

This formulary details coverage for medications filled through the pharmacy benefit portion of your plan. For medications administered by a health care professional, please refer to your medical benefit for coverage details or call Member Services for assistance at (855) 624-6463 M-F 8:00 am – 6:00 pm.

****To Search for your medication press Ctrl + F and type in your medication in the search box. If the search does not automatically advance, select the previous or next arrows.**

List of Abbreviations

ACA (Affordable Care Act): This designation reference preventive medications on all plans that have no cost-share when ACA conditions are met and when the medication is filled as prescription at a participating pharmacy.

CISP: This designation is only applicable for plans that include the Chronic Illness Support Program (CISP) benefit. Enhanced coverage is limited to \$0 cost-share for Tier 1 medications, and reduced cost shares on select Tier 2 and Tier 3 medications according to your plan design without having to meet deductibles first. Reduced cost-share is only available through Express Scripts Home Delivery (mail). For non-CISP eligible plans, please refer to the numeric listing in the Drug Tier column.

CISP-1: This designation is only applicable for plans that include the Chronic Illness Support Program (CISP) benefit. The CISP-1 designation indicates the cost-share for the medication/item is \$0 through Express Scripts Home Delivery (mail).

DAW-9: Certain generic medications will be substituted with the brand name equivalent at the generic cost-share. The inclusion of the brand name product in this program is subject to change without notice.

HSA+: This designation is only applicable for HSA Plus plans, which are Health Savings Account compatible and have Plus in the name (HSA Plus). For drugs with this designation, the deductible is waived and the Member pays the applicable drug Tier cost-share.

INS: This designation indicates the cost-share for this medication will be no more than \$35 for up to a 30-day supply.

MSP (Mandatory Specialty Pharmacy): These drugs must be obtained directly through our exclusive mandatory pharmacy, Accredo (mail order), or the drug is not covered. We may require that you try certain drugs to treat your medical condition before you are provided coverage. These drugs are limited to a 30-day supply.

OTC: This drug is an over-the-counter product that is covered with a prescription from the prescriber and when filled at an in-network pharmacy.

PA (Prior Approval): The Plan requires you or your Provider to get Prior Approval for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you do not get approval, we may not cover the drug. We may require that you try certain drugs to treat your medical condition before you are provided coverage.

QL (Quantity Limit): A quantity limit (QL) defines how much of a particular drug you may get during a specific time period (days supply limit) or the maximum days supply you may get at once (quantity per days supply limit).

SP (Specialty Pharmacy): This means the out-of-pocket cost is at the 'specialty' cost-share. The Plan offers one courtesy fill at a retail pharmacy as a covered benefit. Then, this drug must be obtained directly through the exclusive specialty pharmacy, Accredo (mail), or you pay 100% of the retail cost. We may require that you try certain drugs to treat your medical condition before you are provided coverage.

ST (Step Therapy): In some cases, the Plan requires you to first try certain drugs to treat your medical condition within a certain look-back period 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, the Plan may cover Drug B. *Note: The Prior Approval process may be used to facilitate this process.

Effective November 1, 2025

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Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON ORAL CAPSULE	4	PA
BREXAFEMME ORAL TABLET	4	ST; QL
<i>clotrimazole mucous membrane troche</i>	2	
CRESEMBA ORAL CAPSULE	3	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	
<i>fluconazole oral suspension for reconstitution</i>	2	
<i>fluconazole oral tablet 100 mg, 200 mg</i>	2	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>fluconazole oral tablet 50 mg</i>	1	
<i>flucytosine oral capsule</i>	2	PA
<i>griseofulvin microsize oral suspension</i>	2	
<i>griseofulvin microsize oral tablet</i>	2	
<i>griseofulvin ultramicrosize oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>itraconazole oral capsule</i>	2	QL
<i>itraconazole oral solution</i>	2	QL
<i>ketoconazole oral tablet</i>	2	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	3	PA
NOXAFIL ORAL SUSPENSION	4	PA
<i>nystatin oral suspension</i>	2	
<i>nystatin oral tablet</i>	2	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	4	
<i>posaconazole oral suspension</i>	2	PA
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	2	PA
SPORANOX ORAL CAPSULE	4	QL
<i>terbinafine hcl oral tablet</i>	2	
VFEND ORAL SUSPENSION FOR RECONSTITUTION	4	PA
VIVJOA ORAL CAPSULE	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>voriconazole oral suspension for reconstitution</i>	2	PA
<i>voriconazole oral tablet</i>	2	PA
ANTIVIRALS		
<i>abacavir oral solution</i>	2	
<i>abacavir oral tablet</i>	2	
<i>abacavir-lamivudine oral tablet</i>	2	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	
<i>acyclovir oral tablet</i>	1	
<i>adefovir oral tablet</i>	2	
<i>amantadine hcl oral capsule</i>	2	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	1	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	5	ACA
APTIVUS ORAL CAPSULE	3	
<i>atazanavir oral capsule</i>	2	
BARACLUDE ORAL SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
BEYFORTUS INTRAMUSCULAR SYRINGE	3	ACA
BIKTARVY ORAL TABLET	3	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	5	PA; QL
CIMDUO ORAL TABLET	3	
<i>darunavir oral tablet</i>	2	
DELSTRIGO ORAL TABLET	3	
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	ACA
DOVATO ORAL TABLET	3	
EDURANT ORAL TABLET	3	
EDURANT PED ORAL TABLET FOR SUSPENSION	3	
<i>efavirenz oral tablet</i>	2	
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	2	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>emtricitabine oral capsule</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	2	ACA
<i>emtricitabine-tenofovir (tdf) oral tablet</i>	2	
EMTRIVA ORAL CAPSULE	4	
EMTRIVA ORAL SOLUTION	3	
ENFLONIA INTRAMUSCULAR SYRINGE	3	ACA
<i>entecavir oral tablet</i>	2	
EPCLUSA ORAL PELLETS IN PACKET	5	PA; MSP; QL
EPCLUSA ORAL TABLET	5	PA; MSP; QL
EPIVIR ORAL SOLUTION	4	
EPIVIR ORAL TABLET	4	
<i>etravirine oral tablet</i>	2	
EVOTAZ ORAL TABLET	4	
<i>famciclovir oral tablet</i>	2	QL
FLUMADINE ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
<i>fosamprenavir oral tablet</i>	2	
FUZEON SUBCUTANEOUS RECON SOLN	3	QL
GENVOYA ORAL TABLET	3	
HARVONI ORAL PELLETS IN PACKET	5	PA; MSP; QL
HARVONI ORAL TABLET	5	PA; MSP; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	4	
INTELENCE ORAL TABLET 25 MG	3	
ISENTRESS HD ORAL TABLET	3	
ISENTRESS ORAL POWDER IN PACKET	3	
ISENTRESS ORAL TABLET	3	
ISENTRESS ORAL TABLET,CHEWABLE	3	
JULUCA ORAL TABLET	3	
KALETRA ORAL SOLUTION	4	
KALETRA ORAL TABLET	4	
LAGEVRIO (EUA) ORAL CAPSULE	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>lamivudine oral solution</i>	2	
<i>lamivudine oral tablet</i>	2	
<i>lamivudine-zidovudine oral tablet</i>	2	
LIVTENCITY ORAL TABLET	4	PA; QL
<i>lopinavir-ritonavir oral tablet</i>	2	
<i>maraviroc oral tablet</i>	2	
<i>nevirapine oral suspension</i>	2	
<i>nevirapine oral tablet</i>	2	
<i>nevirapine oral tablet extended release 24 hr</i>	2	
NORVIR ORAL POWDER IN PACKET	3	
NORVIR ORAL TABLET	4	
ODEFSEY ORAL TABLET	3	
<i>oseltamivir oral capsule</i>	2	QL
<i>oseltamivir oral suspension for reconstitution</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)-100 MG (10), 300 MG (150 MG X 2)-100 MG	3	QL
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)-100 MG (5)	3	
PIFELTRO ORAL TABLET	3	
PREVYMIS ORAL PELLETS IN PACKET	3	
PREVYMIS ORAL TABLET	3	QL
PREZISTA ORAL SUSPENSION	3	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 600 MG, 800 MG	4	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	4	QL
RETROVIR ORAL CAPSULE	4	
RETROVIR ORAL SYRUP	4	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	

Drug Name	Drug Tier	Requirements / Limits
REYATAZ ORAL POWDER IN PACKET	3	
<i>ribavirin inhalation recon soln</i>	2	PA
<i>ribavirin oral capsule</i>	5	ST; MSP
<i>ribavirin oral tablet 200 mg</i>	5	ST; MSP
<i>rimantadine oral tablet</i>	2	
<i>ritonavir oral tablet</i>	2	
SELZENTRY ORAL SOLUTION	3	
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	
SUNLENCA ORAL TABLET	5	PA
SYMFI ORAL TABLET	3	
SYMTUZA ORAL TABLET	3	
SYNAGIS INTRAMUSCULAR SOLUTION	5	MSP
TAMIFLU ORAL CAPSULE	4	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	4	QL
TEMBEXA ORAL SUSPENSION	4	
TEMBEXA ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
<i>tenofovir disoproxil fumarate oral tablet</i>	2	
TIVICAY ORAL TABLET 50 MG	3	
TIVICAY PD ORAL TABLET FOR SUSPENSION	3	
TRIUMEQ ORAL TABLET	3	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	3	
TYBOST ORAL TABLET	4	
<i>valacyclovir oral tablet</i>	2	QL
VALCYTE ORAL RECON SOLN	4	
VALCYTE ORAL TABLET	4	
<i>valganciclovir oral recon soln</i>	2	
<i>valganciclovir oral tablet</i>	2	
VEMLIDY ORAL TABLET	3	
VIRACEPT ORAL TABLET	3	
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	
VIREAD ORAL TABLET 300 MG	4	

Drug Name	Drug Tier	Requirements / Limits
VOSEVI ORAL TABLET	5	PA; MSP; QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	QL
YEZTUGO ORAL TABLET	5	ACA
ZEPATIER ORAL TABLET	2	PA; MSP; QL
ZIAGEN ORAL SOLUTION	4	
<i>zidovudine oral capsule</i>	2	
<i>zidovudine oral syrup</i>	2	
<i>zidovudine oral tablet</i>	2	
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>cefdinir oral suspension for reconstitution</i>	1	
<i>cefixime oral capsule</i>	2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml</i>	2	
<i>cefixime oral suspension for reconstitution 200 mg/5 ml</i>	1	
<i>cefpodoxime oral suspension for reconstitution</i>	2	
<i>cefpodoxime oral tablet</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml</i>	1	
<i>cefprozil oral suspension for reconstitution 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg</i>	1	
<i>cefprozil oral tablet 500 mg</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>cephalexin oral tablet</i>	2	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension for reconstitution</i>	2	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral suspension for reconstitution</i>	1	
<i>clarithromycin oral tablet</i>	2	
<i>clarithromycin oral tablet extended release 24 hr</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	4	QL
DIFICID ORAL TABLET	4	QL
<i>e.e.s. 400 oral tablet</i>	2	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	4	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	4	

Drug Name	Drug Tier	Requirements / Limits
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	4	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	2	
<i>erythromycin oral tablet</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	2	
<i>fidaxomicin oral tablet</i>	2	QL
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	4	

Drug Name	Drug Tier	Requirements / Limits
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	
ZITHROMAX TRI-PAK ORAL TABLET	4	
ZITHROMAX Z-PAK ORAL TABLET	4	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet</i>	2	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	QL
ARAKODA ORAL TABLET	4	QL
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	5	PA
<i>atovaquone oral suspension</i>	2	
<i>atovaquone-proguanil oral tablet</i>	2	QL
BENZNIDAZOLE ORAL TABLET	3	QL
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP; QL
BILTRICIDE ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP; QL
<i>chloroquine phosphate oral tablet</i>	2	
CLEOCIN HCL ORAL CAPSULE	4	
CLEOCIN PEDIATRIC ORAL RECON SOLN	4	
<i>clindamycin hcl oral capsule</i>	1	
<i>clindamycin pediatric oral recon soln</i>	2	
COARTEM ORAL TABLET	3	QL
<i>cycloserine oral capsule</i>	2	
<i>dapsone oral tablet</i>	2	
DARAPRIM ORAL TABLET	5	PA
EMVERM ORAL TABLET,CHEWABLE	3	QL
<i>ethambutol oral tablet</i>	2	
HUMATIN ORAL CAPSULE	5	MSP
<i>hydroxychloroquine oral tablet</i>	2	HSA+
<i>imipenem-cilastatin intravenous recon soln</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
IMPAVIDO ORAL CAPSULE	3	PA; QL
<i>isoniazid oral solution</i>	2	
<i>isoniazid oral tablet</i>	2	
<i>ivermectin oral tablet</i>	2	PA; QL
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP; QL
KRINTAFEL ORAL TABLET	4	QL
<i>linezolid oral suspension for reconstitution</i>	2	PA
<i>linezolid oral tablet</i>	2	PA
MALARONE ORAL TABLET	4	QL
MALARONE PEDIATRIC ORAL TABLET	4	QL
<i>mefloquine oral tablet</i>	2	QL
MEPRON ORAL SUSPENSION	4	
<i>metronidazole oral capsule</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION RECON SOLN	4	QL
<i>neomycin oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>nitazoxanide oral tablet</i>	2	QL
<i>pentamidine inhalation recon soln</i>	2	QL
<i>praziquantel oral tablet</i>	2	
PRETOMANID ORAL TABLET	4	PA
PRIFTIN ORAL TABLET	3	
<i>primaquine oral tablet</i>	2	QL
<i>pyrazinamide oral tablet</i>	2	
<i>pyrimethamine oral tablet</i>	2	PA
<i>quinine sulfate oral capsule</i>	2	QL
<i>rifabutin oral capsule</i>	2	
<i>rifampin oral capsule</i>	2	
SIRTURO ORAL TABLET	3	PA
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	3	QL
STROMEKTOL ORAL TABLET	4	PA; QL
<i>tinidazole oral tablet</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; MSP; QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	5	PA; MSP; QL
<i>tobramycin inhalation solution for nebulization</i>	5	PA; MSP; QL
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP; QL
XENLETA ORAL TABLET	4	
XIFAXAN ORAL TABLET	3	QL
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	4	PA
ZYVOX ORAL TABLET	4	PA
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	4	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	4	
<i>dicloxacillin oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	4	
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
QUINOLONES		
BAXDELA ORAL TABLET	3	QL
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	4	
CIPRO ORAL TABLET 250 MG, 500 MG	4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon</i>	2	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral tablet</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
BACTRIM ORAL TABLET	4	
<i>sulfadiazine oral tablet</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfatrim oral suspension</i>	1	
TETRACYCLINES		
AVIDOXY DK KIT	4	ST
<i>avidoxy oral tablet</i>	1	
<i>demeclocycline oral tablet</i>	2	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet 50 mg</i>	2	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 75 mg</i>	2	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 50 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	2	ST
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase</i>	2	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg</i>	2	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	2	ST
<i>minocycline oral tablet extended release 24 hr</i>	2	ST
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>mondoxyne nl oral capsule 75 mg</i>	2	ST
MORGIDOX 1X 50 KIT	4	ST
MORGIDOX 1X100 KIT	4	ST

Drug Name	Drug Tier	Requirements / Limits
NUZYRA ORAL TABLET	4	QL
SEYSARA ORAL TABLET	4	ST
TARGADOX ORAL TABLET	4	ST
<i>tetracycline oral capsule</i>	2	
<i>tetracycline oral tablet</i>	2	ST
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet</i>	2	
FURADANTIN ORAL SUSPENSION	4	
MACROBID ORAL CAPSULE	4	
<i>methenamine hippurate oral tablet</i>	2	
<i>methenamine mandelate oral tablet</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	2	
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2	
PRIMSOL ORAL SOLUTION	4	
<i>trimethoprim oral tablet</i>	1	
VANCOMYCIN		
VANCOCIN ORAL CAPSULE	4	PA; QL
<i>vancomycin oral capsule</i>	2	PA; QL
<i>vancomycin oral recon soln</i>	2	QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>leucovorin calcium oral tablet 15 mg</i>	2	
MESNEX ORAL TABLET	3	
VISTOGARD ORAL GRANULES IN PACKET	5	PA; QL
XGEVA SUBCUTANEOUS SOLUTION	5	PA; MSP; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet</i>	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>abirtega oral tablet</i>	5	PA; MSP; QL
ALECENSA ORAL CAPSULE	5	PA; MSP; QL
ALKERAN ORAL TABLET	4	
ALUNBRIG ORAL TABLET	5	PA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL
<i>anastrozole oral tablet</i>	1	
AROMASIN ORAL TABLET	4	
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	4	PA
AUGTYRO ORAL CAPSULE	5	PA
AVMAPKI-FAKZYNJA ORAL COMBO PACK	5	PA
AYVAKIT ORAL TABLET	5	PA; QL
AZASAN ORAL TABLET	4	
<i>azathioprine oral tablet</i>	2	
BALVERSA ORAL TABLET	5	PA
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>bexarotene oral capsule</i>	5	PA; MSP
<i>bexarotene topical gel</i>	5	PA; MSP
<i>bicalutamide oral tablet</i>	2	
BOSULIF ORAL CAPSULE	5	PA; MSP; QL
BOSULIF ORAL TABLET	5	PA; MSP; QL
BRAFTOVI ORAL CAPSULE	5	PA; MSP; QL
BRUKINSA ORAL CAPSULE	5	PA
BRUKINSA ORAL TABLET	5	PA
CABOMETYX ORAL TABLET	5	PA; MSP; QL
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	5	PA; QL
<i>capecitabine oral tablet</i>	5	PA; MSP; QL
CAPRELSA ORAL TABLET	5	PA; QL
CASODEX ORAL TABLET	4	
CELLCEPT ORAL CAPSULE	4	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	
CELLCEPT ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
COMETRIQ ORAL CAPSULE	5	PA; MSP; QL
COPIKTRA ORAL CAPSULE	5	PA; QL
COTELLIC ORAL TABLET	5	PA; MSP; QL
<i>cyclophosphamide oral capsule</i>	2	
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	4	
<i>cyclosporine modified oral capsule</i>	2	
<i>cyclosporine modified oral solution</i>	2	
<i>cyclosporine oral capsule</i>	2	
DANZITEN ORAL TABLET	5	PA
<i>dasatinib oral tablet</i>	5	PA; MSP; QL
DAURISMO ORAL TABLET	5	PA; MSP; QL
DROXIA ORAL CAPSULE	3	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	5	PA; MSP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	5	PA; MSP
ELIGARD SUBCUTANEOUS SYRINGE	5	PA; MSP
ENSACOVE ORAL CAPSULE	5	PA
ENSPRYNG SUBCUTANEOUS SYRINGE	5	PA; MSP
ERIVEDGE ORAL CAPSULE	5	PA; MSP; QL
ERLEADA ORAL TABLET	5	PA; MSP; QL
<i>erlotinib oral tablet</i>	5	PA; MSP; QL
<i>etoposide oral capsule</i>	2	
EULEXIN ORAL CAPSULE	4	
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MSP; QL
<i>everolimus (antineoplastic) oral tablet for suspension</i>	5	PA; MSP; QL
<i>everolimus (immunosuppressive) oral tablet</i>	2	
<i>exemestane oral tablet</i>	2	
FARESTON ORAL TABLET	4	
FEMARA ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
FENSOLVI SUBCUTANEOUS SYRINGE	5	MSP
FRUZAQLA ORAL CAPSULE	5	PA
GAVRETO ORAL CAPSULE	5	PA; QL
<i>gefitinib oral tablet</i>	5	PA; MSP; QL
<i>gengraf oral capsule</i>	2	
<i>gengraf oral solution</i>	2	
GILOTRIF ORAL TABLET	5	PA; MSP; QL
GLEOSTINE ORAL CAPSULE	3	
GLIADEL WAFER IMPLANT WAFER	4	
GOMEKLI ORAL CAPSULE	5	PA
GOMEKLI ORAL TABLET FOR SUSPENSION	5	PA
HYCAMTIN ORAL CAPSULE	5	PA; MSP
HYDREA ORAL CAPSULE	4	
<i>hydroxyurea oral capsule</i>	1	
IBRANCE ORAL CAPSULE	5	PA; MSP; QL
IBRANCE ORAL TABLET	5	PA; MSP; QL
IBTROZI ORAL CAPSULE	5	PA
ICLUSIG ORAL TABLET	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
IDHIFA ORAL TABLET	5	PA; MSP; QL
<i>imatinib oral tablet</i>	5	PA; MSP; QL
IMBRUVICA ORAL CAPSULE	5	ST; QL
IMBRUVICA ORAL SUSPENSION	5	ST; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG	5	PA; QL
IMBRUVICA ORAL TABLET 420 MG	5	ST; QL
IMKELDI ORAL SOLUTION	5	PA
IMURAN ORAL TABLET	4	
INLYTA ORAL TABLET	5	PA; MSP; QL
IRESSA ORAL TABLET	5	PA; MSP; QL
IWILFIN ORAL TABLET	5	PA
JAKAFI ORAL TABLET	5	ST; MSP; QL
JELMYTO INTRA-PYELOCALYCEAL KIT	5	PA
KISQALI ORAL TABLET	5	PA; MSP; QL
KOSELUGO ORAL CAPSULE	5	PA

Drug Name	Drug Tier	Requirements / Limits
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	5	PA; QL
<i>lapatinib oral tablet</i>	5	PA; MSP; QL
LAZCLUZE ORAL TABLET	5	PA
<i>lenalidomide oral capsule</i>	5	PA; MSP; QL
LENVIMA ORAL CAPSULE	5	PA; MSP; QL
<i>letrozole oral tablet</i>	1	
LEUKERAN ORAL TABLET	3	
<i>leuprolide subcutaneous kit</i>	5	PA
LONSURF ORAL TABLET	5	PA; MSP
LORBRENA ORAL TABLET	5	PA; MSP; QL
LUMAKRAS ORAL TABLET	5	PA; MSP
LUPKYNIS ORAL CAPSULE	5	PA; QL
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	MSP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MSP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MSP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	MSP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA; MSP
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	PA
LYNPARZA ORAL TABLET	5	PA; MSP; QL
LYSODREN ORAL TABLET	5	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA
MATULANE ORAL CAPSULE	5	

Drug Name	Drug Tier	Requirements / Limits
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	5	PA; MSP; QL
MEKINIST ORAL TABLET	5	PA; MSP; QL
MEKTOVI ORAL TABLET	5	PA; MSP; QL
<i>mercaptopurine oral suspension</i>	5	ST; MSP
<i>mercaptopurine oral tablet</i>	2	
<i>methotrexate sodium (pf) injection recon soln</i>	2	
<i>methotrexate sodium (pf) injection solution</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium oral tablet</i>	2	
MODEYSO ORAL CAPSULE	5	PA
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	5	PA; QL
<i>mycophenolate mofetil oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	
<i>mycophenolate mofetil oral tablet</i>	2	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	2	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC)	4	
MYHIBBIN ORAL SUSPENSION	3	
MYLERAN ORAL TABLET	3	
NEMLUVIO SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
NEORAL ORAL CAPSULE	4	
NEORAL ORAL SOLUTION	4	
NERLYNX ORAL TABLET	5	PA; MSP
NEXAVAR ORAL TABLET	5	PA; MSP; QL
NILANDRON ORAL TABLET	4	PA
<i>nilotinib hcl oral capsule 50 mg</i>	5	PA; MSP; QL
<i>nilutamide oral tablet</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
NINLARO ORAL CAPSULE	5	PA; MSP; QL
NUBEQA ORAL TABLET	5	PA; MSP; QL
<i>octreotide acetate injection solution</i>	5	PA; MSP
<i>octreotide acetate injection syringe</i>	5	PA; MSP
ODOMZO ORAL CAPSULE	5	PA; MSP; QL
OGSIVEO ORAL TABLET	5	PA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PA
OJEMDA ORAL TABLET	5	PA
ORGOVYX ORAL TABLET	5	PA; QL
ORSERDU ORAL TABLET	5	PA; QL
<i>pazopanib oral tablet</i>	5	PA; MSP; QL
PEMAZYRE ORAL TABLET	5	PA; QL
PIQRAY ORAL TABLET	5	PA
POMALYST ORAL CAPSULE	5	PA; MSP
PROGRAF ORAL CAPSULE	4	
PROGRAF ORAL GRANULES IN PACKET	3	

Drug Name	Drug Tier	Requirements / Limits
PURIXAN ORAL SUSPENSION	5	ST
RETEVMO ORAL TABLET	5	PA; MSP; QL
REVLIMID ORAL CAPSULE	5	PA; MSP; QL
REVUFORJ ORAL TABLET	5	PA
REZUROCK ORAL TABLET	4	PA; QL
ROMVIMZA ORAL CAPSULE	5	PA; QL
ROZLYTREK ORAL CAPSULE	5	PA; MSP; QL
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; MSP; QL
RYDAPT ORAL CAPSULE	5	PA; MSP; QL
SANDIMMUNE ORAL CAPSULE	4	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	5	PA; MSP
SCEMBLIX ORAL TABLET	5	PA; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA
<i>sirolimus oral solution</i>	2	
<i>sirolimus oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
SOLTAMOX ORAL SOLUTION	4	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>sorafenib oral tablet</i>	5	PA; MSP; QL
STIVARGA ORAL TABLET	5	PA; MSP; QL
<i>sunitinib malate oral capsule</i>	5	PA; MSP; QL
SUPPRELIN LA IMPLANT KIT	5	PA; MSP
SUTENT ORAL CAPSULE	5	PA; MSP; QL
TABLOID ORAL TABLET	4	
TABRECTA ORAL TABLET	5	PA; MSP
<i>tacrolimus oral capsule</i>	2	
TAFINLAR ORAL CAPSULE	5	PA; MSP; QL
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MSP; QL
TAGRISSEO ORAL TABLET	5	PA; MSP; QL
TALZENNA ORAL CAPSULE	5	PA; MSP; QL
<i>tamoxifen oral tablet 10 mg</i>	1	
<i>tamoxifen oral tablet 20 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
TARGRETIN TOPICAL GEL	5	PA; MSP
TASIGNA ORAL CAPSULE	5	PA; MSP; QL
TAZVERIK ORAL TABLET	5	PA
<i>temozolomide oral capsule</i>	5	MSP
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MSP; QL
TIBSOVO ORAL TABLET	5	PA
<i>toremifene oral tablet</i>	2	
<i>torpenz oral tablet</i>	5	PA; QL
<i>tretinoin (antineoplastic) oral capsule</i>	2	
TREXALL ORAL TABLET	4	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	
TRUQAP ORAL TABLET	5	PA
TUKYSA ORAL TABLET	5	PA; QL
TURALIO ORAL CAPSULE 125 MG	5	PA; QL
VENCLEXTA ORAL TABLET	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; QL
VERZENIO ORAL TABLET	5	PA; MSP; QL
VIJOICE ORAL GRANULES IN PACKET	5	PA; QL
VIJOICE ORAL TABLET	5	PA; QL
VITRAKVI ORAL CAPSULE	5	PA; MSP; QL
VITRAKVI ORAL SOLUTION	5	PA; MSP; QL
VIZIMPRO ORAL TABLET	5	PA; MSP; QL
VONJO ORAL CAPSULE	5	PA; QL
VORANIGO ORAL TABLET	5	PA
VOTRIENT ORAL TABLET	5	PA; MSP; QL
WELIREG ORAL TABLET	5	PA
XALKORI ORAL CAPSULE	5	PA; MSP; QL
XALKORI ORAL PELLETT	5	PA; MSP; QL
XELODA ORAL TABLET	5	PA; MSP; QL
XERMELO ORAL TABLET	5	PA; QL
XOSPATA ORAL TABLET	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
XTANDI ORAL CAPSULE	5	PA; MSP; QL
XTANDI ORAL TABLET	5	PA; MSP; QL
YONSA ORAL TABLET	5	PA; MSP; QL
ZELBORAF ORAL TABLET	5	PA; MSP; QL
ZOLINZA ORAL CAPSULE	5	PA; MSP; QL
ZORTRESS ORAL TABLET	4	
ZYDELIG ORAL TABLET	5	PA; MSP; QL
ZYKADIA ORAL TABLET	5	PA; MSP; QL

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET	4	
BRIVIACT ORAL SOLUTION	4	ST
BRIVIACT ORAL TABLET	4	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>carbamazepine oral tablet extended release 12 hr</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	4	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	4	
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral suspension</i>	2	PA
<i>clobazam oral tablet</i>	2	PA
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet, disintegrating</i>	2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	4	ST
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC)	4	ST
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED RELEASE SPRINKLE	4	ST

Drug Name	Drug Tier	Requirements / Limits
DIACOMIT ORAL CAPSULE	5	PA
DIACOMIT ORAL POWDER IN PACKET	5	PA
<i>diazepam rectal kit</i>	2	
DILANTIN EXTENDED ORAL CAPSULE	4	
DILANTIN INFATABS ORAL TABLET,CHEWABLE	4	
DILANTIN ORAL CAPSULE	3	
DILANTIN-125 ORAL SUSPENSION	4	
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	
<i>divalproex oral tablet extended release 24 hr</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR	4	ST
EPIDIOLEX ORAL SOLUTION	5	PA; MSP
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	4	

Drug Name	Drug Tier	Requirements / Limits
<i>eslicarbazepine oral tablet</i>	2	
<i>ethosuximide oral capsule</i>	2	
<i>ethosuximide oral solution</i>	2	
<i>felbamate oral suspension</i>	2	
<i>felbamate oral tablet</i>	2	
FELBATOL ORAL TABLET	4	
FYCOMPA ORAL SUSPENSION	3	
FYCOMPA ORAL TABLET	3	
<i>gabapentin oral capsule</i>	2	HSA+
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	2	HSA+
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	HSA+
<i>gabapentin oral tablet extended release 24 hr</i>	2	ST; DAW-9
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	4	ST
<i>lacosamide oral solution</i>	2	
<i>lacosamide oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	4	PA
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	4	PA
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	4	PA
<i>lamotrigine oral tablet</i>	1	HSA+
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2	HSA+
<i>lamotrigine oral tablet extended release 24hr</i>	2	HSA+
<i>lamotrigine oral tablet, chewable dispersible 25 mg</i>	2	HSA+
<i>lamotrigine oral tablet, chewable dispersible 5 mg</i>	1	HSA+
<i>lamotrigine oral tablet, disintegrating</i>	2	HSA+
<i>lamotrigine oral tablets, dose pack</i>	2	HSA+
<i>levetiracetam oral solution 100 mg/ml</i>	2	HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	HSA+
<i>levetiracetam oral tablet</i>	2	HSA+
<i>levetiracetam oral tablet extended release 24 hr</i>	2	HSA+
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	4	ST
<i>methsuximide oral capsule</i>	2	
MYSOLINE ORAL TABLET	4	
NAYZILAM NASAL SPRAY, NON-AEROSOL	3	PA; QL
<i>oxcarbazepine oral suspension</i>	2	HSA+
<i>oxcarbazepine oral tablet</i>	2	HSA+
<i>oxcarbazepine oral tablet extended release 24 hr</i>	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA
<i>perampanel oral tablet</i>	2	
<i>phenobarbital oral elixir</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>phenobarbital oral tablet 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
PHENYTEK ORAL CAPSULE	4	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended oral capsule</i>	2	
<i>pregabalin oral capsule</i>	2	HSA+
<i>pregabalin oral solution</i>	2	HSA+
<i>pregabalin oral tablet extended release 24 hr</i>	2	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension</i>	2	PA
<i>rufinamide oral tablet</i>	2	PA
SPRITAM ORAL TABLET FOR SUSPENSION	4	ST
<i>subvenite oral tablet</i>	1	HSA+
<i>subvenite starter (blue) kit oral tablets, dose pack</i>	2	HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>subvenite starter (green) kit oral tablets, dose pack</i>	2	HSA+
<i>subvenite starter (orange) kit oral tablets, dose pack</i>	2	HSA+
SYMPAZAN ORAL FILM	4	PA
TEGRETOL ORAL SUSPENSION	4	
TEGRETOL ORAL TABLET	4	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	4	
<i>tiagabine oral tablet</i>	2	
<i>topiramate oral capsule, sprinkle</i>	2	HSA+
<i>topiramate oral capsule, extended release 24hr</i>	2	ST; DAW-9
<i>topiramate oral capsule, sprinkle, er 24hr</i>	2	ST
<i>topiramate oral solution</i>	2	HSA+
<i>topiramate oral tablet</i>	2	HSA+
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule</i>	2	
VALTOCO NASAL SPRAY, NON-AEROSOL	3	PA; QL
<i>vigabatrin oral powder in packet</i>	5	PA; MSP; QL
<i>vigabatrin oral tablet</i>	5	PA; MSP; QL
<i>vigadrone oral powder in packet</i>	5	PA; QL
<i>vigadrone oral tablet</i>	5	PA; QL
XCOPRI MAINTENANCE PACK ORAL TABLET	4	QL
XCOPRI ORAL TABLET	4	QL
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK	4	QL
ZARONTIN ORAL CAPSULE	4	
ZARONTIN ORAL SOLUTION	4	
<i>zonisamide oral capsule</i>	2	
ZTALMY ORAL SUSPENSION	5	PA

Drug Name	Drug Tier	Requirements / Limits
ANTIPARKINSONISM AGENTS		
<i>apomorphine subcutaneous cartridge</i>	5	PA; QL
AZILECT ORAL TABLET	4	ST
<i>benztropine oral tablet</i>	1	
<i>bromocriptine oral capsule</i>	2	
<i>bromocriptine oral tablet</i>	2	
<i>carbidopa oral tablet</i>	2	PA
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet</i>	2	
CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE	4	ST
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	5	PA; MSP
<i>entacapone oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL
LODOSYN ORAL TABLET	4	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	
NOURIANZ ORAL TABLET	5	PA; MSP; QL
ONGENTYS ORAL CAPSULE	4	PA; QL
<i>pramipexole oral tablet</i>	2	
<i>pramipexole oral tablet extended release 24 hr</i>	2	
<i>rasagiline oral tablet</i>	2	
<i>ropinirole oral tablet</i>	2	
<i>ropinirole oral tablet extended release 24 hr</i>	2	
RYTARY ORAL CAPSULE, EXTENDED RELEASE	4	ST
<i>selegiline hcl oral capsule</i>	2	
<i>selegiline hcl oral tablet</i>	2	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	4	

Drug Name	Drug Tier	Requirements / Limits
TASMAR ORAL TABLET 100 MG	4	PA
<i>tolcapone oral tablet</i>	2	PA
<i>trihexyphenidyl oral elixir</i>	1	
<i>trihexyphenidyl oral tablet</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	3	PA; QL
<i>almotriptan malate oral tablet</i>	2	ST; QL
<i>dihydroergotamine injection solution</i>	2	
<i>dihydroergotamine nasal spray, non-aerosol</i>	2	ST; QL
<i>eletriptan oral tablet</i>	2	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	3	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
ERGOMAR SUBLINGUAL TABLET	4	
<i>ergotamine-caffeine oral tablet</i>	2	
FROVA ORAL TABLET	4	ST; QL
<i>frovatriptan oral tablet</i>	2	ST; QL
<i>migergot rectal suppository</i>	2	
MIGRANAL NASAL SPRAY,NON- AEROSOL	4	ST; QL
<i>naratriptan oral tablet</i>	2	QL
NURTEC ODT ORAL TABLET,DISINTE GRATING	3	PA; QL
QULIPTA ORAL TABLET	3	PA; QL
REYVOW ORAL TABLET	4	PA; QL
<i>rizatriptan oral tablet</i>	2	QL
<i>rizatriptan oral tablet,disintegrating</i>	2	QL
<i>sumatriptan nasal spray,non-aerosol</i>	2	QL
<i>sumatriptan succinate oral tablet</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	2	QL
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	2	QL
<i>sumatriptan succinate subcutaneous solution</i>	2	QL
TOSYMRA NASAL SPRAY,NON- AEROSOL	4	ST; QL
UBRELVY ORAL TABLET	3	PA; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	4	ST; QL
ZOLMITRIPTAN NASAL SPRAY,NON- AEROSOL 2.5 MG	4	ST; QL
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	2	ST; QL
<i>zolmitriptan oral tablet</i>	2	QL
<i>zolmitriptan oral tablet,disintegrating</i>	2	QL
ZOMIG NASAL SPRAY,NON- AEROSOL 2.5 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	4	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY	4	PA
ARICEPT ORAL TABLET	4	PA
AUSTEDO ORAL TABLET	5	PA; MSP; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MSP; QL
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; MSP; QL
<i>dalfampridine oral tablet extended release 12 hr</i>	5	PA; MSP; QL
<i>dichlorphenamide oral tablet</i>	5	PA; MSP
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	
<i>donepezil oral tablet 23 mg</i>	2	PA
<i>donepezil oral tablet, disintegrating</i>	2	
EVRYSDI ORAL RECON SOLN	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
EVRYSDI ORAL TABLET	5	PA; MSP
EXELON PATCH TRANSDERMAL PATCH 24 HOUR	4	PA
FIRDAPSE ORAL TABLET	5	PA
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	2	
<i>galantamine oral solution</i>	2	
<i>galantamine oral tablet</i>	2	
HORIZANT ORAL TABLET EXTENDED RELEASE	4	ST
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK	5	PA; QL
INGREZZA ORAL CAPSULE	5	PA; QL
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE	5	PA; QL
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	
<i>memantine oral solution</i>	2	
<i>memantine oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
MEMANTINE ORAL TABLETS,DOSE PACK	4	
<i>memantine-donepezil oral capsule,sprinkle,er 24hr</i>	2	ST
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	4	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	4	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA
NUEDEXTA ORAL CAPSULE	3	PA
NULIBRY INTRAVENOUS RECON SOLN	5	PA
<i>ormalvi oral tablet</i>	5	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	5	PA; MSP
<i>rivastigmine tartrate oral capsule</i>	2	
<i>rivastigmine transdermal patch 24 hour</i>	2	
SKYCLARYS ORAL CAPSULE	5	PA

Drug Name	Drug Tier	Requirements / Limits
<i>tetrabenazine oral tablet</i>	5	PA; MSP; QL
ZEPOSIA ORAL CAPSULE	5	PA; MSP; QL
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK	5	PA; MSP; QL
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	5	PA; MSP; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral solution</i>	1	PA
<i>baclofen oral suspension</i>	1	
<i>baclofen oral tablet</i>	1	
<i>carisoprodol oral tablet</i>	2	
<i>carisoprodol-aspirin oral tablet</i>	2	
<i>carisoprodol-aspirin-codeine oral tablet</i>	2	QL
<i>chlorzoxazone oral tablet 250 mg</i>	2	PA
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	1	PA
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	1	PA
DANTRIUM ORAL CAPSULE 25 MG	4	
<i>dantrolene oral capsule</i>	2	
FEXMID ORAL TABLET	4	PA
LORZONE ORAL TABLET	4	PA
<i>meprobamate oral tablet</i>	2	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	2	
<i>methocarbamol oral tablet</i>	1	
NORGESIC FORTE ORAL TABLET	4	PA
NORGESIC ORAL TABLET	4	PA
<i>orphenadrine citrate oral tablet extended release</i>	2	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	2	PA
<i>orphengesic forte oral tablet</i>	2	PA
<i>pyridostigmine bromide oral syrup</i>	2	

Drug Name	Drug Tier	Requirements / Limits
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG	4	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	2	
SOMA ORAL TABLET	4	
<i>tanlor oral tablet</i>	1	
<i>tizanidine oral capsule</i>	2	PA
<i>tizanidine oral tablet</i>	1	
<i>vanadom oral tablet</i>	2	
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	5	PA; MSP
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	4	
ZANAFLEX ORAL TABLET	4	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	2	ST; QL
<i>acetaminophen-codeine oral tablet</i>	2	ST; QL
<i>ascomp with codeine oral capsule</i>	2	ST; QL
BELBUCA BUCCAL FILM	3	ST; QL
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	5	MSP; QL
<i>buprenorphine hcl sublingual tablet</i>	2	QL
<i>buprenorphine transdermal patch weekly</i>	2	ST; QL
<i>butalbital-acetaminop-caf-cod oral capsule</i>	2	ST; QL
<i>butalbital-acetaminophen oral capsule</i>	2	
<i>butalbital-acetaminophen oral tablet</i>	2	
<i>butalbital-acetaminophen-caff oral capsule</i>	2	
<i>butalbital-acetaminophen-caff oral solution</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-acetaminophen-caff oral tablet</i>	2	
<i>butalbital-aspirin-caffeine oral capsule</i>	2	
<i>butalbital-aspirin-caffeine oral tablet</i>	2	
<i>codeine sulfate oral tablet</i>	2	ST; QL
<i>codeine-butalbital-asa-caff oral capsule</i>	2	ST; QL
DILAUDID ORAL LIQUID	4	ST; QL
DILAUDID ORAL TABLET	4	ST; QL
<i>diskets oral tablet, soluble</i>	2	QL
DSUVIA SUBLINGUAL TABLET IN APPLICATOR	4	
<i>endocet oral tablet</i>	2	ST; QL
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg</i>	2	ST; QL
<i>fentanyl transdermal patch 72 hour</i>	2	ST; QL
FIORICET ORAL CAPSULE	4	PA
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	2	ST; QL
<i>hydrocodone-acetaminophen oral solution</i>	2	ST; QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	ST; QL
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	1	ST; QL
<i>hydrocodone-ibuprofen oral tablet</i>	2	ST; QL
<i>hydromorphone oral liquid</i>	1	ST; QL
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	2	ST; QL
<i>hydromorphone oral tablet 8 mg</i>	1	ST; QL
<i>hydromorphone oral tablet extended release 24 hr</i>	2	ST; QL
<i>hydromorphone rectal suppository</i>	1	ST; QL
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>levorphanol tartrate oral tablet</i>	2	PA; QL
<i>meperidine oral solution</i>	2	ST; QL
<i>meperidine oral tablet 50 mg</i>	2	ST; QL
<i>methadone oral concentrate</i>	2	QL
<i>methadone oral solution</i>	1	QL
<i>methadone oral tablet</i>	2	QL
<i>methadone oral tablet,soluble</i>	2	QL
<i>methadose oral concentrate</i>	2	QL
<i>methadose oral tablet,soluble</i>	2	QL
<i>morphine concentrate oral solution</i>	2	ST; QL
<i>morphine oral capsule, er multiphase 24 hr</i>	2	ST; QL
<i>morphine oral capsule,extend.relea se pellets</i>	2	ST; QL
<i>morphine oral solution</i>	2	ST; QL
<i>morphine oral tablet</i>	1	ST; QL
<i>morphine oral tablet extended release</i>	2	ST; QL
<i>morphine rectal suppository 10 mg, 20 mg, 5 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>morphine rectal suppository 30 mg</i>	2	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	4	ST; QL
NALOCET ORAL TABLET	4	PA; QL
<i>oxycodone oral capsule</i>	2	ST; QL
<i>oxycodone oral concentrate</i>	2	ST; QL
<i>oxycodone oral solution</i>	2	ST; QL
<i>oxycodone oral tablet</i>	2	ST; QL
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	2	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	2	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	ST; QL
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	4	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>oxymorphone oral tablet</i>	2	ST; QL
<i>oxymorphone oral tablet extended release 12 hr</i>	2	ST; QL
<i>prolinate oral tablet</i>	2	PA; QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	4	ST; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	5	MSP; QL
<i>tencon oral tablet</i>	1	
TREZIX ORAL CAPSULE	4	ST; QL
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
ANAPROX DS ORAL TABLET	4	ST
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC	4	ST
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC	4	ST
<i>aspirin childrens oral tablet, chewable</i>	1	ACA; OTC
<i>aspirin oral tablet 325 mg</i>	1	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>aspirin oral tablet 81 mg</i>	1	ACA; OTC
<i>aspirin oral tablet, chewable</i>	1	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	1	OTC
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>bayer aspirin oral tablet</i>	1	OTC
<i>bayer aspirin oral tablet, delayed release (dr/ec)</i>	1	OTC
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film</i>	2	
<i>buprenorphine-naloxone sublingual tablet</i>	2	
<i>butorphanol injection solution</i>	1	QL
<i>butorphanol nasal spray, non-aerosol</i>	2	QL
<i>celecoxib oral capsule</i>	2	
<i>diclofenac potassium oral capsule</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac potassium oral powder in packet</i>	2	ST; QL
<i>diclofenac potassium oral tablet 25 mg</i>	2	ST
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2	
<i>diclofenac sodium topical drops</i>	1	QL
<i>diclofenac sodium topical gel 1 %</i>	2	QL
<i>diclofenac sodium topical solution in metered-dose pump</i>	2	ST; QL
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i>	2	
<i>diflunisal oral tablet</i>	2	
DISALCID ORAL TABLET	4	
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC)	4	ST
<i>ecotrin low strength oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>ecotrin oral tablet, delayed release (dr/ec)</i>	1	OTC
<i>etodolac oral capsule</i>	2	
<i>etodolac oral tablet</i>	2	
<i>etodolac oral tablet extended release 24 hr</i>	2	
<i>fenoprofen oral capsule 400 mg</i>	2	ST
<i>fenoprofen oral tablet</i>	2	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR	3	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 300 mg, 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>indomethacin oral suspension</i>	1	ST
<i>indomethacin rectal suppository 50 mg</i>	2	
JOURNAVX ORAL TABLET	4	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ketoprofen oral capsule 25 mg</i>	2	PA
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	ST
<i>ketorolac oral tablet</i>	2	QL
KLOXXADO NASAL SPRAY, NON- AEROSOL	3	QL
LICART TRANSDERMAL PATCH 24 HOUR	3	ST; QL
LODINE ORAL TABLET	4	ST
<i>lofena oral tablet</i>	2	ST
<i>lofexidine oral tablet</i>	2	PA; QL
LOTREXONE ORAL CAPSULE	4	
<i>lurbiro oral tablet</i>	2	
<i>meclofenamate oral capsule</i>	2	
<i>mefenamic acid oral capsule</i>	2	
<i>meloxicam oral tablet</i>	1	QL
<i>meloxicam submicronized oral capsule</i>	2	ST; QL
<i>nabumetone oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
NALFON ORAL TABLET	4	ST
<i>naloxone 0.4 mg/ml carpject inner, p/f, suv</i>	1	HSA+
<i>naloxone injection solution</i>	2	HSA+
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	HSA+
<i>naloxone nasal spray, non-aerosol</i>	2	HSA+; OTC; QL
NALTREX ORAL CAPSULE	4	
<i>naltrexone oral tablet</i>	2	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR	4	ST
NAPROSYN ORAL SUSPENSION	4	ST
NAPROSYN ORAL TABLET 500 MG	4	ST
<i>naproxen oral suspension</i>	2	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	2	ST
NARCAN NASAL SPRAY, NON-AEROSOL	4	QL
OPVEE NASAL SPRAY, NON-AEROSOL	4	
<i>oxaprozin oral tablet</i>	2	
<i>pentazocine-naloxone oral tablet</i>	2	ST; QL
<i>piroxicam oral capsule</i>	2	
REXTOVY NASAL SPRAY, NON-AEROSOL	3	HSA+; QL
<i>salsalate oral tablet</i>	1	
SPRIX NASAL SPRAY, NON-AEROSOL	5	ST; QL
<i>st joseph aspirin oral tablet, chewable</i>	1	ACA; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
<i>sulindac oral tablet</i>	1	
TOLECTIN 600 ORAL TABLET	4	ST
<i>tolmetin oral capsule</i>	2	ST
<i>tolmetin oral tablet 600 mg</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>tramadol oral tablet 100 mg, 50 mg</i>	2	ST; QL
<i>tramadol oral tablet extended release 24 hr</i>	2	ST; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	ST; QL
<i>tramadol-acetaminophen oral tablet</i>	2	ST; QL
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	MSP
ZUBSOLV SUBLINGUAL TABLET	3	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	3	

Drug Name	Drug Tier	Requirements / Limits
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED	4	
ADDYI ORAL TABLET	4	PA
ADZENYS XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H	4	ST
<i>alprazolam intensol oral concentrate</i>	1	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	1	
<i>alprazolam oral tablet 1 mg, 2 mg</i>	2	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i>	2	
<i>alprazolam oral tablet extended release 24 hr 3 mg</i>	1	
<i>alprazolam oral tablet, disintegrating 0.25 mg</i>	1	
<i>alprazolam oral tablet, disintegrating 0.5 mg, 1 mg, 2 mg</i>	2	
<i>amitriptyline oral tablet 10 mg, 25 mg</i>	1	
<i>amitriptyline oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>amitriptyline-chlordiazepoxide oral tablet</i>	1	
<i>amoxapine oral tablet</i>	2	
<i>amphetamine sulfate oral tablet</i>	2	PA
ANAFRANIL ORAL CAPSULE	4	
<i>aripiprazole oral solution</i>	2	
<i>aripiprazole oral tablet</i>	2	QL
<i>aripiprazole oral tablet, disintegrating</i>	2	QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING	3	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING	3	
<i>armodafinil oral tablet</i>	2	PA; QL
<i>asenapine maleate sublingual tablet</i>	2	QL
ATIVAN ORAL TABLET	4	
<i>atomoxetine oral capsule</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	4	ST; QL
AZSTARYS ORAL CAPSULE	3	ST
BELSOMRA ORAL TABLET	4	PA; QL
<i>bupropion hcl oral tablet</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	QL
<i>buspirone oral tablet</i>	2	
CAPLYTA ORAL CAPSULE	4	QL
<i>chlordiazepoxide hcl oral capsule</i>	1	
<i>chlorpromazine oral concentrate</i>	2	
<i>chlorpromazine oral tablet</i>	2	
<i>citalopram oral solution</i>	2	HSA+
<i>citalopram oral tablet</i>	1	HSA+; QL
<i>clomipramine oral capsule</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
<i>clorazepate dipotassium oral tablet</i>	2	
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet, disintegrating</i>	2	
CLOZARIL ORAL TABLET 100 MG, 25 MG	4	
COTEMPLA XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H	4	ST
DAYTRANA TRANSDERMAL PATCH 24 HOUR	4	ST
DAYVIGO ORAL TABLET	4	PA; QL
<i>desipramine oral tablet</i>	2	
DESOXYN ORAL TABLET	4	PA
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; QL
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	2	ST; HSA+; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	2	PA
<i>dexmethylphenidate oral tablet</i>	2	PA
<i>dextroamphetamine sulfate oral capsule, extended release</i>	2	PA
<i>dextroamphetamine sulfate oral solution</i>	2	PA
<i>dextroamphetamine sulfate oral tablet</i>	2	PA
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>	2	PA
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	2	PA
<i>dextroamphetamine-amphetamine oral tablet</i>	2	PA
<i>diazepam intensol oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	2	HSA+
<i>doxepin oral concentrate</i>	2	HSA+
<i>doxepin oral tablet</i>	2	PA; HSA+; QL

Drug Name	Drug Tier	Requirements / Limits
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	HSA+; QL
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	ST; HSA+; QL
EDLUAR SUBLINGUAL TABLET	4	PA; QL
EMSAM TRANSDERMAL PATCH 24 HOUR	4	
<i>ergoloid oral tablet</i>	1	
<i>escitalopram oxalate oral solution</i>	2	ST; HSA+
<i>escitalopram oxalate oral tablet</i>	1	HSA+; QL
<i>estazolam oral tablet</i>	1	QL
<i>eszopiclone oral tablet</i>	2	QL
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	3	ST; QL
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	3	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	HSA+; QL
<i>fluoxetine oral capsule 20 mg</i>	1	HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	2	ST; QL
<i>fluoxetine oral solution</i>	2	HSA+
<i>fluoxetine oral tablet 10 mg</i>	2	ST; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	ST
<i>fluphenazine hcl oral concentrate</i>	2	
<i>fluphenazine hcl oral elixir</i>	2	
<i>fluphenazine hcl oral tablet</i>	2	
<i>flurazepam oral capsule</i>	1	QL
<i>fluvoxamine oral capsule, extended release 24hr</i>	2	ST; QL
<i>fluvoxamine oral tablet</i>	2	HSA+; QL
GEODON ORAL CAPSULE	4	QL
<i>guanfacine oral tablet extended release 24 hr</i>	2	PA; HSA+
HALCION ORAL TABLET 0.25 MG	4	QL
<i>haloperidol lactate oral concentrate</i>	2	
<i>haloperidol oral tablet 0.5 mg, 2 mg, 20 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>haloperidol oral tablet 1 mg, 10 mg, 5 mg</i>	2	
HETLIOZ LQ ORAL SUSPENSION	5	PA; MSP; QL
HETLIOZ ORAL CAPSULE	5	PA; MSP; QL
IGALMI SUBLINGUAL FILM	4	
<i>imipramine hcl oral tablet</i>	1	
<i>imipramine pamoate oral capsule</i>	2	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	4	QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	3	
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK	4	ST
<i>lisdexamfetamine oral capsule</i>	2	PA
<i>lisdexamfetamine oral tablet, chewable</i>	2	PA
<i>lithium carbonate oral capsule</i>	1	HSA+
<i>lithium carbonate oral tablet</i>	1	HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>lithium carbonate oral tablet extended release</i>	1	HSA+
<i>lithium citrate oral solution</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	4	
<i>lorazepam intensol oral concentrate</i>	2	
<i>lorazepam oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate oral capsule</i>	2	
LUMRYZ ORAL EXTENDED RELEASE GRANULES, PACKET	5	ST; MSP; QL
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK	5	ST
<i>lurasidone oral tablet</i>	2	QL
LYBALVI ORAL TABLET	4	QL
MARPLAN ORAL TABLET	4	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>methamphetamine oral tablet</i>	2	PA
METHYLIN ORAL SOLUTION	4	PA
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	2	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	PA
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	2	PA
<i>methylphenidate hcl oral solution</i>	2	PA
<i>methylphenidate hcl oral tablet</i>	2	PA
<i>methylphenidate hcl oral tablet extended release</i>	2	PA
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	2	PA
<i>methylphenidate hcl oral tablet,chewable</i>	2	PA
<i>methylphenidate transdermal patch 24 hour</i>	2	ST
<i>midazolam oral syrup 2 mg/ml</i>	2	
<i>mirtazapine oral tablet</i>	2	HSA+
<i>mirtazapine oral tablet,disintegrating</i>	2	HSA+

Drug Name	Drug Tier	Requirements / Limits
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE	4	
<i>modafinil oral tablet</i>	2	PA; QL
<i>molindone oral tablet</i>	2	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	4	ST
NARDIL ORAL TABLET	4	
<i>nefazodone oral tablet</i>	2	
<i>nortriptyline oral capsule</i>	1	HSA+
<i>nortriptyline oral solution</i>	2	HSA+
NUPLAZID ORAL CAPSULE	5	PA; MSP; QL
NUPLAZID ORAL TABLET	5	PA; MSP; QL
<i>olanzapine oral tablet</i>	1	HSA+; QL
<i>olanzapine oral tablet,disintegrating</i>	2	QL
<i>olanzapine-fluoxetine oral capsule</i>	2	
<i>oxazepam oral capsule</i>	2	
<i>paliperidone oral tablet extended release 24hr</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
PAMELOR ORAL CAPSULE	4	
PARNATE ORAL TABLET	4	
<i>paroxetine hcl oral suspension</i>	2	ST; HSA+
<i>paroxetine hcl oral tablet</i>	1	HSA+; QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	ST; QL
<i>paroxetine mesylate(menop.sym) oral capsule</i>	2	ST; QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; QL
PAXIL ORAL SUSPENSION	4	ST
PAXIL ORAL TABLET	4	ST; QL
<i>perphenazine oral tablet</i>	2	
<i>perphenazine-amitriptyline oral tablet</i>	2	
<i>phenelzine oral tablet</i>	2	
<i>pimozide oral tablet</i>	2	
<i>procentra oral solution</i>	2	PA
<i>protriptyline oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR	4	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	QL
<i>quetiapine oral tablet extended release 24 hr</i>	2	QL
QUVIVIQ ORAL TABLET	4	PA; QL
<i>ramelteon oral tablet</i>	2	QL
REMERON ORAL TABLET 15 MG, 30 MG	4	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING	4	
RESTORIL ORAL CAPSULE	4	QL
REXULTI ORAL TABLET	4	QL
RISPERDAL ORAL SOLUTION	4	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	QL
<i>risperidone oral solution</i>	2	HSA+
<i>risperidone oral tablet</i>	1	HSA+; QL
<i>risperidone oral tablet,disintegrating</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
SECUADO TRANSDERMAL PATCH 24 HOUR	4	QL
<i>sertraline oral capsule</i>	2	ST; HSA+; QL
<i>sertraline oral concentrate</i>	2	HSA+
<i>sertraline oral tablet</i>	1	HSA+; QL
SILENOR ORAL TABLET	4	PA; QL
SODIUM OXYBATE ORAL SOLUTION	5	ST; QL
SUNOSI ORAL TABLET	3	PA; QL
<i>tasimelteon oral capsule</i>	5	PA; MSP; QL
<i>temazepam oral capsule</i>	1	QL
<i>thioridazine oral tablet</i>	1	
<i>thiothixene oral capsule</i>	2	
<i>tranlycypromine oral tablet</i>	2	
<i>trazodone oral tablet 100 mg, 50 mg</i>	1	HSA+
<i>trazodone oral tablet 150 mg, 300 mg</i>	2	HSA+
<i>triazolam oral tablet</i>	2	QL
<i>trifluoperazine oral tablet</i>	1	
<i>trimipramine oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
TRINTELLIX ORAL TABLET	4	ST; QL
<i>venlafaxine oral capsule, extended release 24hr</i>	1	HSA+; QL
<i>venlafaxine oral tablet</i>	2	HSA+; QL
<i>venlafaxine oral tablet extended release 24hr</i>	2	PA; HSA+; QL
VERSACLOZ ORAL SUSPENSION	4	
<i>vilazodone oral tablet</i>	2	ST; QL
VRAYLAR ORAL CAPSULE	4	QL
VYLEESI SUBCUTANEOUS AUTO-INJECTOR	5	PA; QL
VYVANSE ORAL CAPSULE	4	ST
VYVANSE ORAL TABLET,CHEWABLE	4	ST
WAKIX ORAL TABLET	5	PA; MSP; QL
XYWAV ORAL SOLUTION	5	ST; QL
<i>zaleplon oral capsule</i>	2	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	PA
<i>ziprasidone hcl oral capsule</i>	2	QL
<i>zolpidem oral tablet</i>	2	QL
<i>zolpidem oral tablet,ext release multiphase</i>	2	QL
<i>zolpidem sublingual tablet</i>	2	QL
ZURZUVAE ORAL CAPSULE	5	QL
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG	4	QL

AUTONOMIC & CNS DRUGS, NEUROLOGY

MULTIPLE SCLEROSIS AGENTS

AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MSP; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MSP; QL
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC)	5	PA; MSP; QL
BETASERON SUBCUTANEOUS KIT	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>dimethyl fumarate oral capsule,delayed release(dr/ec)</i>	2	PA; MSP; QL
<i>fingolimod oral capsule</i>	5	PA; MSP; QL
<i>glatiramer subcutaneous syringe</i>	5	PA; MSP; QL
<i>glatopa subcutaneous syringe</i>	5	PA; MSP; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAYZENT ORAL TABLET	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK	5	PA; MSP; QL
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	5	PA; MSP; QL
PLEGRIDY INTRAMUSCULAR SYRINGE	5	PA; MSP; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
PLEGRIDY SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>teriflunomide oral tablet</i>	5	PA; MSP; QL
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral tablet</i>	2	
BETAPACE AF ORAL TABLET	4	ST
BETAPACE ORAL TABLET	4	ST
<i>disopyramide phosphate oral capsule</i>	2	
<i>dofetilide oral capsule</i>	2	
<i>flecainide oral tablet</i>	2	
<i>mexiletine oral capsule</i>	2	
MULTAQ ORAL TABLET	3	
<i>pacerone oral tablet 100 mg, 200 mg</i>	2	
<i>propafenone oral capsule,extended release 12 hr</i>	2	
<i>propafenone oral tablet</i>	2	
<i>quinidine gluconate oral tablet extended release</i>	2	
<i>quinidine sulfate oral tablet 200 mg</i>	1	
<i>quinidine sulfate oral tablet 300 mg</i>	2	
<i>sotalol af oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>sotalol oral tablet</i>	2	
SOTYLIZE ORAL SOLUTION	3	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET	4	
ACCURETIC ORAL TABLET	4	
<i>acebutolol oral capsule</i>	1	CISP; HSA+
ALDACTONE ORAL TABLET	4	
<i>aliskiren oral tablet</i>	2	
ALTACE ORAL CAPSULE 1.25 MG, 2.5 MG, 5 MG	4	
<i>amiloride oral tablet</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>amlodipine oral tablet</i>	1	CISP; HSA+
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-20 mg</i>	1	CISP; HSA+
<i>amlodipine-benazepril oral capsule 5-10 mg, 5-40 mg</i>	2	CISP-1; HSA+
<i>amlodipine-olmesartan oral tablet</i>	2	CISP; HSA+
<i>amlodipine-valsartan oral tablet</i>	2	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-valsartan-hcthiazid oral tablet</i>	2	HSA+
<i>atenolol oral tablet</i>	1	CISP; HSA+
<i>atenolol-chlorthalidone oral tablet</i>	1	CISP; HSA+
<i>benazepril oral tablet</i>	1	CISP; HSA+
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	CISP; HSA+
<i>betaxolol oral tablet</i>	2	CISP; HSA+
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	CISP; HSA+
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2	CISP; HSA+
<i>bumetanide oral tablet</i>	2	
<i>candesartan oral tablet</i>	2	CISP; HSA+
<i>candesartan-hydrochlorothiazid oral tablet</i>	2	CISP; HSA+
<i>captopril oral tablet</i>	2	CISP; HSA+
<i>captopril-hydrochlorothiazide oral tablet</i>	2	CISP; HSA+
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR	4	

Drug Name	Drug Tier	Requirements / Limits
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR	4	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4	
CARDURA ORAL TABLET	4	ST; QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	4	ST; QL
<i>cartia xt oral capsule, extended release 24hr</i>	2	CISP; HSA+
<i>carvedilol oral tablet</i>	1	CISP; HSA+
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	2	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	4	QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	4	QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	4	QL
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	CISP; HSA+
<i>clonidine hcl oral tablet</i>	1	CISP; HSA+
<i>clonidine transdermal patch weekly</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
CONSENSI ORAL TABLET	4	PA
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	4	ST
DEMSER ORAL CAPSULE	4	PA
DIBENZYLINE ORAL CAPSULE	4	PA
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	2	CISP; HSA+
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	2	CISP; HSA+
<i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	CISP; HSA+
<i>diltiazem hcl oral capsule, extended release 24hr</i>	2	CISP; HSA+
<i>diltiazem hcl oral tablet</i>	2	CISP; HSA+
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	CISP; HSA+
<i>dilt-xr oral capsule, ext. rel 24h degradable</i>	2	CISP; HSA+
DIURIL ORAL SUSPENSION	4	
<i>doxazosin oral tablet</i>	2	QL
DYRENIUM ORAL CAPSULE	4	

Drug Name	Drug Tier	Requirements / Limits
EDECIN ORAL TABLET	4	ST
<i>enalapril maleate oral solution</i>	2	HSA+
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	CISP; HSA+
<i>enalapril maleate oral tablet 20 mg</i>	2	CISP-1; HSA+
<i>enalapril-hydrochlorothiazide oral tablet</i>	2	CISP; HSA+
<i>epplerenone oral tablet</i>	2	CISP; HSA+
<i>eprosartan oral tablet</i>	2	CISP; HSA+
<i>ethacrynic acid oral tablet</i>	2	
<i>felodipine oral tablet extended release 24 hr</i>	2	CISP; HSA+
<i>fosinopril oral tablet</i>	1	CISP; HSA+
<i>fosinopril-hydrochlorothiazide oral tablet</i>	2	CISP; HSA+
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	CISP; HSA+
<i>furosemide oral tablet</i>	1	CISP; HSA+
<i>guanfacine oral tablet</i>	1	
HEMANGEOL ORAL SOLUTION	5	PA

Drug Name	Drug Tier	Requirements / Limits
<i>hydralazine oral tablet</i>	1	CISP; HSA+
<i>hydrochlorothiazide oral capsule</i>	1	CISP; HSA+
<i>hydrochlorothiazide oral tablet</i>	1	CISP; HSA+
<i>indapamide oral tablet</i>	1	CISP; HSA+
INSPRA ORAL TABLET	4	
<i>irbesartan oral tablet</i>	1	CISP; HSA+
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	CISP; HSA+
<i>isosorbide-hydralazine oral tablet</i>	2	
<i>isradipine oral capsule</i>	2	CISP; HSA+
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL
KERENDIA ORAL TABLET 40 MG	3	PA
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	CISP; HSA+
LASIX ORAL TABLET	4	ST
<i>lisinopril oral tablet</i>	1	CISP; HSA+
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	CISP; HSA+
LOPRESSOR ORAL TABLET	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>losartan oral tablet</i>	1	CISP; HSA+
<i>losartan-hydrochlorothiazide oral tablet</i>	1	CISP; HSA+
LOTENSIN HCT ORAL TABLET	4	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	
<i>matzim la oral tablet extended release 24 hr</i>	2	CISP; HSA+
<i>methyldopa oral tablet</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet</i>	1	CISP; HSA+
<i>metolazone oral tablet</i>	2	CISP; HSA+
<i>metoprolol succinate oral tablet extended release 24 hr</i>	2	CISP; HSA+
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	2	CISP; HSA+
<i>metoprolol tartrate oral tablet</i>	1	CISP; HSA+
<i>metyrosine oral capsule</i>	2	PA
<i>minoxidil oral tablet</i>	2	
<i>moexipril oral tablet</i>	2	CISP; HSA+
<i>nadolol oral tablet</i>	2	CISP; HSA+
<i>nebivolol oral tablet</i>	2	CISP; HSA+
<i>nicardipine oral capsule</i>	2	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>nifedipine oral capsule</i>	2	CISP; HSA+
<i>nifedipine oral tablet extended release</i>	2	CISP; HSA+
<i>nifedipine oral tablet extended release 24hr</i>	2	CISP; HSA+
<i>nimodipine oral capsule</i>	2	
<i>nimodipine oral solution</i>	2	
<i>nisoldipine oral tablet extended release 24 hr</i>	2	CISP; HSA+
NYMALIZE ORAL SOLUTION	4	
NYMALIZE ORAL SYRINGE	4	
<i>olmesartan oral tablet</i>	1	CISP; HSA+
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg</i>	2	CISP; HSA+
<i>olmesartan-amlodipin-hcthiazyd oral tablet 40-5-25 mg</i>	2	HSA+
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	5	PA; MSP; QL
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	5	PA; MSP; QL
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	5	PA; MSP; QL
ORENITRAM ORAL TABLET EXTENDED RELEASE	5	PA; MSP; QL
<i>perindopril erbumine oral tablet</i>	2	CISP; HSA+
<i>phenoxybenzamine oral capsule</i>	2	PA
<i>pindolol oral tablet</i>	2	CISP; HSA+
<i>prazosin oral capsule</i>	2	
PRESTALIA ORAL TABLET	4	ST
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	4	PA
<i>propranolol oral capsule,extended release 24 hr</i>	2	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>propranolol oral solution</i>	1	CISP; HSA+
<i>propranolol oral tablet</i>	1	CISP; HSA+
<i>propranolol- hydrochlorothiazid oral tablet</i>	2	CISP; HSA+
<i>quinapril oral tablet 10 mg</i>	2	CISP-1; HSA+
<i>quinapril oral tablet 20 mg, 40 mg, 5 mg</i>	1	CISP; HSA+
<i>quinapril- hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	CISP; HSA+
<i>quinapril- hydrochlorothiazide oral tablet 20-25 mg</i>	2	CISP; HSA+
<i>ramipril oral capsule 1.25 mg</i>	2	CISP; HSA+
<i>ramipril oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	CISP; HSA+
<i>spironolactone oral suspension</i>	1	CISP; HSA+
<i>spironolactone oral tablet</i>	1	CISP; HSA+
<i>spironolacton- hydrochlorothiaz oral tablet</i>	1	CISP; HSA+
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>telmisartan oral tablet</i>	1	CISP; HSA+
<i>telmisartan-amlodipine oral tablet</i>	2	CISP; HSA+
<i>telmisartan-hydrochlorothiazid oral tablet</i>	2	CISP; HSA+
TENORETIC 100 ORAL TABLET	4	ST
TENORETIC 50 ORAL TABLET	4	ST
TENORMIN ORAL TABLET	4	ST
<i>terazosin oral capsule</i>	2	QL
<i>tiadylt er oral capsule,extended release 24 hr</i>	2	CISP; HSA+
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	
<i>timolol maleate oral tablet</i>	2	CISP; HSA+
<i>torse mide oral tablet</i>	1	CISP; HSA+
<i>trandolapril oral tablet</i>	1	CISP; HSA+
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	2	CISP; HSA+
<i>triamterene oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	CISP; HSA+
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	CISP; HSA+
UPTRAVI ORAL TABLET	5	PA; MSP; QL
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; MSP; QL
<i>valsartan oral solution</i>	2	HSA+
<i>valsartan oral tablet</i>	2	CISP; HSA+
<i>valsartan-hydrochlorothiazide oral tablet</i>	2	CISP; HSA+
VASERETIC ORAL TABLET	4	
VASOTEC ORAL TABLET	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	ST; CISP; HSA+
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	CISP; HSA+
<i>verapamil oral tablet</i>	1	CISP; HSA+
<i>verapamil oral tablet extended release</i>	2	CISP; HSA+
ZESTORETIC ORAL TABLET	4	
ZESTRIL ORAL TABLET	4	

CARDIAC GLYCOSIDES

Drug Name	Drug Tier	Requirements / Limits
<i>digoxin oral solution</i>	2	HSA+
<i>digoxin oral tablet</i>	2	HSA+
LANOXIN ORAL TABLET	4	
COAGULATION THERAPY		
ADVATE INTRAVENOUS RECON SOLN	5	PA; MSP
ADYNOVATE INTRAVENOUS SOLUTION	5	PA; MSP
AFSTYLA INTRAVENOUS RECON SOLN	5	PA; MSP
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP
ALPROLIX INTRAVENOUS RECON SOLN	5	PA; MSP
ALTUVIIIQ INTRAVENOUS RECON SOLN	5	PA; MSP
AMICAR ORAL SOLUTION	4	
AMICAR ORAL TABLET	4	
<i>aminocaproic acid oral solution</i>	2	
<i>aminocaproic acid oral tablet</i>	2	
ARIXTRA SUBCUTANEOUS SYRINGE	5	SP

Drug Name	Drug Tier	Requirements / Limits
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	2	HSA+
BENEFIX INTRAVENOUS RECON SOLN	5	PA; MSP
BRILINTA ORAL TABLET	4	PA
CABLIVI INJECTION KIT	5	PA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	5	PA; MSP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	5	PA; MSP
<i>cilostazol oral tablet</i>	1	
<i>clopidogrel oral tablet 300 mg</i>	2	CISP-1; HSA+
<i>clopidogrel oral tablet 75 mg</i>	1	CISP; HSA+
COAGADEX INTRAVENOUS RECON SOLN	5	PA; MSP
<i>dabigatran etexilate oral capsule</i>	2	HSA+
<i>dipyridamole oral tablet</i>	2	HSA+
DOPTELET (15 TAB PACK) ORAL TABLET	5	PA; MSP; QL
EFFIENT ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	
ELIQUIS ORAL TABLET	3	
ELOCTATE INTRAVENOUS RECON SOLN	5	PA; MSP
<i>eltrombopag olamine oral powder in packet</i>	5	PA; MSP
<i>eltrombopag olamine oral tablet</i>	5	PA; MSP
<i>enoxaparin subcutaneous solution</i>	5	SP
<i>enoxaparin subcutaneous syringe</i>	5	SP
ESPEROCT INTRAVENOUS RECON SOLN	5	PA; MSP
<i>fondaparinux subcutaneous syringe</i>	5	SP
FRAGMIN SUBCUTANEOUS SOLUTION	5	SP
FRAGMIN SUBCUTANEOUS SYRINGE	5	SP
HEMLIBRA SUBCUTANEOUS SOLUTION	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
<i>hep flush-10 (pf) intravenous solution</i>	1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)</i>	1	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	4	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	1	
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE	4	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 20,000 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin (porcine) injection solution 10,000 unit/ml, 5,000 unit/ml</i>	2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe 100 unit/ml</i>	2	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP
IDELVION INTRAVENOUS RECON SOLN	5	PA; MSP
<i>jantoven oral tablet</i>	1	HSA+
JIVI INTRAVENOUS RECON SOLN	5	PA; MSP
KOGENATE FS INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	5	PA
KOVALTRY INTRAVENOUS RECON SOLN	5	PA; MSP
NOVOEIGHT INTRAVENOUS RECON SOLN	5	PA; MSP
<i>pentoxifylline oral tablet extended release</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	3	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>phytonadione (vitamin k1) injection syringe</i>	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	2	QL
<i>prasugrel hcl oral tablet</i>	2	HSA+
PROMACTA ORAL POWDER IN PACKET	5	PA; MSP
PROMACTA ORAL TABLET	5	PA; MSP
<i>rivaroxaban oral suspension for reconstitution</i>	2	HSA+
<i>rivaroxaban oral tablet</i>	2	HSA+
SEVENFACT INTRAVENOUS RECON SOLN	5	PA; MSP
TAVALISSE ORAL TABLET	5	PA; QL
<i>ticagrelor oral tablet</i>	2	HSA+
TRETTEN INTRAVENOUS RECON SOLN	5	PA; MSP
<i>vitamin k injection solution</i>	2	
<i>vitamin k1 injection solution</i>	2	
VONVENDI INTRAVENOUS RECON SOLN	5	PA; MSP
<i>warfarin oral tablet</i>	1	HSA+

Drug Name	Drug Tier	Requirements / Limits
WILATE INTRAVENOUS RECON SOLN	5	PA; MSP
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	
XARELTO ORAL TABLET	3	
XYNTHA INTRAVENOUS SOLUTION	5	PA; MSP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE	5	PA; MSP
ZONTIVITY ORAL TABLET	4	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet</i>	2	CISP; HSA+; QL
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	CISP; HSA+; ACA; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	CISP; HSA+; QL
CADUET ORAL TABLET	4	ST; QL
<i>cholestyramine (with sugar) oral powder</i>	2	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>cholestyramine (with sugar) oral powder in packet</i>	2	CISP; HSA+
<i>cholestyramine light oral powder</i>	2	HSA+
<i>cholestyramine light oral powder in packet</i>	2	CISP; HSA+
<i>colesevelam oral powder in packet</i>	2	
<i>colesevelam oral tablet</i>	2	
COLESTID ORAL GRANULES	4	ST
COLESTID ORAL TABLET	4	ST
<i>colestipol oral granules</i>	2	HSA+
<i>colestipol oral packet</i>	2	HSA+
<i>colestipol oral tablet</i>	2	CISP; HSA+
<i>ezetimibe oral tablet</i>	2	CISP; HSA+
<i>ezetimibe-simvastatin oral tablet</i>	2	CISP; HSA+; QL
<i>fenofibrate micronized oral capsule 130 mg</i>	2	ST; CISP; HSA+
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	CISP; HSA+
<i>fenofibrate nanocrystallized oral tablet</i>	2	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>fenofibrate oral tablet 120 mg</i>	2	PA; CISP; HSA+
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	CISP; HSA+
<i>fenofibrate oral tablet 40 mg</i>	2	ST; CISP; HSA+
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	2	CISP; HSA+
<i>fenofibric acid oral tablet</i>	2	HSA+
FIBRICOR ORAL TABLET 105 MG	4	ST
FLOLIPID ORAL SUSPENSION	4	ST; QL
<i>fluvastatin oral capsule</i>	2	CISP; HSA+; ACA; QL
<i>fluvastatin oral tablet extended release 24 hr</i>	2	CISP; HSA+; ACA; QL
<i>gemfibrozil oral tablet</i>	2	CISP; HSA+
<i>icosapent ethyl oral capsule</i>	2	HSA+
JUXTAPID ORAL CAPSULE	5	PA; MSP
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; QL
LOPID ORAL TABLET	4	
<i>lovastatin oral tablet</i>	1	CISP; HSA+; ACA; QL

Drug Name	Drug Tier	Requirements / Limits
NEXLETOL ORAL TABLET	3	PA
NEXLIZET ORAL TABLET	3	PA
<i>niacin oral tablet 500 mg</i>	2	PA; CISP; HSA+
<i>niacin oral tablet extended release 24 hr</i>	2	CISP; HSA+
NIACOR ORAL TABLET	4	PA
<i>omega-3 acid ethyl esters oral capsule</i>	2	
<i>pitavastatin calcium oral tablet</i>	2	CISP; HSA+; ACA; QL
<i>pravastatin oral tablet</i>	1	CISP; HSA+; ACA; QL
<i>prevalite oral powder</i>	2	HSA+
<i>prevalite oral powder in packet</i>	2	CISP; HSA+
QUESTRAN LIGHT ORAL POWDER	4	ST
QUESTRAN ORAL POWDER	4	ST
QUESTRAN ORAL POWDER IN PACKET	4	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	3	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	3	PA; QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	CISP; HSA+; ACA; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	CISP; HSA+; QL
ROSZET ORAL TABLET	4	ST; QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	CISP; HSA+; ACA; QL
<i>simvastatin oral tablet 80 mg</i>	1	CISP; HSA+; QL
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR	5	PA
VASCEPA ORAL CAPSULE	3	
ZYPITAMAG ORAL TABLET	4	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY ORAL TABLET	5	PA
CAMZYOS ORAL CAPSULE	5	PA; MSP; QL
ENTRESTO ORAL TABLET	4	QL

Drug Name	Drug Tier	Requirements / Limits
ENTRESTO SPRINKLE ORAL PELLETT	3	QL
FILSPARI ORAL TABLET	5	PA; QL
<i>ivabradine oral tablet</i>	2	PA
<i>ranolazine oral tablet extended release 12 hr</i>	2	
<i>sacubitril-valsartan oral tablet</i>	2	QL
VANRAFIA ORAL TABLET	5	PA
VECAMYL ORAL TABLET	4	PA
VERQUVO ORAL TABLET	3	QL
VYNDAMAX ORAL CAPSULE	5	PA; MSP
VYND AQEL ORAL CAPSULE	5	PA; MSP
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET	4	
ISORDIL ORAL TABLET	4	
ISORDIL TITRADOSE ORAL TABLET 5 MG	4	
<i>isosorbide dinitrate oral tablet 10 mg, 40 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>isosorbide dinitrate oral tablet 20 mg, 30 mg</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg</i>	2	
<i>isosorbide mononitrate oral tablet 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	2	
<i>nitro-bid transdermal ointment</i>	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	4	
<i>nitroglycerin sublingual tablet</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual spray, non-aerosol</i>	2	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL	4	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY	4	
NITROSTAT SUBLINGUAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
<i>nitro-time oral capsule, extended release</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	2	
ANALPRAM-HC TOPICAL LOTION	4	ST
<i>calcipotriene scalp solution</i>	2	QL
<i>calcipotriene topical cream</i>	2	QL
<i>calcipotriene topical ointment</i>	2	QL
<i>calcipotriene-betamethasone topical ointment</i>	2	ST; QL
<i>calcipotriene-betamethasone topical suspension</i>	2	QL
<i>calcitriol topical ointment</i>	2	
ENSTILAR TOPICAL FOAM	3	ST; QL
EPIFOAM TOPICAL FOAM	4	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	2	ST
IMULDOSA SUBCUTANEOUS SYRINGE	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
OVACE PLUS SHAMPOO TOPICAL SHAMPOO	4	
OVACE PLUS TOPICAL CLEANSER	4	
OVACE PLUS WASH TOPICAL CLEANSER, GEL	4	
OVACE TOPICAL CLEANSER	4	
PLEXION NS TOPICAL SHAMPOO	4	
PRAMOSONE TOPICAL CREAM 1-1 %	4	ST
PRAMOSONE TOPICAL LOTION	4	ST
PRAMOSONE TOPICAL OINTMENT	4	ST
SELARSDI SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>selenium sulfide topical lotion</i>	2	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
<i>selenium sulfide topical shampoo 2.3 %</i>	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
SKYRIZI SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
SOTYKTU ORAL TABLET	5	PA; MSP; QL
SPEVIGO SUBCUTANEOUS SYRINGE	5	PA; MSP
STELARA SUBCUTANEOUS SOLUTION	5	PA; MSP; QL
STELARA SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>sulfacetamide sodium topical cleanser</i>	2	
<i>sulfacetamide sodium topical cleanser, gel</i>	2	
<i>sulfacetamide sodium topical shampoo</i>	1	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
TERSI FOAM TOPICAL FOAM	4	
TREMFYA ONE- PRESS SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
TREMFYA PEN INDUCTION PK- CROHN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
TREMFYA SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
USTEKINUMAB- TTWE SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
VECTICAL TOPICAL OINTMENT	4	
VTAMA TOPICAL CREAM	3	ST; QL
WYNZORA TOPICAL CREAM	4	ST; QL
YESINTEK SUBCUTANEOUS SOLUTION	5	PA; MSP; QL
YESINTEK SUBCUTANEOUS SYRINGE	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
ZORYVE TOPICAL CREAM 0.15 %	3	ST; QL
ZORYVE TOPICAL CREAM 0.3 %	4	ST; QL
ZORYVE TOPICAL FOAM	4	ST; QL
BURN THERAPY		
SILVADENE TOPICAL CREAM	4	
<i>silver sulfadiazine topical cream</i>	1	
<i>ssd topical cream</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
ADBRY SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
AMELUZ TOPICAL GEL	4	
<i>ammonium lactate topical cream</i>	2	
<i>ammonium lactate topical lotion</i>	2	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION	4	
CIBINQO ORAL TABLET	5	PA; MSP; QL
CORTANE-B TOPICAL LOTION	4	

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium topical gel 3 %</i>	2	QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	5	PA; MSP; QL
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE	5	PA; MSP
EFUDEX TOPICAL CREAM	4	
EUCRISA TOPICAL OINTMENT	3	PA; QL
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution</i>	2	
HYFTOR TOPICAL GEL	5	PA
<i>imiquimod topical cream in metered-dose pump</i>	2	
<i>imiquimod topical cream in packet</i>	2	
IODOFLEX TOPICAL PADS, MEDICATED	4	

Drug Name	Drug Tier	Requirements / Limits
IODOSORB TOPICAL GEL	4	
LEVULAN TOPICAL SOLUTION	4	
<i>methoxsalen oral capsule, liqd- filled, rapid rel</i>	2	
<i>methyl salicylate oil</i>	2	
<i>methyl salicylate topical liquid</i>	2	
NORMLGEL AG TOPICAL GEL	4	
OPZELURA TOPICAL CREAM	4	PA; QL
PANRETIN TOPICAL GEL	4	PA
<i>pimecrolimus topical cream</i>	2	PA; QL
<i>podofilox topical gel</i>	2	ST; QL
<i>podofilox topical solution</i>	2	
<i>tacrolimus topical ointment</i>	2	PA; QL
VALCHLOR TOPICAL GEL	5	PA; MSP
VYJUVEK TOPICAL GEL	5	PA
<i>wintergreen oil oil</i>	2	
YCANTH TOPICAL SOLUTION WITH APPLICATOR	5	MSP
ZEVASKYN TOPICAL SHEET	5	

Drug Name	Drug Tier	Requirements / Limits
ZONALON TOPICAL CREAM	4	ST; QL
THErapy FOR ACNE		
ABSORICA ORAL CAPSULE	4	ST
<i>accutane oral capsule</i>	2	
ACZONE TOPICAL GEL	4	ST
ACZONE TOPICAL GEL WITH PUMP	4	ST
<i>adapalene topical cream</i>	2	
<i>adapalene topical gel 0.3 %</i>	2	
<i>adapalene topical gel with pump</i>	2	
ADAPALENE TOPICAL LOTION	4	ST
<i>adapalene topical solution</i>	2	
<i>adapalene topical swab</i>	2	ST
<i>adapalene-benzoyl peroxide topical gel with pump</i>	2	
AKLIEF TOPICAL CREAM	4	ST
ALTRENO TOPICAL LOTION	4	
<i>amnestem oral capsule</i>	2	
AMZEEQ TOPICAL FOAM	4	ST

Drug Name	Drug Tier	Requirements / Limits
ARAZLO TOPICAL LOTION	4	
AVAR LS TOPICAL CLEANSER	4	ST
<i>avar topical cleanser</i>	2	ST
AVAR-E TOPICAL CREAM	4	ST
<i>azelaic acid topical gel</i>	2	
AZELEX TOPICAL CREAM	4	ST
BENZAMYCIN TOPICAL GEL	4	ST
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER	4	ST
<i>benzepro topical towelette</i>	2	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam</i>	2	
<i>bp 10-1 topical cleanser</i>	2	ST
<i>brimonidine topical gel with pump</i>	2	PA
<i>claravis oral capsule</i>	2	
CLEOCIN T TOPICAL LOTION	4	ST; QL
CLINDACIN ETZ TOPICAL KIT	4	ST
<i>clindacin etz topical swab</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clindacin p topical swab</i>	1	
CLINDACIN PAC TOPICAL KIT	4	ST
<i>clindacin topical foam</i>	2	ST; QL
<i>clindamycin phosphate topical foam</i>	2	ST; QL
<i>clindamycin phosphate topical gel</i>	2	QL
<i>clindamycin phosphate topical gel, once daily</i>	2	ST; QL
<i>clindamycin phosphate topical lotion</i>	2	QL
<i>clindamycin phosphate topical solution</i>	2	QL
<i>clindamycin phosphate topical swab</i>	2	
<i>clindamycin-benzoyl peroxide topical gel</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 % (1 % base) -3.75 %</i>	2	DAW-9
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %</i>	2	
<i>clindamycin-tretinoin topical gel</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>dapsone topical gel 5 %</i>	2	
<i>dapsone topical gel with pump</i>	2	DAW-9
DIFFERIN TOPICAL CREAM	4	ST
DIFFERIN TOPICAL GEL WITH PUMP	4	ST
DIFFERIN TOPICAL LOTION	4	ST
EPIDUO FORTE TOPICAL GEL WITH PUMP	4	ST
EPSOLAY TOPICAL CREAM	4	ST
<i>ery pads topical swab</i>	2	
<i>erythromycin with ethanol topical gel</i>	2	
<i>erythromycin with ethanol topical solution</i>	2	
<i>erythromycin-benzoyl peroxide topical gel</i>	2	
EVOCLIN TOPICAL FOAM	4	ST; QL
FINACEA TOPICAL FOAM	3	ST
<i>isotretinoin oral capsule</i>	2	DAW-9
<i>ivermectin topical cream</i>	2	DAW-9; QL
METROCREAM TOPICAL CREAM	4	ST

Drug Name	Drug Tier	Requirements / Limits
METROGEL TOPICAL GEL 1 %	4	ST
<i>metronidazole topical cream</i>	2	
<i>metronidazole topical gel</i>	2	
<i>metronidazole topical gel with pump</i>	2	
<i>metronidazole topical lotion</i>	2	
MIRVASO TOPICAL GEL WITH PUMP	3	PA
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL	4	ST
<i>neuac topical gel</i>	2	
ONEXTON TOPICAL GEL WITH PUMP	4	ST
PACNEX TOPICAL CLEANSER	4	ST
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED	4	ST
PLEXION TOPICAL CLEANSER	4	ST
PLEXION TOPICAL CREAM	4	ST
PLEXION TOPICAL LOTION	4	ST

Drug Name	Drug Tier	Requirements / Limits
PR BENZOYL PEROXIDE TOPICAL CLEANSER	4	ST
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	4	
RETIN-A TOPICAL CREAM	4	
RETIN-A TOPICAL GEL	4	
RHOFADE TOPICAL CREAM	4	PA
<i>rosadan topical cream</i>	2	
<i>rosadan topical gel</i>	2	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	4	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	4	ST
<i>rosula cleansing cloths topical pads, medicated</i>	2	
ROSULA TOPICAL CLEANSER	4	ST
SOOLANTRA TOPICAL CREAM	4	ST; QL
<i>sss 10-5 topical cream</i>	2	
<i>sss 10-5 topical foam</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	2	ST
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	2	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 9.8-4.8 %</i>	2	ST
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	2	
<i>sulfacetamide sodium-sulfur topical lotion</i>	2	ST
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	2	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	2	ST
<i>sulfacleanse 8-4 topical suspension</i>	2	ST
SUMADAN TOPICAL CLEANSER	4	ST
SUMADAN TOPICAL KIT	4	ST

Drug Name	Drug Tier	Requirements / Limits
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM	4	ST
SUMAXIN CP TOPICAL KIT	4	ST
SUMAXIN TOPICAL CLEANSER	4	ST
SUMAXIN TOPICAL PADS, MEDICATED	4	ST
SUMAXIN TS TOPICAL SUSPENSION	4	ST
<i>tazarotene topical cream</i>	2	
<i>tazarotene topical gel</i>	2	
<i>tretinoin microspheres topical gel</i>	2	
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	2	
<i>tretinoin microspheres topical gel with pump 0.08 %</i>	2	DAW-9
<i>tretinoin topical cream</i>	2	
<i>tretinoin topical gel</i>	2	
TWYNEO TOPICAL CREAM	4	ST

Drug Name	Drug Tier	Requirements / Limits
VANOXIDE-HC TOPICAL SUSPENSION	4	ST
<i>zenatane oral capsule</i>	2	
ZIANA TOPICAL GEL	4	ST
TOPICAL ANESTHETICS		
COCAINE NASAL SOLUTION	4	
<i>dermacinrx lidocaine topical adhesive patch,medicated</i>	2	ST
GOPRELTO NASAL SOLUTION	4	
<i>lidocaine hcl laryngotracheal solution</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	ST
<i>lidocaine topical ointment</i>	2	QL
<i>lidocaine viscous mucous membrane solution</i>	1	
<i>lidocaine-prilocaine topical cream</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-prilocaine topical kit</i>	2	
<i>lidocan iii topical adhesive patch,medicated</i>	2	ST
<i>lidocan iv topical adhesive patch,medicated</i>	2	ST
<i>lidocan v topical adhesive patch,medicated</i>	2	ST
<i>lidocort topical cream</i>	2	
NUMBRINO NASAL SOLUTION	4	
XARACOLL IMPLANT IMPLANT	4	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED	3	ST
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT	4	ST; QL
CENTANY AT TOPICAL OINTMENT KIT	4	ST; QL
CENTANY TOPICAL OINTMENT	4	ST; QL
<i>gentamicin topical cream</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>gentamicin topical ointment</i>	2	QL
KLARON TOPICAL SUSPENSION	4	ST
<i>lugols topical solution</i>	1	
<i>mupirocin calcium topical cream</i>	2	ST; QL
<i>mupirocin topical ointment</i>	2	QL
NEO-SYNALAR KIT TOPICAL CREAM	4	
NEO-SYNALAR TOPICAL CREAM	4	
<i>strong iodine topical solution</i>	1	
<i>sulfacetamide sodium (acne) topical suspension</i>	2	
SULFAMYLON TOPICAL CREAM	3	
XEPI TOPICAL CREAM	4	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	4	
CICLODAN KIT TOPICAL SOLUTION	4	ST
<i>ciclodan topical cream</i>	2	QL
<i>ciclodan topical solution</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>ciclopirox topical cream</i>	2	QL
<i>ciclopirox topical gel</i>	2	QL
<i>ciclopirox topical shampoo</i>	2	QL
<i>ciclopirox topical solution</i>	2	
<i>ciclopirox topical suspension</i>	2	QL
<i>ciclopirox-ure-camph-menth-euc topical solution</i>	2	
<i>clotrimazole topical cream</i>	2	QL
<i>clotrimazole topical solution</i>	2	QL
<i>clotrimazole-betamethasone topical cream</i>	2	QL
<i>clotrimazole-betamethasone topical lotion</i>	2	QL
<i>econazole nitrate topical cream</i>	2	QL
EXELDERM TOPICAL CREAM	4	QL
EXELDERM TOPICAL SOLUTION	4	QL
EXTINA TOPICAL FOAM	4	ST; QL
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	4	ST
<i>ketoconazole topical cream</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ketoconazole topical foam</i>	2	ST; QL
<i>ketoconazole topical shampoo</i>	1	QL
<i>ketodan kit topical combo pack</i>	2	ST
<i>ketodan topical foam</i>	2	ST; QL
<i>klayesta topical powder</i>	2	QL
LOPROX (AS OLAMINE) TOPICAL CREAM	4	QL
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	4	QL
LOPROX KIT TOPICAL COMBO PACK	4	QL
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER	4	QL
<i>naftifine topical cream</i>	2	QL
<i>naftifine topical gel</i>	2	QL
NAFTIN TOPICAL GEL 2 %	4	QL
<i>nyamyc topical powder</i>	2	QL
<i>nystatin topical cream</i>	2	QL
<i>nystatin topical ointment</i>	2	QL
<i>nystatin topical powder</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin-triamcinolone topical cream</i>	2	QL
<i>nystatin-triamcinolone topical ointment</i>	2	QL
<i>nystop topical powder</i>	2	QL
<i>oxiconazole topical cream</i>	2	QL
<i>tavaborole topical solution with applicator</i>	2	ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	2	PA; QL
<i>acyclovir topical ointment</i>	2	PA; QL
DENAVIR TOPICAL CREAM	4	
<i>penciclovir topical cream</i>	2	
ZOVIRAX TOPICAL CREAM	4	PA; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	
ALA-SCALP TOPICAL LOTION	4	ST
<i>alclometasone topical cream</i>	2	
<i>alclometasone topical ointment</i>	2	
<i>amcinonide topical cream</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>amcinonide topical ointment</i>	2	ST
<i>beser topical lotion</i>	2	ST
<i>betamethasone dipropionate topical cream</i>	2	
<i>betamethasone dipropionate topical lotion</i>	2	
<i>betamethasone dipropionate topical ointment</i>	2	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical foam</i>	2	ST
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented topical cream</i>	2	
<i>betamethasone, augmented topical gel</i>	2	
<i>betamethasone, augmented topical lotion</i>	2	
<i>betamethasone, augmented topical ointment</i>	2	

Drug Name	Drug Tier	Requirements / Limits
BRYHALI TOPICAL LOTION	4	ST
CAPEX TOPICAL SHAMPOO	4	ST
<i>clobetasol scalp solution</i>	2	QL
<i>clobetasol topical cream 0.05 %</i>	2	QL
<i>clobetasol topical foam</i>	2	ST; QL
<i>clobetasol topical gel</i>	2	QL
<i>clobetasol topical lotion</i>	2	ST; QL
<i>clobetasol topical ointment</i>	2	QL
<i>clobetasol topical shampoo</i>	2	ST; QL
<i>clobetasol topical spray,non-aerosol</i>	2	ST; QL
<i>clobetasol-emollient topical cream</i>	2	QL
<i>clobetasol-emollient topical foam</i>	2	ST; QL
CLOBEX TOPICAL SHAMPOO	4	ST; QL
CLOBEX TOPICAL SPRAY,NON-AEROSOL	4	ST; QL
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER	4	ST; QL
<i>clodan topical shampoo</i>	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	4	ST
DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL	4	ST
DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL	4	ST
<i>desonide topical cream</i>	2	
<i>desonide topical gel</i>	2	ST
<i>desonide topical lotion</i>	2	ST
<i>desonide topical ointment</i>	2	
<i>desoximetasone topical cream</i>	2	ST
<i>desoximetasone topical gel</i>	2	ST
<i>desoximetasone topical ointment</i>	2	ST
<i>desoximetasone topical spray,non-aerosol</i>	2	ST
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	4	ST
<i>fluocinolone and shower cap scalp oil</i>	2	
<i>fluocinolone topical cream</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone topical oil</i>	2	
<i>fluocinolone topical ointment</i>	2	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	QL
<i>fluocinonide topical cream 0.1 %</i>	2	ST; QL
<i>fluocinonide topical gel</i>	2	QL
<i>fluocinonide topical ointment</i>	2	QL
<i>fluocinonide topical solution</i>	2	QL
<i>fluocinonide-e topical cream</i>	2	QL
<i>fluticasone propionate topical cream</i>	2	
<i>fluticasone propionate topical lotion</i>	2	ST
<i>fluticasone propionate topical ointment</i>	2	
<i>halobetasol propionate topical cream</i>	2	
<i>halobetasol propionate topical foam</i>	2	ST
<i>halobetasol propionate topical ointment</i>	2	

Drug Name	Drug Tier	Requirements / Limits
HALOG TOPICAL CREAM	4	ST
<i>hydrocortisone butyrate topical cream</i>	2	QL
<i>hydrocortisone butyrate topical lotion</i>	2	ST; QL
<i>hydrocortisone butyrate topical ointment</i>	2	ST; QL
<i>hydrocortisone butyrate topical solution</i>	2	ST; QL
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical solution</i>	2	
<i>hydrocortisone valerate topical cream</i>	2	
<i>hydrocortisone valerate topical ointment</i>	2	
KENALOG TOPICAL AEROSOL	4	ST; QL
<i>lexette topical foam</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>mometasone topical cream</i>	2	
<i>mometasone topical ointment</i>	2	
<i>mometasone topical solution</i>	2	
NUCORT TOPICAL LOTION	4	ST
OLUX TOPICAL FOAM	4	ST; QL
PANDEL TOPICAL CREAM	4	ST
<i>prednicarbate topical cream</i>	2	
<i>prednicarbate topical ointment</i>	2	
PROCTOCORT TOPICAL CREAM	4	ST
SCALACORT DK TOPICAL COMBO PACK	4	ST
<i>scalacort topical lotion</i>	2	
SYNALAR CREAM KIT TOPICAL CREAM	4	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM	4	ST
SYNALAR TOPICAL CREAM	4	ST
SYNALAR TOPICAL OINTMENT	4	ST

Drug Name	Drug Tier	Requirements / Limits
SYNALAR TOPICAL SOLUTION	4	ST
SYNALAR TS TOPICAL KIT	4	ST
TEXACORT TOPICAL SOLUTION	4	ST
TOPICORT TOPICAL CREAM	4	ST
TOPICORT TOPICAL GEL	4	ST
TOPICORT TOPICAL OINTMENT	4	ST
<i>tovet emollient topical foam</i>	2	ST; QL
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.5 %</i>	1	ST

TOPICAL ENZYMES

Drug Name	Drug Tier	Requirements / Limits
NEXOBRID TOPICAL GEL	4	
SANTYL TOPICAL OINTMENT	3	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion</i>	2	
ELIMITE TOPICAL CREAM	4	
EURAX TOPICAL CREAM	4	
EURAX TOPICAL LOTION	4	
<i>malathion topical lotion</i>	2	
OVIDE TOPICAL LOTION	4	
<i>permethrin topical cream</i>	2	
<i>pruradik topical lotion</i>	2	
<i>spinosad topical suspension</i>	2	
ULESFIA TOPICAL LOTION	4	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	2	
<i>neomycin-polymyxin b gu irrigation solution</i>	2	

Drug Name	Drug Tier	Requirements / Limits
SORBITOL IRRIGATION SOLUTION	4	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION	4	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	2	
<i>acetic acid irrigation solution</i>	2	
AGRYLIN ORAL CAPSULE	4	
<i>anagrelide oral capsule</i>	2	
ARALAST NP INTRAVENOUS RECON SOLN	5	PA; MSP
BUPHENYL ORAL POWDER	5	PA
BUPHENYL ORAL TABLET	5	PA
<i>caffeine citrate oral solution</i>	2	
CARBAGLU ORAL TABLET, DISPERSIBLE	5	PA; MSP
<i>carglumic acid oral tablet, dispersible</i>	5	PA
CARNITOR (SUGAR-FREE) ORAL SOLUTION	4	
CARNITOR ORAL SOLUTION	4	

Drug Name	Drug Tier	Requirements / Limits
CARNITOR ORAL TABLET	4	
<i>cevimeline oral capsule</i>	2	
CHEMET ORAL CAPSULE	3	PA
<i>deferasirox oral granules in packet</i>	5	PA; MSP
<i>deferasirox oral tablet</i>	5	PA; MSP
<i>deferasirox oral tablet, dispersible</i>	5	PA; MSP
<i>deferiprone oral tablet</i>	5	PA; MSP
<i>disulfiram oral tablet</i>	2	
<i>droxidopa oral capsule</i>	5	PA; MSP
EMPAVELI SUBCUTANEOUS SOLUTION	5	PA
ENDARI ORAL POWDER IN PACKET	5	PA; MSP
EVOXAC ORAL CAPSULE	4	
FABHALTA ORAL CAPSULE	5	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE	5	PA
FERRIPROX ORAL SOLUTION	5	PA

Drug Name	Drug Tier	Requirements / Limits
FERRIPROX ORAL TABLET	5	PA
GIVLAARI SUBCUTANEOUS SOLUTION	5	PA; MSP
GLASSIA INTRAVENOUS SOLUTION	5	PA; MSP
<i>glutamine (sickle cell) oral powder in packet</i>	5	PA; MSP
INCRELEX SUBCUTANEOUS SOLUTION	5	
JOENJA ORAL TABLET	5	PA; QL
<i>levocarnitine (with sugar) oral solution</i>	2	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet</i>	2	
LITFULO ORAL CAPSULE	5	PA; MSP; QL
LITHOSTAT ORAL TABLET	4	
METOPIRONE ORAL CAPSULE	4	
<i>midodrine oral tablet</i>	2	
<i>nitisinone oral capsule</i>	5	PA; MSP
NITYR ORAL TABLET	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
OLPRUVA ORAL PELLETS IN PACKET	5	PA
ORFADIN ORAL CAPSULE	5	PA
ORFADIN ORAL SUSPENSION	5	PA
PHEBURANE ORAL GRANULES	5	PA; MSP
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; MSP
PYRUKYND ORAL TABLET	5	PA; QL
PYRUKYND ORAL TABLETS,DOSE PACK	5	PA; QL
RADIOGARDASE ORAL CAPSULE	4	
REZDIFFRA ORAL TABLET	5	PA; MSP; QL
<i>riluzole oral tablet</i>	2	PA
<i>risedronate oral tablet 30 mg</i>	2	HSA+; QL
<i>sodium chloride 0.9 % injection solution</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	
<i>sodium chloride injection syringe</i>	2	
<i>sodium chloride irrigation solution</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium phenylbutyrate oral powder</i>	2	PA
<i>sodium phenylbutyrate oral tablet</i>	2	PA
SOHONOS ORAL CAPSULE	5	PA; QL
SYPRINE ORAL CAPSULE	4	PA
TAVNEOS ORAL CAPSULE	5	PA; QL
TEGLUTIK ORAL SUSPENSION	5	PA
THIOLA EC ORAL TABLET,DELAYE D RELEASE (DR/EC)	5	PA
TIGLUTIK ORAL SUSPENSION	5	PA
<i>tiopronin oral tablet</i>	5	PA; MSP
<i>tiopronin oral tablet, delayed release (dr/ec)</i>	5	PA
<i>trientine oral capsule 250 mg</i>	2	PA
<i>venxxiva oral tablet, delayed release (dr/ec)</i>	5	PA
VOYDEYA ORAL TABLET	5	PA
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA

Drug Name	Drug Tier	Requirements / Limits
<i>water for irrigation, sterile irrigation solution</i>	2	
XURIDEN ORAL GRANULES IN PACKET	5	PA
ZOKINVY ORAL CAPSULE	5	PA; QL
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION, EXTENDED RELEASE	4	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	2	ACA
CHANTIX ORAL TABLET	4	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	3	OTC
NICORETTE BUCCAL GUM 2 MG	3	OTC
<i>nicorette buccal gum 4 mg</i>	2	ACA; OTC
NICORETTE BUCCAL LOZENGE	3	OTC
NICORETTE BUCCAL MINI LOZENGE	3	OTC
<i>nicotine (polacrilex) buccal gum</i>	2	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>nicotine (polacrilex) buccal lozenge</i>	2	ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge</i>	2	ACA; OTC
<i>nicotine transdermal patch 24 hour</i>	2	ACA; OTC
<i>nicotine transdermal patch, td daily, sequential</i>	2	ACA; OTC
NICOTROL NS NASAL SPRAY, NON-AEROSOL	4	ACA
<i>quit 2 buccal gum</i>	2	ACA; OTC
<i>quit 2 buccal lozenge</i>	2	ACA; OTC
<i>quit 4 buccal gum</i>	2	ACA; OTC
<i>quit 4 buccal lozenge</i>	2	ACA; OTC
<i>stop smoking aid buccal lozenge</i>	2	ACA; OTC
<i>varenicline tartrate oral tablet</i>	2	ACA
<i>varenicline tartrate oral tablets, dose pack</i>	2	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ARESTIN DENTAL CARTRIDGE	5	
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	2	
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	2	
CLINPRO 5000 DENTAL PASTE	4	
<i>denta 5000 plus dental cream</i>	1	
<i>denta 5000 plus sensitive dental paste</i>	2	
<i>dentagel dental gel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	2	
<i>fluoride (sodium) dental paste</i>	2	
<i>fluoride (sodium) dental solution</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE	4	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	4	
FLUORIMAX 5000 DENTAL PASTE	4	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE	4	

Drug Name	Drug Tier	Requirements / Limits
<i>fraiche 5000 dental gel</i>	1	
FRAICHE 5000 PREVI DENTAL GEL	4	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	4	
<i>ipratropium bromide nasal spray,non-aerosol</i>	1	QL
JUST RIGHT 5000 DENTAL PASTE	4	
<i>kourzeq dental paste</i>	2	
MUGARD MUCOUS MEMBRANE SOLUTION	5	
<i>olopatadine nasal spray,non-aerosol</i>	2	QL
<i>oralone dental paste</i>	2	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	4	
<i>paroex oral rinse mucous membrane mouthwash</i>	2	
PERIDEX MUCOUS MEMBRANE MOUTHWASH	4	
<i>periogard mucous membrane mouthwash</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl oral tablet</i>	2	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	4	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	4	
PREVIDENT 5000 PLUS DENTAL CREAM	4	
PREVIDENT 5000 SENSITIVE DENTAL PASTE	4	
PREVIDENT DENTAL GEL	4	
PREVIDENT DENTAL SOLUTION	4	
PREVIDENT KIDS DENTAL PASTE	4	
PROTHELIAL MUCOUS MEMBRANE PASTE	5	
SALAGEN (PILOCARPINE) ORAL TABLET	4	
<i>sf 5000 plus dental cream</i>	1	
<i>sf dental gel</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium fluoride 5000 plus dental cream</i>	2	
<i>sodium fluoride-pot nitrate dental paste</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	2	
<i>ciprofloxacin hcl otic (ear) dropperette</i>	2	
DERMOTIC OIL OTIC (EAR) DROPS	4	
<i>flac otic oil otic (ear) drops</i>	2	
<i>fluocinolone acetonide oil otic (ear) drops</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	2	
<i>ofloxacin otic (ear) drops</i>	2	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	2	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	4	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	2	
OTOVEL OTIC (EAR) SOLUTION	4	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL	5	MSP
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR	5	MSP
CORTEF ORAL TABLET	4	
<i>cortisone oral tablet</i>	1	
<i>deflazacort oral suspension</i>	5	PA; MSP
<i>deflazacort oral tablet</i>	5	PA; MSP
<i>dexabliss oral tablets,dose pack</i>	1	PA
<i>dexamethasone intensol oral drops</i>	2	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)</i>	1	PA
<i>fludrocortisone oral tablet</i>	1	
<i>hydrocortisone oral tablet</i>	1	
<i>jaythari oral tablet</i>	5	PA
MEDROL (PAK) ORAL TABLETS,DOSE PACK	4	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	4	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablets,dose pack</i>	2	
<i>millipred dp oral tablets,dose pack</i>	2	
<i>millipred oral tablet</i>	2	
ORAPRED ODT ORAL TABLET,DISINTEGRATING	4	
<i>prednisolone oral solution</i>	2	
<i>prednisolone oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	2	
<i>prednisone intensol oral concentrate</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablets, dose pack</i>	1	
<i>pyquvi oral suspension</i>	5	PA
RAYOS ORAL TABLET, DELAYED RELEASE (DR/EC)	4	PA
TAPERDEX ORAL TABLETS, DOSE PACK	4	PA
TARPEYO ORAL CAPSULE, DELAYED RELEASE (DR/EC)	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
TRIESENCE (PF) INTRAOCULAR SUSPENSION	4	
XIPERE (PF) SUPRACHOROIDAL SUSPENSION	5	MSP
ZCORT ORAL TABLETS, DOSE PACK	4	PA
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution</i>	2	
<i>propylthiouracil oral tablet</i>	2	
SSKI ORAL SOLUTION	4	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	4	OTC
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	4	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	4	OTC
ACCUTREND GLUCOSE CONTROL SOLUTION	4	OTC

Drug Name	Drug Tier	Requirements / Limits
ADVOCATE REDICODE PLUS CTRL L SOLUTION	4	OTC
AGAMATRIX CONTROL SOLN-HIGH SOLUTION	4	OTC
AGAMATRIX CONTROL SOLN-NORMAL SOLUTION	4	OTC
ASSURE 4 CONTROL SOLUTION COMBO PACK	4	OTC
ASSURE DOSE NORMAL CONTROL SOLUTION	4	OTC
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	4	OTC
AT HOME A1C DEVICE	4	OTC
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	4	OTC
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	4	OTC
CARESENS CONTROL A AND B SOLUTION	4	OTC
CARESENS S CONTROL A AND B SOLUTION	4	OTC

Drug Name	Drug Tier	Requirements / Limits
CARETOUCH CONTROL SOLN L2-L3 SOLUTION	4	OTC
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	4	OTC
CONTOUR CONTROL SOLUTION, NML SOLUTION	4	OTC
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	4	OTC
DEXCOM G6 RECEIVER	3	ST; QL
DEXCOM G6 SENSOR DEVICE	3	ST; HSA+; QL
DEXCOM G6 TRANSMITTER DEVICE	3	ST; HSA+; QL
DEXCOM G7 RECEIVER	3	ST; QL
DEXCOM G7 SENSOR DEVICE	3	ST; HSA+; QL
DIATRUE CONTROL SOLN NORMAL SOLUTION	4	OTC
EASY PLUS II HIGH CONTROL SOLUTION	4	OTC
EASY STEP HIGH CONTROL SOLN SOLUTION	4	OTC

Drug Name	Drug Tier	Requirements / Limits
EASY TALK HIGH CONTROL SOLUTION	4	OTC
EASY TALK PLUS II LOW CONTROL SOLUTION	4	OTC
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION	4	OTC
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	4	OTC
EASY TRAK LOW CONTROL SOLUTION	4	OTC
EASYMAX 15 LEVEL 2 SOLUTION	4	OTC
EASYMAX NORMAL CONTROL SOLUTION	4	OTC
ELEMENT COMPACT NORMAL CONTROL SOLUTION	4	OTC
ELEMENT NORMAL CONTROL SOLUTION	4	OTC
EMBRACE EVO LEVEL 1 SOLUTION	4	OTC

Drug Name	Drug Tier	Requirements / Limits
EMBRACE GLUCOSE CONTROL LOW SOLUTION	4	OTC
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	4	OTC
EVOLUTION NORMAL CONTROL SOLUTION	4	OTC
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	4	OTC
FORA KETONE CONTROL SOLN-L1 SOLUTION	4	OTC
FORA NORMAL CONTROL SOLUTION	4	OTC
FORA TN'G ADV MOBILE MULTI MTR DEVICE	4	OTC
FORA TN'G ADVANCE MULTI-FN MTR DEVICE	4	OTC
FORA TN'G ADVANCE PRO MONITOR DEVICE	4	OTC
FORACARE GDH LOW CONTROL SOLUTION	4	OTC
FREESTYLE CONTROL SOLUTION	3	CISP-1; HSA+; OTC

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE FREEDOM KIT	3	CISP-1; HSA+; OTC
FREESTYLE FREEDOM LITE KIT	3	CISP-1; HSA+; OTC
FREESTYLE INSULINX	3	OTC
FREESTYLE INSULINX STRIP	3	CISP-1; HSA+; OTC
FREESTYLE INSULINX TEST STRIPS STRIP	3	CISP-1; HSA+; OTC
FREESTYLE LIBRE 14 DAY READER	3	ST; CISP-1; HSA+
FREESTYLE LIBRE 14 DAY SENSOR KIT	3	ST; CISP-1; HSA+; QL
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	3	ST; CISP-1; HSA+; QL
FREESTYLE LIBRE 2 READER	3	ST; CISP-1; HSA+; QL
FREESTYLE LIBRE 2 SENSOR KIT	3	ST; CISP-1; HSA+; QL
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	3	ST; CISP-1; HSA+; QL
FREESTYLE LIBRE 3 READER	3	ST; CISP-1; QL
FREESTYLE LIBRE 3 SENSOR DEVICE	3	ST; CISP-1; HSA+; QL
FREESTYLE LITE METER KIT	3	CISP-1; HSA+; OTC

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LITE STRIPS STRIP	3	CISP-1; HSA+; OTC
FREESTYLE PRECISION NEO STRIPS STRIP	3	CISP-1; HSA+; OTC
FREESTYLE TEST STRIP	3	CISP-1; HSA+; OTC
GE100 CONTROL SOLUTION NORMAL SOLUTION	4	OTC
GLUCOCARD 01 NORMAL CONTROL SOLUTION	4	OTC
GLUCOCOM CONTROL NORMAL SOLUTION	4	OTC
GLUCOSE CONTROL SOLUTION	4	OTC
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	4	OTC
GOJJI KETONE CONTROL SOLN-L1 SOLUTION	4	OTC
GOJJI MULTI-FUNCTIONAL METER KIT	4	OTC
GUARDIAN 4 GLUCOSE SENSOR DEVICE	4	ST; QL

Drug Name	Drug Tier	Requirements / Limits
GUARDIAN 4 TRANSMITTER DEVICE	4	ST; QL
GUARDIAN LINK 3 TRANSMITTER DEVICE	4	ST; QL
GUARDIAN SENSOR 3 DEVICE	4	ST; QL
HEALTHPRO HIGH-LOW CONTROL SOLUTION	4	OTC
IHEALTH CONTROL SOLN LEVEL 2 SOLUTION	4	OTC
INFINITY CONTROL SOLUTION NORM SOLUTION	4	OTC
MEDISENSE COMBO PACK	3	OTC
MEDISENSE GLUCOSE KETONE COMBO PACK	3	OTC
MYGLUCOHEALTH CONTROL SOLUTION	4	OTC
NOVA MAX PLUS GLUC-KETON METER DEVICE	4	OTC
NOVA MAX PLUS GLUC-KETON METER KIT	4	OTC

Drug Name	Drug Tier	Requirements / Limits
NOVAMAX PLUS GLU-KET SOLUTION	4	OTC
ON CALL EXPRESS CONTROL SOLUTION	4	OTC
ONETOUCH ULTRA CONTROL SOLUTION	4	CISP-1; HSA+; OTC
ONETOUCH VERIO MID CONTROL SOLUTION	4	CISP-1; HSA+; OTC
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION	4	OTC
PRECISION XTRA KETONE-GLUCOSE KIT	3	OTC
PRECISION XTRA MONITOR	3	OTC
PRECISION XTRA TEST STRIP	3	OTC
PRODIGY CONTROL SOLUTION, LOW SOLUTION	4	OTC
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	4	OTC
REFUAH PLUS GLUCOSE CONTROL SOLUTION	4	OTC

Drug Name	Drug Tier	Requirements / Limits
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	4	OTC
SIMPLERA SENSOR DEVICE	4	ST
SIMPLERA SYNC SENSOR DEVICE	4	ST
SMARTEST CONTROL SOLUTION	4	OTC
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	4	OTC
TELCARE CONTROL SOLUTION	4	OTC
TRUE METRIX AIR GLUCOSE METER	3	OTC
TRUE METRIX GLUCOSE METER	3	OTC
TRUE METRIX GO GLUCOSE METER	3	OTC
TRUE METRIX LEVEL 1 SOLUTION	3	OTC
UNISTRIP LOW CONTROL SOLUTION	4	OTC
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	4	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		

Drug Name	Drug Tier	Requirements / Limits
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	4	
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE X 1/2"	3	CISP-1
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS) SUBCUTANEOUS CARTRIDGE	3	QL
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY,NON-AEROSOL	3	QL
<i>diazoxide oral suspension</i>	2	
<i>glucagon emergency kit (human) injection recon soln</i>	2	CISP; HSA+; QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	3	QL
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL
GVOKE SUBCUTANEOUS SOLUTION	3	QL
PROGLYCEM ORAL SUSPENSION	4	

Drug Name	Drug Tier	Requirements / Limits
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	3	OTC
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	3	OTC
BD INTEGRA NEEDLE NEEDLE	3	CISP-1; HSA+
BD MICROTAINER LANCET 30 GAUGE	3	CISP-1; HSA+; OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	3	CISP-1; HSA+
CEQR SIMPLICITY DEVICE	3	
GENTEEL VACUUM LANCING DEVICE COMBO PACK	4	OTC
ILET STARTER KIT-INSET KIT	3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	4	

Drug Name	Drug Tier	Requirements / Limits
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	4	
LANCETS 33 GAUGE	3	CISP-1; HSA+; OTC
LANCING DEVICE	3	CISP-1; HSA+; OTC
MODD1 PATIENT WELCOME KIT KIT	4	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	4	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	3	QL
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	QL
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL
TWIST STARTER KIT KIT	3	

Drug Name	Drug Tier	Requirements / Limits
V-GO 20 DEVICE	3	
V-GO 30 DEVICE	3	
V-GO 40 DEVICE	3	
INSULIN THERAPY		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	INS; HSA+
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	3	INS; HSA+
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	3	ST; INS; HSA+
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	INS; HSA+

Drug Name	Drug Tier	Requirements / Limits
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	INS; HSA+
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	INS; HSA+
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	3	INS; HSA+
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	3	INS; HSA+
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE	4	ST; INS; HSA+
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN	4	ST; INS; HSA+

Drug Name	Drug Tier	Requirements / Limits
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION	4	ST; INS; HSA+
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	3	INS; HSA+
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	INS; HSA+
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	INS; HSA+
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	INS
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	3	INS

Drug Name	Drug Tier	Requirements / Limits
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	3	ST; INS; HSA+
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	3	INS; HSA+
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	3	INS; HSA+
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN	3	INS; HSA+; QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	INS; HSA+

Drug Name	Drug Tier	Requirements / Limits
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	3	INS; HSA+
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	4	INS; HSA+; QL
MISCELLANEOUS HORMONES		
<i>cabergoline oral tablet</i>	2	QL
<i>calcitonin (salmon) injection solution</i>	2	
<i>calcitonin (salmon) nasal spray, non-aerosol</i>	2	
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>calcitriol oral solution</i>	2	
CERDELGA ORAL CAPSULE	5	PA; MSP; QL
<i>cetorelix subcutaneous kit</i>	5	
CETROTIDE SUBCUTANEOUS KIT	5	
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN	4	ST
<i>cinacalcet oral tablet</i>	2	ST
<i>clomid oral tablet</i>	2	
<i>clomiphene citrate oral tablet</i>	2	
CRENESSITY ORAL CAPSULE	5	PA
CRENESSITY ORAL SOLUTION	5	PA
CRYSVITA SUBCUTANEOUS SOLUTION	5	PA; MSP; QL
<i>danazol oral capsule</i>	2	
DDAVP ORAL TABLET	4	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL	4	
<i>desmopressin injection solution</i>	5	MSP

Drug Name	Drug Tier	Requirements / Limits
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	3	
<i>desmopressin oral tablet</i>	2	
<i>doxercalciferol oral capsule</i>	2	ST
<i>fyremadel subcutaneous syringe</i>	5	
GALAFOLD ORAL CAPSULE	5	PA; MSP; QL
<i>ganirelix subcutaneous syringe</i>	5	ST
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR	5	ST
GONAL-F SUBCUTANEOUS RECON SOLN	5	ST
JATENZO ORAL CAPSULE	4	QL
<i>javygtor oral powder in packet</i>	5	PA; MSP
<i>javygtor oral tablet,soluble</i>	5	PA; MSP
JYNARQUE ORAL TABLET	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; QL
MENOPUR SUBCUTANEOUS RECON SOLN	5	
METHITEST ORAL TABLET	3	
<i>methyltestosterone oral capsule</i>	2	
MIACALCIN INJECTION SOLUTION	4	
<i>mifepristone oral tablet 300 mg</i>	5	PA; MSP
<i>miglustat oral capsule</i>	5	PA; MSP; QL
MYALEPT SUBCUTANEOUS RECON SOLN	5	PA; MSP
OPFOLDA ORAL CAPSULE	5	PA; MSP; QL
ORILISSA ORAL TABLET	3	ST; QL
OVIDREL SUBCUTANEOUS SYRINGE	5	
PALYNZIQ SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>paricalcitol intravenous solution</i>	2	
<i>paricalcitol oral capsule</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
PREGNYL INTRAMUSCULAR RECON SOLN	5	QL
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	ST
ROCALTROL ORAL SOLUTION	4	ST
<i>sapropterin oral powder in packet</i>	5	PA; MSP
<i>sapropterin oral tablet, soluble</i>	5	PA; MSP
SOMAVERT SUBCUTANEOUS RECON SOLN	5	PA; MSP
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA
SYNAREL NASAL SPRAY, NON-AEROSOL	3	PA
TESTOPEL IMPLANT PELLETT	5	
<i>testosterone cypionate intramuscular oil</i>	2	
<i>testosterone enanthate intramuscular oil</i>	2	
TESTOSTERONE IMPLANT PELLETT 100 MG, 200 MG, 50 MG	4	
<i>testosterone transdermal gel</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal gel in metered-dose pump</i>	2	QL
<i>testosterone transdermal gel in packet</i>	2	QL
<i>testosterone transdermal solution in metered pump w/app</i>	2	QL
<i>tolvaptan (polycystic kidney disease) oral tablet</i>	5	PA; MSP; QL
<i>tolvaptan (polycystic kidney disease) oral tablets, sequential</i>	5	PA; MSP
<i>tolvaptan oral tablet</i>	5	PA; MSP; QL
VOGELXO TRANSDERMAL GEL	4	QL
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	4	QL
VOGELXO TRANSDERMAL GEL IN PACKET	4	QL
VOXZOGO SUBCUTANEOUS RECON SOLN	5	PA; MSP
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	3	QL
YORVIPATH SUBCUTANEOUS PEN INJECTOR	5	PA

Drug Name	Drug Tier	Requirements / Limits
<i>zelvysia oral powder in packet</i>	5	PA
ZEMPLAR INTRAVENOUS SOLUTION	4	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	ST
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet</i>	1	CISP; HSA+
ACTOPLUS MET ORAL TABLET	4	QL
ACTOS ORAL TABLET	4	QL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	3	ST; CISP; HSA+; QL
CYCLOSET ORAL TABLET	4	
DUETACT ORAL TABLET	4	QL
<i>exenatide subcutaneous pen injector</i>	2	ST; HSA+; QL
FARXIGA ORAL TABLET	3	ST; CISP; HSA+; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	CISP; HSA+
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	CISP; HSA+
<i>glipizide oral tablet extended release 24hr</i>	1	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>glipizide-metformin oral tablet</i>	1	CISP; HSA+
<i>glyburide micronized oral tablet</i>	1	CISP; HSA+
<i>glyburide oral tablet</i>	1	CISP; HSA+
<i>glyburide-metformin oral tablet</i>	1	CISP; HSA+
GLYXAMBI ORAL TABLET	3	ST; CISP; HSA+; QL
JANUMET ORAL TABLET	3	ST; CISP; HSA+; QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	3	ST; CISP; HSA+; QL
JANUVIA ORAL TABLET	3	ST; CISP; HSA+; QL
JARDIANCE ORAL TABLET	3	ST; CISP; HSA+; QL
<i>liraglutide subcutaneous pen injector</i>	2	ST; CISP; HSA+; QL
<i>metformin oral solution</i>	2	ST; HSA+
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	CISP; HSA+
<i>metformin oral tablet 750 mg</i>	1	ST; CISP; HSA+
<i>metformin oral tablet extended release 24 hr</i>	1	CISP; HSA+; QL
<i>metformin oral tablet extended release osmotic 24hr</i>	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral tablet, er gast.retention 24 hr</i>	2	PA; QL
<i>migliol oral tablet</i>	2	CISP; HSA+
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	ST; CISP; HSA+; QL
MOUNJARO SUBCUTANEOUS PEN INJECTOR 15 MG/0.5 ML	3	ST; CISP; HSA+; QL
<i>nateglinide oral tablet</i>	2	CISP; HSA+
OSENI ORAL TABLET 25-45 MG	4	ST; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	ST; CISP; HSA+; QL
<i>pioglitazone oral tablet</i>	1	CISP; HSA+; QL
<i>pioglitazone-glimepiride oral tablet</i>	2	CISP; HSA+; QL
<i>pioglitazone-metformin oral tablet</i>	2	CISP; HSA+; QL
PRECOSE ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
<i>repaglinide oral tablet</i>	2	CISP; HSA+
RIOMET ORAL SOLUTION	4	ST
RYBELSUS ORAL TABLET	3	ST; CISP; HSA+; QL
<i>saxagliptin oral tablet</i>	2	ST; CISP; HSA+; QL
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr</i>	2	ST; CISP; HSA+; QL
SYNJARDY ORAL TABLET	3	ST; CISP; HSA+; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; CISP; HSA+; QL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	3	ST; CISP; HSA+; QL
TRULICITY SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	ST; CISP; HSA+; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; CISP; HSA+; QL

THYROID HORMONES

Drug Name	Drug Tier	Requirements / Limits
<i>adthyza oral tablet</i> 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
ARMOUR THYROID ORAL TABLET	3	
ERMEZA ORAL SOLUTION	4	ST
<i>euthyrox oral tablet</i>	2	
<i>levo-t oral tablet</i>	2	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
<i>liomny oral tablet</i>	1	
<i>liothyronine oral tablet</i>	1	
<i>niva thyroid oral tablet</i>	1	
<i>np thyroid oral tablet</i>	1	
<i>renthyroid oral tablet</i>	1	
<i>thyroid (pork) oral tablet</i>	1	
<i>unithroid oral tablet</i>	2	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz oral tablet, disintegrating</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>belladonna alkaloids-opium rectal suppository</i> 16.2-30 mg	1	
<i>belladonna alkaloids-opium rectal suppository</i> 16.2-60 mg	2	
<i>chlordiazepoxide-clidinium oral capsule</i>	1	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	2	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	4	
DONNATAL ORAL TABLET	4	
<i>ed-spaz oral tablet, disintegrating</i>	1	
GLYCATE ORAL TABLET	4	
<i>glycopyrrolate oral solution</i>	2	
<i>glycopyrrolate oral tablet</i>	2	
<i>hyoscyamine sulfate oral drops</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	2	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	2	
<i>hyoscyamine sulfate oral tablet, disintegrating</i>	2	
<i>hyoscyamine sulfate sublingual tablet</i>	2	
<i>hyosyne oral drops</i>	1	
<i>hyosyne oral elixir</i>	2	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR	4	
LEVSIN ORAL TABLET	4	
LEVSIN/SL SUBLINGUAL TABLET	4	
LOMOTIL ORAL TABLET	4	
<i>loperamide oral capsule</i>	2	
<i>methscopolamine oral tablet</i>	2	
MOTOFEN ORAL TABLET	4	
NULEV ORAL TABLET, DISINTEGRATING	4	
<i>opium tincture oral tincture</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>oscimin oral tablet</i>	1	
<i>oscimin sl sublingual tablet</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir</i>	2	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	2	
<i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	2	
<i>phenohydro oral tablet</i>	2	
ROBINUL FORTE ORAL TABLET	4	
ROBINUL ORAL TABLET	4	
SYMAX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE	4	
<i>symax fastabs oral tablet, disintegrating</i>	1	
<i>symax-sl sublingual tablet</i>	1	
<i>symax-sr oral tablet extended release 12 hr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet</i>	2	
<i>alvimopan oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
ANALPRAM-HC RECTAL CREAM 1-1 %	4	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	4	ST
<i>anucort-hc rectal suppository</i>	2	
<i>aprepitant oral capsule</i>	2	QL
<i>aprepitant oral capsule,dose pack</i>	2	QL
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	4	ST
AZULFIDINE ENTABS ORAL TABLET,DELAYED RELEASE (DR/EC)	4	ST
AZULFIDINE ORAL TABLET	4	ST
<i>balsalazide oral capsule</i>	2	
<i>betaine oral powder</i>	5	PA
<i>bisacodyl oral tablet,delayed release (dr/ec)</i>	1	ACA; OTC
<i>budesonide oral capsule,delayed,extended.release</i>	2	
<i>budesonide oral tablet,delayed and ext.release</i>	2	DAW-9
<i>budesonide rectal foam</i>	2	

Drug Name	Drug Tier	Requirements / Limits
BYLVAY ORAL CAPSULE	5	PA; MSP; QL
BYLVAY ORAL PELLET	5	PA; MSP; QL
CHENODAL ORAL TABLET	5	PA
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL
<i>citroma oral solution</i>	1	ACA; OTC
<i>clearlax oral powder</i>	1	ACA; OTC
COLAZAL ORAL CAPSULE	4	ST
COMPAZINE ORAL TABLET	4	
COMPAZINE RECTAL SUPPOSITORY	4	
<i>compro rectal suppository</i>	2	
<i>constulose oral solution</i>	1	
CORTENEMA RECTAL ENEMA	4	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	
<i>cromolyn oral concentrate</i>	2	HSA+
CTEXLI ORAL TABLET	5	PA

Drug Name	Drug Tier	Requirements / Limits
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC)	4	QL
DIPENTUM ORAL CAPSULE	4	ST
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec)</i>	2	QL
<i>dronabinol oral capsule</i>	2	PA
<i>dulcolax (magnesium hydroxide) oral suspension</i>	1	ACA; OTC
<i>enulose oral solution</i>	2	
GASTROCROM ORAL CONCENTRATE	4	
GATTEX 30-VIAL SUBCUTANEOUS KIT	5	PA; MSP
<i>gavilax oral powder</i>	1	ACA; OTC
<i>gavilyte-c oral recon soln</i>	1	ACA
<i>gavilyte-g oral recon soln</i>	1	ACA
<i>gavilyte-n oral recon soln</i>	1	ACA
<i>generlac oral solution</i>	1	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>gentle laxative (magnesium hydroxide) oral suspension</i>	1	ACA; OTC
<i>gentlelax oral powder</i>	1	ACA; OTC
GOLYTELY ORAL RECON SOLN	4	
<i>granisetron hcl oral tablet</i>	2	QL
<i>hemmorex-hc rectal suppository</i>	2	
<i>hydrocortisone acetate rectal suppository</i>	2	
<i>hydrocortisone acetate topical cream with perineal applicator</i>	2	
<i>hydrocortisone rectal enema</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	2	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	2	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	2	ST
IQIRVO ORAL TABLET	5	PA; MSP
KRISTALOSE ORAL PACKET	4	
<i>lactulose oral packet 10 gram</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>lactulose oral packet 20 gram</i>	1	
<i>lactulose oral solution</i>	1	
<i>laxative (bisacodyl) oral tablet</i>	1	OTC
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
<i>laxative peg 3350 oral powder</i>	1	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	2	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	4	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	2	
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	2	
LINZESS ORAL CAPSULE	3	QL
LIVDELZI ORAL CAPSULE	5	PA
LIVMARLI ORAL SOLUTION	5	PA
LIVMARLI ORAL TABLET	5	PA
<i>lubiprostone oral capsule</i>	2	QL
<i>magnesium citrate oral solution</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
MARINOL ORAL CAPSULE	4	PA
<i>meclizine oral tablet</i>	1	
<i>mesalamine oral capsule (with del rel tablets)</i>	2	
<i>mesalamine oral capsule, extended release</i>	2	DAW-9
<i>mesalamine oral capsule, extended release 24hr</i>	2	DAW-9
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	2	
<i>mesalamine rectal enema</i>	2	
<i>mesalamine rectal suppository</i>	2	
<i>mesalamine with cleansing wipe rectal enema kit</i>	2	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia concentrated oral suspension</i>	1	ACA; OTC
<i>milk of magnesia oral suspension</i>	1	ACA; OTC
MOVANTIK ORAL TABLET	3	QL
<i>natura-lax oral powder</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>nitroglycerin rectal ointment</i>	2	
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	5	PA; MSP; QL
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	5	PA; MSP; QL
<i>ondansetron hcl oral solution</i>	2	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	QL
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	QL
<i>onelix magnesium citrate oral solution</i>	1	ACA; OTC
<i>oral saline laxative oral liquid</i>	1	ACA; OTC
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT	3	
<i>peg 3350-electrolytes oral recon soln</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	2	ACA
<i>peg-electrolyte soln oral recon soln</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	
<i>phosphate laxative oral liquid</i>	1	ACA; OTC
<i>polyethylene glycol 3350 oral powder</i>	2	ACA; OTC
<i>powderlax oral powder</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>prochlorperazine maleate oral tablet</i>	1	HSA+
<i>prochlorperazine rectal suppository</i>	2	HSA+
PROCORT RECTAL CREAM	4	
PROCTOCORT RECTAL SUPPOSITORY	4	ST
<i>procto-med hc topical cream with perineal applicator</i>	2	
<i>proctosol hc topical cream with perineal applicator</i>	2	
<i>proctozone-hc topical cream with perineal applicator</i>	2	
<i>prucalopride oral tablet</i>	2	QL
<i>purelax oral powder</i>	1	ACA; OTC
REBYOTA RECTAL ENEMA	5	MSP
RECTIV RECTAL OINTMENT	3	
REGLAN ORAL TABLET	4	
RELISTOR SUBCUTANEOUS SOLUTION	3	ST
RELISTOR SUBCUTANEOUS SYRINGE	3	ST
ROWASA RECTAL ENEMA KIT	4	

Drug Name	Drug Tier	Requirements / Limits
SANCUSO TRANSDERMAL PATCH WEEKLY	4	QL
<i>scopolamine base transdermal patch 3 day</i>	2	
SFROWASA RECTAL ENEMA	4	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	5	PA; MSP; QL
<i>smoothlax oral powder</i>	1	ACA; OTC
<i>sodium,potassium,mag sulfates oral recon soln</i>	2	HSA+; ACA
SUCRAID ORAL SOLUTION	5	PA
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	2	
SYMPROIC ORAL TABLET	3	
SYNDROS ORAL SOLUTION	4	PA
<i>trimethobenzamide oral capsule</i>	2	
TRULANCE ORAL TABLET	3	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE	4	

Drug Name	Drug Tier	Requirements / Limits
UCERIS RECTAL FOAM	4	
URSO FORTE ORAL TABLET	4	
<i>ursodiol oral capsule</i>	2	
<i>ursodiol oral tablet</i>	2	
VARUBI ORAL TABLET	3	QL
VELSIPITY ORAL TABLET	5	PA; MSP; QL
VIBERZI ORAL TABLET	3	
VIOKACE ORAL TABLET	3	
VOWST ORAL CAPSULE	5	
<i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MSP; QL
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT	5	PA; MSP; QL

ULCER THERAPY

<i>amoxicil-clarithromy-lansopraz oral combo pack</i>	2	QL
<i>bismuth subcit k-metronidz-ten oral capsule</i>	2	
<i>cimetidine hcl oral solution</i>	2	
<i>cimetidine oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
CYTOTEC ORAL TABLET	4	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	2	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	ST; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	2	ST
<i>famotidine oral suspension for reconstitution</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	2	QL
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	2	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	2	ST; QL
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	2	ST
<i>misoprostol oral tablet</i>	1	
<i>nizatidine oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
OMECLAMOX-PAK ORAL COMBO PACK	4	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	2	PA; QL
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	2	PA
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	2	PA; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	2	PA
<i>pantoprazole oral granules dr for susp in packet</i>	2	ST
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	2	
<i>sucralfate oral suspension</i>	2	
<i>sucralfate oral tablet</i>	2	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE	3	QL
VOQUEZNA DUAL PAK ORAL COMBO PACK	4	
VOQUEZNA ORAL TABLET	4	ST
VOQUEZNA TRIPLE PAK ORAL COMBO PACK	4	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ARCALYST SUBCUTANEOUS RECON SOLN	5	PA; QL
FULPHILA SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MSP; QL
LEUKINE INJECTION RECON SOLN	5	PA; MSP
MOZOBIL SUBCUTANEOUS SOLUTION	5	MSP

Drug Name	Drug Tier	Requirements / Limits
NIVESTYM INJECTION SOLUTION	5	PA; MSP
NIVESTYM SUBCUTANEOUS SYRINGE	5	PA; MSP
<i>plerixafor subcutaneous solution</i>	5	MSP
PROCRIT INJECTION SOLUTION	5	PA; MSP
PROLEUKIN INTRAVENOUS RECON SOLN	5	PA; MSP
RETACRIT INJECTION SOLUTION	5	PA; MSP
XOLREMDI ORAL CAPSULE	5	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE	5	PA; MSP; QL

GROWTH HORMONES

EGRIFTA SV SUBCUTANEOUS RECON SOLN	5	MSP
EGRIFTA WR SUBCUTANEOUS KIT	5	PA; MSP
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE	5	PA; MSP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
NGENLA SUBCUTANEOUS PEN INJECTOR	5	PA; MSP
OMNITROPE SUBCUTANEOUS CARTRIDGE	5	PA; MSP
OMNITROPE SUBCUTANEOUS RECON SOLN	5	PA; MSP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	MSP
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA; MSP
ALFERON N INJECTION SOLUTION	3	
PEGASYS SUBCUTANEOUS SOLUTION	5	MSP; QL
PEGASYS SUBCUTANEOUS SYRINGE	5	MSP; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULA R RECON SOLN	3	ACA
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN	3	

Drug Name	Drug Tier	Requirements / Limits
ACTHIB (PF) INTRAMUSCULA R RECON SOLN	3	ACA
ADACEL(TDAP ADOLESN/ADULT (PF) INTRAMUSCULA R SUSPENSION	3	ACA
ADACEL(TDAP ADOLESN/ADULT (PF) INTRAMUSCULA R SYRINGE	3	ACA
AFLURIA 2025- 2026 (3YR UP)(PF) INTRAMUSCULA R SYRINGE	3	ACA
AFLURIA 2025- 2026 (6MO UP) INTRAMUSCULA R SUSPENSION	3	
AREXVY (PF) INTRAMUSCULA R SUSPENSION FOR RECONSTITUTIO N	3	ACA
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULA R EMULSION	3	
AUDENZ(PF)(NATI ONAL STOCKPILE) INTRAMUSCULA R SYRINGE	3	

Drug Name	Drug Tier	Requirements / Limits
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
BEXSERO INTRAMUSCULAR SYRINGE	3	ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	ACA
CAPVAXIVE INTRAMUSCULAR SYRINGE	3	ACA
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION	3	ACA
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE	3	ACA
CUVITRU SUBCUTANEOUS SOLUTION	5	MSP
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	ACA
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	ACA

Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	3	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	ACA
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION	3	
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION	3	

Drug Name	Drug Tier	Requirements / Limits
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE	3	ACA
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE	3	ACA
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION	3	
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE	3	ACA
GAMMAGARD LIQUID INJECTION SOLUTION	5	MSP
GAMUNEX-C INJECTION SOLUTION	5	MSP
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	3	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	3	ACA

Drug Name	Drug Tier	Requirements / Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	ACA
HEPAGAM B INJECTION SOLUTION	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	3	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	ACA
HIZENTRA SUBCUTANEOUS SOLUTION	5	MSP
HIZENTRA SUBCUTANEOUS SYRINGE	5	MSP
HYPERHEP B INTRAMUSCULAR SOLUTION	3	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	3	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION	3	
HYQVIA SUBCUTANEOUS SOLUTION	5	MSP
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	ACA
IPOL INJECTION SUSPENSION	3	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE	3	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION	3	ACA
KEDRAB (PF) INTRAMUSCULAR SOLUTION	4	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	3	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	3	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	3	ACA

Drug Name	Drug Tier	Requirements / Limits
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE	3	ACA
MRESVIA (PF) INTRAMUSCULAR SYRINGE	3	ACA
MYOBLOC INTRAMUSCULAR SOLUTION	5	PA; MSP
NABI-HB INTRAMUSCULAR SOLUTION	4	
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE	3	ACA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT	3	ACA
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT	3	ACA
PENTACEL (PF) INTRAMUSCULAR KIT	3	ACA
PNEUMOVAX-23 INJECTION SYRINGE	3	ACA

Drug Name	Drug Tier	Requirements / Limits
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	3	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	3	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	3	ACA
ROTARIX ORAL SUSPENSION	3	ACA
ROTATEQ VACCINE ORAL SOLUTION	3	ACA

Drug Name	Drug Tier	Requirements / Limits
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	ACA
SPIKEVAX 2025- 2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE	3	ACA
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE	3	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	3	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	ACA
TICOVAC INTRAMUSCULAR SYRINGE	3	
TRUMENBA INTRAMUSCULAR SYRINGE	3	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	ACA
TYPHIM VI INTRAMUSCULAR SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
TYPHIM VI INTRAMUSCULAR SYRINGE	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	ACA
VARIZIG INTRAMUSCULAR SOLUTION	3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION	3	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION	3	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE	3	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE	3	ACA
VIMKUNYA INTRAMUSCULAR SYRINGE	3	

Drug Name	Drug Tier	Requirements / Limits
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	
XEMBIFY SUBCUTANEOUS SOLUTION	5	MSP
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet</i>	1	
<i>colchicine oral capsule</i>	2	ST
<i>colchicine oral tablet</i>	2	
<i>febuxostat oral tablet</i>	2	ST
GLOPERBA ORAL SOLUTION	4	
MITIGARE ORAL CAPSULE	3	ST
<i>probenecid oral tablet</i>	2	
<i>probenecid-colchicine oral tablet</i>	2	
ZYLOPRIM ORAL TABLET 100 MG	4	

OSTEOPOROSIS THERAPY

Drug Name	Drug Tier	Requirements / Limits
ACTONEL ORAL TABLET 150 MG, 35 MG	4	PA; QL
<i>alendronate oral solution</i>	2	HSA+; QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	HSA+; QL
AELVIA ORAL TABLET, DELAYED RELEASE (DR/EC)	4	PA; QL
BINOSTO ORAL TABLET, EFFERVESCENT	4	PA; QL
BONSITY SUBCUTANEOUS PEN INJECTOR	5	PA; QL
EVISTA ORAL TABLET	4	
FOSAMAX ORAL TABLET 70 MG	4	PA; QL
FOSAMAX PLUS D ORAL TABLET	4	PA; QL
<i>ibandronate oral tablet</i>	2	HSA+; QL
<i>raloxifene oral tablet</i>	2	HSA+
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	2	HSA+; QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	HSA+; QL
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
TYMLOS SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
ACTEMRA SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR	5	PA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE	5	PA; QL
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MSP; QL
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT	5	PA; MSP; QL
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MSP; QL
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5	PA; QL
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT	5	PA; QL
ARAVAL ORAL TABLET	4	QL
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
BENLYSTA SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MSP; QL
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MSP; QL
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT	5	PA; MSP; QL
DEPEN TITRATABS ORAL TABLET	4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE	5	PA; MSP; QL
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MSP; QL
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
<i>leflunomide oral tablet</i>	2	QL
LEQSELVI ORAL TABLET	5	PA; MSP
OTEZLA ORAL TABLET	5	PA; MSP; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MSP; QL
<i>penicillamine oral capsule</i>	2	PA
<i>penicillamine oral tablet</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	4	ST
RIDAURA ORAL CAPSULE	3	
RINVOQ LQ ORAL SOLUTION	5	PA; MSP; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MSP; QL
SAVELLA ORAL TABLET	3	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK	3	ST; QL
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT	5	PA; MSP; QL
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; MSP; QL
SIMPONI ARIA INTRAVENOUS SOLUTION	5	PA; MSP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; MSP; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
TYENNE SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
XELJANZ ORAL SOLUTION	5	PA; MSP; QL
XELJANZ ORAL TABLET	5	PA; MSP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	5	PA; MSP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG	5	PA; MSP; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON- ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM	3	ACA
DUREX AVANTI BARE REAL FEEL	4	ACA; OTC
DUREX TROPICAL CONDOM DEVICE	4	ACA; OTC
FC2 FEMALE CONDOM	3	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
FEMCAP VAGINAL DEVICE 22 MM	3	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; MSP
MIRENA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE	5	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	3	ACA; OTC
WIDE-SEAL DIAPHRAGM	4	ACA
ESTROGENS & PROGESTINS		
<i>abigale lo oral tablet</i>	2	
<i>abigale oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
ACTIVELLA ORAL TABLET	4	
ANGELIQ ORAL TABLET	4	
<i>camila oral tablet</i>	1	ACA
CLIMARA TRANSDERMAL PATCH WEEKLY	4	QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	3	
<i>covaryx h.s. oral tablet</i>	2	
<i>covaryx oral tablet</i>	2	
CRINONE VAGINAL GEL 8 %	5	
<i>deblitane oral tablet</i>	1	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	ACA; QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE	4	ACA; QL
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	4	ACA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>dotti transdermal patch semiweekly</i>	2	HSA+; QL
DUAVEE ORAL TABLET	3	
<i>eemt hs oral tablet</i>	2	
<i>eemt oral tablet</i>	2	
<i>emzahh oral tablet</i>	2	ACA
ENDOMETRIN VAGINAL INSERT	5	
<i>errin oral tablet</i>	1	ACA
ESTRADIOL IMPLANT PELLETT 6 MG	4	
<i>estradiol oral tablet</i>	1	HSA+
<i>estradiol transdermal gel in metered-dose pump</i>	2	HSA+; QL
<i>estradiol transdermal gel in packet</i>	2	HSA+; QL
<i>estradiol transdermal patch semiweekly</i>	2	HSA+; QL
<i>estradiol transdermal patch weekly</i>	2	HSA+; QL
<i>estradiol vaginal cream</i>	2	HSA+
<i>estradiol vaginal tablet</i>	2	HSA+
<i>estradiol valerate intramuscular oil</i>	2	
<i>estradiol-norethindrone acet oral tablet</i>	2	HSA+

Drug Name	Drug Tier	Requirements / Limits
ESTRATEST H.S. ORAL TABLET	4	
<i>estrogens-methyltestosterone oral tablet</i>	2	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	4	QL
<i>fyavolv oral tablet</i>	2	
<i>gallifrey oral tablet</i>	2	
<i>heather oral tablet</i>	1	ACA
<i>incassia oral tablet</i>	2	ACA
<i>jencycla oral tablet</i>	1	ACA
<i>jinteli oral tablet</i>	1	
<i>lyleq oral tablet</i>	2	ACA
<i>lyllana transdermal patch semiweekly</i>	2	QL
<i>lyza oral tablet</i>	1	ACA
<i>medroxyprogesterone intramuscular suspension</i>	2	HSA+; ACA; QL
<i>medroxyprogesterone intramuscular syringe</i>	2	HSA+; ACA; QL
<i>medroxyprogesterone oral tablet</i>	1	HSA+
<i>meleya oral tablet</i>	2	ACA
MENOSTAR TRANSDERMAL PATCH WEEKLY	4	QL
<i>mimvey oral tablet</i>	2	
<i>nora-be oral tablet</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone (contraceptive) oral tablet</i>	1	ACA
<i>norethindrone acetate oral tablet</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	HSA+
OPILL ORAL TABLET	3	ACA; OTC
<i>orquidea oral tablet</i>	2	ACA
PREMARIN VAGINAL CREAM	3	
<i>progesterone micronized oral capsule</i>	2	
PROMETRIUM ORAL CAPSULE	4	
PROVERA ORAL TABLET	4	
<i>sharobel oral tablet</i>	1	ACA
<i>tulana oral tablet</i>	2	ACA
<i>yuvafem vaginal tablet</i>	2	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING	4	ST; ACA; QL
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	4	
CLEOCIN VAGINAL CREAM	4	

Drug Name	Drug Tier	Requirements / Limits
CLEOCIN VAGINAL SUPPOSITORY	4	
<i>clindamycin phosphate vaginal cream</i>	2	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE	4	
<i>eluryng vaginal ring</i>	2	ACA
<i>enilloring vaginal ring</i>	2	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	2	ACA
<i>fem ph vaginal gel</i>	1	
GYNAZOLE-1 VAGINAL CREAM	4	
<i>haloette vaginal ring</i>	2	ACA
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
<i>miconazole-3 vaginal suppository</i>	1	
MYFEMBREE ORAL TABLET	3	PA
NEXPLANON SUBDERMAL IMPLANT	5	ACA
<i>norelgestromin-ethin.estradiol transdermal patch weekly</i>	2	ACA
NUVESSA VAGINAL GEL	4	

Drug Name	Drug Tier	Requirements / Limits
ORIAHNN ORAL CAPSULE, SEQUENTIAL	3	PA
OSPHENA ORAL TABLET	4	
PREPIDIL VAGINAL GEL	4	
RELAGARD VAGINAL GEL	4	
<i>terconazole vaginal cream</i>	2	
<i>terconazole vaginal suppository</i>	2	
<i>tranexamic acid oral tablet</i>	2	
TRIMO-SAN JELLY VAGINAL GEL	3	
<i>vandazole vaginal gel</i>	2	
VCF CONTRACEPTIVE FILM VAGINAL FILM	3	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL	3	ACA; OTC
VEOZAH ORAL TABLET	4	
XACIATO VAGINAL GEL	3	
<i>xulane transdermal patch weekly</i>	2	ACA
<i>zafemy transdermal patch weekly</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet</i>	2	ACA
<i>after pill oral tablet</i>	2	ACA; OTC; QL
AFTERA ORAL TABLET	4	ACA; OTC; QL
<i>altavera (28) oral tablet</i>	1	ACA
<i>alyacen 1/35 (28) oral tablet</i>	1	ACA
<i>alyacen 7/7/7 (28) oral tablet</i>	1	ACA
<i>amethia oral tablets, dose pack, 3 month</i>	2	ACA
<i>amethyst (28) oral tablet</i>	2	ACA
<i>apri oral tablet</i>	1	ACA
<i>aranelle (28) oral tablet</i>	1	ACA
<i>ashlyna oral tablets, dose pack, 3 month</i>	2	ACA
<i>aubra eq oral tablet</i>	1	ACA
<i>aubra oral tablet</i>	1	ACA
<i>aurovela 1.5/30 (21) oral tablet</i>	2	ACA
<i>aurovela 1/20 (21) oral tablet</i>	2	ACA
<i>aurovela 24 fe oral tablet</i>	2	ACA
<i>aurovela fe 1.5/30 (28) oral tablet</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>aurovela fe 1-20 (28) oral tablet</i>	1	ACA
<i>aviane oral tablet</i>	1	ACA
<i>ayuna oral tablet</i>	2	ACA
<i>azurette (28) oral tablet</i>	1	ACA
<i>balziva (28) oral tablet</i>	1	ACA
BEYAZ ORAL TABLET	4	ST; ACA
<i>blisovi 24 fe oral tablet</i>	2	ACA
<i>blisovi fe 1.5/30 (28) oral tablet</i>	2	ACA
<i>blisovi fe 1/20 (28) oral tablet</i>	1	ACA
<i>briellyn oral tablet</i>	2	ACA
<i>camrese lo oral tablets,dose pack,3 month</i>	1	ACA
<i>camrese oral tablets,dose pack,3 month</i>	1	ACA
<i>caziant (28) oral tablet</i>	1	ACA
<i>charlotte 24 fe oral tablet,chewable</i>	2	ACA
<i>chateal eq (28) oral tablet</i>	2	ACA
<i>cryselle (28) oral tablet</i>	1	ACA
<i>cyred eq oral tablet</i>	1	ACA
<i>cyred oral tablet</i>	1	ACA
<i>dasetta 1/35 (28) oral tablet</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>dasetta 7/7/7 (28) oral tablet</i>	1	ACA
<i>daysee oral tablets,dose pack,3 month</i>	2	ACA
<i>desog-e.estradiol/e.estradiol oral tablet</i>	1	ACA
<i>dolishale oral tablet</i>	2	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	2	ACA
<i>drospirenone-ethinyl estradiol oral tablet</i>	1	ACA
<i>econtra ez oral tablet</i>	2	ACA; OTC; QL
<i>econtra one-step oral tablet</i>	2	ACA; OTC; QL
<i>elinest oral tablet</i>	1	ACA
ELLA ORAL TABLET	3	ACA; QL
<i>enpresse oral tablet</i>	1	ACA
<i>enskyce oral tablet</i>	1	ACA
<i>estarylla oral tablet</i>	1	ACA
<i>ethynodiol diac-eth estradiol oral tablet</i>	1	ACA
<i>falmina (28) oral tablet</i>	1	ACA
<i>feirza oral tablet</i>	2	ACA
<i>finzala oral tablet,chewable</i>	2	ACA
<i>galbriela oral tablet,chewable</i>	2	ACA
<i>gemmily oral capsule</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>hailey 24 fe oral tablet</i>	2	ACA
<i>hailey fe 1.5/30 (28) oral tablet</i>	2	ACA
<i>hailey fe 1/20 (28) oral tablet</i>	2	ACA
<i>hailey oral tablet</i>	2	ACA
<i>iclevia oral tablets,dose pack,3 month</i>	2	ACA
<i>introvale oral tablets,dose pack,3 month</i>	2	ACA
<i>isibloom oral tablet</i>	1	ACA
<i>jaimiess oral tablets,dose pack,3 month</i>	2	ACA
<i>jasmiel (28) oral tablet</i>	1	ACA
<i>jolessa oral tablets,dose pack,3 month</i>	1	ACA
<i>joyeaux oral tablet</i>	2	ACA
<i>juleber oral tablet</i>	1	ACA
<i>junel 1.5/30 (21) oral tablet</i>	1	ACA
<i>junel 1/20 (21) oral tablet</i>	1	ACA
<i>junel fe 1.5/30 (28) oral tablet</i>	1	ACA
<i>junel fe 1/20 (28) oral tablet</i>	1	ACA
<i>junel fe 24 oral tablet</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>kaitlib fe oral tablet,chewable</i>	1	ACA
<i>kalliga oral tablet</i>	1	ACA
<i>kariva (28) oral tablet</i>	1	ACA
<i>kelnor 1/35 (28) oral tablet</i>	1	ACA
<i>kurvelo (28) oral tablet</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	ACA
<i>larin 1.5/30 (21) oral tablet</i>	1	ACA
<i>larin 1/20 (21) oral tablet</i>	1	ACA
<i>larin 24 fe oral tablet</i>	1	ACA
<i>larin fe 1.5/30 (28) oral tablet</i>	1	ACA
<i>larin fe 1/20 (28) oral tablet</i>	1	ACA
<i>leena 28 oral tablet</i>	1	ACA
<i>lessina oral tablet</i>	1	ACA
<i>levonest (28) oral tablet</i>	1	ACA
<i>levonorgest-eth.estradiol-iron oral tablet</i>	2	ACA
<i>levonorgestrel oral tablet</i>	2	ACA; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1	ACA
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	2	ACA
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	ACA
<i>levonorg-eth estrad triphasic oral tablet</i>	1	ACA
<i>levora-28 oral tablet</i>	1	ACA
<i>lojaimiess oral tablets,dose pack,3 month</i>	2	ACA
<i>loryna (28) oral tablet</i>	1	ACA
<i>low-ogestrel (28) oral tablet</i>	1	ACA
<i>lo-zumandimine (28) oral tablet</i>	1	ACA
<i>luizza oral tablet</i>	2	ACA
<i>lutra (28) oral tablet</i>	1	ACA
<i>marlissa (28) oral tablet</i>	1	ACA
<i>merzee oral capsule</i>	2	ACA
<i>mibelas 24 fe oral tablet,chewable</i>	2	ACA
<i>microgestin 1.5/30 (21) oral tablet</i>	1	ACA
<i>microgestin 1/20 (21) oral tablet</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>microgestin fe 1.5/30 (28) oral tablet</i>	1	ACA
<i>microgestin fe 1/20 (28) oral tablet</i>	1	ACA
<i>mili oral tablet</i>	1	ACA
<i>minzoya oral tablet</i>	2	ACA
<i>mono-lynyah oral tablet</i>	1	ACA
<i>my choice oral tablet</i>	2	ACA; OTC; QL
<i>my way oral tablet</i>	1	ACA; OTC; QL
<i>necon 0.5/35 (28) oral tablet</i>	1	ACA
<i>new day oral tablet</i>	2	ACA; OTC; QL
<i>nikki (28) oral tablet</i>	1	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	HSA+; ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	HSA+; ACA
<i>norethindrone-e.estradiol-iron oral capsule</i>	2	HSA+; ACA
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	HSA+; ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	2	HSA+; ACA

Drug Name	Drug Tier	Requirements / Limits
<i>norgestimate-ethinyl estradiol oral tablet</i>	1	HSA+; ACA
<i>nortrel 0.5/35 (28) oral tablet</i>	1	ACA
<i>nortrel 1/35 (21) oral tablet</i>	1	ACA
<i>nortrel 1/35 (28) oral tablet</i>	1	ACA
<i>nortrel 7/7/7 (28) oral tablet</i>	1	ACA
<i>nylia 1/35 (28) oral tablet</i>	2	ACA
<i>nylia 7/7/7 (28) oral tablet</i>	2	ACA
<i>ocella oral tablet</i>	1	ACA
<i>opcicon one-step oral tablet</i>	1	ACA; OTC; QL
<i>option-2 oral tablet</i>	1	ACA; OTC; QL
<i>philith oral tablet</i>	2	ACA
<i>pimtrea (28) oral tablet</i>	2	ACA
PLAN B ONE-STEP ORAL TABLET	1	ACA; OTC; QL
<i>portia 28 oral tablet</i>	1	ACA
<i>reclipsen (28) oral tablet</i>	1	ACA
<i>rivelsa oral tablets,dose pack,3 month</i>	1	ACA
<i>rosyrah oral tablets,dose pack,3 month</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>setlakin oral tablets,dose pack,3 month</i>	1	ACA
<i>simliya (28) oral tablet</i>	2	ACA
<i>simpesse oral tablets,dose pack,3 month</i>	2	ACA
<i>sprintec (28) oral tablet</i>	1	ACA
<i>sronyx oral tablet</i>	1	ACA
<i>syeda oral tablet</i>	1	ACA
TAKE ACTION ORAL TABLET	4	ACA; OTC; QL
<i>tarina 24 fe oral tablet</i>	1	ACA
<i>tarina fe 1/20 (28) oral tablet</i>	1	ACA
<i>tilia fe oral tablet</i>	2	ACA
<i>tri-estarylla oral tablet</i>	1	ACA
<i>tri-legest fe oral tablet</i>	1	ACA
<i>tri-linyah oral tablet</i>	1	ACA
<i>tri-lo-estarylla oral tablet</i>	1	ACA
<i>tri-lo-marzia oral tablet</i>	1	ACA
<i>tri-lo-mili oral tablet</i>	1	ACA
<i>tri-lo-sprintec oral tablet</i>	1	ACA
<i>tri-mili oral tablet</i>	2	ACA
<i>tri-sprintec (28) oral tablet</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>tri-vylibra lo oral tablet</i>	1	ACA
<i>tri-vylibra oral tablet</i>	1	ACA
<i>turqoz (28) oral tablet</i>	1	ACA
<i>valtya oral tablet 1-50 mg-mcg</i>	1	ACA
<i>velivet triphasic regimen (28) oral tablet</i>	2	ACA
<i>vestura (28) oral tablet</i>	1	ACA
<i>vienva oral tablet</i>	1	ACA
<i>viorele (28) oral tablet</i>	1	ACA
<i>volnea (28) oral tablet</i>	2	ACA
<i>vyfemla (28) oral tablet</i>	1	ACA
<i>vylibra oral tablet</i>	1	ACA
<i>wera (28) oral tablet</i>	1	ACA
<i>wymzya fe oral tablet, chewable</i>	2	ACA
<i>xarah fe oral tablet</i>	2	ACA
<i>xelria fe oral tablet, chewable</i>	2	ACA
YAZ (28) ORAL TABLET	4	ST; ACA
<i>zarah oral tablet</i>	1	ACA
<i>zovia 1-35 (28) oral tablet</i>	1	ACA
<i>zumandimine (28) oral tablet</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
OXYTOCICS		
<i>methylergonovine oral tablet</i>	2	QL
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS	3	
<i>bacitracin ophthalmic (eye) ointment</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	2	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	4	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	2	
<i>erythromycin ophthalmic (eye) ointment</i>	2	
<i>gatifloxacin ophthalmic (eye) drops</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION	4	PA
<i>moxifloxacin ophthalmic (eye) drops</i>	2	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION	4	PA
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE	4	PA
NATACYN OPTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	1	
<i>neo-polycin ophthalmic (eye) ointment</i>	2	

Drug Name	Drug Tier	Requirements / Limits
OCUFLOX OPTHALMIC (EYE) DROPS	4	
<i>ofloxacin ophthalmic (eye) drops</i>	2	
<i>polycin ophthalmic (eye) ointment</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	
<i>povidone-iodine ophthalmic (eye) solution</i>	2	
<i>tobramycin ophthalmic (eye) drops</i>	1	
TOBRAMYCIN-VANCOMYCIN OPTHALMIC (EYE) DROPS 1.5-5 %	4	
TOBREX OPTHALMIC (EYE) OINTMENT	4	
VIGAMOX OPTHALMIC (EYE) DROPS	4	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	1	
ZIRGAN OPTHALMIC (EYE) GEL	4	
BETA-BLOCKERS		

Drug Name	Drug Tier	Requirements / Limits
<i>betaxolol ophthalmic (eye) drops</i>	2	
BETOPTIC S OPTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>carteolol ophthalmic (eye) drops</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette</i>	2	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	
<i>timolol ophthalmic (eye) drops</i>	2	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS	5	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 1 %</i>	2	

Drug Name	Drug Tier	Requirements / Limits
ATROPINE OPTHALMIC (EYE) DROPS 0.05 %	4	
CYCLOGYL OPTHALMIC (EYE) DROPS	4	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>cyclophen-tropic-phenyleph-watr ophthalmic (eye) drops</i>	2	
CYCLOPENT-TROPIC-PHEN-KETR-WAT OPTHALMIC (EYE) DROPS	4	
CYCLOP-TROP-PROPA-PHEN-KET-WAT OPTHALMIC (EYE) DROPS	4	
<i>homatropaire ophthalmic (eye) drops</i>	1	
MYDCOMBI OPTHALMIC (EYE) CARTRIDGE	4	
MYDRIACYL OPTHALMIC (EYE) DROPS	4	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>tropicamide ophthalmic (eye) drops</i>	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E INTRAOCULAR KIT	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 1.25 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL	4	
<i>alaway ophthalmic (eye) drops</i>	2	OTC
ALCAINE OPHTHALMIC (EYE) DROPS	4	
<i>allergy eye (ketotifen) ophthalmic (eye) drops</i>	2	OTC
<i>altacaine ophthalmic (eye) drops</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS	4	
<i>azelastine ophthalmic (eye) drops</i>	2	
BEOVU INTRAVITREAL SYRINGE	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
<i>bepotastine besilate ophthalmic (eye) drops</i>	2	ST
BEVACIZUMAB INTRAVITREAL SYRINGE 2 MG/0.08 ML, 2.25 MG/0.09 ML, 2.5 MG/0.1 ML, 2.75 MG/0.11 ML, 3.25 MG/0.13 ML	4	
BYOOVIZ INTRAVITREAL SOLUTION	5	PA; MSP
CEQUA OPHTHALMIC (EYE) DROPPERETTE	4	PA; QL
<i>children's alaway ophthalmic (eye) drops</i>	2	OTC
CIMERLI INTRAVITREAL SOLUTION	5	PA; MSP
<i>cromolyn ophthalmic (eye) drops</i>	2	HSA+
<i>cyclosporine ophthalmic (eye) dropperette</i>	2	PA; DAW-9; QL
CYSTARAN OPHTHALMIC (EYE) DROPS	5	PA
DEXAMET-MOXIFL-KETORONACL(PF) INTRAOCULAR SOLUTION	4	

Drug Name	Drug Tier	Requirements / Limits
ENCELTO INTRAVITREAL IMPLANT	5	PA
<i>epinastine ophthalmic (eye) drops</i>	2	
<i>eye itch relief ophthalmic (eye) drops</i>	2	OTC
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS	4	
<i>fluorescein-proparacaine ophthalmic (eye) drops</i>	1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE, GEL	4	
<i>ketotifen fumarate ophthalmic (eye) drops</i>	2	OTC
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS	4	
LASTACAFT ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS	4	ST; OTC
LUXTURNA SUBRETINAL SUSPENSION	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
MIEBO (PF) OPHTHALMIC (EYE) DROPS	3	PA; QL
MOXIFLOXACIN-BROMFENAC OPHTHALMIC (EYE) DROPS	4	
MYDRIATIC4(TROPIC) P-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS	4	
OMIDRIA INTRAOCULAR CONCENTRATE	4	
OXERVATE OPHTHALMIC (EYE) DROPS	5	PA; MSP
PAVBLU INTRAVITREAL SOLUTION	5	PA; MSP
PAVBLU INTRAVITREAL SYRINGE	5	PA; MSP
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS	4	
<i>prednisolone/moxifloxacin-bromfenac ophthalmic (eye) drops</i>	2	

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>prednisolone sod ph-bromfenac ophthalmic (eye) drops</i>	2	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
PREDNISOLON-MOXIFLOX-KETOROLAC OPHTHALMIC (EYE) DROPS	4	
<i>proparacaine ophthalmic (eye) drops</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	4	PA; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	4	
<i>tetracaine hcl ophthalmic (eye) drops</i>	1	
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE	4	PA
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL	4	PA
VEVYE OPHTHALMIC (EYE) DROPS	4	PA; QL
<i>wal-zyr (ketotifen) ophthalmic (eye) drops</i>	2	OTC
XDEMVIY OPHTHALMIC (EYE) DROPS	5	QL
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
ZADITOR OPHTHALMIC (EYE) DROPS	3	OTC
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE	4	ST

Drug Name	Drug Tier	Requirements / Limits
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPTHALMIC (EYE) DROPS	4	ST
ACULAR OPTHALMIC (EYE) DROPS	4	ST
<i>bromfenac ophthalmic (eye) drops</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops</i>	2	
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	
ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>ketorolac ophthalmic (eye) drops</i>	1	
PROLENSA OPTHALMIC (EYE) DROPS	4	ST
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	2	
<i>acetazolamide oral tablet</i>	2	
<i>methazolamide oral tablet</i>	2	
OTHER GLAUCOMA DRUGS		

Drug Name	Drug Tier	Requirements / Limits
<i>bimatoprost ophthalmic (eye) drops</i>	2	ST
BRIMONIDINE-DORZOLAMIDE (PF) OPTHALMIC (EYE) DROPS	4	
BRIMONIDINE-DORZOLAMIDE OPTHALMIC (EYE) DROPS	4	
BRIMONIDINE-DORZOL-BIMATOPROST OPTHALMIC (EYE) DROPS	4	
<i>brimonidine-timolol ophthalmic (eye) drops</i>	2	
<i>brinzolamide ophthalmic (eye) drops,suspension</i>	2	
COMBIGAN OPTHALMIC (EYE) DROPS	4	
DORZOLAMIDE (PF) OPTHALMIC (EYE) DROPS	4	
<i>dorzolamide ophthalmic (eye) drops</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	
<i>latanoprost ophthalmic (eye) drops</i>	1	ST
<i>miostat intraocular solution</i>	2	
RHOPRESSA OPTHALMIC (EYE) DROPS	4	ST
ROCKLATAN OPTHALMIC (EYE) DROPS	4	ST
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	2	ST
TIMOL-BRIMON-DORZOL-BIMATO(PF) OPTHALMIC (EYE) DROPS	4	
TIMOLOL-BIMATOPROST OPTHALMIC (EYE) DROPS	4	
TIMOLOL-BRIMON-DORZOL-BIMATOP OPTHALMIC (EYE) DROPS	4	

Drug Name	Drug Tier	Requirements / Limits
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPTHALMIC (EYE) DROPS	4	
TIMOLOL-BRIMONIDINE-DORZOLAMID OPTHALMIC (EYE) DROPS	4	
TIMOLOL-DORZOLAM-BIMATOPRO(PF) OPTHALMIC (EYE) DROPS	4	
TIMOLOL-DORZOLAMIDE-BIMATOPROS OPTHALMIC (EYE) DROPS	4	
<i>travoprost ophthalmic (eye) drops</i>	2	ST
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION	4	
MAXITROL OPTHALMIC (EYE) DROPS,SUSPENSION	4	
MAXITROL OPTHALMIC (EYE) OINTMENT	4	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment</i>	2	
PREDNISOLONE SOD PH-MOXIFLOX OPTHALMIC (EYE) DROPS	4	
PREDNISOLONE-MOXIFLOXACIN HCL OPTHALMIC (EYE) DROPS,SUSPENSION	4	
TOBRADEX OPTHALMIC (EYE) OINTMENT	4	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	2	

Drug Name	Drug Tier	Requirements / Limits
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	2	
DEXTENZA INTRACANALICULAR INSERT	4	
<i>difluprednate ophthalmic (eye) drops</i>	2	
EYSUVIS OPTHALMIC (EYE) DROPS,SUSPENSION	3	PA; QL
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	2	
FML LIQUIFILM OPTHALMIC (EYE) DROPS,SUSPENSION	4	ST
ILUVIEN INTRAVITREAL IMPLANT	5	MSP
INVELTYS OPTHALMIC (EYE) DROPS,SUSPENSION	4	ST
LOTEMAX OPTHALMIC (EYE) DROPS,GEL	4	ST
LOTEMAX OPTHALMIC (EYE) OINTMENT	4	ST

Drug Name	Drug Tier	Requirements / Limits
LOTEMAX SM OPTHALMIC (EYE) DROPS,GEL	4	ST
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	2	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	2	ST
OZURDEX INTRAVITREAL IMPLANT	5	MSP
PRED FORTE OPTHALMIC (EYE) DROPS,SUSPENSION	4	
PREDNISOLONE ACETATE (PF) OPTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	
RETISERT INTRAVITREAL IMPLANT	5	MSP
YUTIQ INTRAVITREAL IMPLANT	5	MSP

Drug Name	Drug Tier	Requirements / Limits
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS	4	
<i>apraclonidine ophthalmic (eye) drops</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	4	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPTHALMIC (EYE) DROPS	4	

Drug Name	Drug Tier	Requirements / Limits
<i>phenylephrine hcl ophthalmic (eye) drops</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR	3	QL
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>carbzah oral liquid</i>	1	ST
<i>cetirizine oral solution 1 mg/ml</i>	2	
CLARINEX ORAL TABLET	4	QL
<i>cyproheptadine oral syrup</i>	1	
<i>cyproheptadine oral tablet</i>	1	
<i>desloratadine oral tablet</i>	2	QL
<i>desloratadine oral tablet, disintegrating</i>	2	QL
<i>dexchlorpheniramine maleate oral solution</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
DIPHEN ORAL ELIXIR	4	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	HSA+; QL
EPINEPHRINE INJECTION SYRINGE 0.3 MG/0.3 ML	4	QL
EPIPEN INJECTION AUTO-INJECTOR	3	PA; QL
EPIPEN JR INJECTION AUTO-INJECTOR	3	PA; QL
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 25 mg</i>	2	
<i>levocetirizine oral solution</i>	2	
<i>levocetirizine oral tablet</i>	2	QL
NEFFY NASAL SPRAY, NON-AEROSOL	3	QL
<i>promethazine oral syrup</i>	1	
<i>promethazine oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	
<i>promethegan rectal suppository</i>	2	
RYCLORA ORAL SOLUTION	4	
RYVENT ORAL TABLET	4	ST
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	2	
BROMFED DM ORAL SYRUP	4	
<i>brompheniramine-pseudoeph-dm oral syrup</i>	2	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	4	QL
<i>codeine-guaifenesin oral liquid</i>	2	
CODITUSSIN AC ORAL LIQUID	4	
CODITUSSIN DAC ORAL LIQUID	4	
<i>g tussin ac oral liquid</i>	2	
HISTEX-AC ORAL SYRUP	4	
HYCODAN (WITH HOMATROPINE) ORAL SOLUTION	4	

Drug Name	Drug Tier	Requirements / Limits
HYCODAN (WITH HOMATROPINE) ORAL TABLET	4	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr</i>	2	
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet oral solution</i>	2	
MAR-COF CG ORAL LIQUID	4	
<i>maxi-tuss ac oral liquid</i>	2	
MAXI-TUSS CD ORAL LIQUID	4	
NINJACOF-XG ORAL LIQUID	4	
POLY-TUSSIN AC ORAL LIQUID	4	
<i>promethazine-codeine oral syrup</i>	2	
<i>promethazine-dm oral syrup</i>	1	
<i>promethazine-phenylephrine oral syrup</i>	1	

Drug Name	Drug Tier	Requirements / Limits
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	4	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	4	
PULMONARY AGENTS		
ACCOLATE ORAL TABLET	4	
<i>acetylcysteine solution</i>	2	
ADEMPAS ORAL TABLET	5	PA; MSP; QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER	3	ST; CISP; HSA+; QL
AIRSUPRA INHALATION HFA AEROSOL INHALER	3	
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	CISP; HSA+; QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	CISP; HSA+
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	2	

Drug Name	Drug Tier	Requirements / Limits
ALYFTREK ORAL TABLET	5	PA; MSP; QL
<i>alyq oral tablet</i>	5	PA; QL
<i>ambriasantan oral tablet</i>	5	PA; MSP; QL
<i>aminophylline intravenous solution 250 mg/10 ml</i>	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	3	CISP; HSA+; QL
<i>arformoterol inhalation solution for nebulization</i>	2	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	4	HSA+; QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER	3	CISP; HSA+; QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	CISP; HSA+; QL

Drug Name	Drug Tier	Requirements / Limits
ATROVENT HFA INHALATION HFA AEROSOL INHALER	4	QL
<i>azelastine-fluticasone nasal spray,non-aerosol</i>	2	ST; QL
<i>bosentan oral tablet</i>	5	PA; MSP; QL
<i>bosentan oral tablet for suspension</i>	5	PA; MSP; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	ST; CISP; HSA+; QL
<i>breynga inhalation hfa aerosol inhaler</i>	2	ST; QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	QL
BRINSUPRI ORAL TABLET	5	PA
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; MSP
BROVANA INHALATION SOLUTION FOR NEBULIZATION	4	QL
<i>budesonide inhalation suspension for nebulization</i>	2	CISP; HSA+; QL

Drug Name	Drug Tier	Requirements / Limits
<i>budesonide-formoterol inhalation hfa aerosol inhaler</i>	2	ST; CISP; HSA+; QL
CINRYZE INTRAVENOUS RECON SOLN	5	PA; MSP; QL
COMBIVENT RESPIMAT INHALATION MIST	3	CISP; HSA+; QL
<i>cromolyn inhalation solution for nebulization</i>	2	CISP; HSA+
DULERA INHALATION HFA AEROSOL INHALER	3	ST; CISP; HSA+; QL
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
<i>flunisolide nasal spray,non-aerosol</i>	2	ST; QL
<i>fluticasone propionate nasal spray,suspension</i>	1	HSA+; QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	ST; CISP; HSA+; QL
<i>formoterol fumarate inhalation solution for nebulization</i>	2	QL
HAEGARDA SUBCUTANEOUS RECON SOLN	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	4	
<i>icatibant subcutaneous syringe</i>	5	PA; SP; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL
<i>ipratropium bromide inhalation solution</i>	1	CISP; HSA+
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	CISP; HSA+; QL
KALYDECO ORAL GRANULES IN PACKET	5	MSP; QL
KALYDECO ORAL TABLET	5	MSP; QL
<i>levalbuterol hcl inhalation solution for nebulization</i>	2	CISP; HSA+
<i>mometasone nasal spray, non-aerosol</i>	2	ST; QL
<i>montelukast oral granules in packet</i>	2	CISP; HSA+
<i>montelukast oral tablet</i>	1	CISP; HSA+
<i>montelukast oral tablet, chewable</i>	1	CISP; HSA+
<i>nebusal inhalation solution for nebulization 3 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	4	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MSP; QL
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; QL
OFEV ORAL CAPSULE	5	PA; MSP; QL
OPSUMIT ORAL TABLET	5	PA; MSP; QL
OPSYNVI ORAL TABLET	5	PA; MSP; QL
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MSP; QL
ORKAMBI ORAL TABLET	5	PA; MSP; QL
ORLADEYO ORAL CAPSULE	5	PA; QL
<i>pirfenidone oral capsule</i>	5	PA; MSP; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	5	PA; MSP; QL
<i>pulmosal inhalation solution for nebulization</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PULMOZYME INHALATION SOLUTION	5	PA; MSP
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	3	HSA+; QL
REVATIO ORAL TABLET	5	PA; MSP; QL
<i>roflumilast oral tablet 250 mcg</i>	2	PA; QL
<i>roflumilast oral tablet 500 mcg</i>	2	PA
RUCONEST INTRAVENOUS RECON SOLN	5	PA; MSP; QL
RYALTRIS NASAL SPRAY, NON-AEROSOL	4	ST; QL
<i>sajazir subcutaneous syringe</i>	5	PA; MSP; QL
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	5	PA; MSP; QL
<i>sildenafil (pulm.hypertension) oral tablet</i>	5	PA; MSP; QL
SINUVA SINUS IMPLANT	5	
<i>sodium chloride inhalation solution for nebulization</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SPIRIVA RESPIMAT INHALATION MIST	3	CISP; HSA+; QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	QL
STIOLTO RESPIMAT INHALATION MIST	3	CISP; HSA+; QL
STRIVERDI RESPIMAT INHALATION MIST	3	QL
SYMBICORT INHALATION HFA AEROSOL INHALER	4	ST; QL
SYMDEKO ORAL TABLETS, SEQUENTIAL	5	PA; MSP; QL
<i>tadalafil (pulm.hypertension) oral tablet</i>	5	PA; MSP; QL
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; MSP; QL
TAKHZYRO SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>terbutaline oral tablet</i>	2	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
TEZSPIRE SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR	4	
<i>theophylline oral elixir</i>	2	CISP; HSA+
<i>theophylline oral solution</i>	1	CISP; HSA+
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	CISP; HSA+
<i>theophylline oral tablet extended release 24 hr 400 mg</i>	2	CISP; HSA+
<i>theophylline oral tablet extended release 24 hr 600 mg</i>	2	CISP; CISP-1; HSA+
<i>tiotropium bromide inhalation capsule, w/inhalation device</i>	2	CISP; HSA+
TRACLEER ORAL TABLET	5	PA; MSP; QL
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; MSP; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	CISP; HSA+; QL

Drug Name	Drug Tier	Requirements / Limits
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MSP; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MSP; QL
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; MSP
TYVASO INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML	5	PA; MSP
WINREVAIR SUBCUTANEOUS KIT	5	PA; MSP
<i>wixela inhub inhalation blister with device</i>	2	ST; HSA+; QL

Drug Name	Drug Tier	Requirements / Limits
XHANCE NASAL AEROSOL BREATH ACTIVATED	3	ST; QL
XOLAIR SUBCUTANEOUS AUTO-INJECTOR	5	MSP; QL
XOLAIR SUBCUTANEOUS RECON SOLN	5	MSP; QL
XOLAIR SUBCUTANEOUS SYRINGE	5	MSP; QL
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	3	QL
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; MSP
<i>zafirlukast oral tablet</i>	2	CISP; HSA+
PULMONARY DEVICES		
ACE AEROSOL CLOUD ENHANCER SPACER	3	
AEROCHAMBER MECHANICAL VENT SPACER	3	
AEROCHAMBER MINI SPACER	3	CISP-1; HSA+
AEROCHAMBER PLUS FLOW-VU SPACER	3	CISP-1; HSA+

Drug Name	Drug Tier	Requirements / Limits
AEROCHAMBER PLUS Z STAT SPACER	3	CISP-1; HSA+
AEROCHAMBER2 GO SPACER	3	
AEROTRACH PLUS SPACER	3	CISP-1; HSA+
AEROVENT PLUS SPACER	3	
BREATHERITE MDI SPACER SPACER	3	
COMPACT SPACE CHAMBER SPACER	3	
EASIVENT HOLDING CHAMBER SPACER	3	CISP-1; HSA+
FLEXICHAMBER SPACER	3	
LITEAIRE MDI CHAMBER SPACER	3	CISP-1; HSA+
MICROCHAMBER SPACER	3	CISP-1; HSA+
MICROSPACER SPACER	3	
OPTICHAMBER DIAMOND VHC SPACER	3	CISP-1; HSA+
POCKET CHAMBER SPACER	3	
PRIMEAIRE SPACER	3	

Drug Name	Drug Tier	Requirements / Limits
PROCHAMBER SPACER	3	
RITEFLO AEROCHAMBER SPACER	3	CISP-1; HSA+
SPACE CHAMBER SPACER	3	
VORTEX HOLDING CHAMBER SPACER	3	

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr</i>	2	
<i>fesoterodine oral tablet extended release 24 hr</i>	2	
<i>flavoxate oral tablet</i>	1	
GEMTESA ORAL TABLET	4	
<i>mirabegron oral tablet extended release 24 hr</i>	2	
MYRBETRIQ ORAL SUSPENSION, EXTENDED RELEASE RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	

Drug Name	Drug Tier	Requirements / Limits
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	4	ST; QL
<i>solifenacin oral tablet</i>	2	
<i>tolterodine oral capsule, extended release 24hr</i>	2	
<i>tolterodine oral tablet</i>	2	
<i>trospium oral capsule, extended release 24hr</i>	2	
<i>trospium oral tablet</i>	2	

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin oral tablet extended release 24 hr</i>	2	
<i>dutasteride oral capsule</i>	2	PA
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	2	PA
<i>finasteride oral tablet 5 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
FLOMAX ORAL CAPSULE	4	ST
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR	4	ST
PROSCAR ORAL TABLET	4	PA
<i>silodosin oral capsule</i>	2	
<i>tadalafil oral tablet</i>	2	ST; QL
<i>tamsulosin oral capsule</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet</i>	2	
MISCELLANEOUS UROLOGICALS		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	3	QL
CAVERJECT INTRACAVERNOSAL RECON SOLN	3	QL
CAVERJECT INTRACAVERNOSAL SYRINGE	3	QL
CYSTAGON ORAL CAPSULE	5	
EDEX INTRACAVERNOSAL KIT	4	QL
ELMIRON ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION	4	
K-PHOS NO 2 ORAL TABLET	4	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	3	
<i>mb caps oral capsule</i>	2	
<i>methen-sod phos-meth blue-hyos oral tablet</i>	2	
ORACIT ORAL SOLUTION	4	
<i>potassium citrate oral tablet extended release</i>	2	
RENACIDIN IRRIGATION SOLUTION	3	
<i>sildenafil oral tablet</i>	2	ST; QL
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	1	
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN	4	
URELLE ORAL TABLET	4	
<i>uretron d-s oral tablet</i>	1	
URIBEL TABS ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
<i>urimar-t oral tablet</i>	2	
UROCID-K 10 ORAL TABLET EXTENDED RELEASE	4	
UROCID-K 15 ORAL TABLET EXTENDED RELEASE	4	
<i>urogesic-blue oral tablet</i>	2	
<i>uro-mp oral capsule</i>	2	
UROQID-ACID NO.2 ORAL TABLET	4	
<i>uro-sp oral capsule</i>	2	
<i>uryl oral tablet</i>	2	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	2	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
AURYXIA ORAL TABLET	4	
<i>calcium acetate(phosphat bind) oral capsule</i>	2	QL
<i>calcium acetate(phosphat bind) oral tablet</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	4	
<i>effer-k oral tablet, effervescent 25 meq</i>	2	
GALZIN ORAL CAPSULE	5	
<i>klor-con 10 oral tablet extended release</i>	1	
<i>klor-con 8 oral tablet extended release</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals</i>	2	
<i>klor-con oral packet</i>	2	
<i>klor-con/ef oral tablet, effervescent</i>	2	
<i>lanthanum oral tablet,chewable</i>	2	QL
LOKELMA ORAL POWDER IN PACKET	3	QL
<i>lugols oral solution</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral packet</i>	2	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	4	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
RENVELA ORAL POWDER IN PACKET	4	QL
RENVELA ORAL TABLET	4	QL
<i>sevelamer carbonate oral powder in packet</i>	1	QL
<i>sevelamer carbonate oral tablet</i>	2	QL
<i>sevelamer hcl oral tablet</i>	2	QL
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension</i>	1	
<i>sps (with sorbitol) rectal enema</i>	1	
<i>strong iodine oral solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VELPHORO ORAL TABLET,CHEWABLE	4	QL
VELTASSA ORAL POWDER IN PACKET 1 GRAM	3	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	3	QL
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID	5	PA; MSP
VITAMINS & HEMATINICS		
ACCRUFER ORAL CAPSULE	4	
<i>b complex 1 (with folic acid) oral tablet</i>	1	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	1	ACA; OTC
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP,DR	4	
<i>bal-care dha oral combo pack,tablet and cap,dr</i>	1	HSA+
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	1	ACA; OTC
<i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)</i>	1	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i>	1	OTC
<i>classic prenatal oral tablet</i>	1	ACA; OTC
<i>c-nate dha oral capsule</i>	1	HSA+
<i>complete natal dha oral combo pack</i>	1	HSA+
CONCEPT DHA ORAL CAPSULE	4	
CONCEPT OB ORAL CAPSULE	4	
<i>cyanocobalamin (vitamin b-12) injection solution</i>	1	
<i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol</i>	2	ST; QL
<i>dialyvite 800 oral tablet</i>	1	ACA; OTC
<i>dodex injection solution</i>	1	
<i>elite-ob oral tablet</i>	1	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE	4	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FER-IN-SOL ORAL DROPS	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>ferrous sulfate oral liquid</i>	1	OTC
<i>ferrous sulfate oral solution</i>	1	OTC
<i>flotrex oral tablet,chewable</i>	2	ACA; OTC
<i>fluoride (sodium) oral drops</i>	2	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable</i>	1	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	ACA; OTC
<i>folitab oral tablet extended release</i>	2	ACA; OTC
<i>folivane-ob oral capsule</i>	1	
<i>foltabs 800 oral tablet</i>	2	ACA; OTC
<i>full spectrum b-vitamin c oral tablet</i>	1	ACA; OTC
<i>hydroxocobalamin intramuscular solution</i>	1	
<i>kobee oral tablet</i>	1	ACA; OTC
KOSHER PRENATAL PLUS IRON ORAL TABLET	4	
<i>ludent fluoride oral tablet,chewable</i>	1	ACA; OTC
MARNATAL-F ORAL CAPSULE	4	

Drug Name	Drug Tier	Requirements / Limits
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN	4	
<i>m-natal plus oral tablet</i>	1	HSA+
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml</i>	2	HSA+; ACA; OTC
<i>multi-vitamin with fluoride oral drops 0.5 mg/ml</i>	2	ACA; OTC
<i>multi-vitamin with fluoride oral tablet, chewable</i>	2	ACA; OTC
<i>multivit-fluoride (metafolin) oral tablet, chewable 0.5 mg fluoride</i>	2	HSA+; ACA; OTC
<i>mvc-fluoride oral tablet, chewable</i>	2	ACA; OTC
<i>mynatal oral capsule</i>	1	HSA+
<i>mynatal plus oral tablet</i>	1	HSA+
<i>mynatal-z oral tablet</i>	1	HSA+
NASCOBAL NASAL SPRAY, NON-AEROSOL	3	ST; QL
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	4	
<i>neo-vital rx oral tablet</i>	2	HSA+

Drug Name	Drug Tier	Requirements / Limits
NESTABS ABC ORAL COMBO PACK	4	
NESTABS DHA ORAL COMBO PACK	4	
NESTABS ONE ORAL CAPSULE	4	
NESTABS ORAL TABLET	4	
<i>newgen oral tablet</i>	1	HSA+
OB COMPLETE ONE ORAL CAPSULE	4	
OB COMPLETE ORAL TABLET	4	
OB COMPLETE PETITE ORAL CAPSULE	4	
OB COMPLETE PREMIER ORAL TABLET	4	
OB COMPLETE WITH DHA ORAL CAPSULE	4	
<i>pnv-dha oral capsule</i>	2	
<i>pnv-omega oral capsule</i>	2	
<i>pnv-select oral tablet</i>	2	HSA+
<i>pr natal 400 ec oral combo pack, tablet and cap, dr</i>	1	HSA+
<i>pr natal 400 oral combo pack</i>	1	HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>pr natal 430 ec oral combo pack,tablet and cap,dr</i>	1	HSA+
<i>pr natal 430 oral combo pack</i>	1	HSA+
PRENATA ORAL TABLET,CHEWABLE	4	
<i>prenatabs fa oral tablet</i>	1	HSA+
<i>prenatabs rx oral tablet</i>	1	HSA+
<i>prenatal complete oral tablet</i>	1	ACA; OTC
<i>prenatal multi-dha (algal oil) oral capsule</i>	1	ACA; OTC
<i>prenatal multivitamins oral tablet</i>	1	ACA; OTC
<i>prenatal one daily oral tablet</i>	1	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal plus (calcium carb) oral tablet</i>	1	HSA+
PRENATAL PLUS DHA ORAL COMBO PACK	4	
<i>prenatal plus oral tablet</i>	1	HSA+
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal vit no.179-iron-folic oral tablet</i>	2	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	1	ACA; OTC
<i>prenatal vitamin with minerals oral tablet</i>	1	ACA; OTC
<i>prenatal-u oral capsule</i>	1	
PRENATE AM ORAL TABLET	4	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE	4	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	4	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	4	
PRENATE ENHANCE ORAL CAPSULE	4	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE	4	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	4	
PRENATE PIXIE ORAL CAPSULE	4	

Drug Name	Drug Tier	Requirements / Limits
PRENATE RESTORE ORAL CAPSULE	4	
PRENATE STAR ORAL TABLET	4	
PRIMACARE ORAL CAPSULE	4	
PROVIDA OB ORAL CAPSULE	4	
<i>purevita folic acid oral tablet</i>	1	ACA; OTC
<i>rena-vite oral tablet</i>	1	ACA; OTC
R-NATAL OB ORAL CAPSULE	4	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	4	
SELECT-OB + DHA ORAL COMBO PACK	4	
SELECT-OB ORAL TABLET,CHEWABLE	4	
<i>se-natal 19 chewable oral tablet,chewable</i>	1	HSA+
<i>se-natal 19 oral tablet</i>	2	HSA+
<i>soluvita a,c,d with fluoride oral drops</i>	2	ACA; OTC
<i>soluvita oral drops</i>	2	ACA; OTC
<i>stress formula with iron oral tablet</i>	1	ACA; OTC
<i>stress formula with iron(sulf) oral tablet</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>super b-50 complex oral capsule</i>	2	ACA; OTC
<i>super quints oral tablet</i>	1	ACA; OTC
<i>taron-c dha oral capsule</i>	1	
THRIVITE RX ORAL TABLET	4	
TRICARE ORAL TABLET	4	
<i>tricon oral capsule</i>	2	ACA; OTC
TRIFERIC HEMODIALYSIS POWDER IN PACKET	4	
TRIFERIC HEMODIALYSIS SOLUTION	4	
<i>trinatal rx 1 oral tablet</i>	1	HSA+
<i>trinate oral tablet</i>	1	HSA+
TRISTART DHA ORAL CAPSULE	4	
<i>tri-vitamin with fluoride oral drops</i>	2	ACA; OTC
VITAFOL FE PLUS ORAL CAPSULE	4	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE	4	
VITAFOL ULTRA ORAL CAPSULE	4	
VITAFOL-OB ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
VITAFOL-OB+DHA ORAL COMBO PACK	4	
VITAFOL-ONE ORAL CAPSULE	4	
VITAMEDMD ONE RX ORAL CAPSULE	4	
<i>vitamin b complex-folic acid oral tablet</i>	1	ACA; OTC
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	1	OTC
<i>vitamin d3 oral tablet, chewable 25 mcg (1,000 unit)</i>	1	OTC
<i>vitamins a,c,d and fluoride oral drops 0.5 mg fluoride (1.1 mg)/ml</i>	2	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>wescap-pn dha oral capsule</i>	2	
<i>wesnatal dha complete oral combo pack</i>	1	HSA+
<i>wesnate dha oral capsule</i>	2	HSA+
<i>westab plus oral tablet</i>	1	HSA+
<i>westgel dha oral capsule</i>	2	HSA+
<i>zatean-pn dha oral capsule</i>	2	
<i>zatean-pn plus oral capsule</i>	2	
<i>zingiber oral tablet</i>	1	

Index

A		
<i>abacavir</i>	3	
<i>abacavir-lamivudine</i>	3	
<i>abigale</i>	115	
<i>abigale lo</i>	115	
ABILIFY MAINTENA.....	38	
<i>abiraterone</i>	14	
<i>abirtega</i>	14	
ABRYSSVO (PF).....	106	
ABSORICA.....	64	
ACAM2000 (NATIONAL STOCKPILE).....	106	
<i>acamprosate</i>	75	
<i>acarbose</i>	94	
ACCOLATE.....	135	
ACCRUFER.....	144	
ACCU-CHEK AVIVA CONTROL SOLN.....	82	
ACCU-CHEK GUIDE L1-L2 CTRL SOL	82	
ACCU-CHEK SMARTVIEW CONTRL SOL	82	
ACCUPRIL	48	
ACCURETIC	48	
<i>accutane</i>	64	
ACCUTREND GLUCOSE CONTROL.....	82	
ACE AEROSOL CLOUD ENHANCER.....	140	
<i>acebutolol</i>	48	
<i>acetaminophen-caff-dihydrocod</i>	31	
<i>acetaminophen-codeine</i>	32	
<i>acetazolamide</i>	129	
<i>acetic acid</i>	75, 80	
<i>acetylcysteine</i>	135	
<i>acitretin</i>	61	
ACTEMRA	112	
ACTEMRA ACTPEN	112	
ACTHAR.....	81	
ACTHAR SELFJECT	81	
ACTHIB (PF).....	106	
ACTIMMUNE	106	
ACTIVELLA.....	115	
ACTONEL	112	
ACTOPLUS MET	94	
ACTOS	94	
ACULAR.....	129	
ACULAR LS.....	129	
<i>acyclovir</i>	3, 71	
ACZONE.....	64	
ADACEL(TDAP ADOLESN/ADULT)(PF).....	106	
ADALIMUMAB-ADAZ....	112	
ADALIMUMAB-ADBM...	112	
ADALIMUMAB-ADBM(CF) PEN CROHNS	112	
ADALIMUMAB-ADBM(CF) PEN PS-UV	113	
ADALIMUMAB-RYVK....	113	
<i>adapalene</i>	64	
ADAPALENE	64	
<i>adapalene-benzoyl peroxide</i> .	64	
ADASUVE	38	
ADBRY	63	
ADDYI	38	
<i>adefovir</i>	3	
ADEMPAS	135	
ADLARITY.....	29	
<i>adthyza</i>	96	
<i>adult aspirin regimen</i>	34	
ADVAIR HFA	135	
ADVATE.....	54	
ADVOCATE REDI-CODE PLUS CTRL L.....	83	
ADYNOVATE	54	
ADZENYS XR-ODT	38	
AEROCHAMBER MECHANICAL VENT ..	140	
AEROCHAMBER MINI ...	140	
AEROCHAMBER PLUS FLOW-VU.....	140	
AEROCHAMBER PLUS Z STAT	140	
AEROCHAMBER2GO.....	140	
AEROTRACH PLUS.....	140	
AEROVENT PLUS.....	140	
<i>afirmelle</i>	118	

AFLURIA 2025-2026 (3YR UP)(PF)	106	ALINIA	9	AMICAR	54
AFLURIA 2025-2026 (6MO UP)	106	<i>aliskiren</i>	48	<i>amiloride</i>	48
AFSTYLA.....	54	ALKERAN.....	14	<i>amiloride-hydrochlorothiazide</i>	48
<i>after pill</i>	118	<i>allergy eye (ketotifen)</i>	126	<i>aminocaproic acid</i>	54
AFTERA	118	<i>allopurinol</i>	111	<i>aminophylline</i>	135
AGAMATRIX CONTROL SOLN-HIGH	83	<i>almotriptan malate</i>	27	<i>amiodarone</i>	47
AGAMATRIX CONTROL SOLN-NORMAL.....	83	<i>alosetron</i>	97	<i>amitriptyline</i>	38
AGRYLIN	75	ALPHAGAN P.....	132	<i>amitriptyline-chlordiazepoxide</i>	39
AIMOVIG AUTOINJECTOR	27	<i>alprazolam</i>	38	<i>amlodipine</i>	48
AIRSUPRA	135	<i>alprazolam intensol</i>	38	<i>amlodipine-atorvastatin</i>	57
AJOVY AUTOINJECTOR ..	27	ALPROLIX	54	<i>amlodipine-benazepril</i>	48
AJOVY SYRINGE.....	27	ALTABAX.....	69	<i>amlodipine-olmesartan</i>	48
AKLIEF.....	64	<i>altacaine</i>	126	<i>amlodipine-valsartan</i>	48
AKTEN (PF)	126	ALTACE.....	48	<i>amlodipine-valsartan-hcthiazid</i>	48
<i>ala-cort</i>	71	ALTAFLUOR BENOX	126	<i>ammonium lactate</i>	63
ALA-SCALP.....	71	<i>altavera (28)</i>	118	<i>amnesteem</i>	64
<i>alaway</i>	126	ALTRENO.....	64	<i>amoxapine</i>	39
<i>albendazole</i>	9	ALTUVIIIO	54	<i>amoxicil-clarithromy-lansopraz</i>	103
<i>albuterol sulfate</i>	135	ALUNBRIG	14	<i>amoxicillin</i>	11
ALCAINE	126	<i>alvimopan</i>	97	<i>amoxicillin-pot clavulanate</i> ..	11
<i>alclometasone</i>	71	<i>alyacen 1/35 (28)</i>	118	<i>amphetamine sulfate</i>	39
ALDACTONE	48	<i>alyacen 7/7/7 (28)</i>	118	<i>ampicillin</i>	11
ALECENSA	14	ALYFTREK	135	AMZEEQ	64
<i>alendronate</i>	112	<i>alyq</i>	135	ANAFRANIL	39
ALFERON N.....	106	<i>amantadine hcl</i>	3	<i>anagrelide</i>	75
<i>alfuzosin</i>	141	<i>ambrisentan</i>	135	ANALPRAM-HC.....	61, 98
ALHEMO PEN	54	<i>amcinonide</i>	71	ANAPROX DS.....	34
		AMELUZ	63		
		<i>amethia</i>	118		
		<i>amethyst (28)</i>	118		

<i>anaspaz</i>	96	<i>armodafinil</i>	39	<i>atovaquone-proguanil</i>	9
<i>anastrozole</i>	14	ARMOUR THYROID	96	<i>atropine</i>	125
ANCOBON	2	ARNUITY ELLIPTA	135	ATROPINE.....	125
ANGELIQ.....	115	AROMASIN.....	14	ATROVENT HFA	136
ANNOVERA	117	ARTHROTEC 50	34	ATTRUBY.....	59
ANORO ELLIPTA.....	135	ARTHROTEC 75	34	<i>aubra</i>	118
<i>anucort-hc</i>	98	<i>ascomp with codeine</i>	32	<i>aubra eq</i>	118
<i>apomorphine</i>	26	<i>asenapine maleate</i>	39	AUDENZ (NATIONAL STOCKPILE)	106
<i>apraclonidine</i>	132	<i>ashlyna</i>	118	AUDENZ(PF)(NATIONAL STOCKPILE)	106
<i>aprepitant</i>	98	ASMANEX HFA	135	AUGMENTIN.....	11
APRETUDE	3	ASMANEX TWISTHALER	135	AUGMENTIN ES-600.....	11
<i>apri</i>	118	<i>aspirin</i>	34, 35	AUGMENTIN XR	11
APRISO.....	98	<i>aspirin childrens</i>	34	AUGTYRO.....	14
APTIOM.....	22	<i>aspirin-dipyridamole</i>	54	<i>aurovela 1.5/30 (21)</i>	118
APTIVUS.....	3	ASSURE 4 CONTROL SOLUTION.....	83	<i>aurovela 1/20 (21)</i>	118
ARAKODA.....	9	ASSURE DOSE NORMAL CONTROL.....	83	<i>aurovela 24 fe</i>	118
ARALAST NP	75	ASSURE PRISM CONTROL 1-2 SOLN.....	83	<i>aurovela fe 1.5/30 (28)</i>	118
<i>aranelle (28)</i>	118	ASTAGRAF XL.....	14	<i>aurovela fe 1-20 (28)</i>	119
ARAVA.....	113	AT HOME A1C	83	AURYXIA	143
ARAZLO.....	65	<i>atazanavir</i>	3	AUSTEDO	29
ARCALYST	105	ATELVIA	112	AUSTEDO XR.....	29
ARESTIN	78	<i>atenolol</i>	48	AUSTEDO XR TITRATION KT(WK1-4).....	29
AREXVY (PF)	106	<i>atenolol-chlorthalidone</i>	48	AUTOJECT 2 INJECTION DEVICE	88
<i>arformoterol</i>	135	ATIVAN.....	39	AUTOPEN 1 TO 21 UNITS.....	88
ARICEPT	29	<i>atomoxetine</i>	39	AUVELITY.....	39
ARIKAYCE.....	9	<i>atorvastatin</i>	57	AUVI-Q.....	133
<i>aripiprazole</i>	39	<i>atovaquone</i>	9	<i>avar</i>	65
ARISTADA.....	39				
ARISTADA INITIO	39				
ARIXTRA	54				

AVAR LS.....	65	BACTRIM DS.....	12	BENZEPRO (MICROSPHERES).....	65
AVAR-E.....	65	BAFIERTAM	46	BENZNIDAZOLE	9
<i>aviane</i>	119	<i>bal-care dha</i>	144	<i>benzonatate</i>	134
<i>avidoxy</i>	12	BAL-CARE DHA ESSENTIAL.....	144	<i>benzoyl peroxide</i>	65
AVIDOXY DK	12	<i>balsalazide</i>	98	<i>benztropine</i>	26
AVMAPKI-FAKZYNJA	14	BALVERSA	14	BEOVU	126
AVONEX	46	<i>balziva (28)</i>	119	<i>bepotastine besilate</i>	126
<i>ayuna</i>	119	BAQSIMI.....	87	<i>besper</i>	71
AYVAKIT.....	14	BARACLUDGE.....	3	BETADINE OPHTHALMIC PREP.....	123
AZASAN.....	14	BAXDELA.....	12	<i>betaine</i>	98
AZASITE	123	<i>bayer aspirin</i>	35	<i>betamethasone dipropionate</i>	71
<i>azathioprine</i>	14	<i>bayer low dose aspirin</i>	35	<i>betamethasone valerate</i>	71
<i>azelaic acid</i>	65	BCG VACCINE, LIVE (PF)	107	<i>betamethasone, augmented</i>	71
<i>azelastine</i>	78, 79, 126	<i>b-complex with vitamin c</i>	144	BETAPACE	47
<i>azelastine-fluticasone</i>	136	BD INTEGRA NEEDLE.....	88	BETAPACE AF	47
AZELEX	65	BD MICROTAINER LANCET	88	BETASERON.....	46
AZILECT	26	BD SPECIALTY USE NEEDLES	88	<i>betaxolol</i>	48, 125
<i>azithromycin</i>	8	BELBUCA	32	<i>bethanechol chloride</i>	142
AZSTARYS.....	39	<i>belladonna alkaloids-opium</i>	96	BETHKIS	9
AZULFIDINE	98	BELSOMRA	39	BETOPTIC S.....	125
AZULFIDINE EN-TABS	98	<i>benazepril</i>	48	<i>bevacizumab</i>	14
<i>azurette (28)</i>	119	<i>benazepril-hydrochlorothiazide</i>	48	BEVACIZUMAB	126
B		BENEFIX.....	54	<i>bexarotene</i>	15
<i>b complex 1 (with folic acid)</i>	144	BENLYSTA.....	113	BEXSERO.....	107
<i>b complex-vitamin c-folic acid</i>	144	BENZAMYCIN	65	BEYAZ	119
<i>bacitracin</i>	123	<i>benzepro</i>	65	BEYFORTUS.....	3
<i>bacitracin-polymyxin b</i>	123			<i>bicalutamide</i>	15
<i>baclofen</i>	30			BIKTARVY	3
BACTRIM.....	12			BILTRICIDE	9

<i>bimatoprost</i>	129	BRIMONIDINE- DORZOLAMIDE.....	129	<i>butalbital-acetaminop-caf-cod</i>	32
BINOSTO.....	112	BRIMONIDINE- DORZOLAMIDE (PF)...	129	<i>butalbital-acetaminophen</i>	32
BIOTHRAX	107	BRIMONIDINE-DORZOL- BIMATOPROST	129	<i>butalbital-acetaminophen-caff</i>	32
<i>bisacodyl</i>	98	<i>brimonidine-timolol</i>	129	<i>butalbital-aspirin-caffeine</i>	32
<i>bismuth subcit k-metronidz-ten</i>	103	BRINSUPRI	136	<i>butorphanol</i>	35
<i>bisoprolol fumarate</i>	48	<i>brinzolamide</i>	129	BYDUREON BCISE.....	94
<i>bisoprolol-hydrochlorothiazide</i>	48	BRIVIACT	22	BYLVAY	98
<i>blisovi 24 fe</i>	119	BRIXADI	32	BYOOVIZ	126
<i>blisovi fe 1.5/30 (28)</i>	119	BROMFED DM	134	C	
<i>blisovi fe 1/20 (28)</i>	119	<i>bromfenac</i>	129	CABENUVA	3
BLOOD GLUCOSE CONTROL, NORMAL....	83	<i>bromocriptine</i>	26	<i>cabergoline</i>	91
BONSITY.....	112	<i>brompheniramine-pseudoeph- dm</i>	134	CABLIVI.....	54
BOOSTRIX TDAP	107	BRONCHITOL	136	CABOMETYX.....	15
<i>bosentan</i>	136	BROVANA.....	136	CADUET	57
BOSULIF	15	BRUKINSA.....	15	<i>caffeine citrate</i>	75
<i>bp 10-1</i>	65	BRYHALI	72	<i>calcipotriene</i>	61
BRAFTOVI.....	15	<i>budesonide</i>	98, 136	<i>calcipotriene-betamethasone</i>	61
BREATHERITE MDI SPACER.....	140	<i>budesonide-formoterol</i>	136	<i>calcitonin (salmon)</i>	91
BREEZE 2 CONTROL SOLUTION,HIGH.....	83	<i>bumetanide</i>	48	<i>calcitriol</i>	61, 91
BREO ELLIPTA	136	BUPHENYL.....	75	<i>calcium acetate(phospat bind)</i>	143
BREXAFEMME	2	<i>buprenorphine</i>	32	CALQUENCE (ACALABRUTINIB MAL)	15
<i>breynga</i>	136	<i>buprenorphine hcl</i>	32	<i>camila</i>	115
BREZTRI AEROSPHERE. 136		<i>buprenorphine-naloxone</i>	35	<i>camrese</i>	119
<i>briellyn</i>	119	<i>bupropion hcl</i>	39	<i>camrese lo</i>	119
BRILINTA	54	<i>bupropion hcl (smoking deter)</i>	78	CAMZYOS.....	59
<i>brimonidine</i>	65, 132	<i>buspirona</i>	39	<i>candesartan</i>	48

<i>candesartan-</i>	CARETOUCH CONTROL	CELLCEPT	15
<i>hydrochlorothiazid</i>	SOLN L2-L3	CELONTIN	22
CANTHARIDIN IN	<i>carglumic acid</i>	CENTANY	69
ACETONE	<i>carisoprodol</i>	CENTANY AT	69
<i>capecitabine</i>	<i>carisoprodol-aspirin</i>	<i>cephalexin</i>	7, 8
CAPEX.....	<i>carisoprodol-aspirin-codeine</i>	CEPROTIN (BLUE BAR) ...	54
CAPLYTA .....	.....	CEPROTIN (GREEN BAR) ..	54
CAPRELSA	CARNITOR.....	CEQUA	126
<i>captopril</i>	CARNITOR (SUGAR-FREE)	CEQUR SIMPLICITY	88
<i>captopril-hydrochlorothiazide</i>	.....	CERDELGA.....	91
.....	<i>carteolol</i>	CERVIDIL.....	117
CAPVAXIVE	<i>cartia xt</i>	<i>cetirizine</i>	133
CARBAGLU.....	<i>carvedilol</i>	<i>cetrorelix</i>	91
<i>carbamazepine</i>	<i>carvedilol phosphate</i>	CETROTIDE.....	91
CARBAMAZEPINE.....	CASODEX.....	<i>cevimeline</i>	76
CARBATROL	CATAPRES-TTS-1	CHANTIX	78
<i>carbidopa</i>	CATAPRES-TTS-2	<i>charlotte 24 fe</i>	119
<i>carbidopa-levodopa</i>	CATAPRES-TTS-3	<i>chateal eq (28)</i>	119
<i>carbidopa-levodopa-</i>	CAVERJECT	CHEMET.....	76
<i>entacapone</i>	CAVERJECT IMPULSE....	CHENODAL	98
<i>carbinoxamine maleate</i>	CAYA CONTOURED	<i>children's alaway</i>	126
<i>carbzah</i>	CAYSTON.....	<i>chlordiazepoxide hcl</i>	39
CARDIZEM.....	<i>caziant (28)</i>	<i>chlordiazepoxide-clidinium</i> ..	96
CARDIZEM CD	<i>cefaclor</i>	<i>chlorhexidine gluconate</i>	79
CARDIZEM LA.....	<i>cefadroxil</i>	<i>chloroquine phosphate</i>	9
CARDURA	<i>cefdinir</i>	<i>chlorpromazine</i>	39
CARDURA XL	<i>cefixime</i>	<i>chlorthalidone</i>	49
CARESENS CONTROL A	<i>cefpodoxime</i>	<i>chlorzoxazone</i>	30
AND B.....	<i>cefprozil</i>	CHOLBAM	98
CARESENS S CONTROL A	<i>cefuroxime axetil</i>		
AND B.....	<i>celecoxib</i>		

<i>cholecalciferol (vitamin d3)</i> 144, 145	<i>classic prenatal</i> 145	<i>clonazepam</i> 22
<i>cholestyramine (with sugar)</i> 57, 58	<i>clearlax</i> 98	<i>clonidine</i> 49
<i>cholestyramine light</i> 58	CLEOCIN..... 117	<i>clonidine hcl</i> 39, 49
CHORIONIC GONADOTROPIN, HUMAN..... 91	CLEOCIN HCL..... 9	<i>clopidogrel</i> 54
CIBINQO 63	CLEOCIN PEDIATRIC 9	<i>clorazepate dipotassium</i> 40
<i>ciclodan</i> 69	CLEOCIN T 65	<i>clotrimazole</i> 2, 70
CICLODAN KIT..... 69	CLEVER CHOICE LEVEL 2 CONTROL 83	<i>clotrimazole-betamethasone</i> .70
<i>ciclopirox</i> 70	CLIMARA..... 115	<i>clozapine</i> 40
<i>ciclopirox-ure-camph-menth- euc</i> 70	<i>clindacin</i> 65	CLOZARIL 40
<i>cilostazol</i> 54	<i>clindacin etz</i> 65	<i>c-nate dha</i> 145
CIMDUO..... 3	CLINDACIN ETZ..... 65	COAGADEX..... 54
CIMERLI 126	<i>clindacin p</i> 65	COARTEM..... 9
<i>cimetidine</i> 103	CLINDACIN PAC..... 65	COCAINE 68
<i>cimetidine hcl</i> 103	<i>clindamycin hcl</i> 9	<i>codeine sulfate</i> 32
<i>cinacalcet</i> 91	<i>clindamycin pediatric</i> 9	<i>codeine-butalbital-asa-caff</i> ...32
CINRYZE..... 136	<i>clindamycin phosphate</i> . 65, 117	<i>codeine-guaifenesin</i> 134
CIPRO 12	<i>clindamycin-benzoyl peroxide</i> 65	CODITUSSIN AC 134
<i>ciprofloxacin</i> 12	<i>clindamycin-tretinoin</i> 65	CODITUSSIN DAC 134
<i>ciprofloxacin hcl</i> 12, 80, 123	CLINDESSE 117	COLAZAL 98
<i>ciprofloxacin-dexamethasone</i> 80	CLINPRO 5000..... 79	<i>colchicine</i> 111
<i>citalopram</i> 39	<i>clobazam</i> 22	<i>colesevelam</i> 58
<i>citroma</i> 98	<i>clobetasol</i> 72	COLESTID..... 58
<i>claravis</i> 65	<i>clobetasol-emollient</i> 72	<i>colestipol</i> 58
CLARINEX..... 133	CLOBEX 72	COMBIGAN 129
CLARINEX-D 12 HOUR.. 134	<i>clodan</i> 72	COMBIPATCH..... 115
<i>clarithromycin</i> 8	CLODAN KIT..... 72	COMBIVENT RESPIMAT 136
	<i>clomid</i> 91	COMETRIQ 15
	<i>clomiphene citrate</i> 91	COMIRNATY 2025-2026(5- 11Y)(PF)..... 107
	<i>clomipramine</i> 39	COMIRNATY 2025-26 (12Y UP)(PF)..... 107

COMPACT SPACE CHAMBER.....	140	<i>cromolyn</i>	98, 126, 136	<i>cyred eq</i>	119
COMPAZINE.....	98	<i>crotan</i>	75	CYSTAGON.....	142
<i>complete natal dha</i>	145	<i>cryselle (28)</i>	119	CYSTARAN.....	126
<i>compro</i>	98	CRYSVITA.....	91	CYTOTEC.....	104
CONCEPT DHA.....	145	CTEXLI.....	98	D	
CONCEPT OB.....	145	CUVITRU.....	107	<i>dabigatran etexilate</i>	54
CONSENSI.....	49	<i>cyanocobalamin (vitamin b-12)</i>	145	<i>dalfampridine</i>	29
<i>constulose</i>	98	<i>cyclobenzaprine</i>	31	<i>danazol</i>	91
CONTOUR CONTROL SOLUTION, NML.....	83	CYCLOGYL.....	125	DANTRIUM.....	31
CONTOUR NEXT LEV 2 CONTROL SOL.....	83	CYCLOMYDRIL.....	132	<i>dantrolene</i>	31
COPIKTRA.....	15	<i>cyclopentolate</i>	125	DANZITEN.....	15
CORDRAN TAPE LARGE ROLL.....	72	<i>cyclopen-tropic-phenyleph- watr</i>	125	<i>dapsone</i>	9, 66
COREG CR.....	49	CYCLOPENT-TROPIC- PHEN-KETR-WAT.....	125	DAPTACEL (DTAP PEDIATRIC) (PF).....	107
CORTANE-B.....	63	<i>cyclophosphamide</i>	15	DARAPRIM.....	9
CORTEF.....	81	CYCLOPHOSPHAMIDE....	15	<i>darifenacin</i>	141
CORTENEMA.....	98	CYCLOP-TROP-PROPA- PHEN-KET-WAT.....	125	<i>darunavir</i>	3
<i>cortisone</i>	81	<i>cycloserine</i>	9	<i>dasatinib</i>	15
CORTISPORIN-TC.....	80	CYCLOSET.....	94	<i>dasetta 1/35 (28)</i>	119
COTELLIC.....	15	<i>cyclosporine</i>	15, 126	<i>dasetta 7/7/7 (28)</i>	119
COTEMPLA XR-ODT.....	40	<i>cyclosporine modified</i>	15	DAURISMO.....	15
<i>covaryx</i>	115	CYLTEZO(CF).....	113	<i>daysee</i>	119
<i>covaryx h.s.</i>	115	CYLTEZO(CF) PEN.....	113	DAYTRANA.....	40
CRENESSITY.....	91	CYLTEZO(CF) PEN CROHN'S-UC-HS.....	113	DAYVIGO.....	40
CREON.....	98	CYLTEZO(CF) PEN PSORIASIS-UV.....	113	DDAVP.....	91
CRESEMBA.....	2	<i>cyproheptadine</i>	133	<i>deblitane</i>	115
CREXONT.....	26	<i>cyred</i>	119	<i>deferasirox</i>	76
CRINONE.....	115			<i>deferiprone</i>	76
				<i>deflazacort</i>	81
				DELESTROGEN.....	115

DELSTRIGO.....	3	<i>desoximetasone</i>	72	<i>diazepam intensol</i>	40
<i>demeclocycline</i>	12	DESOXYN.....	40	<i>diazoxide</i>	87
DEMSER.....	49	DESVENLAFAXINE	40	DIBENZYLINE	49
DENAVIR	71	<i>desvenlafaxine succinate</i>	40	<i>dichlorphenamide</i>	29
DENG VAXIA (PF)	107	<i>dexabliss</i>	81	DICLEGIS	99
<i>denta 5000 plus</i>	79	<i>dexamethasone</i>	81	<i>diclofenac potassium</i>	35
<i>denta 5000 plus sensitive</i>	79	<i>dexamethasone intensol</i>	81	<i>diclofenac sodium</i> ...	35, 63, 129
<i>dentagel</i>	79	<i>dexamethasone sodium</i>		<i>diclofenac-misoprostol</i>	35
DEPAKOTE	22	<i>phosphate</i>	131	<i>dicloxacillin</i>	11
DEPAKOTE ER.....	22	DEXAMETH-		<i>dicyclomine</i>	96
DEPAKOTE SPRINKLES...	22	MOXIFLOX(PF)-		DIFFERIN	66
DEPEN TITRATABS.....	113	NACL,ISO.....	130	DIFICID	8
DEPO-ESTRADIOL	115	DEXAMET-MOXIFL-		DIFLUCAN	2
DEPO-PROVERA	115	KETORO-NACL(PF)	126	<i>diflunisal</i>	35
DEPO-SUBQ PROVERA	104	<i>dexchlorpheniramine maleate</i>		<i>difluprednate</i>	131
.....	115	.....	133	<i>digoxin</i>	54
DEPO-TESTOSTERONE...	91	DEXCOM G6 RECEIVER ..	83	<i>dihydroergotamine</i>	27
<i>dermacinrx lidocan</i>	68	DEXCOM G6 SENSOR	83	DILANTIN	23
DERMA-SMOOTH/FS		DEXCOM G6		DILANTIN EXTENDED....	23
BODY OIL	72	TRANSMITTER.....	83	DILANTIN INFATABS.....	23
DERMA-SMOOTH/FS		DEXCOM G7 RECEIVER ..	83	DILANTIN-125.....	23
SCALP OIL.....	72	DEXCOM G7 SENSOR	83	DILAUDID.....	32
DERMOTIC OIL	80	DEXEDRINE SPANSULE ..	40	<i>diltiazem</i>	49
DESCOVY	3	<i>dexamethylphenidate</i>	40	<i>dilt-xr</i>	49
<i>desipramine</i>	40	DEXTENZA.....	131	<i>dimethyl fumarate</i>	46
<i>desloratadine</i>	133	<i>dextroamphetamine sulfate</i> ...	40	DIPENTUM	99
<i>desmopressin</i>	91, 92	<i>dextroamphetamine-</i>		DIPHEN	133
DESMOPRESSIN.....	92	<i>amphetamine</i>	40	<i>diphenoxylate-atropine</i>	96
<i>desog-e.estradiol/e.estradiol</i>		DIACOMIT	23	DIPROLENE	
.....	119	<i>dialyvite 800</i>	145	(AUGMENTED).....	72
<i>desonide</i>	72	DIATRUE CONTROL SOLN			
		NORMAL.....	83		
		<i>diazepam</i>	23, 40		

<i>dipyridamole</i>	54	<i>drospirenone-ethinyl estradiol</i>	119	EASY TALK PLUS II LOW CONTROL	84
DISALCID	35	DROXIA	15	EASY TOUCH BLU CTRL SOLN-L1,L3	84
<i>diskets</i>	32	<i>droxidopa</i>	76	EASY TRAK II CTRL SOLN- NORMAL.....	84
<i>disopyramide phosphate</i>	47	DSUVIA.....	32	EASY TRAK LOW CONTROL	84
<i>disulfiram</i>	76	DUAVEE	116	EASYMAX 15 LEVEL 2.....	84
DIURIL	49	DUETACT.....	94	EASYMAX NORMAL CONTROL	84
<i>divalproex</i>	23	<i>dulcolax (magnesium hydroxide)</i>	99	EBGLYSS PEN	63
<i>dodex</i>	145	DULERA.....	136	EBGLYSS SYRINGE	63
<i>dofetilide</i>	47	<i>duloxetine</i>	41	EC-NAPROSYN	35
DOJOLVI	144	DUOPA.....	26	<i>econazole nitrate</i>	70
<i>dolishale</i>	119	DUPIXENT PEN	63	<i>econtra ez</i>	119
<i>donepezil</i>	29	DUPIXENT SYRINGE.....	63	<i>econtra one-step</i>	119
DONNATAL	96	DUREX AVANTI BARE REAL FEEL	114	<i>ecotrin</i>	36
DOPTELET (15 TAB PACK)	54	DUREX TROPICAL CONDOM	114	<i>ecotrin low strength</i>	35
<i>dorzolamide</i>	129	<i>dutasteride</i>	141	EDECIN.....	50
DORZOLAMIDE (PF)	129	<i>dutasteride-tamsulosin</i>	141	EDEX	142
<i>dorzolamide-timolol</i>	130	DYRENIUM	49	EDLUAR.....	41
<i>dorzolamide-timolol (pf)</i>	129	E		<i>ed-spaz</i>	96
<i>dotti</i>	116	<i>e.e.s. 400</i>	8	EDURANT	3
DOVATO.....	3	E.E.S. GRANULES.....	8	EDURANT PED.....	3
<i>doxazosin</i>	49	EASIVENT HOLDING CHAMBER	140	<i>eemt</i>	116
<i>doxepin</i>	40	EASY PLUS II HIGH CONTROL	83	<i>eemt hs</i>	116
<i>doxercalciferol</i>	92	EASY STEP HIGH CONTROL SOLN.....	83	<i>efavirenz</i>	3
<i>doxycycline hyclate</i>	12	EASY TALK HIGH CONTROL	84	<i>efavirenz-emtricitabin-tenofo</i> 3	
<i>doxycycline monohydrate</i>	13			<i>efavirenz-lamivu-tenofo</i> 3	
<i>doxylamine-pyridoxine (vit b6)</i>	99			<i>effe</i> -k.....	143
<i>dronabinol</i>	99				
<i>drospirenone-e.estradiol-lm.fa</i>	119				

EFFER-K.....	143	EMGALITY SYRINGE.....	27	<i>entacapone</i>	26
EFFIENT.....	54	EMPAVELI.....	76	<i>entecavir</i>	4
EFUDEX.....	63	EMSAM.....	41	ENTRESTO.....	59
EGRIFTA SV.....	105	<i>emtricitabine</i>	4	ENTRESTO SPRINKLE.....	60
EGRIFTA WR.....	105	<i>emtricitabine-tenofovir (tdf)</i> ...4		<i>enulose</i>	99
ELEMENT COMPACT NORMAL CONTROL.....	84	<i>emtricitabine-tenofovir (tdf)</i> ...4		EPCLUSA.....	4
ELEMENT NORMAL CONTROL.....	84	EMTRIVA.....	4	EPIDIOLEX.....	23
ELEPSIA XR.....	23	EMVERM.....	9	EPIDUO FORTE.....	66
<i>eletriptan</i>	27	<i>emzahh</i>	116	EPIFOAM.....	61
ELIGARD.....	16	<i>enalapril maleate</i>	50	<i>epinastine</i>	127
ELIGARD (3 MONTH).....	15	<i>enalapril-hydrochlorothiazide</i>	50	<i>epinephrine</i>	133
ELIGARD (4 MONTH).....	15	ENBRACE HR.....	145	EPINEPHRINE.....	133
ELIGARD (6 MONTH).....	16	ENBREL.....	113	EPIPEN.....	133
ELIMITE.....	75	ENBREL MINI.....	113	EPIPEN JR.....	133
<i>elimest</i>	119	ENBREL SURECLICK.....	113	EPIVIR.....	4
ELIQUIS.....	55	ENCELTO.....	127	<i>eplerenone</i>	50
ELIQUIS DVT-PE TREAT 30D START.....	55	ENDARI.....	76	<i>eprosartan</i>	50
<i>elite-ob</i>	145	<i>endocet</i>	32	EPSOLAY.....	66
ELLA.....	119	ENDOMETRIN.....	116	EQUETRO.....	23
ELMIRON.....	142	ENFLONSIA.....	4	<i>ergocalciferol (vitamin d2)</i> .145	
ELOCTATE.....	55	ENGERIX-B (PF).....	107	<i>ergoloid</i>	41
<i>eltrombopag olamine</i>	55	ENGERIX-B PEDIATRIC (PF).....	107	ERGOMAR.....	28
<i>eluryng</i>	117	<i>enilloring</i>	117	<i>ergotamine-caffeine</i>	28
EMBRACE EVO LEVEL 1.84		<i>enoxaparin</i>	55	ERIVEDGE.....	16
EMBRACE GLUCOSE CONTROL LOW.....	84	<i>enpresse</i>	119	ERLEADA.....	16
EMBRACE TALK CONTROL-LOW (L1)....	84	ENSACOVE.....	16	<i>erlotinib</i>	16
EMGALITY PEN.....	27	<i>enskyce</i>	119	ERMEZA.....	96
		ENSPRYNG.....	16	<i>errin</i>	116
		ENSTILAR.....	61	ERVEBO(PF)(NATIONAL STOCKPILE).....	107

<i>ery pads</i>	66	<i>etodolac</i>	36	<i>falmina (28)</i>	119
ERYPED 200.....	8	<i>etonogestrel-ethinyl estradiol</i>	117	<i>famciclovir</i>	4
ERYPED 400.....	8	<i>etoposide</i>	16	<i>famotidine</i>	104
<i>ery-tab</i>	8	<i>etravirine</i>	4	FARESTON.....	16
ERY-TAB	8	EUCRISA.....	63	FARXIGA.....	94
<i>erythrocin (as stearate)</i>	8	EULEXIN.....	16	FASENRA PEN.....	136
<i>erythromycin</i>	8, 123	EURAX	75	FC2 FEMALE CONDOM .	114
<i>erythromycin ethylsuccinate</i> ...	8	<i>euthyrox</i>	96	<i>febuxostat</i>	111
<i>erythromycin with ethanol</i>	66	EVAMIST.....	116	<i>feirza</i>	119
<i>erythromycin-benzoyl peroxide</i>	66	<i>everolimus (antineoplastic)</i> ..	16	<i>felbamate</i>	23
<i>escitalopram oxalate</i>	41	<i>everolimus</i> (immunosuppressive)	16	FELBATOL	23
<i>eslicarbazepine</i>	23	EVISTA	112	<i>felodipine</i>	50
<i>esomeprazole magnesium</i> ...	104	EVOCLIN	66	<i>fem ph</i>	117
ESPEROCT.....	55	EVOLUTION NORMAL CONTROL	84	FEMARA	16
<i>estarylla</i>	119	EVOTAZ	4	FEMCAP	115
<i>estazolam</i>	41	EVOXAC	76	<i>fenofibrate</i>	58
<i>estradiol</i>	116	EVRYSDI.....	29	<i>fenofibrate micronized</i>	58
ESTRADIOL.....	116	EXELDERM	70	<i>fenofibrate nanocrystallized</i> .	58
<i>estradiol valerate</i>	116	EXELON PATCH.....	29	<i>fenofibric acid</i>	58
<i>estradiol-norethindrone acet</i>	116	<i>exemestane</i>	16	<i>fenofibric acid (choline)</i>	58
ESTRATEST H.S.....	116	<i>exenatide</i>	94	<i>fenoprofen</i>	36
<i>estrogens-methyltestosterone</i>	116	EXTINA	70	FENSOLVI	16
<i>eszopiclone</i>	41	<i>eye itch relief</i>	127	<i>fentanyl</i>	32
<i>ethacrynic acid</i>	50	EYSUVIS	131	<i>fentanyl citrate</i>	32
<i>ethambutol</i>	9	<i>ezetimibe</i>	58	FER-IN-SOL	145
<i>ethosuximide</i>	23	<i>ezetimibe-simvastatin</i>	58	FERRIPROX.....	76
<i>ethynodiol diac-eth estradiol</i>	119	F		FERRIPROX (2 TIMES A DAY)	76
		FABHALTA.....	76	<i>ferrous sulfate</i>	145
				<i>fesoterodine</i>	141

FETZIMA.....	41	FLULAVAL 2025-2026 (PF)	108	<i>fluticasone propion-salmeterol</i>	136
FEXMID.....	31	FLUMADINE	4	<i>fluvastatin</i>	58
FIBRICOR	58	FLUMIST 2025-2026.....	108	<i>fluvoxamine</i>	41
<i>fidaxomicin</i>	8	FLUMIST HOME 2025-2026	108	FLUZONE 2025-2026.....	108
FILSPARI.....	60	<i>flunisolide</i>	136	FLUZONE 2025-2026 (PF)	108
FINACEA.....	66	<i>fluocinolone</i>	72, 73	FLUZONE HIGH-DOSE 2025-26 (PF).....	108
<i>finasteride</i>	141	<i>fluocinolone acetonide oil</i>	80	FML LIQUIFILM.....	131
<i>fingolimod</i>	46	<i>fluocinolone and shower cap</i>	72	<i>folic acid</i>	145
<i>finzala</i>	119	<i>fluocinonide</i>	73	<i>folitab</i>	145
FIORICET.....	32	<i>fluocinonide-e</i>	73	<i>folivane-ob</i>	145
FIRDAPSE	29	FLUORESCIN- BENOXINATE.....	127	<i>foltabs 800</i>	145
<i>flac otic oil</i>	80	<i>fluorescein-propraracaine</i> ...	127	<i>fondaparinux</i>	55
<i>flavoxate</i>	141	<i>fluoride (sodium)</i>	79, 145	FORA GTEL MULTI- FUNCTN MONITOR.....	84
<i>flecainide</i>	47	FLUORIDEX DAILY DEFENSE	79	FORA KETONE CONTROL SOLN-L1	84
FLECTOR.....	36	FLUORIDEX SENSITIVITY RELIEF	79	FORA NORMAL CONTROL	84
FLEXICHAMBER.....	140	FLUORIMAX 5000	79	FORA TN'G ADV MOBILE MULTI MTR	84
FLOLIPID.....	58	FLUORIMAX 5000 SENSITIVE.....	79	FORA TN'G ADVANCE MULTI-FN MTR.....	84
FLOMAX.....	142	<i>fluorometholone</i>	131	FORA TN'G ADVANCE PRO MONITOR.....	84
<i>flotrex</i>	145	<i>fluorouracil</i>	63	FORACARE GDH LOW CONTROL	84
FLUAD 2025-2026 (65 YR UP)(PF)	107	<i>fluoxetine</i>	41	<i>formoterol fumarate</i>	136
FLUARIX 2025-2026 (PF)	107	<i>fluphenazine hcl</i>	41	FOSAMAX.....	112
FLUBLOK 2025-2026 (PF)	107	<i>flurazepam</i>	41	FOSAMAX PLUS D.....	112
FLUCELVAX 2025-2026...	107	<i>flurbiprofen</i>	36	<i>fosamprenavir</i>	4
FLUCELVAX 2025-2026 (PF)	107	<i>flurbiprofen sodium</i>	129	<i>fosfomycin tromethamine</i>	13
<i>fluconazole</i>	2	<i>fluticasone propionate</i> ..	73, 136		
<i>flucytosine</i>	2				
<i>fludrocortisone</i>	81				

<i>fosinopril</i>	50	FROVA.....	28	GAVRETO.....	16
<i>fosinopril-hydrochlorothiazide</i>	50	<i>frovatriptan</i>	28	GE100 CONTROL SOLUTION NORMAL....	85
FRAGMIN	55	FRUZAQLA.....	16	<i>gefitinib</i>	16
<i>fraiche 5000</i>	79	<i>full spectrum b-vitamin c</i>	145	GELCLAIR	79
FRAICHE 5000 PREVI	79	FULPHILA.....	105	<i>gemfibrozil</i>	58
FREESTYLE CONTROL....	84	FURADANTIN	13	<i>gemmily</i>	119
FREESTYLE FREEDOM ...	85	<i>furosemide</i>	50	GEMTESA	141
FREESTYLE FREEDOM LITE	85	FUZEON	4	<i>generlac</i>	99
FREESTYLE INSULINX....	85	<i>fyavolv</i>	116	<i>engraf</i>	16
FREESTYLE INSULINX TEST STRIPS	85	FYCOMPA.....	23	GENOTROPIN.....	105
FREESTYLE LIBRE 14 DAY READER.....	85	<i>fyremadel</i>	92	GENOTROPIN MINIQUICK	105
FREESTYLE LIBRE 14 DAY SENSOR.....	85	G		<i>gentamicin</i>	69, 123
FREESTYLE LIBRE 2 PLUS SENSOR.....	85	<i>g tussin ac</i>	134	GENTEEL VACUUM LANCING DEVICE	88
FREESTYLE LIBRE 2 READER.....	85	<i>gabapentin</i>	23	<i>gentle laxative (bisacodyl)</i>	99
FREESTYLE LIBRE 2 SENSOR.....	85	GALAFOLD	92	<i>gentle laxative (mag hydrox)</i>	99
FREESTYLE LIBRE 3 PLUS SENSOR.....	85	<i>galantamine</i>	29	<i>gentlelax</i>	99
FREESTYLE LIBRE 3 READER.....	85	<i>galbriela</i>	119	GENVOYA.....	4
FREESTYLE LIBRE 3 SENSOR.....	85	<i>gallifrey</i>	116	GEODON	41
FREESTYLE LITE METER	85	GALZIN	143	GILOTRIF	16
FREESTYLE LITE STRIPS	85	GAMMAGARD LIQUID ..	108	GIVLAARI.....	76
FREESTYLE PRECISION NEO STRIPS.....	85	GAMUNEX-C.....	108	GLASSIA	76
FREESTYLE TEST	85	<i>ganirelix</i>	92	<i>glatiramer</i>	46
		GARDASIL 9 (PF).....	108	<i>glatopa</i>	46
		GASTROCROM	99	GLEOSTINE	16
		<i>gatifloxacin</i>	123	GLIADEL WAFER	16
		GATTEX 30-VIAL.....	99	<i>glimepiride</i>	94
		<i>gavilax</i>	99	<i>glipizide</i>	94
		<i>gavilyte-c</i>	99	<i>glipizide-metformin</i>	94
		<i>gavilyte-g</i>	99		
		<i>gavilyte-n</i>	99		

GLOPERBA.....	111	<i>guanfacine</i>	41, 50	HEMLIBRA	55
<i>glucagon emergency kit</i> (<i>human</i>)	87	GUARDIAN 4 GLUCOSE SENSOR.....	85	<i>hemmorex-hc</i>	99
GLUCAGON HCL	87	GUARDIAN 4 TRANSMITTER.....	86	<i>hep flush-10 (pf)</i>	55
GLUCOCARD 01 NORMAL CONTROL	85	GUARDIAN LINK 3 TRANSMITTER.....	86	HEPAGAM B	108
GLUCOCOM CONTROL NORMAL.....	85	GUARDIAN SENSOR 3	86	<i>heparin (porcine)</i>	55, 56
GLUCOSE CONTROL.....	85	GVOKE	87	<i>heparin (porcine) in 0.9% nacl</i>	55
<i>glutamine (sickle cell)</i>	76	GVOKE HYPOPEN 2-PACK	87	HEPARIN (PORCINE) IN 0.9% NACL	55
<i>glyburide</i>	94	GVOKE PFS 2-PACK SYRINGE.....	87	<i>heparin (porcine) in 5 % dex</i> 55	
<i>glyburide micronized</i>	94	GYNAZOLE-1	117	<i>heparin (porcine) in nacl (pf)</i>	55
<i>glyburide-metformin</i>	94	H		HEPARIN (PORCINE) IN NACL (PF)	55
GLYCATE	96	HAEGARDA.....	136	<i>heparin lock flush (porcine)</i> .56	
<i>glycopyrrolate</i>	96	<i>hailey</i>	120	<i>heparin lockflush(porcine)(pf)</i>	56
GLYXAMBI.....	94	<i>hailey 24 fe</i>	120	<i>heparin(porcine) in 0.45% nacl</i>	56
GOJJI GLUCOSE CNTRL SOL-NORMAL.....	85	<i>hailey fe 1.5/30 (28)</i>	120	HEPARIN(PORCINE) IN 0.45% NACL	56
GOJJI KETONE CONTROL SOLN-L1	85	<i>hailey fe 1/20 (28)</i>	120	<i>heparin, porcine (pf)</i>	56
GOJJI MULTI-FUNCTIONAL METER	85	HALCION	41	HEPLISAV-B (PF).....	108
GOLYTELY	99	<i>halobetasol propionate</i>	73	HETLIOZ	42
GOMEKLI	16	<i>haloette</i>	117	HETLIOZ LQ	42
GONAL-F	92	HALOG	73	HIBERIX (PF).....	108
GONAL-F RFF REDI-JECT	92	<i>haloperidol</i>	41, 42	HISTEX-AC	134
GONITRO	60	<i>haloperidol lactate</i>	41	HIZENTRA	108
GOPRELTO	68	HARVONI.....	4	<i>homatropaire</i>	125
GRALISE	23	HAVRIX (PF).....	108	HORIZANT.....	29
<i>granisetron hcl</i>	99	HEALTHPRO HIGH-LOW CONTROL	86	HUMALOG JUNIOR KWIKPEN U-100	89
<i>griseofulvin microsize</i>	2	<i>heather</i>	116		
<i>griseofulvin ultramicrosize</i>	2	HEMANGEOL.....	50		

HUMALOG KWIKPEN INSULIN.....	89	<i>hydrocodone-chlorpheniramine</i>	134	IBRANCE.....	16
HUMALOG MIX 50-50 KWIKPEN	89	<i>hydrocodone-homatropine..</i>	134	IBTROZI	16
HUMALOG MIX 75-25 KWIKPEN	89	<i>hydrocodone-ibuprofen</i>	33	<i>ibu</i>	36
HUMALOG MIX 75-25(U- 100)INSULN.....	89	<i>hydrocortisone</i>	73, 81, 99	<i>ibuprofen.....</i>	36
HUMALOG TEMPO PEN(U- 100)INSULN.....	89	<i>hydrocortisone acetate</i>	99	<i>icatibant</i>	137
HUMALOG U-100 INSULIN	89	<i>hydrocortisone butyrate.....</i>	73	<i>iclevia</i>	120
HUMATIN	9	<i>hydrocortisone valerate.....</i>	73	ICLUSIG	16
HUMULIN 70/30 U-100 INSULIN.....	89	<i>hydrocortisone-acetic acid ...</i>	80	<i>icosapent ethyl.....</i>	58
HUMULIN 70/30 U-100 KWIKPEN	89	<i>hydrocortisone-pramoxine ..</i>	61, 99	IDELVION	56
HUMULIN N NPH INSULIN KWIKPEN	89	<i>hydromet</i>	134	IDHIFA	17
HUMULIN N NPH U-100 INSULIN.....	89	<i>hydromorphone.....</i>	33	IFE-BIMIX 30/1	142
HUMULIN R REGULAR U- 100 INSULN	89	<i>hydroxocobalamin</i>	145	IGALMI.....	42
HUMULIN R U-500 (CONC) INSULIN.....	89	<i>hydroxychloroquine</i>	9	IHEALTH CONTROL SOLN LEVEL 2.....	86
HUMULIN R U-500 (CONC) KWIKPEN	89	<i>hydroxyurea</i>	16	IHEEZO (PF).....	127
HUCAMTIN	16	<i>hydroxyzine hcl.....</i>	133	ILARIS (PF)	105
HUCODAN (WITH HOMATROPINE).....	134	<i>hydroxyzine pamoate</i>	133	ILET STARTER KIT-INSET88	
<i>hydralazine</i>	50	HYFTOR	63	ILEVRO	129
HYDREA	16	HYMPAVZI PEN	56	ILUVIEN.....	131
<i>hydrochlorothiazide.....</i>	50	<i>hyoscyamine sulfate.....</i>	96, 97	<i>imatinib.....</i>	17
<i>hydrocodone bitartrate... 32, 33</i>		<i>hyosyne</i>	97	IMBRUVICA	17
<i>hydrocodone-acetaminophen</i>	33	HYPERHEP B.....	108	<i>imipenem-cilastatin</i>	9
		HYPERHEP B NEONATAL	108	<i>imipramine hcl.....</i>	42
		HYPERRAB (PF).....	108	<i>imipramine pamoate</i>	42
		HYPERSAL	137	<i>imiqimod</i>	63
		HYQVIA	108	IMKELDI	17
		HYSINGLA ER.....	33	IMOGAM RABIES-HT (PF)	108
I				IMOVAX RABIES VACCINE (PF)	109
<i>ibandronate.....</i>	112			IMPAVIDO	10

IMULDOSA.....	61	INVEGA SUSTENNA.....	42	J	
IMURAN.....	17	INVELTYS.....	131	<i>jaimiess</i>	120
INBRIJA.....	27	IODOFLEX.....	63	JAKAFI.....	17
<i>incassia</i>	116	IODOSORB.....	64	JALYN.....	142
INCRELEX.....	76	IOPIDINE.....	132	<i>jantoven</i>	56
INCRUSE ELLIPTA.....	137	IPOL.....	109	JANUMET.....	94
<i>indapamide</i>	50	<i>ipratropium bromide</i>	79, 137	JANUMET XR.....	94
<i>indomethacin</i>	36	<i>ipratropium-albuterol</i>	137	JANUVIA.....	94
INFANRIX (DTAP) (PF) ...	109	IQIRVO.....	99	JARDIANCE.....	94
INFINITY CONTROL SOLUTION NORM.....	86	<i>irbesartan</i>	50	<i>jasmiel (28)</i>	120
INGREZZA.....	29	<i>irbesartan-hydrochlorothiazide</i>	50	JATENZO.....	92
INGREZZA INITIATION PK(TARDIV).....	29	IRESSA.....	17	<i>javygtor</i>	92
INGREZZA SPRINKLE.....	29	ISENTRESS.....	4	<i>jaythari</i>	81
INLYTA.....	17	ISENTRESS HD.....	4	JELMYTO.....	17
INPEN (FOR HUMALOG) PINK.....	88	<i>isibloom</i>	120	<i>jencycla</i>	116
INPEN (NOVOLOG OR FIASP) BLUE.....	88	<i>isoniazid</i>	10	<i>jinteli</i>	116
INSPRA.....	50	ISORDIL.....	60	JIVI.....	56
INSULIN ASPART U-100 ..	89, 90	ISORDIL TITRADOSE.....	60	JOENJA.....	76
INSULIN GLARGINE-YFGN	90	<i>isosorbide dinitrate</i>	60	<i>jolessa</i>	120
INSULIN LISPRO.....	90	<i>isosorbide mononitrate</i>	60	JORNAY PM.....	42
INSULIN LISPRO PROTAMIN-LISPRO.....	90	<i>isosorbide-hydralazine</i>	50	JOURNAVX.....	36
INSULIN SYRINGE- NEEDLE U-100.....	87	<i>isotretinoin</i>	66	<i>joyeaux</i>	120
INTELENCE.....	4	<i>isradipine</i>	50	JUBLIA.....	70
<i>introvale</i>	120	<i>itraconazole</i>	2	<i>juleber</i>	120
INVEGA.....	42	<i>ivabradine</i>	60	JULUCA.....	4
		<i>ivermectin</i>	10, 66	<i>junel 1.5/30 (21)</i>	120
		IWILFIN.....	17	<i>junel 1/20 (21)</i>	120
		IXIARO (PF).....	109	<i>junel fe 1.5/30 (28)</i>	120
				<i>junel fe 1/20 (28)</i>	120
				<i>junel fe 24</i>	120

JUST RIGHT 5000.....	79	<i>klor-con 8</i>	143	LAMICTAL XR STARTER (ORANGE).....	24
JUXTAPID	58	<i>klor-con m10</i>	143	<i>lamivudine</i>	5
JYNARQUE.....	92	<i>klor-con m15</i>	143	<i>lamivudine-zidovudine</i>	5
JYNNEOS (PF).....	109	<i>klor-con m20</i>	143	<i>lamotrigine</i>	24
K		<i>klor-con/ef</i>	143	LANCETS	88
<i>kaitlib fe</i>	120	KLOXXADO	36	LANCING DEVICE	88
KALETRA	4	<i>kobee</i>	145	LANOXIN.....	54
<i>kalliga</i>	120	KOGENATE FS	56	<i>lanreotide</i>	17
KALYDECO	137	KOSELUGO	17	<i>lansoprazole</i>	104
<i>kariva (28)</i>	120	KOSHER PRENATAL PLUS IRON	145	<i>lanthanum</i>	143
KEDRAB (PF)	109	<i>kourzeq</i>	79	LANTUS SOLOSTAR U-100 INSULIN	90
<i>kelnor 1/35 (28)</i>	120	KOVALTRY	56	LANTUS U-100 INSULIN ..	90
KENALOG.....	73	K-PHOS NO 2.....	142	<i>lapatinib</i>	17
KERENDIA	50	K-PHOS ORIGINAL	142	<i>larin 1.5/30 (21)</i>	120
KESIMPTA PEN.....	46	KRINTAFEL	10	<i>larin 1/20 (21)</i>	120
<i>ketoconazole</i>	2, 70	KRISTALOSE.....	99	<i>larin 24 fe</i>	120
<i>ketodan</i>	70	<i>kurvelo (28)</i>	120	<i>larin fe 1.5/30 (28)</i>	120
<i>ketodan kit</i>	70	KYLEENA	115	<i>larin fe 1/20 (28)</i>	120
<i>ketoprofen</i>	36	L		LASIX	50
<i>ketorolac</i>	36, 129	<i>l norgest/e.estradiol-e.estrad</i>	120	LASTACRAFT ONCE DAILY RELIEF.....	127
<i>ketotifen fumarate</i>	127	<i>labetalol</i>	50	<i>latanoprost</i>	130
KINRIX (PF).....	109	<i>lacosamide</i>	23	<i>laxative (bisacodyl)</i>	100
KISQALI.....	17	<i>lactated ringers</i>	75	<i>laxative peg 3350</i>	100
KITABIS PAK.....	10	<i>lactulose</i>	99, 100	LAZCLUZE	17
KLARITY (CHONDROITIN) (PF).....	127	LAGEVRIO (EUA).....	4	<i>leena 28</i>	120
KLARON	69	LAMICTAL XR STARTER (BLUE).....	24	<i>leflunomide</i>	113
<i>klayesta</i>	70	LAMICTAL XR STARTER (GREEN).....	24	<i>lenalidomide</i>	17
<i>klor-con</i>	143			LENVIMA.....	17
<i>klor-con 10</i>	143				

LEQSELVI	113	LEVSIN/SL	97	<i>lithium citrate</i>	42
LESCOL XL.....	58	LEVULAN	64	LITHOBID	42
<i>lessina</i>	120	<i>lexette</i>	73	LITHOSTAT	76
<i>letrozole</i>	17	LICART	36	LIVDELZI.....	100
<i>leucovorin calcium</i>	14	<i>lidocaine</i>	68	LIVMARLI.....	100
LEUKERAN	17	<i>lidocaine hcl</i>	68	LIVTENCITY	5
LEUKINE.....	105	<i>lidocaine hcl-hydrocortison ac</i>	68, 100	LODINE	36
<i>leuprolide</i>	17	LIDOCAINE HCL- HYDROCORTISON AC 100		LODOSYN	27
<i>levabuterol hcl</i>	137	<i>lidocaine viscous</i>	68	<i>lofena</i>	36
LEVBID	97	<i>lidocaine-hydrocortisone-aloe</i>	100	<i>lofexidine</i>	36
<i>levetiracetam</i>	24	<i>lidocaine-prilocaine</i>	68, 69	<i>lojaimiess</i>	121
LEVETIRACETAM.....	24	<i>lidocaine iii</i>	69	LOKELMA.....	143
<i>levobunolol</i>	125	<i>lidocan iv</i>	69	LOMOTIL	97
<i>levocarnitine</i>	76	<i>lidocan v</i>	69	LONSURF	17
<i>levocarnitine (with sugar)</i>	76	<i>lidocort</i>	69	<i>loperamide</i>	97
<i>levocetirizine</i>	133	LILETTA	115	LOPID	58
<i>levofloxacin</i>	12, 123	<i>linezolid</i>	10	<i>lopinavir-ritonavir</i>	5
<i>levonest (28)</i>	120	LINZESS.....	100	LOPRESSOR	50
<i>levonorgest-eth.estradiol-iron</i>	120	<i>liomny</i>	96	LOPROX (AS OLAMINE)..	70
<i>levonorgestrel</i>	120	<i>liothyronine</i>	96	LOPROX KIT	70
<i>levonorgestrel-ethinyl estrad</i>	121	<i>liraglutide</i>	94	<i>lorazepam</i>	42
<i>levonorg-eth estrad triphasic</i>	121	<i>lisdexamphetamine</i>	42	<i>lorazepam intensol</i>	42
<i>levora-28</i>	121	<i>lisinopril</i>	50	LORBRENA.....	17
<i>levorphanol tartrate</i>	33	<i>lisinopril-hydrochlorothiazide</i>	50	<i>loryna (28)</i>	121
<i>levo-t</i>	96	LITEAIRE MDI CHAMBER	140	LORZONE	31
<i>levothyroxine</i>	96	LITFULO	76	<i>losartan</i>	51
<i>levoxyl</i>	96	<i>lithium carbonate</i>	42	<i>losartan-hydrochlorothiazide</i>	51
LEVSIN.....	97			LOTEMAX.....	131
				LOTEMAX SM.....	132
				LOTENSIN.....	51

LOTENSIN HCT	51	LYNPARZA	18	MAVENCLAD (6 TABLET PACK)	46
<i>loteprednol etabonate</i>	132	LYSODREN	18	MAVENCLAD (7 TABLET PACK)	46
LOTREXONE	36	LYTGOBI	18	MAVENCLAD (8 TABLET PACK)	46
<i>lovastatin</i>	58	LYUMJEV KWIKPEN U-100 INSULIN	90	MAVENCLAD (9 TABLET PACK)	46
<i>low-ogestrel (28)</i>	121	LYUMJEV KWIKPEN U-200 INSULIN	90	MAXITROL	130
<i>loxapine succinate</i>	42	LYUMJEV TEMPO PEN(U- 100)INSULN	90	<i>maxi-tuss ac</i>	134
<i>lo-zumandimine (28)</i>	121	LYUMJEV U-100 INSULIN	90	MAXI-TUSS CD	134
<i>lubiprostone</i>	100	<i>lyza</i>	116	MAYZENT	46
<i>ludent fluoride</i>	145	M		MAYZENT STARTER(FOR 1MG MAINT)	47
<i>lugols</i>	69, 143	MACROBID	13	MAYZENT STARTER(FOR 2MG MAINT)	47
<i>luizza</i>	121	<i>magnesium citrate</i>	100	<i>mb caps</i>	142
LUMAKRAS	17	MALARONE	10	<i>meclizine</i>	100
LUMRYZ	42	MALARONE PEDIATRIC ..	10	<i>meclofenamate</i>	36
LUMRYZ STARTER PACK	42	<i>malathion</i>	75	MECOBALAMIN (VITAMIN B12)	146
LUPKYNIS	17	<i>maraviroc</i>	5	MEDISENSE	86
LUPRON DEPOT	18	MAR-COF CG	134	MEDISENSE GLUCOSE KETONE	86
LUPRON DEPOT (3 MONTH)	17	MARINOL	100	MEDROL	81
LUPRON DEPOT (4 MONTH)	18	<i>marlissa (28)</i>	121	MEDROL (PAK)	81
LUPRON DEPOT (6 MONTH)	18	MARNATAL-F	145	<i>medroxyprogesterone</i>	116
<i>lurasidone</i>	42	MARPLAN	42	<i>mefenamic acid</i>	36
<i>lurbiro</i>	36	MATULANE	18	<i>mefloquine</i>	10
<i>lutra (28)</i>	121	<i>matzim la</i>	51	<i>megestrol</i>	18
LUTRATE DEPOT (3 MONTH)	18	MAVENCLAD (10 TABLET PACK)	46	MEKINIST	18
LUXTURNA	127	MAVENCLAD (4 TABLET PACK)	46	MEKTOVI	18
LYBALVI	42	MAVENCLAD (5 TABLET PACK)	46	<i>meleya</i>	116
<i>lyleq</i>	116				
<i>lyllana</i>	116				

<i>meloxicam</i>	36	METHITEST	92	<i>miconazole-3</i>	117
<i>meloxicam submicronized</i>	36	<i>methocarbamol</i>	31	MICROCHAMBER	140
<i>memantine</i>	29	<i>methotrexate sodium</i>	18	<i>microgestin 1.5/30 (21)</i>	121
MEMANTINE	30	<i>methotrexate sodium (pf)</i>	18	<i>microgestin 1/20 (21)</i>	121
<i>memantine-donepezil</i>	30	<i>methoxsalen</i>	64	<i>microgestin fe 1.5/30 (28)</i> ...121	
MENOPUR	92	<i>methscopolamine</i>	97	<i>microgestin fe 1/20 (28)</i>	121
MENOSTAR	116	<i>methsuximide</i>	24	MICROSPACER	140
MENQUADFI (PF).....	109	<i>methyl salicylate</i>	64	<i>midazolam</i>	43
MENVEO A-C-Y-W-135-DIP (PF).....	109	<i>methyl dopa</i>	51	<i>midodrine</i>	76
<i>mepidine</i>	33	<i>methyl dopa-</i> <i>hydrochlorothiazide</i>	51	MIEBO (PF)	127
<i>meprobamate</i>	31	<i>methyl ergonovine</i>	123	<i>mifepristone</i>	92
MEPRON	10	METHYLIN	43	<i>migergot</i>	28
<i>mercaptapurine</i>	18	<i>methylphenidate</i>	43	<i>miglitol</i>	95
<i>merzee</i>	121	<i>methylphenidate hcl</i>	43	<i>miglustat</i>	92
<i>mesalamine</i>	100	<i>methylprednisolone</i>	81	MIGRANAL.....	28
<i>mesalamine with cleansing</i> <i>wipe</i>	100	<i>methyltestosterone</i>	92	<i>mili</i>	121
MESNEX	14	<i>metoclopramide hcl</i>	100	<i>milk of magnesia</i>	100
METADATE CD	42	<i>metolazone</i>	51	<i>milk of magnesia concentrated</i>	100
<i>metaxalone</i>	31	METOPIRONE	76	<i>millipred</i>	81
<i>metformin</i>	94, 95	<i>metoprolol succinate</i>	51	<i>millipred dp</i>	81
<i>methadone</i>	33	<i>metoprolol ta-hydrochlorothiaz</i>	51	<i>mimvey</i>	116
<i>methadose</i>	33	<i>metoprolol tartrate</i>	51	<i>minocycline</i>	13
<i>methamphetamine</i>	43	METROCREAM.....	66	<i>minoxidil</i>	51
<i>methazolamide</i>	129	METROGEL	66	<i>minzoya</i>	121
<i>methenamine hippurate</i>	13	<i>metronidazole</i>	10, 66, 117	MIOCHOL-E.....	126
<i>methenamine mandelate</i>	13	<i>metyrosine</i>	51	<i>miostat</i>	130
<i>methen-sod phos-meth blue-</i> <i>hyos</i>	142	<i>mexiletine</i>	47	<i>mirabegron</i>	141
<i>methimazole</i>	82	MIACALCIN	92	MIRENA	115
		<i>mibelas 24 fe</i>	121	<i>mirtazapine</i>	43

MIRVASO	66	MOXIFLOXACIN- BROMFENAC	127	<i>mynatal</i>	146
<i>misoprostol</i>	104	MOXIFLOXACIN-SOD CHLOR,ISO(PF).....	124	<i>mynatal plus</i>	146
MITIGARE	111	MOZOBIL.....	105	<i>mynatal-z</i>	146
MIUDELLA	115	MRESVIA (PF).....	109	MYOBLOC	109
MKO (MIDAZOLAM- KETAMINE-ONDAN)	43	MS CONTIN	34	MYRBETRIQ.....	141
M-M-R II (PF).....	109	MUGARD	79	MYSOLINE	24
<i>m-natal plus</i>	146	MULTAQ.....	47	N	
MNEXSPIKE 2025-2026 (PF)	109	<i>multi-vitamin with fluoride</i> .	146	NABI-HB	109
<i>modafinil</i>	43	<i>multivit-fluoride (metafolin)</i>	146	<i>nabumetone</i>	36
MODD1 PATIENT WELCOME KIT	88	<i>mupirocin</i>	69	<i>nadolol</i>	51
MODEYSO	18	<i>mupirocin calcium</i>	69	<i>naftifine</i>	70
<i>moexipril</i>	51	<i>mvc-fluoride</i>	146	NAFTIN	70
<i>molindone</i>	43	<i>my choice</i>	121	NALFON.....	37
<i>mometasone</i>	74, 137	<i>my way</i>	121	NALOCET	34
<i>mondoxyne nl</i>	13	MYALEPT.....	92	<i>naloxone</i>	37
<i>mono-lyyah</i>	121	MYCAPSSA	18	NALTREX.....	37
<i>montelukast</i>	137	<i>mycophenolate mofetil</i>	18, 19	<i>naltrexone</i>	37
MORGIDOX 1X 50.....	13	<i>mycophenolate sodium</i>	19	NAMENDA TITRATION PAK	30
MORGIDOX 1X100.....	13	MYDAYIS.....	43	NAMENDA XR	30
<i>morphine</i>	33, 34	MYDCOMBI.....	125	NAMZARIC.....	30
<i>morphine concentrate</i>	33	MYDRIACYL.....	125	NAPRELAN CR	37
MOTOFEN.....	97	MYDRIATIC4(TROP-PROP- PE-KTRLC).....	127	NAPROSYN.....	37
MOUNJARO.....	95	MYFEMBREE	117	<i>naproxen</i>	37
MOVANTIK.....	100	MYFORTIC.....	19	<i>naproxen sodium</i>	37
MOXATAG	12	MYGLUCOHEALTH CONTROL SOLUTION ..	86	<i>naratriptan</i>	28
<i>moxifloxacin</i>	12, 124	MYHIBBIN.....	19	NARCAN	37
MOXIFLOXACIN (PF)-BSS	124	MYLERAN	19	NARDIL	43

<i>nateglinide</i>	95	NESTABS ABC	146	NINJACOF-XG.....	134
<i>natura-lax</i>	100	NESTABS DHA.....	146	NINLARO	19
NAYZILAM.....	24	NESTABS ONE	146	<i>nisoldipine</i>	51
<i>nebivolol</i>	51	<i>neuac</i>	66	<i>nitazoxanide</i>	10
NEBUPENT	10	NEUAC KIT.....	66	<i>nitisinone</i>	76
<i>nebusal</i>	137	NEUPRO	27	<i>nitro-bid</i>	60
NEBUSAL	137	<i>nevirapine</i>	5	NITRO-DUR	60
<i>necon 0.5/35 (28)</i>	121	<i>new day</i>	121	<i>nitrofurantoin</i>	14
NEEVODHA (WITH ALGAL OIL).....	146	<i>newgen</i>	146	<i>nitrofurantoin macrocrystal</i> ..	13
<i>nefazodone</i>	43	NEXAVAR	19	<i>nitrofurantoin monohyd/m-</i> <i>cryst</i>	13
NEFFY	133	NEXLETOL	59	<i>nitroglycerin</i>	60, 101
NEMLUVIO.....	19	NEXLIZET.....	59	NITROLINGUAL	60
<i>neomycin</i>	10	NEXOBRID	75	NITROMIST	60
<i>neomycin-bacitracin-poly-hc</i>	131	NEXPLANON.....	117	NITROSTAT	60
<i>neomycin-bacitracin-</i> <i>polymyxin</i>	124	NGENLA.....	106	<i>nitro-time</i>	61
<i>neomycin-polymyxin b gu</i>	75	<i>niacin</i>	59	NITYR.....	76
<i>neomycin-polymyxin b-</i> <i>dexameth</i>	131	NIACOR.....	59	<i>niva thyroid</i>	96
<i>neomycin-polymyxin-</i> <i>gramicidin</i>	124	<i>nicardipine</i>	51	NIVESTYM	105
<i>neomycin-polymyxin-hc</i> 81, 131		NICODERM CQ	78	<i>nizatidine</i>	104
<i>neo-polycin</i>	124	<i>nicorette</i>	78	<i>nora-be</i>	116
<i>neo-polycin hc</i>	131	NICORETTE.....	78	<i>norelgestromin-ethin.estradiol</i>	117
NEORAL.....	19	<i>nicotine</i>	78	<i>noreth-ethinyl estradiol-iron</i>	121
NEO-SYNALAR	69	<i>nicotine (polacrilex)</i>	78	<i>norethindrone (contraceptive)</i>	117
NEO-SYNALAR KIT.....	69	NICOTROL NS.....	78	<i>norethindrone acetate</i>	117
<i>neo-vital rx</i>	146	<i>nifedipine</i>	51	<i>norethindrone ac-eth estradiol</i>	117, 121
NERLYNX	19	<i>nikki (28)</i>	121	<i>norethindrone-e.estradiol-iron</i>	121
NESTABS	146	NILANDRON	19		
		<i>nilotinib hcl</i>	19		
		<i>nilutamide</i>	19		
		<i>nimodipine</i>	51		

NORGESIC.....	31	NUVESSA.....	117	<i>olmesartan-</i>	
NORGESIC FORTE	31	NUZYRA	13	<i>hydrochlorothiazide</i>	51
<i>norgestimate-ethinyl estradiol</i>		<i>nyamyc</i>	70	<i>olopatadine</i>	79
.....	122	<i>nylia 1/35 (28)</i>	122	OLPRUVA.....	77
NORMLGEL AG	64	<i>nylia 7/7/7 (28)</i>	122	OLUX.....	74
<i>nortrel 0.5/35 (28)</i>	122	NYMALIZE	51	OMECLAMOX-PAK.....	104
<i>nortrel 1/35 (21)</i>	122	<i>nystatin</i>	2, 70	<i>omega-3 acid ethyl esters</i>	59
<i>nortrel 1/35 (28)</i>	122	<i>nystatin-triamcinolone</i>	71	<i>omeprazole</i>	104
<i>nortrel 7/7/7 (28)</i>	122	<i>nystop</i>	71	<i>omeprazole-sodium</i>	
<i>nortriptyline</i>	43	O		<i>bicarbonate</i>	104
NORVIR.....	5	OB COMPLETE	146	OMIDRIA.....	127
NOURIANZ	27	OB COMPLETE ONE	146	OMNIPOD 5 (G6/LIBRE 2	
NOVA MAX PLUS GLUC-		OB COMPLETE PETITE..	146	PLUS).....	88
KETON METER.....	86	OB COMPLETE PREMIER		OMNIPOD 5 G6-G7 INTRO	
NOVAMAX PLUS GLU-KET		.....	146	KT(GEN5).....	88
.....	86	OB COMPLETE WITH DHA		OMNIPOD 5 G6-G7 PODS	
NOVOEIGHT	56	.....	146	(GEN 5).....	88
NOVOPEN ECHO	88	<i>ocella</i>	122	OMNIPOD 5	
NOXAFIL	2	<i>octreotide acetate</i>	19	INTRO(G6/LIBRE2PLUS)	
<i>np thyroid</i>	96	OCUFLOX	124	.....	87
NUBEQA	19	ODEFSEY	5	OMNIPOD DASH INTRO	
NUCALA	137	ODOMZO	19	KIT (GEN 4).....	88
NUCORT.....	74	OFEV.....	137	OMNIPOD DASH PODS	
NUEDEXTA	30	<i>ofloxacin</i>	12, 80, 124	(GEN 4)	88
NULEV	97	OGSIVEO	19	OMNITROPE.....	106
NULIBRY	30	OJEMDA.....	19	OMVOH	101
NUMBRINO	69	<i>olanzapine</i>	43	OMVOH PEN	101
NUPLAZID.....	43	<i>olanzapine-fluoxetine</i>	43	ON CALL EXPRESS	
NURTEC ODT	28	<i>olmesartan</i>	51	CONTROL	86
NUVAXOVID 2025-2026 (PF)		<i>olmesartan-amlodipin-</i>		<i>ondansetron</i>	101
.....	109	<i>hcthiazid</i>	51	<i>ondansetron hcl</i>	101
				<i>onelix magnesium citrate</i> ...	101
				ONETOUCH ULTRA	
				CONTROL	86

ONETOUCH VERIO MID CONTROL.....	86	ORKAMBI.....	137	<i>oxycodone-acetaminophen</i> ...	34
ONEXTON.....	66	ORLADEYO.....	137	OXYCONTIN.....	34
ONGENTYS.....	27	<i>ormalvi</i>	30	<i>oxymorphone</i>	34
<i>opcicon one-step</i>	122	<i>orphenadrine citrate</i>	31	OXYTROL.....	141
OPFOLDA.....	92	<i>orphenadrine-asa-caffeine</i> ...	31	OZEMPIC.....	95
OPILL.....	117	<i>orphengesic forte</i>	31	OZURDEX.....	132
<i>opium tincture</i>	97	<i>orquidea</i>	117	P	
OPSUMIT.....	137	ORSERDU.....	19	<i>pacerone</i>	47
OPSYNVI.....	137	<i>oscimin</i>	97	PACNEX.....	66
OPTICHAMBER DIAMOND VHC.....	140	<i>oscimin sl</i>	97	<i>paliperidone</i>	43
<i>option-2</i>	122	<i>oseltamivir</i>	5	<i>palonosetron</i>	101
OPVEE.....	37	OSENI.....	95	PALYNZIQ.....	92
OPZELURA.....	64	OSPHENA.....	118	PAMELOR.....	44
ORACIT.....	142	OTEZLA.....	113	PANCREAZE.....	101
<i>oral saline laxative</i>	101	OTEZLA STARTER.....	113	PANDEL.....	74
<i>oralone</i>	79	OTOVEL.....	81	PANRETIN.....	64
ORAMAGICRX.....	79	OVACE.....	61	<i>pantoprazole</i>	104
ORAPRED ODT.....	81	OVACE PLUS.....	61	PARAGARD T 380A.....	115
ORAVIG.....	2	OVACE PLUS SHAMPOO.....	61	<i>paricalcitol</i>	92
ORENITRAM.....	52	OVACE PLUS WASH.....	61	PARNATE.....	44
ORENITRAM MONTH 1 TITRATION KT.....	52	OVIDE.....	75	<i>paroex oral rinse</i>	79
ORENITRAM MONTH 2 TITRATION KT.....	52	OVIDREL.....	92	<i>paroxetine hcl</i>	44
ORENITRAM MONTH 3 TITRATION KT.....	52	<i>oxaprozin</i>	37	<i>paroxetine</i> <i>mesylate(menop.sym)</i>	44
ORFADIN.....	77	<i>oxazepam</i>	43	PAVBLU.....	127
ORGOVYX.....	19	<i>oxcarbazepine</i>	24	PAXIL.....	44
ORIAHNN.....	118	OXERVATE.....	127	PAXIL CR.....	44
ORLISSA.....	92	<i>oxiconazole</i>	71	PAXLOVID.....	5
		OXTELLAR XR.....	24	<i>pazopanib</i>	19
		<i>oxybutynin chloride</i>	141	PEDIARIX (PF).....	109
		<i>oxycodone</i>	34		

PEDVAX HIB (PF)	109	<i>phenobarbital</i>	24, 25	<i>pitavastatin calcium</i>	59
<i>peg 3350-electrolytes</i>	101	<i>phenohydro</i>	97	PLAN B ONE-STEP	122
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	101	<i>phenoxybenzamine</i>	52	PLEGRIDY	47
PEGASYS	106	<i>phenylephrine hcl</i>	133	<i>plerixafor</i>	105
<i>peg-electrolyte soln</i>	101	<i>phenyleph-tropicamide in</i> <i>water</i>	125	PLEXION	66
PEMAZYRE	19	PHENYTEK.....	25	PLEXION CLEANSING CLOTHS.....	66
PENBRAYA (PF)	109	<i>phenytoin</i>	25	PLEXION NS.....	61
<i>penciclovir</i>	71	<i>phenytoin sodium extended</i> ..	25	PNEUMOVAX-23.....	109
<i>penicillamine</i>	113	<i>philith</i>	122	<i>pnv-dha</i>	146
<i>penicillin v potassium</i>	12	<i>phosphate laxative</i>	101	<i>pnv-omega</i>	146
PENMENVY MEN A-B-C-W- Y (PF).....	109	PHOSPHOLINE IODIDE..	125	<i>pnv-select</i>	146
PENTACEL (PF).....	109	PHOTREXA CROSS- LINKING KIT.....	127	POCKET CHAMBER.....	140
<i>pentamidine</i>	10	<i>phytonadione (vitamin k1)</i> ...	56, 57	<i>podofilox</i>	64
PENTASA	101	PHYTONADIONE (VITAMIN K1).....	56	<i>polycin</i>	124
<i>pentazocine-naloxone</i>	37	PIFELTRO.....	5	<i>polyethylene glycol 3350</i>	101
<i>pentoxifylline</i>	56	<i>pilocarpine hcl</i>	80, 126	<i>polymyxin b sulf-trimethoprim</i>	124
PEPCID.....	104	<i>pimecrolimus</i>	64	POLY-TUSSIN AC	134
<i>perampanel</i>	24	<i>pimozide</i>	44	POMALYST	19
PERIDEX	79	<i>pimtrea (28)</i>	122	<i>portia 28</i>	122
<i>perindopril erbumine</i>	52	<i>pindolol</i>	52	<i>posaconazole</i>	2
<i>periogard</i>	79	<i>pioglitazone</i>	95	<i>potassium chloride</i>	143, 144
<i>permethrin</i>	75	<i>pioglitazone-glimepiride</i>	95	POTASSIUM CHLORIDE.....	144
<i>perphenazine</i>	44	<i>pioglitazone-metformin</i>	95	<i>potassium citrate</i>	142
<i>perphenazine-amitriptyline</i> ..	44	PIP GLUCOSE CONTROL SOLN L1-L2	86	<i>potassium iodide</i>	82
PHEBURANE.....	77	PIQRAY	19	<i>povidone-iodine</i>	124
<i>phenazopyridine</i>	143	<i>pirfenidone</i>	137	<i>powderlax</i>	101
<i>phenelzine</i>	44	<i>piroxicam</i>	37	PR BENZOYL PEROXIDE.....	67
<i>phenobarb-hyoscy-atropine-</i> <i>scop</i>	97			<i>pr natal 400</i>	146
				<i>pr natal 400 ec</i>	146

<i>pr natal 430</i>	147	PREDNISOLONE- MOXIFLOXACIN HCL	131	<i>prenatal-u</i>	147
<i>pr natal 430 ec</i>	147	PREDNISOLONE- MOXIFLOX-BROMFEN	..... 128	PRENATE AM	147
<i>pramipexole</i>	27	PREDNISOLON- MOXIFLOX-KETOROLAC	..... 128	PRENATE CHEWABLE....	147
PRAMOSONE	61	<i>prednisone</i>	82	PRENATE DHA (FERR ASP GLYCIN).....	147
<i>prasugrel hcl</i>	57	<i>prednisone intensol</i>	82	PRENATE ELITE (IRON ASP GLYC)	147
<i>pravastatin</i>	59	<i>pregabalin</i>	25	PRENATE ENHANCE	147
<i>praziquantel</i>	10	PREGNYL.....	93	PRENATE ESSENTIAL(IRON-ASP- GL)	147
<i>prazosin</i>	52	PREMARIN	117	PRENATE MINI (FERR ASP GLYCIN).....	147
PRECISION XTRA KETONE- GLUCOSE	86	PRENATA	147	PRENATE PIXIE	147
PRECISION XTRA MONITOR	86	<i>prenatabs fa</i>	147	PRENATE RESTORE.....	148
PRECISION XTRA TEST ..	86	<i>prenatabs rx</i>	147	PRENATE STAR.....	148
PRECOSE	95	<i>prenatal</i>	147	PREPIDIL.....	118
PRED FORTE	132	<i>prenatal complete</i>	147	PRESTALIA.....	52
<i>prednicarbate</i>	74	<i>prenatal multi-dha (algal oil)</i>	147	PRETOMANID.....	10
<i>prednisoln sp-moxiflox- bromfen</i>	127	<i>prenatal multivitamins</i>	147	<i>prevalite</i>	59
<i>prednisolone</i>	81	<i>prenatal one daily</i>	147	PREVIDENT	80
<i>prednisolone acetate</i>	132	<i>prenatal plus</i>	147	PREVIDENT 5000 BOOSTER PLUS	80
PREDNISOLONE ACETATE (PF).....	132	<i>prenatal plus (calcium carb)</i>	147	PREVIDENT 5000 ENAMEL PROTECT	80
PREDNISOLONE ACETATE- BROMFENAC	128	PRENATAL PLUS DHA....	147	PREVIDENT 5000 ORTHO DEFENSE.....	80
<i>prednisolone sod ph-bromfenac</i>	128	PRENATAL PLUS VITAMIN- MINERAL.....	147	PREVIDENT 5000 PLUS	80
PREDNISOLONE SOD PH- MOXIFLOX.....	131	<i>prenatal vit no.179-iron-folic</i>	147	PREVIDENT 5000 SENSITIVE.....	80
<i>prednisolone sodium phosphate</i>	82, 132	<i>prenatal vitamin</i>	147	PREVIDENT KIDS.....	80
PREDNISOLONE- MOXIFLO-NEPAFENAC	128	<i>prenatal vitamin with minerals</i>	147	PREVNAR 20 (PF)	110
				PREVYMIS.....	5

PREZISTA	5	PROLEUKIN	105	PYRIDOSTIGMINE	
PRIFTIN.....	10	PROMACTA	57	BROMIDE.....	31
PRIMACARE.....	148	<i>promethazine</i>	133, 134	<i>pyrimethamine</i>	10
<i>primaquine</i>	10	<i>promethazine-codeine</i>	134	PYRUKYND.....	77
PRIMEAIRE	140	<i>promethazine-dm</i>	134	Q	
<i>primidone</i>	25	<i>promethazine-phenylephrine</i>		QELBREE	44
PRIMSOL.....	14	.....	134	QUADRACEL (PF)	110
PRIORIX (PF).....	110	<i>promethegán</i>	134	QUESTRAN.....	59
<i>probenecid</i>	111	PROMETRIUM	117	QUESTRAN LIGHT.....	59
<i>probenecid-colchicine</i>	111	<i>propafenone</i>	47	<i>quetiapine</i>	44
PROCARDIA XL.....	52	<i>proparacaine</i>	128	<i>quinapril</i>	52
<i>procentra</i>	44	<i>propranolol</i>	52	<i>quinapril-hydrochlorothiazide</i>	
PROCHAMBER	141	<i>propranolol-</i>		.....	52
<i>prochlorperazine</i>	102	<i>hydrochlorothiazid</i>	52	<i>quinidine gluconate</i>	47
<i>prochlorperazine maleate</i> ...	102	<i>propylthiouracil</i>	82	<i>quinidine sulfate</i>	47
PROCORT.....	102	PROQUAD (PF).....	110	<i>quinine sulfate</i>	10
PROCRIT	105	PROSCAR.....	142	<i>quit 2</i>	78
PROCTOCORT.....	74, 102	PROTHELIAL	80	<i>quit 4</i>	78
<i>procto-med hc</i>	102	<i>protriptyline</i>	44	QULIPTA	28
<i>proctosol hc</i>	102	PROVERA	117	QUVIVIQ.....	44
<i>proctozone-hc</i>	102	PROVIDA OB.....	148	QVAR REDIHALER.....	138
PRODIGY CONTROL		<i>prucalopride</i>	102	R	
SOLUTION, LOW.....	86	<i>pruradik</i>	75	RABAVERT (PF)	110
PRODIGY CONTROL		<i>pulmosal</i>	137	<i>rabeprazole</i>	105
SOLUTION,HIGH.....	86	PULMOZYME.....	138	RADICAVA ORS STARTER	
<i>progesterone micronized</i>	117	<i>purelax</i>	102	KIT SUSP	30
PROGLYCEM.....	87	<i>purevita folic acid</i>	148	RADIOGARDASE.....	77
PROGRAF	19	PURIXAN	20	<i>raloxifene</i>	112
PROLASTIN-C.....	77	<i>pyquvi</i>	82	<i>ramelteon</i>	44
<i>prolate</i>	34	<i>pyrazinamide</i>	10	<i>ramipril</i>	52
PROLENSA	129	<i>pyridostigmine bromide</i>	31	<i>ranolazine</i>	60

<i>rasagiline</i>	27	RESTORIL.....	44	RISPERDAL	44
RASUVO (PF)	114	RETACRIT.....	105	<i>risperidone</i>	44
RAYALDEE	93	RETEVMO.....	20	RITEFLO AEROCHAMBER	
RAYOS.....	82	RETIN-A	67	.....	141
REBIF (WITH ALBUMIN).47		RETIN-A MICRO PUMP ...	67	<i>ritonavir</i>	6
REBIF REBIDOSE.....	47	RETISERT.....	132	<i>rivaroxaban</i>	57
REBIF TITRATION PACK .47		RETROVIR.....	5	<i>rivastigmine</i>	30
REBYOTA	102	REVATIO	138	<i>rivastigmine tartrate</i>	30
<i>reclipsen (28)</i>	122	REVLIMID	20	<i>rivelsa</i>	122
RECOMBIVAX HB (PF)...	110	REVUFORJ.....	20	<i>rizatriptan</i>	28
RECTIV	102	REXTOVY.....	37	R-NATAL OB	148
REFUAH PLUS GLUCOSE		REXULTI	44	ROBINUL	97
CONTROL.....	86	REYATAZ.....	5, 6	ROBINUL FORTE	97
REGLAN.....	102	REYVOW	28	ROCALTROL	93
RELAGARD.....	118	REZDIFFRA	77	ROCKLATAN	130
RELENZA DISKHALER	5	REZUROCK	20	<i>roflumilast</i>	138
RELISTOR.....	102	RHOFADE	67	ROMVIMZA.....	20
REMERON	44	RHOPRESSA.....	130	<i>ropinirole</i>	27
REMERON SOLTAB	44	<i>ribavirin</i>	6	<i>rosadan</i>	67
RENACIDIN.....	142	RIDAURA.....	114	ROSADAN.....	67
<i>rena-vite</i>	148	<i>rifabutin</i>	10	ROSULA	67
<i>renthyroid</i>	96	<i>rifampin</i>	10	<i>rosula cleansing cloths</i>	67
RENVELA	144	RIGHTEST CONTROL		<i>rosuvastatin</i>	59
<i>repaglinide</i>	95	SOLUTION HIGH.....	87	<i>rosyrah</i>	122
REPATHA PUSHTRONEX .59		<i>riluzole</i>	77	ROSZET	59
REPATHA SURECLICK	59	<i>rimantadine</i>	6	ROTARIX.....	110
REPATHA SYRINGE	59	RINVOQ	114	ROTATEQ VACCINE	110
RESPA-AR.....	135	RINVOQ LQ	114	ROWASA	102
RESTASIS.....	128	RIOMET.....	95	<i>roweepra</i>	25
RESTASIS MULTIDOSE..	128	<i>risedronate</i>	77, 112	ROXICODONE.....	34

ROZLYTREK	20	SELECT-OB (FOLIC ACID)	148	<i>silver sulfadiazine</i>	63
RUCONEST	138	SELECT-OB + DHA	148	SIMBRINZA	130
<i>rufinamide</i>	25	<i>selegiline hcl</i>	27	SIMLANDI(CF)	114
RYALTRIS	138	<i>selenium sulfide</i>	61	SIMLANDI(CF) AUTOINJECTOR	114
RYBELSUS.....	95	SELZENTRY	6	<i>simliya (28)</i>	122
RYCLORA	134	SEMGLEE(INSULIN GLARGINE-YFGN).....	90	<i>simpesse</i>	122
RYDAPT	20	SEMGLEE(INSULIN GLARG-YFGN)PEN	90	SIMPLERA SENSOR	87
RYTARY	27	<i>se-natal 19</i>	148	SIMPLERA SYNC SENSOR	87
RYVENT	134	<i>se-natal 19 chewable</i>	148	SIMPONI.....	114
S		SEROSTIM	106	SIMPONI ARIA	114
<i>sacubitril-valsartan</i>	60	<i>sertraline</i>	45	<i>simvastatin</i>	59
<i>sajazir</i>	138	<i>setlakin</i>	122	SINEMET	27
SALAGEN (PILOCARPINE)	80	<i>sevelamer carbonate</i>	144	SINUVA.....	138
<i>salsalate</i>	37	<i>sevelamer hcl</i>	144	<i>sirolimus</i>	20
SANCUSO	102	SEVENFACT	57	SIRTURO	10
SANDIMMUNE	20	SEYSARA.....	13	SKYCLARYS.....	30
SANDOSTATIN.....	20	<i>sf 80</i>		SKYLA.....	115
SANTYL	75	<i>sf 5000 plus</i>	80	SKYRIZI	61, 62, 102
<i>sapropterin</i>	93	SFROWASA.....	102	SMARTEST CONTROL.....	87
SAVELLA	114	<i>sharobel</i>	117	<i>smoothlax</i>	102
<i>saxagliptin</i>	95	SHINGRIX (PF).....	110	<i>sodium chloride</i>	77, 138
<i>saxagliptin-metformin</i>	95	SIGNIFOR.....	20	<i>sodium chloride 0.9 %</i>	77
<i>scalacort</i>	74	<i>sildenafil</i>	142	<i>sodium citrate-citric acid</i> ...	142
SCALACORT DK.....	74	<i>sildenafil (pulm.hypertension)</i>	138	<i>sodium fluoride 5000 plus</i>	80
SCSEMBLIX.....	20	SILENOR	45	<i>sodium fluoride-pot nitrate</i> ...	80
<i>scopolamine base</i>	102	<i>silodosin</i>	142	SODIUM OXYBATE.....	45
SECUADO	45	SILVADENE	63	<i>sodium phenylbutyrate</i>	77
SELARSDI.....	61			<i>sodium polystyrene sulfonate</i>	144
SELECT-OB.....	148				

<i>sodium,potassium,mag sulfates</i>	102	<i>spironolactone</i>	52	SUCRAID.....	102
SOHONOS.....	77	<i>spironolacton-hydrochlorothiaz</i>	52	<i>sucralfate</i>	105
<i>solifenacin</i>	141	SPORANOX	2	SULAR.....	52
SOLQUA 100/33	90	<i>sprintec (28)</i>	122	<i>sulfacetamide sodium</i> ...	62, 132
SOLOSEC	10	SPRITAM.....	25	<i>sulfacetamide sodium (acne)</i>	69
SOLTAMOX	20	SPRIX.....	37	<i>sulfacetamide sodium-sulfur</i> .	67
SOLUS V2 CONTROL SOLUTION,HIGH.....	87	<i>sps (with sorbitol)</i>	144	<i>sulfacetamide-prednisolone</i>	132
<i>soluvita</i>	148	<i>sronyx</i>	122	<i>sulfacleanse 8-4</i>	67
<i>soluvita a,c,d with fluoride</i> .	148	<i>ssd</i>	63	<i>sulfadiazine</i>	12
SOMA	31	SSKI	82	<i>sulfamethoxazole-trimethoprim</i>	12
SOMATULINE DEPOT	20	<i>sss 10-5</i>	67	SULFAMYLON	69
SOMAVERT.....	93	<i>st joseph aspirin</i>	37	<i>sulfasalazine</i>	102
SOOLANTRA.....	67	<i>st. joseph aspirin</i>	37	<i>sulfatrim</i>	12
<i>sorafenib</i>	20	STAMARIL (PF).....	110	<i>sulindac</i>	37
SORBITOL	75	STELARA	62	SUMADAN.....	67
SORBITOL-MANNITOL....	75	STIOLTO RESPIMAT	138	SUMADAN XLT	68
<i>sotalol</i>	48	STIVARGA	20	<i>sumatriptan</i>	28
<i>sotalol af</i>	47	<i>stop smoking aid</i>	78	<i>sumatriptan succinate</i>	28
SOTYKTU	62	STRENSIQ.....	93	SUMAXIN	68
SOTYLIZE.....	48	<i>stress formula with iron</i>	148	SUMAXIN CP.....	68
SPACE CHAMBER	141	<i>stress formula with iron(sulf)</i>	148	SUMAXIN TS	68
SPEVIGO	62	STRIVERDI RESPIMAT..	138	<i>sunitinib malate</i>	20
SPIKEVAX 2025-2026(12Y UP)(PF)	110	STROMECTOL	10	SUNLENCA.....	6
SPIKEVAX 2025-26 (6M- 11Y) (PF).....	110	<i>strong iodine</i>	69, 144	SUNOSI.....	45
<i>spinosad</i>	75	SUBLOCADE.....	34	<i>super b-50 complex</i>	148
SPIRIVA RESPIMAT.....	138	<i>subvenite</i>	25	<i>super quints</i>	148
SPIRIVA WITH HANDIHALER.....	138	<i>subvenite starter (blue) kit</i>	25	SUPPRELIN LA	20
		<i>subvenite starter (green) kit</i> ..	25	SUTENT	20
		<i>subvenite starter (orange) kit</i> 25		<i>syeda</i>	122

SYMAX DUOTAB	97	TAKE ACTION	122	TEGRETOL XR	25
<i>symax fastabs</i>	97	TAKHZYRO	138	TELCARE CONTROL	87
<i>symax-sl</i>	97	TALICIA	105	<i>telmisartan</i>	53
<i>symax-sr</i>	97	TALTZ AUTOINJECTOR ...	62	<i>telmisartan-amlodipine</i>	53
SYMBICORT	138	TALTZ AUTOINJECTOR (2		<i>telmisartan-hydrochlorothiazid</i>	
SYMDEKO	138	PACK)	62	.....	53
SYMFL	6	TALTZ AUTOINJECTOR (3		<i>temazepam</i>	45
SYMPAZAN	25	PACK)	62	TEMBEXA	6
SYMPROIC	102	TALTZ SYRINGE	62	<i>temozolomide</i>	21
SYMTUZA	6	TALZENNA	20	<i>tencon</i>	34
SYNAGIS	6	TAMIFLU	6	TENIVAC (PF)	110
SYNALAR	74	<i>tamoxifen</i>	20	<i>tenofovir disoproxil fumarate</i> .	6
SYNALAR CREAM KIT ...	74	<i>tamsulosin</i>	142	TENORETIC 100	53
SYNALAR OINTMENT KIT		<i>tanlor</i>	31	TENORETIC 50	53
.....	74	TAPERDEX	82	TENORMIN	53
SYNALAR TS	74	TARGADOX	13	<i>terazosin</i>	53
SYNAREL	93	TARGRETIN	21	<i>terbinafine hcl</i>	2
SYNDROS	102	<i>tarina 24 fe</i>	122	<i>terbutaline</i>	138
SYNJARDY	95	<i>tarina fe 1/20 (28)</i>	122	<i>terconazole</i>	118
SYNJARDY XR	95	<i>taron-c dha</i>	148	<i>teriflunomide</i>	47
SYPRINE	77	TARPEYO	82	<i>teriparatide</i>	112
T		TASIGNA	21	TERSIFOAM	62
TABLOID	20	<i>tasimelteon</i>	45	TESTOPEL	93
TABRECTA	20	TASMAR	27	<i>testosterone</i>	93
<i>tacrolimus</i>	20, 64	<i>tavaborole</i>	71	TESTOSTERONE	93
<i>tadalafil</i>	142	TAVALISSE	57	<i>testosterone cypionate</i>	93
<i>tadalafil (pulm. hypertension)</i>		TAVNEOS	77	<i>testosterone enanthate</i>	93
.....	138	<i>tazarotene</i>	68	<i>tetrabenazine</i>	30
TAFINLAR	20	TAZVERIK	21	<i>tetracaine hcl</i>	128
<i>tafluprost (pf)</i>	130	TEGLUTIK	77	TETRACAINE HCL (PF) ..	128
TAGRISSO	20	TEGRETOL	25		

<i>tetracycline</i>	13	TIMOLOL-DORZOLAM- BIMATOPRO(PF).....	130	TOSYMRA.....	28
TEXACORT	74	TIMOLOL-DORZOLAMIDE- BIMATOPROS.....	130	TOUJEO MAX U-300 SOLOSTAR.....	90
TEZSPIRE.....	139	<i>tinidazole</i>	10	TOUJEO SOLOSTAR U-300 INSULIN	91
THALOMID.....	21	<i>tiopronin</i>	77	<i>tovet emollient</i>	74
THEO-24.....	139	<i>tiotropium bromide</i>	139	TRACLEER	139
<i>theophylline</i>	139	TIVICAY	6	<i>tramadol</i>	38
THIOLA EC	77	TIVICAY PD	6	<i>tramadol-acetaminophen</i>	38
<i>thioridazine</i>	45	<i>tizanidine</i>	31	<i>trandolapril</i>	53
<i>thiothixene</i>	45	TOBI PODHALER	11	<i>trandolapril-verapamil</i>	53
THRIVITE RX.....	148	TOBRADEX	131	<i>tranexamic acid</i>	118
<i>thyroid (pork)</i>	96	<i>tobramycin</i>	11, 124	<i>tranylcypromine</i>	45
<i>tiadylt er</i>	53	<i>tobramycin in 0.225 % nacl</i> .	11	<i>travoprost</i>	130
<i>tiagabine</i>	25	TOBRAMYCIN WITH NEBULIZER.....	11	<i>trazodone</i>	45
TIAZAC	53	<i>tobramycin-dexamethasone</i>	131	TRELEGY ELLIPTA	139
TIBSOVO.....	21	TOBRAMYCIN- VANCOMYCIN.....	124	TREMFYA	62
<i>ticagrelor</i>	57	TOBREX	124	TREMFYA ONE-PRESS	62
TICOVAC.....	110	<i>tolcapone</i>	27	TREMFYA PEN	62
TIGLUTIK	77	TOLECTIN 600	37	TREMFYA PEN INDUCTION PK-CROHN.....	62
<i>tilia fe</i>	122	<i>tolmetin</i>	37	TRESIBA FLEXTOUCH U- 100	91
TIMOL-BRIMON-DORZOL- BIMATO(PF)	130	<i>tolterodine</i>	141	TRESIBA FLEXTOUCH U- 200	91
<i>timolol</i>	125	<i>tolvaptan</i>	93	TRESIBA U-100 INSULIN .	91
<i>timolol maleate</i>	53, 125	<i>tolvaptan (polycys kidney dis)</i>	93	<i>tretinoin</i>	68
<i>timolol maleate (pf)</i>	125	TOPICORT.....	74	<i>tretinoin (antineoplastic)</i>	21
TIMOLOL-BIMATOPROST	130	<i>topiramate</i>	25	<i>tretinoin microspheres</i>	68
TIMOLOL-BRIMON- DORZOL-BIMATOP	130	<i>toremifene</i>	21	TRETTEN	57
TIMOLOL-BRIMONIDI- DORZOLAM(PF).....	130	<i>torpenz</i>	21	TREXALL	21
TIMOLOL-BRIMONIDINE- DORZOLAMID	130	<i>torse mide</i>	53	TREZIX.....	34

<i>triamcinolone acetonide</i> .74, 80	<i>trinate</i> 148	<i>turqoz (28)</i> 123
<i>triamterene</i> 53	TRINTELLIX..... 45	TUXARIN ER..... 135
<i>triamterene-hydrochlorothiazid</i> 53	TRIPTODUR..... 21	TWIIST STARTER KIT 88
<i>triazolam</i> 45	<i>tri-sprintec (28)</i> 122	TWINRIX (PF)..... 110
TRICARE..... 148	TRISTART DHA..... 148	TWYNEO..... 68
<i>tricon</i> 148	TRIUMEQ..... 6	TYBOST..... 6
<i>triderm</i> 74	TRIUMEQ PD..... 6	TYENNE 114
<i>trientine</i> 77	<i>tri-vitamin with fluoride</i> 148	TYENNE AUTOINJECTOR 114
TRIESENCE (PF)..... 82	<i>tri-vylibra</i> 123	TYMLOS..... 112
<i>tri-estarylla</i> 122	<i>tri-vylibra lo</i> 123	TYPHIM VI..... 110, 111
TRIFERIC 148	TROKENDI XR..... 25	TYRVAYA 128
<i>trifluoperazine</i> 45	<i>tropicamide</i> 126	TYVASO 139
<i>trifluridine</i> 124	<i>trospium</i> 141	TYVASO DPI 139
<i>trihexyphenidyl</i> 27	TRUE METRIX AIR GLUCOSE METER..... 87	TYVASO REFILL KIT 139
TRIJARDY XR..... 95	TRUE METRIX GLUCOSE METER 87	TYVASO STARTER KIT... 139
TRIKAFTA 139	TRUE METRIX GO GLUCOSE METER..... 87	U
<i>tri-legest fe</i> 122	TRUE METRIX LEVEL 1... 87	UBRELVY..... 28
<i>tri-linyah</i> 122	TRULANCE..... 102	UCERIS..... 102, 103
<i>tri-lo-estarylla</i> 122	TRULICITY..... 95	ULESFIA..... 75
<i>tri-lo-marzia</i> 122	TRUMENBA..... 110	UNISTRIP LOW CONTROL 87
<i>tri-lo-mili</i> 122	TRUQAP 21	<i>unithroid</i> 96
<i>tri-lo-sprintec</i> 122	TRUSTEX-RIA NON-LUB CONDOMS 115	UPTRAVI 53
<i>trimethobenzamide</i> 102	TRYNGOLZA..... 59	URELLE..... 142
<i>trimethoprim</i> 14	TRYPTYR 128	<i>uretron d-s</i> 142
<i>tri-mili</i> 122	TUKYSA..... 21	URIBEL TABS 142
<i>trimipramine</i> 45	<i>tulana</i> 117	<i>urimar-t</i> 143
TRI-MIX (PAPAVRN- PHNTLMN-PGE1) 142	TURALIO 21	UROCIT-K 10 143
TRIMO-SAN JELLY 118		UROCIT-K 15 143
<i>trinatal rx 1</i> 148		<i>urogesic-blue</i> 143

<i>uro-mp</i>	143	VASCEPA.....	59	VFEND.....	2
UROQID-ACID NO.2	143	VASERETIC	53	V-GO 20	89
<i>uro-sp</i>	143	VASOTEC	53	V-GO 30	89
URSO FORTE.....	103	VAXCHORA VACCINE....	111	V-GO 40	89
<i>ursodiol</i>	103	VAXELIS (PF)	111	VIBERZI	103
<i>uryl</i>	143	VAXNEUVANCE (PF)	111	<i>vienna</i>	123
USTEKINUMAB-TTWE	62	VCF CONTRACEPTIVE		<i>vigabatrin</i>	26
V		FILM	118	<i>vigadrone</i>	26
<i>valacyclovir</i>	6	VCF CONTRACEPTIVE GEL		VIGAMOX.....	124
VALCHLOR.....	64	.....	118	VIJOICE	21
VALCYTE.....	6	VECAMYL	60	<i>vilazodone</i>	45
<i>valganciclovir</i>	6	VECTICAL	62	VIMKUNYA	111
<i>valproic acid</i>	26	<i>velivet triphasic regimen (28)</i>		VIOKACE	103
<i>valproic acid (as sodium salt)</i>		.....	123	<i>viorele (28)</i>	123
.....	26	VELPHORO.....	144	VIRACEPT.....	6
<i>valsartan</i>	53	VELSIPITY	103	VIREAD	6
<i>valsartan-hydrochlorothiazide</i>		VELTASSA	144	VISTOGARD	14
.....	53	VEMLIDY.....	6	VITAFOL FE PLUS	148
VALTOCO.....	26	VENCLEXTA	21	VITAFOL GUMMIES.....	148
<i>valtya</i>	123	VENCLEXTA STARTING		VITAFOL ULTRA.....	148
<i>vanadom</i>	31	PACK.....	21	VITAFOL-OB	148
VANCOGIN	14	<i>venlafaxine</i>	45	VITAFOL-OB+DHA.....	149
<i>vancomycin</i>	14	VENTAVIS.....	139	VITAFOL-ONE.....	149
<i>vandazole</i>	118	<i>venxxiva</i>	77	VITAMEDMD ONE RX....	149
VANOXIDE-HC	68	VEOZAH.....	118	<i>vitamin b complex-folic acid</i>	
VANRAFIA.....	60	<i>verapamil</i>	53	.....	149
VAQTA (PF).....	111	VERQUVO	60	<i>vitamin d3</i>	149
<i>varenicline tartrate</i>	78	VERSACLOZ	45	<i>vitamin k</i>	57
VARIVAX (PF)	111	VERZENIO	21	<i>vitamin k1</i>	57
VARIZIG.....	111	<i>vestura (28)</i>	123	<i>vitamins a,c,d and fluoride</i> .	149
VARUBI.....	103	VEVYE	128		

VITRAKVI.....	21	<i>vylibra</i>	123	<i>xarah fe</i>	123
VIVAGUARD INO CTRL SOLN-L1,2,3.....	87	VYNDAMAX	60	XARELTO	57
VIVITROL	38	VYNDAQEL.....	60	XARELTO DVT-PE TREAT 30D START	57
VIVJOA	2	VYVANSE	45	XCOPRI	26
VIVOTIF	111	VYVGART HYTRULO.....	31	XCOPRI MAINTENANCE PACK.....	26
VIZIMPRO.....	21	W		XCOPRI TITRATION PACK	26
VOGELXO.....	93	WAKIX.....	45	XDEMVY.....	128
<i>volnea (28)</i>	123	<i>wal-zyr (ketotifen)</i>	128	XELJANZ.....	114
VONJO.....	21	<i>warfarin</i>	57	XELJANZ XR.....	114
VONVENDI.....	57	<i>water for irrigation, sterile</i> ...	78	XELODA.....	21
VOQUEZNA.....	105	WELIREG	21	<i>xelria fe</i>	123
VOQUEZNA DUAL PAK .	105	<i>wera (28)</i>	123	XEMBIFY	111
VOQUEZNA TRIPLE PAK	105	<i>wescap-pn dha</i>	149	XENLETA	11
VORANIGO.....	21	<i>wesnatal dha complete</i>	149	XEPI	69
<i>voriconazole</i>	3	<i>wesnate dha</i>	149	XERMELO.....	21
VORTEX HOLDING CHAMBER.....	141	<i>westab plus</i>	149	XGEVA.....	14
VOSEVI	7	<i>westgel dha</i>	149	XHANCE	140
VOTRIENT.....	21	WIDE-SEAL DIAPHRAGM	115	XIFAXAN	11
VOWST.....	103	WILATE	57	XIGDUO XR.....	95
VOXZOGO	93	WINREVAIR.....	139	XIIDRA	128
VOYDEYA.....	77	<i>wintergreen oil</i>	64	XIPERE (PF).....	82
VRAYLAR.....	45	<i>wixela inhub</i>	139	XOFLUZA	7
VTAMA	62	<i>women's gentle laxative(bisac)</i>	103	XOLAIR	140
VUMERITY	47	<i>wymzya fe</i>	123	XOLREMDI	105
<i>vyfemla (28)</i>	123	WYNZORA.....	62	XOSPATA	21
VYJUVEK	64	X		XTANDI	22
VYKAT XR.....	77	XACIATO	118	<i>xulane</i>	118
VYLEESI	45	XALKORI	21	XULTOPHY 100/3.6.....	91
		XARACOLL	69		

XURIDEN.....	78	ZCORT	82	ZITHROMAX Z-PAK.....	9
XYNTHA	57	ZELBORAF	22	ZOKINVY	78
XYNTHA SOLOFUSE.....	57	<i>zelvysia</i>	94	ZOLINZA.....	22
XYOSTED	93	ZEMBRACE SYMTOUCH.	28	<i>zolmitriptan</i>	28
XYWAV	45	ZEMPLAR	94	ZOLMITRIPTAN	28
Y		<i>zenatane</i>	68	<i>zolpidem</i>	46
YAZ (28)	123	ZENPEP	103	ZOMIG	28, 29
YCANTH	64	<i>zenzedi</i>	45	ZONALON.....	64
YESINTEK	62	ZENZEDI	46	<i>zonisamide</i>	26
YEZTUGO	7	ZEPATIER.....	7	ZONTIVITY.....	57
YF-VAX (PF)	111	ZEPOSIA.....	30	ZORTRESS	22
YONSA	22	ZEPOSIA STARTER KIT (28- DAY)	30	ZORYVE	63
YORVIPATH.....	93	ZEPOSIA STARTER PACK (7-DAY).....	30	<i>zovia 1-35 (28)</i>	123
YUPELRI.....	140	ZERVIATE	128	ZOVIRAX	71
YUTIQ	132	ZESTORETIC	53	ZTALMY.....	26
YUTREPIA	140	ZESTRIL	53	ZTLIDO.....	69
<i>yuvafem</i>	117	ZEVASKYN.....	64	ZUBSOLV	38
Z		ZIAGEN	7	<i>zumandimine (28)</i>	123
ZADITOR	128	ZIANA.....	68	ZURZUVAE	46
<i>zafemy</i>	118	<i>zidovudine</i>	7	ZYDELIG.....	22
<i>zafirlukast</i>	140	ZIEXTENZO.....	105	ZYKADIA.....	22
<i>zaleplon</i>	45	<i>zingiber</i>	149	ZYLOPRIM.....	111
ZANAFLEX.....	31	<i>ziprasidone hcl</i>	46	ZYMFENTRA.....	103
<i>zarah</i>	123	ZIRGAN.....	124	ZYNRELEF.....	78
ZARONTIN	26	ZITHROMAX.....	8, 9	ZYPITAMAG	59
<i>zatean-pn dha</i>	149	ZITHROMAX TRI-PAK.....	9	ZYPREXA.....	46
<i>zatean-pn plus</i>	149			ZYVOX	11