen | 1 | ST; QL |
| OXYCONTIN | 2 | PA; QL |
| oxymorphone oral tablet | 1 | ST; QL |
| oxymorphone oral tablet extended release 12 hr | 1 | PA; QL |
| prolate | 1 | ST; QL |
| ROXICODONE | 3 | ST; QL |
| SUBLOCADE | 5 | |
| tencon | 1 | |
| TREZIX | 3 | ST; QL |
| zebutal | 1 | |
| NON-NARCOTIC ANALGESICS | | |
| adult aspirin regimen | 3 | ACA; OTC |
| ANAPROX DS | 3 | ST |
| ANJESO | 3 | |
| ARTHROTEC 50 | 3 | ST |
| ARTHROTEC 75 | 3 | ST |
| aspirin | 1 | ACA; OTC |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>aspirin childrens</i> | 1 | ACA; OTC |
| <i>aspirin, buffd- calcium carb-mag</i> | 1 | ACA; OTC |
| <i>aspir-trin</i> | 1 | ACA; OTC |
| <i>bayer aspirin</i> | 1 | ACA; OTC |
| <i>bayer low dose aspirin</i> | 1 | ACA; OTC |
| <i>bufferin</i> | 1 | ACA; OTC |
| <i>buprenorphine-naloxone</i> | 1 | |
| <i>butorphanol</i> | 1 | ST; QL |
| CAMBIA | 3 | ST; QL |
| <i>celecoxib</i> | 1 | ST |
| DAYPRO | 3 | ST |
| <i>diclofenac potassium oral capsule</i> | 1 | |
| <i>diclofenac potassium oral powder in packet</i> | 1 | ST; QL |
| <i>diclofenac potassium oral tablet 25 mg</i> | 1 | ST |
| <i>diclofenac potassium oral tablet 50 mg</i> | 1 | |
| <i>diclofenac sodium</i> | 1 | |
| <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>fenoprofen</i> | 1 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>FLECTOR</i> | 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>lofena</i> | 1 | ST |
| LOTREXONE | 3 | |
| <i>meclofenamate</i> | 1 | |
| <i>mefenamic acid</i> | 1 | |
| <i>meloxicam</i> | 1 | |
| <i>meloxicam submicronized</i> | 1 | ST |
| MONOVISC | 5 | PA |
| <i>nabumetone</i> | 1 | |
| NALFON | 3 | ST |
| <i>naloxone injection</i> | 1 | PA |
| <i>naloxone nasal</i> | 1 | |
| NALTREX | 3 | |
| <i>naltrexone</i> | 1 | |
| NAPROSYN | 3 | ST |
| <i>naproxen oral suspension</i> | 1 | ST |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>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 | ST; QL |
| <i>piroxicam</i> | 1 | |
| <i>salsalate</i> | 1 | |
| SPRIX | 6 | ST |
| <i>st joseph aspirin</i> | 1 | ACA; OTC |
| <i>st. joseph aspirin</i> | 3 | ACA; OTC |
| <i>sulindac</i> | 1 | |
| <i>tolmetin</i> | 1 | ST |
| <i>tramadol</i> | 1 | ST; QL |
| <i>tramadol-acetaminophen</i> | 1 | ST; QL |
| <i>tri-buffered aspirin</i> | 1 | ACA; OTC |
| VIVITROL | 5 | |
| ZUBSOLV | 2 | |

| PSYCHOTHERAPEUTIC DRUGS | | |
|--------------------------------|---|--|
| ABILIFY | 2 | |
| ASIMTUFII | | |
| ABILIFY MAINTENA | 2 | |
| ABILIFY MYCITE MAINTENANCE KIT | 3 | |
| ABILIFY MYCITE STARTER KIT | 3 | |
| ADASUVE | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|------------------|------------------------------|
| ADZENYS XR-ODT | 3 | ST |
| <i>alprazolam</i> | 1 | |
| <i>alprazolam intensol</i> | 1 | |
| <i>amitriptyline</i> | 1 | |
| <i>amitriptyline-chlordiazepoxide</i> | 1 | |
| <i>amoxapine</i> | 1 | |
| <i>amphetamine sulfate</i> | 1 | |
| ANAFRANIL | 3 | |
| APLENZIN | 3 | ST |
| <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 | |
| AZSTARYS | 3 | ST |
| BELSOMRA | 3 | ST |
| <i>bupropion hcl</i> | 1 | |
| <i>buspirone</i> | 1 | |
| CAPLYTA | 3 | |
| <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 | |

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

| Drug Name | Drug Tier | Requirements / Limits | Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------------|------------------|------------------------------|----------------------------|------------------|------------------------------|
| COTEMPLA XR-ODT | 3 | ST | <i>fluoxetine</i> | 1 | |
| DAYTRANA | 2 | ST | <i>fluphenazine hcl</i> | 1 | |
| DAYVIGO | 3 | ST | <i>fluvoxamine</i> | 1 | |
| <i>desipramine</i> | 1 | | GEODON | 3 | |
| DESOXYN | 3 | | <i>guanfacine</i> | 1 | |
| DESVENLAFAKINE | 3 | | HALCION | 3 | |
| <i>desvenlafaxine succinate</i> | 1 | | <i>haloperidol</i> | 1 | |
| DEXEDRINE SPANSULE | 3 | ST | <i>haloperidol lactate</i> | 1 | |
| <i>dexmethylphenidate</i> | 1 | | HETLIOZ | 6 | PA |
| <i>dextroamphetamine sulfate</i> | 1 | | HETLIOZ LQ | 6 | PA |
| <i>dextroamphetamine-amphetamine</i> | 1 | | IGALMI | 3 | |
| <i>diazepam</i> | 1 | | <i>imipramine hcl</i> | 1 | |
| <i>diazepam intensol</i> | 1 | | <i>imipramine pamoate</i> | 1 | |
| <i>doxepin oral capsule</i> | 1 | | INVEGA | 3 | |
| <i>doxepin oral concentrate</i> | 1 | | INVEGA SUSTENNA | 3 | |
| <i>doxepin oral tablet</i> | 1 | ST | INVEGA TRINZA | 3 | |
| <i>duloxetine</i> | 1 | | JORNAY PM | 3 | ST |
| DYANAVEL XR | 2 | | KAPVAY | 3 | ST |
| EDLUAR | 3 | ST | KETAMINE | 3 | |
| EMSAM | 3 | | LATUDA | 3 | |
| <i>ergoloid</i> | 1 | | <i>lithium carbonate</i> | 1 | |
| <i>escitalopram oxalate</i> | 1 | | LITHOBID | 3 | |
| <i>estazolam</i> | 1 | | <i>lorazepam</i> | 1 | |
| <i>eszopiclone</i> | 1 | | <i>lorazepam intensol</i> | 1 | |
| EVEKEO ODT | 3 | | <i>loxapine succinate</i> | 1 | |
| FANAPT | 3 | | LUMRYZ | 5 | PA |
| FETZIMA | 2 | | <i>lurasidone</i> | 1 | |
| | | | MARPLAN | 3 | |
| | | | <i>methamphetamine</i> | 1 | |
| | | | METHYLIN | 3 | |
| | | | <i>methylphenidate</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i> | 1 | ST |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70</i> | 1 | |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50</i> | 1 | |
| <i>methylphenidate hcl oral solution</i> | 1 | |
| <i>methylphenidate hcl oral tablet</i> | 1 | |
| <i>methylphenidate hcl oral tablet extended release</i> | 1 | |
| <i>methylphenidate hcl oral tablet extended release 24hr</i> | 1 | |
| <i>methylphenidate hcl oral tablet,chewable</i> | 1 | |
| MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML) | 3 | |
| <i>midazolam oral syrup 2 mg/ml</i> | 1 | |
| <i>mirtazapine</i> | 1 | |
| MKO (MIDAZOLAM-KETAMINE-ONDAN) | 3 | |
| <i>modafinil</i> | 1 | PA; QL |
| <i>molindone</i> | 1 | |
| MYDAYIS | 2 | ST |
| NARDIL | 3 | |
| <i>nefazodone</i> | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| NORPRAMIN | 3 | |
| <i>nortriptyline</i> | 1 | |
| NUPLAZID | 6 | PA |
| <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>procenta</i> | 1 | |
| <i>protriptyline</i> | 1 | |
| QUELBREE | 3 | ST |
| <i>quetiapine</i> | 1 | |
| QUILLICHEW ER | 2 | ST |
| QUILLIVANT XR | 2 | ST |
| QUVIVIQ | 3 | ST |
| <i>ramelteon</i> | 1 | |
| REMERON | 3 | |
| REMERON SOLTAB | 3 | |
| RESTORIL | 3 | |
| REXULTI | 3 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| RISPERDAL | 3 | |
| RISPERDAL CONSTA | 2 | |
| <i>risperidone</i> | 1 | |
| SECUADO | 3 | |
| <i>sertraline</i> | 1 | |
| SILENOR | 3 | ST |
| SODIUM OXYBATE | 5 | PA; LA |
| SUNOSI | 2 | PA; QL |
| SYMBYAX | 3 | |
| <i>tasimelteon</i> | 6 | PA |
| <i>temazepam</i> | 3 | |
| <i>thioridazine</i> | 1 | |
| <i>thiothixene</i> | 1 | |
| <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 | |
| <i>vilazodone</i> | 1 | PA |
| VRAYLAR | 3 | |
| VYVANSE | 2 | ST |
| WAKIX | 6 | PA; LA; QL |
| XYWAV | 5 | ST; LA |
| <i>zaleplon</i> | 1 | |
| <i>zenzedi oral tablet 10 mg, 5 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| 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 | |
| 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 | ST |
| BETAPACE AF | 3 | ST |
| <i>disopyramide phosphate</i> | 3 | |
| <i>dofetilide</i> | 1 | |
| <i>flecainide</i> | 1 | |
| <i>mexiletine</i> | 1 | |
| MULTAQ | 3 | |
| <i>pacerone</i> | 1 | |
| <i>propafenone</i> | 1 | |
| <i>quinidine gluconate</i> | 1 | |
| <i>quinidine sulfate</i> | 1 | |
| RYTHMOL SR | 3 | |
| <i>sotalol</i> | 1 | |
| <i>sotalol af</i> | 1 | |
| SOTYLIZE | 2 | |
| ANTIHYPERTENSIVE THERAPY | | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|------------------|------------------------------|
| ACCUPRIL | 3 | |
| ACCURETIC | 3 | |
| <i>acebutolol</i> | 1 | |
| 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 | ST |
| <i>candesartan</i> | 1 | |
| <i>candesartan-hydrochlorothiazid</i> | 1 | |
| <i>captopril</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------------|------------------|------------------------------|
| <i>captopril-hydrochlorothiazide</i> | 1 | |
| CARDIZEM | 3 | |
| CARDIZEM CD | 3 | |
| CARDIZEM LA | 3 | |
| CARDURA ORAL TABLET 1 MG | 3 | |
| CARDURA ORAL TABLET 2 MG, 4 MG, 8 MG | 3 | ST |
| CARDURA XL | 3 | |
| <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 | ST |
| DEMSER | 3 | |
| DIBENZYLINE | 3 | |
| <i>diltiazem</i> | 1 | |
| <i>dilt-xr</i> | 1 | |
| DIURIL | 3 | |
| <i>doxazosin</i> | 1 | |
| DYRENIUM | 3 | |
| EDECIN | 3 | ST |
| <i>enalapril maleate</i> | 1 | |
| <i>enalapril-hydrochlorothiazide</i> | 1 | |
| <i>eplerenone</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|------------------|------------------------------|
| <i>epoprostenol</i> | 4 | PA |
| <i>eprosartan</i> | 1 | |
| <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 | |
| <i>hydralazine</i> | 1 | |
| <i>hydrochlorothiazide</i> | 1 | |
| <i>indapamide</i> | 1 | |
| INSPRA | 3 | |
| <i>irbesartan</i> | 1 | |
| <i>irbesartan-hydrochlorothiazide</i> | 1 | |
| <i>isosorbide-hydralazine</i> | 1 | |
| <i>isradipine</i> | 1 | |
| KERENDIA | 2 | PA |
| <i>labetalol</i> | 1 | |
| LASIX | 3 | ST |
| <i>lisinopril</i> | 1 | |
| <i>lisinopril-hydrochlorothiazide</i> | 1 | |
| LOPRESSOR | 3 | ST |
| <i>losartan</i> | 1 | |
| <i>losartan-hydrochlorothiazide</i> | 1 | |
| LOTENSIN | 3 | |
| LOTENSIN HCT | 3 | |
| <i>matzim la</i> | 1 | |
| MAXZIDE | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| MAXZIDE-25MG | 3 | |
| <i>methyldopa</i> | 1 | |
| <i>methyldopa-hydrochlorothiazide</i> | 1 | |
| <i>metolazone</i> | 1 | |
| <i>metoprolol succinate</i> | 1 | |
| <i>metoprolol tar-hydrochlorothiazide</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>nebivolol</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>olmesartanamlodipin-hctiazide</i> | 1 | |
| <i>olmesartan-hydrochlorothiazide</i> | 1 | |
| ORENITRAM | 6 | PA |
| ORENITRAM MONTH 1 TITRATION KT | 6 | PA |

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

| Drug Name | Drug Tier | Requirements / Limits | Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|--|-----------|-----------------------|
| ORENITRAM MONTH 2 TITRATION KT | 6 | PA | <i>terazosin</i> | 1 | |
| ORENITRAM MONTH 3 TITRATION KT | 6 | PA | <i>tiadylt er</i> | 1 | |
| <i>perindopril erbumine</i> | 1 | | TIAZAC | 3 | |
| <i>phenoxybenzamine</i> | 1 | | <i>timolol maleate</i> | 1 | |
| <i>pindolol</i> | 1 | | <i>torsemide</i> | 1 | |
| <i>prazosin</i> | 1 | | <i>trandolapril</i> | 1 | |
| PRESTALIA | 3 | ST | <i>trandolapril- verapamil</i> | 1 | |
| PROCARDIA XL | 3 | ST | <i>treprostinil sodium</i> | 4 | PA |
| <i>propranolol</i> | 1 | | <i>triamterene</i> | 1 | |
| <i>propranolol- hydrochlorothiazid</i> | 1 | | <i>triamterene- hydrochlorothiazid</i> | 1 | |
| <i>quinapril</i> | 1 | | UPTRAVI INTRAVENOUS | 6 | PA; LA |
| <i>quinapril- hydrochlorothiazide</i> | 1 | | UPTRAVI ORAL | 5 | PA; LA |
| <i>ramipril</i> | 1 | | <i>valsartan</i> | 1 | |
| REMODULIN | 6 | PA | <i>valsartan- hydrochlorothiazide</i> | 1 | |
| <i>spironolactone</i> | 1 | | VASERETIC | 3 | |
| <i>spironolacton- hydrochlorothiaz</i> | 1 | | VASOTEC | 3 | |
| SULAR | 3 | ST | <i>veletri</i> | 4 | PA |
| <i>taztia xt</i> | 1 | | <i>verapamil</i> | 1 | |
| TEKTURNA HCT | 2 | | VERELAN PM | 3 | ST |
| <i>telmisartan</i> | 1 | | ZESTORETIC | 3 | |
| <i>telmisartan- amlodipine</i> | 1 | | ZESTRIL | 3 | |
| <i>telmisartan- hydrochlorothiazid</i> | 1 | | CARDIAC GLYCOSIDES | | |
| TENORETIC 100 | 3 | ST | <i>digox</i> | 1 | |
| TENORETIC 50 | 3 | ST | <i>digoxin</i> | 1 | |
| TENORMIN | 3 | ST | LANOXIN | 3 | |
| COAGULATION THERAPY | | | | | |
| ADVATE | 5 | PA | | | |
| ADYNOVATE | 5 | PA | | | |
| AFSTYLA | 5 | PA | | | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------|------------------|------------------------------|
| ALPHANATE | 5 | PA |
| ALPHANINE SD | 5 | PA |
| ALPROLIX | 5 | PA |
| ALTUVIPIO | 5 | PA |
| AMICAR | 3 | |
| <i>aminocaproic acid</i> | 1 | |
| ARIXTRA | 6 | PA |
| <i>aspirin-dipyridamole</i> | 1 | |
| BENEFIX | 5 | PA |
| BRILINTA | 2 | |
| 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>dabigatran etexilate</i> | 1 | |
| <i>dipyridamole</i> | 1 | |
| DOPTELET (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 |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| 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 |
| <i>heparin (porcine) in 5 % dex</i> | 1 | PA |
| <i>heparin (porcine) in nacl (pf)</i> | 1 | PA |
| <i>heparin lock flush (porcine)</i> | 1 | PA |
| <i>heparin lockflush(porcine)(pf)</i> | 1 | PA |
| HEPARIN(PORCIN E) 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 |

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

| Drug Name | Drug Tier | Requirements / Limits | Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|--|------------------|------------------------------|
| HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML | 3 | PA | <i>phytonadione (vitamin k1) oral</i> | 1 | PA; QL |
| <i>heparin, porcine (pf) intravenous</i> | 1 | PA | <i>prasugrel</i> | 1 | |
| HEPARIN, PORCINE (PF) SUBCUTANEOUS | 3 | PA | PROFILNINE | 5 | PA |
| HUMATE-P | 5 | PA | PROMACTA | 5 | PA; LA |
| IDEVION | 6 | PA | REBINYN | 6 | PA |
| IXINITY | 5 | PA | RIASTAP | 5 | PA |
| <i>jantoven</i> | 1 | | RIXUBIS | 6 | PA |
| JIVI | 5 | PA | SEVENFACT | 5 | PA |
| KOATE | 6 | PA | TAVALISSE | 5 | PA; LA; QL |
| KOGENATE FS | 5 | PA | TRETEN | 5 | PA |
| KOVALTRY | 5 | PA | <i>vitamin k</i> | 1 | PA |
| MEPHYTON | 3 | PA; QL | <i>vitamin k1</i> | 1 | PA |
| NOVOEIGHT | 5 | PA | VONVENDI | 5 | PA |
| NPLATE | 5 | PA | <i>warfarin</i> | 1 | |
| OBIZUR | 5 | PA | WILATE | 5 | PA |
| <i>pentoxifylline</i> | 1 | | XARELTO | 2 | |
| PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML | 2 | PA | XARELTO DVT-PE TREAT 30D START | 2 | |
| <i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> | 1 | PA | ZYNTHA | 5 | PA |
| PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE | 2 | PA | ZYNTHA SOLOFUSE | 5 | PA |
| LIPID/CHOLESTEROL LOWERING AGENTS | | | | | |
| | | | | | |
| | | | <i>amlodipine- atorvastatin</i> | 1 | |
| | | | <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 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|-------------------------------------|------------------|------------------------------|
| <i>cholestyramine light</i> | 1 | |
| <i>colesevelam</i> | 1 | |
| COLESTID | 3 | ST |
| COLESTID FLAVORED | 3 | ST |
| <i>colestipol</i> | 1 | |
| EVKEEZA | 6 | PA |
| <i>ezetimibe</i> | 1 | ST |
| <i>ezetimibe-simvastatin</i> | 1 | |
| <i>fenofibrate</i> | 1 | |
| <i>fenofibrate micronized</i> | 1 | |
| <i>fenofibrate nanocrystallized</i> | 1 | |
| <i>fenofibric acid</i> | 1 | |
| FIBRICOR | 3 | ST |
| 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 |
| LIVALO | 2 | ST |
| LOPID | 3 | |
| <i>lovastatin</i> | 1 | ACA |
| NEXLETOL | 2 | PA |
| NEXLIZET | 2 | PA |
| <i>niacin</i> | 1 | |
| NIACOR | 3 | |
| <i>omega-3 acid ethyl esters</i> | 1 | PA |
| <i>pravastatin</i> | 1 | ACA |
| <i>prevalite</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| QUESTRAN | 3 | ST |
| QUESTRAN LIGHT | 3 | ST |
| 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 | |
| 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 | | |
| CAMZYOS | 5 | PA |
| ENTRESTO | 2 | |
| <i>ranolazine</i> | 1 | |
| VECAMYL | 3 | PA |
| VERQUVO | 2 | |
| VYNDAMAX | 5 | PA |
| VYNDAQEL | 5 | PA |
| NITRATES | | |
| GONITRO | 3 | |
| ISORDIL | 3 | |
| ISORDIL TITRADOSE | 3 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|-------------------------------|-----------|-----------------------|
| <i>isosorbide dinitrate</i> | 1 | |
| <i>isosorbide mononitrate</i> | 1 | |
| <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

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 | |
| 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 | |
| PLEXION NS | 3 | |
| PRAMOSONE | 3 | ST |
| <i>selenium sulfide</i> | 1 | |
| SELRX | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------------|-----------|-----------------------|
| SKYRIZI | 5 | PA; QL |
| SPEVIGO | 5 | PA |
| STELARA INTRAVENOUS | 6 | PA |
| STELARA SUBCUTANEOUS | 5 | PA; QL |
| <i>sulfacetamide sodium</i> | 1 | |
| TACLONEX | 3 | QL |
| TALTZ AUTOINJECTOR | 5 | PA; QL |
| 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 | |
| VTAMA | 3 | QL |
| ZORYVE | 3 | QL |
| BURN THERAPY | | |
| SILVADENE | 3 | |
| <i>silver sulfadiazine</i> | 1 | |
| <i>ssd</i> | 1 | |
| MISCELLANEOUS DERMATOLOGICALS | | |
| ADBRY | 5 | PA; QL |
| AMELUZ | 3 | |
| <i>ammonium lactate</i> | 1 | |
| CANTHARIDIN IN ACETONE | 3 | |
| CIBINQO | 5 | PA; QL |

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

| Drug Name | Drug Tier | Requirements / Limits |
|-----------------------------|------------------|------------------------------|
| 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 | |
| HYFTOR | 6 | PA |
| <i>iodine-sodium iodide</i> | 1 | |
| IODOSORB | 3 | |
| LEVULAN | 3 | |
| <i>methoxsalen</i> | 1 | |
| <i>methyl salicylate</i> | 1 | |
| OPZELURA | 3 | PA; QL |
| PANRETIN | 3 | PA |
| <i>pimecrolimus</i> | 1 | ST; QL |
| <i>podofilox</i> | 1 | |
| <i>prodoxin</i> | 1 | ST; QL |
| REGRANEX | 2 | |
| SCENESSE | 6 | PA |
| <i>tacrolimus</i> | 1 | ST; QL |
| TOLAK | 3 | |
| VALCHLOR | 5 | PA |
| VYJUVEK | 6 | PA |
| <i>wintergreen oil</i> | 1 | |
| ZONALON | 3 | ST; QL |
| THERAPY FOR ACNE | | |
| ABSORICA | 3 | |
| <i>accutane</i> | 1 | |
| ACZONE | 3 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|-----------------------------------|------------------|------------------------------|
| <i>adapalene-benzoyl peroxide</i> | 1 | |
| AKLIEF | 3 | ST |
| ALTRENO | 3 | |
| <i>amnesteem</i> | 1 | |
| AMZEEQ | 3 | ST |
| ARAZLO | 3 | PA |
| <i>avar</i> | 1 | |
| AVAR LS | 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 |
| BENZAMYCIN | 3 | ST |
| <i>benzepro</i> | 1 | |
| BENZEPRO (MICROSPHERES) | 3 | ST |
| <i>benzoyl peroxide</i> | 1 | |
| <i>bp 10-1</i> | 1 | ST |
| <i>brimonidine</i> | 1 | PA |
| <i>claravis</i> | 1 | |
| CLEOCIN T | 3 | ST; QL |
| <i>clindacin</i> | 1 | QL |
| CLINDACIN ETZ TOPICAL KIT | 3 | ST |
| <i>clindacin etz topical swab</i> | 1 | |
| <i>clindacin p</i> | 1 | |
| CLINDACIN PAC | 3 | ST |

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

| Drug Name | Drug Tier | Requirements / Limits | Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|--|------------------|------------------------------|
| <i>clindamycin phosphate topical foam</i> | 1 | QL | <i>ivermectin</i> | 1 | QL |
| <i>clindamycin phosphate topical gel</i> | 1 | QL | METROCREAM | 3 | ST |
| <i>clindamycin phosphate topical gel, once daily</i> | 1 | QL | METROGEL | 3 | ST |
| <i>clindamycin phosphate topical lotion</i> | 1 | QL | <i>metronidazole</i> | 1 | |
| <i>clindamycin phosphate topical solution</i> | 1 | QL | MIRVASO | 2 | PA |
| <i>clindamycin phosphate topical swab</i> | 1 | | <i>neuac</i> | 1 | |
| <i>clindamycin-benzoyl peroxide</i> | 1 | | NEUAC KIT | 3 | ST |
| <i>clindamycin-tretinoin</i> | 1 | | ONEXTON | 2 | ST |
| <i>dapsone</i> | 1 | | PACNEX | 3 | ST |
| EPIDUO FORTE | 3 | ST | PLEXION | 3 | ST |
| EPSOLAY | 3 | ST | PLEXION CLEANSING CLOTHS | 3 | ST |
| <i>ery pads</i> | 1 | | PR BENZOYL PEROXIDE | 3 | ST |
| <i>erygel</i> | 1 | | RETIN-A | 3 | |
| <i>erythromycin with ethanol</i> | 1 | | RETIN-A MICRO PUMP | 3 | |
| <i>erythromycin-benzoyl peroxide</i> | 1 | | <i>rosadan topical cream</i> | 1 | |
| EVOCLIN | 3 | ST; QL | <i>rosadan topical gel</i> | 1 | |
| FINACEA TOPICAL FOAM | 2 | ST | ROSADAN TOPICAL KIT, CLEANSER AND GEL | 3 | ST |
| FINACEA TOPICAL GEL | 3 | ST | ROSADAN TOPICAL KIT,CLEANSER AND CREAM | 3 | ST |
| <i>isotretinoin</i> | 1 | | 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 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|-------------------------------|------------------|------------------------------|
| <i>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 |
| <i>tretinoin</i> | 1 | |
| <i>tretinoin microspheres</i> | 1 | |
| TWYNEO | 3 | ST |
| VANOXIDE-HC | 3 | ST |
| <i>zenatane</i> | 1 | |
| ZIANA | 3 | ST |

TOPICAL ANESTHETICS

| | | |
|--|---|--------|
| COCAINE | 3 | |
| <i>dermacinrx lidocan</i> | 1 | ST; QL |
| GOPRELTO | 3 | |
| <i>lidocaine hcl</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 | |
| NUMBRINO | 3 | |
| NYNUTEY | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|------------------|------------------|------------------------------|
| XARACOLL | 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 | |
| SULFAMYLYON | 2 | |
| 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 |
| <i>ciclopirox topical gel</i> | 1 | QL |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|------------------|------------------------------|
| <i>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 |
| EXELDERM | 3 | QL |
| EXTINA | 3 | QL |
| JUBLIA | 3 | ST |
| <i>ketoconazole</i> | 1 | QL |
| <i>ketodan</i> | 1 | QL |
| <i>ketodan kit</i> | 1 | |
| LOPROX (AS OLAMINE) | 3 | QL |
| LOPROX KIT | 3 | QL |
| LUZU | 3 | QL |
| MENTAX | 3 | QL |
| <i>naftifine</i> | 1 | QL |
| NAFTIN | 3 | QL |
| <i>nyamyc</i> | 1 | QL |
| <i>nystatin</i> | 1 | QL |
| <i>nystatin-triamcinolone</i> | 1 | QL |
| <i>nystop</i> | 1 | QL |
| <i>oxiconazole</i> | 1 | QL |
| <i>tavaborole</i> | 1 | ST |
| TOPICAL ANTIVIRALS | | |
| <i>acyclovir</i> | 1 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| DENAVIR | 3 | |
| <i>penciclovir</i> | 1 | |
| ZOVIRAX | 3 | PA |
| TOPICAL CORTICOSTEROIDS | | |
| <i>ala-cort</i> | 1 | |
| ALA-SCALP | 3 | ST |
| <i>alclometasone</i> | 1 | |
| <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 |
| 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 |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>clobetasol topical ointment</i> | 1 | QL |
| <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>clocortolone pivalate</i> | 1 | |
| <i>clodan</i> | 1 | ST; QL |
| CLODAN KIT | 3 | ST; QL |
| CORDRAN | 3 | ST; QL |
| CORDRAN TAPE LARGE ROLL | 3 | ST |
| DERMA-SMOOTH/FS BODY OIL | 3 | ST |
| DERMA-SMOOTH/FS SCALP OIL | 3 | ST |
| <i>desonide topical cream</i> | 1 | |
| <i>desonide topical gel</i> | 1 | ST |
| <i>desonide topical lotion</i> | 1 | ST |
| <i>desonide topical ointment</i> | 1 | |
| <i>desoximetasone</i> | 1 | ST |
| <i>desrx</i> | 1 | ST |
| <i>diflorasone</i> | 1 | ST; QL |
| DIPROLENE (AUGMENTED) | 3 | ST |
| DUOBRII | 3 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <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</i> | 1 | |
| HALOG | 3 | ST |
| <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; QL |
| <i>hydrocortisone butyrate topical solution</i> | 1 | ST; QL |
| <i>hydrocortisone butyr-emollient</i> | 1 | QL |
| <i>hydrocortisone valerate</i> | 1 | |
| KENALOG | 3 | ST; QL |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| 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 |
| <i>scalacort</i> | 1 | |
| SCALACORT DK | 3 | ST |
| SYNALAR | 3 | ST |
| SYNALAR CREAM KIT | 3 | ST |
| 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 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>triamcinolone acetonide topical ointment 0.05 %</i> | 1 | ST |
| <i>triderm topical cream 0.1 %</i> | 1 | |
| <i>triderm topical cream 0.5 %</i> | 1 | ST |
| <i>tritocin</i> | 1 | ST |
| TOPICAL ENZYMES | | |
| NEXOBRID | 3 | |
| SANTYL | 2 | |
| TOPICAL SCABICIDES / PEDICULICIDES | | |
| <i>crotan</i> | 1 | |
| ELIMITE | 3 | |
| EURAX | 3 | |
| <i>lindane</i> | 1 | |
| <i>malathion</i> | 1 | |
| OVIDE | 3 | |
| <i>permethrin</i> | 1 | |
| <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 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|-----------------------------|------------------|------------------------------|
| 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 | |
| ARALAST NP | 5 | PA; LA |
| BUPHENYL | 3 | PA |
| <i>caffeine citrate</i> | 1 | |
| CARBAGLU | 5 | PA; LA |
| <i>carglumic acid</i> | 4 | PA |
| CARNITOR | 3 | |
| CARNITOR (SUGAR-FREE) | 3 | |
| <i>cevimeline</i> | 1 | |
| CHEMET | 2 | |
| <i>deferasirox</i> | 4 | PA |
| <i>deferiprone</i> | 4 | PA |
| <i>disulfiram</i> | 1 | |
| <i>droxidopa</i> | 6 | PA |
| EMPAVELI | 5 | PA |
| ENDARI | 6 | PA |
| ENJAYMO | 5 | PA |
| EVOXAC | 3 | |
| EXSERVAN | 6 | PA |
| FERRIPROX (2 TIMES A DAY) | 5 | PA |
| FERRIPROX ORAL SOLUTION | 5 | PA |
| FERRIPROX ORAL TABLET | 6 | PA |
| GIVLAARI | 6 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------------|------------------|------------------------------|
| GLASSIA | 5 | PA; LA |
| INCRELEX | 5 | PA; LA |
| JOENJA | 6 | PA; QL |
| KORSUVA | 6 | |
| LAMZEDE | 5 | PA |
| <i>levocarnitine</i> | 1 | |
| <i>levocarnitine (with sugar)</i> | 1 | |
| LITHOSTAT | 3 | |
| METOPIRONE | 3 | |
| <i>midodrine</i> | 1 | |
| <i>nitisinone</i> | 4 | PA; LA |
| NITYR | 5 | PA; LA |
| OLPRUVA | 6 | PA |
| ORFADIN | 6 | PA; LA |
| PHEBURANE | 5 | PA |
| <i>pilocarpine hcl</i> | 1 | |
| PROLASTIN-C | 5 | PA; LA |
| PYRUKYND | 6 | PA; LA; QL |
| RADIOGARDASE | 3 | |
| RECLAST | 6 | PA |
| REVCOVI | 5 | PA; LA |
| 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 |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------|-----------|-----------------------|
| sodium chloride irrigation | 1 | |
| sodium phenylbutyrate | 1 | PA |
| SOLIRIS | 5 | PA |
| SYPRINE | 3 | |
| THIOLA EC | 6 | PA |
| TIGLUTIK | 6 | PA |
| tiopronin | 4 | PA |
| trientine | 1 | |
| ULTOMIRIS | 6 | PA |
| water for irrigation, sterile | 1 | |
| XENPOZYME | 5 | PA |
| XURIDEN | 5 | PA |
| ZEMAIRA | 5 | PA; LA |
| ZOKINVY | 6 | PA; QL |
| zoledronic acid-mannitol-water | 4 | PA |
| ZYNRELEF | 3 | |

SMOKING DETERRENTS

| | | |
|-------------------------------|---|--------------|
| bupropion hcl (smoking deter) | 1 | ACA; QL |
| CHANTIX | 3 | ACA; QL |
| CHANTIX CONTINUING MONTH BOX | 3 | ACA; QL |
| CHANTIX STARTING MONTH BOX | 3 | ACA; QL |
| NICODERM CQ | 2 | OTC; QL |
| NICORETTE BUCCAL GUM 2 MG | 2 | OTC; QL |
| nicorette buccal gum 4 mg | 1 | ACA; OTC; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|-------------------------------|-----------|-----------------------|
| NICORETTE BUCCAL LOZENGE | 2 | OTC; QL |
| NICORETTE BUCCAL MINI LOZENGE | 2 | OTC; QL |
| nicotine | 1 | ACA; OTC; QL |
| nicotine (polacrilex) | 1 | ACA; OTC; QL |
| NICOTROL | 3 | ACA; QL |
| NICOTROL NS | 3 | ACA; QL |
| quit 2 | 1 | ACA; OTC; QL |
| quit 4 | 1 | ACA; OTC; QL |
| stop smoking aid | 1 | ACA; OTC; QL |
| varenicline | 1 | ACA; QL |

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

| | | |
|------------------------------------|---|----|
| ARESTIN | 6 | PA |
| azelastine nasal aerosol,spray | 1 | QL |
| azelastine nasal spray,non-aerosol | 1 | |
| GELCLAIR | 3 | |
| GELX | 3 | |
| ipratropium bromide | 1 | QL |
| MUGARD | 6 | |
| olopatadine | 1 | QL |
| oralone | 1 | |
| ORAMAGICRX | 3 | |
| PATANASE | 3 | QL |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------|-----------|-----------------------|
| <i>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 | QL |
| <i>flac otic oil</i> | 1 | QL |
| <i>fluocinolone acetonide oil</i> | 1 | QL |
| <i>hydrocortisone-acetic acid</i> | 1 | QL |
| <i>ofloxacin</i> | 1 | QL |

OTIC STEROID / ANTIBIOTIC

| | | |
|------------------------------------|---|--|
| CIPRODEX | 3 | |
| <i>ciprofloxacin-dexamethasone</i> | 1 | |
| CORTISPORIN-TC | 3 | |
| <i>neomycin-polymyxin-hc</i> | 1 | |
| OTOVEL | 3 | |

ENDOCRINE/DIABETES

ADRENAL HORMONES

| | | |
|-------------------------------|---|----|
| ACTHAR | 6 | PA |
| CORTEF | 3 | |
| <i>cortisone</i> | 1 | |
| <i>dexabliss</i> | 1 | PA |
| <i>dexamethasone intensol</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>dexamethasone oral elixir</i> | 1 | |
| <i>dexamethasone oral solution</i> | 1 | |
| <i>dexamethasone oral tablet</i> | 1 | |
| <i>dexamethasone oral tablets,dose pack</i> | 1 | PA |
| <i>fludrocortisone</i> | 1 | |
| <i>hydrocortisone</i> | 1 | |
| MEDROL | 3 | |
| MEDROL (PAK) | 3 | |
| <i>methylprednisolone</i> | 1 | |
| <i>millipred</i> | 1 | |
| <i>millipred dp</i> | 1 | |
| 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 |
| TARPEYO | 6 | PA; QL |
| TRIESENCE (PF) | 3 | |
| XIPERE (PF) | 6 | |
| ZCORT | 3 | PA |

ANTITHYROID AGENTS

| | | |
|-------------------------|---|--|
| <i>methimazole</i> | 1 | |
| <i>potassium iodide</i> | 1 | |
| <i>propylthiouracil</i> | 1 | |
| SSKI | 3 | |

BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| FREESTYLE INSULINX | 2 | OTC |
| FREESTYLE INSULINX TEST STRIPS | 2 | OTC |
| FREESTYLE LITE STRIPS | 2 | OTC |
| FREESTYLE TEST | 2 | OTC |
| ONETOUCH ULTRA TEST | 2 | OTC |
| ONETOUCH VERIO TEST STRIPS | 2 | OTC |
| PRECISION XTRA TEST | 2 | OTC |
| DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT | | |
| ACE AEROSOL CLOUD ENHANCER | 2 | |
| AEROCHAMBER MINI | 2 | |
| AEROCHAMBER PLUS FLOW-VU | 2 | |
| AEROCHAMBER PLUS Z STAT | 2 | |
| AEROTRACH PLUS | 2 | |
| AEROVENT PLUS | 2 | |
| BREATHERITE MDI SPACER | 2 | |
| COMPACT SPACE CHAMBER | 2 | |
| EASIVENT HOLDING CHAMBER | 2 | |
| FLEXICHAMBER | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| GLUCAGEN DIAGNOSTIC KIT | 2 | |
| GLUCAGON HCL | 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 | |
| VORTEX HOLDING CHAMBER | 2 | |
| GLUCOSE ELEVATING AGENTS | | |
| BAQSIMI | 2 | |
| <i>diazoxide</i> | 1 | |
| <i>glucagon emergency kit (human)</i> | 1 | |
| GVOKE | 2 | |
| GVOKE HYPOOPEN 2-PACK | 2 | |
| GVOKE PFS 2-PACK SYRINGE | 2 | |
| PROGLYCEM | 3 | |
| INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU | | |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL | 3 | OTC |

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

| Drug Name | Drug Tier | Requirements / Limits | Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------|------------------|------------------------------|--------------------------------|------------------|------------------------------|
| ACCU-CHEK SMARTVIEW CONTRL SOL | 3 | OTC | CEQUR SIMPLICITY | 2 | |
| ACCUTREND GLUCOSE CONTROL | 3 | OTC | CLEVER CHOICE LEVEL 2 CONTROL | 3 | OTC |
| ADVOCATE REDI-CODE PLUS CTRL L | 3 | OTC | CONTOUR CONTROL SOLUTION, NML | 3 | OTC |
| AGAMATRIX CONTROL HIGH | 3 | OTC | CONTOUR NEXT LEV 2 CONTROL SOL | 3 | OTC |
| ASSURE 4 CONTROL SOLUTION | 3 | OTC | DEXCOM G6 RECEIVER | DME | |
| ASSURE DOSE NORMAL CONTROL | 3 | OTC | DEXCOM G6 SENSOR | DME | QL |
| ASSURE PRISM CONTROL 1-2 SOLN | 3 | OTC | DEXCOM G6 TRANSMITTER | DME | QL |
| AT HOME A1C | 3 | OTC | DEXCOM G7 RECEIVER | DME | |
| BD INTEGRA NEEDLE | 2 | | DEXCOM G7 SENSOR | DME | |
| BD MICROAINER LANCET | 2 | OTC | DIATRUE CONTROL SOLN NORMAL | 3 | OTC |
| BD SPECIALTY USE NEEDLES | 2 | | EASY PLUS II HIGH CONTROL | 3 | OTC |
| BD ULTRA-FINE NANO PEN NEEDLE | 2 | OTC | EASY STEP HIGH CONTROL SOLN | 3 | OTC |
| BLOOD GLUCOSE CONTROL, NORMAL | 3 | OTC | EASY TALK HIGH CONTROL | 3 | OTC |
| BREEZE 2 CONTROL SOLUTION,HIGH | 3 | OTC | EASY TALK PLUS II LOW CONTROL | 3 | OTC |
| CARETOUCH CONTROL SOLN L2-L3 | 3 | OTC | EASY TOUCH BLU CTRL SOLN-L1,L3 | 3 | OTC |
| | | | EASY TRAK II CTRL SOLN-NORMAL | 3 | OTC |

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

| Drug Name | Drug Tier | Requirements / Limits | Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------|------------------|------------------------------|-------------------------------|------------------|------------------------------|
| EASY TRAK LOW CONTROL | 3 | OTC | FORA TN'G ADVANCE PRO MONITOR | 3 | OTC |
| EASYMAX 15 LEVEL 2 | 3 | OTC | FORA TN'GO ADVANCE MONITOR | 3 | OTC |
| EASYMAX NORMAL CONTROL | 3 | OTC | FORACARE GDH LOW CONTROL | 3 | OTC |
| ELEMENT COMPACT NORMAL CONTROL | 3 | OTC | FORTISCARE NORMAL | 3 | OTC |
| ELEMENT NORMAL CONTROL | 3 | OTC | FREESTYLE CONTROL | 2 | OTC |
| EMBRACE EVO LEVEL 1 | 3 | OTC | FREESTYLE FREEDOM | 2 | OTC; QL |
| EMBRACE GLUCOSE CONTROL LOW | 3 | OTC | FREESTYLE FREEDOM LITE | 2 | OTC; QL |
| EMBRACE TALK CONTROL-LOW (L1) | 3 | OTC | FREESTYLE INSULINX | 2 | OTC; QL |
| EVERSENSE SENSOR-HOLDER | DME | | FREESTYLE LIBRE 14 DAY READER | DME | |
| EVERSENSE SMART TRANSMITTER | DME | QL | FREESTYLE LIBRE 14 DAY SENSOR | DME | QL |
| EVOLUTION NORMAL CONTROL | 3 | OTC | FREESTYLE LIBRE 2 READER | DME | |
| FORA GTEL MULTI-FUNCTN MONITOR | 3 | OTC | FREESTYLE LIBRE 2 SENSOR | DME | QL |
| FORA KETONE CONTROL SOLN-L1 | 3 | OTC | FREESTYLE LIBRE 3 SENSOR | DME | QL |
| FORA NORMAL CONTROL | 3 | OTC | FREESTYLE LITE METER | 2 | OTC; QL |
| | | | GE100 CONTROL SOLUTION NORMAL | 3 | OTC |
| | | | GENTEEL VACUUM LANCING DEVICE | 3 | OTC |

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

| Drug Name | Drug Tier | Requirements / Limits | Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|------------------|------------------------------|--------------------------------------|------------------|------------------------------|
| GLUCOCARD 01 NORMAL CONTROL | 3 | OTC | MEDISENSE GLUCOSE KETONE | 2 | OTC |
| GLUCOCOM CONTROL NORMAL | 3 | OTC | MYGLUCOHEALTH CONTROL SOLUTION | 3 | OTC |
| GLUCOSE CONTROL | 3 | OTC | NOVA MAX GLUCOSE CONTROL | 3 | OTC |
| GOJJI GLUCOSE CNTRL SOL- NORMAL | 3 | OTC | NOVA MAX PLUS GLUC-KETON METER | 3 | OTC |
| GOJJI KETONE CONTROL SOLN- L1 | 3 | OTC | NOVAMAX PLUS GLU-KET | 3 | OTC |
| GOJJI MULTI- FUNCTIONAL METER | 3 | OTC | OMNIPOD 5 G6 INTRO KIT (GEN 5) | 2 | QL |
| GUARDIAN 4 GLUCOSE SENSOR | DME | QL | OMNIPOD 5 G6 PODS (GEN 5) | 2 | QL |
| GUARDIAN 4 TRANSMITTER | DME | QL | OMNIPOD CLASSIC PODS (GEN 3) | 2 | PA; QL |
| GUARDIAN CONNECT TRANSMITTER | DME | QL | OMNIPOD DASH INTRO KIT (GEN 4) | 2 | QL |
| GUARDIAN LINK 3 TRANSMITTER | DME | QL | OMNIPOD DASH PODS (GEN 4) | 2 | PA; QL |
| GUARDIAN SENSOR 3 | DME | QL | OMNIPOD GO PODS 10 UNITS/DAY | 2 | |
| HEALTHPRO HIGH-LOW CONTROL | 3 | OTC | ON CALL EXPRESS CONTROL | 3 | OTC |
| INFINITY CONTROL SOLUTION NORM | 3 | OTC | ON CALL PLUS CONTROL | 3 | OTC |
| LANCETS | 2 | OTC | ON CALL VIVID CONTROL | 3 | OTC |
| LANCING DEVICE | 2 | OTC | ONETOUCH ULTRA CONTROL | 2 | OTC |
| MEDISENSE | 2 | OTC | | | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------|------------------|------------------------------|
| ONETOUCH ULTRA2 METER | 2 | OTC; QL |
| ONETOUCH VERIO FLEX METER | 2 | OTC; QL |
| ONETOUCH VERIO MID CONTROL | 2 | OTC |
| ONETOUCH VERIO REFLECT METER | 2 | OTC; QL |
| PIP GLUCOSE CONTROL SOLN L1-L2 | 3 | OTC |
| PRECISION XTRA KETONE-GLUCOSE | 2 | OTC |
| PRECISION XTRA MONITOR | 2 | OTC; QL |
| 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 NEEDLE STORAGE DEV | 2 | OTC |
| SMARTEST CONTROL | 3 | OTC |
| SOLUS V2 CONTROL SOLUTION,HIGH | 3 | OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------|------------------|------------------------------|
| TELCARE CONTROL | 3 | OTC |
| TRUE METRIX LEVEL 1 | 3 | OTC |
| UNISTRIP LOW CONTROL | 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 | |
| HUMALOG JUNIOR KWIKPEN U-100 | 2 | |
| HUMALOG KWIKPEN INSULIN | 2 | |
| HUMALOG MIX 50-50 INSULN U-100 | 2 | |
| HUMALOG MIX 50-50 KWIKPEN | 2 | |
| HUMALOG MIX 75-25 KWIKPEN | 2 | |
| HUMALOG MIX 75-25(U-100)INSULN | 2 | |
| HUMALOG U-100 INSULIN | 2 | |
| HUMULIN 70/30 U-100 INSULIN | 2 | |

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

| Drug Name | Drug Tier | Requirements / Limits | Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------|------------------|------------------------------|--|------------------|------------------------------|
| HUMULIN 70/30 U-100 KWIKPEN | 2 | | TOUJEO SOLOSTAR U-300 INSULIN | 2 | |
| HUMULIN N NPH INSULIN KWIKPEN | 2 | | TRESIBA FLEXTOUCH U-100 | 2 | |
| HUMULIN N NPH U-100 INSULIN | 2 | | TRESIBA FLEXTOUCH U-200 | 2 | |
| HUMULIN R REGULAR U-100 INSULIN | 2 | | TRESIBA U-100 INSULIN | 2 | |
| HUMULIN R U-500 (CONC) INSULIN | 2 | | XULTOPHY 100/3.6 | 2 | |
| HUMULIN R U-500 (CONC) KWIKPEN | 2 | | MISCELLANEOUS HORMONES | | |
| INSULIN LISPRO | 2 | | ALDURAZYME | 5 | PA |
| LEVEMIR FLEXPEN | 2 | | ANDRODERM | 2 | PA |
| LEVEMIR U-100 INSULIN | 2 | | BRINEURA | 5 | PA |
| LYUMJEV KWIKPEN U-100 INSULIN | 2 | | <i>cabergoline</i> | 1 | QL |
| LYUMJEV KWIKPEN U-200 INSULIN | 2 | | <i>calcitonin (salmon) injection</i> | 1 | PA |
| LYUMJEV U-100 INSULIN | 2 | | <i>calcitonin (salmon) nasal</i> | 1 | |
| MYXREDLIN | 3 | | CERDELGA | 5 | PA; QL |
| SEMGLEE(INSULIN GLARGINE-YFGN) | 2 | | CEREZYME | 5 | PA |
| SEMGLEE(INSULIN GLARG-YFGN)PEN | 2 | | <i>cinacalcet</i> | 1 | PA |
| SOLIQUA 100/33 | 2 | | CRYSVITA | 5 | PA; QL |
| TOUJEO MAX U-300 SOLOSTAR | 2 | | <i>danazol</i> | 1 | |
| | | | DDAVP | 3 | PA |
| | | | DEPO-TESTOSTERONE | 3 | PA |
| | | | <i>desmopressin injection</i> | 4 | PA |
| | | | <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> | 1 | PA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML) | 2 | PA |
| <i>desmopressin oral</i> | 1 | |
| <i>doxercalciferol</i> | 1 | |
| ELAPRASE | 5 | PA |
| FABRAZYME | 5 | PA |
| FORTESTA | 3 | PA |
| GALAFOLD | 6 | PA; LA; QL |
| JATENZO | 3 | QL |
| <i>javygtor</i> | 4 | PA |
| JYNARQUE | 6 | PA; LA; QL |
| KANUMA | 5 | PA |
| 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; QL |
| MYALEPT | 5 | PA; LA |
| NAGLAZYME | 5 | PA; LA |
| NATESTO | 2 | PA |
| NEXVIAZYME | 6 | PA |
| NOCDURNA (MEN) | 3 | PA; QL |
| NOCDURNA (WOMEN) | 3 | PA; QL |
| ORILISSA | 2 | PA; QL |
| PALYNZIQ | 5 | PA; LA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>paricalcitol intravenous</i> | 1 | PA |
| <i>paricalcitol oral</i> | 1 | ST |
| RAYALDEE | 3 | ST |
| <i>sapropterin</i> | 4 | PA |
| SOMAVERT | 5 | PA |
| STRENSIQ | 5 | PA; LA |
| SYNAREL | 2 | |
| TEPEZZA | 6 | PA |
| TERLIVAZ | 6 | |
| TESTOPEL | 6 | PA |
| <i>testosterone cypionate</i> | 1 | PA |
| <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 |
| VOXZOGO | 6 | PA |
| XYOSTED | 3 | PA; QL |
| ZEMPLAR INTRAVENOUS | 3 | PA |
| ZEMPLAR ORAL | 3 | ST |
| <i>zoledronic acid</i> | 4 | PA |
| <i>zoledronic acid-mannitol-water</i> | 4 | PA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| ZOLEDRONIC AC- | 6 | PA |
| MANNITOL-0.9NACL | | |
| NON-INSULIN HYPOGLYCEMIC AGENTS | | |
| acarbose | 1 | |
| ACTOPLUS MET | 3 | ST |
| ACTOS | 3 | ST |
| BYDUREON BCISE | 2 | ST; QL |
| BYETTA | 2 | ST; QL |
| CYCLOSET | 3 | |
| DUETACT | 3 | ST |
| FARXIGA | 2 | ST |
| glimepiride | 1 | |
| glipizide | 1 | |
| glipizide-metformin | 1 | |
| GLUCOTROL XL | 3 | |
| glyburide | 1 | |
| glyburide micronized | 1 | |
| glyburide-metformin | 1 | |
| GLYNASE | 3 | |
| GLYXAMBI | 2 | ST |
| JANUMET | 2 | |
| JANUMET XR | 2 | |
| JANUVIA | 2 | |
| JARDIANCE | 2 | ST |
| metformin oral solution | 1 | ST |
| metformin oral tablet | 1 | |
| metformin oral tablet extended release 24 hr | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------|------------------|------------------------------|
| <i>miglitol</i> | 1 | |
| MOUNJARO | 2 | ST; QL |
| <i>nateglinide</i> | 1 | |
| OSENI | 3 | |
| OZEMPIC | 2 | ST; QL |
| <i>pioglitazone</i> | 1 | |
| <i>pioglitazone-glimepiride</i> | 1 | |
| <i>pioglitazone-metformin</i> | 1 | |
| PRECOSE | 3 | |
| <i>repaglinide</i> | 1 | |
| RIOMET | 3 | ST |
| RIOMET ER | 3 | ST |
| RYBELSUS | 2 | ST; QL |
| <i>saxagliptin</i> | 1 | |
| <i>saxagliptin-metformin</i> | 1 | |
| SEGLUROMET | 2 | ST |
| STEGLATRO | 2 | ST |
| STEGLUJAN | 2 | ST |
| SYMLINPEN 120 | 2 | ST |
| SYMLINPEN 60 | 2 | ST |
| SYNJARDY | 2 | ST |
| SYNJARDY XR | 2 | ST |
| TRIJARDY XR | 2 | ST |
| TRULICITY | 2 | ST; QL |
| XIGDUO XR | 2 | ST |
| THYROID HORMONES | | |
| ARMOUR THYROID | 2 | |
| ERMEZA | 3 | ST |
| <i>euthyrox</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|-----------------------|-----------|-----------------------|
| <i>levo-t</i> | 1 | |
| <i>levothyroxine</i> | 1 | |
| <i>levoxyl</i> | 1 | |
| <i>liothyronine</i> | 1 | |
| <i>niva thyroid</i> | 1 | |
| <i>np thyroid</i> | 1 | |
| <i>thyroid (pork)</i> | 1 | |
| <i>unithroid</i> | 1 | |

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

| | | |
|-----------------------------------|---|--------|
| <i>anaspaz</i> | 1 | |
| <i>belladonna</i> | 1 | ST; QL |
| <i>alkaloids-opium</i> | | |
| <i>chlordiazepoxide-clidinium</i> | 1 | |
| <i>dicyclomine</i> | 1 | |
| <i>diphenoxylate-atropine</i> | 1 | |
| <i>DONNATAL</i> | 3 | |
| <i>ed-spaz</i> | 1 | |
| <i>glycopyrrolate</i> | 1 | |
| <i>hyoscyamine sulfate</i> | 1 | |
| <i>hyosyne</i> | 1 | |
| <i>LEV BID</i> | 3 | |
| <i>LEVSIN</i> | 3 | |
| <i>LEVSIN/SL</i> | 3 | |
| <i>LOMOTIL</i> | 3 | |
| <i>loperamide</i> | 1 | |
| <i>methscopolamine</i> | 3 | |
| <i>MOTOFEN</i> | 3 | |
| <i>NULEV</i> | 3 | |
| <i>opium tincture</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|-----------|-----------------------|
| <i>oscimin</i> | 1 | |
| <i>oscimin sl</i> | 1 | |
| <i>phenobarb-hyoscy-atropine-scop</i> | 1 | |
| <i>phenohydro</i> | 1 | |
| ROBINUL | 3 | |
| ROBINUL FORTE | 3 | |
| SYMAX DUOTAB | 3 | |
| <i>symax fastabs</i> | 1 | |
| <i>symax-sl</i> | 1 | |
| <i>symax-sr</i> | 1 | |

MISCELLANEOUS AGENTS

| | | |
|-------------------------------------|---|--------|
| AURYXIA | 3 | |
| <i>lanthanum</i> | 1 | QL |
| LOKELMA | 2 | QL |
| RENELVA | 3 | QL |
| <i>sevelamer carbonate</i> | 1 | QL |
| <i>sevelamer hcl</i> | 1 | QL |
| <i>sodium polystyrene sulfonate</i> | 1 | |
| <i>sps (with sorbitol)</i> | 1 | |
| VELPHORO | 2 | QL |
| VELTASSA | 2 | ST; QL |

MISCELLANEOUS GASTROINTESTINAL AGENTS

| | | |
|---|---|----|
| <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 |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| ANALPRAM-HC SINGLES | 3 | ST |
| <i>anucort-hc</i> | 1 | |
| <i>aprepitant</i> | 1 | QL |
| APRISO | 3 | |
| AZULFIDINE | 3 | |
| AZULFIDINE EN-TABS | 3 | |
| <i>balsalazide</i> | 1 | |
| <i>betaine</i> | 4 | PA |
| <i>budesonide</i> | 1 | |
| BYLVAY | 6 | PA; LA; 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 |
| COLAZAL | 3 | |
| COMPАЗИНЕ | 3 | |
| <i>compro</i> | 1 | |
| <i>constulose</i> | 1 | |
| CORTENEMA | 3 | |
| CREON | 2 | |
| <i>cromolyn</i> | 1 | |
| <i>dronabinol</i> | 1 | |
| <i>dulcolax</i> <i>(magnesium hydroxide)</i> | 1 | ACA; OTC |
| ENTEREG | 3 | |
| ENTYVIO | 5 | PA |
| <i>enulose</i> | 1 | |
| GASTROCROM | 3 | |
| GATTEX 30-VIAL | 6 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>gavilax</i> | 1 | ACA; OTC |
| <i>gavilyte-c</i> | 1 | ACA |
| <i>gavilyte-g</i> | 1 | ACA |
| <i>generlac</i> | 1 | |
| <i>gentle laxative (bisacodyl)</i> | 1 | ACA; OTC |
| <i>gentrelax</i> | 1 | ACA; OTC |
| GOLYTELY | 3 | |
| <i>gransetron hcl</i> | 1 | QL |
| <i>hemmorex-hc</i> | 1 | |
| <i>hydrocortisone</i> | 1 | |
| <i>hydrocortisone acetate</i> | 1 | |
| <i>hydrocortisone-pramoxine rectal cream 1-1 %</i> | 1 | |
| <i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i> | 1 | ST |
| INFLECTRA | 5 | PA |
| KRISTALOSE | 3 | |
| <i>lactulose</i> | 1 | |
| <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 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| LINZESS | 2 | QL |
| LIVMARLI | 6 | PA |
| <i>lubiprostone</i> | 1 | 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 |
| MOVANTIK | 2 | QL |
| <i>natura-lax</i> | 1 | ACA; OTC |
| OCALIVA | 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 |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG | 2 | |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG | 3 | |
| <i>phosphate laxative</i> | 1 | ACA; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------------|------------------|------------------------------|
| <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>proctosol hc</i> | 1 | |
| <i>proctozone-hc</i> | 1 | |
| <i>purelax</i> | 1 | ACA; OTC |
| RECTIV | 2 | |
| REGLAN | 3 | |
| RELISTOR | 2 | ST |
| ROWASA | 3 | |
| <i>scopolamine base</i> | 1 | |
| SFROWASA | 3 | |
| SKYRIZI INTRAVENOUS | 5 | PA |
| SKYRIZI SUBCUTANEOUS | 5 | PA; QL |
| <i>smoothlax</i> | 1 | ACA; OTC |
| <i>sodium,potassium,mag sulfates</i> | 1 | ACA |
| SUCRAID | 5 | PA |
| <i>sulfasalazine</i> | 1 | |
| SYMPROIC | 2 | |
| SYNDROS | 3 | |
| <i>trimethobenzamide</i> | 1 | |
| TRULANCE | 2 | |
| UCERIS ORAL | 3 | |
| UCERIS RECTAL | 2 | |
| URSO 250 | 3 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| URSO FORTE | 3 | |
| <i>ursodiol</i> | 1 | |
| VARUBI | 2 | QL |
| VIBERZI | 2 | |
| VIOKACE | 2 | |
| VOWST | 6 | |
| <i>women's gentle laxative(bisac)</i> | 1 | ACA; OTC |
| ZENPEP | 2 | |
| ZUPLENZ | 3 | QL |
| ULCER THERAPY | | |
| <i>amoxicil-clarithromy-lansopraz</i> | 1 | |
| <i>bismuth subcit k-metronidz-tcn</i> | 1 | |
| CARAFATE | 3 | |
| <i>cimetidine</i> | 1 | |
| CYTOTEC | 3 | |
| <i>dexlansoprazole</i> | 1 | |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i> | 1 | |
| <i>esomeprazole magnesium oral granules dr for susp in packet</i> | 1 | PA |
| famotidine | 1 | |
| <i>lansoprazole</i> | 1 | |
| <i>misoprostol</i> | 1 | |
| <i>nizatidine</i> | 1 | |
| OMECLAMOX-PAK | 3 | |
| <i>omeprazole</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>pantoprazole</i> | 1 | |
| PEPCID | 3 | |
| <i>rabeprazole</i> | 1 | |
| <i>sucralfate</i> | 1 | |
| TALICIA | 2 | |
| VOQUEZNA DUAL PAK | 3 | |
| VOQUEZNA TRIPLE PAK | 3 | |
| IMMUNOLOGY, VACCINES & BIOTECHNOLOGY | | |
| ANTIVIRALS | | |
| <i>ribavirin</i> | 4 | ST |
| BIOTECHNOLOGY DRUGS | | |
| ARCALYST | 6 | PA; QL |
| FULPHILA | 5 | PA; QL |
| ILARIS (PF) | 5 | PA; LA |
| LEUKINE | 5 | PA |
| MOZOBIL | 5 | PA |
| NIVESTYM | 5 | PA |
| <i>plerixafor</i> | 4 | PA |
| PROCRIT | 5 | PA |
| PROLEUKIN | 5 | PA |
| REBLOZYL | 6 | PA |
| RETACRIT | 5 | PA |
| ZARXIO | 5 | PA |
| ZIEXTENZO | 5 | PA; QL |
| GROWTH HORMONES | | |
| EGRIFTA SV | 5 | PA |
| GENOTROPIN | 5 | PA |
| GENOTROPIN MINIQUICK | 5 | PA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|----------------------------------|------------------|------------------------------|
| NORDITROPIN FLEXPRO | 5 | PA |
| OMNITROPE | 5 | PA |
| SEROSTIM | 5 | PA |
| INTERFERONS | | |
| ACTIMMUNE | 5 | PA |
| ALFERON N | 2 | PA |
| PEGASYS | 5 | PA; QL |
| MULTIPLE SCLEROSIS AGENTS | | |
| AUBAGIO | 6 | 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 |
| <i>fingolimod</i> | 4 | 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 |
| 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 |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| MAYZENT | 5 | PA; QL |
| MAYZENT STARTER(FOR 1MG MAINT) | 5 | PA; QL |
| MAYZENT STARTER(FOR 2MG MAINT) | 5 | PA; QL |
| OCREVUS | 5 | PA; QL |
| PLEGRIDY | 5 | PA; QL |
| 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 |
| <i>teriflunomide</i> | 4 | PA; QL |
| VUMERITY | 5 | PA; QL |
| VACCINES & MISCELLANEOUS IMMUNOLOGICALS | | |
| ABRYSVO | 2 | ACA |
| ACTHIB (PF) | 2 | ACA |
| ADACEL(TDAP ADOLESN/ADULT)(PF) | 2 | ACA |
| AFLURIA QD 2023-24(3YR UP)(PF) | 2 | ACA |
| AFLURIA QUAD 2023-2024(6MO UP) | 2 | ACA |
| AREXVY (PF) | 2 | ACA |
| ASCENIV | 6 | PA |
| BCG VACCINE, LIVE (PF) | 2 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------|------------------|------------------------------|
| BEXSERO | 2 | ACA |
| BIOTHRAX | 2 | |
| BIVIGAM | 6 | PA |
| BOOSTRIX TDAP | 2 | ACA |
| BOTOX | 5 | PA |
| CUVITRU | 6 | PA |
| DAPTACEL (DTAP PEDIATRIC) (PF) | 2 | ACA |
| DENGVAXIA (PF) | 2 | ACA |
| DYSPORT | 6 | PA |
| ENGERIX-B (PF) | 2 | ACA |
| ENGERIX-B PEDIATRIC (PF) | 2 | ACA |
| FLEBOGAMMA DIF | 6 | PA |
| FLUAD QUAD 2023-24(65Y UP)(PF) | 2 | ACA |
| FLUARIX QUAD 2023-2024 (PF) | 2 | ACA |
| FLUBLOK QUAD 2023-2024 (PF) | 2 | ACA |
| FLUCELVAX QUAD 2023-2024 | 2 | ACA |
| FLUCELVAX QUAD 2023-2024 (PF) | 2 | ACA |
| FLULALVAL QUAD 2023-2024 (PF) | 2 | ACA |
| FLUMIST QUAD 2023-2024 | 2 | ACA |
| FLUZONE HIGHDOSE QUAD 23-24 PF | 2 | ACA |
| FLUZONE QUAD 2023-2024 | 2 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------|------------------|------------------------------|
| FLUZONE QUAD 2023-2024 (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 |
| GARDASIL 9 (PF) | 2 | ACA |
| GRASTEK | 2 | PA |
| HAVRIX (PF) | 2 | ACA |
| HEPLISAV-B (PF) | 3 | ACA |
| HIBERIX (PF) | 2 | ACA |
| HIZENTRA | 6 | PA |
| HYQVIA | 6 | PA |
| IMOVAX RABIES VACCINE (PF) | 2 | |
| INFANRIX (DTAP) (PF) | 2 | ACA |
| IPOL | 2 | ACA |
| IXIARO (PF) | 2 | |
| KINRIX (PF) | 3 | ACA |
| MENACTRA (PF) | 2 | ACA |
| MENQUADFI (PF) | 3 | ACA |
| MENVEO A-C-Y-W-135-DIP (PF) | 2 | ACA |
| M-M-R II (PF) | 2 | ACA |
| MODERNA COVID BIVAL(6M UP)(PF) | 2 | ACA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------|------------------|------------------------------|
| MODERNA COVID BIVAL(6M-5Y)-PF | 2 | ACA |
| MYOBLOC | 5 | PA |
| NOVAVAX COVID-19 VACC,ADJ(EUA) | 2 | ACA |
| OCTAGAM | 6 | PA |
| ODACTRA | 2 | PA |
| ORALAIR | 5 | PA |
| PANZYGA | 6 | PA |
| PEDIARIX (PF) | 2 | ACA |
| PEDVAX HIB (PF) | 2 | ACA |
| PENTACEL (PF) | 2 | ACA |
| PFIZER COVID BIVAL(12Y UP)(PF) | 2 | ACA |
| PFIZER COVID BIVAL(5-11YR)(PF) | 2 | ACA |
| PFIZER COVID BIVAL(6MO-4Y)(PF) | 2 | ACA |
| PNEUMOVAX-23 | 2 | ACA |
| PREHEVBRIOPF) | 2 | ACA |
| PREVNAR 13 (PF) | 2 | ACA |
| PREVNAR 20 (PF) | 2 | ACA |
| PRIORIX (PF) | 2 | ACA |
| PRIVIGEN | 6 | PA |
| PROQUAD (PF) | 2 | ACA |
| QUADRACEL (PF) | 2 | ACA |
| RABAVERT (PF) | 2 | |
| RAGWITEK | 2 | PA |
| RECOMBIVAX HB (PF) | 2 | ACA |
| ROTARIX | 2 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| ROTATEQ VACCINE | 2 | ACA |
| SHINGRIX (PF) | 2 | ACA |
| STAMARIL (PF) | 2 | |
| TDVAX | 2 | ACA |
| TENIVAC (PF) | 3 | ACA |
| TICOVAC | 2 | |
| TRUMENBA | 2 | ACA |
| TWINRIX (PF) | 2 | ACA |
| TYPHIM VI | 2 | |
| VAQTA (PF) | 3 | ACA |
| VARIVAX (PF) | 2 | ACA |
| VAXCHORA VACCINE | 2 | |
| VAXELIS (PF) | 3 | ACA |
| VAXNEUVANCE (PF) | 2 | ACA |
| VIVOTIF | 2 | |
| XEMBIFY | 5 | PA |
| XEOMIN | 6 | PA |
| YF-VAX (PF) | 2 | |
| IMMUNOLOGY | | |
| INTERLEUKINS | | |
| <i>imiquimod</i> | 1 | |
| MUSCULOSKELETAL & RHEUMATOLOGY | | |
| GOUT THERAPY | | |
| <i>allopurinol</i> | 1 | |
| <i>colchicine (gout)</i> | 1 | |
| <i>febuxostat</i> | 1 | ST |
| <i>KRYSTEXXA</i> | 5 | PA |
| <i>MITIGARE</i> | 2 | |
| <i>probenecid</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>probencid-</i> <i>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 |
| 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 | |
| <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 |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| ACTEMRA INTRAVENOUS | 5 | PA |
| ACTEMRA SUBCUTANEOUS | 5 | PA; QL |
| ADALIMUMAB-ADAZ | 5 | PA |
| AMJEVITA(CF) AUTOINJECTOR | 5 | PA; QL |
| AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML | 5 | PA |
| AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.8 ML | 5 | PA; QL |
| ARAVA | 3 | |
| BENLYSTA INTRAVENOUS | 5 | PA |
| BENLYSTA SUBCUTANEOUS | 5 | PA; QL |
| CYLTEZO(CF) | 5 | PA |
| CYLTEZO(CF) PEN | 5 | PA |
| CYLTEZO(CF) PEN CROHN'S-UC-HS | 5 | PA |
| CYLTEZO(CF) PEN PSORIASIS STRT | 5 | PA |
| DEPEN TITRATABS | 3 | |
| ENBREL | 5 | PA; QL |
| ENBREL MINI | 5 | PA; QL |
| ENBREL SURECLICK | 5 | PA; QL |
| HUMIRA | 5 | PA; QL |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|------------------|------------------------------|
| HUMIRA PEN | 5 | PA; QL |
| HUMIRA PEN CROHNS-UC-HS STARTER | 5 | PA; QL |
| HUMIRA PEN PSOR-UVEITS- ADOL HS | 5 | PA; QL |
| HUMIRA(CF) | 5 | PA; QL |
| HUMIRA(CF) PEDI CROHNS STARTER | 5 | PA; QL |
| HUMIRA(CF) PEN | 5 | PA; QL |
| HUMIRA(CF) PEN CROHNS-UC-HS | 5 | PA; QL |
| HUMIRA(CF) PEN PEDIATRIC UC | 5 | PA; QL |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS | 5 | PA; QL |
| HYRIMOZ PEN CROHN'S-UC STARTER | 5 | PA |
| HYRIMOZ PEN PSORIASIS STARTER | 5 | PA |
| HYRIMOZ(CF) | 5 | PA |
| HYRIMOZ(CF) PEDI CROHN STARTER | 5 | PA |
| HYRIMOZ(CF) PEN | 5 | PA |
| <i>leflunomide</i> | 1 | |
| OTEZLA | 5 | PA; QL |
| OTEZLA STARTER | 5 | PA; QL |
| <i>penicillamine</i> | 1 | |
| RASUVO (PF) | 2 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| RIDAURA | 2 | |
| RINVOQ | 5 | PA; QL |
| SAVELLA | 2 | ST |
| 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 | 2 | ACA |
| DUREX AVANTI BARE REAL FEEL | 3 | ACA; OTC |
| FC2 FEMALE CONDOM | 2 | ACA; OTC |
| FEMCAP | 2 | ACA |
| KYLEENA | 5 | |
| LILETTA | 6 | |
| MIRENA | 5 | ACA |
| PARAGARD T 380A | 5 | ACA |
| SKYLA | 5 | |
| TRUSTEX LUBRICATED CONDOMS | 2 | ACA; OTC |
| TRUSTEX-RIA NON-LUB CONDOMS | 2 | ACA; OTC |
| WIDE-SEAL DIAPHRAGM | 3 | ACA |
| ESTROGENS & PROGESTINS | | |
| ACTIVELLA | 3 | |
| <i>amabelz</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| ANGELIQ | 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 | |
| DEPO-ESTRADIOL | 2 | |
| 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 gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 1 mg/gram (0.1 %)</i> | 1 | |
| <i>estradiol transdermal gel in packet 0.75 mg/0.75 gram (0.1%), 1.25 mg/1.25 gram (0.1 %)</i> | 1 | QL |
| <i>estradiol transdermal patch semiweekly</i> | 1 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>estradiol</i> | 1 | QL |
| <i>transdermal patch weekly</i> | | |
| <i>estradiol vaginal</i> | 1 | |
| <i>estradiol valerate</i> | 1 | |
| <i>estradiol- norethindrone acet</i> | 1 | |
| <i>estrogens- methyltestosterone</i> | 1 | |
| <i>fyavolv</i> | 1 | |
| <i>heather</i> | 1 | ACA |
| <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 |
| <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 | |
| PREMARIN | 2 | |
| <i>progesterone</i> | 4 | PA |
| <i>progesterone micronized</i> | 1 | |
| PROMETRIUM | 3 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|-----------|-----------------------|
| PROVERA | 3 | |
| <i>sharobel</i> | 1 | ACA |
| <i>tulana</i> | 1 | ACA |
| <i>yuvafem</i> | 1 | |
| MISCELLANEOUS OB/GYN | | |
| ANNOVERA | 3 | ACA; QL |
| 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 | |
| GYZNAZOLE-1 | 3 | |
| <i>haloette</i> | 1 | ACA |
| <i>metronidazole</i> | 1 | |
| <i>miconazole-3</i> | 1 | |
| MIFEPREX | 3 | PA |
| <i>mifepristone</i> | 1 | PA |
| MYFEMBREE | 2 | |
| NEXPLANON | 5 | ACA |
| NUVESSA | 3 | |
| ORIAHNN | 2 | |
| PREPIDIL | 3 | |
| RELAGARD | 3 | |
| <i>terconazole</i> | 1 | |
| TODAY CONTRACEPTIVE SPONGE | 2 | ACA; OTC |
| <i>tranexamic acid</i> | 1 | |
| TRIMO-SAN JELLY | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>vandazole</i> | 1 | |
| VCF CONTRACEPTIVE FILM | 2 | OTC |
| VCF CONTRACEPTIVE GEL | 2 | OTC |
| XACIATO | 2 | |
| <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 |
| <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 |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|------------------|------------------------------|
| <i>azurette</i> (28) | 1 | ACA |
| <i>balziva</i> (28) | 1 | ACA |
| BEYAZ | 3 | ST; ACA |
| <i>blisovi 24 fe</i> | 1 | ACA |
| <i>blisovi fe 1.5/30</i> (28) | 1 | ACA |
| <i>blisovi fe 1/20</i> (28) | 1 | ACA |
| <i>briellyn</i> | 1 | ACA |
| <i>camrese</i> | 1 | ACA |
| <i>camrese lo</i> | 1 | ACA |
| <i>caziant</i> (28) | 1 | ACA |
| <i>charlotte 24 fe</i> | 1 | ACA |
| <i>chateal</i> (28) | 1 | ACA |
| <i>chateal eq</i> (28) | 1 | ACA |
| <i>cryselle</i> (28) | 1 | ACA |
| <i>curae</i> | 1 | ACA; OTC |
| <i>cyred</i> | 1 | ACA |
| <i>cyred eq</i> | 1 | ACA |
| <i>dasetta 1/35</i> (28) | 1 | ACA |
| <i>dasetta 7/7/7</i> (28) | 1 | ACA |
| <i>daysee</i> | 1 | ACA |
| <i>desog-e.estradiol/e.estradio</i> l | 1 | ACA |
| <i>dolishale</i> | 1 | ACA |
| <i>drospirenone-e.estradiol-lm.fa</i> | 1 | ACA |
| <i>drospirenone-ethinyl estradiol</i> | 1 | ACA |
| <i>econtra ez</i> | 1 | ACA; OTC |
| <i>econtra one-step</i> | 1 | ACA; OTC |
| <i>elinest</i> | 1 | ACA |
| ELLA | 2 | ACA |
| <i>enpresse</i> | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|------------------|------------------------------|
| <i>enskyce</i> | 1 | ACA |
| <i>estarrylla</i> | 1 | ACA |
| <i>ethynodiol diac-eth estradiol</i> | 1 | ACA |
| <i>falmina</i> (28) | 1 | ACA |
| <i>finzala</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</i> (28) | 1 | ACA |
| <i>hailey fe 1/20</i> (28) | 1 | ACA |
| <i>her style</i> | 1 | ACA; OTC |
| <i>iclevia</i> | 1 | ACA |
| <i>isibloom</i> | 1 | ACA |
| <i>jaimiess</i> | 1 | ACA |
| <i>jasmiel</i> (28) | 1 | ACA |
| <i>jolessa</i> | 1 | ACA |
| <i>juleber</i> | 1 | ACA |
| <i>junel 1.5/30</i> (21) | 1 | ACA |
| <i>junel 1/20</i> (21) | 1 | ACA |
| <i>junel fe 1.5/30</i> (28) | 1 | ACA |
| <i>junel fe 1/20</i> (28) | 1 | ACA |
| <i>junel fe 24</i> | 1 | ACA |
| <i>kaitlib fe</i> | 1 | ACA |
| <i>kalliga</i> | 1 | ACA |
| <i>kariva</i> (28) | 1 | ACA |
| <i>kelnor 1/35</i> (28) | 1 | ACA |
| <i>kelnor 1-50</i> (28) | 1 | ACA |
| <i>kurvelo</i> (28) | 1 | ACA |
| <i>l norgest/e.estradiol-e.estrad</i> | 1 | ACA |
| <i>larin 1.5/30</i> (21) | 1 | ACA |
| <i>larin 1/20</i> (21) | 1 | ACA |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------------|------------------|------------------------------|
| <i>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>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 estrad</i> | 1 | ACA |
| <i>levonorg-eth estrad triphasic</i> | 1 | ACA |
| <i>levora-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>lutera (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 |
| <i>microgestin 24 fe</i> | 1 | ST; ACA |
| <i>microgestin fe 1.5/30 (28)</i> | 1 | ACA |
| <i>microgestin fe 1/20 (28)</i> | 1 | ACA |
| <i>milis</i> | 1 | ACA |
| <i>mono-linyah</i> | 1 | ACA |
| <i>my choice</i> | 1 | ACA; OTC |
| <i>my way</i> | 1 | ACA; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|------------------|------------------------------|
| <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 1/35 (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>philith</i> | 1 | ACA |
| <i>pimtrea (28)</i> | 1 | ACA |
| PLAN B ONE-STEP | 2 | ACA; OTC |
| <i>portia 28</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 |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|-----------|-----------------------|
| 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-estarrylla</i> | 1 | ACA |
| <i>tri-legest fe</i> | 1 | ACA |
| <i>tri-linyah</i> | 1 | ACA |
| <i>tri-lo-estarrylla</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-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 |
| <i>vestura (28)</i> | 1 | ACA |
| <i>vienva</i> | 1 | ACA |
| <i>viorele (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 |
| <i>YAZ (28)</i> | 3 | ST; ACA |
| <i>zarah</i> | 1 | ACA |
| <i>zovia 1-35 (28)</i> | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>zumandimine (28)</i> | 1 | ACA |
| OXYTOCICS | | |
| <i>methergine</i> | 1 | QL |
| <i>methylergonovine</i> | 1 | QL |
| OPHTHALMOLOGY | | |
| ANTIBIOTICS | | |
| <i>AZASITE</i> | 2 | QL |
| <i>bacitracin</i> | 1 | |
| <i>bacitracin-polymyxin b</i> | 1 | |
| <i>BETADINE OPHTHALMIC PREP</i> | 3 | |
| <i>ciprofloxacin hcl</i> | 1 | QL |
| <i>erythromycin</i> | 1 | |
| <i>gatifloxacin</i> | 1 | QL |
| <i>gentamicin</i> | 1 | QL |
| <i>levofloxacin</i> | 1 | QL |
| <i>MOXIFLOXACIN (PF)-BSS</i> | 3 | |
| <i>moxifloxacin ophthalmic (eye) drops</i> | 1 | QL |
| <i>moxifloxacin ophthalmic (eye) drops, viscous</i> | 1 | |
| <i>MOXIFLOXACIN-SOD CHLOR,ISO(PF)</i> | 3 | |
| <i>NATACYN</i> | 2 | |
| <i>neomycin-bacitracin-polymyxin</i> | 1 | |
| <i>neomycin-polymyxin-gramicidin</i> | 1 | QL |

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>neo-polycin</i> | 1 | |
| OCUFLOX | 3 | QL |
| <i>ofloxacin</i> | 1 | QL |
| <i>polycin</i> | 1 | |
| <i>polymyxin b sulf-trimethoprim</i> | 1 | QL |
| POLYTRIM | 3 | QL |
| <i>tobramycin</i> | 1 | QL |
| TOBRAMYCIN-VANCOMYCIN | 3 | |
| TOBREX | 3 | |
| VIGAMOX | 3 | QL |
| ZYMAXID | 3 | QL |
| ANTIVIRALS | | |
| <i>trifluridine</i> | 1 | QL |
| ZIRGAN | 3 | |
| BETA-BLOCKERS | | |
| <i>betaxolol</i> | 1 | QL |
| BETOPTIC S | 3 | |
| <i>carteolol</i> | 1 | QL |
| <i>levobunolol</i> | 1 | QL |
| <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 | |
| CHOLINESTERASE INHIBITOR MIOTICS | | |
| PHOSPHOLINE IODIDE | 5 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| CYCLOPLEGIC MYDRIATICS | | |
| <i>atropine ophthalmic (eye) drops</i> | 1 | QL |
| ATROPISE OPHTHALMIC (EYE) DROPS, EMULSION | 3 | |
| <i>atropine ophthalmic (eye) ointment</i> | 1 | |
| CYCLOGYL | 3 | QL |
| <i>cyclopentolate</i> | 1 | QL |
| <i>cycloopen-tropic-phenyleph-watr</i> | 1 | |
| <i>homatropaire</i> | 1 | |
| ISOPTO ATROPISE | 3 | QL |
| MYDRIACYL | 3 | QL |
| PHENYLEPH-TROPICAMIDE IN WATER | 3 | |
| <i>tropicamide</i> | 1 | QL |
| DIRECT ACTING MIOTICS | | |
| MIOCHOL-E | 3 | |
| <i>pilocarpine hcl</i> | 1 | QL |
| MISCELLANEOUS OPHTHALMOLOGICS | | |
| AKTEN (PF) | 3 | |
| <i>alaway</i> | 1 | OTC; QL |
| ALCAINE | 3 | QL |
| <i>allergy eye (ketotifen)</i> | 1 | OTC; QL |
| <i>altacaine</i> | 1 | |
| ALTAFLUOR BENOX | 3 | |
| <i>azelastine</i> | 1 | QL |

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

| Drug Name | Drug Tier | Requirements / Limits |
|-------------------------------------|------------------|------------------------------|
| BEOVU | 6 | PA |
| <i>bepotastine besilate</i> | 1 | QL |
| BEVACIZUMAB | 3 | PA |
| BYOOVIZ | 5 | PA |
| CEQUA | 3 | PA |
| <i>children's alaway</i> | 1 | OTC; QL |
| CIMERLI | 5 | PA |
| <i>cromolyn</i> | 1 | QL |
| <i>cyclosporine</i> | 1 | PA |
| CYCLOSPORINE IN KLARITY | 3 | |
| CYSTARAN | 5 | PA |
| DEXAMET-MOXIFL-KETORO-NACL(PF) | 3 | |
| <i>epinastine</i> | 1 | QL |
| <i>eye allergy itch relief</i> | 1 | OTC; QL |
| <i>eye allergy itch-redness rlf</i> | 1 | OTC; QL |
| <i>eye itch relief</i> | 1 | OTC; QL |
| FLUORESCEIN-BENOXINATE | 3 | |
| <i>fluorescein-proparacaine</i> | 1 | |
| IHEEZo (PF) | 3 | |
| <i>ketotifen fumarate</i> | 1 | OTC; QL |
| KLARITY-A (AZITHRO-CHONDR)(PF) | 3 | |
| KLARITY-L (LOTEPRED-CHOND)(PF) | 3 | |
| LACRISERT | 3 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------|------------------|------------------------------|
| LASTACAFTE ONCE DAILY RELIEF | 3 | ST; OTC |
| LUXURNA | 5 | PA |
| MYDRIATIC4(TROP-PROP-PE-KTRLC) | 3 | |
| <i>olopatadine</i> | 1 | QL |
| OMIDRIA | 3 | |
| OXERVATE | 5 | PA; QL |
| PATADAY ONCE DAILY RELIEF | 3 | OTC; QL |
| PATADAY TWICE DAILY RELIEF | 3 | OTC; QL |
| PHOTREXA CROSS-LINKING KIT | 3 | |
| PHOTREXA VISCOUS | 3 | |
| PREDNISOL ACE-GATIFLOX-BROMFEN | 3 | |
| PREDNISOLN SP-GATIFLOX-BROMFEN | 3 | |
| PREDNISOLN SP-MOXIFLOX-BROMFEN | 3 | |
| PREDNISOLONE ACETATE-BROMFENAC | 3 | |
| PREDNISOLONE ACETATE-NEPAFENAC | 3 | |
| PREDNISOLONE-MOXIFLO-NEPAFENAC | 3 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| PREDNISOLONE-MOXIFLOX-BROMFEN | 3 | |
| <i>proparacaine</i> | 1 | QL |
| RESTASIS | 3 | PA |
| RESTASIS MULTIDOSE | 2 | PA; QL |
| <i>tetracaine hcl</i> | 1 | |
| TETRACAINE HCL (PF) | 3 | |
| TYRVAYA | 3 | PA |
| <i>wal-zyr (ketotifen)</i> | 1 | OTC; QL |
| XIIDRA | 2 | PA |
| ZADITOR | 2 | OTC; QL |
| NON-STEROIDAL ANTI-INFLAMMATORY AGENTS | | |
| ACULAR | 3 | QL |
| ACULAR LS | 3 | QL |
| <i>bromfenac</i> | 1 | QL |
| <i>diclofenac sodium</i> | 1 | QL |
| <i>flurbiprofen sodium</i> | 1 | QL |
| ILEVRO | 3 | |
| <i>ketorolac</i> | 1 | QL |
| PROLENSA | 3 | QL |
| ORAL DRUGS FOR GLAUCOMA | | |
| <i>acetazolamide</i> | 1 | |
| <i>methazolamide</i> | 1 | |
| OTHER GLAUCOMA DRUGS | | |
| <i>bimatoprost</i> | 1 | ST; QL |
| BRIMONIDINE-DORZOLAMIDE (PF) | 3 | |
| <i>brimonidine-timolol</i> | 1 | QL |
| <i>brinzolamide</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| COMBIGAN | 3 | QL |
| <i>dorzolamide</i> | 1 | QL |
| DORZOLAMIDE (PF) | 3 | QL |
| <i>dorzolamide-timolol</i> | 1 | QL |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i> | 1 | |
| DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS | 3 | |
| <i>latanoprost</i> | 1 | ST; QL |
| LUMIGAN | 3 | ST; QL |
| <i>miostat</i> | 1 | |
| SIMBRINZA | 3 | |
| <i>tafluprost (pf)</i> | 1 | ST |
| TIMOLOL-BRIMONIDI-DORZOLAM(PF) | 3 | |
| <i>travoprost</i> | 1 | ST; QL |
| VYZULTA | 3 | ST; QL |
| 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 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| PREDNISOLONE | 3 | |
| SOD PH-MOXIFLOX | | |
| PREDNISOLONE-MOXIFLOXACIN HCL | 3 | |
| TOBRADEX | 3 | |
| <i>tobramycin-dexamethasone</i> | 1 | |
| STEROIDS | | |
| <i>dexamethasone sodium phosphate</i> | 1 | QL |
| DEXTENZA | 3 | |
| DEXYCU (PF) | 3 | |
| <i>difluprednate</i> | 1 | QL |
| EYSUVIS | 3 | PA |
| <i>fluorometholone</i> | 1 | |
| FML LIQUIFILM | 3 | |
| ILUVIEN | 6 | PA |
| INVELTYS | 3 | |
| LOTEMAX | 3 | |
| LOTEMAX SM | 3 | |
| <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 | QL |
| RETISERT | 6 | PA |
| YUTIQ | 6 | PA |
| STEROID-SULFONAMIDE COMBINATIONS | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>sulfacetamide-prednisolone</i> | 1 | |
| SULFONAMIDES | | |
| <i>sulfacetamide sodium ophthalmic (eye) drops</i> | 1 | QL |
| <i>sulfacetamide sodium ophthalmic (eye) ointment</i> | 1 | |
| SYMPATHOMIMETICS | | |
| ALPHAGAN P | 3 | QL |
| <i>apraclonidine</i> | 1 | QL |
| <i>brimonidine</i> | 1 | QL |
| IOPIDINE | 3 | |
| VASOCONSTRICTOR DECONGESTANTS | | |
| CYCLOMYDRIL | 3 | |
| <i>phenylephrine hcl</i> | 1 | |
| RESPIRATORY, ALLERGY, COUGH & COLD | | |
| ANTIHISTAMINE & ANTIALLERGENIC AGENTS | | |
| <i>adrenalin</i> | 1 | |
| AUVI-Q | 2 | |
| <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 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|-------------------------------------|------------------|------------------------------|
| <i>cyproheptadine</i> | 1 | |
| <i>desloratadine</i> | 1 | QL |
| <i>dexchlorpheniramine maleate</i> | 1 | |
| DIPHEN | 3 | |
| <i>epinephrine</i> | 1 | |
| EPINEPHRINE HCL (PF) | 3 | |
| EPIPEN | 2 | |
| EPIPEN JR | 2 | |
| <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 | |
| VISTARIL | 3 | |

COUGH & COLD THERAPY

| | | |
|-------------------------------------|---|----|
| <i>benzonatate</i> | 1 | |
| <i>bromfed dm</i> | 3 | |
| <i>brompheniramine-pseudoeph-dm</i> | 1 | |
| CLARINEX-D 12 HOUR | 3 | QL |
| HYCODAN (WITH HOMATROPINE) | 3 | |
| <i>hydrocodone-chlorpheniramine</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------|------------------|------------------------------|
| <i>hydrocodone-homatropine</i> | 1 | |
| <i>hydromet</i> | 1 | |
| <i>promethazine vc</i> | 1 | |
| <i>promethazine vc-codeine</i> | 1 | |
| <i>promethazine-codeine</i> | 1 | |
| <i>promethazine-dm</i> | 1 | |
| RESPA-AR | 3 | |
| TUXARIN ER | 3 | |
| TUZISTRA XR | 3 | PA |

PULMONARY AGENTS

| | | |
|---|-----|--------|
| ACCOLATE | 3 | |
| <i>acetylcysteine</i> | DME | |
| ADEMPAS | 5 | PA; LA |
| ADRENALIN | 3 | |
| ADVAIR DISKUS | 3 | ST; QL |
| ADVAIR HFA | 2 | ST; QL |
| AIRDUO DIGIHALER | 3 | ST; QL |
| <i>albuterol sulfate inhalation hfa aerosol inhaler</i> | 1 | QL |
| <i>albuterol sulfate inhalation solution for nebulization</i> | DME | |
| <i>albuterol sulfate oral</i> | 1 | |
| <i>alyq</i> | 4 | PA |
| <i>ambrisentan</i> | 4 | PA; LA |
| ANORO ELLIPTA | 2 | QL |
| <i>arformoterol</i> | DME | QL |
| ARNUITY ELLIPTA | 2 | QL |
| ASMANEX HFA | 2 | QL |

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| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|------------------|------------------------------|
| 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 |
| <i>breyna</i> | 1 | ST |
| BREZTRI AEROSPHERE | 2 | QL |
| BRONCHITOL | 6 | PA |
| BROVANA | DME | QL |
| <i>budesonide</i> | DME | QL |
| <i>budesonide-formoterol</i> | 1 | ST; QL |
| CINRYZE | 5 | PA; QL |
| COMBIVENT RESPIMAT | 2 | QL |
| <i>cromolyn</i> | 1 | |
| DULERA | 2 | ST; QL |
| DYMISTA | 3 | QL |
| ELIXOPHYLLIN | 3 | |
| <i>epinephrine hcl</i> | 1 | |
| FASENRA | 5 | PA; QL |
| FASENRA PEN | 5 | PA; QL |
| <i>flunisolide</i> | 1 | QL |
| <i>fluticasone propionate</i> | 1 | QL |
| <i>fluticasone propion-salmeterol</i> | 1 | ST; QL |
| <i>formoterol fumarate</i> | DME | QL |
| HAEGARDA | 6 | PA; LA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| HYPER-SAL | 3 | |
| <i>icatibant</i> | 4 | PA; QL |
| <i>ipratropium bromide</i> | DME | |
| <i>ipratropium-albuterol</i> | DME | QL |
| KALBITOR | 6 | PA; QL |
| KALYDECO | 5 | PA |
| <i>levalbuterol hcl</i> | DME | |
| <i>mometasone</i> | 1 | QL |
| <i>montelukast</i> | 1 | |
| <i>nebusal inhalation solution for nebulization 3 %</i> | DME | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % | DME | |
| NUCALA | 5 | PA; LA; QL |
| OFEV | 5 | PA |
| OPSUMIT | 5 | PA; LA |
| ORKAMBI | 5 | PA |
| ORLADEYO | 6 | PA; LA; QL |
| <i>pirfenidone</i> | 4 | PA |
| <i>pulmosal</i> | DME | |
| PULMOZYME | 5 | PA |
| QVAR REDIHALER | 2 | QL |
| REVATIO INTRAVENOUS | 6 | |
| REVATIO ORAL | 6 | PA |
| <i>roflumilast oral tablet 250 mcg</i> | 1 | PA; QL |
| <i>roflumilast oral tablet 500 mcg</i> | 1 | PA |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| RUCONEST | 5 | PA; QL |
| RYALTRIS | 3 | QL |
| <i>sajazir</i> | 4 | PA; QL |
| SEREVENT DISKUS | 2 | QL |
| <i>sildenafil (pulm. hypertension)</i> | 4 | PA |
| SINUVA | 6 | PA |
| <i>sodium chloride</i> | DME | |
| 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; QL |
| <i>terbutaline</i> | 1 | |
| TEZSPIRE | 5 | PA; QL |
| 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 DPI | 5 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| 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 |
| YUPELRI | 2 | QL |
| <i>zafirlukast</i> | 1 | |
| <i>zileuton</i> | 1 | PA |
| ZYFLO | 3 | PA |
| UROLOGICALS | | |
| ANTICHOLINERGICS & ANTISPASMODICS | | |
| <i>darifenacin</i> | 1 | |
| <i>fesoterodine</i> | 1 | |
| <i>flavoxate</i> | 1 | |
| GELNIQUE | 2 | QL |
| GEMTESA | 3 | |
| MYRBETRIQ | 2 | |
| <i>oxybutynin chloride</i> | 1 | |
| OXYTROL | 3 | ST; QL |
| <i>solifenacin</i> | 1 | |
| <i>tolterodine</i> | 1 | |
| TOVIAZ | 3 | ST |
| <i>trospium</i> | 1 | |
| BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY | | |
| <i>alfuzosin</i> | 1 | |
| <i>dutasteride</i> | 1 | ST |
| <i>dutasteride-tamsulosin</i> | 1 | ST |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>finasteride</i> | 1 | |
| FLOMAX | 3 | ST |
| 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 | LA |
| ELMIRON | 2 | |
| K-PHOS NO 2 | 3 | |
| K-PHOS ORIGINAL | 2 | |
| <i>methen-sod phos-</i> <i>meth blue-hyos</i> | 1 | |
| ORACIT | 3 | |
| OXLUMO | 6 | PA |
| <i>potassium citrate</i> | 1 | |
| RENACIDIN | 2 | |
| 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>uro-sp</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>uryl</i> | 1 | |
| <i>utira-c</i> | 1 | |
| URINARY ANESTHETICS | | |
| <i>phenazopyridine</i> | 1 | |
| VITAMINS, HEMATINICS & ELECTROLYTES | | |
| ELECTROLYTES | | |
| <i>calcium acetate(phosphat bind)</i> | 1 | QL |
| 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 | |
| <i>klor-con/ef</i> | 1 | |
| K-TAB | 3 | |
| <i>lugols</i> | 1 | |
| PHOSLYRA | 2 | QL |
| <i>potassium chloride</i> | 1 | |
| <i>strong iodine</i> | 1 | |
| MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES | | |
| DOJOLVI | 6 | PA; LA |
| VITAMINS & HEMATINICS | | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|------------------|------------------------------|
| <i>b complex 1 (with folic acid)</i> | 1 | ACA; OTC |
| <i>b complex-vitamin c-folic acid</i> | 1 | ACA; OTC |
| <i>balanced b-100</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>dalyvite 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>folitab</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>ludent fluoride</i> | 1 | ACA; OTC |
| MARNATAL-F | 3 | |
| <i>m-natal plus</i> | 1 | |
| <i>multi-vitamin with fluoride</i> | 1 | ACA; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|-----------------------------|------------------|------------------------------|
| <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 | |
| NEONATAL COMPLETE | 3 | |
| NEONATAL PLUS VITAMIN | 3 | |
| NEONATAL-DHA | 3 | |
| NESTABS | 3 | |
| NESTABS ABC | 3 | |
| NESTABS DHA | 3 | |
| <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>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 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <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 | |
| PRENATAL PLUS VITAMIN-MINERAL | 3 | |
| <i>prenatal vit no.179-iron-folic</i> | 1 | ACA; OTC |
| <i>prenatal vitamin</i> | 1 | ACA; OTC |
| <i>prenatal vitamin with minerals</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 | |
| PRIMACARE | 3 | |
| PROVIDA OB | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|------------------|------------------------------|
| <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 with iron</i> | 1 | ACA; OTC |
| <i>stress formula with iron(sulf)</i> | 1 | ACA; OTC |
| <i>super b maxi complex</i> | 1 | ACA; OTC |
| <i>super quint</i> | 1 | ACA; OTC |
| THRIVITE RX | 3 | |
| TRICARE | 3 | |
| <i>trinatal rx 1</i> | 1 | |
| <i>trinate</i> | 1 | |
| TRISTART DHA | 3 | |
| <i>tri-vitamin with fluoride</i> | 1 | ACA; OTC |
| VENOFER | 2 | PA |
| VITAFOL FE PLUS | 3 | |
| VITAFOL GUMMIES | 3 | |
| VITAFOL NANO | 3 | |
| VITAFOL ULTRA | 3 | |
| VITAFOL-OB | 3 | |
| VITAFOL-OB+DHA | 3 | |
| VITAFOL-ONE | 3 | |
| VITAMED MD ONE RX | 3 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|-------------------------------------|------------------|------------------------------|
| VITAMEDMD REDICHEW RX | 3 | |
| <i>vitamin b complex-folic acid</i> | 1 | ACA; OTC |
| <i>vitamins a,c,d and fluoride</i> | 1 | ACA; OTC |
| VITAPEARL | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|------------------------------|------------------|------------------------------|
| VITATRUE | 3 | |
| <i>wesnatal dha complete</i> | 1 | |
| <i>wesnate dha</i> | 1 | |
| <i>westab plus</i> | 1 | |
| <i>westgel dha</i> | 1 | |

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

Index

A

abacavir 3
abacavir-lamivudine 3
ABECMA 8
ABILIFY ASIMTUFII 22
ABILIFY MAINTENA 22
ABILIFY MYCITE
 MAINTENANCE KIT 22
ABILIFY MYCITE
 STARTER KIT 22
abiraterone 8
ABRAXANE 8
ABRYSVO 54
ABSORICA 33
acamprosate 39
acarbose 49
ACCOLATE 68
ACCU-CHEK GUIDE L1-L2
 CTRL SOL 42
ACCU-CHEK SMARTVIEW
 CONTRL SOL 43
ACCUPRIL 26
ACCURETIC 26
accutane 33
ACCUTREND GLUCOSE
 CONTROL 43
ACE AEROSOL CLOUD
 ENHANCER 42
acebutolol 26
acetaminophen-caff-
 dihydrocod 19
acetaminophen-codeine 19
acetazolamide 66
acetic acid 39, 41
acetylcysteine 68
acitretin 32
ACTEMRA 57
ACTEMRA ACTPEN 57
ACTHAR 41
ACTHIB (PF) 54
ACTICLATE 7
ACTIMMUNE 54
ACTIVELLA 58
ACTONEL 57
ACTOPLUS MET 49
ACTOS 49
ACULAR 66

ACULAR LS 66
acyclovir 3, 36
ACZONE 33
ADACEL(TDAP)
 ADOLESN/ADULT)(PF) 54
ADAKVEO 8
ADALIMUMAB-ADAZ 57
adapalene-benzoyl peroxide 33
ADASUVE 22
ADBRY 32
ADCETRIS 8
adefovir 3
ADEMPAS 68
ADLARITY 18
adrenalin 67
ADRENALIN 68
adult aspirin regimen 20
ADVAIR DISKUS 68
ADVAIR HFA 68
ADVATE 28
ADVOCATE REDI-CODE
 PLUS CTRL L 43
ADYNOVATE 28
ADZENYS XR-ODT 22
AEMCOLO 6
AEROCHAMBER MINI 42
AEROCHAMBER PLUS
 FLOW-VU 42
AEROCHAMBER PLUS Z
 STAT 42
AEROTRACH PLUS 42
AEROVENT PLUS 42
afirmelle 60
AFLURIA QD 2023-24(3YR
 UP)(PF) 54
AFLURIA QUAD 2023-
 2024(6MO UP) 54
AFSTYLA 28
after pill 60
AFTERA 60
AGAMATRIX CONTROL
 HIGH 43
AGRYLIN 39
AIMOVIG AUTOINJECTOR
 17
AIRDUO DIGIHALER 68
AJOVY AUTOINJECTOR 17

AJOVY SYRINGE 17
AKLIEF 33
AKTEN (PF) 64
ala-cort 36
ALA-SCALP 36
alaway 64
albendazole 6
albuterol sulfate 68
ALCAINE 64
alclometasone 36
ALDACTONE 26
ALDURAZYME 47
ALECENSA 8
alendronate 57
ALFERON N 54
alfuzosin 70
ALINIA 6
ALIQOPA 8
aliskiren 26
ALKERAN 8
allergy eye (ketotifen) 64
allopurinol 56
ALLZITAL 19
almotriptan malate 17
alosetron 50
ALPHAGAN P 67
ALPHANATE 29
ALPHANINE SD 29
alprazolam 22
alprazolam intensol 22
ALPROLIX 29
ALTABAX 35
altacaine 64
ALTACE 26
ALTAFLUOR BENOX 64
altavera (28) 60
ALTRENO 33
ALTUVIPIO 29
ALUNBRIG 8
alvimopan 50
alyacen 1/35 (28) 60
alyacen 7/7/7 (28) 60
alyq 68
amabelz 58
amantadine hcl 3
ambrisentan 68
AMELUZ 32

| | | | | | |
|---------------------------------------|--------|-------------------------------------|----|--------------------------------|--------|
| <i>amethia</i> | 60 | <i>apraclonidine</i> | 67 | ASTAGRAF XL | 8 |
| <i>amethyst</i> (28) | 60 | <i>aprepitant</i> | 51 | AT HOME A1C | 43 |
| AMICAR | 29 | APRETUDE | 3 | atazanavir | 3 |
| <i>amiloride</i> | 26 | <i>apri</i> | 60 | ATELVIA | 57 |
| <i>amiloride-hydrochlorothiazide</i> | 26 | APRISO | 51 | atenolol | 26 |
| <i>aminocaproic acid</i> | 29 | APTIOM | 15 | atenolol-chlorthalidone | 26 |
| <i>amiodarone</i> | 25 | APTIVUS | 3 | ATIVAN | 22 |
| <i>amitriptyline</i> | 22 | ARAKODA | 6 | <i>atomoxetine</i> | 22 |
| <i>amitriptyline-chlordiazepoxide</i> | 22 | ARALAST NP | 39 | atorvastatin | 30 |
| AMJEVITA(CF) | 57 | <i>aranelle</i> (28) | 60 | <i>atovaquone</i> | 6 |
| AMJEVITA(CF) | | ARAVA | 57 | <i>atovaquone-proguanil</i> | 6 |
| AUTOINJECTOR | 57 | ARAZLO | 33 | <i>atropine</i> | 64 |
| <i>amlodipine</i> | 26 | ARCALYST | 53 | ATROPINE | 64 |
| <i>amlodipine-atorvastatin</i> | 30 | ARESTIN | 40 | ATROVENT HFA | 69 |
| <i>amlodipine-benazepril</i> | 26 | AREXVY (PF) | 54 | AUBAGIO | 54 |
| <i>amlodipine-olmesartan</i> | 26 | <i>arformoterol</i> | 68 | <i>aubra</i> | 60 |
| <i>amlodipine-valsartan</i> | 26 | ARICEPT | 18 | <i>aubra eq</i> | 60 |
| <i>amlodipine-valsartan-hcthiazid</i> | 26 | ARIKAYCE | 6 | AUGMENTIN | 7 |
| <i>ammonium lactate</i> | 32 | <i>ariPIPrazole</i> | 22 | AUGMENTIN ES-600 | 7 |
| <i>amnesteem</i> | 33 | ARISTADA | 22 | AUGMENTIN XR | 7 |
| <i>amoxapine</i> | 22 | ARISTADA INITIO | 22 | <i>aurovela</i> 1.5/30 (21) | 60 |
| <i>amoxicil-clarithromy-</i> | | ARIIXTRA | 29 | <i>aurovela</i> 1/20 (21) | 60 |
| <i> lansopraz</i> | 53 | <i>armodafinil</i> | 22 | <i>aurovela</i> 24 fe | 60 |
| <i>amoxicillin</i> | 7 | ARMOUR THYROID | 49 | <i>aurovela fe</i> 1.5/30 (28) | 60 |
| <i>amoxicillin-pot clavulanate</i> | 7 | ARNUITY ELLIPTA | 68 | <i>aurovela fe</i> 1-20 (28) | 60 |
| <i>amphetamine sulfate</i> | 22 | AROMASIN | 8 | AURYXIA | 50 |
| <i>ampicillin</i> | 7 | ARRANON | 8 | AUSTEDO | 18 |
| AMZEEQ | 33 | ARTHROTEC 50 | 20 | AUSTEDO XR | 18 |
| ANAFRANIL | 22 | ARTHROTEC 75 | 20 | AUSTEDO XR TITRATION | |
| <i>anagrelide</i> | 39 | ARZERRA | 8 | KT(WK1-4) | 18 |
| ANA-LEX KIT | 50 | ASCENIV | 54 | AUVI-Q | 67 |
| ANALPRAM-HC | 32, 50 | <i>ascomp with codeine</i> | 19 | <i>avar</i> | 33 |
| ANALPRAM-HC SINGLES | 51 | <i>asenapine maleate</i> | 22 | AVAR LS | 33 |
| ANAPROX DS | 20 | <i>ashlyna</i> | 60 | AVAR-E GREEN | 33 |
| <i>anaspaz</i> | 50 | ASMANEX HFA | 68 | AVAR-E LS | 33 |
| <i>anastrozole</i> | 8 | ASMANEX TWISTHALER | 69 | <i>aviane</i> | 60 |
| ANCOBON | 3 | ASPARLAS | 8 | <i>avidoxy</i> | 7 |
| ANDRODERM | 47 | <i>aspirin</i> | 20 | AVIDOXY DK | 7 |
| ANGELIQ | 59 | <i>aspirin childrens</i> | 21 | <i>avita</i> | 33 |
| ANJESO | 20 | <i>aspirin, buffd-calcium carb-</i> | | AVITA | 33 |
| ANNOVERA | 60 | <i> mag</i> | 21 | AVONEX | 54 |
| ANORO ELLIPTA | 68 | <i>aspirin-dipyridamole</i> | 29 | <i>ayuna</i> | 60 |
| <i>anucort-hc</i> | 51 | <i>aspir-trin</i> | 21 | AYVAKIT | 9 |
| <i>apexicon e</i> | 36 | ASSURE 4 CONTROL | | <i>azacitidine</i> | 9 |
| APLENZIN | 22 | SOLUTION | 43 | AZASAN | 9 |
| <i>apomorphine</i> | 17 | ASSURE DOSE NORMAL | | AZASITE | 63 |
| | | CONTROL | 43 | <i>azathioprine</i> | 9 |
| | | ASSURE PRISM CONTROL | | <i>azelaic acid</i> | 33 |
| | | 1-2 SOLN | 43 | <i>azelastine</i> | 40, 64 |

| | |
|--|--------|
| <i>azelastine-fluticasone</i> | 69 |
| AZELEX | 33 |
| AZILECT | 17 |
| <i>azithromycin</i> | 5 |
| AZSTARYS | 22 |
| AZULFIDINE | 51 |
| AZULFIDINE EN-TABS | 51 |
| <i>azurette (28)</i> | 61 |
| B | |
| <i>b complex 1 (with folic acid)</i> | 72 |
| <i>b complex-vitamin c-folic acid</i> | 72 |
| <i>bacitracin</i> | 63 |
| <i>bacitracin-polymyxin b</i> | 63 |
| <i>baclofen</i> | 19 |
| BACTRIM | 7 |
| BACTRIM DS | 7 |
| BAFIERTAM | 54 |
| <i>balanced b-100</i> | 72 |
| <i>bal-care dha</i> | 72 |
| BAL-CARE DHA ESSENTIAL | 72 |
| <i>balsalazide</i> | 51 |
| BALVERSA | 9 |
| <i>balziva (28)</i> | 61 |
| BAQSIMI | 42 |
| BARACLUDE | 3 |
| BASAGLAR KWIKPEN U- 100 INSULIN | 46 |
| BAVENCIO | 9 |
| BAXDELA | 7 |
| <i>bayer aspirin</i> | 21 |
| <i>bayer low dose aspirin</i> | 21 |
| BCG VACCINE, LIVE (PF) | 54 |
| <i>b-complex with vitamin c</i> | 72 |
| BD INTEGRA NEEDLE | 43 |
| BD MICROTAINER LANCET | 43 |
| BD SPECIALTY USE NEEDLES | 43 |
| BD ULTRA-FINE NANO PEN NEEDLE | 43 |
| BELBUCA | 19 |
| BELEODAQ | 9 |
| <i>belladonna alkaloids-opium</i> | 50 |
| BELRAPZO | 9 |
| BELSOMRA | 22 |
| <i>benazepril</i> | 26 |
| <i>benazepril-hydrochlorothiazide</i> | 26 |
| <i>bendamustine</i> | 9 |
| BENDEKA | 9 |
| BENEFIX | 29 |
| BENLYSTA | 57 |
| BENZAMYCIN | 33 |
| <i>benzepro</i> | 33 |
| BENZEPRO (MICROSPHERES) | 33 |
| BENZNIDAZOLE | 6 |
| <i>benzonatate</i> | 68 |
| <i>benzoyl peroxide</i> | 33 |
| <i>benztropine</i> | 17 |
| BEOVU | 65 |
| <i>bepotastine besilate</i> | 65 |
| <i>beser</i> | 36 |
| BESPONSA | 9 |
| BETADINE OPHTHALMIC PREP | 63 |
| <i>betaine</i> | 51 |
| <i>betamethasone dipropionate</i> | 36 |
| <i>betamethasone valerate</i> | 36 |
| <i>betamethasone, augmented</i> | 36 |
| BETAPACE | 25 |
| BETAPACE AF | 25 |
| BETASERON | 54 |
| <i>betaxolol</i> | 26, 64 |
| <i>bethanechol chloride</i> | 71 |
| BETHKIS | 6 |
| BETOPTIC S | 64 |
| BEVACIZUMAB | 9, 65 |
| BEVESPI AEROSPHERE | 69 |
| <i>bexarotene</i> | 9 |
| BEXZERO | 55 |
| BEYAZ | 61 |
| <i>bicalutamide</i> | 9 |
| BIDIL | 26 |
| BIKTARVY | 3 |
| BILTRICIDE | 6 |
| <i>bimatoprost</i> | 66 |
| BINOSTO | 57 |
| BIOTHERAX | 55 |
| <i>bismuth subcit k-metronidz-tcn</i> | 53 |
| <i>bisoprolol fumarate</i> | 26 |
| <i>bisoprolol-hydrochlorothiazide</i> | 26 |
| BIVIGAM | 55 |
| BLINCYTO | 9 |
| <i>blisovi 24 fe</i> | 61 |
| <i>blisovi fe 1.5/30 (28)</i> | 61 |
| <i>blisovi fe 1/20 (28)</i> | 61 |
| BLOOD GLUCOSE CONTROL, NORMAL | 43 |
| BOOSTRIX TDAP | 55 |
| <i>bortezomib</i> | 9 |
| BORTEZOMIB | 9 |
| <i>bosentan</i> | 69 |
| BOSULIF | 9 |
| BOTOX | 55 |
| <i>bp 10-1</i> | 33 |
| BRAFTOVI | 9 |
| BREATHERITE MDI SPACER | 42 |
| BREEZE 2 CONTROL SOLUTION,HIGH | 43 |
| BREO ELLIPTA | 69 |
| BREXFEMME | 3 |
| BREYANZI | 9 |
| <i>breyna</i> | 69 |
| BREZTRI AEROSPHERE | 69 |
| <i>briellyn</i> | 61 |
| BRILINTA | 29 |
| <i>brimonidine</i> | 33, 67 |
| BRIMONIDINE- DORZOLAMIDE (PF) | 66 |
| <i>brimonidine-timolol</i> | 66 |
| BRINEURA | 47 |
| <i>brinzolamide</i> | 66 |
| BRIVIACT | 15 |
| <i>bromfed dm</i> | 68 |
| <i>bromfenac</i> | 66 |
| <i>bromocriptine</i> | 17 |
| <i>brompheniramine-pseudoeph- dm</i> | 68 |
| BRONCHITOL | 69 |
| BROVANA | 69 |
| BRUKINSA | 9 |
| BRYHALI | 36 |
| <i>budesonide</i> | 51, 69 |
| <i>budesonide-formoterol</i> | 69 |
| <i>bufferin</i> | 21 |
| <i>bumetanide</i> | 26 |
| BUPHENYL | 39 |
| <i>buprenorphine</i> | 19 |
| <i>buprenorphine hcl</i> | 19 |
| <i>buprenorphine-naloxone</i> | 21 |

| | | | |
|---------------------------------------|----|---------------------------------------|-----------|
| <i>bupropion hcl</i> | 22 | <i>captopril-hydrochlorothiazide</i> | 35 |
| <i>bupropion hcl (smoking deter)</i> | 40 | | 5 |
| <i>buspirone</i> | 22 | CARAFATE | 53 |
| <i>butalbital compound w/codeine</i> | 19 | CARBAGLU | 39 |
| <i>butalbital-acetaminop-caf-cod</i> | 19 | <i>carbamazepine</i> | 15 |
| <i>butalbital-acetaminophen</i> | 19 | CARBATROL | 15 |
| <i>butalbital-acetaminophen-caff</i> | 19 | <i>carbidopa</i> | 17 |
| <i>butalbital-aspirin-caffeine</i> | 19 | <i>carbidopa-levodopa</i> | 17 |
| <i>butorphanol</i> | 21 | <i>carbidopa-levodopa-</i> | |
| BYDUREON BCISE | 49 | <i>entacapone</i> | 17 |
| BYETTA | 49 | <i>carbinoxamine maleate</i> | 67 |
| BYLVAY | 51 | CARDIZEM | 26 |
| BYOOVIZ | 65 | CARDIZEM CD | 26 |
| C | | CARDIZEM LA | 26 |
| <i>cabergoline</i> | 47 | CARDURA | 26 |
| CABLIVI | 29 | CARDURA XL | 26 |
| CABOMETYX | 9 | CARETOUCH CONTROL | |
| CADUET | 30 | <i>SOLN L2-L3</i> | 43 |
| <i>caffeine citrate</i> | 39 | <i>carglumic acid</i> | 39 |
| CALAN SR | 26 | <i>carisoprodol</i> | 19 |
| <i>calcipotriene</i> | 32 | <i>carisoprodol-aspirin</i> | 19 |
| <i>calcipotriene-betamethasone</i> | 32 | <i>carisoprodol-aspirin-codeine</i> | 19 |
| <i>calcitonin (salmon)</i> | 47 | | |
| <i>calcitriol</i> | 32 | CARNITOR | 39 |
| <i>calcium acetate(phosphat bind)</i> | 71 | CARNITOR (SUGAR-FREE) | 39 |
| CALQUENCE | | <i>carteolol</i> | 64 |
| (ACALABRUTINIB MAL) | 9 | <i>cartia xt</i> | 26 |
| CAMBIA | 21 | <i>carvedilol</i> | 26 |
| <i>camila</i> | 59 | <i>carvedilol phosphate</i> | 26 |
| <i>camrese</i> | 61 | <i>CARVYKTI</i> | 9 |
| <i>camrese lo</i> | 61 | <i>CASODEX</i> | 9 |
| CAMZYOS | 31 | <i>CATAPRES-TTS-1</i> | 26 |
| <i>candesartan</i> | 26 | <i>CATAPRES-TTS-2</i> | 26 |
| <i>candesartan-</i> | | <i>CAYA CONTOURED</i> | 58 |
| <i>hydrochlorothiazid</i> | 26 | <i>CAYSTON</i> | 6 |
| CANTHARIDIN IN | | <i>caziant (28)</i> | 61 |
| ACETONE | 32 | <i>cefaclor</i> | 5 |
| <i>capecitabine</i> | 9 | <i>cefadroxil</i> | 5 |
| CAPEX | 36 | <i>cefdinir</i> | 5 |
| CAPLYTA | 22 | <i>cefixime</i> | 5 |
| CAPRELSA | 9 | <i>cefipodoxime</i> | 5 |
| <i>captopril</i> | 26 | <i>cefprozil</i> | 5 |
| | | <i>cefuroxime axetil</i> | 5 |
| | | <i>celecoxib</i> | 21 |
| | | <i>CELLCEPT</i> | 9 |
| | | <i>CELONTIN</i> | 15 |
| | | <i>CENTANY</i> | 35 |
| | | CENTANY AT | 35 |
| | | <i>cephalexin</i> | 5 |
| | | CEPROTIN (BLUE BAR) | 29 |
| | | CEPROTIN (GREEN BAR) | 29 |
| | | CEQUA | 65 |
| | | CEQUR SIMPLICITY | 43 |
| | | CERDELGA | 47 |
| | | CEREZYME | 47 |
| | | CERVIDIL | 60 |
| | | <i>cetirizine</i> | 67 |
| | | <i>cevimeline</i> | 39 |
| | | CHANTIX | 40 |
| | | CHANTIX CONTINUING | |
| | | MONTH BOX | 40 |
| | | CHANTIX STARTING | |
| | | MONTH BOX | 40 |
| | | <i>charlotte 24 fe</i> | 61 |
| | | <i>chateal (28)</i> | 61 |
| | | <i>chateal eq (28)</i> | 61 |
| | | CHEMET | 39 |
| | | CHENODAL | 51 |
| | | <i>children's alaway</i> | 65 |
| | | <i>chlordiazepoxide hcl</i> | 22 |
| | | <i>chlordiazepoxide-clidinium</i> | 50 |
| | | <i>chloroquine phosphate</i> | 6 |
| | | <i>chlorpromazine</i> | 22 |
| | | <i>chlorthalidone</i> | 26 |
| | | <i>chlorzoxazone</i> | 19 |
| | | CHOLBAM | 51 |
| | | <i>cholestyramine (with sugar)</i> | 30 |
| | | <i>cholestyramine light</i> | 31 |
| | | CIBINQO | 32 |
| | | <i>cyclolan</i> | 35 |
| | | CICLODAN KIT | 35 |
| | | <i>ciclopirox</i> | 35, 36 |
| | | <i>ciclopirox-ure-camph-menth-euc</i> | 36 |
| | | <i>cilostazol</i> | 29 |
| | | CIMDUO | 3 |
| | | CIMERLI | 65 |
| | | <i>cimetidine</i> | 53 |
| | | <i>cinacalcet</i> | 47 |
| | | CINRYZE | 69 |
| | | CIPRO | 7 |
| | | CIPRODEX | 41 |
| | | <i>ciprofloxacin</i> | 7 |
| | | <i>ciprofloxacin hcl</i> | 7, 41, 63 |
| | | <i>ciprofloxacin-dexamethasone</i> | |
| | | | 41 |

| | | | | | |
|-------------------------------------|--------|------------------------------------|------------|---|-------|
| <i>citalopram</i> | 22 | COAGADEX | 29 | <i>cryselle (28)</i> | 61 |
| CITRANATAL B-CALM (FE GLUC) | 72 | COARTEM | 6 | CRYSVITA | 47 |
| <i>citrate of magnesia</i> | 51 | COCAINE | 35 | <i>curae</i> | 61 |
| <i>citroma</i> | 51 | <i>codeine sulfate</i> | 19 | CUVITRU | 55 |
| <i>claravis</i> | 33 | <i>codeine-butalbital-asa-caff</i> | 19 | <i>cyclobenzaprine</i> | 19 |
| CLARINEX | 67 | COLAZAL | 51 | CYCLOGYL | 64 |
| CLARINEX-D 12 HOUR | 68 | <i>colchicine (gout)</i> | 56 | CYCLOMYDRIL | 67 |
| <i>clarithromycin</i> | 5 | <i>colesevelam</i> | 31 | <i>cyclopentolate</i> | 64 |
| <i>classic prenatal</i> | 72 | COLESTID | 31 | <i>cycloopen-tropic-phenyleph-</i> <i>watr</i> | 64 |
| <i>clearlax</i> | 51 | COLESTID FLAVORED | 31 | <i>cyclophosphamide</i> | 9 |
| <i>clemastine</i> | 67 | <i>colestipol</i> | 31 | CYCLOPHOSPHAMIDE | 9 |
| CLEOCIN | 60 | COMBIGAN | 66 | CYCLOSERINE | 6 |
| CLEOCIN HCL | 6 | COMBIPATCH | 59 | CYCLOSET | 49 |
| CLEOCIN PEDIATRIC | 6 | COMBIVENT RESPIMAT | 69 | <i>cyclosporine</i> | 9, 65 |
| CLEOCIN T | 33 | COMBIVIR | 3 | CYCLOSPORINE IN | |
| CLEVER CHOICE LEVEL 2 CONTROL | 43 | COMETRIQ | 9 | KLARITY | 65 |
| CLIMARA | 59 | COMPACT SPACE CHAMBER | 42 | <i>cyclosporine modified</i> | 9 |
| <i>clindacin</i> | 33 | COMPAZINE | 51 | CYLTEZO(CF) | 57 |
| <i>clindacin etz</i> | 33 | <i>complete natal dha</i> | 72 | CYLTEZO(CF) PEN | 57 |
| CLINDACIN ETZ | 33 | <i>compro</i> | 51 | CYLTEZO(CF) PEN CROHN'S-UC-HS | 57 |
| <i>clindacin p</i> | 33 | COMTAN | 17 | CYLTEZO(CF) PEN PSORIASIS STRT | 57 |
| CLINDACIN PAC | 33 | <i>constulose</i> | 51 | <i>cyroheptadine</i> | 68 |
| <i>clindamycin hcl</i> | 6 | CONTOUR CONTROL SOLUTION, NML | 43 | CYRAMZA | 9 |
| <i>clindamycin pediatric</i> | 6 | CONTOUR NEXT LEV 2 CONTROL SOL | 43 | <i>cyred</i> | 61 |
| <i>clindamycin phosphate</i> | 34, 60 | COPAXONE | 54 | <i>cyred eq</i> | 61 |
| <i>clindamycin-benzoyl peroxide</i> | 34 | COPIKTRA | 9 | CYSTAGON | 71 |
| <i>clindamycin-tretinoin</i> | 34 | CORDRAN | 37 | CYSTARAN | 65 |
| CLINDESSE | 60 | CORDRAN TAPE LARGE ROLL | 37 | CYTOTEC | 53 |
| <i>clobazam</i> | 15 | COREG CR | 26 | D | |
| <i>clobetasol</i> | 36, 37 | CORGARD | 26 | <i>dabigatran etexilate</i> | 29 |
| <i>clobetasol-emollient</i> | 37 | CORIFACT | 29 | <i>dalfampridine</i> | 18 |
| CLOBEX | 37 | CORTANE-B | 33 | <i>danazol</i> | 47 |
| <i>clocortolone pivalate</i> | 37 | CORTEF | 41 | DANTRIUM | 19 |
| <i>clodan</i> | 37 | CORTENEMA | 51 | <i>dantrolene</i> | 19 |
| CLODAN KIT | 37 | <i>cortisone</i> | 41 | DANYELZA | 9 |
| <i>clomipramine</i> | 22 | CORTISPORIN-TC | 41 | <i>dapsone</i> | 6, 34 |
| <i>clonazepam</i> | 15 | COSELA | 9 | DAPTACEL (DTAP PEDIATRIC) (PF) | 55 |
| <i>clonidine</i> | 26 | COTELLIC | 9 | DARAPRIM | 6 |
| <i>clonidine hcl</i> | 22, 26 | COTEMPLA XR-ODT | 23 | <i>darifenacin</i> | 70 |
| <i>clopidogrel</i> | 29 | <i>covaryx</i> | 59 | <i>darunavir ethanolate</i> | 3 |
| <i>clorazepate dipotassium</i> | 22 | <i>covaryx h.s.</i> | 59 | DARZALEX | 9 |
| <i>clotrimazole</i> | 3, 36 | CREON | 51 | DARZALEX FASPRO | 9 |
| <i>clotrimazole-betamethasone</i> | 36 | CRESEMBA | 3 | <i>dasetta 1/35 (28)</i> | 61 |
| <i>clozapine</i> | 22 | <i>cromolyn</i> | 51, 65, 69 | <i>dasetta 7/7/7 (28)</i> | 61 |
| CLOZARIL | 22 | <i>crotan</i> | 38 | DAURISMO | 9 |
| <i>c-nate dha</i> | 72 | | | | |

| | |
|---|--------|
| DAYPRO | 21 |
| daysee | 61 |
| DAYTRANA | 23 |
| DAYVIGO | 23 |
| DDAVP..... | 47 |
| deblitane..... | 59 |
| decitabine | 9 |
| deferasirox | 39 |
| deferiprone | 39 |
| DELESTROGEN..... | 59 |
| demeclacycline | 7 |
| DEM SER | 26 |
| DENAVIR..... | 36 |
| DENGVAXIA (PF) | 55 |
| DEPAKOTE..... | 15 |
| DEPAKOTE ER..... | 15 |
| DEPAKOTE SPRINKLES.. | 15 |
| DEPEN TITRATABS..... | 57 |
| DEPO-ESTRADIOL..... | 59 |
| DEPO-PROVERA..... | 59 |
| DEPO-SUBQ PROVERA | 104 |
| ..... | 59 |
| DEPO-TESTOSTERONE.... | 47 |
| dermacinrx lidocan | 35 |
| DERMA-SMOOTH/FS BODY OIL..... | 37 |
| DERMA-SMOOTH/FS SCALP OIL..... | 37 |
| DERMOTIC OIL..... | 41 |
| DESCOVY | 3 |
| desipramine | 23 |
| desloratadine | 68 |
| desmopressin | 47, 48 |
| DESMOPRESSIN | 48 |
| desog-e.estradiol/e.estradiol | 61 |
| desonide | 37 |
| desoximetasone | 37 |
| DESOXYN..... | 23 |
| desrx | 37 |
| DESVENLAFAXINE..... | 23 |
| desvenlafaxine succinate | 23 |
| dexabliss..... | 41 |
| dexamethasone | 41 |
| dexamethasone intensol | 41 |
| dexamethasone sodium phosphate | 67 |
| DEXAMETH- MOXIFLOX(PF)- NACL,ISO..... | 66 |

| | |
|---|--------|
| DEXAMET-MOXIFL- KETORO-NACL(PF)..... | 65 |
| dexchlorpheniramine maleate | 68 |
| DEXCOM G6 RECEIVER.. | 43 |
| DEXCOM G6 SENSOR..... | 43 |
| DEXCOM G6 TRANSMITTER..... | 43 |
| DEXCOM G7 RECEIVER.. | 43 |
| DEXCOM G7 SENSOR..... | 43 |
| DEXEDRINE SPANSULE.. | 23 |
| dexlansoprazole | 53 |
| dexmethylphenidate | 23 |
| DEXTENZA | 67 |
| dextroamphetamine sulfate .. | 23 |
| dextroamphetamine- amphetamine | 23 |
| DEXYCU (PF)..... | 67 |
| DIACOMIT | 15 |
| dialyvite 800..... | 72 |
| DIASSTAT | 15 |
| DIASSTAT ACUDIAL..... | 15 |
| DIATRUE CONTROL SOLN NORMAL | 43 |
| diazepam..... | 15, 23 |
| diazepam intensol | 23 |
| diazoxide | 42 |
| DIBENZYLINE | 26 |
| dichlorphenamide | 18 |
| diclofenac potassium | 21 |
| diclofenac sodium | 21, 66 |
| diclofenac-misoprostol | 21 |
| dicloxacillin | 7 |
| dicyclomine | 50 |
| didanosine..... | 3 |
| DIFICID | 5 |
| diflorasone | 37 |
| DIFLUCAN | 3 |
| diflunisal | 21 |
| diluprednate | 67 |
| digox | 28 |
| digoxin | 28 |
| dihydroergotamine | 17 |
| DILANTIN | 15 |
| DILANTIN EXTENDED .. | 15 |
| DILANTIN INFATABS..... | 15 |
| DILANTIN-125 | 15 |
| DILAUDID..... | 19 |
| diltiazem | 26 |
| dilt-xr | 26 |
| dimethyl fumarate | 54 |
| DIPHEN | 68 |
| diphenoxylate-atropine | 50 |
| DIPROLENE (AUGMENTED)..... | 37 |
| dipyridamole | 29 |
| DISALCID | 21 |
| diskets..... | 19 |
| disopyramide phosphate | 25 |
| disulfiram | 39 |
| DIURIL | 26 |
| divalproex | 15 |
| dofetilide | 25 |
| DOJOLVI | 71 |
| dolishale | 61 |
| donepezil | 18 |
| DONNATAL | 50 |
| DOPTELET (15 TAB PACK) | 29 |
| dorzolamide | 66 |
| DORZOLAMIDE (PF)..... | 66 |
| dorzolamide-timolol | 66 |
| dorzolamide-timolol (pf)..... | 66 |
| DORZOLAMIDE-TIMOLOL (PF) | 66 |
| dotti | 59 |
| DOVATO | 3 |
| doxazosin | 26 |
| doxepin | 23, 33 |
| doxercalciferol | 48 |
| doxycycline hyclate | 7 |
| doxycycline monohydrate .. | 7, 8 |
| dronabinol | 51 |
| drospirenone-e.estradiol-lm.fa | 61 |
| drospirenone-ethinyl estradiol | 61 |
| DROXIA | 9 |
| droxidopa | 39 |
| DSUVIA..... | 19 |
| DUAVEE | 59 |
| DUET DHA BALANCED .. | 72 |
| DUET DHA WITH OMEGA-3 | 72 |
| DUETACT | 49 |
| dulcolax (magnesium hydroxide) | 51 |
| DULERA..... | 69 |

| | | | | | |
|--|----|---------------------------------------|------|-----------------------------|----|
| <i>duloxetine</i> | 23 | <i>efavirenz-lamivu-tenofov disop</i> | 3 | ENBREL MINI | 57 |
| DUOBRII | 37 | <i>effer-k</i> | 71 | ENBREL SURECLICK | 57 |
| DUOPA | 17 | EFFER-K | 71 | ENDARI | 39 |
| DUPIXENT PEN | 33 | EFFIENT | 29 | <i>endocet</i> | 19 |
| DUPIXENT SYRINGE | 33 | EFUDEX | 33 | ENGERIX-B (PF) | 55 |
| DUREX AVANTI BARE REAL FEEL | 58 | EGRIFTA SV | 53 | ENGERIX-B PEDIATRIC | |
| <i>dutasteride</i> | 70 | ELAHERE | 9 | (PF) | 55 |
| <i>dutasteride-tamsulosin</i> | 70 | ELAPRASE | 48 | ENHERTU | 10 |
| DYANAVEL XR | 23 | ELEMENT COMPACT | | ENJAYMO | 39 |
| DYMISTA | 69 | NORMAL CONTROL | 44 | <i>enoxaparin</i> | 29 |
| DYRENIUM | 26 | ELEMENT NORMAL | | <i>enpresse</i> | 61 |
| DYSPORT | 55 | CONTROL | 44 | <i>enskyce</i> | 61 |
| E | | ELEPSIA XR | 15 | ENSPRYNG | 10 |
| <i>e.e.s. 400</i> | 5 | <i>eletriptan</i> | 17 | ENSTILAR | 32 |
| E.E.S. GRANULES | 5 | ELIGARD | 10 | <i>entacapone</i> | 17 |
| EASIVENT HOLDING CHAMBER | 42 | (3 MONTH) | 10 | <i>entecavir</i> | 4 |
| EASY PLUS II HIGH CONTROL | 43 | (4 MONTH) | 10 | ENTEREG | 51 |
| EASY STEP HIGH CONTROL SOLN | 43 | (6 MONTH) | 10 | ENTRESTO | 31 |
| EASY TALK HIGH CONTROL | 43 | ELIMITE | 38 | ENTYVIO | 51 |
| EASY TALK PLUS II LOW CONTROL | 43 | <i>elnest</i> | 61 | <i>enulose</i> | 51 |
| EASY TOUCH BLU CTRL SOLN-L1,L3 | 43 | ELIQUIS | 29 | EPCLUSA | 4 |
| EASY TRAK II CTRL SOLN- NORMAL | 43 | ELIQUIS DVT-PE TREAT | | EPIDIOLEX | 15 |
| EASY TRAK LOW CONTROL | 44 | 30D START | 29 | EPIDUO FORTE | 34 |
| EASYMAX 15 LEVEL 2 | 44 | ELIXOPHYLLIN | 69 | EPIFOAM | 32 |
| EASYMAX NORMAL CONTROL | 44 | ELLA | 61 | <i>epinastine</i> | 65 |
| EC-NAPROSYN | 21 | ELMIRON | 71 | <i>epinephrine</i> | 68 |
| <i>econazole</i> | 36 | ELOCTATE | 29 | <i>epinephrine hcl</i> | 69 |
| <i>econtra ez</i> | 61 | <i>eluryng</i> | 60 | EPINEPHRINE HCL (PF) | 68 |
| <i>econtra one-step</i> | 61 | ELZONRIS | 10 | EPIPEN | 68 |
| <i>ecotrin</i> | 21 | EMBRACE EVO LEVEL 1 | 44 | EPIPEN JR | 68 |
| <i>ecotrin low strength</i> | 21 | EMBRACE GLUCOSE | | <i>epitol</i> | 15 |
| EDECрин | 26 | CONTROL LOW | 44 | EPIVIR | 4 |
| EDLUAR | 23 | EMBRACE TALK | | <i>eplerenone</i> | 26 |
| <i>ed-spaz</i> | 50 | CONTROL-LOW (L1) | 44 | <i>epoprostenol</i> | 27 |
| EDURANT | 3 | EMCYT | 10 | <i>eprosartan</i> | 27 |
| <i>eemt</i> | 59 | EMGALITY PEN | 17 | EPSOLAY | 34 |
| <i>eemt hs</i> | 59 | EMGALITY SYRINGE | 17 | EPZICOM | 4 |
| <i>efavirenz</i> | 3 | EMPAVELI | 39 | EQUETRO | 15 |
| <i>efavirenz-emtricitabin-tenofov3</i> | | EMPLICITI | 10 | ERBITUX | 10 |
| | | EMSAM | 23 | <i>ergoloid</i> | 23 |
| | | <i>emtricitabine</i> | 3 | ERGOMAR | 17 |
| | | <i>emtricitabine-tenofovir (tdf)</i> | 3 | <i>ergotamine-caffeine</i> | 17 |
| | | EMTRIVA | 3, 4 | ERIVEDGE | 10 |
| | | EMVERM | 6 | ERLEADA | 10 |
| | | <i>enalapril maleate</i> | 26 | <i>erlotinib</i> | 10 |
| | | | 26 | ERMEZA | 49 |
| | | ENBREL | 57 | <i>errin</i> | 59 |
| | | | | ERWINASE | 10 |
| | | | | <i>ery pads</i> | 34 |

| | | | |
|---------------------------------------|-------|-------------------------------------|----|
| <i>erygel</i> | 34 | EVOLUTION NORMAL | |
| ERYPED 200 | 5 | CONTROL | 44 |
| ERYPED 400 | 5 | EVOMELA | 10 |
| <i>ery-tab</i> | 5 | EVOTAZ | 4 |
| ERY-TAB | 5 | EVOXAC | 39 |
| <i>erythrocin (as stearate)</i> | 5 | EVRYSDI | 18 |
| <i>erythromycin</i> | 5, 63 | EXELDERM | 36 |
| <i>erythromycin ethylsuccinate</i> | 5 | EXELOM PATCH | 18 |
| <i>erythromycin with ethanol</i> | 34 | <i>exemestane</i> | 10 |
| <i>erythromycin-benzoyl peroxide</i> | 34 | EXKIVITY | 10 |
| | | EXSERVAN | 39 |
| <i>escitalopram oxalate</i> | 23 | EXTINA | 36 |
| ESGIC | 19 | <i>eye allergy itch relief</i> | 65 |
| <i>esomeprazole magnesium</i> | 53 | <i>eye allergy itch-redness rlf</i> | 65 |
| ESPEROCT | 29 | <i>eye itch relief</i> | 65 |
| <i>estarrylla</i> | 61 | EYSUVIS | 67 |
| <i>estazolam</i> | 23 | <i>ezetimibe</i> | 31 |
| ESTRACE | 59 | <i>ezetimibe-simvastatin</i> | 31 |
| <i>estradiol</i> | 59 | F | |
| ESTRADOL | 59 | FABRAZYME | 48 |
| <i>estradiol valerate</i> | 59 | FACTIVE | 7 |
| <i>estradiol-norethindrone acet</i> | 59 | <i>falmina (28)</i> | 61 |
| <i>estrogens-methyltestosterone</i> | 59 | famciclovir | 4 |
| eszopiclone | 23 | famotidine | 53 |
| <i>ethacrynic acid</i> | 27 | FANAPT | 23 |
| <i>ethambutol</i> | 6 | FARESTON | 10 |
| <i>ethosuximide</i> | 15 | FARXIGA | 49 |
| <i>ethynodiol diac-eth estradiol</i> | 61 | FASENRA | 69 |
| <i>etodolac</i> | 21 | FASENRA PEN | 69 |
| <i>etonogestrel-ethinyl estradiol</i> | 60 | FC2 FEMALE CONDOM | 58 |
| <i>etoposide</i> | 10 | febuxostat | 56 |
| <i>etravirine</i> | 4 | FEIBA NF | 29 |
| EUCRISA | 33 | felbamate | 15 |
| EUFLEXXA | 21 | FELBATOL | 15 |
| EULEXIN | 10 | FELDENE | 21 |
| EURAX | 38 | felodipine | 27 |
| euthyrox | 49 | <i>fem ph</i> | 60 |
| EVEKEO ODT | 23 | FEMARA | 10 |
| <i>everolimus (antineoplastic)</i> | 10 | FEMCAP | 58 |
| <i>everolimus</i> | | <i>fenofibrate</i> | 31 |
| (<i>immunosuppressive</i>) | 10 | <i>fenofibrate micronized</i> | 31 |
| EVERSENSE SENSOR-HOLDER | 44 | <i>fenofibrate nanocrystallized</i> | 31 |
| EVERSENSE SMART TRANSMITTER | 44 | <i>fenofibric acid</i> | 31 |
| EVISTA | 57 | <i>fenoprofen</i> | 21 |
| EVKEEZA | 31 | fentanyl | 19 |
| EVOCLIN | 34 | <i>fentanyl citrate</i> | 20 |
| | | FERRIPROX | 39 |
| | | FERRIPROX (2 TIMES A DAY) | 39 |
| | | <i>fesoterodine</i> | 70 |
| | | FETZIMA | 23 |
| | | FIBRICOR | 31 |
| | | FIBRYGA | 29 |
| | | FINACEA | 34 |
| | | <i>finasteride</i> | 71 |
| | | <i> fingolimod</i> | 54 |
| | | <i>finzala</i> | 61 |
| | | FIORICET | 20 |
| | | FIORICET WITH CODEINE | 20 |
| | | FIRDAPSE | 18 |
| | | FIRMAGON KIT W DILUENT SYRINGE | 10 |
| | | <i>flac otic oil</i> | 41 |
| | | FLAGYL | 6 |
| | | <i>flavoxate</i> | 70 |
| | | FLEBOGAMMA DIF | 55 |
| | | <i>flecainide</i> | 25 |
| | | FLECTOR | 21 |
| | | FLEXICHAMBER | 42 |
| | | FLOLAN | 27 |
| | | FLOLIPID | 31 |
| | | FLOMAX | 71 |
| | | FLUAD QUAD 2023-24(65Y UP)(PF) | 55 |
| | | FLUARIX QUAD 2023-2024 (PF) | 55 |
| | | FLUBLOK QUAD 2023-2024 (PF) | 55 |
| | | FLUCELVAX QUAD 2023-2024 | 55 |
| | | FLUCELVAX QUAD 2023-2024 (PF) | 55 |
| | | <i>fluconazole</i> | 3 |
| | | <i>flucytosine</i> | 3 |
| | | <i>fludarabine</i> | 10 |
| | | <i>fludrocortisone</i> | 41 |
| | | FLULAVAL QUAD 2023-2024 (PF) | 55 |
| | | FLUMADINE | 4 |
| | | FLUMIST QUAD 2023-2024 | 55 |
| | | <i>flunisolide</i> | 69 |
| | | <i>fluocinolone</i> | 37 |
| | | <i>fluocinolone acetonide oil</i> | 41 |
| | | <i>fluocinolone and shower cap</i> | 37 |
| | | <i>fluocinonide</i> | 37 |
| | | <i>fluocinonide-e</i> | 37 |

| | |
|---------------------------------|--------|
| FLUORESCEIN- | |
| BENOXINATE..... | 65 |
| fluorescein-proparacaine | 65 |
| fluoride (sodium) | 72 |
| fluorometholone..... | 67 |
| FLUOROPLEX..... | 33 |
| fluorouracil | 33 |
| fluoxetine..... | 23 |
| fluphenazine hcl..... | 23 |
| flurandrenolide | 37 |
| flurbiprofen | 21 |
| flurbiprofen sodium..... | 66 |
| fluticasone propionate.... | 37, 69 |
| fluticasone propion-salmeterol | |
| ..... | 69 |
| fluvastatin | 31 |
| fluvoxamine | 23 |
| FLUZONE HIGHDOSE | |
| QUAD 23-24 PF | 55 |
| FLUZONE QUAD 2023-2024 | |
| ..... | 55 |
| FLUZONE QUAD 2023-2024 | |
| (PF)..... | 55 |
| FML LIQUIFILM..... | 67 |
| folic acid..... | 72 |
| folitab..... | 72 |
| FOLOTYN..... | 10 |
| foltabs 800..... | 72 |
| fondaparinux | 29 |
| FORA GTEL MULTI- | |
| FUNCTN MONITOR | 44 |
| FORA KETONE CONTROL | |
| SOLN-L1..... | 44 |
| FORA NORMAL CONTROL | |
| ..... | 44 |
| FORA TN'G ADVANCE PRO | |
| MONITOR | 44 |
| FORA TN'GO ADVANCE | |
| MONITOR | 44 |
| FORACARE GDH LOW | |
| CONTROL..... | 44 |
| formoterol fumarate | 69 |
| FORTEO..... | 57 |
| FORTESTA..... | 48 |
| FORTISCARE NORMAL .. | 44 |
| FOSAMAX | 57 |
| FOSAMAX PLUS D | 57 |
| fosamprenavir..... | 4 |
| fosfomycin tromethamine | 8 |
| fosinopril..... | 27 |
| fosinopril-hydrochlorothiazide | |
| ..... | 27 |
| FRAGMIN..... | 29 |
| FREESTYLE CONTROL ... | 44 |
| FREESTYLE FREEDOM ... | 44 |
| FREESTYLE FREEDOM | |
| LITE | 44 |
| FREESTYLE INSULINX .. | 42, |
| 44 | |
| FREESTYLE INSULINX | |
| TEST STRIPS | 42 |
| FREESTYLE LIBRE 14 DAY | |
| READER | 44 |
| FREESTYLE LIBRE 14 DAY | |
| SENSOR..... | 44 |
| FREESTYLE LIBRE 2 | |
| READER | 44 |
| FREESTYLE LIBRE 2 | |
| SENSOR..... | 44 |
| FREESTYLE LIBRE 3 | |
| SENSOR..... | 44 |
| FREESTYLE LITE METER | 44 |
| FREESTYLE LITE STRIPS | 42 |
| FREESTYLE TEST | 42 |
| FROVA | 17 |
| frovatriptan | 17 |
| full spectrum b-vitamin c | 72 |
| FULPHILA..... | 53 |
| FURADANTIN..... | 8 |
| furosemide | 27 |
| FUZEON | 4 |
| FYARRO..... | 10 |
| fyavolv | 59 |
| FYCOMPA..... | 15 |
| G | |
| gabapentin | 15 |
| GALAFOLD..... | 48 |
| galantamine | 18 |
| GALZIN | 71 |
| GAMASTAN..... | 55 |
| GAMASTAN S/D..... | 55 |
| GAMIFANT | 10 |
| GAMMAGARD LIQUID.... | 55 |
| GAMMAGARD S-D (IGA < 1 | |
| MCG/ML)..... | 55 |
| GAMMAPLEX..... | 55 |
| GAMMAPLEX (WITH | |
| SORBITOL)..... | 55 |
| GAMUNEX-C..... | 55 |
| GARDASIL 9 (PF) | 55 |
| GASTROCROM..... | 51 |
| gatifloxacin | 63 |
| GATTEX 30-VIAL..... | 51 |
| gavilax..... | 51 |
| gavilyte-c | 51 |
| gavilyte-g | 51 |
| GAVRETO..... | 10 |
| GAZYVA..... | 10 |
| GE100 CONTROL | |
| SOLUTION NORMAL... | 44 |
| gefitinib | 10 |
| GELCLAIR | 40 |
| GELNIQUE..... | 70 |
| GELX..... | 40 |
| gemfibrozil..... | 31 |
| gemmily | 61 |
| GEMTESA | 70 |
| generlac..... | 51 |
| gengraf | 10 |
| GENOTROPIN..... | 53 |
| GENOTROPIN MINIQUICK | |
| ..... | 53 |
| gentamicin | 35, 63 |
| GENTEEL VACUUM | |
| LANCING DEVICE | 44 |
| gentle laxative (bisacodyl)... | 51 |
| gentlelax | 51 |
| GENVOYA | 4 |
| GEODON | 23 |
| GILOTrif..... | 10 |
| GIVLAARI..... | 39 |
| GLASSIA | 39 |
| glatiramer | 54 |
| glatopa | 54 |
| GLEOSTINE | 10 |
| GLIADEL WAFER | 10 |
| glimepiride | 49 |
| glipizide | 49 |
| glipizide-metformin | 49 |
| GLUCAGEN DIAGNOSTIC | |
| KIT | 42 |
| glucagon emergency kit | |
| (human) | 42 |
| GLUCAGON HCL | 42 |
| GLUCOCARD 01 NORMAL | |
| CONTROL | 45 |

| | |
|---|--------|
| GLUCOCOM CONTROL | |
| NORMAL..... | 45 |
| GLUCOSE CONTROL | 45 |
| GLUCOTROL XL..... | 49 |
| glyburide | 49 |
| <i>glyburide micronized</i> | 49 |
| <i>glyburide-metformin</i> | 49 |
| <i>glycopyrrolate</i> | 50 |
| GLYNASE..... | 49 |
| GLYXAMBI | 49 |
| GOJJI GLUCOSE CNTRL | |
| SOL-NORMAL | 45 |
| GOJJI KETONE CONTROL | |
| SOLN-L1..... | 45 |
| GOJJI MULTI-FUNCTIONAL | |
| METER..... | 45 |
| GOLYTELY..... | 51 |
| GONITRO..... | 31 |
| GOPRELTO..... | 35 |
| GRALISE..... | 16 |
| granisetron hcl | 51 |
| GRASTEK | 55 |
| <i>griseofulvin microsize</i> | 3 |
| <i>griseofulvin ultramicrosize</i> | 3 |
| guanfacine | 23, 27 |
| GUARDIAN 4 GLUCOSE | |
| SENSOR | 45 |
| GUARDIAN 4 | |
| TRANSMITTER | 45 |
| GUARDIAN CONNECT | |
| TRANSMITTER | 45 |
| GUARDIAN LINK 3 | |
| TRANSMITTER | 45 |
| GUARDIAN SENSOR 3 | 45 |
| GVOKE | 42 |
| GVOKE HYPOEN 2-PACK | |
| ..... | 42 |
| GVOKE PFS 2-PACK | |
| SYRINGE..... | 42 |
| GYNAZOLE-1 | 60 |
| H | |
| HAEGARDA | 69 |
| <i>hailey</i> | 61 |
| <i>hailey 24 fe</i> | 61 |
| <i>hailey fe 1.5/30 (28)</i> | 61 |
| <i>hailey fe 1/20 (28)</i> | 61 |
| HALAVEN | 10 |
| <i>halcinoxide</i> | 37 |
| HALCION..... | 23 |
| <i>halobetasol propionate</i> | 37 |
| <i>haloette</i> | 60 |
| HALOG | 37 |
| <i>haloperidol</i> | 23 |
| <i>haloperidol lactate</i> | 23 |
| HARVONI..... | 4 |
| HAVRIX (PF)..... | 55 |
| HEALTHPRO HIGH-LOW | |
| CONTROL..... | 45 |
| <i>heather</i> | 59 |
| HEMLIBRA | 29 |
| <i>hemmorex-hc</i> | 51 |
| HEMOFIL M HIGH..... | 29 |
| HEMOFIL M LOW..... | 29 |
| HEMOFIL M MID..... | 29 |
| HEMOFIL M SUPER HIGH | 29 |
| <i>hep flush-10 (pf)</i> | 29 |
| <i>heparin (porcine)</i> | 29 |
| HEPARIN (PORCINE) IN | |
| 0.9% NACL | 29 |
| <i>heparin (porcine) in 5 % dex</i> 29 | |
| <i>heparin (porcine) in nacl (pf)</i> | |
| ..... | 29 |
| <i>heparin lock flush (porcine)</i> .29 | |
| <i>heparin lockflush(porcine)(pf)</i> | |
| ..... | 29 |
| <i>heparin(porcine) in 0.45% nacl</i> | |
| ..... | 29 |
| HEPARIN(PORCINE) IN | |
| 0.45% NACL | 29 |
| <i>heparin, porcine (pf)</i> | 29, 30 |
| HEPARIN, PORCINE (PF) .30 | |
| HEPLISAV-B (PF)..... | 55 |
| HEPSSERA | 4 |
| <i>her style</i> | 61 |
| HETLIOZ | 23 |
| HETLIOZ LQ | 23 |
| HIBERIX (PF) | 55 |
| HIPREX..... | 8 |
| HIZENTRA | 55 |
| <i>homatropaire</i> | 64 |
| HORIZANT..... | 18 |
| HUMALOG JUNIOR | |
| KWIKPEN U-100 | 46 |
| HUMALOG KWIKPEN | |
| INSULIN | 46 |
| HUMALOG MIX 50-50 | |
| INSULN U-100..... | 46 |
| HUMALOG MIX 50-50 | |
| KWIKPEN..... | 46 |
| HUMALOG MIX 75-25 | |
| KWIKPEN..... | 46 |
| HUMALOG MIX 75-25(U- | |
| 100)INSULN | 46 |
| HUMALOG U-100 INSULIN | |
| ..... | 46 |
| HUMATE-P | 30 |
| HUMATIN | 6 |
| HUMIRA..... | 57 |
| HUMIRA PEN | 58 |
| HUMIRA PEN CROHNS-UC- | |
| HS START | 58 |
| HUMIRA PEN PSOR- | |
| UVEITS-ADOL HS | 58 |
| HUMIRA(CF) | 58 |
| HUMIRA(CF) PEDI | |
| CROHNS STARTER | 58 |
| HUMIRA(CF) PEN | 58 |
| HUMIRA(CF) PEN | |
| CROHNS-UC-HS | 58 |
| HUMIRA(CF) PEN | |
| PEDIATRIC UC | 58 |
| HUMIRA(CF) PEN PSOR- | |
| UV-ADOL HS | 58 |
| HUMULIN 70/30 U-100 | |
| INSULIN | 46 |
| HUMULIN 70/30 U-100 | |
| KWIKPEN..... | 47 |
| HUMULIN N NPH INSULIN | |
| KWIKPEN..... | 47 |
| HUMULIN N NPH U-100 | |
| INSULIN | 47 |
| HUMULIN R REGULAR U- | |
| 100 INSULN..... | 47 |
| HUMULIN R U-500 (CONC) | |
| INSULIN | 47 |
| HUMULIN R U-500 (CONC) | |
| KWIKPEN..... | 47 |
| HYCAMTIN..... | 10 |
| HYCODAN (WITH | |
| HOMATROPINE) | 68 |
| hydralazine | 27 |
| HYDREA | 10 |
| <i>hydrochlorothiazide</i> | 27 |
| <i>hydrocodone bitartrate</i> | 20 |
| <i>hydrocodone-acetaminophen</i> 20 | |

| | |
|--------------------------------------|------------|
| hydrocodone- | |
| chlorpheniramine | 68 |
| hydrocodone-homatropine | 68 |
| hydrocodone-ibuprofen | 20 |
| hydrocortisone | 37, 41, 51 |
| hydrocortisone acetate | 51 |
| hydrocortisone butyrate | 37 |
| hydrocortisone butyr-emollient | 37 |
| hydrocortisone valerate | 37 |
| hydrocortisone-acetic acid | 41 |
| hydrocortisone-pramoxine | 32, 51 |
| hydromet | 68 |
| hydromorphone | 20 |
| hydroxychloroquine | 6 |
| hydroxyurea | 10 |
| hydroxyzine hcl | 68 |
| hydroxyzine pamoate | 68 |
| HYFTOR | 33 |
| hyoscyamine sulfate | 50 |
| hyosyne | 50 |
| HYPER-SAL | 69 |
| HYQVIA | 55 |
| HYRIMOZ PEN CROHN'S-UC STARTER..... | 58 |
| HYRIMOZ PEN PSORIASIS STARTER..... | 58 |
| HYRIMOZ(CF) | 58 |
| HYRIMOZ(CF) PEDI CROHN STARTER..... | 58 |
| HYRIMOZ(CF) PEN | 58 |
| HYSINGLA ER | 20 |
| I | |
| ibandronate | 57 |
| IBRANCE | 10 |
| ibu | 21 |
| ibuprofen | 21 |
| icatibant | 69 |
| iclevia | 61 |
| ICLUSIG | 10 |
| icosapent ethyl | 31 |
| IDELVION | 30 |
| IDHIFA | 10, 11 |
| IGALMI | 23 |
| IHEEZO (PF) | 65 |
| ILARIS (PF) | 53 |
| ILEVRO | 66 |
| ILUVIEN | 67 |
| imatinib | 11 |
| IMBRUICA | 11 |
| IMFINZI | 11 |
| imipramine hcl | 23 |
| imipramine pamoate | 23 |
| imiQUIMOD | 56 |
| IMJUDO | 11 |
| IMLYGIC | 11 |
| IMOVA X RABIES VACCINE (PF) | 55 |
| IMPAVIDO | 6 |
| IMURAN | 11 |
| INBRIJA | 17 |
| incassia | 59 |
| INCRELEX | 39 |
| indapamide | 27 |
| indomethacin | 21 |
| INFANRIX (DTAP) (PF) | 55 |
| INFINITY CONTROL SOLUTION NORM | 45 |
| INFLECTRA | 51 |
| INGREZZA | 18 |
| INGREZZA INITIATION PACK | 18 |
| INLYTA | 11 |
| INSPRA | 27 |
| INSULIN LISPRO | 47 |
| INTELENCE | 4 |
| INVEGA | 23 |
| INVEGA SUSTENNA | 23 |
| INVEGA TRINZA | 23 |
| INVELTYS | 67 |
| iodine-sodium iodide | 33 |
| IODOSORB | 33 |
| IOPIDINE | 67 |
| IPOL | 55 |
| ipratropium bromide | 40, 69 |
| ipratropium-albuterol | 69 |
| irbesartan | 27 |
| irbesartan-hydrochlorothiazide | 27 |
| IRESSA | 11 |
| ISENTRESS | 4 |
| ISENTRESS HD | 4 |
| isibloom | 61 |
| isoniazid | 6 |
| ISOPTO ATROPINE | 64 |
| ISORDIL | 31 |
| ISORDIL TITRADOSE | 31 |
| isosorbide dinitrate | 32 |
| isosorbide mononitrate | 32 |
| isosorbide-hydralazine | 27 |
| isotretinoin | 34 |
| isradipine | 27 |
| ISTODAX | 11 |
| itraconazole | 3 |
| ivermectin | 6, 34 |
| IXEMPRA | 11 |
| IXIARO (PF) | 55 |
| IXINITY | 30 |
| J | |
| jaimiess | 61 |
| JAKAFI | 11 |
| JALYN | 71 |
| jantoven | 30 |
| JANUMET | 49 |
| JANUMET XR | 49 |
| JANUVIA | 49 |
| JARDIANC E | 49 |
| jasmiel (28) | 61 |
| JATENZO | 48 |
| javygtor | 48 |
| JELMYTO | 11 |
| JEMPERLI | 11 |
| jencycla | 59 |
| JEVTANA | 11 |
| jinteli | 59 |
| JIVI | 30 |
| JOENJA | 39 |
| jolessa | 61 |
| JORNAY PM | 23 |
| JUBLIA | 36 |
| juleber | 61 |
| JULUCA | 4 |
| junel 1.5/30 (21) | 61 |
| junel 1/20 (21) | 61 |
| junel fe 1.5/30 (28) | 61 |
| junel fe 1/20 (28) | 61 |
| junel fe 24 | 61 |
| JUXTAPIID | 31 |
| JYNARQUE | 48 |
| K | |
| KACDYLA | 11 |
| kaitlib fe | 61 |
| KALBITOR | 69 |
| KALETRA | 4 |
| kalliga | 61 |
| KALYDECO | 69 |

| | | | | | |
|---------------------------------|--------|--|----|---|--------|
| KANJINTI | 11 | KRINTAFEL | 6 | <i>lenalidomide</i> | 11 |
| KANUMA..... | 48 | KRISTALOSE | 51 | LENVIMA | 11 |
| KAPVAY | 23 | KRYSTEXXA | 56 | LESCOL XL..... | 31 |
| KARBINAL ER | 68 | K-TAB..... | 71 | <i>lessina</i> | 62 |
| <i>kariva</i> (28)..... | 61 | <i>kurvelo</i> (28)..... | 61 | <i>letrozole</i> | 11 |
| <i>kelnor</i> 1/35 (28) | 61 | KUVAN..... | 48 | <i>leucovorin calcium</i> | 8 |
| <i>kelnor</i> 1-50 (28) | 61 | KYLEENA | 58 | LEUKERAN..... | 11 |
| KENALOG | 37 | KYMRIAH | 11 | LEUKINE..... | 53 |
| KEPIVANCE | 8 | KYPROLIS..... | 11 | <i>leuprolide</i> | 11 |
| KERENDIA | 27 | L | | <i>levabuterol hcl</i> | 69 |
| KESIMPTA PEN..... | 54 | <i>l norgest/e.estradiol-e.estrad</i> 61 | | LEVIBID | 50 |
| KETAMINE | 23 | <i>labetalol</i> | 27 | LEVEMIR FLEXPEN..... | 47 |
| <i>ketoconazole</i> | 3, 36 | <i>lacosamide</i> | 16 | LEVEMIR U-100 INSULIN | 47 |
| <i>ketodan</i> | 36 | LACRISERT | 65 | <i>levetiracetam</i> | 16 |
| <i>ketodan kit</i> | 36 | <i>lactated ringers</i> | 38 | <i>levobunolol</i> | 64 |
| <i>ketoprofen</i> | 21 | <i>lactulose</i> | 51 | <i>levocarnitine</i> | 39 |
| <i>ketorolac</i> | 21, 66 | LAGEVRIO (EUA)..... | 4 | <i>levocarnitine (with sugar)</i> ... | 39 |
| <i>ketotifen fumarate</i> | 65 | LAMICTAL XR STARTER | | <i>levocetirizine</i> | 68 |
| KEVEYIS..... | 18 | (BLUE)..... | 16 | <i>levofloxacin</i> | 7, 63 |
| KEYTRUDA..... | 11 | LAMICTAL XR STARTER | | <i>levonest</i> (28) | 62 |
| KIMMTRAK..... | 11 | (GREEN) | 16 | <i>levonorgestrel</i> | 62 |
| KINRIX (PF)..... | 55 | LAMICTAL XR STARTER | | <i>levonorgestrel-ethinyl estrad</i> 62 | |
| KISQALI..... | 11 | (ORANGE) | 16 | <i>levonorg-eth estrad triphasic</i> 62 | |
| KISQALI FEMARA CO- | | <i>lamivudine</i> | 4 | <i>levora-28</i> | 62 |
| PACK..... | 11 | <i>lamivudine-zidovudine</i> | 4 | <i>levorphanol tartrate</i> | 20 |
| KITABIS PAK | 6 | <i>lamotrigine</i> | 16 | <i>levo-t</i> | 50 |
| KLARITY-A (AZITHRO- | | LAMZEDE | 39 | <i>levothyroxine</i> | 50 |
| CHONDR)(PF)..... | 65 | LANCETS | 45 | <i>levoxyl</i> | 50 |
| KLARITY-L (LOTEPRED- | | LANCING DEVICE | 45 | LEVSIN | 50 |
| CHOND)(PF) | 65 | LANOXIN | 28 | LEVSIN/SL | 50 |
| KLARON..... | 35 | <i>lansoprazole</i> | 53 | LEVULAN | 33 |
| <i>klor-con</i> | 71 | <i>lanthanum</i> | 50 | LEXIVA..... | 4 |
| <i>klor-con 10</i> | 71 | <i>lapatinib</i> | 11 | LIBTAYO | 11 |
| <i>klor-con 8</i> | 71 | <i>larin</i> 1.5/30 (21) | 61 | LICART | 21 |
| <i>klor-con m10</i> | 71 | <i>larin</i> 1/20 (21) | 61 | <i>lidocaine</i> | 35 |
| <i>klor-con m15</i> | 71 | <i>larin</i> 24 fe | 62 | <i>lidocaine hcl</i> | 35 |
| <i>klor-con m20</i> | 71 | <i>larin</i> fe 1.5/30 (28) | 62 | <i>lidocaine hcl-hydrocortison ac</i> | |
| <i>klor-con/ef</i> | 71 | <i>larin</i> fe 1/20 (28) | 62 | ..... | 35, 51 |
| KLOXXADO | 21 | LASIX | 27 | LIDOCAINE HCL- | |
| KOATE..... | 30 | LASTACAF T ONCE DAILY | | HYDROCORTISON AC. | 51 |
| <i>kobee</i> | 72 | RELIEF..... | 65 | <i>lidocaine viscous</i> | 35 |
| KOGENATE FS..... | 30 | <i>latanoprost</i> | 66 | <i>lidocaine-hydrocortisone-aloe</i> | |
| KORSUVA | 39 | LATUDA..... | 23 | ..... | 51 |
| KOSELUGO | 11 | <i>laxative (bisacodyl)</i> | 51 | <i>lidocaine-prilocaine</i> | 35 |
| KOSHER PRENATAL PLUS | | <i>laxative peg 3350</i> | 51 | <i>lidocort</i> | 35 |
| IRON..... | 72 | <i>layolis</i> fe | 62 | LILETTA | 58 |
| KOVALTRY | 30 | <i>leena</i> 28 | 62 | <i>lindane</i> | 38 |
| K-PHOS NO 2..... | 71 | <i>leflunomide</i> | 58 | <i>linezolid</i> | 6 |
| K-PHOS ORIGINAL..... | 71 | LEMTRADA | 54 | LINZESS..... | 52 |

| | | | | | |
|---------------------------------------|--------|-------------------------------|----|--------------------------------|----|
| <i>liothyronine</i> | 50 | LUMOXITI | 11 | MAVENCLAD (10 TABLET PACK) | 54 |
| <i>lisinopril</i> | 27 | LUMRYZ | 23 | MAVENCLAD (4 TABLET PACK) | 54 |
| <i>lisinopril-hydrochlorothiazide</i> | 27 | LUNSUMIO | 11 | MAVENCLAD (5 TABLET PACK) | 54 |
| LITEAIRE MDI CHAMBER | 42 | LUPKYNIS | 11 | MAVENCLAD (6 TABLET PACK) | 54 |
| <i>lithium carbonate</i> | 23 | LUPRON DEPOT | 12 | MAVENCLAD (7 TABLET PACK) | 54 |
| LITHOBID | 23 | LUPRON DEPOT (3 MONTH) | 11 | MAVENCLAD (8 TABLET PACK) | 54 |
| LITHOSTAT | 39 | LUPRON DEPOT (4 MONTH) | 11 | MAVENCLAD (9 TABLET PACK) | 54 |
| LIVALO | 31 | LUPRON DEPOT (6 MONTH) | 11 | MAXITROL | 66 |
| LIVMARLI | 52 | LUPRON DEPOT-PED | 12 | MAXZIDE | 27 |
| LIVTENCITY | 4 | LUPRON DEPOT-PED (3 MONTH) | 12 | MAXZIDE-25MG | 27 |
| LODINE | 21 | l | | MAYZENT | 54 |
| LODOSYN | 17 | <i>urasidone</i> | 23 | MAYZENT STARTER(FOR 1MG MAINT) | 54 |
| <i>lofena</i> | 21 | <i>lутера (28)</i> | 62 | MAYZENT STARTER(FOR 2MG MAINT) | 54 |
| <i>lojaimies</i> | 62 | LUXIQ | 38 | <i>meclizine</i> | 52 |
| LOKELMA | 50 | LUXTURNА | 65 | <i>meclofenamate</i> | 21 |
| LOMOTIL | 50 | LUZU | 36 | MEDISENSE | 45 |
| LONSURF | 11 | <i>lyeq</i> | 59 | MEDISENSE GLUCOSE KETONE | 45 |
| <i>loperamide</i> | 50 | <i>lyllana</i> | 59 | MEDROL | 41 |
| LOPID | 31 | LYMEPAK | 8 | MEDROL (PAK) | 41 |
| <i>lopinavir-ritonavir</i> | 4 | LYNPARZA | 12 | <i>medroxyprogesterone</i> | 59 |
| LOPRESSOR | 27 | LYSODREN | 12 | <i>mefenamic acid</i> | 21 |
| LOPROX (AS OLAMINE) | 36 | LYTGOBI | 12 | <i>mefloquine</i> | 6 |
| LOPROX KIT | 36 | LYUMJEV KWIKPEN U-100 INSULIN | 47 | <i>megestrol</i> | 12 |
| <i>lorazepam</i> | 23 | M | | MEKINIST | 12 |
| <i>lorazepam intensol</i> | 23 | MACROBID | 8 | MEKTOVI | 12 |
| LORBRENA | 11 | MACRODANTIN | 8 | <i>meloxicam</i> | 21 |
| <i>loryna (28)</i> | 62 | <i>mafенide acetate</i> | 35 | <i>meloxicam submicronized</i> | 21 |
| LORZONE | 19 | <i>magnesium citrate</i> | 52 | <i>melphalan</i> | 12 |
| <i>losartan</i> | 27 | MALARONE | 6 | <i>memantine</i> | 18 |
| <i>losartan-hydrochlorothiazide</i> | 27 | MALARONE PEDIATRIC | 6 | MEMANTINE | 18 |
| LOTEMAX | 67 | <i>malathion</i> | 38 | MENACTRA (PF) | 55 |
| LOTEMAX SM | 67 | <i>maraviroc</i> | 4 | MENOSTAR | 59 |
| LOTENSIN | 27 | MARGENZA | 12 | MENQUADFI (PF) | 55 |
| LOTENSIN HCT | 27 | MARINOL | 52 | MENTAX | 36 |
| <i>loteprednol etabonate</i> | 67 | <i>marlissa (28)</i> | 62 | MENVEO A-C-Y-W-135-DIP (PF) | 55 |
| LOTREXONE | 21 | MARNATAL-F | 72 | <i>meperidine</i> | 20 |
| <i>lovastatin</i> | 31 | MARPLAN | 23 | MEPHYTON | 30 |
| <i>low-ogestrel (28)</i> | 62 | MATULANE | 12 | <i>mепробамат</i> | 19 |
| <i>loxapine succinate</i> | 23 | <i>matzim la</i> | 27 | | |
| <i>lo-zumandimine (28)</i> | 62 | | | | |
| <i>lubiprostone</i> | 52 | | | | |
| <i>ludent fluoride</i> | 72 | | | | |
| <i>lugols</i> | 35, 71 | | | | |
| LUMAKRAS | 11 | | | | |
| LUMIGAN | 66 | | | | |
| LUMIZYME | 48 | | | | |

| | | | |
|--|-----------|---|--------|
| MEPRON..... | 6 | MIACALCIN..... | 48 |
| MEPSEVII | 48 | mibelas 24 fe | 62 |
| <i>mercaptopurine</i> | 12 | miconazole-3 | 60 |
| <i>merzee</i> | 62 | MICROCHAMBER | 42 |
| <i>mesalamine</i> | 52 | microgestin 1.5/30 (21)..... | 62 |
| <i>mesalamine with cleansing wipe</i> | 52 | microgestin 1/20 (21) | 62 |
| MESNEX | 8 | microgestin 24 fe | 62 |
| <i>metaxalone</i> | 19 | microgestin fe 1.5/30 (28).... | 62 |
| <i>metformin</i> | 49 | microgestin fe 1/20 (28)..... | 62 |
| <i>methadone</i> | 20 | MICROSPACER..... | 42 |
| <i>methadose</i> | 20 | midazolam..... | 24 |
| <i>methamphetamine</i> | 23 | MIDAZOLAM..... | 24 |
| <i>methazolamide</i> | 66 | midodrine..... | 39 |
| <i>methenamine hippurate</i> | 8 | MIFEPREX..... | 60 |
| <i>methenamine mandelate</i> | 8 | mifepristone | 60 |
| <i>methen-sod phos-meth blue- hyos</i> | 71 | migergot..... | 17 |
| <i>methergine</i> | 63 | miglitol | 49 |
| <i>methimazole</i> | 41 | miglustat | 48 |
| METHITEST..... | 48 | MIGRALAN..... | 17 |
| <i>methocarbamol</i> | 19 | mil | 62 |
| <i>methotrexate sodium</i> | 12 | <i>milk of magnesia</i> | 52 |
| <i>methotrexate sodium (pf)</i> | 12 | <i>milk of magnesia concentrated</i> | 52 |
| <i>methoxsalen</i> | 33 | millipred | 41 |
| <i>methscopolamine</i> | 50 | millipred dp | 41 |
| <i>methsuximide</i> | 16 | mimvey..... | 59 |
| <i>methyl salicylate</i> | 33 | MINIPRESS | 27 |
| <i>methyldopa</i> | 27 | minocycline | 8 |
| <i>methyldopa- hydrochlorothiazide</i> | 27 | minoxidil | 27 |
| <i>methylergonovine</i> | 63 | MIOCHOL-E | 64 |
| METHYLIN..... | 23 | miostat | 66 |
| <i>methylphenidate</i> | 23 | MIRAPEX ER | 17 |
| <i>methylphenidate hcl</i> | 24 | MIRENA | 58 |
| <i>methylprednisolone</i> | 41 | mirtazapine | 24 |
| <i>methyltestosterone</i> | 48 | MIRVASO..... | 34 |
| <i>metoclopramide hcl</i> | 52 | misoprostol | 53 |
| <i>metolazone</i> | 27 | MITIGARE..... | 56 |
| METOPIRONE | 39 | mitoxantrone | 12 |
| <i>metoprolol succinate</i> | 27 | MKO (MIDAZOLAM- KETAMINE-ONDAN).... | 24 |
| <i>metoprolol ta-hydrochlorothiaz</i> | 27 | M-M-R II (PF) | 55 |
| <i>metoprolol tartrate</i> | 27 | <i>m-natal plus</i> | 72 |
| METROCREAM..... | 34 | modafinil | 24 |
| METROGEL | 34 | MODERNA COVID BIVAL(6M UP)(PF)..... | 55 |
| <i>metronidazole</i> | 6, 34, 60 | MODERNA COVID BIVAL(6M-5Y)-PF..... | 56 |
| <i>metyrosine</i> | 27 | moexipril..... | 27 |
| <i>mexiletine</i> | 25 | molindone | 24 |
| | | <i>mometasone</i> | 38, 69 |
| | | <i>monodoxyne nl</i> | 8 |
| | | MONJUVI..... | 12 |
| | | MONODOX | 8 |
| | | <i>mono-linyah</i> | 62 |
| | | MONOVISC..... | 21 |
| | | <i>montelukast</i> | 69 |
| | | MONUROL..... | 8 |
| | | <i>morgidox</i> | 8 |
| | | MORGIDOX 1X 50..... | 8 |
| | | MORGIDOX 1X100..... | 8 |
| | | <i>morphine</i> | 20 |
| | | <i>morphine concentrate</i> | 20 |
| | | MOTOFEN..... | 50 |
| | | MOUNJARO..... | 49 |
| | | MOVANTIK | 52 |
| | | MOXATAG..... | 7 |
| | | <i>moxifloxacin</i> | 7, 63 |
| | | MOXIFLOXACIN (PF)-BSS | 63 |
| | | MOXIFLOXACIN-SOD CHLOR,ISO(PF)..... | 63 |
| | | MOZOBIL..... | 53 |
| | | MS CONTIN | 20 |
| | | MUGARD | 40 |
| | | MULTAQ | 25 |
| | | <i>multi-vitamin with fluoride</i> .. | 72 |
| | | mupirocin | 35 |
| | | MVASI..... | 12 |
| | | <i>mvc-fluoride</i> | 72 |
| | | <i>my choice</i> | 62 |
| | | <i>my way</i> | 62 |
| | | MYALEPT | 48 |
| | | MYAMBUTOL | 6 |
| | | MYCAPSSA..... | 12 |
| | | MYCOBUTIN | 6 |
| | | <i>mycophenolate mofetil</i> | 12 |
| | | <i>mycophenolate sodium</i> | 12 |
| | | MYDAYIS | 24 |
| | | MYDRIACYL | 64 |
| | | MYDRIATIC4(TROP-PROP- PE-KTRLC)..... | 65 |
| | | MYFEMBREE | 60 |
| | | MYFORTIC | 12 |
| | | MYGLUCOHEALTH CONTROL SOLUTION . | 45 |
| | | MYLERAN | 12 |
| | | MYLOTARG | 12 |
| | | <i>mynatal</i> | 72 |

| | |
|---------------------------------------|--------|
| <i>mynatal plus</i> | 72 |
| <i>mynatal-z</i> | 72 |
| MYOBLOC | 56 |
| MYRBETRIQ | 70 |
| MYSOLINE | 16 |
| MYXREDLIN | 47 |
| N | |
| <i>nabumetone</i> | 21 |
| <i>adolol</i> | 27 |
| <i>naftifine</i> | 36 |
| NAFTIN | 36 |
| NAGLAZYME | 48 |
| NALFON | 21 |
| NALOCET | 20 |
| <i>naloxone</i> | 21 |
| NALTREX | 21 |
| <i>naltrexone</i> | 21 |
| NAMENDA | 18 |
| NAMENDA TITRATION PAK | 18 |
| NAMENDA XR | 18 |
| NAMZARIC | 18 |
| NAPROSYN | 21 |
| <i>naproxen</i> | 21, 22 |
| <i>naproxen sodium</i> | 22 |
| <i>naratriptan</i> | 17 |
| NARCAN | 22 |
| NARDIL | 24 |
| NATACHEW (FE BIS-GLYCINATE) | 72 |
| NATACYN | 63 |
| <i>nateglinide</i> | 49 |
| NATESTO | 48 |
| <i>natura-lax</i> | 52 |
| NAYZILAM | 16 |
| <i>nebivolol</i> | 27 |
| NEBUPENT | 6 |
| <i>nebusal</i> | 69 |
| NEBUSAL | 69 |
| <i>necon 0.5/35 (28)</i> | 62 |
| <i>nefazodone</i> | 24 |
| <i>nelarabine</i> | 12 |
| <i>neomycin</i> | 6 |
| <i>neomycin-bacitracin-poly-hc</i> | 66 |
| <i>neomycin-bacitracin-polymyxin</i> | 63 |
| <i>neomycin-polymyxin b gu</i> | 38 |
| <i>neomycin-polymyxin b-dexameth</i> | 66 |
| <i>neomycin-polymyxin-gramicidin</i> | 63 |
| <i>neomycin-polymyxin-hc</i> | 41, 66 |
| NEONATAL COMPLETE | 72 |
| NEONATAL PLUS VITAMIN | 72 |
| NEONATAL-DHA | 72 |
| <i>neo-polycin</i> | 64 |
| <i>neo-polycin hc</i> | 66 |
| NEORAL | 12 |
| NEO-SYNALAR | 35 |
| NEO-SYNALAR KIT | 35 |
| NERLYNX | 12 |
| NESTABS | 72 |
| NESTABS ABC | 72 |
| NESTABS DHA | 72 |
| <i>neuac</i> | 34 |
| NEUAC KIT | 34 |
| NEUPRO | 17 |
| <i>nevirapine</i> | 4 |
| <i>new day</i> | 62 |
| <i>newgen</i> | 72 |
| NEXAVAR | 12 |
| NEXLETOL | 31 |
| NEXLIZET | 31 |
| NEXOBRID | 38 |
| NEXPLANON | 60 |
| NEXVIAZYME | 48 |
| <i>niacin</i> | 31 |
| NIACOR | 31 |
| <i>nicardipine</i> | 27 |
| NICODERM CQ | 40 |
| <i>nicorette</i> | 40 |
| NICORETTE | 40 |
| <i>nicotine</i> | 40 |
| <i>nicotine (polacrilex)</i> | 40 |
| NICOTROL | 40 |
| NICOTROL NS | 40 |
| <i>nifedipine</i> | 27 |
| <i>nikki (28)</i> | 62 |
| NILANDRON | 12 |
| <i>nilutamide</i> | 12 |
| <i>nimodipine</i> | 27 |
| NINLARO | 12 |
| <i>nisoldipine</i> | 27 |
| <i>nitazoxanide</i> | 6 |
| <i>nitisinone</i> | 39 |
| <i>nitro-bid</i> | 32 |
| NITRO-DUR | 32 |
| <i>nitrofurantoin</i> | 8 |
| <i>nitrofurantoin macrocrystal</i> | 8 |
| <i>nitrofurantoin monohyd/m-cryst</i> | 8 |
| <i>nitroglycerin</i> | 32 |
| NITROLINGUAL | 32 |
| NITROMIST | 32 |
| NITROSTAT | 32 |
| <i>nitro-time</i> | 32 |
| NITYR | 39 |
| <i>niva thyroid</i> | 50 |
| NIVESTYM | 53 |
| <i>nizatidine</i> | 53 |
| NOCDURNA (MEN) | 48 |
| NOCDURNA (WOMEN) | 48 |
| <i>nolix</i> | 38 |
| <i>nora-be</i> | 59 |
| NORDITROPIN FLEXPRO | 54 |
| <i>noreth-ethinyl estradiol-iron</i> | 62 |
| <i>norethindrone (contraceptive)</i> | 59 |
| <i>norethindrone acetate</i> | 59 |
| <i>norethindrone ac-eth estradiol</i> | 59, 62 |
| <i>norethindrone-e.estradiol-iron</i> | 62 |
| NORGESIC | 19 |
| NORGESIC FORTE | 19 |
| <i>norgestimate-ethinyl estradiol</i> | 62 |
| NORPRAMIN | 24 |
| <i>nortrel 0.5/35 (28)</i> | 62 |
| <i>nortrel 1/35 (21)</i> | 62 |
| <i>nortrel 1/35 (28)</i> | 62 |
| <i>nortrel 7/7/7 (28)</i> | 62 |
| <i>nortriptyline</i> | 24 |
| NORVIR | 4 |
| NOURIANZ | 17 |
| NOVA MAX GLUCOSE CONTROL | 45 |
| NOVA MAX PLUS GLUC-KETON METER | 45 |
| NOVAMAX PLUS GLU-KET | 45 |
| NOVAVAX COVID-19 VACC,ADJ(EUA) | 56 |
| NOVOEIGHT | 30 |
| NOXAFILE | 3 |
| <i>np thyroid</i> | 50 |

| | | | | | |
|-------------------------------|-----------|----------------------------------|----|----------------------------------|----|
| NPLATE | 30 | OLUX-E | 38 | OPTICHAMBER DIAMOND | |
| NUBEQA | 12 | OMECLAMOX-PAK | 53 | VHC | 42 |
| NUCALA | 69 | <i>omega-3 acid ethyl esters</i> | 31 | option-2 | 62 |
| NUCORT | 38 | omeprazole | 53 | OPZELURA | 33 |
| NUEDEXTA | 18 | OMIDRIA | 65 | ORACIT | 71 |
| NULEV | 50 | OMNIPOD 5 G6 INTRO KIT | 45 | <i>oral saline laxative</i> | 52 |
| NULIBRY | 18 | (GEN 5) | 45 | ORALAIR | 56 |
| NUMBRINO | 35 | OMNIPOD 5 G6 PODS (GEN | 45 | <i>oralone</i> | 40 |
| NUPLAZID | 24 | 5) | 45 | ORAMAGICRX | 40 |
| NURTEC ODT | 17 | OMNIPOD CLASSIC PODS | 45 | ORAPRED ODT | 41 |
| NUVESSA | 60 | (GEN 3) | 45 | ORAVIG | 3 |
| NUZYRA | 8 | OMNIPOD DASH INTRO | 45 | ORENITRAM | 27 |
| <i>nyamyc</i> | 36 | KIT (GEN 4) | 45 | ORENITRAM MONTH 1 | |
| <i>nylia 1/35 (28)</i> | 62 | OMNIPOD DASH PODS | 45 | TITRATION KT | 27 |
| <i>nylia 7/7/7 (28)</i> | 62 | (GEN 4) | 45 | ORENITRAM MONTH 2 | |
| NYMALIZE | 27 | OMNIPOD GO PODS 10 | 45 | TITRATION KT | 28 |
| <i>nymyo</i> | 62 | UNITS/DAY | 45 | ORENITRAM MONTH 3 | |
| NYNUTEY | 35 | OMNITROPE | 54 | TITRATION KT | 28 |
| <i>nystatin</i> | 3, 36 | ON CALL EXPRESS | | ORFADIN | 39 |
| <i>nystatin-triamcinolone</i> | 36 | CONTROL | 45 | ORGOVYX | 12 |
| <i>nystop</i> | 36 | ON CALL PLUS CONTROL | 45 | ORIAHNN | 60 |
| O | | ON CALL VIVID CONTROL | 45 | ORILISSA | 48 |
| OB COMPLETE ONE | 72 | <i>ondansetron</i> | 52 | ORKAMBI | 69 |
| OB COMPLETE PETITE | 72 | <i>ondansetron hcl</i> | 52 | ORLADEYO | 69 |
| OB COMPLETE PREMIER | 72 | <i>one daily prenatal</i> | 72 | <i>orphenadrine citrate</i> | 19 |
| OB COMPLETE WITH DHA | 72 | ONETOUCH ULTRA | | <i>orphenadrine-asa-caffeine</i> | 19 |
| OBIZUR | 30 | CONTROL | 45 | <i>orphengesic forte</i> | 19 |
| OCALIVA | 52 | ONETOUCH ULTRA TEST | 42 | ORSERDU | 12 |
| <i>ocella</i> | 62 | ONETOUCH ULTRA2 | | ORTHOVISC | 22 |
| OCREVUS | 54 | METER | 46 | ORTIKOS | 52 |
| OCTAGAM | 56 | ONETOUCH VERIO FLEX | | <i>oscimin</i> | 50 |
| <i>octreotide acetate</i> | 12 | METER | 46 | <i>oscimin sl</i> | 50 |
| OCUFLOX | 64 | ONETOUCH VERIO MID | | <i>oseltamivir</i> | 4 |
| ODACTRA | 56 | CONTROL | 46 | OSENI | 49 |
| ODEFSEY | 4 | ONETOUCH VERIO | | OSMOLEX ER | 17 |
| ODOMZO | 12 | REFLECT METER | 46 | OTEZLA | 58 |
| OFEV | 69 | ONETOUCH VERIO TEST | | OTEZLA STARTER | 58 |
| <i>ofloxacin</i> | 7, 41, 64 | STRIPS | 42 | OTOVEL | 41 |
| <i>olanzapine</i> | 24 | ONEXTON | 34 | OVACE | 32 |
| <i>olanzapine-fluoxetine</i> | 24 | ONIVYDE | 12 | OVACE PLUS | 32 |
| <i>olmesartan</i> | 27 | <i>opcicon one-step</i> | 62 | OVACE PLUS SHAMPOO | 32 |
| <i>olmesartanamlodipin-</i> | | OPDIVO | 12 | OVACE PLUS WASH | 32 |
| <i>hcثiazid</i> | 27 | OPDUALAG | 12 | OVIDE | 38 |
| <i>olmesartan-</i> | | <i>opium tincture</i> | 50 | <i>oxaprozin</i> | 22 |
| <i>hydrochlorothiazide</i> | 27 | OPSUMIT | 69 | OXAYDO | 20 |
| <i>olopatadine</i> | 40, 65 | | | <i>oxazepam</i> | 24 |
| OLPRUVA | 39 | | | <i>oxcarbazepine</i> | 16 |
| OLUX | 38 | | | OXERVATE | 65 |
| | | | | <i>oxiconazole</i> | 36 |

| | | | |
|---|----|---|----|
| OXLUMO | 71 | pimecrolimus | 33 |
| OXTELLAR XR..... | 16 | pimozide | 24 |
| <i>oxybutynin chloride</i> | 70 | pimtreia (28) | 62 |
| <i>oxycodone</i> | 20 | pindolol | 28 |
| <i>oxycodone-acetaminophen</i> .. | 20 | pioglitazone | 49 |
| OXYCONTIN | 20 | pioglitazone-glimepiride..... | 49 |
| <i>oxymorphone</i> | 20 | pioglitazone-metformin | 49 |
| OXYTROL..... | 70 | PIP GLUCOSE CONTROL | |
| OZEMPIC | 49 | SOLN L1-L2..... | 46 |
| OZURDEX..... | 67 | PIQRAY | 12 |
| P | | pirfenidone | 69 |
| <i>pacerone</i> | 25 | piroxicam..... | 22 |
| PACLITAXEL PROTEIN- BOUND | 12 | PLAN B ONE-STEP..... | 62 |
| PACNEX..... | 34 | PLEGRIDY | 54 |
| PADCEV..... | 12 | plerixafor..... | 53 |
| <i>paliperidone</i> | 24 | PLEXION..... | 34 |
| PALYNZIQ..... | 48 | PLEXION CLEANSING | |
| PAMELOR..... | 24 | CLOTHS | 34 |
| PANCREAZE | 52 | PLEXION NS | 32 |
| PANDEL..... | 38 | PNEUMOVAX-23..... | 56 |
| PANRETIN | 33 | <i>pnv-select</i> | 72 |
| <i>pantoprazole</i> | 53 | POCKET CHAMBER..... | 42 |
| PANZYGA..... | 56 | <i>podofilox</i> | 33 |
| PARAGARD T 380A | 58 | POLIVY | 12 |
| <i>paricalcitol</i> | 48 | <i>polycin</i> | 64 |
| PARLODEL..... | 17 | <i>polyethylene glycol 3350</i> | 52 |
| PARNATE | 24 | <i>polymyxin b sulf-trimethoprim</i> | 64 |
| <i>paromomycin</i> | 6 | POLYTRIM..... | 64 |
| <i>paroxetine hcl</i> | 24 | POMALYST..... | 12 |
| <i>paroxetine</i> <i>mesylate(menop.sym)</i> | 24 | PONVORY | 54 |
| PASER..... | 6 | PONVORY 14-DAY STARTER PACK | 54 |
| PATADAY ONCE DAILY RELIEF | 65 | <i>portia 28</i> | 62 |
| PATADAY TWICE DAILY RELIEF | 65 | PORTRAZZA..... | 12 |
| PATANASE..... | 40 | <i>posaconazole</i> | 3 |
| PAXIL..... | 24 | <i>potassium chloride</i> | 71 |
| PAXIL CR..... | 24 | <i>potassium citrate</i> | 71 |
| PAXLOVID | 4 | <i>potassium iodide</i> | 41 |
| PEDIARIX (PF) | 56 | POTELIGEO | 12 |
| PEDVAX HIB (PF) | 56 | <i>powderlax</i> | 52 |
| <i>peg 3350-electrolytes</i> | 52 | PR BENZOYL PEROXIDE | 34 |
| <i>peg3350-sod sul-nacl-kcl-asb-c</i> | 52 | <i>pr natal 400</i> | 72 |
| PEGASYS..... | 54 | <i>pr natal 400 ec</i> | 72 |
| <i>peg-electrolyte soln</i> | 52 | <i>pr natal 430</i> | 72 |
| PEMAZYRE | 12 | <i>pr natal 430 ec</i> | 72 |
| | | PRALATREXATE | 12 |
| | | <i>pramipexole</i> | 17 |
| | | PRAMOSONE..... | 32 |

| | | | | | |
|------------------------------|--------|---------------------------------------|----|--------------------------------|--------|
| <i>prasugrel</i> | 30 | <i>prenatal complete</i> | 73 | PROCRIT | 53 |
| <i>pravastatin</i> | 31 | <i>prenatal multi-dha (algal oil)</i> | 73 | PROCTOCORT | 38, 52 |
| <i>praziquantel</i> | 6 | | 73 | <i>procto-med hc</i> | 52 |
| <i>prazosin</i> | 28 | <i>prenatal multivitamins</i> | 73 | <i>proctosol hc</i> | 52 |
| PRECISION XTRA | | <i>prenatal one daily</i> | 73 | <i>protozone-hc</i> | 52 |
| KETONE-GLUCOSE | 46 | <i>prenatal plus</i> | 73 | PRODIGY CONTROL | |
| PRECISION XTRA | | <i>prenatal plus (calcium carb)</i> | 73 | SOLUTION, LOW | 46 |
| MONITOR | 46 | PRENATAL PLUS DHA | 73 | PRODIGY CONTROL | |
| PRECISION XTRA TEST | 42 | PRENATAL PLUS | | SOLUTION,HIGH | 46 |
| PRECOSE | 49 | VITAMIN-MINERAL | 73 | PROFILNINE | 30 |
| PRED FORTE | 67 | <i>prenatal vit no.179-iron-folic</i> | 73 | <i>progesterone</i> | 59 |
| <i>prednicarbate</i> | 38 | | 73 | <i>progesterone micronized</i> | 59 |
| PREDNISOL ACE- | | <i>prenatal vitamin</i> | 73 | PROGLYCEM | 42 |
| GATIFLOX-BROMFEN | 65 | | 73 | PROGRAF | 13 |
| PREDNISOLN SP- | | <i>prenatal vitamin with minerals</i> | 73 | PROLASTIN-C | 39 |
| GATIFLOX-BROMFEN | 65 | PRENATE DHA (FERR ASP | | <i>prolate</i> | 20 |
| PREDNISOLN SP- | | GLYCIN) | 73 | PROLENSA | 66 |
| MOXIFLOX-BROMFEN | 65 | PRENATE ELITE (IRON ASP | | PROLEUKIN | 53 |
| <i>prednisolone</i> | 41 | GLYC) | 73 | PROMACTA | 30 |
| <i>prednisolone acetate</i> | 67 | PRENATE ENHANCE | 73 | <i>promethazine</i> | 68 |
| PREDNISOLONE ACETATE | | PRENATE MINI (FERR ASP | | <i>promethazine vc</i> | 68 |
| (PF) | 67 | GLYCIN) | 73 | <i>promethazine vc-codeine</i> | 68 |
| PREDNISOLONE ACETATE- | | PRENATE PIXIE | 73 | <i>promethazine-codeine</i> | 68 |
| BROMFENAC | 65 | PRENATE RESTORE | 73 | <i>promethazine-dm</i> | 68 |
| PREDNISOLONE ACETATE- | | PRENATE STAR | 73 | <i>promethegan</i> | 68 |
| NEPAFENAC | 65 | PREPIDIL | 60 | PROMETRIUM | 59 |
| PREDNISOLONE SOD PH- | | PRESTALIA | 28 | <i>propafenone</i> | 25 |
| MOXIFLOX | 67 | PRETOMANID | 6 | <i>paracetamol</i> | 66 |
| <i>prednisolone sodium</i> | | <i>prevalite</i> | 31 | <i>propranolol</i> | 28 |
| <i>phosphate</i> | 41, 67 | PREVNAR 13 (PF) | 56 | <i>propranolol-</i> | |
| PREDNISOLONE- | | PREVNAR 20 (PF) | 56 | <i>hydrochlorothiazid</i> | 28 |
| MOXIFLO-NEPAFENAC | 65 | PREVYMIS | 4 | <i>propylthiouracil</i> | 41 |
| PREDNISOLONE- | | PREZISTA | 4 | PROQUAD (PF) | 56 |
| MOXIFLOX-BROMFEN | 66 | PRIFTIN | 6 | PROSCAR | 71 |
| <i>prednisone</i> | 41 | PRIMACARE | 73 | PROTHELIAL | 41 |
| <i>prednisone intensol</i> | 41 | <i>primaquine</i> | 6 | <i>protriptyline</i> | 24 |
| <i>pregabalin</i> | 16 | PRIMEAIRE | 42 | PROVERA | 60 |
| PREHEVBARIO (PF) | 56 | <i>primidone</i> | 16 | PROVIDA OB | 73 |
| PREMARIN | 59 | PRIMSOL | 8 | <i>prudoxin</i> | 33 |
| <i>prenal chew</i> | 72 | PRIORIX (PF) | 56 | <i>pulmosal</i> | 69 |
| <i>prenal pearl</i> | 72 | PRIVIGEN | 56 | PULMOZYME | 69 |
| <i>prenal true</i> | 72 | <i>probencid</i> | 56 | <i>purelax</i> | 52 |
| PRENATA | 72 | <i>probencid-colchicine</i> | 57 | PURIXAN | 13 |
| <i>prenatabs fa</i> | 72 | PROCARDIA XL | 28 | <i>pyrazinamide</i> | 6 |
| <i>prenatabs rx</i> | 73 | <i>procenutra</i> | 24 | <i>pyridostigmine bromide</i> | 19 |
| <i>prenatal</i> | 73 | PROCHAMBER | 42 | PYRIDOSTIGMINE | |
| | | <i>prochlorperazine</i> | 52 | BROMIDE | 19 |
| | | <i>prochlorperazine maleate</i> | 52 | PYRUKYND | 39 |
| | | PROCORT | 52 | | |

| | |
|--|--------|
| Q | |
| QUELBREE..... | 24 |
| QUADRACEL (PF)..... | 56 |
| QUALAQUIN..... | 6 |
| QUDEXY XR..... | 16 |
| QUESTRAN..... | 31 |
| QUESTRAN LIGHT | 31 |
| <i>quetiapine</i> | 24 |
| QUILLICHEW ER | 24 |
| QUILLIVANT XR | 24 |
| <i>quinapril</i> | 28 |
| <i>quinapril-hydrochlorothiazide</i> | 28 |
| <i>quinidine gluconate</i> | 25 |
| <i>quinidine sulfate</i> | 25 |
| <i>quinine sulfate</i> | 6 |
| <i>quit 2</i> | 40 |
| <i>quit 4</i> | 40 |
| QULIPTA..... | 17 |
| QUVIVIQ..... | 24 |
| QVAR REDIHALER..... | 69 |
| R | |
| RABAVERT (PF)..... | 56 |
| <i>rabeprazole</i> | 53 |
| RADICAVA..... | 18 |
| RADICAVA ORS STARTER KIT SUSP..... | 18 |
| RADIOGARDASE..... | 39 |
| RAGWITEK..... | 56 |
| <i>raloxifene</i> | 57 |
| <i>ramelteon</i> | 24 |
| <i>ramipril</i> | 28 |
| <i>ranolazine</i> | 31 |
| RAPAMUNE | 13 |
| <i>rasagiline</i> | 17 |
| RASUVO (PF) | 58 |
| RAYALDEE | 48 |
| RAYOS..... | 41 |
| REBIF (WITH ALBUMIN)..... | 54 |
| REBIF REBIDOSE..... | 54 |
| REBIF TITRATION PACK..... | 54 |
| REBINYN..... | 30 |
| REBLOZYL..... | 53 |
| RECLAST | 39 |
| <i>reclipsen (28)</i> | 62 |
| RECOMBIVAX HB (PF) | 56 |
| RECTIV | 52 |
| REFUAH PLUS GLUCOSE CONTROL..... | 46 |
| REGLAN..... | 52 |
| REGRANEX..... | 33 |
| RELAGARD..... | 60 |
| RELENZA DISKHALER..... | 4 |
| RELISTOR | 52 |
| REMERON..... | 24 |
| REMERON SOLTAB | 24 |
| REMODULIN..... | 28 |
| RENACIDIN | 71 |
| <i>rena-vite</i> | 73 |
| RENVELA..... | 50 |
| <i>repaglinide</i> | 49 |
| REPATHA PUSHTRONEX | 31 |
| REPATHA SURECLICK | 31 |
| REPATHA SYRINGE | 31 |
| RESPA-AR..... | 68 |
| RESTASIS..... | 66 |
| RESTASIS MULTIDOSE | 66 |
| RESTORIL | 24 |
| RETACRIT..... | 53 |
| RETEVMO | 13 |
| RETIN-A | 34 |
| RETIN-A MICRO PUMP | 34 |
| RETISERT..... | 67 |
| RETROVIR | 4 |
| REVATIO..... | 69 |
| REVCovi | 39 |
| REVLIMID..... | 13 |
| REXULTI..... | 24 |
| REYATAZ | 4 |
| REYVOW | 17 |
| REZUROCK | 13 |
| RIASTAP | 30 |
| <i>ribavirin</i> | 4, 53 |
| RIDAURA | 58 |
| <i>rifabutin</i> | 6 |
| <i>rifampin</i> | 6 |
| RIGHTEST CONTROL SOLUTION HIGH | 46 |
| RILUTEK | 39 |
| <i>riluzole</i> | 39 |
| <i>rimantadine</i> | 4 |
| <i>ringer's</i> | 38 |
| RINVOQ | 58 |
| RIOMET | 49 |
| RIOMET ER | 49 |
| <i>risedronate</i> | 39, 57 |
| RISPERDAL | 25 |
| RISPERDAL CONSTA..... | 25 |
| <i>risperidone</i> | 25 |
| RITEFLO AEROCHAMBER | 42 |
| <i>ritonavir</i> | 4 |
| <i>rivastigmine</i> | 18 |
| <i>rivastigmine tartrate</i> | 18 |
| <i>rivelsa</i> | 62 |
| RIXUBIS | 30 |
| <i>rizatriptan</i> | 17 |
| R-NATAL OB | 73 |
| ROBINUL | 50 |
| ROBINUL FORTE | 50 |
| <i>roflumilast</i> | 69 |
| <i>romidepsin</i> | 13 |
| ROMIDEPSIN | 13 |
| <i>ropinirole</i> | 17 |
| <i>rosadan</i> | 34 |
| ROSADAN | 34 |
| ROSULA | 34 |
| <i>rosula cleansing cloths</i> | 34 |
| <i>rosuvastatin</i> | 31 |
| ROSZET | 31 |
| ROTARIX | 56 |
| ROTATEQ VACCINE | 56 |
| ROWASA | 52 |
| <i>roweepra</i> | 16 |
| ROXICODONE | 20 |
| ROZLYTREK | 13 |
| RUBRACA | 13 |
| RUCONEST | 70 |
| <i>rufinamide</i> | 16 |
| RUXIENCE | 13 |
| RYALTRIS | 70 |
| RYBELSUS | 49 |
| RYBREVANT | 13 |
| RYCLORA | 68 |
| RYDAPT | 13 |
| RYLAZE | 13 |
| RYTARY | 17 |
| RYTHMOL SR | 25 |
| RYVENT | 68 |
| S | |
| SAFE-CLIP NEEDLE STORAGE DEV | 46 |
| <i>sajazir</i> | 70 |
| SALAGEN (PILOCARPINE) | 39, 41 |
| <i>salsalate</i> | 22 |
| SANDIMMUNE | 13 |

| | | | | | |
|---|------|--|------------|---|--------|
| SANDOSTATIN | 13 | SIMPONI..... | 58 | SPRITAM..... | 16 |
| SANTYL..... | 38 | SIMPONI ARIA..... | 58 | SPRIX..... | 22 |
| SAPHNELO..... | 13 | <i>simvastatin</i> | 31 | SPRYCEL | 13 |
| <i>sapropterin</i> | 48 | SINEMET..... | 17 | <i>sps (with sorbitol)</i> | 50 |
| SARCLISA | 13 | SINUVA..... | 70 | <i>sronyx</i> | 62 |
| SAVELLA | 58 | <i>sirolimus</i> | 13 | <i>ssd</i> | 32 |
| <i>saxagliptin</i> | 49 | SIRTURO | 6 | SSKI..... | 41 |
| <i>saxagliptin-metformin</i> | 49 | SIVEXTRO..... | 7 | <i>sss 10-5</i> | 34 |
| <i>scalacort</i> | 38 | SKYLA..... | 58 | <i>st joseph aspirin</i> | 22 |
| SCALACORT DK..... | 38 | SKYRIZI | 32, 52 | <i>st. joseph aspirin</i> | 22 |
| SCEMBLIX..... | 13 | SMARTEST CONTROL..... | 46 | STALEVO 100 | 17 |
| SCENESSE | 33 | <i>smoothlax</i> | 52 | STALEVO 125 | 17 |
| <i>scopolamine base</i> | 52 | <i>sodium chloride</i> | 39, 40, 70 | STALEVO 150 | 17 |
| SECUADO..... | 25 | <i>sodium chloride 0.9 %</i> | 39 | STALEVO 200 | 17 |
| SEGLUROMET | 49 | <i>sodium chloride 0.9 % (flush)</i> | 39 | STALEVO 50 | 17 |
| SELECT-OB | 73 | SODIUM OXYBATE | 25 | STALEVO 75 | 17 |
| SELECT-OB (FOLIC ACID) | 73 | <i>sodium phenylbutyrate</i> | 40 | STAMARIL (PF)..... | 56 |
| SELECT-OB + DHA | 73 | <i>sodium polystyrene sulfonate</i> | 50 | <i>stavudine</i> | 5 |
| <i>selegiline hcl</i> | 17 | <i>sodium,potassium,mag sulfates</i> | 52 | STEGLATRO | 49 |
| <i>selenium sulfide</i> | 32 | <i>solifenacin</i> | 70 | STEGLUJAN | 49 |
| SELRX..... | 32 | SOLIQUA 100/33 | 47 | STELARA | 32 |
| SELZENTRY | 4, 5 | SOLIRIS | 40 | STIOLTO RESPIMAT..... | 70 |
| SEMGLEE(INSULIN GLARGINE-YFGN)..... | 47 | SOLOSEC | 7 | STIVARGA | 13 |
| SEMGLEE(INSULIN GLARG-YFGN)PEN | 47 | SOLTAMOX | 13 | <i>stop smoking aid</i> | 40 |
| <i>se-natal 19 chewable</i> | 73 | SOLUS V2 CONTROL SOLUTION,HIGH | 46 | STRENSIQ..... | 48 |
| <i>se-natal-19</i> | 73 | SOMA | 19 | <i>stress formula with iron</i> | 73 |
| SEREVENT DISKUS..... | 70 | SOMATULINE DEPOT | 13 | <i>stress formula with iron(sulf)</i> | 73 |
| SEROSTIM..... | 54 | SOMAVERT | 48 | STROMECTOL..... | 7 |
| <i>sertraline</i> | 25 | SOOLANTRA | 34 | <i>strong iodine</i> | 35, 71 |
| <i>setlakin</i> | 62 | <i>sorafenib</i> | 13 | SUBLOCADE | 20 |
| <i>sevelamer carbonate</i> | 50 | SORBITOL | 38 | <i>subvenite</i> | 16 |
| <i>sevelamer hcl</i> | 50 | SORBITOL-MANNITOL | 39 | <i>subvenite starter (blue) kit</i> | 16 |
| SEVENFACT..... | 30 | <i>sotalol</i> | 25 | <i>subvenite starter (green) kit</i> | 16 |
| SFROWASA..... | 52 | <i>sotalol af</i> | 25 | <i>subvenite starter (orange) kit</i> | 16 |
| <i>sharobel</i> | 60 | SOTYLIZE | 25 | SUCRAID | 52 |
| SHINGRIX (PF)..... | 56 | SPACE CHAMBER..... | 42 | <i>sucralfate</i> | 53 |
| SIGNIFOR | 13 | SPEVIGO | 32 | SULAR..... | 28 |
| <i>sildenafil (pulm.hypertension)</i> | 70 | <i>spinosad</i> | 38 | <i>sulfacetamide sodium</i> | 32, 67 |
| SILENOR..... | 25 | SPIRIVA RESPIMAT | 70 | <i>sulfacetamide sodium (acne)</i> | 35 |
| <i>silodosin</i> | 71 | SPIRIVA WITH HANDIHALER..... | 70 | <i>sulfacetamide sodium-sulfur</i> | 34 |
| SILVADENE | 32 | <i>spironolactone</i> | 28 | <i>sulfacetamide-prednisolone</i> | 67 |
| <i>silver sulfadiazine</i> | 32 | <i>spironolacton-</i> <i>hydrochlorothiaz</i> | 28 | <i>sulfacleanse 8-4</i> | 35 |
| SIMBRINZA..... | 66 | SPORANOX | 3 | <i>sulfadiazine</i> | 7 |
| <i>simliya (28)</i> | 62 | <i>sprintec (28)</i> | 62 | <i>sulfamethoxazole-trimethoprim</i> | 7 |
| <i>simpesse</i> | 62 | | | SULFAMYLYON | 35 |
| | | | | <i>sulfasalazine</i> | 52 |
| | | | | <i>sulfatrim</i> | 7 |
| | | | | <i>sulindac</i> | 22 |

| | |
|---|--------|
| SUMADAN..... | 35 |
| SUMADAN XLT | 35 |
| sumatriptan | 17 |
| sumatriptan succinate | 17 |
| sumatriptan-naproxen | 18 |
| SUMAXIN..... | 35 |
| SUMAXIN CP | 35 |
| SUMAXIN TS..... | 35 |
| sunitinib malate | 13 |
| SUNLENCA..... | 5 |
| SUNOSI..... | 25 |
| super b maxi complex..... | 73 |
| super quints | 73 |
| SUPPRELIN LA..... | 13 |
| SUPRAX..... | 5 |
| SUTENT | 13 |
| syeda | 62 |
| SYLVANT | 13 |
| SYMAX DUOTAB | 50 |
| symax fastabs..... | 50 |
| symax-sl | 50 |
| symax-sr | 50 |
| SYMBICORT..... | 70 |
| SYMBYAX..... | 25 |
| SYMDEKO..... | 70 |
| SYMFI | 5 |
| SYMFI LO | 5 |
| SYMJEPI | 68 |
| SYMLINPEN 120 | 49 |
| SYMLINPEN 60 | 49 |
| SYMPAZAN..... | 16 |
| SYMPROIC | 52 |
| SYMTUZA | 5 |
| SYNAGIS | 5 |
| SYNALAR..... | 38 |
| SYNALAR CREAM KIT | 38 |
| SYNALAR OINTMENT KIT | 38 |
| SYNALAR TS | 38 |
| SYNAREL | 48 |
| SYNDROS | 52 |
| SYNJARDY | 49 |
| SYNJARDY XR..... | 49 |
| SYNRIBO | 13 |
| SYPRINE..... | 40 |
| T | |
| TABLOID | 13 |
| TABRECTA..... | 13 |
| TACLONEX | 32 |
| <i>tacrolimus</i> | 13, 33 |
| <i>tadalafil (pulm. hypertension)</i> | 70 |
| TAFINLAR..... | 13 |
| <i>tafluprost (pf)</i> | 66 |
| TAGRISSO..... | 13 |
| TAKE ACTION | 63 |
| TAKHZYRO | 70 |
| TALICIA | 53 |
| TALTZ AUTOINJECTOR | 32 |
| TALTZ AUTOINJECTOR (2 PACK)..... | 32 |
| TALTZ AUTOINJECTOR (3 PACK)..... | 32 |
| TALTZ SYRINGE | 32 |
| TALZENNA | 13 |
| TAMIFLU | 5 |
| <i>tamoxifen</i> | 13 |
| <i>tamsulosin</i> | 71 |
| TAPERDEX | 41 |
| TARCEVA | 13 |
| TARGADOX | 8 |
| TARGETIN | 13 |
| <i>tarina 24 fe</i> | 63 |
| <i>tarina fe 1/20 (28)</i> | 63 |
| TARPEYO | 41 |
| TASIGNA | 14 |
| <i>tasimelteon</i> | 25 |
| TASMAR | 17 |
| <i>tavaborole</i> | 36 |
| TAVALISSE | 30 |
| <i>taysofy</i> | 63 |
| <i>tazarotene</i> | 35 |
| <i>taztia xt</i> | 28 |
| TAZVERIK | 14 |
| TDVAX | 56 |
| TECARTUS | 14 |
| TECENTRIQ | 14 |
| TECVAYLI | 14 |
| TEGRETOL | 16 |
| TEGRETOL XR..... | 16 |
| TEGSEDI | 18 |
| TEKTURN A HCT | 28 |
| TEL CARE CONTROL | 46 |
| <i>telmisartan</i> | 28 |
| <i>telmisartanamlodipine</i> | 28 |
| <i>telmisartanhydrochlorothiazid</i> | 28 |
| <i>temazepam</i> | 25 |
| TEMBEWA..... | 5 |
| TEMODAR | 14 |
| TEMOVATE | 38 |
| <i>temozolomide</i> | 14 |
| <i>temsirolimus</i> | 14 |
| <i>tencon</i> | 20 |
| TENIVAC (PF)..... | 56 |
| <i>tenofovir disoproxil fumarate</i> | 5 |
| TENO RETIC 100 | 28 |
| TENO RETIC 50 | 28 |
| TENORMIN | 28 |
| TEPEZZA | 48 |
| <i>terazosin</i> | 28 |
| <i>terbinafine hcl</i> | 3 |
| <i>terbutaline</i> | 70 |
| <i>terconazole</i> | 60 |
| <i>teriflunomide</i> | 54 |
| TERIPARATIDE | 57 |
| TERLIVAZ | 48 |
| TERSI FOAM | 32 |
| TESTOPEL | 48 |
| <i>testosterone</i> | 48 |
| TESTOSTERONE | 48 |
| <i>testosterone cypionate</i> | 48 |
| <i>testosterone enanthate</i> | 48 |
| <i>tetrabenazine</i> | 18 |
| <i>tetracaine hcl</i> | 66 |
| TETRACAINE HCL (PF) | 66 |
| <i>tetracycline</i> | 8 |
| TEXACORT | 38 |
| TEZSPIRE | 70 |
| THALOMID | 14 |
| THEO-24 | 70 |
| <i>theophylline</i> | 70 |
| THIOLA EC | 40 |
| <i>thioridazine</i> | 25 |
| <i>thiothixene</i> | 25 |
| THRIVITE RX | 73 |
| <i>thyroid (pork)</i> | 50 |
| <i>tiadylt er</i> | 28 |
| <i>tiagabine</i> | 16 |
| TIAZAC | 28 |
| TIBSOVO | 14 |
| TICOVAC | 56 |
| TIGLUTIK | 40 |
| <i>tilia fe</i> | 63 |
| <i>timolol maleate</i> | 28, 64 |
| <i>timolol maleate (pf)</i> | 64 |

| | |
|--|--------|
| TIMOLOL-BRIMONIDI- | |
| DORZOLAM(PF)..... | 66 |
| tinidazole | 7 |
| tiopronin..... | 40 |
| tis-u-sol pentalyte | 39 |
| TIVDAK | 14 |
| TIVICAY | 5 |
| TIVICAY PD | 5 |
| tizanidine | 19 |
| TOBI PODHALER..... | 7 |
| TOBRADEX | 67 |
| tobramycin | 7, 64 |
| tobramycin in 0.225 % nacl... <td>7</td> | 7 |
| TOBRAMYCIN WITH | |
| NEBULIZER..... | 7 |
| tobramycin-dexamethasone .. | 67 |
| TOBRAMYCIN- | |
| VANCOMYCIN | 64 |
| TOBREX..... | 64 |
| TODAY CONTRACEPTIVE | |
| SPONGE | 60 |
| TOLAK..... | 33 |
| tolcapone | 17 |
| tolmetin | 22 |
| tolterodine | 70 |
| tolvaptan | 48 |
| TOPICORT | 38 |
| topiramate | 16 |
| topotecan | 14 |
| toremifene..... | 14 |
| TORISEL | 14 |
| torsemide | 28 |
| TOSYMRA | 18 |
| TOUJEO MAX U-300 | |
| SOLOSTAR | 47 |
| TOUJEO SOLOSTAR U-300 | |
| INSULIN..... | 47 |
| tovet emollient | 38 |
| TOVIAZ..... | 70 |
| TRACLEER | 70 |
| tramadol | 22 |
| tramadol-acetaminophen | 22 |
| trandolapril | 28 |
| trandolapril-verapamil..... | 28 |
| tranexamic acid | 60 |
| tranylcyprromine..... | 25 |
| travoprost | 66 |
| TRAZIMERA..... | 14 |
| trazodone..... | 25 |
| TREANDA | 14 |
| TRECATOR | 7 |
| TRELEGY ELLIPTA..... | 70 |
| TREMFYA | 32 |
| treprostinil sodium | 28 |
| TRESIBA FLEXTOUCH U- | |
| 100..... | 47 |
| TRESIBA FLEXTOUCH U- | |
| 200..... | 47 |
| TRESIBA U-100 INSULIN. | 47 |
| tretinoiin | 35 |
| tretinoiin (antineoplastic) .. | 14 |
| tretinoiin microspheres | 35 |
| TRETTEN | 30 |
| TREXALL | 14 |
| TREZIX..... | 20 |
| triamcinolone acetonide | 38, 41 |
| triamterene..... | 28 |
| triamterene-hydrochlorothiazid | |
| ..... | 28 |
| triazolam | 25 |
| tri-buffered aspirin | 22 |
| TRICARE | 73 |
| triderm | 38 |
| trientine | 40 |
| TRIESENCE (PF) | 41 |
| tri-estarrylla | 63 |
| trifluoperazine | 25 |
| trifluridine | 64 |
| trihexyphenidyl..... | 17 |
| TRIJARDY XR..... | 49 |
| TRIKAFTA..... | 70 |
| tri-legest fe | 63 |
| tri-linyah | 63 |
| tri-lo-estarrylla | 63 |
| tri-lo-marzia..... | 63 |
| tri-lo-mili | 63 |
| tri-lo-sprintec | 63 |
| trimethobenzamide | 52 |
| trimethoprim | 8 |
| tri-mili..... | 63 |
| trimipramine | 25 |
| TRIMO-SAN JELLY | 60 |
| trinatal rx 1 | 73 |
| trinate | 73 |
| TRINTELLIX | 25 |
| tri-nymyo..... | 63 |
| TRIPTODUR..... | 14 |
| tri-sprintec (28) | 63 |
| TRISTART DHA..... | 73 |
| tritocin..... | 38 |
| TRIUMEQ..... | 5 |
| TRIUMEQ PD..... | 5 |
| tri-vitamin with fluoride | 73 |
| trivora (28) | 63 |
| tri-vylibra | 63 |
| tri-vylibra lo | 63 |
| TRIZIVIR..... | 5 |
| TRODELVY..... | 14 |
| TROGARZO | 5 |
| TROKENDI XR | 16 |
| tropicamide..... | 64 |
| trospium | 70 |
| TRUDHESA | 18 |
| TRUE METRIX LEVEL 1.. | 46 |
| TRULANCE | 52 |
| TRULICITY | 49 |
| TRUMENBA | 56 |
| TRUSTEX LUBRICATED | |
| CONDOMS | 58 |
| TRUSTEX-RIA NON-LUB | |
| CONDOMS | 58 |
| TUKYSA..... | 14 |
| tulana | 60 |
| TURALIO | 14 |
| TUXARIN ER | 68 |
| TUZISTRA XR | 68 |
| TWINRIX (PF)..... | 56 |
| TWYNEO..... | 35 |
| TYBOST | 5 |
| tydemy | 63 |
| TYKERB | 14 |
| TYMLOS | 57 |
| TYPHIM VI | 56 |
| TYRVAYA | 66 |
| TYSABRI | 18 |
| TYVASO | 70 |
| TYVASO DPI..... | 70 |
| TYVASO REFILL KIT..... | 70 |
| TYVASO STARTER KIT... <td>70</td> | 70 |
| U | |
| UBRELVY | 18 |
| UCERIS | 52 |
| ULESFIA | 38 |
| ULTOMIRIS | 40 |
| UNISTRIP LOW CONTROL | |
| ..... | 46 |
| unithroid | 50 |

| | |
|---|----|
| UNITUXIN | 14 |
| UPTRAVI | 28 |
| URELLE | 71 |
| uretron <i>d-s</i> | 71 |
| URIBEL | 71 |
| urimar- <i>t</i> | 71 |
| uro-458 | 71 |
| UROCIT-K 10 | 71 |
| UROCIT-K 15 | 71 |
| UROCIT-K 5 | 71 |
| urogesic-blue | 71 |
| uro-mp | 71 |
| UROQID-ACID NO.2 | 71 |
| uro-sp | 71 |
| URSO 250 | 52 |
| URSO FORTE | 53 |
| ursodiol | 53 |
| uryl | 71 |
| utira- <i>c</i> | 71 |
| V | |
| valacyclovir | 5 |
| VALCHLOR | 33 |
| VALCYTE | 5 |
| valganciclovir | 5 |
| valproic acid | 16 |
| valproic acid (as sodium salt) | 16 |
| valsartan | 28 |
| valsartan-hydrochlorothiazide | 28 |
| VALTOCO | 16 |
| vanadom | 19 |
| vancomycin | 8 |
| vandazole | 60 |
| VANOXIDE-HC | 35 |
| VAQTA (PF) | 56 |
| varenicline | 40 |
| VARIVAX (PF) | 56 |
| VARUBI | 53 |
| VASCEPA | 31 |
| VASERETIC | 28 |
| VASOTEC | 28 |
| VAXCHORA VACCINE | 56 |
| VAXELIS (PF) | 56 |
| VAXNEUVANCE (PF) | 56 |
| VCF CONTRACEPTIVE FILM | 60 |
| VCF CONTRACEPTIVE GEL | 60 |
| VECAMYL | 31 |
| VECTIBIX | 14 |
| VECTICAL | 32 |
| VELCADE | 14 |
| veletri | 28 |
| velivet triphasic regimen (28) | 63 |
| VELPHORO | 50 |
| VELTASSA | 50 |
| VEMLIDY | 5 |
| VENCLEXTA | 14 |
| VENCLEXTA STARTING PACK | 14 |
| venlafaxine | 25 |
| VENOFER | 73 |
| VENTAVIS | 70 |
| verapamil | 28 |
| VERELAN PM | 28 |
| VERQUVO | 31 |
| VERSACLOZ | 25 |
| VERZENIO | 14 |
| vestura (28) | 63 |
| VFEND | 3 |
| V-GO 20 | 46 |
| V-GO 30 | 46 |
| V-GO 40 | 46 |
| VIBERZI | 53 |
| VIBRAMYCIN | 8 |
| VIDAZA | 14 |
| VIEKIRA PAK | 5 |
| vienna | 63 |
| vigabatrin | 16 |
| vigadrone | 16 |
| VIGAMOX | 64 |
| VIJOICE | 14 |
| vilazodone | 25 |
| VIMIZIM | 48 |
| VIOKACE | 53 |
| viorele (28) | 63 |
| VIRACEPT | 5 |
| VIRAZOLE | 5 |
| VIREAD | 5 |
| VISTARIL | 68 |
| VISTOGARD | 8 |
| VITAFOL FE PLUS | 73 |
| VITAFOL GUMMIES | 73 |
| VITAFOL NANO | 73 |
| VITAFOL ULTRA | 73 |
| VITAFOL-OB | 73 |
| VITAFOL-OB+DHA | 73 |
| VITAFOL-ONE | 73 |
| VITAMED MD ONE RX | 73 |
| VITAMEDMD REDICHEW RX | 74 |
| vitamin b complex-folic acid | 74 |
| vitamin k | 30 |
| vitamin k1 | 30 |
| vitamins a,c,d and fluoride .. | 74 |
| VITAPEARL | 74 |
| VITATRUE | 74 |
| VITRAKVI | 14 |
| VIVAGUARD INO CTRL | |
| SOLN-L1,2,3 | 46 |
| VIVITROL | 22 |
| VIVJOA | 3 |
| VIVOTIF | 56 |
| VIZIMPRO | 14 |
| VOGELXO | 48 |
| <i>volnea</i> (28) | 63 |
| VONJO | 14 |
| VONVENDI | 30 |
| VOQUEZNA DUAL PAK .. | 53 |
| VOQUEZNA TRIPLE PAK .. | 53 |
| voriconazole | 3 |
| VORTEX HOLDING CHAMBER | 42 |
| VOSEVI | 5 |
| VOTRIENT | 14 |
| VOWST | 53 |
| VOXZOGO | 48 |
| VRAYLAR | 25 |
| VTAMA | 32 |
| VUMERTY | 54 |
| <i>vyfemla</i> (28) | 63 |
| VYJUVEK | 33 |
| <i>vylibra</i> | 63 |
| VYNDAMAX | 31 |
| VYNDAQEL | 31 |
| VYVANSE | 25 |
| VYVGART | 19 |
| VYXEOS | 14 |
| VYZULTA | 66 |
| W | |
| WAKIX | 25 |
| <i>wal-zyr (ketotifen)</i> | 66 |
| <i>warfarin</i> | 30 |
| <i>water for irrigation, sterile</i> .. | 40 |

| | |
|--------------------------------|---------|
| WAVENSENSE CONTROL | |
| SOLUTION | 46 |
| WELIREG | 14 |
| wera (28) | 63 |
| wesnatal dha complete | 74 |
| wesnate dha | 74 |
| westab plus | 74 |
| westgel dha | 74 |
| WIDE-SEAL DIAPHRAGM | |
| | 58 |
| WILATE | 30 |
| wintergreen oil | 33 |
| wixela inhuh | 70 |
| women's gentle laxative(bisac) | |
| | 53 |
| wymzya fe | 63 |
| X | |
| XACIATO | 60 |
| XALKORI | 14 |
| XARACOLL | 35 |
| XARELTO | 30 |
| XARELTO DVT-PE TREAT | |
| 30D START | 30 |
| XCOPRI | 16 |
| XCOPRI MAINTENANCE | |
| PACK | 16 |
| XCOPRI TITRATION PACK | |
| | 16 |
| XELJANZ | 58 |
| XELJANZ XR | 58 |
| XELODA | 14 |
| XEMBIFY | 56 |
| XENLETA | 7 |
| XENPOZYME | 40 |
| XEOMIN | 56 |
| XEPI | 35 |
| XERMELO | 14 |
| XGEVA | 8 |
| XHANCE | 70 |
| XIFAXAN | 7 |
| XIGDUO XR | 49 |
| XiIDRA | 66 |
| XIPERE (PF) | 41 |
| XOFLUZA | 5 |
| XOLAIR | 70 |
| XOSPATA | 14 |
| XTANDI | 14 |
| xulane | 60 |
| XULTOPHY | 100/3.6 |
| XURIDEN | 40 |
| XYNTHA | 30 |
| XYNTHA SOLOFUSE | 30 |
| XYOSTED | 48 |
| XYWAV | 25 |
| Y | |
| YAZ (28) | 63 |
| YERVOY | 14 |
| YESCARTA | 14 |
| YF-VAX (PF) | 56 |
| YONDELIS | 14 |
| YONSA | 14 |
| YUPELRI | 70 |
| YUTIQ | 67 |
| yuvafem | 60 |
| Z | |
| ZADITOR | 66 |
| zafemy | 60 |
| zafirlukast | 70 |
| zaleplon | 25 |
| ZALTRAP | 14 |
| ZANAFLEX | 19 |
| zarah | 63 |
| ZARONTIN | 16 |
| ZARXIO | 53 |
| ZCORT | 41 |
| zebutal | 20 |
| ZEJULA | 14, 15 |
| ZELBORAF | 15 |
| ZEMAIRA | 40 |
| ZEMBRACE SYMTOUCH | 18 |
| ZEMPLAR | 48 |
| zenatane | 35 |
| ZENPEP | 53 |
| zenzedi | 25 |
| ZENZEDI | 25 |
| ZEPATIER | 5 |
| ZEPOSIA | 18 |
| ZEPOSIA STARTER KIT (28-DAY) | 18 |
| ZEPOSIA STARTER PACK | |
| (7-DAY) | 19 |
| ZEPZELCA | 15 |
| ZESTORETIC | 28 |
| ZESTRIL | 28 |
| ZIAGEN | 5 |
| ZIANA | 35 |
| zidovudine | 5 |
| ZIEXTENZO | 53 |
| zileuton | 70 |
| ziprasidone hcl | 25 |
| ZIRABEV | 15 |
| ZIRGAN | 64 |
| ZITHROMAX | 6 |
| ZITHROMAX TRI-PAK | 6 |
| ZITHROMAX Z-PAK | 6 |
| ZOKINVY | 40 |
| ZOLADEX | 15 |
| zoledronic acid | 48 |
| zoledronic acid-mannitol-water | |
| | 40, 48 |
| ZOLEDRONIC AC-MANNITOL-0.9NACL | 49 |
| ZOLGENSMA | 19 |
| ZOLINZA | 15 |
| zolmitriptan | 18 |
| zolpidem | 25 |
| ZOLPIMIST | 25 |
| ZOMIG | 18 |
| ZONALON | 33 |
| zonisamide | 17 |
| ZONTIVITY | 30 |
| ZORTRESS | 15 |
| ZORYVE | 32 |
| zovia 1-35 (28) | 63 |
| ZOVIRAX | 36 |
| ZTALMY | 17 |
| ZTLIDO | 35 |
| ZUBSOLV | 22 |
| ZULRESSO | 25 |
| zumandimine (28) | 63 |
| ZUPLENZ | 53 |
| ZYDELIG | 15 |
| ZYFLO | 70 |
| ZYKADIA | 15 |
| ZYLOPRIM | 57 |
| ZYMAXID | 64 |
| ZYNLONTA | 15 |
| ZYNRELEF | 40 |
| ZYNYZ | 15 |
| ZYPITAMAG | 31 |
| ZYPREXA | 25 |
| ZYPREXA RELPREVV | 25 |
| ZYPREXA ZYDIS | 25 |
| ZYVOX | 7 |



This formulary was updated on 10/1/2023. 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.