



2024 Formulary

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Ambetter.mhsindiana.com

Formulary Introduction

FORMULARY

The Ambetter from MHS Formulary, or Prescription Drug List, is a guide to available brand and generic drugs that are approved by the Food and Drug Administration (FDA) and covered through your prescription drug benefit. Generic drugs have the same active ingredients as their brand name counterparts and should be considered the first line of treatment. The FDA requires generics to be safe and work the same as brand name drugs. If there is no generic available, there may be more than one brand name drug to treat a condition. Preferred brand name drugs are listed on Tier 2 to help identify brand drugs that are clinically appropriate, safe, and cost-effective treatment options, if a generic medication on the formulary is not suitable for your condition.

Please note, the Formulary is not meant to be a complete list of the drugs covered under your prescription benefit. Not all dosage forms or strengths of a drug may be covered. This list is periodically reviewed and updated and may be subject to change. Drugs may be added or removed, or additional requirements may be added in order to approve continued usage of a specific drug.

Specific prescription benefit plan designs may not cover certain products or categories, regardless of their appearance in this document. Please check your benefits for coverage limitations and your share of cost for your drugs.

Drug List Key:

Brand name drugs are listed in CAPS and generic drugs are lower case.

Drugs are covered under different copay tiers depending on your benefit:

Tier 0 - No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age limits may apply.

Tier 1_A - Lowest copayment for select drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.

Tier 1_B - Low copayment for those drugs that offer great value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.

Tier 2 - Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.

Tier 3 - High copayment covers higher cost brand name and non-preferred generic drugs. This tier may also cover non-specialty drugs that are not on the Prescription Drug List but approval has been granted for coverage.

Tier 4 - Highest copayment is for “specialty” drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management.

Prior Authorization for Non-Formulary Drugs

To obtain prior authorization for a non-formulary drug, your provider must fill out the Prior Authorization form. Pharmacy Services will respond via fax or phone within 24 hours of receipt of all necessary information for urgent requests, and within 72 hours for non-urgent requests, unless state law requires faster response. If the request is disapproved, the notice of disapproval will contain a clear explanation of the specific reasons for disapproving the prior authorization request, or if the request was incomplete, the explanation will identify the missing material information that is necessary to complete the request.

Formulary Abbreviations:

| Abbreviation | Term | What it means |
|--------------|----------------------|---|
| AL | Age Limit | Some drugs are only covered for certain ages. |
| QL | Quantity Limit | Some drugs are only covered for a certain amount. |
| PA | Prior Authorization | Your doctor must ask for approval from Ambetter before some drugs will be covered. |
| ST | Step Therapy | In some cases, you must first try certain drugs before Ambetter covers another drug for your medical condition. For example, if Drug A and Drug B both treat your medical condition, Ambetter may not cover Drug B unless you try Drug A first. |
| NF | Non-formulary | This product is not covered unless you or your provider request an exception. Alternative medications are listed next to non-covered product |
| RX/OTC | Prescription and OTC | These drugs are made in both prescription form and Over-the-counter (OTC) form. |
| SP | Specialty Drug | These products are Specialty Drugs that may have special fill requirements. |
| SF | Split Fill | Initially, certain medications may only be available in 15-day-supply increments until you are stabilized on the medication. After you have been taking the medication for 90 days, this restriction may no longer apply. |

Opioid Medications:

Medications identified on the formulary by "**New starts limited to 7 day supply**" allow up to two 7 day fills during any 28 day period and up to a total of 28 day non-consecutive supply in any 90 day period. This limit applies cumulatively to all opioid medications filled. For fills exceeding these limits, your providers may submit a Prior Authorization request.

Introducción al Formulario

FORMULARIO

El Formulario de Ambetter from MHS, o la Lista de medicamentos recetados, es una guía de los medicamentos de marca y genéricos disponibles que están aprobados por la Administración de Alimentos y Medicamentos (FDA) y que están cubiertos a través de su beneficio de medicamentos recetados. Los medicamentos genéricos tienen los mismos principios activos que los de marca y deben considerarse la primera línea de tratamiento. La FDA exige que los medicamentos genéricos sean seguros y funcionen igual que los medicamentos de marca. Si no hay un genérico disponible, podría haber más de un medicamento de marca para tratar una condición. Los medicamentos de marca preferidos figuran en el nivel 2 para ayudar a identificar los medicamentos de marca que son opciones de tratamiento clínicamente adecuadas, seguras y rentables, si un medicamento genérico del Formulario no es adecuado para su condición.

Tenga en cuenta que el Formulario no pretende ser una lista completa de los medicamentos cubiertos por su beneficio de medicamentos recetados. Es posible que no estén cubiertas todas las formas farmacéuticas o concentraciones de un medicamento. Esta lista se revisa y actualiza periódicamente y puede estar sujeta a cambios. Se pueden agregar o eliminar medicamentos, o se pueden incorporar requisitos adicionales para aprobar el uso continuado de un medicamento específico.

Es posible que determinados diseños de planes de beneficios de medicamentos recetados no cubran algunos productos o categorías, independientemente de que figuren en este documento. Revise sus beneficios para conocer las limitaciones de la cobertura y la parte que le corresponde pagar por sus medicamentos.

Clave de la lista de medicamentos:

Los medicamentos de marca aparecen en MAYÚSCULAS y los medicamentos genéricos aparecen en minúsculas.

Los medicamentos están cubiertos por diferentes niveles de copago en función de su beneficio:

Nivel 0 - Sin copago para aquellos medicamentos que se usan para prevención y son obligatorios según la Ley de Cuidado de Salud Asequible. Los anticonceptivos orales seleccionados, la vitamina D, el ácido fólico para mujeres en edad fértil, las aspirinas de venta libre (OTC) y los productos para dejar de fumar pueden estar cubiertos en este nivel. Es posible que se apliquen ciertos límites de edad.

Nivel 1_A - El copago más bajo para medicamentos seleccionados que ofrecen el mayor valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.

Nivel 1_B - Copago bajo para aquellos medicamentos que ofrecen un gran valor en comparación con otros medicamentos utilizados para tratar condiciones similares. Ciertos medicamentos de venta libre (OTC) seleccionados pueden estar cubiertos en este nivel.

Nivel 2 - El copago medio cubre los medicamentos de marca que suelen ser más asequibles o que pueden ser preferidos en comparación con otros medicamentos para tratar las mismas condiciones.

Nivel 3 - El copago alto cubre los medicamentos de marca de costo más alto y medicamentos genéricos no preferidos. Este nivel también puede cubrir medicamentos no especializados que no figuran en la Lista de medicamentos recetados, pero cuya cobertura ha sido aprobada.

Nivel 4 - El copago más alto es para medicamentos “de especialidad” usados para tratar condiciones crónicas complejas que pueden requerir una manipulación, almacenamiento o administración clínica especiales. Los medicamentos recetados cubiertos en el nivel de especialidad pueden tener que ser surtidos en una farmacia que participe de las redes de “especialidad” o de “hemofilia” de Ambetter. Para obtener información adicional sobre qué farmacias están dentro de nuestras redes de “especialidad” o “hemofilia”, debe consultar la sección de información farmacéutica del sitio web de Ambetter.

Autorización previa para medicamentos no incluidos en el Formulario

Para obtener autorización previa para un medicamento no incluido en el Formulario, su proveedor debe completar el formulario de autorización previa. Los servicios responderán por fax o teléfono en un plazo de 24 horas a partir de la recepción de toda la información necesaria para las solicitudes urgentes, y en un plazo de 72 horas en caso de solicitudes no urgentes, a menos que la legislación estatal exija una respuesta más rápida. Si la solicitud es denegada, el aviso de la denegación incluirá una explicación clara de los motivos específicos para denegar la solicitud de autorización previa o, si la autorización estaba incompleta, la explicación identificará la información material faltante necesaria para completar la solicitud.

Abreviaturas del Formulario:

| Abreviatura | Término | Significado |
|-------------|------------------------------|--|
| AL | Límite de edad | Algunos medicamentos solo están cubiertos para determinadas edades. |
| QL | Límite de cantidad | Algunos medicamentos solo están cubiertos para determinadas cantidades. |
| PA | Autorización previa | Su médico debe solicitar la aprobación de Ambetter antes de que algunos medicamentos tengan cobertura. |
| ST | Terapia escalonada | En algunos casos, usted primero debe probar un medicamento determinado antes de que Ambetter cubra otro medicamento para su condición médica. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su condición médica, Ambetter podría no cubrir el medicamento B a menos que usted pruebe primero el medicamento A. |
| NF | No incluido en el Formulario | Este producto no está cubierto a menos que usted o su proveedor soliciten una excepción. Hay medicamentos alternativos que figuran a continuación del producto no cubierto. |
| RX/OTC | Medicamentos recetados y OTC | Estos medicamentos se fabrican tanto como medicamento recetado como de venta libre (OTC). |
| SP | Medicamento de especialidad | Estos productos son medicamentos de especialidad que pueden tener requisitos de surtido especiales. |
| SF | Surtido dividido | Al principio es posible que ciertos medicamentos solo estén disponibles en suministros incrementales cada 15 días hasta que usted se estabilice con el medicamento. Una vez transcurridos 90 días desde que comenzó a tomar este medicamento, es posible que esta restricción ya no se aplique. |

Medicamentos opioides:

Los medicamentos identificados en el Formulario como “**Nuevos pedidos limitados a suministro de 7 días**” permiten hasta dos surtidos de 7 días durante cualquier periodo de 28 días y hasta un total de 28 días no consecutivos en un periodo de 90 días. Este límite se aplica de forma acumulativa a todos los medicamentos opioides surtidos. Para surtidos que superen estos límites, sus proveedores pueden presentar una solicitud de autorización previa.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders | | | | | |
| Amphetamines | | | | | |
| | | | | | |
| <i>amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i> | 1B | | <i>lisdexamfetamine dimesylate CAPS</i> | 1B | QL(1 ea daily); ST |
| <i>amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG</i> | 1B | QL(2 ea daily) | <i>lisdexamfetamine dimesylate CHEW</i> | 1B | QL(1 ea daily); ST |
| <i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG</i> | 1B | QL(1 ea daily) | <i>methamphetamine hcl</i> | 1B | QL(5 ea daily); AL(At least 6 yrs old) |
| <i>amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i> | 1B | QL(2 ea daily) | <i>VYVANSE CAPS</i> | 3 | QL(1 ea daily); ST |
| <i>amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG</i> | 1B | QL(3 ea daily) | <i>VYVANSE CHEW</i> | 2 | QL(1 ea daily); ST |
| <i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i> | 1B | QL(4 ea daily) | Anorexiants Non-Amphetamine | | |
| <i>dextroamphetamine sulfate CP24 5 MG</i> | 1B | | <i>phendimetrazine tartrate TABS</i> | 1B | PA |
| <i>dextroamphetamine sulfate SOLN</i> | 1B | | <i>phentermine hcl CAPS</i> | 1B | PA |
| <i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i> | 1B | QL(4 ea daily) | Anti-Obesity Agents | | |
| | | | <i>CONTRAVE</i> | 3 | QL(4 ea daily); PA |
| Attention-Deficit/Hyperactivity Disorder (ADHD) Agents | | | | | |
| | | | <i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i> | 1B | QL(1 ea daily); AL(At least 6 yrs old) |
| | | | <i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i> | 1B | QL(2 ea daily); AL(At least 6 yrs old) |
| | | | <i>clonidine hcl (adhd) TB12</i> | 1B | |
| | | | <i>guanfacine hcl (adhd)</i> | 1B | QL(1 ea daily); AL(At least 6 yrs old) |
| Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs) | | | | | |
| | | | <i>SUNOSI 150 MG</i> | 3 | QL(1 ea daily); PA |
| | | | <i>SUNOSI 75 MG</i> | 3 | QL(2 ea daily); PA |
| Stimulants - Misc. | | | | | |
| | | | <i>armodafinil</i> | 1B | QL(1 ea daily); AL(At least 17 yrs old); PA |
| | | | <i>dexmethylphenidate hcl CP24</i> | 1B | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|-----------|---|---|-----------|--|
| dexamethylphenidate hcl TABS | 1B | QL(2 ea daily); AL(At least 6 yrs old) | Allergenic Extracts | | |
| methylphenidate hcl CHEW | 1B | | GRASTEK SUBL | 3 | PA |
| methylphenidate hcl CP24 20 MG, 40 MG | 1B | AL(At least 6 yrs old) | AMEBICIDES | | |
| methylphenidate hcl CP24 30 MG | 1B | QL(3 ea daily); AL(At least 6 yrs old) | Amebicides | | |
| methylphenidate hcl CP24 | 1B | | SOLOSEC | 3 | PA |
| methylphenidate hcl CPCR | 1B | QL(1 ea daily); AL(At least 6 yrs old) | AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections | | |
| methylphenidate hcl SOLN | 1B | QL(30 ml daily); AL(At least 6 yrs old) | Aminoglycosides | | |
| methylphenidate hcl TABS | 1B | QL(5 ea daily); AL(At least 6 yrs old) | amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML | 1B | |
| methylphenidate hcl TB24 36 MG, 54 MG | 1B | QL(2 ea daily); AL(At least 6 yrs old) | ARIKAYCE | 4 | PA |
| methylphenidate hcl TB24 27 MG | 1B | QL(1 ea daily); AL(At least 6 yrs old) | gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 % | 1B | |
| methylphenidate hcl TBCR 36 MG, 54 MG | 1B | QL(2 ea daily); AL(At least 6 yrs old) | gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML | 1B | |
| methylphenidate hcl TBCR 10 MG, 20 MG | 1B | QL(3 ea daily); AL(At least 6 yrs old) | neomycin sulfate TABS | 1B | |
| methylphenidate hcl TBCR 18 MG, 27 MG | 1B | QL(1 ea daily); AL(At least 6 yrs old) | streptomycin sulfate SOLR | 3 | |
| methylphenidate PTCH | 1B | QL(1 ea daily); PA | tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML | 1B | |
| modafinil 100 MG | 1B | QL(1 ea daily); PA | tobramycin NEBU | 4 | QL(280 ml per 56 days retail; 280 ml per 56 days mail); PA |
| modafinil 200 MG | 1B | QL(2 ea daily); PA | ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions | | |
| RELEXXII TBCR 36 MG, 54 MG | 2 | QL(2 ea daily); AL(At least 6 yrs old) | Antirheumatic - Enzyme Inhibitors | | |
| RELEXXII TBCR 27 MG | 2 | QL(1 ea daily); AL(At least 6 yrs old) | RINVOQ | 4 | QL(1 ea daily); PA |
| ALLERGENIC EXTRACTS/BIOLOGICALS MISC | | | | | |
| XELJANZ XR TB24 | | | | | |
| XELJANZ SOLN | | | | | |
| XELJANZ TABS 5 MG | | | | | |
| XELJANZ TABS 10 MG | | | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits | | | |
|---|-----------|--|--|-----------|--|--|--|--|
| Antirheumatic Antimetabolites | | | | | | | | |
| METHOTREXATE | 4 | QL(1.714 ea daily); SP; PA | HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT | 4 | 1 rtl pack lmt amt; 180 rtl pack lmt day(s); 1 mail pack lmt amt; 180 mail pack lmt day(s); PA | | | |
| Anti-TNF-alpha - Monoclonal Antibodies | | | | | | | | |
| ADALIMUMAB-ADAZ SOAJ | 4 | QL(0.086 ml daily); PA | HUMIRA PEN PNKT 80 MG/0.8ML | 4 | QL(0.072 ea daily); PA | | | |
| ADALIMUMAB-ADAZ SOSY | 4 | QL(0.086 ml daily); PA | HUMIRA PEN PNKT | 4 | QL(0.143 ea daily); PA | | | |
| CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT | 4 | QL(0.215 ea daily); PA | HUMIRA PEN-PS/UV STARTER PNKT | 4 | 1 rtl pack lmt amt; 180 rtl pack lmt day(s); 1 mail pack lmt amt; 180 mail pack lmt day(s); PA | | | |
| CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT | 4 | QL(0.143 ea daily); PA | HUMIRA PSKT | 4 | QL(0.143 ea daily); PA | | | |
| CYLTEZO AJKT | 4 | QL(0.215 ea daily); PA | SIMPONI ARIA SOLN | 4 | PA | | | |
| CYLTEZO PSKT 10 MG/0.2ML | 4 | QL(0.072 ea daily); PA | Gold Compounds | | | | | |
| CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML | 4 | QL(0.215 ea daily); PA | RIDAURA | 3 | QL(3 ea daily) | | | |
| HADLIMA PUSHTOUCH SOAJ | 4 | QL(0.086 ml daily); PA | Interleukin-1 Blockers | | | | | |
| HADLIMA PUSHTOUCH SOAJ | 4 | QL(0.172 ml daily); PA | ARCALYST | 4 | QL(0.286 ea daily); SP; PA | | | |
| HADLIMA SOSY | 4 | QL(0.086 ml daily); PA | Interleukin-6 Receptor Inhibitors | | | | | |
| HADLIMA SOSY | 4 | QL(0.172 ml daily); PA | KEVZARA SOAJ | 4 | QL(0.082 ml daily); PA | | | |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT | 4 | 1 rtl pack lmt amt; 180 rtl pack lmt day(s); 1 mail pack lmt amt; 180 mail pack lmt day(s); PA | KEVZARA SOSY | 4 | QL(0.082 ml daily); PA | | | |
| HUMIRA PEN-CD/UC/HS STARTER PNKT | 4 | 1 rtl pack lmt amt; 180 rtl pack lmt day(s); 1 mail pack lmt amt; 180 mail pack lmt day(s); PA | Nonsteroidal Anti-inflammatory Agents (NSAIDs) | | | | | |
| | | | celecoxib | 1B | QL(2 ea daily) | | | |
| | | | diclofenac potassium TABS 50 MG | 1B | | | | |
| | | | diclofenac sodium TB24 | 1B | | | | |
| | | | diclofenac sodium TBEC | 1B | | | | |
| | | | diclofenac w/ misoprostol TBEC | 1B | | | | |
| | | | etodolac CAPS | 1B | | | | |
| | | | etodolac TABS | 1B | | | | |
| | | | fenoprofen calcium TABS | 1B | QL(1 ea daily); PA | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|-----------|---|---|-----------|--|
| <i>flurbiprofen TABS</i> | 1B | | Soluble Tumor Necrosis Factor Receptor Agents | | |
| <i>ibuprofen SUSP 100 MG/5ML</i> | 1B | RX/OTC | ENBREL MINI SOCT | 4 | QL(0.146 ml daily); PA |
| <i>ibuprofen TABS 800 MG</i> | 1B | | ENBREL SURECLICK SOAJ | 4 | QL(0.146 ml daily); PA |
| <i>ibuprofen TABS 400 MG, 600 MG</i> | 1A | | ENBREL SOLN | 4 | QL(0.146 ml daily); PA |
| <i>indomethacin CAPS 25 MG, 50 MG</i> | 1B | | ENBREL SOLR | 4 | QL(0.286 ea daily); SP; PA |
| <i>indomethacin CPCR</i> | 1B | | ENBREL SOSY 25 MG/0.5ML | 4 | QL(0.146 ml daily); PA |
| <i>ketoprofen CAPS 50 MG</i> | 1B | | ENBREL SOSY 50 MG/ML | 4 | QL(0.286 ml daily); SP; PA |
| <i>ketorolac tromethamine TABS</i> | 1B | QL(0.667 ea daily) | ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| <i>meclofenamate sodium CAPS</i> | 1B | | Analgesic Combinations | | |
| <i>mefenamic acid CAPS</i> | 1B | Must try ibuprofen. ; QL(5 ea daily); ST | <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i> | 1B | QL(6 ea daily) |
| <i>meloxicam TABS</i> | 1A | QL(1 ea daily) | <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i> | 1B | |
| <i>nabumetone</i> | 1B | | <i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i> | 1B | QL(6 ea daily) |
| <i>naproxen sodium TABS 550 MG</i> | 1B | | <i>butalbital-acetaminophen-TABS 50 MG-325 MG</i> | 1B | QL(6 ea daily) |
| <i>naproxen SUSP</i> | 1B | PA | <i>butalbital-aspirin-caffeine CAPS</i> | 1B | QL(4 ea daily) |
| <i>naproxen TABS</i> | 1B | | Salicylates | | |
| <i>naproxen TBEC 500 MG</i> | 1B | QL(3 ea daily) | <i>aspirin CHEW</i> | 0 | AL(At least 45 yrs old - Up to 79 yrs old) |
| <i>oxaprozin TABS</i> | 1B | | <i>aspirin TABS 325 MG</i> | 0 | AL(At least 45 yrs old - Up to 79 yrs old) |
| <i>piroxicam CAPS</i> | 1B | | <i>aspirin TBEC 325 MG</i> | 1A | |
| <i>sulindac TABS</i> | 1B | | <i>aspirin TBEC 81 MG</i> | 0 | AL(At least 45 yrs old - Up to 79 yrs old) |
| <i>tolmetin sodium CAPS</i> | 1B | | <i>diflunisal TABS</i> | 1B | |
| <i>tolmetin sodium TABS 600 MG</i> | 1B | | <i>salsalate</i> | 1B | |
| Phosphodiesterase 4 (PDE4) Inhibitors | | | | | |
| <i>OTEZLA TABS</i> | 4 | QL(2 ea daily); PA | | | |
| <i>OTEZLA TBPK</i> | 4 | 1 rtl pack lmt amt; 180 rtl pack lmt day(s); PA | | | |
| Pyrimidine Synthesis Inhibitors | | | | | |
| <i>leflunomide</i> | 1B | QL(1 ea daily) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|--|-----------|--|
| ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions | | | <i>methadone hcl SOLN IJ 10 MG/ML</i> | 1B | |
| Opioid Agonists | | | <i>methadone hcl SOLN OR 5 MG/5ML</i> | 1B | QL(100 ml daily) |
| <i>codeine sulfate TABS 30 MG</i> | 1B | New starts limited to 7 day supply | METHADONE HCL SOLN IJ | 1B | |
| CODEINE SULFATE TABS | 1B | New starts limited to 7 day supply | <i>methadone hcl TABS 10 MG</i> | 1B | QL(10 ea daily) |
| <i>fentanyl citrate LPOP</i> | 1B | QL(4 ea daily); PA | <i>methadone hcl TABS 5 MG</i> | 1B | QL(4 ea daily) |
| <i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i> | 1B | QL(0.34 ea daily) | <i>methadone hcl TBSO</i> | 1B | QL(2 ea daily) |
| <i>hydromorphone hcl LIQD</i> | 1B | New starts limited to 7 day supply | <i>morphine sulfate CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i> | 1B | QL(2 ea daily); PA |
| <i>hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i> | 1B | | <i>morphine sulfate SOLN OR 10 MG/5ML</i> | 1B | New starts limited to 7 day supply; QL(100 ml daily) |
| <i>hydromorphone hcl TABS</i> | 1B | New starts limited to 7 day supply; QL(8 ea daily) | <i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i> | 1B | |
| <i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i> | 1B | QL(2 ea daily); PA | <i>morphine sulfate SOLN OR 20 MG/5ML</i> | 1B | New starts limited to 7 day supply; QL(50 ml daily) |
| <i>hydromorphone hcl TB24 32 MG</i> | 1B | QL(1 ea daily); PA | <i>morphine sulfate TABS</i> | 1B | New starts limited to 7 day supply; QL(6 ea daily) |
| <i>levorphanol tartrate TABS 2 MG</i> | 1B | New starts limited to 7 day supply | <i>morphine sulfate TBCR</i> | 1B | QL(2 ea daily) |
| <i>meperidine hcl SOLN OR 50 MG/5ML</i> | 1B | New starts limited to 7 day supply; QL(500 ml per fill retail) | NUCYNTA ER TB12 | 2 | QL(2 ea daily); PA |
| <i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i> | 1B | | NUCYNTA TABS | 2 | QL(6 ea daily); PA |
| <i>meperidine hcl TABS 50 MG</i> | 1B | New starts limited to 7 day supply; QL(6 ea daily) | <i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i> | 3 | QL(2 ea daily); PA |
| <i>methadone hcl CONC</i> | 1B | QL(10 ml daily) | <i>oxycodone hcl TABS</i> | 1B | New starts limited to 7 day supply; QL(12 ea daily) |
| <i>methadone hcl SOLN OR 10 MG/5ML</i> | 1B | QL(50 ml daily) | <i>oxymorphone hcl TABS</i> | 1B | QL(12 ea daily); PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|---|-----------|--|
| <i>oxymorphone hcl TB12 40 MG</i> | 1B | QL(4 ea daily); PA | <i>butilbital-aspirin-caffeine w/cod</i> | 1B | New starts limited to 7 day supply; QL(6 ea daily) |
| SUBSYS LIQD 100 MCG | 3 | QL(3 ea daily); PA | <i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i> | 1B | New starts limited to 7 day supply; QL(180 ml daily) |
| SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG | 3 | QL(4 ea daily); PA | <i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i> | 1B | New starts limited to 7 day supply; QL(12 ea daily) |
| SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG | 3 | QL(8 ea daily); PA | <i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i> | 1B | New starts limited to 7 day supply; QL(13 ea daily) |
| <i>tramadol hcl TABS 50 MG</i> | 1A | New starts limited to 7 day supply; QL(8 ea daily) | <i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i> | 1B | PA |
| <i>tramadol hcl TB24</i> | 1B | QL(1 ea daily) | <i>hydrocodone-ibuprofen 7.5 MG-200 MG</i> | 1B | New starts limited to 7 day supply; QL(5 ea daily) |
| XTAMPZA ER | 2 | QL(2 ea daily); PA | <i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i> | 1B | New starts limited to 7 day supply; QL(12 ea daily) |
| Opioid Combinations | | | | | |
| <i>acetaminophen w/ codeine SOLN</i> | 1A | New starts limited to 7 day supply; QL(75 ml daily) | <i>tramadol-acetaminophen</i> | 1B | New starts limited to 7 day supply; QL(8 ea daily) |
| <i>acetaminophen w/ codeine TABS 15 MG-300 MG</i> | 1B | New starts limited to 7 day supply; QL(13 ea daily) | Opioid Partial Agonists | | |
| <i>acetaminophen w/ codeine TABS 30 MG-300 MG</i> | 1A | New starts limited to 7 day supply; QL(12 ea daily) | <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i> | 1B | QL(2 ea daily) |
| <i>acetaminophen w/ codeine TABS 60 MG-300 MG</i> | 1B | New starts limited to 7 day supply; QL(6 ea daily) | <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i> | 1B | QL(3 ea daily) |
| <i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i> | 3 | New starts limited to 7 day supply; PA | <i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i> | 1B | QL(3 ea daily) |
| <i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i> | 1B | New starts limited to 7 day supply | <i>buprenorphine hcl SOLN</i> | 1B | |
| <i>butilbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i> | 1B | New starts limited to 7 day supply; QL(6 ea daily) | <i>buprenorphine hcl SUBL</i> | 1B | QL(3 ea daily) |
| <i>butilbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i> | 1B | New starts limited to 7 day supply | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------------|
| buprenorphine PTWK | 1B | QL(0.143 ea daily); PA |
| butorphanol tartrate NA 10 MG/ML | 1B | QL(0.34 ml daily); PA |
| butorphanol tartrate IJ 1 MG/ML, 2 MG/ML | 1B | |
| nalbuphine hcl | 1B | QL(8 ml daily) |
| pentazocine w/ naloxone hcl | 1B | New starts limited to 7 day supply |
| ANDROGENS-ANABOLIC - Drugs to Regulate Hormones | | |
| Anabolic Steroids | | |
| oxandrolone | 1B | |
| Androgens | | |
| ANDRODERM PT24 2 MG/24HR, 4 MG/24HR | 2 | QL(1 ea daily); PA |
| danazol CAPS | 1B | |
| METHITEST TABS | 3 | |
| testosterone cypionate SOLN IM | 1B | |
| TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML | 1B | |
| testosterone enanthate SOLN IM | 1B | |
| ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching | | |
| Intrarectal Steroids | | |
| budesonide (intrarectal) | 4 | PA |
| hydrocortisone (intrarectal) | 1B | |
| UCERIS (budesonide (intrarectal)) | 4 | PA |
| Rectal Steroids | | |
| hydrocortisone (rectal) EX | 1B | RX/OTC |
| hydrocortisone acetate (rectal) | 1B | |
| Vasodilating Agents | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>nitroglycerin (intra-anal)</i> | 1B | QL(2 gm daily) |
| RECTIV (<i>nitroglycerin (intra-anal)</i>) | 3 | QL(2 gm daily) |
| ANTHELMINTICS - Drugs to Treat Worm Infections | | |
| Anthelmintics | | |
| <i>albendazole</i> | 1B | PA |
| EMVERM CHEW | 2 | 1 rtl MAX fill; 60 rtl day(s) supply; 1 mail MAX fill; QL(2 ea daily; 6 ea per fill retail; 6 per fill mail) |
| <i>ivermectin</i> | 1B | 1 rtl MAX fill; 75 rtl day(s) supply; 1 mail MAX fill; QL(9 ea per fill retail; 9 per fill mail) |
| <i>praziquantel</i> | 1B | PA |
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain | | |
| Antianginals-Other | | |
| <i>ranolazine TB12 500 MG</i> | 1B | QL(3 ea daily) |
| <i>ranolazine TB12 1000 MG</i> | 1B | QL(2 ea daily) |
| Nitrates | | |
| <i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i> | 1B | |
| <i>isosorbide mononitrate TABS</i> | 1B | |
| <i>isosorbide mononitrate TB24</i> | 1B | |
| NITRO-BID OINT | 3 | |
| <i>nitroglycerin CPCR</i> | 1B | QL(4 ea daily) |
| <i>nitroglycerin PT24</i> | 1B | |
| NITROGLYCERIN SOLN IV | 1B | |
| <i>nitroglycerin SUBL</i> | 1B | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|---|-----------|-------------------------|
| ANTIANXIETY AGENTS - Drugs to Treat Anxiety | | | | | |
| Antianxiety Agents - Misc. | | | | | |
| <i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i> | 1B | | <i>quinidine sulfate TABS</i> | 1B | |
| <i>buspirone hcl 5 MG</i> | 1A | | Antiarrhythmics Type I-B | | |
| <i>hydroxyzine hcl SOLN 50 MG/ML</i> | 1B | | <i>mexiletine hcl</i> | 1B | |
| <i>hydroxyzine hcl SYRP</i> | 1B | | Antiarrhythmics Type I-C | | |
| <i>hydroxyzine hcl TABS</i> | 1B | | <i>flecainide acetate</i> | 1B | |
| <i>hydroxyzine pamoate CAPS</i> | 1B | | <i>propafenone hcl CP12</i> | 1B | |
| <i>meprobamate</i> | 1B | QL(6 ea daily) | <i>propafenone hcl TABS</i> | 1B | |
| Benzodiazepines | | | | | |
| <i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i> | 1A | QL(4 ea daily) | ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions | | |
| <i>alprazolam TABS 2 MG</i> | 1B | QL(4 ea daily) | Antiasthmatic - Monoclonal Antibodies | | |
| <i>alprazolam TB24</i> | 1B | | <i>FASENRA PEN SOAJ</i> | 4 | QL(0.036 ml daily); PA |
| <i>alprazolam TBDP</i> | 1B | | <i>FASENRA SOSY</i> | 4 | QL(0.036 ml daily); PA |
| <i>chlordiazepoxide hcl CAPS</i> | 1B | | <i>NUCALA SOAJ</i> | 4 | QL(0.1073 ml daily); PA |
| <i>clorazepate dipotassium TABS</i> | 1B | | <i>NUCALA SOLR</i> | 4 | QL(0.1073 ea daily); PA |
| <i>diazepam CONC</i> | 1B | | <i>NUCALA SOSY 100 MG/ML</i> | 4 | QL(0.1073 ml daily); PA |
| <i>diazepam SOLN OR 5 MG/5ML</i> | 1B | | <i>NUCALA SOSY 40 MG/0.4ML</i> | 4 | QL(0.0144 ml daily); PA |
| <i>diazepam TABS</i> | 1A | QL(4 ea daily) | <i>XOLAIR SOLR</i> | 4 | QL(0.286 ea daily); PA |
| <i>lorazepam CONC</i> | 1B | | <i>XOLAIR SOSY 150 MG/ML</i> | 4 | QL(0.286 ml daily); PA |
| <i>lorazepam TABS 1 MG</i> | 1A | QL(4 ea daily) | <i>XOLAIR SOSY 75 MG/0.5ML</i> | 4 | QL(0.036 ml daily); PA |
| <i>lorazepam TABS 0.5 MG, 2 MG</i> | 1A | QL(3 ea daily) | Anti-Inflammatory Agents | | |
| <i>oxazepam CAPS</i> | 1B | | <i>cromolyn sodium NEBU</i> | 1B | QL(8 ml daily) |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms | | | Bronchodilators - Anticholinergics | | |
| Antiarrhythmics Type I-A | | | <i>ATROVENT HFA</i> | 3 | QL(0.44 gm daily) |
| <i>disopyramide phosphate CAPS</i> | 1B | | <i>INCRUSE ELLIPTA</i> | 2 | QL(1 ea daily) |
| <i>procainamide hcl SOLN 500 MG/ML</i> | 1B | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|---|
| <i>ipratropium bromide SOLN 0.02 %</i> | 1B | QL(15 ml daily) | PULMICORT FLEXHALER AEPB | 2 | 1 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s) |
| SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>) | 2 | QL(1 ea daily) | QVAR REDIHALER | 2 | 1 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s) |
| SPIRIVA RESPIMAT AERS | 2 | QL(0.14 gm daily) | | | |
| <i>tiotropium bromide monohydrate CAPS</i> | 1B | QL(1 ea daily) | | | |
| Leukotriene Modulators | | | Sympathomimetics | | |
| <i>montelukast sodium CHEW</i> | 1B | QL(1 ea daily) | <i>albuterol sulfate AERS</i> | 1B | |
| <i>montelukast sodium PACK</i> | 1B | QL(1 ea daily) | <i>albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML</i> | 1B | |
| <i>montelukast sodium TABS</i> | 1B | QL(1 ea daily) | <i>albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML</i> | 1B | QL(15 ml daily) |
| <i>zafirlukast</i> | 1B | QL(2 ea daily) | <i>albuterol sulfate SYRP</i> | 1B | |
| <i>zileuton TB12</i> | 1B | QL(4 ea daily) | <i>albuterol sulfate TABS</i> | 1B | |
| Selective Phosphodiesterase 4 (PDE4) Inhibitors | | | ANORO ELLIPTA | 2 | QL(2 ea daily) |
| <i>roflumilast</i> | 3 | QL(1 ea daily) | <i>arformoterol tartrate</i> | 1B | QL(4 ml daily) |
| Steroid Inhalants | | | BREO ELLIPTA | 2 | 1 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s) |
| ALVESCO | 3 | 3 rtl pack lmt amt; 30 rtl pack lmt day(s); 9 mail pack lmt amt; 90 mail pack lmt day(s); PA | BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>) | 2 | 1 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s) |
| ARNUITY ELLIPTA | 2 | 1 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s) | BREZTRI AEROSPHERE | 2 | QL(0.38 gm daily) |
| <i>budesonide (inhalation) SUSP</i> | 1B | QL(4 ml daily); PA | <i>budesonide-formoterol fumarate dihydrate</i> | 1B | 1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 rtl MAX fill; 30 rtl day(s) supply; 3 mail pack lmt amt; 90 mail pack lmt day(s); 1 mail MAX fill |
| <i>fluticasone propionate (inhalation) AEPB</i> | 1B | | | | |
| <i>fluticasone propionate hfa</i> | 1B | QL(0.8 gm daily) | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|---|-----------|--|
| DULERA | 2 | | <i>aminophylline SOLN</i> | 1B | |
| <i>fluticasone furoate-vilanterol</i> | 1B | 1 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s) | <i>theophylline ELIX</i> | 1B | |
| <i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i> | 1B | 1 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s) | <i>theophylline SOLN</i> | 1B | QL(56 ml daily) |
| <i>fluticasone-salmeterol AERO</i> | 1B | 1 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s) | <i>theophylline TB12</i> | 1B | |
| <i>formoterol fumarate NEBU</i> | 1B | QL(4 ml daily) | <i>theophylline TB24</i> | 1B | |
| <i>ipratropium-albuterol SOLN</i> | 1B | QL(18 ml daily) | ANTICOAGULANTS - Blood Thinners | | |
| <i>levalbuterol hcl</i> | 1B | QL(12 ml daily) | Coumarin Anticoagulants | | |
| <i>levalbuterol hcl 1.25 MG/0.5ML</i> | 1B | | <i>warfarin sodium TABS</i> | 1B | |
| <i>levalbuterol tartrate</i> | 1B | QL(0.5 gm daily) | Direct Factor Xa Inhibitors | | |
| SEREVENT DISKUS | 2 | 1 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s) | <i>ELIQUIS STARTER PACK TBPK</i> | 2 | 1 rtl MAX fill; 180 rtl day(s) supply; QL(2.47 ea daily) |
| STIOLTO RESPIMAT | 2 | 1 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s) | <i>ELIQUIS TABS</i> | 2 | QL(2 ea daily) |
| STRIVERDI RESPIMAT | 2 | | <i>XARELTO STARTER PACK TBPK</i> | 2 | 1 rtl MAX fill; 365 rtl day(s) supply |
| <i>terbutaline sulfate SOLN</i> | 1B | | <i>XARELTO SUSR</i> | 2 | QL(900 ml per 30 days retail; 900 ml per 30 days mail) |
| <i>terbutaline sulfate TABS</i> | 1B | | <i>XARELTO TABS 2.5 MG, 15 MG</i> | 2 | QL(2 ea daily) |
| TRELEGY ELLIPTA | 2 | QL(2 ea daily) | <i>XARELTO TABS 10 MG, 20 MG</i> | 2 | QL(1 ea daily) |
| Xanthines | | | Heparins And Heparinoid-Like Agents | | |
| | | | <i>enoxaparin sodium SOLN IJ 300 MG/3ML</i> | 4 | QL(6 ml daily) |
| | | | <i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i> | 4 | QL(1.6 ml daily) |
| | | | <i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i> | 4 | QL(2 ml daily) |
| | | | <i>enoxaparin sodium SOSY 30 MG/0.3ML</i> | 4 | QL(0.6 ml daily); SP |
| | | | <i>enoxaparin sodium SOSY 40 MG/0.4ML</i> | 4 | QL(0.8 ml daily; 30 Day(s) limit); SP |
| | | | <i>enoxaparin sodium SOSY 60 MG/0.6ML</i> | 4 | QL(1.2 ml daily; 30 Day(s) limit); SP |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits | |
|---|-----------|--|-----------------------------------|-----------|----------------------------------|--|
| fondaparinux sodium 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML | 4 | SP | VALTOCO 10 MG DOSE LIQD | 4 | QL(10 ea per 30 days retail); PA | |
| fondaparinux sodium 10 MG/0.8ML | 4 | QL(7.2 ml per 180 days retail; 7 ml per 180 days mail); SP | VALTOCO 15 MG DOSE LQPK | 4 | QL(10 ea per 30 days retail); PA | |
| FRAGMIN SOSY | 4 | SP; PA | VALTOCO 20 MG DOSE LQPK | 4 | QL(10 ea per 30 days retail); PA | |
| heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 1B | | VALTOCO 5 MG DOSE LIQD | 4 | QL(10 ea per 30 days retail); PA | |
| HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML | 1B | | Anticonvulsants - Misc. | | | |
| Thrombin Inhibitors | | | APTIOM | 3 | QL(2 ea daily); ST | |
| dabigatran etexilate mesylate CAPS | 1B | | BANZEL TABS 200 MG (rufinamide) | 2 | QL(2 ea daily); PA | |
| ANTICONVULSANTS - Drugs to Treat Seizures | | | BANZEL TABS 400 MG (rufinamide) | 2 | QL(8 ea daily); PA | |
| AMPA Glutamate Receptor Antagonists | | | BRIVIACT SOLN OR 10 MG/ML | 3 | QL(20 ml daily); PA | |
| FYCOMPA TABS 8 MG, 10 MG, 12 MG | 3 | QL(1 ea daily); PA | BRIVIACT TABS | 3 | QL(2 ea daily); PA | |
| FYCOMPA TABS 4 MG | 3 | QL(3 ea daily); PA | carbamazepine CHEW | 1B | | |
| FYCOMPA TABS 2 MG | 3 | QL(6 ea daily); PA | carbamazepine CP12 100 MG | 1B | | |
| FYCOMPA TABS 6 MG | 3 | QL(2 ea daily); PA | carbamazepine CP12 200 MG | 1B | QL(6 ea daily) | |
| Anticonvulsants - Benzodiazepines | | | carbamazepine CP12 300 MG | 1B | QL(4 ea daily) | |
| clobazam SUSP | 1B | QL(16 ml daily); PA | carbamazepine SUSP | 1B | | |
| clobazam TABS | 1B | QL(2 ea daily); PA | carbamazepine TABS | 1B | | |
| clonazepam TABS | 1A | | carbamazepine TB12 200 MG | 1B | QL(6 ea daily) | |
| clonazepam TBDP | 1B | | carbamazepine TB12 100 MG, 400 MG | 1B | QL(4 ea daily) | |
| diazepam (anticonvulsant) GEL | 3 | 5 rtl pack lmt amt; 30 rtl pack lmt day(s); 5 mail pack lmt amt; 30 mail pack lmt day(s) | DIACOMIT CAPS 500 MG | 4 | QL(6 ea daily); PA | |
| NAYZILAM | 3 | QL(10 ea per 30 days retail); PA | DIACOMIT CAPS 250 MG | 4 | QL(12 ea daily); PA | |
| | | | DIACOMIT PACK 250 MG | 4 | QL(12 ea daily); PA | |
| | | | DIACOMIT PACK 500 MG | 4 | QL(6 ea daily); PA | |
| | | | EPIDIOLEX | 3 | PA | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|------------------------|
| <i>gabapentin CAPS</i> | 1B | | TEGRETOL TABS (<i>carbamazepine</i>) | 2 | |
| <i>gabapentin SOLN</i> | 1B | QL(60 ml daily) | <i>topiramate CPSP 15 MG</i> | 1B | QL(6 ea daily) |
| <i>gabapentin TABS 600 MG, 800 MG</i> | 1B | | <i>topiramate CPSP 25 MG</i> | 1B | QL(8 ea daily) |
| <i>lacosamide SOLN IV 200 MG/20ML</i> | 1B | QL(40 ml daily) | <i>topiramate CS24</i> | 3 | PA |
| <i>lacosamide TABS</i> | 1B | QL(2 ea daily) | <i>topiramate TABS 25 MG, 50 MG</i> | 1B | QL(4 ea daily) |
| <i>lamotrigine CHEW 5 MG</i> | 1B | QL(100 ea daily) | <i>topiramate TABS 100 MG, 200 MG</i> | 1B | QL(2 ea daily) |
| <i>lamotrigine CHEW 25 MG</i> | 1B | QL(20 ea daily) | <i>zonisamide CAPS</i> | 1B | QL(6 ea daily) |
| <i>lamotrigine TABS</i> | 1B | | Carbamates | | |
| <i>lamotrigine TB24</i> | 1B | | <i>felbamate SUSP</i> | 1B | QL(30 ml daily) |
| <i>lamotrigine TBDP</i> | 1B | QL(1 ea daily) | <i>felbamate TABS 600 MG</i> | 1B | QL(6 ea daily) |
| <i>levetiracetam SOLN IV 500 MG/5ML</i> | 1B | QL(30 ml daily) | <i>felbamate TABS 400 MG</i> | 1B | QL(9 ea daily) |
| <i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i> | 1B | QL(4 ea daily) | GABA Modulators | | |
| <i>levetiracetam TABS 1000 MG</i> | 1B | QL(3 ea daily) | <i>tiagabine hcl</i> | 1B | |
| <i>levetiracetam TB24</i> | 1B | QL(4 ea daily) | <i>vigabatrin PACK</i> | 4 | QL(6 ea daily); SP; PA |
| <i>oxcarbazepine SUSP</i> | 1B | QL(40 ml daily) | <i>vigabatrin TABS</i> | 4 | QL(6 ea daily); SP; PA |
| <i>oxcarbazepine TABS 150 MG, 300 MG</i> | 1B | QL(3 ea daily) | Hydantoins | | |
| <i>oxcarbazepine TABS 600 MG</i> | 1B | QL(4 ea daily) | <i>DILANTIN (phenytoin sodium extended)</i> | 2 | |
| <i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i> | 3 | QL(3 ea daily); PA | <i>DILANTIN</i> | 2 | |
| <i>pregabalin CAPS 225 MG, 300 MG</i> | 3 | QL(2 ea daily); PA | <i>DILANTIN INFATABS CHEW (phenytoin)</i> | 2 | |
| <i>pregabalin SOLN</i> | 3 | QL(30 ml daily); PA | <i>DILANTIN-125 SUSP (phenytoin)</i> | 2 | |
| <i>primidone 50 MG, 250 MG</i> | 1B | | <i>fosphenytoin sodium</i> | 1B | |
| <i>rufinamide SUSP</i> | 1B | QL(80 ml daily); PA | <i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i> | 1B | |
| <i>rufinamide TABS 400 MG</i> | 1B | QL(8 ea daily); PA | <i>phenytoin sodium SOLN</i> | 1B | |
| <i>rufinamide TABS 200 MG</i> | 1B | QL(2 ea daily); PA | <i>phenytoin CHEW</i> | 1B | |
| <i>TEGRETOL SUSP (carbamazepine)</i> | 2 | | <i>phenytoin SUSP</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| <i>ethosuximide SOLN</i> | 1B | QL(30 ml daily) | <i>citalopram hydrobromide TABS 40 MG</i> | 1B | QL(1 ea daily) |
| <i>methsuximide</i> | 1B | QL(4 ea daily) | <i>escitalopram oxalate SOLN</i> | 1B | QL(20 ml daily) |
| ZARONTIN CAPS (ethosuximide) | 2 | QL(6 ea daily) | <i>escitalopram oxalate TABS 10 MG</i> | 1B | QL(2 ea daily) |
| Valproic Acid | | | <i>escitalopram oxalate TABS 5 MG</i> | 1B | QL(1.5 ea daily) |
| <i>divalproex sodium TB24</i> | 1B | | <i>escitalopram oxalate TABS 20 MG</i> | 1B | QL(1 ea daily) |
| <i>divalproex sodium TBEC</i> | 1B | | <i>fluoxetine hcl CAPS 10 MG</i> | 1A | QL(1 ea daily) |
| <i>valproate sodium SOLN OR 250 MG/5ML</i> | 1B | | <i>fluoxetine hcl CAPS 40 MG</i> | 1B | QL(2 ea daily) |
| <i>valproic acid CAPS</i> | 1B | | <i>fluoxetine hcl CAPS 20 MG</i> | 1B | QL(3 ea daily) |
| ANTIDEPRESSANTS - Drugs to Treat Depression | | | | | |
| Alpha-2 Receptor Antagonists (Tetracyclics) | | | | | |
| <i>mirtazapine TABS</i> | 1B | QL(1 ea daily) | <i>fluoxetine hcl CPDR</i> | 1B | |
| <i>mirtazapine TBDP</i> | 1B | QL(1 ea daily) | <i>fluoxetine hcl SOLN</i> | 1B | QL(20 ml daily) |
| Antidepressants - Misc. | | | | | |
| <i>bupropion hcl TABS</i> | 1B | QL(3 ea daily) | <i>fluoxetine hcl TABS 10 MG, 60 MG</i> | 1B | QL(1 ea daily) |
| <i>bupropion hcl TB12</i> | 1B | QL(2 ea daily) | <i>fluoxetine hcl TABS 20 MG</i> | 1B | QL(3 ea daily) |
| <i>bupropion hcl TB24 150 MG, 300 MG</i> | 1B | QL(1 ea daily) | <i>fluvoxamine maleate TABS 100 MG</i> | 1B | QL(3 ea daily) |
| Monoamine Oxidase Inhibitors (MAOIs) | | | | | |
| <i>EMSAM</i> | 3 | QL(1 ea daily) | <i>fluvoxamine maleate TABS 25 MG, 50 MG</i> | 1B | QL(2 ea daily) |
| <i>MARPLAN</i> | 2 | QL(6 ea daily) | <i>paroxetine hcl SUSP</i> | 1B | QL(30 ml daily) |
| <i>phenelzine sulfate</i> | 1B | | <i>paroxetine hcl TABS 30 MG</i> | 1B | QL(2 ea daily) |
| <i>tranylcypromine sulfate</i> | 1B | | <i>paroxetine hcl TABS 10 MG, 20 MG, 40 MG</i> | 1B | QL(1 ea daily) |
| N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists | | | | | |
| <i>SPRAVATO 56MG DOSE</i> | 4 | PA | <i>paroxetine hcl TB24 12.5 MG</i> | 1B | QL(1 ea daily) |
| <i>SPRAVATO 84MG DOSE</i> | 4 | PA | <i>paroxetine hcl TB24 25 MG, 37.5 MG</i> | 1B | QL(2 ea daily) |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | | | | | |
| <i>citalopram hydrobromide SOLN</i> | 1B | QL(20 ml daily) | <i>sertraline hcl CONC</i> | 1B | QL(10 ml daily) |
| <i>citalopram hydrobromide TABS 20 MG</i> | 1B | QL(2 ea daily) | <i>sertraline hcl TABS 25 MG, 50 MG</i> | 1B | QL(1.5 ea daily) |
| <i>citalopram hydrobromide TABS 10 MG</i> | 1B | QL(1.5 ea daily) | <i>sertraline hcl TABS 100 MG</i> | 1B | QL(2 ea daily) |
| Serotonin Modulators | | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits | |
|--|-----------|---|--|-----------|---------------------|--|
| <i>nefazodone hcl</i> | 1B | | <i>nortriptyline hcl CAPS</i> | 1B | | |
| <i>trazodone hcl TABS</i> | 1B | | <i>nortriptyline hcl SOLN</i> | 1B | | |
| <i>TRINTELLIX</i> | 3 | QL(1 ea daily); PA | <i>protriptyline hcl</i> | 1B | | |
| <i>VIIBRYD STARTER PACK KIT</i> | 3 | 1 rtl pack lmt amt; 180 rtl pack lmt day(s) | <i>trimipramine maleate CAPS</i> | 1B | | |
| <i>vilazodone hcl TABS</i> | 1B | QL(1 ea daily) | ANTIDIABETICS - Drugs to Regulate Blood Sugar | | | |
| Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) | | | | | | |
| <i>desvenlafaxine succinate 25 MG, 50 MG</i> | 1B | QL(1 ea daily) | Alpha-Glucosidase Inhibitors | | | |
| <i>desvenlafaxine succinate 100 MG</i> | 1B | QL(4 ea daily) | <i>acarbose</i> | 1B | QL(3 ea daily) | |
| <i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i> | 1B | QL(2 ea daily) | <i>miglitol</i> | 1B | QL(3 ea daily) | |
| <i>duloxetine hcl CPEP 40 MG</i> | 1B | | Antidiabetic Combinations | | | |
| <i>FETZIMA TITRATION PACK C4PK</i> | 3 | PA | <i>alogliptin-metformin hcl</i> | 1B | QL(2 ea daily); PA | |
| <i>FETZIMA CP24</i> | 3 | QL(1 ea daily); PA | <i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i> | 1B | QL(1 ea daily); PA | |
| <i>venlafaxine hcl CP24 37.5 MG, 75 MG</i> | 1B | QL(1 ea daily) | <i>alogliptin-pioglitazone 15 MG-12.5 MG, 30 MG-12.5 MG, 45 MG-12.5 MG</i> | 1B | QL(2 ea daily); PA | |
| <i>venlafaxine hcl CP24 150 MG</i> | 1B | QL(2 ea daily) | <i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i> | 1B | QL(2 ea daily) | |
| <i>venlafaxine hcl TABS</i> | 1B | QL(3 ea daily) | <i>glipizide-metformin hcl 500 MG-5 MG</i> | 1B | QL(4 ea daily) | |
| <i>venlafaxine hcl TB24 150 MG</i> | 1B | QL(2 ea daily) | <i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i> | 1B | QL(4 ea daily) | |
| <i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i> | 1B | QL(1 ea daily) | <i>glyburide-metformin 250 MG-1.25 MG</i> | 1B | QL(2 ea daily) | |
| Tricyclic Agents | | | | | | |
| <i>amitriptyline hcl TABS</i> | 1B | | <i>GLYXAMBI</i> | 2 | QL(1 ea daily) | |
| <i>amoxapine</i> | 1B | | <i>JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG</i> | 2 | QL(2 ea daily) | |
| <i>clomipramine hcl</i> | 1B | | <i>JANUMET XR TB24 1000 MG-100 MG</i> | 2 | QL(1 ea daily) | |
| <i>desipramine hcl TABS</i> | 1B | | <i>JANUMET TABS</i> | 2 | QL(2 ea daily) | |
| <i>doxepin hcl CAPS</i> | 1B | | <i>pioglitazone hcl-glimepiride</i> | 1B | QL(1 ea daily) | |
| <i>doxepin hcl CONC</i> | 1B | | <i>pioglitazone hcl-metformin hcl TABS</i> | 1B | QL(2 ea daily) | |
| <i>imipramine hcl TABS</i> | 1B | | <i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i> | 1B | QL(2 ea daily) | |
| <i>imipramine pamoate</i> | 1B | | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------|--|-----------|------------------------|
| saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG | 1B | QL(1 ea daily) | JANUVIA | 2 | QL(1 ea daily) |
| SOLIQUA 100/33 | 2 | QL(0.5 ml daily); PA | saxagliptin hcl | 1B | QL(1 ea daily) |
| Incretin Mimetic Agents | | | | | |
| SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG | 2 | QL(2 ea daily) | OZEMPIC SOPN | 2 | QL(0.108 ml daily); PA |
| SYNJARDY XR TB24 1000 MG-25 MG | 2 | QL(1 ea daily) | OZEMPIC SOPN 2 MG/1.5ML | 2 | QL(0.054 ml daily); PA |
| SYNJARDY TABS | 2 | QL(2 ea daily) | RYBELSUS TABS | 2 | QL(1 ea daily); PA |
| TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG | 2 | QL(2 ea daily) | TRULICITY | 2 | QL(0.143 ml daily); PA |
| TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG | 2 | QL(1 ea daily) | VICTOZA | 2 | QL(0.3 ml daily); PA |
| XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG | 2 | QL(2 ea daily) | Insulin | | |
| XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG | 2 | QL(1 ea daily) | APIDRA SOLOSTAR SOPN | 3 | PA |
| XULTOPHY 100/3.6 | 2 | QL(0.5 ml daily); PA | APIDRA SOLN | 3 | PA |
| Biguanides | | | BASAGLAR KWIKPEN SOPN | 2 | |
| metformin hcl TABS 850 MG | 0 | QL(3 ea daily) | HUMULIN R U-500 (CONCENTRATED) SOLN SC | 2 | QL(1.34 ml daily) |
| metformin hcl TABS 1000 MG | 1B | QL(2.5 ea daily) | HUMULIN R U-500 KWIKPEN SOPN SC | 2 | QL(1.34 ml daily) |
| metformin hcl TABS 500 MG | 1B | QL(5 ea daily) | INSULIN ASPART FLEXPEN SOPN | 1B | |
| metformin hcl TB24 750 MG | 1B | QL(3 ea daily) | INSULIN ASPART PENFILL SOCT | 1B | |
| metformin hcl TB24 500 MG | 1B | QL(4 ea daily) | INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN | 1B | |
| Diabetic Other | | | INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP | 1B | |
| diazoxide | 3 | | INSULIN ASPART SOLN IJ | 1B | |
| glucagon (rdna) | 1B | QL(0.035 ea daily) | INSULIN DEGLUDEC FLEXTOUCH SOPN | 2 | |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | | | INSULIN DEGLUDEC SOLN | 2 | |
| alogliptin benzoate | 1B | QL(1 ea daily) | LEVEMIR FLEXPEN SOPN | 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|--|
| LEVEMIR FLEXTOUCH SOPN | 3 | PA | to Treat Diarrhea | | |
| LEVEMIR SOLN | 3 | PA | Antiperistaltic Agents | | |
| NOVOLIN 70/30 FLEXPEN SUPN | 2 | | <i>diphenoxylate w/ atropine LIQD</i> | 1B | |
| NOVOLIN 70/30 SUSP | 2 | | <i>diphenoxylate w/ atropine TABS</i> | 1B | |
| NOVOLIN N FLEXPEN SUPN | 2 | | <i>loperamide hcl CAPS</i> | 1B | RX/OTC |
| NOVOLIN N SUSP | 2 | | MOTOFEN | 3 | |
| NOVOLIN R FLEXPEN SOPN IJ | 2 | | ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| NOVOLIN R SOLN IJ | 2 | | Antidotes - Chelating Agents | | |
| Insulin Sensitizing Agents | | | CHEMET | 3 | |
| ACTOS (<i>pioglitazone hcl</i>) | 3 | QL(1 ea daily) | <i>deferasirox PACK</i> | 4 | PA |
| <i>pioglitazone hcl</i> | 1B | QL(1 ea daily) | <i>deferasirox TABS</i> | 4 | SP; PA |
| Meglitinide Analogues | | | <i>deferasirox TBSO</i> | 4 | SP; PA |
| <i>nateglinide</i> | 1B | QL(3 ea daily) | <i>deferiprone TABS 500 MG</i> | 1B | |
| <i>repaglinide 2 MG</i> | 1B | QL(8 ea daily) | Antidotes and Specific Antagonists | | |
| <i>repaglinide 0.5 MG, 1 MG</i> | 1B | QL(4 ea daily) | VISTOGARD | 4 | PA |
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors | | | Opioid Antagonists | | |
| FARXIGA | 2 | QL(1 ea daily) | <i>naloxone hcl LIQD</i> | 1B | 2 rtl MAX fill; 30 rtl day(s) supply; QL(2 ea per fill retail); RX/OTC |
| JARDIANCE | 2 | QL(1 ea daily) | <i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i> | 1B | |
| Sulfonylureas | | | <i>naltrexone hcl</i> | 1B | |
| <i>glimepiride 1 MG, 2 MG</i> | 1B | QL(1 ea daily) | ANTIEMETICS - Drugs to Treat Nausea and Vomiting | | |
| <i>glimepiride 4 MG</i> | 1B | QL(2 ea daily) | 5-HT3 Receptor Antagonists | | |
| <i>glipizide TABS 5 MG, 10 MG</i> | 1B | QL(4 ea daily) | ANZEMET TABS 50 MG | 3 | QL(0.167 ea daily); PA |
| <i>glipizide TB24</i> | 1B | QL(2 ea daily) | <i>gransetron hcl SOLN IV 1 MG/ML</i> | 1B | |
| GLUCOTROL XL TB24 (<i>glipizide</i>) | 3 | QL(2 ea daily) | <i>gransetron hcl TABS</i> | 1B | QL(0.34 ea daily) |
| <i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i> | 1B | QL(4 ea daily) | <i>ondansetron hcl SOLN IJ 4 MG/2ML</i> | 1B | |
| <i>glyburide TABS</i> | 1B | QL(4 ea daily) | | | |
| GLYNASE (<i>glyburide micronized</i>) | 3 | QL(4 ea daily) | | | |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs | | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|---|-----------|------------------------|
| <i>ondansetron hcl SOLN OR 4 MG/5ML</i> | 1B | QL(3.34 ml daily) | VARUBI TBPK | 3 | PA |
| <i>ondansetron hcl SOSY</i> | 1B | | ANTIFUNGALS - Drugs to Treat Fungal Infections | | |
| <i>ondansetron hcl TABS 24 MG</i> | 1B | QL(0.143 ea daily) | Antifungal - Glucan Synthesis Inhibitors | | |
| <i>ondansetron hcl TABS 4 MG</i> | 1B | QL(4 ea daily; 60 ea per fill retail; 60 per fill mail) | <i>caspofungin acetate</i> | 1B | |
| <i>ondansetron hcl TABS 8 MG</i> | 1B | QL(3 ea daily; 45 ea per fill retail; 45 per fill mail) | ERAXIS | 3 | |
| <i>ondansetron TBDP 8 MG</i> | 1B | | <i>micafungin sodium</i> | 1B | PA |
| <i>ondansetron TBDP 4 MG</i> | 1B | QL(1 ea daily) | Antifungals | | |
| <i>palonosetron hcl SOLN</i> | 1B | | ABELCET | 3 | |
| Antiemetics - Anticholinergic | | | <i>amphotericin b IV</i> | 3 | |
| <i>meclizine hcl TABS 25 MG</i> | 1B | RX/OTC | <i>amphotericin b liposome</i> | 3 | |
| <i>meclizine hcl TABS 12.5 MG</i> | 1A | RX/OTC | <i>flucytosine</i> | 1B | |
| <i>scopolamine</i> | 1B | QL(0.34 ea daily) | <i>griseofulvin microsize SUSP</i> | 1B | AL(At least 2 yrs old) |
| <i>trimethobenzamide hcl CAPS</i> | 1B | | <i>griseofulvin microsize TABS</i> | 1B | |
| Antiemetics - Miscellaneous | | | <i>griseofulvin ultramicrosize</i> | 1B | |
| <i>AKYNZEO</i> | 3 | PA | <i>nystatin TABS</i> | 1B | |
| <i>doxylamine-pyridoxine TBEC</i> | 1B | 3 rtl MAX fill; 365 rtl day(s) supply; 3 mail MAX fill; QL(4 ea daily); PA | <i>terbinafine hcl TABS</i> | 1B | QL(1 ea daily) |
| <i>dronabinol CAPS</i> | 1B | | Imidazole-Related Antifungals | | |
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists | | | <i>CRESEMBA CAPS 186 MG</i> | 3 | PA |
| <i>aprepitant CAPS</i> | 1B | PA | <i>fluconazole SUSR</i> | 1B | |
| <i>aprepitant CAPS 40 MG, 125 MG</i> | 1B | QL(0.067 ea daily); PA | <i>fluconazole TABS</i> | 1B | |
| <i>aprepitant CAPS 80 MG</i> | 1B | QL(0.134 ea daily); PA | <i>itraconazole CAPS</i> | 1B | QL(4 ea daily); PA |
| <i>aprepitant MISC</i> | 1B | PA | <i>itraconazole SOLN</i> | 1B | QL(20 ml daily); PA |
| ANTIHISTAMINES - Drugs to Treat Allergies | | | <i>ketoconazole</i> | 1B | |
| Antihistamines - Alkylamines | | | <i>NOXAFL SUSP (posaconazole)</i> | 3 | QL(20 ml daily) |
| <i>dexchlorpheniramine maleate SOLN</i> | | | <i>posaconazole SUSP</i> | 1B | QL(20 ml daily) |
| | | | <i>TOLSURA CAPS</i> | 4 | PA |
| | | | <i>voriconazole TABS</i> | 1B | QL(4 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits | | | |
|---|-----------|-------------------------|---|-----------|---------------------|--|--|--|
| Antihistamines - Ethanolamines | | | | | | | | |
| <i>carbinoxamine maleate SOLN</i> | 1B | | <i>promethazine hcl TABS</i> | 1B | | | | |
| <i>carbinoxamine maleate TABS 4 MG</i> | 1B | | Antihistamines - Piperidines | | | | | |
| <i>clemastine fumarate SYRP</i> | 1B | | <i>cyproheptadine hcl SYRP</i> | 1B | | | | |
| <i>clemastine fumarate TABS 2.68 MG</i> | 1B | | <i>cyproheptadine hcl TABS</i> | 1B | | | | |
| <i>diphenhydramine hcl CAPS 50 MG</i> | 1A | | ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol | | | | | |
| <i>diphenhydramine hcl ELIX 12.5 MG/5ML</i> | 1B | | Antihyperlipidemics - Combinations | | | | | |
| <i>diphenhydramine hcl LIQD 12.5 MG/5ML</i> | 1B | | <i>ezetimibe-simvastatin</i> | 1B | QL(1 ea daily) | | | |
| <i>diphenhydramine hcl SOLN 50 MG/ML</i> | 1B | | Antihyperlipidemics - Misc. | | | | | |
| Antihistamines - Non-Sedating | | | <i>icosapent ethyl 1 GM</i> | 1B | QL(4 ea daily); PA | | | |
| <i>cetirizine hcl TABS</i> | 1A | QL(1 ea daily) | <i>omega-3-acid ethyl esters</i> | 1B | QL(4 ea daily) | | | |
| <i>desloratadine TABS</i> | 1B | QL(1 ea daily) | Bile Acid Sequestrants | | | | | |
| <i>desloratadine TBDP 2.5 MG</i> | 1B | QL(1 ea daily) | <i>cholestyramine light PACK</i> | 1B | QL(6 ea daily) | | | |
| <i>levocetirizine dihydrochloride SOLN</i> | 1B | QL(10 ml daily); RX/OTC | <i>cholestyramine light POWD</i> | 1B | QL(24 gm daily) | | | |
| <i>levocetirizine dihydrochloride TABS</i> | 1B | QL(1 ea daily); RX/OTC | <i>cholestyramine PACK</i> | 1B | QL(6 ea daily) | | | |
| <i>loratadine CAPS</i> | 1B | | <i>cholestyramine POWD</i> | 1B | QL(25.2 gm daily) | | | |
| <i>loratadine CHEW</i> | 1B | | <i>colesevelam hcl PACK</i> | 1B | QL(1 ea daily); PA | | | |
| <i>loratadine SOLN</i> | 1B | | <i>colesevelam hcl TABS</i> | 1B | QL(7 ea daily) | | | |
| <i>loratadine TABS</i> | 1A | | <i>colestipol hcl GRAN</i> | 1B | QL(6 gm daily) | | | |
| <i>loratadine TBDP</i> | 1B | | <i>colestipol hcl PACK</i> | 1B | QL(6 ea daily) | | | |
| <i>QUZYTTIR SOLN IV</i> | 3 | QL(10 ml daily); PA | <i>colestipol hcl TABS</i> | 1B | QL(16 ea daily) | | | |
| Antihistamines - Phenothiazines | | | <i>WELCHOL TABS (colesevelam hcl)</i> | 3 | QL(7 ea daily) | | | |
| <i>promethazine hcl SOLN OR 6.25 MG/5ML</i> | 1B | | Fibrin Acid Derivatives | | | | | |
| <i>promethazine hcl SUPP 50 MG</i> | 1B | | <i>choline fenofibrate</i> | 1B | QL(1 ea daily) | | | |
| <i>promethazine hcl SUPP 12.5 MG, 25 MG</i> | 1B | QL(6 ea daily) | <i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i> | 1B | QL(1 ea daily) | | | |
| | | | <i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i> | 1B | QL(1 ea daily) | | | |
| | | | <i>gemfibrozil TABS</i> | 1B | QL(2 ea daily) | | | |
| HMG CoA Reductase Inhibitors | | | | | | | | |
| | | | <i>atorvastatin calcium TABS</i> | 1B | QL(1 ea daily) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits | | | |
|--|-----------|--|---|-----------|---------------------|--|--|--|
| <i>fluvastatin sodium CAPS 20 MG</i> | 1B | QL(1 ea daily) | <i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i> | 1B | | | | |
| <i>fluvastatin sodium CAPS 40 MG</i> | 1B | QL(2 ea daily) | <i>moexipril hcl</i> | 1B | QL(2 ea daily) | | | |
| <i>lovastatin TABS 40 MG</i> | 1B | \$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV | <i>perindopril erbumine 4 MG</i> | 1B | | | | |
| <i>lovastatin TABS 10 MG, 20 MG</i> | 1B | \$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV | <i>perindopril erbumine 2 MG, 8 MG</i> | 1B | QL(2 ea daily) | | | |
| <i>pravastatin sodium</i> | 1B | QL(1 ea daily) | <i>quinapril hcl 20 MG, 40 MG</i> | 1B | | | | |
| <i>rosuvastatin calcium TABS</i> | 3 | QL(1 ea daily) | <i>quinapril hcl 5 MG, 10 MG</i> | 1B | QL(2 ea daily) | | | |
| <i>simvastatin TABS</i> | 1B | QL(1 ea daily) | <i>ramipril CAPS</i> | 1B | | | | |
| Intestinal Cholesterol Absorption Inhibitors | | | | | | | | |
| <i>ezetimibe</i> | 1B | QL(1 ea daily) | <i>trandolapril 4 MG</i> | 1B | QL(2 ea daily) | | | |
| Nicotinic Acid Derivatives | | | | | | | | |
| <i>niacin (antihyperlipidemic) TBCR</i> | 1B | QL(2 ea daily) | <i>trandolapril 1 MG, 2 MG</i> | 1B | QL(1 ea daily) | | | |
| Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors | | | | | | | | |
| <i>REPATHA PUSHTRONEX SYSTEM SOCT</i> | 4 | QL(0.25 ml daily); PA | Agents for Pheochromocytoma | | | | | |
| <i>REPATHA SURECLICK SOAJ</i> | 4 | QL(0.0714 ml daily); PA | <i>phenoxybenzamine hcl</i> | 3 | PA | | | |
| <i>REPATHA SOSY</i> | 4 | QL(0.0714 ml daily); PA | Angiotensin II Receptor Antagonists | | | | | |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure | | | | | | | | |
| ACE Inhibitors | | | | | | | | |
| <i>benazepril hcl</i> | 1B | | <i>candesartan cilexetil</i> | 1B | QL(1 ea daily) | | | |
| <i>captopril 25 MG, 50 MG, 100 MG</i> | 1B | QL(3 ea daily) | <i>EDARBI</i> | 3 | QL(1 ea daily); ST | | | |
| <i>captopril 12.5 MG</i> | 1B | | <i>irbesartan</i> | 1B | QL(1 ea daily) | | | |
| <i>enalapril maleate TABS</i> | 1B | | <i>losartan potassium</i> | 1B | QL(1 ea daily) | | | |
| <i>fosinopril sodium</i> | 1B | | <i>olmesartan medoxomil</i> | 1B | QL(1 ea daily) | | | |
| | | | <i>telmisartan</i> | 1B | QL(1 ea daily) | | | |
| | | | <i>valsartan TABS</i> | 1B | QL(1 ea daily) | | | |
| Antidiuretic Antihypertensives | | | | | | | | |
| | | | <i>clonidine</i> | 3 | QL(0.15 ea daily) | | | |
| | | | <i>clonidine hcl TABS</i> | 1B | QL(8 ea daily) | | | |
| | | | <i>doxazosin mesylate</i> | 1B | | | | |
| | | | <i>guanfacine hcl</i> | 1B | | | | |
| | | | <i>methyldopa TABS</i> | 1B | QL(6 ea daily) | | | |
| | | | <i>prazosin hcl CAPS</i> | 1B | QL(4 ea daily) | | | |
| | | | <i>terazosin hcl</i> | 1B | | | | |
| Antihypertensive Combinations | | | | | | | | |
| | | | <i>amlodipine besylate-benazepril hcl</i> | 1B | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| <i>amlodipine besylate-olmesartan medoxomil</i> | 1B | ST | <i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i> | 1B | |
| <i>amlodipine besylate-valsartan</i> | 1B | QL(1 ea daily) | <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> | 1B | ST |
| <i>amlodipine-valsartan-hydrochlorothiazide</i> | 3 | | <i>olmesartan medoxomil-hydrochlorothiazide</i> | 1B | |
| <i>atenolol & chlorthalidone</i> | 1B | | <i>quinapril-hydrochlorothiazide</i> | 1B | QL(2 ea daily) |
| <i>benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i> | 1B | QL(1 ea daily) | <i>telmisartan-amlodipine</i> | 1B | QL(1 ea daily) |
| <i>benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i> | 1B | | <i>telmisartan-hydrochlorothiazide</i> | 1B | QL(1 ea daily) |
| <i>bisoprolol & hydrochlorothiazide</i> | 1B | QL(2 ea daily) | <i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i> | 3 | QL(1 ea daily) |
| <i>candesartan cilexetil-hydrochlorothiazide</i> | 1B | | <i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i> | 3 | |
| <i>enalapril maleate & hydrochlorothiazide 25 MG-10 MG</i> | 1B | | <i>valsartan-hydrochlorothiazide</i> | 1B | QL(1 ea daily) |
| <i>enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG</i> | 1B | QL(2 ea daily) | Antihypertensives - Misc. | | |
| <i>fosinopril sodium & hydrochlorothiazide</i> | 1B | QL(1 ea daily) | <i>VECAMYL</i> | 3 | PA |
| <i>irbesartan-hydrochlorothiazide</i> | 1B | | Direct Renin Inhibitors | | |
| <i>lisinopril & hydrochlorothiazide</i> | 1B | | <i>aliskiren fumarate</i> | 1B | QL(1 ea daily) |
| <i>losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i> | 1B | QL(1 ea daily) | Selective Aldosterone Receptor Antagonists (SARAs) | | |
| <i>losartan potassium & hydrochlorothiazide 12.5 MG-50 MG</i> | 1B | QL(2 ea daily) | <i>eplerenone</i> | 1B | |
| <i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG</i> | 1B | QL(1 ea daily) | Vasodilators | | |
| | | | <i>hydralazine hcl SOLN</i> | 1B | |
| | | | <i>hydralazine hcl TABS</i> | 1B | |
| | | | <i>minoxidil 2.5 MG, 10 MG</i> | 1B | |
| | | | ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections | | |
| | | | Anti-infective Agents - Misc. | | |
| | | | <i>bacitracin</i> | 3 | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|--|-----------|---------------------|
| IMPAVIDO | 3 | QL(3 ea daily); PA | <i>vancomycin hcl SOLR IV</i> 1 GM, 10 GM, 500 MG, 1000 MG | 1B | |
| <i>metronidazole TABS</i> | 1B | | Leprostatics | | |
| <i>trimethoprim TABS</i> | 1B | | <i>dapsone</i> | 1B | |
| XIFAXAN 200 MG | 3 | QL(3 ea daily; 9 ea per 3 days retail; 9 ea per 3 days mail); AL(At least 12 yrs old); PA | Lincosamides | | |
| XIFAXAN 550 MG | 3 | QL(3 ea daily); AL(At least 12 yrs old); PA | <i>clindamycin hcl</i> | 1B | |
| Anti-infective Misc. - Combinations | | | <i>clindamycin palmitate hydrochloride</i> | 1B | |
| <i>sulfamethoxazole-trimethoprim SOLN</i> | 1B | | <i>clindamycin phosphate SOLN IJ</i> 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML | 1B | |
| <i>sulfamethoxazole-trimethoprim SUSP</i> | 1B | | <i>lincomycin hcl</i> | 1B | |
| <i>sulfamethoxazole-trimethoprim TABS</i> | 1A | | Monobactams | | |
| Antiprotozoal Agents | | | CAYSTON | 4 | QL(3 ml daily); PA |
| ALINIA SUSR | 2 | PA | Oxazolidinones | | |
| <i>atovaquone</i> | 1B | | <i>linezolid SUSR</i> | 1B | |
| <i>nitazoxanide TABS</i> | 1B | PA | <i>linezolid TABS</i> | 1B | QL(2 ea daily); PA |
| Carbapenems | | | SIVEXTRO TABS | 3 | PA |
| <i>ertapenem sodium IJ</i> | 1B | | ZYVOX SUSR (<i>linezolid</i>) | 3 | |
| <i>imipenem-cilastatin IV</i> | 1B | | Polymyxins | | |
| <i>meropenem</i> | 1B | | <i>polymyxin b sulfate SOLR</i> | 1B | |
| Chloramphenicols | | | Urinary Anti-infectives | | |
| <i>chloramphenicol sodium succinate</i> | 4 | SP; PA | <i>fosfomycin tromethamine</i> | 1B | |
| Cyclic Lipopeptides | | | <i>methenamine hippurate</i> | 1B | |
| <i>daptomycin 500 MG</i> | 1B | | <i>nitrofurantoin</i> | 1B | |
| Glycopeptides | | | <i>nitrofurantoin macrocrystal</i> 50 MG, 100 MG | 1B | |
| <i>vancomycin hcl CAPS</i> | 1B | QL(4 ea daily; 40 ea per fill retail) | <i>nitrofurantoin monohyd macro</i> | 1B | |
| <i>vancomycin hcl SOLR OR</i> 25 MG/ML, 50 MG/ML, 250 MG/5ML | 1B | QL(300 ml per fill retail) | ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections) | | |
| Antimalarial Combinations | | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|---|-----------|---------------------|
| <i>atovaquone-proguanil hcl</i> | 1B | Covered for malaria treatment only. Limit 1 fill every 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(12 ea per fill retail; 12 per fill mail) | Antimyasthenic/Cholinergic Agents | | |
| COARTEM | 2 | Covered for malaria treatment only. Limit 1 fill every 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(24 ea per fill retail; 24 per fill mail) | FIRDAPSE | 4 | PA |
| Antimalarials | | | | | |
| <i>chloroquine phosphate TABS 250 MG</i> | 1B | QL(3 ea daily) | <i>neostigmine methylsulfate SOSY</i> | 3 | PA |
| <i>chloroquine phosphate TABS 500 MG</i> | 1B | | <i>pyridostigmine bromide SOLN OR</i> | 1B | |
| <i>hydroxychloroquine sulfate 200 MG</i> | 1B | QL(3 ea daily) | <i>pyridostigmine bromide TABS 60 MG</i> | 1B | |
| KRINTAFEL | 3 | QL(2 ea per 30 days retail) | <i>pyridostigmine bromide TBCR</i> | 1B | |
| <i>mefloquine hcl</i> | 1B | Covered for malaria treatment only. Limit 1 fill every 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(5 ea daily) | ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections) | | |
| <i>primaquine phosphate TABS</i> | 3 | | Antimycobacterial Agents | | |
| <i>pyrimethamine</i> | 1B | QL(3 ea daily); PA | CAPASTAT SULFATE | 3 | |
| <i>quinine sulfate CAPS 324 MG</i> | 1B | PA | <i>cycloserine</i> | 1B | QL(4 ea daily) |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | | <i>ethambutol hcl TABS</i> | 1B | |
| | | | <i>isoniazid SOLN</i> | 1B | |
| | | | <i>isoniazid SYRP</i> | 1B | |
| | | | <i>isoniazid TABS</i> | 1B | |
| | | | PASER PACK | 3 | QL(3 ea daily) |
| | | | PRIFTIN | 3 | |
| | | | <i>pyrazinamide</i> | 1B | |
| | | | <i>rifabutin</i> | 1B | PA |
| | | | <i>rifampin CAPS</i> | 1B | |
| | | | <i>rifampin SOLR</i> | 1B | |
| | | | SIRTURO | 3 | PA |
| | | | TRECATOR | 3 | QL(4 ea daily) |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer | | | | | |
| | | | Alkylating Agents | | |
| | | | <i>bendamustine hcl SOLR</i> | 4 | SP; PA |
| | | | <i>busulfan SOLN</i> | 4 | SP; PA |
| | | | <i>carboplatin SOLN 50 MG/5ML</i> | 4 | SP; PA |
| | | | <i>carmustine</i> | 4 | SP; PA |
| | | | <i>cisplatin SOLN 100 MG/100ML</i> | 4 | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits | |
|--|-----------|---------------------|--|-----------|------------------------|--|
| cyclophosphamide CAPS | 1B | PA | <i>methotrexate sodium TABS 2.5 MG</i> | 1B | SP | |
| cyclophosphamide SOLR IJ | 4 | SP; PA | <i>nelarabine</i> | 4 | SP; PA | |
| GLEOSTINE 10 MG | 4 | SP; PA | <i>pemetrexed disodium SOLR 500 MG</i> | 4 | SP; PA | |
| GLEOSTINE 40 MG, 100 MG | 4 | PA | <i>pralatrexate 20 MG/ML</i> | 4 | SP; PA | |
| <i>ifosfamide SOLN 1 GM/20ML</i> | 4 | SP; PA | TABLOID | 4 | SP; PA | |
| <i>ifosfamide SOLR</i> | 4 | SP; PA | TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG | 4 | SP; PA | |
| LEUKERAN | 4 | SP; PA | Antineoplastic - Angiogenesis Inhibitors | | | |
| <i>melphalan</i> | 1B | | INLYTA | 4 | QL(2 ea daily); SP; PA | |
| <i>melphalan hcl</i> | 1B | | LENVIMA 10 MG DAILY DOSE | 4 | QL(1 ea daily); PA | |
| MYLERAN TABS | 4 | SP; PA | LENVIMA 12MG DAILY DOSE | 4 | QL(3 ea daily); PA | |
| <i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i> | 4 | SP; PA | LENVIMA 14 MG DAILY DOSE | 4 | QL(2 ea daily); PA | |
| TEMODAR SOLR | 4 | SP; PA | LENVIMA 18 MG DAILY DOSE | 4 | QL(3 ea daily); PA | |
| <i>temozolomide CAPS</i> | 4 | SP; PA | LENVIMA 20 MG DAILY DOSE | 4 | QL(2 ea daily); PA | |
| <i>thiotepa 15 MG</i> | 4 | SP; PA | LENVIMA 24 MG DAILY DOSE | 4 | QL(3 ea daily); PA | |
| ZANOSAR | 4 | SP; PA | LENVIMA 4 MG DAILY DOSE | 4 | QL(1 ea daily); PA | |
| Antimetabolites | | | LENVIMA 8 MG DAILY DOSE | 4 | QL(2 ea daily); PA | |
| <i>azacitidine SUSR</i> | 4 | SP; PA | MVASI | 4 | PA | |
| <i>capecitabine</i> | 4 | SP; PA | ZALTRAP 100 MG/4ML | 4 | SP; PA | |
| <i>clofarabine</i> | 4 | SP; PA | ZIRABEV | 4 | PA | |
| <i>cytarabine SOLN</i> | 4 | SP; PA | Antineoplastic - Antibodies | | | |
| <i>decitabine</i> | 4 | SP; PA | ADCETRIS | 4 | SP; PA | |
| <i>floxuridine</i> | 4 | SP; PA | ARZERRA | 4 | SP; PA | |
| <i>fludarabine phosphate SOLN</i> | 4 | SP; PA | RUXIENCE | 4 | PA | |
| <i>fludarabine phosphate SOLR</i> | 4 | SP; PA | TRUXIMA | 4 | PA | |
| <i>fluorouracil 500 MG/10ML</i> | 4 | SP; PA | YEROVY | 4 | SP; PA | |
| <i>gemcitabine hcl SOLR 2 GM, 200 MG</i> | 4 | SP; PA | Antineoplastic - Anti-HER2 Agents | | | |
| <i>mercaptopurine TABS</i> | 1B | | KANJINTI | 4 | PA | |
| <i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i> | 1B | | | | | |
| <i>methotrexate sodium SOLR</i> | 1B | SP | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|---|-----------|-----------------------------|
| OGIVRI | 4 | PA | ERLEADA 60 MG | 4 | QL(4 ea daily); PA |
| PERJETA | 4 | SP; PA | <i>exemestane</i> | 4 | QL(1 ea daily); SP |
| TRAZIMERA | 4 | PA | FIRMAGON | 4 | QL(0.143 ea daily); SP; PA |
| TUKYSA | 4 | PA | <i>flutamide</i> | 4 | QL(6 ea daily); SP; PA |
| Antineoplastic - EGFR Inhibitors | | | <i>fulvestrant SOSY</i> | 4 | QL(0.357 ml daily); SP; PA |
| ERBITUX | 4 | SP; PA | <i>letrozole</i> | 1B | QL(1 ea daily) |
| <i>erlotinib hcl</i> | 4 | QL(1 ea daily); SP; PA | <i>leuprolide acetate KIT IJ 1 MG/0.2ML</i> | 4 | SP; PA |
| <i>gefitinib</i> | 4 | QL(2 ea daily); PA | LUPRON DEPOT (1-MONTH) KIT IM | 4 | QL(0.0357 ea daily); SP; PA |
| GILOTrif | 4 | QL(1 ea daily); PA | LUPRON DEPOT (3-MONTH) KIT IM | 4 | SP; PA |
| IRESSA (<i>gefitinib</i>) | 4 | QL(2 ea daily); PA | LUPRON DEPOT (4-MONTH) IM | 4 | QL(0.1339 ea daily); SP; PA |
| TAGRISSO 80 MG | 4 | QL(1 ea daily); PA | LUPRON DEPOT (6-MONTH) IM | 4 | QL(0.0089 ea daily); SP; PA |
| TAGRISSO 40 MG | 4 | QL(2 ea daily); PA | LYSODREN | 4 | SP; PA |
| VECTIBIX 100 MG/5ML | 4 | SP; PA | <i>megestrol acetate SUSP</i> | 1B | |
| VIZIMPRO | 4 | QL(1 ea daily); PA | <i>megestrol acetate TABS</i> | 1B | |
| Antineoplastic - Hedgehog Pathway Inhibitors | | | <i>nilutamide</i> | 1B | QL(2 ea daily) |
| DAURISMO | 4 | PA | NUBEQA | 4 | QL(4 ea daily); PA |
| ERIVEDGE | 4 | QL(1 ea daily); SP; PA | <i>tamoxifen citrate TABS</i> | 0 | |
| ODOMZO | 4 | QL(1 ea daily); PA | <i>toremifene citrate</i> | 1B | |
| Antineoplastic - Hormonal and Related Agents | | | TRELSTAR MIXJECT | 4 | SP; PA |
| <i>abiraterone acetate 250 MG</i> | 4 | QL(4 ea daily); SP; PA | XTANDI CAPS | 4 | QL(4 ea daily); SP; PA |
| <i>abiraterone acetate 500 MG</i> | 4 | QL(2 ea daily); PA | XTANDI TABS 40 MG | 4 | QL(4 ea daily); PA |
| <i>anastrozole</i> | 1B | QL(1 ea daily) | XTANDI TABS 80 MG | 4 | QL(2 ea daily); PA |
| <i>bicalutamide</i> | 4 | QL(1 ea daily); SP; PA | YONSA | 4 | QL(4 ea daily); PA |
| ELIGARD SC 22.5 MG, 30 MG, 45 MG | 4 | SP; PA | ZOLADEX 10.8 MG | 4 | QL(0.0119 ea daily); SP; PA |
| ELIGARD KIT SC 7.5 MG | 4 | QL(0.0089 ea daily); SP; PA | ZOLADEX 3.6 MG | 4 | QL(0.0357 ea daily); SP; PA |
| EMCYT | 4 | SP; PA | Antineoplastic - Immunomodulators | | |
| ERLEADA 240 MG | 4 | QL(1 ea daily); PA | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------|-----------------------------|-----------|------------------------|
| POMALYST | 4 | QL(1 ea daily); PA | BALVERSA | 4 | PA |
| Antineoplastic - PDGFR-alpha Inhibitors | | | | | |
| AYVAKIT | 4 | QL(1 ea daily); PA | <i>bortezomib SOLR IJ</i> | 4 | SP; PA |
| Antineoplastic - XPO1 Inhibitors | | | | | |
| XPOVIO | 4 | PA | BORTEZOMIB SOLR IV 3.5 MG | 4 | SP; PA |
| XPOVIO 60 MG TWICE WEEKLY | 4 | PA | BOSULIF TABS 400 MG | 4 | QL(1 ea daily); PA |
| XPOVIO 80 MG TWICE WEEKLY | 4 | PA | BOSULIF TABS 100 MG, 500 MG | 4 | QL(1 ea daily); SP; PA |
| Antineoplastic Antibiotics | | | | | |
| <i>bleomycin sulfate 15 UNIT</i> | 4 | SP; PA | BRAFTOVI 75 MG | 4 | SP; PA |
| <i>dactinomycin</i> | 4 | SP; PA | BRUKINSA | 4 | PA |
| <i>doxorubicin hcl liposomal</i> | 4 | SP; PA | CABOMETYX TABS | 4 | QL(1 ea daily); PA |
| <i>doxorubicin hcl SOLN</i> | 4 | SP; PA | CALQUENCE | 4 | QL(2 ea daily); PA |
| <i>doxorubicin hcl SOLR 10 MG, 50 MG</i> | 4 | SP; PA | CALQUENCE | 4 | QL(2 ea daily); PA |
| <i>idarubicin hcl 20 MG/20ML</i> | 4 | PA | CAPRELSA | 4 | QL(1 ea daily); SP; PA |
| <i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i> | 4 | SP; PA | COMETRIQ KIT | 4 | QL(2 ea daily); SP; PA |
| <i>mitomycin SOLR IV 20 MG</i> | 4 | SP; PA | COMETRIQ KIT | 4 | QL(4 ea daily); SP; PA |
| <i>mitoxantrone hcl 2 MG/ML</i> | 4 | SP; PA | COMETRIQ KIT | 4 | QL(3 ea daily); SP; PA |
| <i>valrubicin</i> | 4 | SP; PA | COPIKTRA | 4 | PA |
| Antineoplastic Combinations | | | | | |
| KISQALI FEMARA 200 DOSE | 4 | QL(2 ea daily); PA | everolimus TABS | 4 | QL(1 ea daily); SP; PA |
| KISQALI FEMARA 400 DOSE | 4 | QL(2.5 ea daily); PA | IBRANCE CAPS | 4 | QL(1 ea daily); PA |
| KISQALI FEMARA 600 DOSE | 4 | QL(3.25 ea daily); PA | IBRANCE TABS | 4 | QL(1 ea daily); PA |
| Antineoplastic Enzyme Inhibitors | | | | | |
| ALECENSA | 4 | QL(4 ea daily); PA | ICLUSIG | 4 | QL(1 ea daily); PA |
| ALUNBRIG TABS | 4 | QL(1 ea daily); PA | <i>imatinib mesylate</i> | 4 | QL(2 ea daily); SP; PA |
| ALUNBRIG TBPK | 4 | QL(1 ea daily); PA | IMBRUVICA CAPS 70 MG | 4 | QL(1 ea daily); PA |
| | | | IMBRUVICA CAPS 140 MG | 4 | QL(3 ea daily); PA |
| | | | IMBRUVICA SUSP | 4 | QL(8 ml daily); PA |
| | | | IMBRUVICA TABS | 4 | QL(1 ea daily); PA |
| | | | INREBIC | 4 | PA |
| | | | JAKAFI | 4 | QL(2 ea daily); SP; PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits | |
|---|-----------|------------------------|---|-----------|----------------------------|--|
| KISQALI | 4 | QL(2 ea daily); PA | TAFINLAR CAPS | 4 | QL(4 ea daily); PA | |
| KISQALI | 4 | QL(2.5 ea daily); PA | TALZENNA 0.25 MG, 0.5 MG, 0.75 MG, 1 MG | 4 | QL(1 ea daily); PA | |
| KOSELUGO | 4 | PA | TASIGNA 50 MG | 4 | QL(4 ea daily); PA | |
| KYPROLIS | 4 | PA | TASIGNA 150 MG, 200 MG | 4 | QL(4 ea daily); SP; PA | |
| <i>lapatinib ditosylate</i> | 4 | QL(6 ea daily); SP; PA | TAZVERIK | 4 | PA | |
| LORBRENA | 4 | QL(1 ea daily); PA | <i>temsirolimus</i> | 4 | QL(0.143 ml daily); SP; PA | |
| LYNPARZA TABS | 4 | QL(4 ea daily); PA | TIBSOVO | 4 | PA | |
| MEKINIST TABS 0.5 MG | 4 | QL(3 ea daily); PA | TURALIO | 4 | PA | |
| MEKINIST TABS 2 MG | 4 | QL(1 ea daily); PA | VERZENIO | 4 | QL(2 ea daily); PA | |
| MEKTOVI | 4 | SP; PA | VITRAKVI CAPS | 4 | PA | |
| NINLARO | 4 | QL(0.143 ea daily); PA | VITRAKVI SOLN | 4 | PA | |
| <i>pazopanib hcl</i> | 4 | QL(4 ea daily); SP; PA | VOTRIENT (<i>pazopanib hcl</i>) | 4 | QL(4 ea daily); SP; PA | |
| PEMAZYRE | 4 | QL(1 ea daily); PA | XALKORI CAPS | 4 | QL(2 ea daily); SP; PA | |
| PIQRAY 200MG DAILY DOSE | 4 | PA | XOSPATA | 4 | PA | |
| PIQRAY 250MG DAILY DOSE | 4 | PA | ZEJULA CAPS | 4 | QL(3 ea daily); PA | |
| PIQRAY 300MG DAILY DOSE | 4 | PA | ZELBORAF | 4 | SP; PA | |
| QINLOCK | 4 | PA | ZOLINZA | 4 | QL(4 ea daily); SP; PA | |
| RETEVMO | 4 | PA | ZYDELIG | 4 | QL(2 ea daily); PA | |
| <i>romidepsin SOLR</i> | 4 | SP; PA | Antineoplastic Enzymes | | | |
| ROZLYTREK CAPS | 4 | PA | ONCASPAR | 4 | SP; PA | |
| RUBRACA | 4 | QL(4 ea daily); PA | Antineoplastics Misc. | | | |
| <i>sorafenib tosylate</i> | 4 | QL(4 ea daily); SP; PA | ACTIMMUNE | 4 | SP; PA | |
| SPRYCEL | 4 | QL(1 ea daily); SP; PA | <i>arsenic trioxide 10 MG/10ML</i> | 4 | SP; PA | |
| STIVARGA | 4 | QL(4 ea daily); SP; PA | <i>bexarotene</i> | 4 | SP; PA | |
| <i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i> | 4 | QL(1 ea daily); SP; PA | <i>dacarbazine SOLR 200 MG</i> | 4 | SP; PA | |
| TABRECTA | 4 | PA | <i>hydroxyurea</i> | 1B | | |
| | | | INTRON A SOLR 18000000 UNIT | 4 | SP; PA | |
| | | | MATULANE | 4 | SP; PA | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| NIPENT | 4 | SP; PA | ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease | | |
| PHOTOFRIN | 4 | SP; PA | Antiparkinson Adjunctive Therapy | | |
| PROLEUKIN | 4 | SP; PA | <i>carbidopa</i> | 1B | |
| SYNRIBO | 4 | SP; PA | Antiparkinson Anticholinergics | | |
| <i>tretinoin (chemotherapy)</i> | 1B | | <i>benztropine mesylate SOLN</i> | 1B | |
| UVADEX | 4 | SP; PA | <i>benztropine mesylate TABS</i> | 1B | |
| Chemotherapy Adjuncts | | | <i>trihexyphenidyl hcl SOLN</i> | 1B | |
| KEPIVANCE 6.25 MG | 4 | SP; PA | <i>trihexyphenidyl hcl TABS</i> | 1B | |
| Chemotherapy Rescue/Antidote/Protective Agents | | | Antiparkinson COMT Inhibitors | | |
| <i>leucovorin calcium SOLR</i> | 1B | | <i>entacapone</i> | 1B | QL(8 ea daily) |
| <i>leucovorin calcium TABS</i> | 1B | | TASMAR (<i>tolcapone</i>) | 3 | |
| VORAXAZE | 4 | SP; PA | <i>tolcapone</i> | 3 | |
| Mitotic Inhibitors | | | Antiparkinson Dopaminergics | | |
| <i>docetaxel CONC 20 MG/ML</i> | 4 | SP; PA | <i>amantadine hcl CAPS</i> | 1B | |
| <i>docetaxel SOLN 20 MG/2ML</i> | 4 | SP; PA | <i>amantadine hcl SOLN</i> | 1B | |
| ETOPOPHOS | 4 | SP; PA | <i>amantadine hcl TABS</i> | 1B | |
| <i>etoposide CAPS</i> | 4 | SP; PA | <i>apomorphine hydrochloride SOCT</i> | 4 | PA |
| <i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i> | 4 | SP; PA | <i>bromocriptine mesylate CAPS</i> | 1B | |
| HALAVEN | 4 | SP; PA | <i>bromocriptine mesylate TABS 2.5 MG</i> | 1B | |
| IXEMPRA KIT 15 MG | 4 | SP; PA | <i>carbidopa-levodopa-entacapone</i> | 1B | |
| JEVDTANA | 4 | SP; PA | <i>carbidopa-levodopa TABS</i> | 1B | |
| <i>paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML</i> | 4 | SP; PA | <i>carbidopa-levodopa TBCR</i> | 1B | |
| <i>paclitaxel protein-bound particles</i> | 4 | SP; PA | <i>carbidopa-levodopa TBDP</i> | 1B | |
| <i>vincristine sulfate</i> | 4 | SP; PA | NEUPRO | 2 | |
| <i>vinorelbine tartrate 10 MG/ML</i> | 4 | SP; PA | <i>pramipexole dihydrochloride TABS 0.125 MG</i> | 1B | QL(4 ea daily) |
| Topoisomerase I Inhibitors | | | | | |
| HYCAMTIN CAPS | 4 | SP; PA | | | |
| <i>irinotecan hcl 40 MG/2ML, 100 MG/5ML</i> | 4 | SP; PA | | | |
| <i>topotecan hcl SOLR</i> | 4 | SP; PA | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|---|-----------|------------------------|
| <i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i> | 1B | | <i>paliperidone 6 MG</i> | 1B | QL(2 ea daily) |
| <i>ropinirole hydrochloride TABS</i> | 1B | | <i>PERSERIS PRSY</i> | 2 | QL(0.072 ea daily); PA |
| <i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i> | 1B | QL(1 ea daily); ST | <i>RISPERDAL CONSTA (risperidone microspheres)</i> | 2 | QL(0.072 ea daily); PA |
| <i>ropinirole hydrochloride TB24 8 MG, 12 MG</i> | 1B | QL(2 ea daily); ST | <i>risperidone microspheres</i> | 1B | QL(0.072 ea daily); PA |
| Antiparkinson Monoamine Oxidase Inhibitors | | | <i>risperidone SOLN</i> | 1B | QL(8 ml daily) |
| <i>rasagiline mesylate</i> | 1B | QL(1 ea daily); PA | <i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG</i> | 1B | QL(2 ea daily) |
| <i>selegiline hcl CAPS</i> | 1B | | <i>risperidone TABS 4 MG</i> | 1B | QL(4 ea daily) |
| <i>selegiline hcl TABS</i> | 1B | | <i>risperidone TBDP</i> | 1B | QL(4 ea daily) |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders | | | Butyrophenones | | |
| Antimanic Agents | | | <i>haloperidol decanoate</i> | 1B | QL(0.036 ml daily) |
| <i>lithium</i> | 1B | | <i>haloperidol lactate CONC</i> | 1B | |
| <i>lithium carbonate CAPS</i> | 1B | | <i>haloperidol lactate SOLN</i> | 1B | |
| <i>lithium carbonate TABS</i> | 1B | | <i>haloperidol TABS</i> | 1B | |
| <i>lithium carbonate TBCR</i> | 1B | | Dibenzapines | | |
| Antipsychotics - Misc. | | | <i>asenapine maleate 2.5 MG</i> | 1B | QL(4 ea daily); PA |
| <i>EQUETRO 200 MG</i> | 3 | QL(8 ea daily) | <i>asenapine maleate 5 MG, 10 MG</i> | 1B | QL(2 ea daily); PA |
| <i>EQUETRO 100 MG</i> | 3 | QL(2 ea daily) | <i>clozapine TABS</i> | 1B | |
| <i>EQUETRO 300 MG</i> | 3 | QL(4 ea daily) | <i>clozapine TBDP 12.5 MG, 150 MG</i> | 1B | QL(6 ea daily) |
| <i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i> | 1B | QL(1 ea daily) | <i>clozapine TBDP 100 MG</i> | 1B | QL(9 ea daily) |
| <i>lurasidone hcl 80 MG</i> | 1B | QL(2 ea daily) | <i>clozapine TBDP 25 MG</i> | 1B | QL(3 ea daily) |
| <i>ziprasidone hcl</i> | 1B | QL(2 ea daily); AL(At least 18 yrs old) | <i>loxapine succinate</i> | 1B | |
| Benzisoxazoles | | | <i>olanzapine SOLR</i> | 1B | QL(0.215 ea daily) |
| <i>FANAPT</i> | 2 | QL(2 ea daily); PA | <i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i> | 1B | QL(1 ea daily) |
| <i>FANAPT TITRATION PACK</i> | 2 | PA | <i>olanzapine TABS 15 MG, 20 MG</i> | 1B | QL(2 ea daily) |
| <i>paliperidone 1.5 MG, 3 MG, 9 MG</i> | 1B | QL(1 ea daily) | <i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i> | 1B | QL(2 ea daily) |
| | | | <i>olanzapine TBDP 20 MG</i> | 1B | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|-----------------------|
| quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG | 1B | QL(2 ea daily); AL(At least 10 yrs old) | atazanavir sulfate CAPS 150 MG, 300 MG | 1B | QL(1 ea daily) |
| quetiapine fumarate TB24 50 MG, 150 MG, 200 MG | 1B | QL(1 ea daily) | atazanavir sulfate CAPS 200 MG | 1B | QL(2 ea daily) |
| quetiapine fumarate TB24 300 MG, 400 MG | 1B | QL(2 ea daily) | BIKTARVY | 3 | QL(1 ea daily) |
| Phenothiazines | | | CIMDUO | 3 | QL(1 ea daily); ST |
| chlorpromazine hcl SOLN | 3 | | COMPLERA | 3 | QL(1 ea daily) |
| chlorpromazine hcl TABS | 1B | | darunavir TABS 800 MG | 3 | QL(1 ea daily) |
| fluphenazine hcl CONC | 1B | | darunavir TABS 600 MG | 3 | QL(2 ea daily) |
| fluphenazine hcl ELIX | 1B | | DELSTRIGO | 3 | QL(1 ea daily) |
| fluphenazine hcl SOLN | 1B | | DOVATO | 3 | QL(1 ea daily) |
| fluphenazine hcl TABS | 1B | | EDURANT | 3 | QL(1 ea daily) |
| perphenazine TABS | 1B | | efavirenz CAPS 50 MG | 1B | QL(3 ea daily) |
| prochlorperazine | 1B | | efavirenz CAPS 200 MG | 1B | QL(2 ea daily) |
| prochlorperazine maleate TABS | 1B | | efavirenz-emtricitabine- tenofovir disoproxil fumarate | 1B | QL(1 ea daily) |
| thioridazine hcl | 1B | | efavirenz-lamivudine- tenofovir disoproxil fumarate | 1B | QL(1 ea daily) |
| trifluoperazine hcl TABS | 1B | | efavirenz TABS | 1B | QL(1 ea daily) |
| Quinolinone Derivatives | | | emtricitabine CAPS | 1B | QL(1 ea daily) |
| ariPIPRAZOLE SOLN OR | 1B | QL(30 ml daily); AL(At least 6 yrs old) | emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG | 1B | QL(1 ea daily) |
| ariPIPRAZOLE TABS | 1B | QL(1 ea daily); AL(At least 6 yrs old) | emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG | 0 | QL(1 ea daily) |
| REXULTI | 3 | PA | EMTRIVA SOLN | 3 | QL(24 ml daily) |
| Thioxanthenes | | | etravirine 100 MG | 1B | QL(4 ea daily) |
| thiothixene | 1B | | etravirine 200 MG | 1B | QL(2 ea daily) |
| ANTIVIRALS - Drugs to Treat Viral Infections | | | EVOTAZ | 3 | QL(1 ea daily) |
| Antiretrovirals | | | fosamprenavir calcium TABS | 1B | QL(4 ea daily) |
| abacavir sulfate- lamivudine | 1B | QL(1 ea daily) | FUZEON SOLR | 4 | SP; PA |
| abacavir sulfate SOLN | 1B | QL(32 ml daily) | GENVOYA | 3 | QL(1 ea daily) |
| abacavir sulfate TABS | 1B | QL(2 ea daily) | INTELENCE 25 MG | 3 | QL(8 ea daily) |
| APTIVUS CAPS | 3 | QL(4 ea daily) | ISENTRESS HD TABS | 3 | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|--|-----------|-----------------------------|
| ISENTRESS CHEW | 3 | QL(6 ea daily) | <i>tenofovir disoproxil fumarate</i> TABS | 1B | |
| ISENTRESS TABS | 3 | QL(2 ea daily) | TIVICAY TABS | 3 | QL(2 ea daily) |
| JULUCA | 3 | QL(1 ea daily) | TRIUMEQ TABS | 3 | QL(1 ea daily) |
| <i>lamivudine</i> SOLN | 1B | QL(30 ml daily) | TRIZIVIR | 3 | QL(2 ea daily) |
| <i>lamivudine</i> TABS 300 MG | 1B | QL(1 ea daily) | TYBOST | 3 | QL(1 ea daily) |
| <i>lamivudine</i> TABS 150 MG | 1B | QL(2 ea daily) | VIRACEPT TABS 625 MG | 3 | QL(4 ea daily) |
| <i>lamivudine-zidovudine</i> | 1B | QL(2 ea daily) | VIRACEPT TABS 250 MG | 3 | QL(10 ea daily) |
| LEXIVA SUSP | 3 | QL(56 ml daily) | VIREAD POWD | 3 | QL(7.5 gm daily) |
| <i>lopinavir-ritonavir</i> SOLN | 1B | QL(12.5 ml daily) | VIREAD TABS 150 MG, 200 MG, 250 MG | 3 | QL(1 ea daily) |
| <i>lopinavir-ritonavir</i> TABS | 1B | QL(4 ea daily) | <i>zidovudine</i> CAPS | 1B | QL(6 ea daily) |
| <i>maraviroc</i> TABS 300 MG | 1B | QL(4 ea daily) | <i>zidovudine</i> SYRP | 1B | QL(60 ml daily) |
| <i>maraviroc</i> TABS 150 MG | 1B | QL(2 ea daily) | <i>zidovudine</i> TABS | 1B | QL(2 ea daily) |
| <i>nevirapine</i> SUSP | 1B | QL(40 ml daily) | CMV Agents | | |
| <i>nevirapine</i> TABS | 1B | QL(2 ea daily) | <i>cidofovir</i> | 3 | |
| <i>nevirapine</i> TB24 400 MG | 1B | QL(1 ea daily) | <i>ganciclovir sodium</i> SOLR | 1B | |
| <i>nevirapine</i> TB24 100 MG | 1B | QL(3 ea daily) | <i>valganciclovir hcl</i> TABS | 1B | QL(4 ea daily); PA |
| NORVIR PACK | 3 | QL(12 ea daily) | Hepatitis Agents | | |
| NORVIR SOLN | 3 | QL(15 ml daily) | <i>adefovir dipivoxil</i> | 4 | QL(1 ea daily); SP; PA |
| ODEFSEY | 3 | QL(1 ea daily) | BARACLUDE SOLN | 4 | QL(20 ml daily); SP; PA |
| PIFELTRO | 3 | QL(1 ea daily) | <i>entecavir</i> TABS | 4 | QL(1 ea daily); SP; PA |
| PREZCOBIX | 3 | QL(1 ea daily) | EPIVIR HBV SOLN | 4 | QL(60 ml daily); SP; PA |
| PREZISTA SUSP | 3 | QL(12 ml daily) | <i>lamivudine (hbv)</i> TABS | 1B | QL(3 ea daily); SP |
| PREZISTA TABS 800 MG (<i>darunavir</i>) | 3 | QL(1 ea daily) | LEDIPASVIR/SOFOSBUV IR TABS | 4 | QL(1 ea daily); PA |
| PREZISTA TABS (<i>darunavir</i>) | 3 | QL(2 ea daily) | PEGASYS SOLN | 4 | QL(0.0714 ml daily); SP; PA |
| PREZISTA TABS 75 MG, 150 MG, 600 MG | 3 | QL(2 ea daily) | PEGASYS SOSY | 4 | QL(0.072 ml daily); PA |
| RETROVIR IV INFUSION SOLN | 3 | | <i>ribavirin (hepatitis c)</i> CAPS | 1B | QL(7 ea daily) |
| <i>ritonavir</i> TABS | 1B | QL(12 ea daily) | <i>ribavirin (hepatitis c)</i> TABS 200 MG | 1B | QL(7 ea daily) |
| RUKOBIA | 4 | PA | | | |
| SELZENTRY SOLN | 3 | QL(30 ml daily) | | | |
| SELZENTRY TABS 25 MG, 75 MG | 3 | QL(2 ea daily) | | | |
| <i>stavudine</i> CAPS | 1B | QL(2 ea daily) | | | |
| STRIBILD | 3 | QL(1 ea daily) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|---|-----------|---------------------|
| SOFOSBUVIR/VELPATA SVIR TABS | 1B | QL(1 ea daily); PA | <i>labetalol hcl SOLN</i> | 1B | |
| ZEPATIER | 4 | QL(1 ea daily); PA | <i>labetalol hcl TABS 300 MG</i> | 1B | QL(8 ea daily) |
| Herpes Agents | | | | | |
| <i>acyclovir CAPS</i> | 1A | QL(5 ea daily; 50 ea per fill retail; 50 per fill mail) | Beta Blockers Cardio-Selective | | |
| <i>acyclovir SUSP</i> | 1B | QL(13.34 ml daily) | <i>acebutolol hcl CAPS</i> | 1B | |
| <i>acyclovir TABS OR</i> | 1B | QL(5 ea daily) | <i>atenolol TABS</i> | 1B | |
| <i>famciclovir 500 MG</i> | 1B | QL(4 ea daily) | <i>betaxolol hcl</i> | 1B | |
| <i>famciclovir 125 MG, 250 MG</i> | 1B | QL(3 ea daily) | <i>bisoprolol fumarate</i> | 1B | |
| <i>valacyclovir hcl 1 GM, 1000 MG</i> | 1B | QL(4 ea daily) | <i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i> | 1B | |
| <i>valacyclovir hcl 500 MG</i> | 1B | QL(2 ea daily) | <i>metoprolol succinate TB24 200 MG</i> | 1B | QL(2 ea daily) |
| Influenza Agents | | | | | |
| <i>oseltamivir phosphate CAPS</i> | 1B | Limit 1 fill every 90 days. ; 1 rtl MAX fill; 90 rtl day(s) supply; 1 mail MAX fill; QL(10 ea per fill retail; 10 per fill mail) | <i>metoprolol tartrate SOLN IV 5 MG/5ML</i> | 1B | |
| <i>oseltamivir phosphate SUSR</i> | 1B | Limit 1 fill every 90 days.; 1 rtl MAX fill; 90 rtl day(s) supply; QL(120 ml per fill retail) | <i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i> | 1B | |
| RELENZA DISKHALER | 2 | 1 rtl pack lmt amt; 30 rtl pack lmt day(s) | <i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i> | 3 | QL(1 ea daily) |
| <i>rimantadine hydrochloride TABS</i> | 1B | QL(2 ea daily) | <i>nebivolol hcl 20 MG</i> | 3 | QL(2 ea daily) |
| BETA BLOCKERS - Drugs to Treat High Blood Pressure | | | | | |
| Alpha-Beta Blockers | | | | | |
| <i>carvedilol</i> | 1B | | <i>HEMANGEOL SOLN OR</i> | 4 | QL(75 ml daily); PA |
| <i>carvedilol phosphate</i> | 3 | QL(1 ea daily) | <i>nadolol TABS 40 MG</i> | 1B | QL(6 ea daily) |
| CALCIUM CHANNEL BLOCKERS - Drugs to Treat | | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|------------------------------|
| High Blood Pressure | | | | | |
| Calcium Channel Blockers | | | | | |
| <i>amlodipine besylate TABS</i> | 1B | | <i>verapamil hcl TABS</i> | 1B | |
| <i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i> | 1B | | <i>verapamil hcl TBCR</i> | 1B | |
| <i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i> | 1B | QL(2 ea daily) | CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm | | |
| <i>diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i> | 1B | | Cardiac Glycosides | | |
| <i>diltiazem hcl CP12</i> | 1B | QL(2 ea daily) | <i>digoxin SOLN OR 0.05 MG/ML</i> | 1B | |
| <i>diltiazem hcl CP24</i> | 1B | | <i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i> | 1B | |
| <i>diltiazem hcl SOLN 50 MG/10ML</i> | 1B | | <i>LANOXIN SOLN IJ (digoxin)</i> | 2 | |
| DILTIAZEM HCL SOLR | 1B | | <i>LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)</i> | 2 | |
| <i>diltiazem hcl TABS</i> | 1B | | CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions | | |
| <i>diltiazem hcl TB24</i> | 1B | | Cardiovascular Agents Misc. - Combinations | | |
| <i>felodipine</i> | 1B | | <i>amlodipine besylate-atorvastatin calcium</i> | 1B | QL(1 ea daily) |
| <i>isradipine CAPS</i> | 1B | | <i>isosorbide dinitrate-hydralazine hcl</i> | 1B | |
| <i>nicardipine hcl CAPS</i> | 1B | | Impotence Agents | | |
| <i>nicardipine hcl SOLN</i> | 1B | | <i>sildenafil citrate</i> | 1B | QL(0.1334 ea daily); PA |
| <i>nifedipine CAPS 10 MG</i> | 1B | | <i>STENDRA</i> | 3 | QL(0.134 ea daily) |
| <i>nifedipine CAPS 20 MG</i> | 1B | QL(9 ea daily) | <i>tadalafil 5 MG</i> | 1B | BPH Only; QL(1 ea daily); PA |
| <i>nifedipine TB24 90 MG</i> | 1B | QL(1 ea daily) | Prostaglandin Vasodilators | | |
| <i>nifedipine TB24 60 MG</i> | 1B | QL(2 ea daily) | <i>epoprostenol sodium</i> | 4 | PA |
| <i>nifedipine TB24</i> | 1B | | <i>ORENITRAM TBCR</i> | 4 | PA |
| <i>nimodipine CAPS</i> | 1B | | <i>treprostinil SOLN IJ</i> | 4 | SP; PA |
| <i>nisoldipine 8.5 MG, 17 MG, 20 MG, 30 MG, 34 MG, 40 MG</i> | 1B | | <i>TYVASO REFILL SOLN IN</i> | 4 | PA |
| <i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i> | 1B | | <i>TYVASO STARTER SOLN IN</i> | 4 | PA |
| <i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i> | 1B | QL(1 ea daily) | | | |
| <i>verapamil hcl SOLN 2.5 MG/ML</i> | 1B | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|---|-----------|---------------------|
| TYVASO SOLN IN | 4 | PA | Sinus Node Inhibitors | | |
| Pulmonary Hypertension - Endothelin Receptor Antagonists | | | CORLANOR SOLN | 3 | QL(15 ml daily); PA |
| <i>ambrisentan</i> | 4 | QL(1 ea daily); SP; PA | CORLANOR TABS | 3 | QL(2 ea daily); PA |
| <i>bosentan TABS 62.5 MG</i> | 4 | QL(2 ea daily); PA | Transthyretin Stabilizers | | |
| <i>bosentan TABS 125 MG</i> | 4 | QL(2 ea daily); SP; PA | VYNDAMAX | 4 | QL(1 ea daily); PA |
| OPSUMIT | 4 | QL(1 ea daily); PA | VYNDAQEL | 4 | QL(4 ea daily); PA |
| TRACLEER TBSO | 4 | QL(2 ea daily); SP; PA | CEPHALOSPORINS - Drugs to Treat Bacterial Infections | | |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors | | | Cephalosporins - 1st Generation | | |
| <i>sildenafil citrate (pulmonary hypertension) SOLN</i> | 4 | QL(37.5 ml daily); SP; PA | <i>cefadroxil CAPS</i> | 1B | |
| <i>sildenafil citrate (pulmonary hypertension) SUSR</i> | 4 | QL(6 ml daily); PA | <i>cefadroxil SUSR</i> | 1B | |
| <i>sildenafil citrate (pulmonary hypertension) TABS</i> | 4 | QL(3 ea daily); SP; PA | <i>cefadroxil TABS</i> | 1B | |
| <i>tadalafil (pulmonary hypertension) TABS</i> | 4 | QL(2 ea daily); SP; PA | <i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i> | 1B | |
| Pulmonary Hypertension - Prostacyclin Receptor Agonist | | | <i>cephalexin CAPS</i> | 1B | |
| UPTRAVI TITRATION PACK TBPK | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; PA | <i>cephalexin SUSR</i> | 1B | |
| UPTRAVI TABS 200 MCG | 4 | PA | Cephalosporins - 2nd Generation | | |
| UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG | 4 | QL(2 ea daily); PA | <i>cefaclor CAPS</i> | 1B | |
| Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator | | | <i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i> | 1B | |
| ADEMPAS | 4 | QL(3 ea daily); PA | <i>cefotetan disodium IJ 1 GM, 2 GM</i> | 1B | |
| | | | <i>cefoxitin sodium IV 1 GM, 2 GM</i> | 1B | |
| | | | <i>cefprozil SUSR</i> | 1B | |
| | | | <i>cefprozil TABS</i> | 1B | |
| | | | <i>cefuroxime axetil TABS</i> | 1B | |
| | | | <i>cefuroxime sodium IJ 750 MG</i> | 1B | |
| | | | Cephalosporins - 3rd Generation | | |
| | | | <i>cefdinir CAPS</i> | 1B | |
| | | | <i>cefdinir SUSR</i> | 1B | |
| | | | <i>cefixime CAPS</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| <i>cefixime SUSR</i> | 1B | PA | <i>ethynodiol diacet & eth estrad</i> | 0 | |
| <i>cefotaxime sodium IJ 1 GM, 2 GM</i> | 1B | | <i>levonorgestrel & eth estradiol TABS</i> | 0 | |
| <i>cefpodoxime proxetil SUSR</i> | 1B | | <i>levonorgestrel-eth estradiol (triphasic)</i> | 0 | |
| <i>cefpodoxime proxetil TABS</i> | 1B | | <i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i> | 0 | |
| <i>ceftazidime IJ 1 GM, 6 GM</i> | 1B | | <i>levonorgestrel-ethinyl estradiol (continuous)</i> | 0 | |
| <i>ceftriaxone sodium IJ 250 MG</i> | 1A | | <i>levonorgestrel-ethinyl estradiol-iron</i> | 0 | |
| <i>ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG</i> | 1B | | <i>LO LOESTRIN FE TABS</i> | 0 | |
| Cephalosporins - 4th Generation | | | <i>NATAZIA</i> | 0 | |
| <i>cefepime hcl SOLR IV 2 GM</i> | 1B | | <i>NEXTSTELLIS</i> | 0 | |
| Cephalosporins - 5th Generation | | | <i>norethin acet & estrad-fe CAPS</i> | 0 | |
| TEFLARO | 3 | | <i>norethin acet & estrad-fe CHEW</i> | 0 | |
| CHEMICALS | | | | | |
| Bulk Chemicals - C's | | | <i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i> | 0 | |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy | | | | | |
| Combination Contraceptives - Oral | | | <i>norethindrone & eth estradiol</i> | 0 | |
| BALCOLTRA <i>(levonorgestrel-ethinyl estradiol-iron)</i> | 0 | | <i>norethindrone & ethinyl estradiol-fe</i> | 0 | |
| <i>desogestrel & ethinyl estradiol</i> | 0 | | <i>norethindrone acet & eth estra</i> | 0 | |
| <i>desogestrel-ethinyl estradiol (biphasic)</i> | 0 | | <i>norethindrone acetate-ethinyl estradiol-fe</i> | 0 | |
| <i>desogestrel-ethinyl estradiol (triphasic)</i> | 0 | | <i>norethindrone-eth estradiol (triphasic)</i> | 0 | |
| <i>drospirenone-ethinyl estradiol</i> | 0 | | <i>norgestimate-ethinyl estradiol</i> | 0 | |
| <i>drospirenone-ethinyl estradiol-levomefolat calcium</i> | 0 | | <i>norgestimate-ethinyl estradiol (triphasic)</i> | 0 | |
| <i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i> | | | | | |
| TYBLUME CHEW | | | | | |
| Combination Contraceptives - Transdermal | | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|---|-----------|--------------------------------------|
| <i>norelgestromin-ethynodiol estradiol</i> | 0 | | <i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i> | 1B | |
| TWIRLA | 0 | QL(3 ea per 28 days retail) | <i>dexamethasone ELIX</i> | 1B | |
| Combination Contraceptives - Vaginal | | | | | |
| ANNOVERA | 0 | PA | <i>dexamethasone SOLN</i> | 1B | |
| <i>etonogestrel-ethynodiol estradiol</i> | 0 | QL(0.05 ea daily) | <i>dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG</i> | 1B | |
| Emergency Contraceptives | | | | | |
| ELLA | 0 | | <i>dexamethasone TABS 0.5 MG, 0.75 MG</i> | 1A | |
| <i>levonorgestrel (emergency oc) 1.5 MG</i> | 0 | | <i>EMFLAZA SUSP</i> | 4 | PA |
| Progestin Contraceptives - Injectable | | | | | |
| DEPO-SUBQ PROVERA 104 SUSY SC | 0 | | <i>EMFLAZA TABS (deflazacort)</i> | 4 | PA |
| <i>medroxyprogesterone acetate (contraceptive) SUSP IM</i> | 0 | QL(1 ml per 90 days retail) | <i>hydrocortisone TABS</i> | 1B | |
| <i>medroxyprogesterone acetate (contraceptive) SUSY IM</i> | 0 | QL(1 ml per 90 days retail) | <i>MEDROL TABS</i> | 3 | |
| Progestin Contraceptives - Oral | | | | | |
| <i>norethindrone (contraceptive)</i> | 0 | | <i>methylprednisolone acetate SUSP</i> | 1B | |
| OPILL | 0 | | <i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i> | 1B | |
| SLYND | 0 | QL(1 ea daily) | <i>methylprednisolone TABS</i> | 1B | |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | | | | | |
| Glucocorticosteroids | | | | | |
| <i>budesonide CPEP</i> | 1B | QL(3 ea daily) | <i>methylprednisolone TBPK</i> | 1B | |
| <i>deflazacort TABS</i> | 4 | PA | <i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i> | 1B | |
| DEPO-MEDROL SUSP | 3 | | <i>prednisolone sodium phosphate TBDP</i> | 3 | |
| <i>DEXAMETHASONE INTENSOL CONC</i> | 1B | | <i>prednisolone SOLN</i> | 1B | |
| <i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i> | 1B | | <i>prednisolone TABS</i> | 1B | |
| | | | <i>prednisone SOLN</i> | 1B | |
| | | | <i>prednisone TABS 1 MG, 5 MG</i> | 1B | |
| | | | <i>prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG</i> | 1A | |
| | | | <i>prednisone TBPK</i> | 1B | |
| | | | <i>SOLU-CORTEF 100 MG, 500 MG, 1000 MG</i> | 3 | 2 rtl MAX fill; 30 rtl day(s) supply |
| | | | <i>SOLU-CORTEF 250 MG</i> | 3 | |
| | | | <i>SOLU-MEDROL 2 GM</i> | 3 | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------------|---|-----------|---|
| <i>triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i> | 1B | | AZELEX | 3 | QL(50 gm per 30 days retail; 50 gm per 30 days mail); AL(At least 12 yrs old); ST |
| Mineralocorticoids | | | BENZEPRO CREAMY WASH LIQD | 2 | AL(At least 12 yrs old); RX/OTC |
| <i>fludrocortisone acetate TABS</i> | 1B | | <i>benzoyl peroxide-erythromycin GEL</i> | 1B | AL(At least 12 yrs old); PA |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms | | | <i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i> | 1B | AL(At least 12 yrs old); RX/OTC |
| Antitussives | | | <i>benzoyl peroxide GEL 5 %</i> | 1B | QL(3 gm daily); AL(At least 12 yrs old) |
| <i>benzonatate 100 MG</i> | 1B | QL(6 ea daily) | <i>benzoyl peroxide GEL 10 %</i> | 1B | AL(At least 12 yrs old) |
| <i>benzonatate 150 MG</i> | 1B | QL(4 ea daily) | <i>benzoyl peroxide LIQD 4 %, 7 %, 10 %</i> | 1B | AL(At least 12 yrs old) |
| <i>benzonatate 200 MG</i> | 1B | QL(3 ea daily) | <i>clindamycin phosphate (topical) FOAM</i> | 1B | AL(At least 12 yrs old); PA |
| Cough/Cold/Allergy Combinations | | | <i>clindamycin phosphate (topical) GEL</i> | 1B | QL(8 gm daily) |
| <i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i> | 1B | | <i>clindamycin phosphate (topical) LOTN</i> | 1B | AL(At least 12 yrs old) |
| TUZISTRA XR | 2 | PA | <i>clindamycin phosphate (topical) SOLN</i> | 1B | QL(4 ml daily); AL(At least 12 yrs old) |
| Misc. Respiratory Inhalants | | | <i>clindamycin phosphate (topical) SWAB</i> | 1B | AL(At least 12 yrs old) |
| HYPERSAL NEBU | 1B | | <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | 1B | AL(At least 12 yrs old); PA |
| NEBUSAL NEBU | 1B | | <i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i> | 1B | AL(At least 12 yrs old); PA |
| <i>sodium chloride (inhalant) NEBU 7 %</i> | 1B | | <i>clindamycin phosphate-tretinoi</i> n | 1B | AL(At least 12 yrs old); ST |
| Mucolytics | | | DIFFERIN LOTN | 2 | AL(At least 12 yrs old); ST |
| <i>acetylcysteine SOLN</i> | 1B | | <i>erythromycin (acne aid) PADS</i> | 1B | AL(At least 12 yrs old) |
| DERMATOLOGICALS - Drugs to Treat Skin Conditions | | | <i>erythromycin (acne aid) SOLN</i> | 1B | AL(At least 12 yrs old) |
| Acne Products | | | | | |
| <i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i> | 1B | AL(At least 12 yrs old); ST | | | |
| <i>adapalene CREA</i> | 1B | AL(At least 12 yrs old); PA | | | |
| <i>adapalene GEL 0.1 %</i> | 1B | AL(At least 12 yrs old); PA; RX/OTC | | | |
| <i>adapalene GEL 0.3 %</i> | 1B | AL(At least 12 yrs old); ST | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|--|
| <i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i> | 3 | AL(At least 12 yrs old); PA | Antifungals - Topical | | |
| PR BENZOYL PEROXIDE WASH LIQD | 2 | AL(At least 12 yrs old); RX/OTC | <i>butenafine hcl</i> | 1B | QL(6 gm daily); RX/OTC |
| <i>sulfacetamide sodium (acne)</i> | 1B | AL(At least 12 yrs old) | <i>ciclopirox olamine CREA</i> | 1B | 1 rtl MAX fill; 30 rtl day(s) supply; QL(90 gm per fill retail) |
| <i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i> | 1B | AL(At least 12 yrs old); ST; PA | <i>ciclopirox olamine SUSP</i> | 1B | |
| <i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i> | 1B | AL(At least 12 yrs old) | <i>ciclopirox GEL</i> | 1B | QL(3.35 gm daily) |
| <i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i> | 1B | AL(At least 12 yrs old); ST | <i>ciclopirox SHAM</i> | 1B | QL(10 ml daily) |
| <i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i> | 1B | AL(At least 12 yrs old) | <i>ciclopirox SOLN</i> | 1B | QL(0.22 ml daily) |
| <i>tretinoin microsphere 0.1 %</i> | 1B | QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA | <i>clotrimazole (topical) CREA</i> | 1B | QL(4.5 gm daily); RX/OTC |
| <i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i> | 1B | QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA | <i>clotrimazole (topical) SOLN</i> | 1B | QL(10 ml daily); RX/OTC |
| <i>tretinoin GEL 0.01 %, 0.025 %</i> | 1B | QL(3 gm daily); AL(At least 12 yrs old - Up to 30 yrs old); PA | <i>clotrimazole w/ betamethasone CREA</i> | 1B | QL(8 gm daily) |
| Agents for External Genital and Perianal Warts | | | <i>clotrimazole w/ betamethasone LOTN</i> | 1B | |
| VEREGEN | 3 | QL(1 gm daily) | <i>econazole nitrate CREA</i> | 1B | QL(85 gm per fill retail; 85 per fill mail) |
| Antibiotics - Topical | | | ERTACZO | 3 | QL(2.15 gm daily) |
| ALTABAX | 2 | QL(15 gm per 30 days retail; 15 gm per 30 days mail) | <i>ketoconazole (topical) CREA</i> | 1B | QL(10 gm daily) |
| <i>gentamicin sulfate (topical) CREA</i> | 1B | QL(1 gm daily) | <i>ketoconazole (topical) SHAM 2 %</i> | 1B | QL(20 ml daily) |
| <i>gentamicin sulfate (topical) OINT</i> | 1B | | <i>luliconazole</i> | 1B | PA |
| <i>mupirocin OINT</i> | 1B | QL(6 gm daily) | <i>naftifine hcl CREA 2 %</i> | 1B | 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(2 gm daily) |
| NEO-SYNALAR | 3 | QL(60 gm per 30 days retail; 60 gm per 30 days mail); PA | <i>naftifine hcl CREA 1 %</i> | 1B | 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(3 gm daily) |
| | | | <i>nystatin (topical) CREA</i> | 1B | QL(10 gm daily) |
| | | | <i>nystatin (topical) OINT</i> | 1B | QL(6 gm daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits | |
|--|-----------|---|-------------------------------------|-----------|--|--|
| <i>nystatin (topical) POWD EX</i> | 1B | QL(10 gm daily) | <i>doxepin hcl (antipruritic)</i> | 3 | Limit 1 fill every 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(45 gm per fill retail; 45 per fill mail); PA | |
| <i>nystatin-triamcinolone CREA</i> | 1B | QL(10 gm daily) | Antipsoriatics | | | |
| <i>nystatin-triamcinolone OINT</i> | 1B | QL(4 gm daily) | <i>acitretin 25 MG</i> | 1B | QL(2 ea daily) | |
| <i>oxiconazole nitrate CREA</i> | 1B | Limit 1 Fill per 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(3 gm daily) | <i>acitretin 10 MG, 17.5 MG</i> | 1B | QL(1 ea daily) | |
| <i>OXISTAT LOTN</i> | 2 | Limit 1 Fill per 180 days; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill; QL(2 ml daily) | <i>calcipotriene CREA</i> | 1B | QL(4 gm daily); PA | |
| <i>sulconazole nitrate CREA</i> | 1B | | <i>calcipotriene OINT</i> | 1B | QL(4 gm daily); PA | |
| <i>sulconazole nitrate SOLN</i> | 1B | 1 rtl MAX fill; 90 rtl day(s) supply; 1 mail MAX fill | <i>calcipotriene SOLN</i> | 1B | PA | |
| <i>tavaborole</i> | 1B | PA | <i>calcitriol (topical)</i> | 1B | QL(3.34 gm daily) | |
| Anti-inflammatory Agents - Topical | | | <i>COSENTYX SENSOREADY PEN SOAJ</i> | 4 | QL(0.072 ml daily); PA | |
| <i>diclofenac epolamine PTCH EX</i> | 1B | QL(2 ea daily); PA | <i>COSENTYX UNOREADY SOAJ</i> | 4 | QL(0.072 ml daily); PA | |
| <i>diclofenac sodium (topical) GEL EX</i> | 1B | QL(3.34 gm daily); RX/OTC | <i>COSENTYX SOSY 150 MG/ML</i> | 4 | QL(0.036 ml daily); PA | |
| Antineoplastic or Premalignant Lesion Agents - Topical | | | <i>COSENTYX SOSY 75 MG/0.5ML</i> | 4 | QL(0.18 ml daily); PA | |
| <i>bexarotene (topical)</i> | 4 | SP; PA | <i>COSENTYX SOSY 150 MG/ML</i> | 4 | QL(0.072 ml daily); PA | |
| <i>diclofenac sodium (actinic keratoses) EX</i> | 1B | PA | <i>methoxsalen rapid</i> | 1B | QL(4 ea daily) | |
| <i>fluorouracil (topical) CREA 5 %</i> | 1B | QL(4 gm daily) | <i>SKYRIZI PEN SOAJ</i> | 4 | QL(0.025 ml daily); PA | |
| <i>fluorouracil (topical) SOLN</i> | 1B | QL(2 ml daily) | <i>SKYRIZI PSKT</i> | 4 | QL(0.025 ea daily); PA | |
| <i>PANRETIN</i> | 3 | QL(60 gm per 30 days retail; 60 gm per 30 days mail) | <i>SKYRIZI SOSY</i> | 4 | QL(0.025 ml daily); PA | |
| Antipruritics - Topical | | | <i>STELARA SOLN 45 MG/0.5ML</i> | 4 | QL(0.012 ml daily); PA | |
| | | | <i>STELARA SOSY 45 MG/0.5ML</i> | 4 | QL(0.012 ml daily); PA | |
| | | | <i>STELARA SOSY 90 MG/ML</i> | 4 | QL(0.018 ml daily); SP; PA | |
| | | | <i>tazarotene CREA</i> | 1B | QL(1 gm daily) | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|---|-----------|-----------------------|
| TREMFYA SOPN | 4 | QL(0.018 ml daily); PA | <i>betamethasone dipropionate (topical) OINT</i> | 1B | QL(3 gm daily) |
| TREMFYA SOSY | 4 | QL(0.018 ml daily); PA | <i>betamethasone dipropionate augmented CREA</i> | 1B | QL(3.5 gm daily) |
| Antiseborheic Products | | | | | |
| <i>selenium sulfide LOTN 2.5 %</i> | 1B | | <i>betamethasone dipropionate augmented LOTN</i> | 1B | QL(5 ml daily) |
| Antivirals - Topical | | | | | |
| <i>acyclovir topical CREA</i> | 1B | 1 rtl pack lmt per fill; 1 mail pack lmt per fill | <i>betamethasone dipropionate augmented OINT</i> | 1B | QL(3.5 gm daily) |
| <i>acyclovir topical OINT</i> | 1B | 1 rtl pack lmt per fill; 1 mail pack lmt per fill | <i>betamethasone valerate CREA</i> | 1B | QL(2.5 gm daily) |
| <i>penciclovir</i> | 3 | QL(0.18 gm daily) | <i>betamethasone valerate FOAM</i> | 1B | QL(1.67 gm daily) |
| Burn Products | | | | | |
| <i>mafenide acetate PACK</i> | 3 | | <i>betamethasone valerate LOTN</i> | 1B | QL(5 ml daily) |
| <i>silver sulfadiazine</i> | 1B | QL(20 gm daily) | <i>betamethasone valerate OINT</i> | 1B | QL(3 gm daily) |
| <i>SULFAMYLYON CREA</i> | 3 | | <i>calcipotriene- betamethasone dipropionate OINT</i> | 1B | ST |
| Corticosteroids - Topical | | | | | |
| <i>alclometasone dipropionate CREA</i> | 1B | QL(2 gm daily) | <i>calcipotriene- betamethasone dipropionate SUSP</i> | 1B | ST |
| <i>alclometasone dipropionate OINT</i> | 1B | QL(3 gm daily) | <i>clobetasol propionate emollient base 0.05 %</i> | 1B | QL(1 gm daily); PA |
| <i>amcinonide CREA</i> | 1B | 1 rtl MAX fill; 30 rtl day(s) supply; 1 mail MAX fill; QL(60 gm per fill retail; 60 per fill mail) | <i>clobetasol propionate CREA 0.05 %</i> | 1B | QL(3 gm daily); PA |
| <i>amcinonide LOTN</i> | 3 | | <i>clobetasol propionate FOAM</i> | 1B | PA |
| <i>amcinonide OINT</i> | 3 | | <i>clobetasol propionate GEL 0.05 %</i> | 1B | PA |
| <i>betamethasone dipropionate (topical) CREA</i> | 1B | QL(3 gm daily) | <i>clobetasol propionate OINT 0.05 %</i> | 1B | QL(1 gm daily); PA |
| <i>betamethasone dipropionate (topical) LOTN</i> | 1B | | <i>clobetasol propionate SOLN 0.05 %</i> | 1B | QL(3.34 ml daily); PA |
| | | | <i>clocortolone pivalate</i> | 3 | QL(3 gm daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|---|-----------|----------------------------|
| CORDRAN TAPE | 3 | 1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s) | <i>fluticasone propionate OINT</i> | 1B | QL(4 gm daily) |
| <i>desonide CREA</i> | 1B | QL(4 gm daily) | <i>halcinonide CREA</i> | 1B | PA |
| <i>desonide LOTN</i> | 1B | QL(4 ml daily) | <i>halobetasol propionate CREA</i> | 1B | QL(3.5 gm daily) |
| <i>desonide OINT</i> | 1B | QL(3 gm daily) | <i>halobetasol propionate OINT</i> | 1B | QL(3.5 gm daily) |
| <i>desoximetasone CREA 0.25 %</i> | 1B | QL(4 gm daily) | HALOG OINT | 3 | PA |
| <i>desoximetasone GEL</i> | 1B | QL(3 gm daily) | <i>hydrocortisone (topical) CREA 1 %, 2.5 %</i> | 1B | QL(15.15 gm daily); RX/OTC |
| <i>desoximetasone OINT 0.25 %</i> | 1B | QL(4 gm daily) | <i>hydrocortisone (topical) LOTN 2.5 %</i> | 1B | |
| <i>diflorasone diacetate CREA</i> | 1B | | <i>hydrocortisone (topical) OINT 1 %, 2.5 %</i> | 1B | QL(15.15 gm daily); RX/OTC |
| <i>diflorasone diacetate OINT</i> | 1B | | <i>hydrocortisone butyrate CREA</i> | 1B | QL(3 gm daily) |
| <i>fluocinolone acetonide CREA 0.01 %</i> | 1B | | <i>hydrocortisone butyrate OINT</i> | 1B | QL(3 gm daily) |
| <i>fluocinolone acetonide CREA 0.025 %</i> | 1B | QL(4 gm daily) | <i>hydrocortisone butyrate SOLN</i> | 1B | QL(5 ml daily) |
| <i>fluocinolone acetonide OIL</i> | 1B | QL(8 ml daily) | <i>hydrocortisone valerate CREA</i> | 1B | |
| <i>fluocinolone acetonide OINT</i> | 1B | QL(4 gm daily) | <i>hydrocortisone valerate OINT</i> | 1B | |
| <i>fluocinolone acetonide SOLN</i> | 1B | QL(4 ml daily) | <i>mometasone furoate CREA</i> | 1B | QL(3 gm daily) |
| <i>fluocinonide emulsified base</i> | 1B | QL(2 gm daily) | <i>mometasone furoate OINT</i> | 1B | QL(4 gm daily) |
| <i>fluocinonide CREA 0.05 %</i> | 1B | QL(2 gm daily) | <i>mometasone furoate SOLN</i> | 1B | QL(5 ml daily) |
| <i>fluocinonide GEL</i> | 1B | | <i>prednicarbate OINT</i> | 1B | |
| <i>fluocinonide OINT</i> | 1B | QL(2 gm daily) | <i>triamcinolone acetonide (topical) CREA 0.5 %</i> | 1B | QL(5 gm daily) |
| <i>fluocinonide SOLN</i> | 1B | QL(2 ml daily) | <i>triamcinolone acetonide (topical) CREA 0.025 %</i> | 1B | QL(15.15 gm daily) |
| <i>flurandrenolide CREA</i> | 2 | | <i>triamcinolone acetonide (topical) CREA 0.1 %</i> | 1B | QL(3.34 gm daily) |
| <i>flurandrenolide LOTN</i> | 2 | | <i>triamcinolone acetonide (topical) LOTN 0.025 %</i> | 1B | |
| <i>fluticasone propionate CREA 0.05 %</i> | 1B | QL(4 gm daily) | <i>triamcinolone acetonide (topical) LOTN 0.1 %</i> | 1B | QL(6 ml daily) |
| <i>fluticasone propionate LOTN</i> | 1B | QL(6 ml daily) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|--|-----------|--|
| <i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i> | 1B | QL(15.15 gm daily) | EUCRISA | 3 | QL(2 gm daily); PA |
| <i>triamcinolone acetonide (topical) OINT 0.5 %</i> | 1B | QL(6 gm daily) | Rosacea Agents | | |
| <i>triamcinolone acetonide-dimethicone-silicone</i> | 1B | PA | <i>azelaic acid GEL</i> | 1B | QL(1.67 gm daily) |
| Emollients | | | | | |
| <i>lactic acid (ammonium lactate) CREA</i> | 1B | QL(12.9 gm daily); RX/OTC | <i>brimonidine tartrate (topical)</i> | 3 | QL(1 gm daily); PA |
| <i>lactic acid (ammonium lactate) LOTN 12 %</i> | 1B | RX/OTC | <i>metronidazole (topical) CREA</i> | 1B | QL(3 gm daily) |
| Enzymes - Topical | | | | | |
| SANTYL OINT | 3 | PA | <i>metronidazole (topical) GEL 0.75 %</i> | 1B | QL(3 gm daily) |
| Immunomodulating Agents - Topical | | | | | |
| <i>imiquimod 5 %</i> | 1B | QL(12 ea per fill retail; 12 per fill mail) | <i>metronidazole (topical) GEL 1 %</i> | 1B | QL(5 gm daily) |
| Immunosuppressive Agents - Topical | | | | | |
| <i>pimecrolimus</i> | 1B | QL(3 gm daily); AL(At least 2 yrs old); PA | <i>metronidazole (topical) LOTN</i> | 1B | |
| <i>tacrolimus (topical) OINT</i> | 1B | AL(At least 2 yrs old); PA | Scabicides & Pediculicides | | |
| Keratolytic/Antimitotic/Vesicant Agents | | | <i>crotamiton LOTN</i> | 1B | PA |
| <i>podofilox SOLN</i> | 1B | | <i>ivermectin (pediculicide)</i> | 1B | PA; RX/OTC |
| Local Anesthetics - Topical | | | <i>malathion</i> | 1B | |
| <i>lidocaine hcl GEL 2 %</i> | 1B | QL(4 ml daily) | <i>permethrin CREA</i> | 1B | |
| <i>lidocaine hcl PRSY</i> | 1B | QL(4 ml daily) | <i>permethrin LIQD EX</i> | 1B | |
| <i>lidocaine hcl SOLN</i> | 1B | QL(10 ml daily) | <i>spinosad</i> | 1B | PA |
| <i>lidocaine-prilocaine CREA</i> | 1B | QL(1 gm daily) | Wound Care Products | | |
| <i>lidocaine PTCH 5 %</i> | 1B | PA | REGRANEX | 3 | QL(0.5 gm daily) |
| <i>SYNERA PTCH</i> | 3 | 1 rtl MAX fill; 30 rtl day(s) supply; 1 mail MAX fill; QL(10 ea per fill retail; 10 per fill mail) | DIAGNOSTIC PRODUCTS | | |
| Phosphodiesterase 4 (PDE4) Inhibitors - Topical | | | | | |
| Diagnostic Drugs | | | <i>GLUCAGEN DIAGNOSTIC</i> | 3 | QL(0.035 ea daily) |
| <i>THYROGEN 0.9 MG</i> | | | <i>THYROGEN 0.9 MG</i> | 3 | 1 rtl MAX fill; 365 rtl day(s) supply; 1 mail MAX fill; PA |
| Diagnostic Tests | | | | | |
| <i>CHEMSTRIP-K STRP</i> | | | <i>CHEMSTRIP-K STRP</i> | 1B | |
| <i>FORA GTEL BLOOD KETONE TEST STRIPS</i> | | | <i>FORA GTEL BLOOD KETONE TEST STRIPS</i> | 1B | |
| <i>FORA TEST N' GO ADVANCE/VOICE/6 CONNECT</i> | | | <i>FORA TEST N' GO ADVANCE/VOICE/6 CONNECT</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|---|
| GOJJI BLOOD KETONE TEST STRIPS | 1B | | PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT | 3 | Non-FDA approved uses require Prior Authorization |
| KETONE TEST STRIPS STRP | 1B | | ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT | 2 | |
| KETONE STRP | 1B | | ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT | 2 | Non-FDA approved uses require Prior Authorization |
| KETOSTIX STRP | 1B | | | | |
| NOVA MAX PLUS KETONE TESTSTRIPS | 1B | | | | |
| PRECISION XTRA | 1B | | | | |
| PTS PANELS KETONE TEST | 1B | | | | |
| RELION KETONE TEST STRIPS STRP | 1B | | | | |
| RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP | 1B | QL(3.34 ea daily); RX/OTC | | | |
| TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP | 1B | Limit 100 per month; QL(3.34 ea daily); RX/OTC | | | |
| TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP | 1B | QL(3.34 ea daily); RX/OTC | | | |
| TRUETRACK TEST STRP | 1B | Limit 100 per month; QL(3.34 ea daily); RX/OTC | | | |
| DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes | | | DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure | | |
| Digestive Enzymes | | | Carbonic Anhydrase Inhibitors | | |
| CREON CPEP | 2 | Non-FDA approved uses require Prior Authorization | <i>acetazolamide sodium</i> | 1B | |
| | | | <i>acetazolamide CP12</i> | 1B | QL(2 ea daily) |
| | | | <i>acetazolamide TABS 125 MG</i> | 1B | QL(8 ea daily) |
| | | | <i>acetazolamide TABS 250 MG</i> | 1B | QL(4 ea daily) |
| | | | <i>dichlorphenamide</i> | 4 | QL(4 ea daily); PA |
| | | | <i>methazolamide TABS</i> | 1B | QL(6 ea daily) |
| | | | Diuretic Combinations | | |
| | | | <i>amiloride & hydrochlorothiazide</i> | 1B | |
| | | | <i>spironolactone & hydrochlorothiazide</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---|
| <i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i> | 1B | | <i>calcitonin (salmon) NA</i> | 1B | QL(0.14 ml daily) |
| <i>triamterene & hydrochlorothiazide TABS</i> | 1B | | <i>FORTEO SOPN (teriparatide (recombinant))</i> | 4 | QL(0.09 ml daily); SP; PA |
| Loop Diuretics | | | | | |
| <i>bumetanide SOLN 0.25 MG/ML</i> | 1B | | <i>FOSAMAX PLUS D</i> | 3 | QL(0.143 ea daily); PA |
| <i>bumetanide TABS</i> | 1B | QL(5 ea daily) | <i>ibandronate sodium SOLN</i> | 4 | SP; PA |
| <i>ethacrynic acid</i> | 1B | QL(16 ea daily) | <i>ibandronate sodium TABS</i> | 1B | QL(0.036 ea daily) |
| <i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i> | 1B | | <i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i> | 4 | SP; PA |
| <i>furosemide TABS</i> | 1B | | <i>PAMIDRONATE DISODIUM SOLN</i> | 4 | SP; PA |
| <i>torsemide TABS</i> | 1B | | <i>PROLIA SOSY</i> | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; SP; PA |
| Potassium Sparing Diuretics | | | | | |
| <i>amiloride hcl TABS</i> | 1B | | <i>risedronate sodium TABS 35 MG</i> | 1B | QL(0.143 ea daily); PA |
| <i>spironolactone TABS</i> | 1B | | <i>risedronate sodium TABS 150 MG</i> | 1B | QL(0.036 ea daily); PA |
| <i>triamterene CAPS</i> | 1B | QL(3 ea daily) | <i>risedronate sodium TABS 5 MG, 30 MG</i> | 1B | QL(1 ea daily); PA |
| Thiazides and Thiazide-Like Diuretics | | | | | |
| <i>chlorthalidone 25 MG, 50 MG</i> | 1B | | <i>risedronate sodium TBEC</i> | 1B | PA |
| <i>hydrochlorothiazide CAPS</i> | 1B | QL(2 ea daily) | <i>teriparatide (recombinant) SOPN</i> | 4 | QL(0.09 ml daily); SP; PA |
| <i>hydrochlorothiazide TABS 12.5 MG</i> | 1B | QL(2 ea daily) | <i>TERIPARATIDE SOPN</i> | 4 | QL(0.09 ml daily); PA |
| <i>hydrochlorothiazide TABS 25 MG, 50 MG</i> | 1A | QL(2 ea daily) | <i>TYMLOS</i> | 4 | PA |
| <i>indapamide TABS 1.25 MG</i> | 1B | QL(1 ea daily) | <i>XGEVA SOLN</i> | 4 | SP; PA |
| <i>indapamide TABS 2.5 MG</i> | 1B | QL(2 ea daily) | <i>zoledronic acid CONC</i> | 4 | SP; PA |
| <i>metolazone</i> | 1B | QL(2 ea daily) | <i>zoledronic acid SOLN</i> | 4 | SP; PA |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | | | | |
| - Drugs to Treat Bone Disease and Regulate Hormones | | | | | |
| Bone Density Regulators | | | | | |
| <i>alendronate sodium TABS 5 MG, 10 MG</i> | 1B | QL(1 ea daily) | <i>CHORIONIC GONADOTROPIN IM</i> | 4 | 30 rtl day(s) supply; PA |
| <i>alendronate sodium TABS 35 MG, 70 MG</i> | 1B | QL(0.143 ea daily) | <i>clomiphene citrate TABS</i> | 3 | PA |
| GnRH/LHRH Antagonists | | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits | | | |
|---|-----------|---------------------|--|-----------|------------------------|--|--|--|
| <i>ganirelix acetate</i> | 4 | PA | <i>cinacalcet hcl</i> | 4 | QL(4 ea daily); SP; PA | | | |
| ORILISSA | 2 | PA | <i>doxercalciferol CAPS</i> | 1B | | | | |
| Growth Hormone Receptor Antagonists | | | | | | | | |
| SOMAVERT 10 MG, 15 MG, 20 MG | 4 | SP; PA | <i>doxercalciferol SOLN</i> | 1B | | | | |
| Growth Hormone Releasing Hormones (GHRH) | | | | | | | | |
| EGRIFTA 2 MG | 4 | PA | ELAPRASE | 4 | SP; PA | | | |
| EGRIFTA SV | 4 | PA | GALAFOLD | 4 | QL(0.5 ea daily); PA | | | |
| Growth Hormones | | | | | | | | |
| HUMATROPE CART IJ | 4 | SP; PA | LUMIZYME | 4 | SP; PA | | | |
| NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML | 4 | SP; PA | MYALEPT | 4 | PA | | | |
| NORDITROPIN FLEXPRO SOPN 30 MG/3ML | 4 | PA | NAGLAZYME | 4 | SP; PA | | | |
| ZORBTIVE SC | 4 | SP; PA | <i>nitisinone CAPS</i> | 4 | PA | | | |
| Hormone Receptor Modulators | | | <i>paricalcitol CAPS</i> | 1B | | | | |
| OSPHENA | 3 | PA | <i>paricalcitol SOLN</i> | 1B | | | | |
| <i>raloxifene hcl</i> | 0 | QL(1 ea daily) | PHEBURANE PLLT | 4 | PA | | | |
| Insulin-Like Growth Factors (Somatomedins) | | | <i>sapropterin dihydrochloride PACK</i> | 4 | PA | | | |
| INCRELEX | 4 | SP; PA | <i>sapropterin dihydrochloride TABS</i> | 4 | PA | | | |
| LHRH/GnRH Agonist Analog Pituitary Suppressants | | | <i>sodium phenylbutyrate POWD</i> | 1B | PA | | | |
| FENSOLVI SC | 4 | SP; PA | <i>sodium phenylbutyrate TABS</i> | 1B | PA | | | |
| LUPRON DEPOT-PED (1-MONTH) | 4 | SP; PA | Posterior Pituitary Hormones | | | | | |
| LUPRON DEPOT-PED (3-MONTH) 11.25 MG | 4 | PA | <i>desmopressin acetate spray</i> | 1B | | | | |
| LUPRON DEPOT-PED (3-MONTH) 30 MG | 4 | SP; PA | <i>desmopressin acetate spray refrigerated</i> | 1B | | | | |
| SYNAREL | 4 | SP; PA | <i>desmopressin acetate SOLN IJ</i> | 1B | PA | | | |
| Metabolic Modifiers | | | DESMOPRESSIN ACETATE SOLN NA | 4 | SP; PA | | | |
| ALDURAZYME | 4 | SP; PA | <i>desmopressin acetate TABS 0.2 MG</i> | 1B | QL(8 ea daily) | | | |
| <i>betaine</i> | 4 | SP; PA | <i>desmopressin acetate TABS 0.1 MG</i> | 1B | QL(6 ea daily) | | | |
| <i>calcitriol CAPS</i> | 1B | | STIMATE SOLN NA | 4 | SP; PA | | | |
| <i>calcitriol SOLN IV</i> | 1B | | Prolactin Inhibitors | | | | | |
| | | | <i>cabergoline</i> | 1B | | | | |
| Somatostatic Agents | | | | | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|--|-----------|--------------------------------------|
| <i>octreotide acetate SOLN</i> | 4 | SP; PA | Fluoroquinolones | | |
| SANDOSTATIN LAR DEPOT KIT | 4 | PA | BAXDELA SOLR | 3 | PA |
| SIGNIFOR | 4 | PA | BAXDELA TABS | 3 | PA |
| Vasopressin Receptor Antagonists | | | <i>ciprofloxacin hcl TABS</i> | 1B | |
| <i>tolvaptan TABS</i> | 4 | QL(2 ea daily); SP; PA | <i>ciprofloxacin in d5w 5 %-200 MG/100ML</i> | 3 | |
| ESTROGENS - Hormone Replacement/Modifying Drugs | | | <i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i> | 1B | 2 rtl MAX fill; 30 rtl day(s) supply |
| Estrogen Combinations | | | CIPRO SUSR | 2 | 2 rtl MAX fill; 30 rtl day(s) supply |
| CLIMARA PRO | 3 | | <i>levofloxacin in d5w 5 %-500 MG/100ML</i> | 1B | |
| DUAVEE | 3 | PA | <i>levofloxacin SOLN OR</i> | 1B | |
| <i>norethindrone acetate-ethynodiol estradiol</i> | 1B | | <i>levofloxacin TABS 250 MG, 750 MG</i> | 1B | |
| PREMPHASE | 2 | | <i>levofloxacin TABS 500 MG</i> | 1A | |
| PREMPRO | 2 | QL(1 ea daily) | <i>moxifloxacin hcl in sodium chloride</i> | 1B | |
| Estrogens | | | <i>moxifloxacin hcl TABS</i> | 1B | |
| DELESTROGEN 10 MG/ML (<i>estradiol valerate</i>) | 1B | | <i>ofloxacin 300 MG, 400 MG</i> | 1B | |
| DEPO-ESTRADOL | 3 | | GASTROINTESTINAL AGENTS - MISC. - | | |
| ELESTRIN GEL | 3 | | Miscellaneous Gastrointestinal Drugs | | |
| <i>estradiol valerate</i> | 1B | | Bile Acid Synthesis Disorder Agents | | |
| <i>estradiol GEL</i> | 1B | | CHOLBAM | 4 | SP; PA |
| <i>estradiol PTTW</i> | 1B | QL(0.286 ea daily) | Gallstone Solubilizing Agents | | |
| <i>estradiol PTWK</i> | 1B | | <i>ursodiol CAPS</i> | 1B | QL(3 ea daily) |
| <i>estradiol TABS</i> | 1B | | <i>ursodiol TABS</i> | 1B | |
| ESTROGEL GEL 0.06 % (<i>estradiol</i>) | 3 | | Gastrointestinal Chloride Channel Activators | | |
| EVAMIST SOLN | 3 | | <i>lubiprostone</i> | 1B | QL(2 ea daily) |
| MENEST | 3 | | Gastrointestinal Stimulants | | |
| MENOSTAR PTWK | 3 | | <i>metoclopramide hcl SOLN IJ 5 MG/ML</i> | 1B | |
| PREMARIN SOLR | 2 | | | | |
| PREMARIN TABS | 2 | QL(1 ea daily) | | | |
| FLUOROQUINOLONES - Drugs to Treat Bacterial Infections | | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits | | | |
|--|-----------|------------------------|---|-----------|---------------------|--|--|--|
| <i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i> | 1B | QL(60 ml daily) | <i>calcium acetate (phosphate binder) TABS</i> | 1B | RX/OTC | | | |
| <i>metoclopramide hcl TABS</i> | 1A | QL(6 ea daily) | <i>lanthanum carbonate CHEW</i> | 1B | | | | |
| Inflammatory Bowel Agents | | | | | | | | |
| <i>balsalazide disodium CAPS</i> | 1B | QL(9 ea daily) | <i>PHOSLYRA SOLN</i> | 2 | | | | |
| <i>DIPENTUM</i> | 2 | | <i>RENAGEL (sevelamer hcl)</i> | 3 | QL(17 ea daily) | | | |
| <i>INFLECTRA SOLR</i> | 4 | PA | <i>sevelamer carbonate PACK</i> | 1B | | | | |
| <i>mesalamine CP24</i> | 1B | | <i>sevelamer carbonate TABS</i> | 1B | | | | |
| <i>mesalamine CPDR</i> | 1B | | <i>sevelamer hcl 800 MG</i> | 1B | QL(17 ea daily) | | | |
| <i>mesalamine ENEM</i> | 3 | | <i>VELPHORO</i> | 3 | PA | | | |
| <i>mesalamine SUPP</i> | 3 | | GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System | | | | | |
| <i>mesalamine TBEC 1.2 GM</i> | 3 | | Alkalinizers | | | | | |
| <i>mesalamine TBEC 800 MG</i> | 3 | QL(6 ea daily) | <i>potassium citrate (alkalinizer) TBCR 10 MEQ, 1080 MG</i> | 1B | | | | |
| <i>RENFLEXIS</i> | 4 | PA | <i>sodium citrate & citric acid</i> | 1B | RX/OTC | | | |
| <i>SKYRIZI SOCT</i> | 4 | QL(0.043 ml daily); PA | Cystinosis Agents | | | | | |
| <i>STELARA 130 MG/26ML</i> | 4 | QL(3.47 ml daily); PA | <i>CYSTAGON CAPS</i> | 3 | PA | | | |
| <i>sulfasalazine TABS</i> | 1B | | Genitourinary Irrigants | | | | | |
| <i>sulfasalazine TBEC</i> | 1B | | <i>acetic acid 0.25 %</i> | 1B | | | | |
| Intestinal Acidifiers | | | <i>glycine (gu irrigant) SOLN 1.5 %</i> | 1B | | | | |
| <i>lactulose (encephalopathy)</i> | 1B | | <i>sodium chloride (gu irrigant) 0.9 %</i> | 1B | | | | |
| Irritable Bowel Syndrome (IBS) Agents | | | <i>SORBITOL 3 %</i> | 1B | | | | |
| <i>alosetron hcl</i> | 1B | QL(2 ea daily) | <i>SORBITOL/MANNITOL IRRIGATION</i> | 1B | | | | |
| <i>LINZESS</i> | 2 | QL(1 ea daily) | Interstitial Cystitis Agents | | | | | |
| Peripheral Opioid Receptor Antagonists | | | <i>ELMIRON CAPS</i> | 2 | QL(3 ea daily) | | | |
| <i>alvimopan</i> | 1B | | Prostatic Hypertrophy Agents | | | | | |
| <i>MOVANTIK</i> | 3 | QL(1 ea daily); PA | <i>alfuzosin hcl</i> | 1B | QL(1 ea daily) | | | |
| Phosphate Binder Agents | | | <i>dutasteride</i> | 1B | QL(1 ea daily) | | | |
| <i>calcium acetate (phosphate binder) CAPS</i> | 1B | | | | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits | |
|---|-----------|---------------------|---|-----------|------------------------|--|
| dutasteride-tamsulosin hcl | 3 | PA | pentoxifylline | 1B | QL(3 ea daily) | |
| finasteride | 1B | 5 mg only | Plasma Kallikrein Inhibitors | | | |
| silodosin | 1B | | ORLADEYO | 4 | PA | |
| tamsulosin hcl | 1B | | TAKHZYRO SOLN | 4 | PA | |
| Urinary Analgesics | | | TAKHZYRO SOSY | 4 | PA | |
| phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG | 1B | | Platelet Aggregation Inhibitors | | | |
| Urinary Stone Agents | | | anagrelide hcl | 1B | | |
| THIOLA EC TBEC 100 MG (tiopronin) | 3 | QL(3 ea daily); PA | aspirin-dipyridamole | 1B | QL(2 ea daily); PA | |
| THIOLA EC TBEC 300 MG (tiopronin) | 3 | QL(10 ea daily); PA | BRILINTA | 2 | QL(2 ea daily) | |
| tiopronin TBEC 100 MG | 3 | QL(3 ea daily); PA | CABLIVI | 4 | PA | |
| tiopronin TBEC 300 MG | 3 | QL(10 ea daily); PA | cilostazol | 1B | | |
| GOUT AGENTS - Drugs to Treat Gout | | | clopidogrel bisulfate 300 MG | 1B | | |
| Gout Agent Combinations | | | clopidogrel bisulfate 75 MG | 1B | QL(1 ea daily) | |
| colchicine w/ probenecid | 1B | | dipyridamole | 1B | | |
| Gout Agents | | | prasugrel hcl | 1B | QL(1 ea daily) | |
| allopurinol | 1B | | ZONTIVITY | 3 | PA | |
| colchicine TABS | 1B | QL(1 ea daily) | HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders | | | |
| febuxostat | 1B | QL(1 ea daily); PA | Agents for Gaucher Disease | | | |
| Uricosurics | | | CERDELGA | 4 | QL(2 ea daily); PA | |
| probenecid | 1B | | CEREZYME 400 UNIT | 4 | SP; PA | |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders | | | miglustat | 4 | QL(3 ea daily); SP; PA | |
| Bradykinin B2 Receptor Antagonists | | | Agents for Sickle Cell Disease | | | |
| icatibant acetate SOLN | 4 | QL(9 ml daily); PA | DROXIA CAPS | 3 | | |
| icatibant acetate SOSY | 4 | QL(9 ml daily); PA | OXBRYTA TABS 500 MG | 4 | PA | |
| Complement Inhibitors | | | Cobalamins | | | |
| HAEGARDA SOLR SC | 4 | PA | cyanocobalamin SOLN IJ 1000 MCG/ML | 1B | QL(1 ml daily) | |
| Hematorheologic Agents | | | Folic Acid/Folates | | | |
| | | | folic acid TABS | 0 | | |
| | | | Hematopoietic Growth Factors | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---|
| ARANESP ALBUMIN FREE SOLN 25 MCG/ML | 4 | SP | Iron | | |
| ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML | 4 | SP; PA | <i>ferrous sulfate SOLN 15 MG/ML</i> | 0 | AL(Up to 1 yrs old) |
| ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML | 4 | SP; PA | <i>ferrous sulfate TABS 65 MG, 325 MG</i> | 0 | |
| DOPTELET | 4 | QL(3 ea daily); PA | <i>ferrous sulfate TBEC 325 MG</i> | 0 | |
| EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 4 | SP; PA | Stem Cell Mobilizers | | |
| LEUKINE SOLR IJ | 4 | SP; PA | MOZOBIL (<i>plerixafor</i>) | 4 | SP; PA |
| MIRCERA 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML | 4 | PA | <i>plerixafor</i> | 4 | SP; PA |
| MULPLETA | 4 | QL(1 ea daily); PA | HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders | | |
| PROCRIT 40000 UNIT/ML | 4 | SP; PA | Hemostatics - Systemic | | |
| PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 4 | SP; PA | <i>aminocaproic acid TABS</i> | 1B | PA |
| PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 4 | SP; PA | <i>tranexamic acid SOLN 1000 MG/10ML</i> | 1B | |
| RETACRIT | 4 | PA | <i>tranexamic acid TABS</i> | 1B | |
| UDENYCA ONBODY SOSY | 4 | PA | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| UDENYCA SOAJ | 4 | PA | Barbiturate Hypnotics | | |
| UDENYCA SOSY | 4 | PA | <i>phenobarbital ELIX</i> | 1B | |
| ZARXIO | 4 | PA | <i>phenobarbital TABS 15 MG, 16.2 MG, 30 MG, 32.4 MG, 64.8 MG, 97.2 MG, 100 MG</i> | 1B | |
| ZIEXTENZO | 4 | PA | Hypnotics - Tricyclic Agents | | |
| Hematopoietic Mixtures | | | <i>doxepin hcl (sleep)</i> | 1B | QL(1 ea daily); PA |
| <i>ferrous fumarate-folic acid</i> | 1B | QL(1 ea daily) | Non-Barbiturate Hypnotics | | |
| | | | <i>estazolam</i> | 1B | |
| | | | <i>eszopiclone</i> | 1B | QL(1 ea daily); AL(At least 18 yrs old); ST |
| | | | <i>flurazepam hcl</i> | 1B | QL(1 ea daily) |
| | | | <i>quazepam</i> | 3 | PA |
| | | | <i>temazepam 7.5 MG, 22.5 MG</i> | 1B | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|---|-----------|---|
| <i>temazepam 15 MG, 30 MG</i> | 1A | QL(1 ea daily) | OSMOPREP | 3 | PA |
| <i>triazolam</i> | 1B | | Stimulant Laxatives | | |
| <i>zaleplon 10 MG</i> | 1B | QL(2 ea daily); AL(At least 18 yrs old) | <i>bisacodyl SUPP</i> | 1A | |
| <i>zaleplon 5 MG</i> | 1B | QL(1 ea daily); AL(At least 18 yrs old) | <i>bisacodyl TBEC</i> | 1A | |
| <i>zolpidem tartrate TABS</i> | 1A | QL(1 ea daily); AL(At least 18 yrs old) | Surfactant Laxatives | | |
| <i>zolpidem tartrate TBCR</i> | 1B | QL(1 ea daily) | <i>docusate calcium</i> | 1A | QL(1 ea daily) |
| Orexin Receptor Antagonists | | | <i>docusate sodium CAPS 250 MG</i> | 1A | |
| BELSOMRA | 3 | PA | <i>docusate sodium CAPS 100 MG</i> | 1A | QL(4 ea daily) |
| Selective Melatonin Receptor Agonists | | | LOCAL ANESTHETICS-Parenteral - Drugs for Numbing | | |
| <i>ramelteon</i> | 1B | QL(1 ea daily); AL(At least 18 yrs old) | Local Anesthetics - Amides | | |
| LAXATIVES - Bowel Treatment Drugs | | | <i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i> | 1B | |
| Bulk Laxatives | | | MACROLIDES - Drugs to Treat Bacterial Infections | | |
| <i>calcium polycarbophil TABS</i> | 1B | | Azithromycin | | |
| Laxative Combinations | | | <i>azithromycin PACK</i> | 1B | |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> | 1B | | <i>azithromycin SOLR</i> | 1B | |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i> | 0 | | <i>azithromycin SUSR</i> | 1B | |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> | 1B | PA | <i>azithromycin TABS 250 MG</i> | 1B | QL(6 ea per fill retail; 6 per fill mail) |
| <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> | 1B | | <i>azithromycin TABS 600 MG</i> | 1B | QL(0.286 ea daily) |
| Laxatives - Miscellaneous | | | <i>azithromycin TABS 500 MG</i> | 1B | QL(4 ea per fill retail; 4 per fill mail) |
| <i>lactulose SOLN</i> | 1B | | Clarithromycin | | |
| Saline Laxatives | | | <i>clarithromycin SUSR</i> | 1B | |
| | | | <i>clarithromycin TABS</i> | 1B | |
| | | | <i>clarithromycin TB24</i> | 1B | |
| Erythromycins | | | | | |
| | | | <i>erythromycin base CPEP</i> | 3 | |
| | | | <i>erythromycin base TABS</i> | 3 | |
| | | | <i>erythromycin base TBEC</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|--|-----------|---------------------|
| erythromycin ethylsuccinate SUSR | 1B | | KIMONO PS LUBRICATED MISC | 0 | QL(2 ea daily) |
| erythromycin ethylsuccinate TABS | 3 | | KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC | 0 | QL(2 ea daily) |
| Fidaxomicin | | | KIMONO SENSATION LUBRICATED MISC | 0 | QL(2 ea daily) |
| DIFICID TABS | 2 | | KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC | 0 | QL(2 ea daily) |
| MEDICAL DEVICES AND SUPPLIES | | | KIMONO SPECIAL DEVI | 0 | QL(2 ea daily) |
| Contraceptives | | | K-Y ME & YOU EXTRA LUBRICATED DEVI | 0 | QL(2 ea daily) |
| AIMSCO LUBRICATED MISC | 0 | QL(2 ea daily) | K-Y ME & YOU INTENSE DEVI | 0 | QL(2 ea daily) |
| CAYA DPRH | 0 | | MAXX LUBRICATED MISC | 0 | QL(2 ea daily) |
| DUREX EXTRA SENSITIVE THIN DEVI | 0 | QL(2 ea daily) | MAXX PLUS SPERMICIDE LUBRICATED MISC | 0 | QL(2 ea daily) |
| FANTASY LUBRICATED/SPERMICIDE MISC | 0 | QL(2 ea daily) | OMNIFLEX DIAPHRAGM | 0 | |
| FANTASY LUBRICATED MISC | 0 | QL(2 ea daily) | PREMIUM CONDOMS LUBRICATED MISC | 0 | QL(2 ea daily) |
| FC2 FEMALE CONDOM | 0 | 1 rtl MAX fill; 90 rtl day(s) supply; 1 mail MAX fill; QL(12 ea per fill retail; 12 per fill mail) | REALITY LATEX CONDOMS/LUBRICATED MISC | 0 | QL(2 ea daily) |
| FEMCAP DEVI | 0 | | REALITY LATEX/ULTRA TEXTURED DEVI | 0 | QL(2 ea daily) |
| KAMELEON LUBRICATED MISC | 0 | QL(2 ea daily) | REALITY LATEX/ULTRA THIN DEVI | 0 | QL(2 ea daily) |
| KIMONO COLORS DEVI | 0 | QL(2 ea daily) | TRUSTEX COLOR CONDOMS + LUBE MISC | 0 | QL(2 ea daily) |
| KIMONO LUBRICATED MISC | 0 | QL(2 ea daily) | TRUSTEX LUBRICATED EXTRALARGE MISC | 0 | QL(2 ea daily) |
| KIMONO MAXX/LARGE FLARE MISC | 0 | QL(2 ea daily) | TRUSTEX LUBRICATED EXTRASTRENGTH MISC | 0 | QL(2 ea daily) |
| KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC | 0 | QL(2 ea daily) | TRUSTEX LUBRICATED/RIBBED/STUDDED MISC | 0 | QL(2 ea daily) |
| KIMONO PLUS SPERMICIDE LUBRICATED MISC | 0 | QL(2 ea daily) | TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC | 0 | QL(2 ea daily) |
| KIMONO PLUS SPERMICIDE/LUBRICATED MISC | 0 | QL(2 ea daily) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|------------------------|
| TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC | 0 | QL(2 ea daily) | FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM | 3 | PA |
| TRUSTEX LUBRICATED/SPERMICIDE MISC | 0 | QL(2 ea daily) | FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM | 3 | QL(0.072 ea daily); PA |
| TRUSTEX LUBRICATED MISC | 0 | QL(2 ea daily) | FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM | 3 | PA |
| TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC | 0 | QL(2 ea daily) | FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM | 3 | QL(0.072 ea daily); PA |
| TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC | 0 | QL(2 ea daily) | FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM | 3 | QL(0.072 ea daily); PA |
| TRUSTEX/RIA LUBRICATED SPERMICIDE MISC | 0 | QL(2 ea daily) | FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM | 3 | QL(0.072 ea daily); PA |
| TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC | 0 | QL(2 ea daily) | FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM | 3 | PA |
| TRUSTEX/RIA LUBRICATED MISC | 0 | QL(2 ea daily) | ONETOUCH DELICA SAFETY LANCING DEVICE | 1B | RX/OTC |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 60 | 0 | | ONETOUCH DELICA SAFETY LANCING DEVICE 30G | 1B | RX/OTC |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 65 | 0 | | RELION 2-IN-1 LANCET DEVICES 30G | 1B | RX/OTC |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 70 | 0 | | RELION 2-IN-1 LANCING DEVICE 25G | 1B | RX/OTC |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 75 | 0 | | RELION 2-IN-1 LANCING DEVICE 30G | 1B | RX/OTC |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 80 | 0 | | SELECT LANCETS | 1B | 6.66/day |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 85 | 0 | | TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN | 1B | |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 90 | 0 | | Parenteral Therapy Supplies | | |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 95 | 0 | | SELECT INSULIN SYRINGES | 1B | 5/day |
| Diabetic Supplies | | | MIGRAINE PRODUCTS - Drugs to Treat Migraine | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|--|-----------|---|
| Headaches | | | | | |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag | | | | | |
| AIMOVIG | 2 | QL(0.04 ml daily); PA | <i>frovatriptan succinate</i> | 1B | QL(0.4 ea daily); AL(At least 18 yrs old); ST |
| EMGALITY SOAJ | 2 | QL(0.07 ml daily); PA | <i>naratriptan hcl</i> | 1B | QL(0.3 ea daily); AL(At least 18 yrs old) |
| EMGALITY SOSY 100 MG/ML | 2 | QL(0.1 ml daily); PA | <i>rizatriptan benzoate TABS 10 MG</i> | 1B | QL(0.6 ea daily); AL(At least 6 yrs old) |
| EMGALITY SOSY 120 MG/ML | 2 | QL(0.07 ml daily); PA | <i>rizatriptan benzoate TABS 5 MG</i> | 1B | QL(0.4 ea daily); AL(At least 6 yrs old) |
| UBRELVY | 3 | QL(10 ea per 30 days retail); ST | <i>rizatriptan benzoate TBDP 10 MG</i> | 1B | QL(0.6 ea daily); AL(At least 6 yrs old) |
| Migraine Combinations | | | | | |
| <i>ergotamine w/ caffeine TABS</i> | 1B | QL(1.5 ea daily) | <i>rizatriptan benzoate TBDP 5 MG</i> | 1B | QL(0.4 ea daily); AL(At least 6 yrs old) |
| <i>sumatriptan-naproxen sodium</i> | 3 | QL(10 ea per 30 days retail; 10 ea per 30 days mail) | <i>sumatriptan</i> | 1B | QL(0.2 ea daily); AL(At least 18 yrs old) |
| Migraine Products | | | | | |
| <i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i> | 1B | QL(0.267 ml daily) | <i>sumatriptan succinate SOAJ</i> | 1B | QL(0.134 ml daily); AL(At least 18 yrs old) |
| <i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i> | 1B | | <i>sumatriptan succinate SOCT</i> | 1B | QL(0.134 ml daily); AL(At least 18 yrs old) |
| ERGOMAR SUBL | 3 | QL(0.667 ea daily) | <i>sumatriptan succinate SOLN 6 MG/0.5ML</i> | 1B | QL(0.134 ml daily); AL(At least 18 yrs old) |
| Serotonin Agonists | | | | | |
| <i>almotriptan malate 12.5 MG</i> | 1B | QL(0.4 ea daily); AL(At least 12 yrs old); ST | <i>sumatriptan succinate TABS</i> | 1B | QL(0.3 ea daily); AL(At least 18 yrs old) |
| <i>almotriptan malate 6.25 MG</i> | 1B | QL(0.3 ea daily); AL(At least 12 yrs old); ST | <i>zolmitriptan SOLN</i> | 1B | QL(0.2 ea daily); AL(At least 12 yrs old); ST |
| <i>eletriptan hydrobromide</i> | 1B | QL(0.2 ea daily); AL(At least 18 yrs old); ST | <i>zolmitriptan TABS</i> | 1B | QL(0.3 ea daily); AL(At least 12 yrs old); ST |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|---------------------|
| <i>zolmitriptan TBDP</i> | 1B | QL(0.3 ea daily); AL(At least 12 yrs old); ST | <i>potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i> | 1B | |
| MINERALS & ELECTROLYTES | | | | | |
| Bicarbonates | | | | | |
| <i>sodium acetate SOLN</i> | 1B | | <i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i> | 1B | |
| <i>SODIUM ACETATE SOLN (sodium acetate)</i> | 1B | | POTASSIUM CHLORIDE/DEXTROSE/L ACTATED RINGERS | 1B | |
| Calcium | | | | | |
| <i>calcium chloride (dihydrate) SOLN</i> | 1B | | POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl) | 1B | |
| Electrolyte Mixtures | | | | | |
| <i>dextrose in lactated ringers</i> | 1B | | <i>ringer's</i> | 1B | |
| <i>electrolyte-148</i> | 1B | | Fluoride | | |
| <i>electrolyte-a</i> | 1B | | <i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i> | 0 | QL(1 ea daily) |
| <i>IONOSOL-MB/DEXTROSE 5%</i> | 1B | | Magnesium | | |
| <i>ISOLYTE-P/DEXTROSE 5%</i> | 1B | | <i>magnesium sulfate IJ 50 %</i> | 1B | |
| <i>ISOLYTE-S</i> | 1B | | Phosphate | | |
| <i>KCL 0.3%/D5W/NACL 0.9% (potassium chloride in dextrose & sodium chloride)</i> | 1B | | <i>potassium phosphates 236 MG/ML-224 MG/ML</i> | 1B | |
| <i>lactated ringer's</i> | 1B | | Potassium | | |
| <i>NORMOSOL-M/D5W</i> | 1B | | <i>potassium acetate SOLN 2 MEQ/ML</i> | 1B | |
| <i>NORMOSOL-R</i> | 1B | | <i>potassium bicarbonate TBEF</i> | 1B | |
| <i>PLASMA-LYTE A (electrolyte-a)</i> | 1B | | <i>potassium chloride microencapsulated crystals er</i> | 1B | |
| <i>PLASMA-LYTE-148 (electrolyte-148)</i> | 1B | | | | |
| <i>potassium chloride in dextrose 5 %-20 MEQ/L</i> | 1B | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|--|-----------|-------------------------|
| <i>potassium chloride CPCR</i> | 1B | | <i>cyclosporine SOLN IV 50 MG/ML</i> | 1B | |
| <i>potassium chloride PACK OR 20 MEQ</i> | 1B | PA | <i>ENSPRYNG</i> | 4 | PA |
| <i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML</i> | 1B | | <i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i> | 4 | QL(20 ea daily); SP; PA |
| POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) | 1B | | <i>mycophenolate mofetil CAPS</i> | 1B | |
| <i>potassium chloride TBCR 8 MEQ, 10 MEQ</i> | 1B | | <i>mycophenolate mofetil TABS</i> | 1B | |
| Sodium | | | <i>mycophenolate sodium</i> | 1B | |
| <i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i> | 1B | | <i>NULOJIX</i> | 4 | SP; PA |
| MISCELLANEOUS THERAPEUTIC CLASSES | | | | | |
| Chelating Agents | | | <i>PROGRAF PACK</i> | 2 | PA |
| <i>penicillamine CAPS</i> | 1B | PA | <i>PROGRAF SOLN</i> | 2 | |
| <i>penicillamine TABS</i> | 1B | QL(8 ea daily) | <i>SIMULECT</i> | 3 | |
| <i>trentine hcl 250 MG</i> | 4 | QL(8 ea daily); SP; PA | <i>sirolimus TABS</i> | 1B | |
| Immunomodulators | | | <i>tacrolimus CAPS</i> | 1B | |
| <i>lenalidomide 20 MG</i> | 4 | QL(1 ea daily); PA | <i>THYMOGLOBULIN</i> | 4 | SP; PA |
| <i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i> | 4 | QL(1 ea daily); SP; PA | Irrigation Solutions | | |
| <i>THALOMID</i> | 4 | QL(3 ea daily); SP; PA | <i>irrigation solutions, physiological</i> | 1B | |
| Immunosuppressive Agents | | | <i>lactated ringer's (irrigation)</i> | 1B | |
| <i>ATGAM</i> | 4 | SP; PA | <i>ringer's irrigation</i> | 1B | |
| <i>AZATHIOPRINE</i> | 1B | | <i>water for irrigation, sterile</i> | 1B | |
| <i>azathioprine TABS</i> | 1B | | Potassium Removing Agents | | |
| <i>cyclosporine modified (for microemulsion) CAPS</i> | 1B | | <i>LOKELMA</i> | 3 | QL(1 ea daily); PA |
| <i>cyclosporine modified (for microemulsion) SOLN</i> | 1B | | <i>sodium polystyrene sulfonate POWD</i> | 1B | |
| <i>cyclosporine CAPS</i> | 1B | | <i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i> | 1B | |
| MOUTH/THROAT/DENTAL AGENTS | | | | | |
| Anesthetics Topical Oral | | | | | |
| <i>lidocaine hcl (mouth-throat) 2 %</i> | 1B | QL(4 ml daily) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|--|-----------|------------------------|
| <i>lidocaine hcl (mouth-throat) 4 %</i> | 1B | | NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG | 2 | QL(1 ea daily); RX/OTC |
| Anti-infectives - Throat | | | NEONATAL PLUS TABS | 2 | QL(1 ea daily); RX/OTC |
| <i>clotrimazole</i> | 1B | | NEONATAL PRENATAL VITAMIN TABS | 2 | QL(1 ea daily) |
| <i>nystatin (mouth-throat)</i> | 1B | | NEONATAL VITAMIN TABS | 2 | QL(1 ea daily) |
| Antiseptics - Mouth/Throat | | | NIVA-PLUS TABS | 2 | QL(1 ea daily); RX/OTC |
| <i>chlorhexidine gluconate (mouth-throat)</i> | 1B | | ONE VITE WOMENS PRENATALVITAMIN PLUS TABS | 2 | QL(1 ea daily); RX/OTC |
| DEBACTEROL | 2 | | ONE VITE WOMENS PRENATALVITAMIN TABS | 2 | QL(1 ea daily) |
| Dental Products | | | PRENATAL MULTIVITAMIN TABS | 2 | QL(1 ea daily) |
| <i>stannous fluoride CONC</i> | 0 | RX/OTC | PRENATAL ONE DAILY TABS | 2 | QL(1 ea daily) |
| Steroids - Mouth/Throat/Dental | | | PRENATAL PLUS VITAMIN ANDMINERAL TABS | 2 | QL(1 ea daily); RX/OTC |
| <i>triamcinolone acetonide (mouth)</i> | 1B | | PRENATAL PLUS TABS | 2 | QL(1 ea daily); RX/OTC |
| Throat Products - Misc. | | | PRENATAL VITAMIN & MINERAL TABS | 2 | QL(1 ea daily) |
| <i>cevimeline hcl</i> | 1B | | PRENATAL VITAMIN/IRON TABS | 2 | QL(1 ea daily) |
| <i>pilocarpine hcl (oral)</i> | 1B | | PRENATAL VITAMINS PLUS LOW IRON TABS | 2 | QL(1 ea daily); RX/OTC |
| MULTIVITAMINS | | | PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT | 2 | QL(1 ea daily) |
| Prenatal Vitamins | | | PRENATAL VITAMIN TABS | 2 | QL(1 ea daily) |
| CLASSIC PRENATAL TABS | 2 | QL(1 ea daily) | PRENATAL TABS | 2 | QL(1 ea daily) |
| CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT | 2 | QL(1 ea daily) | | | |
| EQL PRENATAL FORMULA TABS | 2 | QL(1 ea daily) | | | |
| GNP PRENATAL TABS | 2 | QL(1 ea daily) | | | |
| KP PRENATAL MULTIVITAMINS TABS | 2 | QL(1 ea daily) | | | |
| MASONATAL TABS | 2 | QL(1 ea daily) | | | |
| M-NATAL PLUS TABS | 2 | QL(1 ea daily); RX/OTC | | | |
| MULTI PRENATAL TABS | 2 | QL(1 ea daily) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|--|-----------|--|
| PRENATRIX TABS | 2 | QL(1 ea daily); RX/OTC | NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus | | |
| PRENATRYL TABS | 2 | QL(1 ea daily); RX/OTC | Nasal Antiallergy | | |
| PREPLUS TABS | 2 | QL(1 ea daily); RX/OTC | <i>azelastine hcl</i> | 1B | RX/OTC |
| PX PRENATAL MULTIVITAMINS TABS | 2 | QL(1 ea daily) | <i>olopatadine hcl (nasal)</i> | 1B | |
| QC PRENATAL TABS | 2 | QL(1 ea daily) | Nasal Anticholinergics | | |
| RA PRENATAL FORMULA/FOLICACID TABS | 2 | QL(1 ea daily) | <i>ipratropium bromide (nasal) 0.06 %</i> | 1B | |
| RA PRENATAL TABS | 2 | QL(1 ea daily) | <i>ipratropium bromide (nasal) 0.03 %</i> | 1B | QL(1 ml daily) |
| SM PRENATAL VITAMINS TABS | 2 | QL(1 ea daily) | Nasal Steroids | | |
| THERANATAL CORE NUTRITION TABS | 2 | QL(1 ea daily); RX/OTC | <i>budesonide (nasal)</i> | 1B | |
| TRICARE TABS | 2 | QL(1 ea daily); RX/OTC | <i>flunisolide (nasal) 0.025 %</i> | 1B | 1 rtl pack lmt per fill |
| VITATHELY/GINGER TABS | 2 | QL(1 ea daily); RX/OTC | <i>fluticasone propionate (nasal) SUSP</i> | 1B | Limit 2 inhalers per month; QL(32 ml per 30 days retail); RX/OTC |
| WESTAB PLUS TABS | 2 | QL(1 ea daily); RX/OTC | <i>mometasone furoate (nasal) SUSP</i> | 1B | QL(1.14 ml daily); PA; RX/OTC |
| MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms | | | <i>triamcinolone acetonide (nasal) AERO</i> | 1B | |
| Central Muscle Relaxants | | | XHANCE EXHU | 3 | PA |
| <i>baclofen TABS 10 MG, 20 MG</i> | 1B | | NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles | | |
| <i>carisoprodol TABS</i> | 1B | | ALS Agents | | |
| <i>chlorzoxazone TABS 500 MG</i> | 1B | QL(6 ea daily) | <i>riluzole TABS</i> | 3 | |
| <i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i> | 1A | QL(3 ea daily) | Neuromuscular Blocking Agent - Neurotoxins | | |
| <i>metaxalone 800 MG</i> | 1B | QL(4 ea daily) | XEOMIN | 3 | PA |
| <i>methocarbamol TABS 500 MG, 750 MG</i> | 1B | | Nondepolarizing Muscle Relaxants | | |
| <i>orphenadrine citrate TB12</i> | 1B | QL(2 ea daily) | <i>atracurium besylate 100 MG/10ML</i> | 3 | PA |
| <i>tizanidine hcl CAPS</i> | 1B | | NUTRIENTS | | |
| <i>tizanidine hcl TABS</i> | 1B | | Proteins | | |
| Direct Muscle Relaxants | | | | | |
| <i>dantrolene sodium CAPS</i> | 1B | QL(4 ea daily) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|--|
| CLINIMIX 4.25%/DEXTROSE 10% | 3 | | <i>ciprofloxacin hcl (ophth)</i> <i>SOLN</i> | 1B | |
| CLINIMIX 4.25%/DEXTROSE 5% | 3 | | <i>erythromycin (ophth)</i> | 1B | |
| CLINIMIX E 5%/DEXTROSE 20% | 3 | | <i>gatifloxacin (ophth)</i> | 1B | |
| OPHTHALMIC AGENTS - Drugs to Treat the Eye | | | | | |
| Beta-blockers - Ophthalmic | | | | | |
| <i>betaxolol hcl (ophth)</i> <i>SOLN</i> | 1B | | <i>gentamicin sulfate (ophth)</i> <i>OINT</i> | 1B | |
| <i>brimonidine tartrate-timolol maleate</i> | 1B | | <i>gentamicin sulfate (ophth)</i> <i>SOLN</i> | 1B | |
| <i>carteolol hcl (ophth)</i> | 1B | | KLARITY-A | 3 | QL(2.5 ml per 30 days retail; 2 ml per 30 days mail) |
| <i>dorzolamide hcl-timolol maleate</i> | 1B | | <i>levofloxacin (ophth) 0.5 %</i> | 1B | |
| <i>levobunolol hcl 0.5 %</i> | 1B | | <i>moxifloxacin hcl (ophth)</i> <i>SOLN OP</i> | 1B | |
| <i>timolol maleate (ophth)</i> <i>SOLG</i> | 1B | | NATACYN | 2 | |
| <i>timolol maleate (ophth)</i> <i>SOLN</i> | 1B | | <i>neomycin-bacitracin zn-polymyxin</i> | 1B | |
| Cycloplegic Mydriatics | | | | | |
| <i>tropicamide SOLN 1 %</i> | 1B | | <i>ofloxacin (ophth)</i> | 1B | |
| <i>tropicamide SOLN 0.5 %</i> | 1B | QL(2.5 ml daily) | <i>polymyxin b-trimethoprim</i> | 1B | |
| Miotics | | | | | |
| <i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i> | 1B | | <i>sulfacetamide sodium (ophth) SOLN</i> | 1B | |
| Ophthalmic Adrenergic Agents | | | | | |
| <i>apraclonidine hcl</i> | 1B | | <i>tobramycin (ophth) SOLN</i> | 1B | |
| <i>brimonidine tartrate 0.15 %, 0.2 %</i> | 1B | | <i>trifluridine</i> | 1B | |
| IOPIDINE | 3 | | ZIRGAN GEL | 2 | |
| Ophthalmic Anti-infectives | | | | | |
| AZASITE | 3 | QL(2.5 ml per 30 days retail; 2 ml per 30 days mail) | Ophthalmic Immunomodulators | | |
| <i>bacitracin (ophthalmic)</i> | 3 | | <i>cyclosporine (ophth)</i> <i>EMUL</i> | 3 | PA |
| BESIVANCE | 3 | PA | Ophthalmic Local Anesthetics | | |
| | | | | | |
| | | | <i>proparacaine hcl</i> | 1B | |
| Ophthalmic Steroids | | | Ophthalmic Steroids | | |
| | | | <i>ALREX SUSP (loteprednol etabonate)</i> | 3 | PA |
| | | | <i>dexamethasone sodium phosphate (ophth)</i> | 1B | QL(0.4 ml daily) |
| | | | <i>difluprednate</i> | 1B | PA |
| | | | <i>fluorometholone (ophth) SUSP</i> | 1B | |
| | | | <i>FML FORTE SUSP</i> | 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits | |
|--|-----------|------------------------|--|-----------|---------------------------|--|
| FML OINT | 3 | PA | <i>ketorolac tromethamine (ophth)</i> | 1B | | |
| LOTEMAX OINT | 3 | PA | <i>ketotifen fumarate (ophth) 0.035 %</i> | 1B | | |
| <i>loteprednol etabonate GEL</i> | 1B | PA | LASTACAFT | 3 | PA | |
| <i>loteprednol etabonate SUSP</i> | 1B | PA | NEVANAC | 3 | PA | |
| MAXIDEX SUSP OP | 3 | PA | <i>olopatadine hcl 0.1 %</i> | 1B | QL(0.34 ml daily); RX/OTC | |
| <i>neomycin-polymyxin-dexameth OINT</i> | 1B | | <i>olopatadine hcl 0.2 %</i> | 1B | RX/OTC | |
| <i>neomycin-polymyxin-dexameth SUSP</i> | 1B | | Prostaglandins - Ophthalmic | | | |
| <i>neomycin-polymyxin-hc (ophth)</i> | 1B | QL(2.5 ml daily) | <i>bimatoprost SOLN</i> | 3 | | |
| PRED MILD | 3 | PA | <i>latanoprost SOLN</i> | 1B | | |
| PRED-G SUSP | 3 | PA | <i>tafluprost</i> | 1B | | |
| <i>prednisolone acetate (ophth)</i> | 1B | | <i>travoprost SOLN</i> | 1B | | |
| PREDNISOLONE SODIUM PHOSPHATE | 3 | | OTIC AGENTS - Drugs to Treat the Ear | | | |
| <i>sulfacetamide sod-prednisolone SOLN</i> | 3 | PA | Otic Agents - Miscellaneous | | | |
| <i>tobramycin-dexamethasone SUSP</i> | 1B | | <i>acetic acid (otic)</i> | 1B | QL(0.5 ml daily) | |
| ZYLET | 3 | PA | Otic Anti-infectives | | | |
| Ophthalmics - Misc. | | | <i>ciprofloxacin hcl (otic)</i> | 1B | | |
| ALOCRIL | 3 | PA | <i>ofloxacin (otic)</i> | 1B | | |
| ALOMIDE | 3 | PA | Otic Combinations | | | |
| <i>azelastine hcl (ophth)</i> | 1B | | <i>ciprofloxacin-dexamethasone</i> | 1B | PA | |
| <i>bepotastine besilate</i> | 3 | PA | <i>ciprofloxacin-fluocinolone acetonide</i> | 1B | QL(0.5 ea daily); PA | |
| <i>brinzolamide</i> | 1B | | <i>CORTISPORIN-TC</i> | 3 | | |
| <i>bromfenac sodium (ophth) 0.09 %</i> | 1B | | <i>neomycin-polymyxin-hc (otic) SOLN</i> | 1B | QL(2 ml daily) | |
| <i>cromolyn sodium (ophth)</i> | 1B | | <i>neomycin-polymyxin-hc (otic) SUSP</i> | 1B | | |
| CYSTARAN | 2 | QL(2.143 ml daily); PA | Otic Steroids | | | |
| <i>diclofenac sodium (ophth)</i> | 1B | | <i>fluocinolone acetonide (otic)</i> | 1B | | |
| <i>dorzolamide hcl</i> | 1B | | <i>hydrocortisone w/acetic acid</i> | 1B | | |
| <i>epinastine hcl (ophth)</i> | 1B | | PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune | | | |
| <i>flurbiprofen sodium</i> | 1B | | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| System | | | | | |
| Immune Serums | | | | | |
| GAMMAGARD LIQUID 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML | 4 | SP; PA | PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML | 1B | |
| GAMMAGARD LIQUID 1 GM/10ML | 4 | SP; PA | PENICILLIN G PROCAINE | 3 | |
| GAMMAGARD LIQUID 30 GM/300ML | 4 | PA | <i>penicillin g sodium</i> | 3 | |
| GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR | 4 | SP; PA | <i>penicillin v potassium SOLR</i> | 1B | |
| GAMMAKED 1 GM/10ML | 4 | SP; PA | <i>penicillin v potassium TABS</i> | 1B | |
| GAMMAKED 5 GM/50ML, 10 GM/100ML, 20 GM/200ML | 4 | SP; PA | Penicillin Combinations | | |
| GAMUNEX-C 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML | 4 | SP; PA | <i>amoxicillin & pot clavulanate CHEW</i> | 1B | |
| GAMUNEX-C 1 GM/10ML | 4 | SP; PA | <i>amoxicillin & pot clavulanate SUSR</i> | 1B | |
| Passive Immunizing Agents - Combinations | | | | | |
| HYQVIA | 4 | PA | <i>amoxicillin & pot clavulanate TABS</i> | 1B | |
| PENICILLINS - Drugs to Treat Bacterial Infections | | | | | |
| Aminopenicillins | | | | | |
| <i>amoxicillin CAPS</i> | 1A | | <i>ampicillin & sulbactam sodium IV 10 GM-5 GM</i> | 1B | |
| <i>amoxicillin CHEW 125 MG, 250 MG</i> | 1B | | <i>piperacillin sodium-tazobactam sodium</i> | 1B | |
| <i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i> | 1B | | Penicillinase-Resistant Penicillins | | |
| <i>amoxicillin SUSR 125 MG/5ML</i> | 1A | | <i>dicloxacillin sodium</i> | 1B | |
| <i>amoxicillin TABS</i> | 1B | | <i>nafcillin sodium IV 10 GM</i> | 1B | |
| <i>ampicillin sodium IJ 1 GM</i> | 1B | | <i>oxacillin sodium IV 10 GM</i> | 1B | |
| <i>ampicillin CAPS 500 MG</i> | 1B | | PROGESTINS - Hormone Replacement/Modifying Drugs | | |
| Natural Penicillins | | | | | |
| <i>penicillin g potassium 5000000 UNIT</i> | 1B | | Progestins | | |
| | | | <i>medroxyprogesterone acetate 10 MG</i> | 1A | |
| | | | <i>medroxyprogesterone acetate 2.5 MG, 5 MG</i> | 1B | |
| | | | <i>megestrol acetate (appetite)</i> | 1B | PA |
| | | | <i>norethindrone acetate TABS</i> | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>progesterone CAPS</i> | 1B | |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions | | |
| Agents for Chemical Dependency | | |
| <i>acamprosate calcium</i> | 1B | |
| <i>disulfiram</i> | 1B | |
| <i>LUCEMYRA</i> | 3 | QL(224 ea per 14 days retail); PA |
| Antidementia Agents | | |
| <i>donepezil hydrochloride TABS 5 MG</i> | 1B | QL(1 ea daily) |
| <i>donepezil hydrochloride TABS 10 MG</i> | 1B | QL(2 ea daily) |
| <i>donepezil hydrochloride TBDP 5 MG</i> | 1B | QL(1 ea daily) |
| <i>donepezil hydrochloride TBDP 10 MG</i> | 1B | QL(2 ea daily) |
| <i>galantamine hydrobromide CP24</i> | 1B | QL(1 ea daily) |
| <i>galantamine hydrobromide SOLN</i> | 1B | QL(6 ml daily) |
| <i>galantamine hydrobromide TABS</i> | 1B | QL(2 ea daily) |
| <i>memantine hcl TABS</i> | 1B | |
| <i>memantine hcl TABS</i> | 1B | QL(2 ea daily) |
| <i>rivastigmine tartrate CAPS</i> | 1B | |
| Combination Psychotherapeutics | | |
| <i>chlordiazepoxide-amitriptyline</i> | 1B | |
| <i>perphenazine-amitriptyline</i> | 1B | QL(4 ea daily) |
| Fibromyalgia Agents | | |
| <i>SAVELLA TITRATION PACK MISC</i> | 2 | 1 rtl MAX fill; 365 rtl day(s) supply; PA |
| <i>SAVELLA TABS</i> | 2 | QL(2 ea daily); PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| Movement Disorder Drug Therapy | | |
| <i>AUSTEDO TABS</i> | 4 | QL(4 ea daily); PA |
| <i>INGREZZA CAPS</i> | 4 | QL(1 ea daily); PA |
| <i>INGREZZA CPPK</i> | 4 | 1 rtl MAX fill; 180 rtl day(s) supply; PA |
| <i>tetrabenazine</i> | 4 | QL(3 ea daily); SP; PA |
| Multiple Sclerosis Agents | | |
| <i>AVONEX PEN AJKT</i> | 4 | QL(0.0714 ml daily); SP; PA |
| <i>AVONEX PSKT</i> | 4 | QL(0.0714 ml daily); SP; PA |
| <i>BETASERON KIT</i> | 4 | QL(0.0357 ea daily); SP; PA |
| <i>dalfampridine</i> | 4 | QL(2 ea daily); SP; PA |
| <i>dimethyl fumarate CDPK</i> | 1B | QL(2 ea daily) |
| <i>dimethyl fumarate CPDR</i> | 1B | QL(2 ea daily) |
| <i>EXTAVIA KIT</i> | 4 | QL(0.0357 ea daily); SP; PA |
| <i>fingolimod hcl</i> | 4 | QL(1 ea daily) |
| <i>glatiramer acetate SOSY 40 MG/ML</i> | 3 | QL(0.43 ml daily) |
| <i>glatiramer acetate SOSY 20 MG/ML</i> | 3 | QL(1 ml daily) |
| <i>KESIMPTA</i> | 4 | QL(0.0144 ml daily); PA |
| <i>PLEGRIDY STARTER PACK SOPN</i> | 4 | QL(0.036 ml daily); PA |
| <i>PLEGRIDY STARTER PACK SOSY SC</i> | 4 | QL(0.036 ml daily); PA |
| <i>PLEGRIDY SOPN</i> | 4 | QL(0.036 ml daily); PA |
| <i>PLEGRIDY SOSY SC</i> | 4 | QL(0.036 ml daily); PA |
| <i>REBIF REBIDOSE TITRATIONPACK SOAJ</i> | 4 | 1 rtl MAX fill; 365 rtl day(s) supply; SP; PA |
| <i>REBIF REBIDOSE SOAJ</i> | 4 | QL(0.214 ml daily); SP; PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|--------------------------|
| REBIF TITRATION PACK SOSY | 4 | 1 rtl MAX fill; 365 rtl day(s) supply; SP; PA | Lung Conditions | | |
| REBIF SOSY | 4 | QL(0.214 ml daily); SP; PA | Alpha-Proteinase Inhibitor (Human) | | |
| <i>teriflunomide</i> | 4 | QL(1 ea daily) | PROLASTIN-C SOLN | 4 | PA |
| Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents | | | Cystic Fibrosis Agents | | |
| <i>pregabalin (once-daily) 330 MG</i> | 3 | QL(2 ea daily); PA | KALYDECO TABS | 4 | QL(2 ea daily); SP; PA |
| <i>pregabalin (once-daily) 82.5 MG, 165 MG</i> | 3 | QL(1 ea daily); PA | ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG | 4 | QL(2 ea daily); PA |
| Pseudobulbar Affect (PBA) Agents | | | ORKAMBI TABS | 4 | QL(4 ea daily); PA |
| NUEDEXTA | 3 | QL(2 ea daily); PA | PULMOZYME | 4 | QL(2.5 ml daily); SP; PA |
| Psychotherapeutic and Neurological Agents - Misc. | | | TRIKAFTA TBPK 100 MG-50 MG | 4 | QL(3 ea daily); PA |
| <i>ergoloid mesylates TABS</i> | 1B | | Pulmonary Fibrosis Agents | | |
| <i>pimozide</i> | 1B | | OFEV | 4 | QL(2 ea daily); PA |
| Smoking Deterrents | | | <i>pirfenidone CAPS</i> | 4 | |
| <i>bupropion hcl (smoking deterrent)</i> | 0 | QL(2 ea daily) | <i>pirfenidone TABS 534 MG</i> | 4 | QL(3 ea daily); PA |
| <i>nicotine polacrilex GUM</i> | 0 | | <i>pirfenidone TABS 267 MG, 801 MG</i> | 4 | |
| <i>nicotine polacrilex LOZG</i> | 0 | | SULFONAMIDES - Drugs to Treat Bacterial Infections | | |
| NICOTINE TRANSDERMAL SYSTEM KIT | 0 | | Sulfonamides | | |
| <i>nicotine MISC XX</i> | 0 | QL(1 ea daily) | <i>sulfadiazine TABS</i> | 1B | |
| <i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i> | 0 | QL(1 ea daily) | TETRACYCLINES - Drugs to Treat Bacterial Infections | | |
| NICOTROL INHALER INHA | 0 | | Fluorocyclines | | |
| NICOTROL NS SOLN | 0 | | XERAVA | 4 | PA |
| <i>varenicline tartrate TABS</i> | 0 | QL(2 ea daily) | Glycylcyclines | | |
| <i>varenicline tartrate TBPK</i> | 0 | | <i>tigecycline</i> | 1B | |
| Transthyretin Amyloidosis Agents | | | Tetracyclines | | |
| TEGSEDI | 4 | PA | <i>demeclercycline hcl TABS</i> | 1B | |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat | | | <i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i> | 1B | QL(2 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| <i>doxycycline (monohydrate) CAPS 75 MG</i> | 1B | | Toxoid Combinations | | |
| <i>doxycycline (monohydrate) TABS 50 MG</i> | 1B | | ADACEL SUSP | 0 | |
| <i>doxycycline (monohydrate) TABS 100 MG</i> | 1B | QL(2 ea daily) | BOOSTRIX SUSP | 0 | |
| <i>doxycycline hyclate CAPS</i> | 1B | QL(2 ea daily) | BOOSTRIX SUSY | 0 | |
| <i>doxycycline hyclate SOLR</i> | 1B | | DAPTACEL | 0 | |
| <i>doxycycline hyclate TABS 20 MG, 100 MG</i> | 1B | QL(2 ea daily) | DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP | 0 | |
| <i>minocycline hcl CAPS</i> | 1B | QL(3 ea daily) | INFANRIX | 0 | |
| <i>minocycline hcl TABS</i> | 1B | QL(3 ea daily) | KINRIX SUSY | 0 | |
| <i>tetracycline hcl CAPS</i> | 1B | QL(8 ea daily) | PEDIARIX SUSY | 0 | |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones | | | PENTACEL | 0 | |
| Antithyroid Agents | | | QUADRACEL SUSP | 0 | |
| <i>methimazole TABS</i> | 1B | | QUADRACEL SUSY | 0 | |
| <i>propylthiouracil</i> | 1B | | TDVAX SUSP | 0 | |
| Thyroid Hormones | | | TENIVAC INJ | 0 | |
| <i>ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG</i> | 2 | | TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP | 0 | |
| <i>ARMOUR THYROID TABS</i> | 2 | QL(1 ea daily) | ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions | | |
| <i>levothyroxine sodium TABS</i> | 1B | | Antispasmodics | | |
| <i>liothyronine sodium SOLN</i> | 1B | | <i>atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML</i> | 1B | |
| <i>liothyronine sodium TABS</i> | 1B | | <i>atropine sulfate SOSY IJ 0.25 MG/5ML</i> | 1B | |
| <i>NP THYROID 120 TABS</i> | 1B | QL(1 ea daily) | <i>chlordiazepoxide hcl-clidinium bromide</i> | 1B | |
| <i>NP THYROID 15 TABS</i> | 1B | QL(1 ea daily) | <i>dicyclomine hcl CAPS</i> | 1B | |
| <i>NP THYROID 30 TABS</i> | 1B | QL(1 ea daily) | <i>dicyclomine hcl SOLN OR</i> | 1B | |
| <i>NP THYROID 60 TABS</i> | 1B | QL(1 ea daily) | <i>dicyclomine hcl TABS</i> | 1B | |
| <i>NP THYROID 90 TABS</i> | 1B | QL(1 ea daily) | <i>glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML</i> | 1B | |
| <i>SYNTHROID TABS (levothyroxine sodium)</i> | 2 | | <i>glycopyrrolate TABS 2 MG</i> | 1B | QL(6 ea daily) |
| TOXOIDS | | | <i>glycopyrrolate TABS 1 MG</i> | 1B | |
| | | | <i>methscopolamine bromide</i> | 1B | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|--|-----------|--|
| H-2 Antagonists | | | | | |
| cimetidine TABS | 1B | RX/OTC | pantoprazole sodium TBEC 40 MG | 1B | |
| famotidine in nacl SOLN | 1B | | rabeprazole sodium TBEC | 3 | QL(1 ea daily) |
| famotidine SOLN 20 MG/2ML | 1A | | Ulcer Drugs - Prostaglandins | | |
| famotidine SOLN 40 MG/4ML, 200 MG/20ML | 1B | | misoprostol | 1B | QL(4 ea daily) |
| famotidine SUSR | 1B | QL(10 ml daily) | Ulcer Therapy Combinations | | |
| famotidine TABS 20 MG, 40 MG | 1B | | amoxicillin-clarithromycin w/ lansoprazole THPK | 1B | 14 rtl MAX day(s) supply; 365 rtl lmt day(s); 14 mail MAX day(s) supply; 365 mail lmt day(s) |
| nizatidine CAPS | 1B | | omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG | 1B | QL(1 ea daily); RX/OTC |
| nizatidine SOLN | 1B | QL(20 ml daily) | URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms | | |
| ranitidine hcl TABS 150 MG | 1B | | Urinary Antispasmodic - Antimuscarinics (Anticholinergic) | | |
| Misc. Anti-Ulcer | | | | | |
| sucralfate SUSP | 1B | QL(40 ml daily) | darifenacin hydrobromide | 1B | QL(1 ea daily) |
| sucralfate TABS | 1B | QL(4 ea daily) | fesoterodine fumarate | 1B | QL(1 ea daily); PA |
| Proton Pump Inhibitors | | | oxybutynin chloride SOLN | 1B | |
| dexlansoprazole | 3 | QL(1 ea daily) | oxybutynin chloride TABS 5 MG | 1B | |
| esomeprazole magnesium CPDR 20 MG | 1B | QL(2 ea daily); RX/OTC | oxybutynin chloride TB24 | 1B | |
| esomeprazole magnesium CPDR 40 MG | 3 | QL(1 ea daily) | solifenacina succinate TABS | 1B | QL(1 ea daily); PA |
| esomeprazole magnesium TBEC | 1B | QL(2 ea daily) | tolterodine tartrate CP24 | 1B | QL(1 ea daily) |
| lansoprazole CPDR 30 MG | 1B | | tolterodine tartrate TABS | 1B | |
| lansoprazole CPDR 15 MG | 1B | QL(1 ea daily); RX/OTC | trospium chloride CP24 | 1B | QL(1 ea daily) |
| NEXIUM 24HR TBEC (esomeprazole magnesium) | 1B | QL(2 ea daily) | trospium chloride TABS | 1B | QL(3 ea daily) |
| omeprazole magnesium CPDR | 1B | QL(4 ea daily) | Urinary Antispasmodics - Cholinergic Agonists | | |
| omeprazole CPDR | 1B | QL(2 ea daily) | bethanechol chloride 25 MG | 1B | |
| omeprazole TBEC | 1B | QL(2 ea daily) | bethanechol chloride 5 MG, 10 MG, 50 MG | 1B | QL(4 ea daily) |
| pantoprazole sodium TBEC 20 MG | 1B | QL(1 ea daily) | Urinary Antispasmodics - Direct Muscle Relaxants | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|--|-------------------------------------|-----------|--|
| flavoxate hcl | 1B | | AFLURIA QUADRIVALENT 2023-2024 SUSP | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| VACCINES | | | AFLURIA QUADRIVALENT 2023-2024 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| Bacterial Vaccines | | | AREXVY | 0 | |
| ACTHIB SOLR IM | 0 | | COMIRNATY 2023-24 SUSP | 0 | |
| BEXSERO | 0 | | COMIRNATY 2023-24 SUSY | 0 | |
| HIBERIX SOLR IJ | 0 | | COMIRNATY SUSP | 0 | |
| MENACTRA | 0 | | ENGERIX-B SUSP 20 MCG/ML | 0 | 3 rtl MAX fill; 365 rtl day(s) supply; 3 mail MAX fill |
| MENQUADFI | 0 | | ENGERIX-B SUSY | 0 | 3 rtl MAX fill; 365 rtl day(s) supply; 3 mail MAX fill |
| MENVEO SOLR | 0 | | FLUAD QUADRIVALENT 2021-2022 | 0 | 1 rtl MAX fill; 180 rtl day(s) supply |
| PEDVAX HIB SUSP | 0 | | FLUAD QUADRIVALENT 2022-2023 | 0 | 1 rtl MAX fill; 180 rtl day(s) supply |
| PNEUMOVAX 23 | 0 | | FLUAD QUADRIVALENT 2023-2024 | 0 | 1 rtl MAX fill; 180 rtl day(s) supply |
| PNEUMOVAX 23/1 DOSE | 0 | | FLUARIX QUADRIVALENT 2021-2022 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| PREVNAR 13 | 0 | | FLUARIX QUADRIVALENT 2022-2023 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| PREVNAR 20 | 0 | 1 rtl MAX fill; 999 rtl day(s) supply | FLUARIX QUADRIVALENT 2023-2024 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| TRUMENBA | 0 | | | | |
| VAXNEUVANCE | 0 | 4 rtl MAX fill; 999 rtl day(s) supply | | | |
| Viral Vaccines | | | | | |
| ABRYSVO | 0 | | | | |
| AFLURIA QUADRIVALENT 2021-2022 SUSP | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | | | |
| AFLURIA QUADRIVALENT 2021-2022 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | | | |
| AFLURIA QUADRIVALENT 2022-2023 SUSP | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | | | |
| AFLURIA QUADRIVALENT 2022-2023 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---------------------------------------|-----------|--|---------------------------------------|-----------|--|
| FLUBLOK QUADRIVALENT 2021-2022 | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | FLULALVAL QUADRIVALENT 2022-2023 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| FLUBLOK QUADRIVALENT 2022-2023 | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | FLULALVAL QUADRIVALENT 2023-2024 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| FLUBLOK QUADRIVALENT 2023-2024 | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | FLUMIST QUADRIVALENT | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| FLUCELVAX QUADRIVALENT 2021-2022 SUSP | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | FLUZONE HIGH-DOSE PF 2021-2022 | 0 | 1 rtl MAX fill; 180 rtl day(s) supply |
| FLUCELVAX QUADRIVALENT 2021-2022 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | FLUZONE HIGH-DOSE PF 2022-2023 | 0 | 1 rtl MAX fill; 180 rtl day(s) supply |
| FLUCELVAX QUADRIVALENT 2022-2023 SUSP | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | FLUZONE HIGH-DOSE PF 2023-2024 | 0 | 1 rtl MAX fill; 180 rtl day(s) supply |
| FLUCELVAX QUADRIVALENT 2022-2023 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | FLUZONE QUADRIVALENT 2021-2022 SUSP | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| FLUCELVAX QUADRIVALENT 2023-2024 SUSP | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | FLUZONE QUADRIVALENT 2021-2022 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| FLUCELVAX QUADRIVALENT 2023-2024 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | FLUZONE QUADRIVALENT 2022-2023 SUSP | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| FLULALVAL QUADRIVALENT 2021-2022 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | FLUZONE QUADRIVALENT 2022-2023 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |
| | | | FLUZONE QUADRIVALENT 2023-2024 SUSP | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|--|-----------|--|
| FLUZONE QUADRIVALENT 2023-2024 SUSY | 0 | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply | PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP | 0 | |
| GARDASIL 9 SUSP | 0 | 3 rtl MAX fill; 365 rtl day(s) supply | PFIZER-BIONTECH COVID-19VACCINE SUSP | 0 | |
| GARDASIL 9 SUSY | 0 | 3 rtl MAX fill; 365 rtl day(s) supply | PREHEVBRIOD | 0 | 3 rtl MAX fill; 365 rtl day(s) supply |
| HAVRIX | 0 | 2 rtl MAX fill; 365 rtl day(s) supply; 2 mail MAX fill | PRIORIX SUSR | 0 | 3 rtl MAX fill; 365 rtl day(s) supply |
| HEPLISAV-B SOSY | 0 | 2 rtl MAX fill; 365 rtl day(s) supply; 2 mail MAX fill | RECOMBIVAX HB SUSP | 0 | |
| I-POL INACTIVATED IPV | 0 | | RECOMBIVAX HB SUSY | 0 | |
| M-M-R II SOLR | 0 | 2 rtl MAX fill; 365 rtl day(s) supply | ROTARIX SUSP | 0 | |
| MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP | 0 | | ROTARIX SUSR | 0 | |
| MODERNA COVID-19 VACCINE6-11Y SUSP | 0 | | ROTATEQ SOLN | 0 | |
| MODERNA COVID-19 VACCINE6MO-5Y SUSP | 0 | | SHINGRIX | 0 | 2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 18 yrs old) |
| MODERNA COVID-19 VACCINE SUSP | 0 | | SPIKEVAX COVID-19 VACCINE/2023-24 SUSP | 0 | |
| PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP | 0 | | SPIKEVAX COVID-19 VACCINE/2023-24 SUSY | 0 | |
| PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP | 0 | | SPIKEVAX COVID-19 VACCINE SUSP | 0 | |
| PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP | 0 | | TWINRIX SUSY | 0 | |
| PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP | 0 | | VAQTA | 0 | 2 rtl MAX fill; 365 rtl day(s) supply; 2 mail MAX fill |
| VAGINAL AND RELATED PRODUCTS | | | | | |
| Miscellaneous Vaginal Products | | | | | |
| INTRAROSA | 3 | QL(1 ea daily); PA | Spermicides | | |
| TODAY SPONGE MISC | 0 | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|---|-----------|-------------------------|
| Vaginal Anti-infectives | | | | | |
| <i>clindamycin phosphate vaginal CREA</i> | 1B | | <i>midodrine hcl</i> | 1B | |
| <i>clotrimazole vaginal CREA 1 %</i> | 1B | | VITAMINS | | |
| GYNAZOLE-1 | 3 | QL(5 gm per 30 days retail; 5 gm per 30 days mail) | Oil Soluble Vitamins | | |
| <i>metronidazole vaginal</i> | 1B | | <i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT</i> | 1A | |
| <i>miconazole nitrate vaginal SUPP 200 MG</i> | 1B | | <i>cholecalciferol TABS 10 MCG, 400 UNIT</i> | 0 | |
| <i>terconazole vaginal CREA</i> | 1B | | <i>ergocalciferol CAPS</i> | 0 | |
| <i>terconazole vaginal CREA</i> | 1B | | <i>ergocalciferol SOLN OR</i> | 1B | |
| <i>terconazole vaginal SUPP</i> | 1B | | <i>VITAMIN D2 TABS 400 UNIT</i> | 0 | AL(At least 65 yrs old) |
| Vaginal Anti-inflammatory Agents | | | | | |
| <i>hydrocortisone vaginal</i> | 1B | QL(15.15 gm daily) | Water Soluble Vitamins | | |
| Vaginal Contraceptive - pH Modulators | | | | | |
| PHEXXI | 0 | PV | <i>NIACIN TR TBCR</i> | 1B | |
| Vaginal Estrogens | | | <i>niacinamide TABS 100 MG</i> | 1B | |
| <i>estradiol vaginal CREA</i> | 1B | QL(2 gm daily) | <i>niacinamide TABS 500 MG</i> | 1A | |
| <i>estradiol vaginal TABS</i> | 1B | | <i>niacin CPCR 250 MG, 500 MG</i> | 1A | |
| FEMRING | 3 | PA | <i>niacin TABS</i> | 1A | |
| PREMARIN | 2 | QL(1.5 gm daily) | <i>niacin TBCR</i> | 1A | |
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions | | | | | |
| Anaphylaxis Therapy Agents | | | | | |
| <i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i> | 1B | 2 rtl MAX fill; 365 rtl day(s) supply; 2 mail MAX fill; QL(2 ea per fill retail; 2 per fill mail) | | | |
| <i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i> | 2 | 2 rtl MAX fill; 365 rtl day(s) supply; 2 mail MAX fill; QL(2 ea per fill retail; 2 per fill mail) | | | |

INDEX

| | | | | | |
|---|----|--|----|---|----|
| abacavir sulfate SOLN | 29 | ACTOS (pioglitazone hcl) | 16 | AKYNZEO | 17 |
| abacavir sulfate TABS | 29 | acyclovir CAPS | 31 | albendazole | 7 |
| abacavir sulfate-lamivudine | 29 | acyclovir SUSP | 31 | albuterol sulfate AERS | 9 |
| ABELCET | 17 | acyclovir TABS OR | 31 | albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML | 9 |
| abiraterone acetate 250 MG | 24 | acyclovir topical CREA | 39 | albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML | 9 |
| abiraterone acetate 500 MG | 24 | acyclovir topical OINT | 39 | albuterol sulfate SYRP | 9 |
| ABRYSVO | 64 | ADACEL SUSP | 62 | albuterol sulfate TABS | 9 |
| acamprosate calcium | 60 | ADALIMUMAB-ADAZ SOAJ | 3 | alclometasone dipropionate CREA | 39 |
| acarbose | 14 | ADALIMUMAB-ADAZ SOSY | 3 | alclometasone dipropionate OINT | 39 |
| acebutolol hcl CAPS | 31 | adapalene CREA | 36 | ALDURAZYME | 44 |
| acetaminophen w/ codeine SOLN | 6 | adapalene GEL 0.1 % | 36 | ALECENSA | 25 |
| acetaminophen w/ codeine TABS 15 MG-300 MG | 6 | adapalene GEL 0.3 % | 36 | alendronate sodium TABS 35 MG, 70 MG | 43 |
| acetaminophen w/ codeine TABS 30 MG-300 MG | 6 | adapalene-benzoyl peroxide GEL 2.5 %-0.1 % | 36 | alendronate sodium TABS 5 MG, 10 MG | 43 |
| acetaminophen w/ codeine TABS 60 MG-300 MG | 6 | ADCETRIS | 23 | alfuzosin hcl | 46 |
| acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG | 6 | adefovir dipivoxil | 30 | ALINIA SUSR | 21 |
| acetazolamide CP12 | 42 | ADEMPAS | 33 | aliskiren fumarate | 20 |
| acetazolamide sodium | 42 | ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG | 62 | allopurinol | 47 |
| acetazolamide TABS 125 MG | 42 | AFLURIA QUADRIVALENT 2021-2022 SUSP | 64 | almotriptan malate 12.5 MG | 52 |
| acetazolamide TABS 250 MG | 42 | AFLURIA QUADRIVALENT 2021-2022 SUSY | 64 | almotriptan malate 6.25 MG | 52 |
| acetic acid (otic) | 58 | AFLURIA QUADRIVALENT 2022-2023 SUSP | 64 | ALOCRIL | 58 |
| acetic acid 0.25 % | 46 | AFLURIA QUADRIVALENT 2022-2023 SUSY | 64 | alogliptin benzoate | 15 |
| acetylcysteine SOLN | 36 | AFLURIA QUADRIVALENT 2023-2024 SUSP | 64 | alogliptin-metformin hcl | 14 |
| acitretin 10 MG, 17.5 MG | 38 | AFLURIA QUADRIVALENT 2023-2024 SUSY | 64 | alogliptin-pioglitazone 15 MG-12.5 MG, 30 MG-12.5 MG, 45 MG-12.5 MG | 14 |
| acitretin 25 MG | 38 | AIMOVIG | 52 | alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG | 14 |
| ACTHAR | 43 | AIMSCO LUBRICATED MISC | 50 | ALOMIDE | 58 |
| ACTHIB SOLR IM | 64 | | | | |
| ACTIMMUNE | 26 | | | | |

| | | | | | |
|--|----|--|----|---|----|
| alosetron hcl | 46 | calcium | 32 | amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG | 1 |
| alprazolam TABS 0.25 MG, 0.5 MG, 1 MG | 8 | amlodipine besylate-benazepril hcl 19 | | | |
| alprazolam TABS 2 MG | 8 | amlodipine besylate-olmesartan medoxomil | 20 | | |
| alprazolam TB24 | 8 | amlodipine besylate-valsartan | 20 | | |
| alprazolam TBDP | 8 | amlodipine-valsartan-hydrochlorothiazide | 20 | | |
| ALREX SUSP (loteprednol etabonate) | 57 | amoxapine | 14 | amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG | 1 |
| ALTABAX | 37 | amoxicillin & pot clavulanate CHEW . 59 | | amphotericin b IV | 17 |
| ALUNBRIG TABS | 25 | amoxicillin & pot clavulanate SUSR 59 | | amphotericin b liposome | 17 |
| ALUNBRIG TBPK | 25 | amoxicillin & pot clavulanate TABS 59 | | ampicillin & sulbactam sodium IV 10 GM-5 GM | 59 |
| ALVESCO | 9 | amoxicillin & pot clavulanate TB12 59 | | ampicillin CAPS 500 MG | 59 |
| alvimopan | 46 | amoxicillin CAPS | 59 | ampicillin sodium IJ 1 GM | 59 |
| amantadine hcl CAPS | 27 | amoxicillin CHEW 125 MG, 250 MG . 59 | | anagrelide hcl | 47 |
| amantadine hcl SOLN | 27 | amoxicillin SUSR 125 MG/5ML59 | | anastrozole | 24 |
| amantadine hcl TABS | 27 | amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML59 | | ANDRODERM PT24 2 MG/24HR, 4 MG/24HR | 7 |
| ambrisentan | 33 | amoxicillin TABS | 59 | ANNOVERA | 35 |
| amcinonide CREA | 39 | amoxicillin-clarithromycin w/ lansoprazole THPK | 63 | ANORO ELLIPTA | 9 |
| amcinonide LOTN | 39 | amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG | 57 | ANZEMET TABS 50 MG | 16 |
| amcinonide OINT | 39 | amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG | 1 | APIDRA SOLN | 15 |
| amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML | 2 | amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG | 1 | APIDRA SOLOSTAR SOPN | 15 |
| amiloride & hydrochlorothiazide .. | 42 | amphetamine-dextroamphetamine CP24 | 17 | apomorphine hydrochloride SOCT | 27 |
| amiloride hcl TABS | 43 | amphetamine-dextroamphetamine CP24 | 17 | apraclonidine hcl | 57 |
| aminocaproic acid TABS | 48 | amphetamine-dextroamphetamine CP24 | 17 | aprepitant CAPS 40 MG, 125 MG | 17 |
| aminophylline SOLN | 10 | amphetamine-dextroamphetamine CP24 | 17 | aprepitant CAPS 80 MG | 17 |
| amiodarone hcl SOLN 50 MG/ML .. | 8 | amphetamine-dextroamphetamine CP24 | 17 | aprepitant CAPS | 17 |
| amiodarone hcl TABS | 8 | amphetamine-dextroamphetamine CP24 | 17 | aprepitant MISC | 17 |
| amitriptyline hcl TABS | 14 | amphetamine-dextroamphetamine CP24 | 11 | APTIOM | 11 |
| amlodipine besylate TABS | 32 | amphetamine-dextroamphetamine CP24 | 29 | APTIVUS CAPS | 29 |
| amlodipine besylate-atorvastatin | | | | | |

| | | | | | |
|---|----|--|----|--|----|
| ARANESP ALBUMIN FREE SOLN 25 MCG/ML | 48 | atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG | 1 | bacitracin (ophthalmic) | 57 |
| ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML | 48 | atomoxetine hcl 60 MG, 80 MG, 100 MG | 1 | bacitracin | 20 |
| ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML | 48 | atorvastatin calcium TABS | 18 | baclofen TABS 10 MG, 20 MG | 56 |
| ARCALYST | 3 | atovaquone | 21 | BALCOLTRA (levonorgestrel-ethinyl estradiol-iron) | 34 |
| AREXVY | 64 | atovaquone-proguanil hcl | 22 | balsalazide disodium CAPS | 46 |
| arformoterol tartrate | 9 | atracurium besylate 100 MG/10ML 56 | | BALVERSA | 25 |
| ARIKAYCE | 2 | atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML | 62 | BANZEL TABS 200 MG (rufinamide) 11 | |
| ariPIPRAZOLE SOLN OR | 29 | atropine sulfate SOSY IJ 0.25 MG/5ML | 62 | BANZEL TABS 400 MG (rufinamide) 11 | |
| ariPIPRAZOLE TABS | 29 | ATROVENT HFA | 8 | BARACLUDE SOLN | 30 |
| armodafinil | 1 | AUSTEDO TABS | 60 | BASAGLAR KWIKPEN SOPN | 15 |
| ARMOUR THYROID TABS | 62 | AVONEX PEN AJKT | 60 | BAXDELA SOLR | 45 |
| ARNUITY ELLIPTA | 9 | AVONEX PSKT | 60 | BAXDELA TABS | 45 |
| arsenic trioxide 10 MG/10ML | 26 | AYVAKIT | 25 | BELSOMRA | 49 |
| ARZERRA | 23 | azacitidine SUSR | 23 | benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG ... | 20 |
| asenapine maleate 2.5 MG | 28 | AZASITE | 57 | benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG .. | 20 |
| asenapine maleate 5 MG, 10 MG .. | 28 | AZATHIOPRINE | 54 | benazepril hcl | 19 |
| aspirin CHEW | 4 | azathioprine TABS | 54 | bendamustine hcl SOLR | 22 |
| aspirin TABS 325 MG | 4 | azelaic acid GEL | 41 | BENZEPRO CREAMY WASH LIQD . 36 | |
| aspirin TBEC 325 MG | 4 | azelastine hcl (ophth) | 58 | benzonatate 100 MG | 36 |
| aspirin TBEC 81 MG | 4 | azelastine hcl | 56 | benzonatate 150 MG | 36 |
| aspirin-dipyridamole | 47 | AZELEX | 36 | benzonatate 200 MG | 36 |
| atazanavir sulfate CAPS 150 MG, 300 MG | 29 | azithromycin PACK | 49 | benzoyl peroxide FOAM 5.3 %, 9.8 % | 36 |
| atazanavir sulfate CAPS 200 MG .. | 29 | azithromycin SOLR | 49 | benzoyl peroxide GEL 10 % | 36 |
| atenolol & chlorthalidone | 20 | azithromycin SUSR | 49 | benzoyl peroxide GEL 5 % | 36 |
| atenolol TABS | 31 | azithromycin TABS 250 MG | 49 | benzoyl peroxide LIQD 4 %, 7 %, 10 % | 36 |
| ATGAM | 54 | azithromycin TABS 500 MG | 49 | | |
| | | azithromycin TABS 600 MG | 49 | | |

| | | | | | |
|--|------------------------|---|----------------|--|----|
| benzoyl peroxide-erythromycin GEL . | BIKTARVY | 29 | MG | 27 | |
| 36 | bimatoprost SOLN | 58 | BRUKINSA | 25 | |
| benztropine mesylate SOLN | 27 | bisacodyl SUPP | 49 | budesonide (inhalation) SUSP | 9 |
| benztropine mesylate TABS | 27 | bisacodyl TBEC | 49 | budesonide (intrarectal) | 7 |
| bepotastine besilate | 58 | bisoprolol & hydrochlorothiazide .. | 20 | budesonide (nasal) | 56 |
| BESIVANCE | 57 | bisoprolol fumarate | 31 | budesonide CPEP | 35 |
| betaine | 44 | bleomycin sulfate 15 UNIT | 25 | budesonide-formoterol fumarate dihydrate | 9 |
| betamethasone dipropionate (topical) CREA | 39 | BOOSTRIX SUSP | 62 | bumetanide SOLN 0.25 MG/ML .. | 43 |
| betamethasone dipropionate (topical) LOTN | 39 | BOOSTRIX SUSY | 62 | bumetanide TABS | 43 |
| betamethasone dipropionate (topical) OINT | 39 | bortezomib SOLR IJ | 25 | buprenorphine hcl SOLN | 6 |
| betamethasone dipropionate augmented CREA | 39 | BORTEZOMIB SOLR IV 3.5 MG .. | 25 | buprenorphine hcl SUBL | 6 |
| betamethasone dipropionate augmented LOTN | 39 | bosentan TABS 125 MG | 33 | buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG | 6 |
| betamethasone dipropionate augmented OINT | 39 | bosentan TABS 62.5 MG | 33 | buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG | 6 |
| betamethasone dipropionate augmented valerate CREA | 39 | BOSULIF TABS 100 MG, 500 MG .. | 25 | buprenorphine hcl-naloxone hcl dihydrate SUBL | 6 |
| betamethasone valerate FOAM .. | 39 | BOSULIF TABS 400 MG | 25 | buprenorphine PTWK | 7 |
| betamethasone valerate LOTN | 39 | BRAFTOVI 75 MG | 25 | bupropion hcl (smoking deterrent) .. | 61 |
| betamethasone valerate OINT | 39 | BREO ELLIPTA (fluticasone furoate-vilanterol) | 9 | bupropion hcl TABS | 13 |
| BETASERON KIT | 60 | BREO ELLIPTA | 9 | bupropion hcl TB12 | 13 |
| betaxolol hcl (ophth) SOLN | 57 | BRILINTA | 47 | bupropion hcl TB24 150 MG, 300 MG | 13 |
| betaxolol hcl | 31 | brimonidine tartrate (topical) .. | 41 | buspirone hcl 5 MG | 8 |
| bethanechol chloride 25 MG | 63 | brimonidine tartrate 0.15 %, 0.2 % .. | 57 | buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG | 8 |
| bethanechol chloride 5 MG, 10 MG, 50 MG | 63 | brinzolamide | 58 | busulfan SOLN | 22 |
| bexarotene (topical) | 38 | BRIVIACT SOLN OR 10 MG/ML .. | 11 | butalbital-acetaminophen TABS 50 MG-325 MG | 4 |
| bexarotene | 26 | BRIVIACT TABS | 11 | butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG | 4 |
| BEXSERO | 64 | bromfenac sodium (ophth) 0.09 % .. | .58 | bromocriptine mesylate CAPS | 27 |
| bicalutamide | 24 | bromocriptine mesylate TABS 2.5 | | | |

| | | | | |
|---|----|---|---|----|
| butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG | 4 | calcium chloride (dihydrate) SOLN 53 | carteolol hcl (ophth) | 57 |
| butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG | 4 | calcium polycarbophil TABS | carvedilol | 31 |
| butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG | 6 | CALQUENCE | carvedilol phosphate | 31 |
| butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG | 6 | candesartan cilexetil | caspofungin acetate | 17 |
| butalbital-aspirin-caffeine CAPS | 4 | candesartan cilexetil- hydrochlorothiazide | CAYA DPRH | 50 |
| butalbital-aspirin-caffeine w/cod | 6 | CAPASTAT SULFATE | CAYSTON | 21 |
| butenafine hcl | 37 | capecitabine | cefaclor CAPS | 33 |
| butorphanol tartrate IJ 1 MG/ML, 2 MG/ML | 7 | CAPRELSA | cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML | 33 |
| butorphanol tartrate NA 10 MG/ML . | 7 | captopril 12.5 MG | cefadroxil CAPS | 33 |
| cabergoline | 44 | captopril 25 MG, 50 MG, 100 MG . | cefadroxil SUSR | 33 |
| CABLIVI | 47 | carbamazepine CHEW | cefadroxil TABS | 33 |
| CABOMETYX TABS | 25 | carbamazepine CP12 100 MG | cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG | 33 |
| calcipotriene CREA | 38 | carbamazepine CP12 200 MG | cefdinir CAPS | 33 |
| calcipotriene OINT | 38 | carbamazepine CP12 300 MG | cefdinir SUSR | 33 |
| calcipotriene SOLN | 38 | carbamazepine SUSP | cefepime hcl SOLR IV 2 GM | 34 |
| calcipotriene-betamethasone dipropionate OINT | 39 | carbamazepine TABS | cefixime CAPS | 33 |
| calcipotriene-betamethasone dipropionate SUSP | 39 | carbamazepine TB12 100 MG, 400 MG | cefixime SUSR | 34 |
| calcitonin (salmon) NA | 43 | carbamazepine TB12 200 MG | cefotaxime sodium IJ 1 GM, 2 GM | 34 |
| calcitriol (topical) | 38 | carbidopa | cefotetan disodium IJ 1 GM, 2 GM | 33 |
| calcitriol CAPS | 44 | carbidopa-levodopa TABS | cefoxitin sodium IV 1 GM, 2 GM | 33 |
| calcitriol SOLN IV | 44 | carbidopa-levodopa TBCR | cefpodoxime proxetil SUSR | 34 |
| calcium acetate (phosphate binder) CAPS | 46 | carbidopa-levodopa TBDP | cefpodoxime proxetil TABS | 34 |
| calcium acetate (phosphate binder) TABS | 46 | carbidopa-levodopa-entacapone .. | cefprozil SUSR | 33 |
| carbinoxamine maleate SOLN | 18 | carbinoxamine maleate TABS 4 MG . | cefprozil TABS | 33 |
| carboplatin SOLN 50 MG/5ML | 22 | carbinoxamine maleate TABS | ceftazidime IJ 1 GM, 6 GM | 34 |
| carisoprodol TABS | 56 | carboplatin SOLN 50 MG/5ML | ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG | 34 |
| carmustine | 22 | carisoprodol TABS | ceftriaxone sodium IJ 250 MG | 34 |
| | | carmustine | cefuroxime axetil TABS | 33 |

| | | | | | |
|--------------------------------------|----|---|----|--|----|
| cefuroxime sodium IJ 750 MG | 33 | cholestyramine light PACK | 18 | citalopram hydrobromide TABS 20 MG | 13 |
| celecoxib | 3 | cholestyramine light POWD | 18 | citalopram hydrobromide TABS 40 MG | 13 |
| CELONTIN (methylsuximide) | 12 | cholestyramine PACK | 18 | clarithromycin SUSR | 49 |
| cephalexin CAPS | 33 | cholestyramine POWD | 18 | clarithromycin TABS | 49 |
| cephalexin SUSR | 33 | choline fenofibrate | 18 | clarithromycin TB24 | 49 |
| CERDELGA | 47 | CHORIONIC GONADOTROPIN IM 43 | | CLASSIC PRENATAL TABS | 55 |
| CEREZYME 400 UNIT | 47 | ciclopirox GEL | 37 | clemastine fumarate SYRP | 18 |
| cetirizine hcl TABS | 18 | ciclopirox olamine CREA | 37 | clemastine fumarate TABS 2.68 MG .. | |
| cevimeline hcl | 55 | ciclopirox olamine SUSP | 37 | 18 | |
| CHEMET | 16 | ciclopirox SHAM | 37 | CLIMARA PRO | 45 |
| CHEMSTRIP-K STRP | 41 | ciclopirox SOLN | 37 | clindamycin hcl | 21 |
| chloramphenicol sodium succinate | | cidofovir | 30 | clindamycin palmitate hydrochloride .. | |
| 21 | | cilostazol | 47 | 21 | |
| chlordiazepoxide hcl CAPS | 8 | CIMDUO | 29 | clindamycin phosphate (topical) | |
| chlordiazepoxide hcl-clidinium | | cimetidine TABS | 63 | FOAM | 36 |
| bromide | 62 | cinacalcet hcl | 44 | clindamycin phosphate (topical) GEL | |
| chlordiazepoxide-amitriptyline | 60 | CIPRO SUSR | 45 | 36 | |
| chlorhexidine gluconate (mouth- | | ciprofloxacin hcl (ophth) SOLN | 57 | clindamycin phosphate (topical) | |
| throat) | 55 | ciprofloxacin hcl (otic) | 58 | LOTN | 36 |
| chloroquine phosphate TABS 250 | | ciprofloxacin hcl TABS | 45 | clindamycin phosphate (topical) | |
| MG | 22 | ciprofloxacin in d5w 5 %-200 | | SOLN | 36 |
| chloroquine phosphate TABS 500 | | MG/100ML | 45 | clindamycin phosphate (topical) | |
| MG | 22 | ciprofloxacin SUSR 5 GM/100ML, | | SWAB | 36 |
| chlorpromazine hcl SOLN | 29 | 500 MG/5ML | 45 | CLINDAMYCIN PHOSPHATE | |
| chlorpromazine hcl TABS | 29 | ciprofloxacin-dexamethasone | 58 | POWD | 34 |
| chlorthalidone 25 MG, 50 MG | 43 | ciprofloxacin-fluocinolone acetonide .. | | clindamycin phosphate SOLN IJ 9 | |
| chlorzoxazone TABS 500 MG | 56 | 58 | | GM/60ML, 300 MG/2ML, 600 | |
| CHOLBAM | 45 | cisplatin SOLN 100 MG/100ML | 22 | MG/4ML, 900 MG/6ML, 9000 | |
| cholecalciferol CAPS 1.25 MG, 1.25 | | citalopram hydrobromide SOLN | 13 | MG/60ML | 21 |
| MG, 10 MCG, 50 MCG, 400 UNIT, | | citalopram hydrobromide TABS 10 | | clindamycin phosphate vaginal CREA | |
| 2000 UNIT, 50000 UNIT | 67 | UNIT | 13 |67 | |
| cholecalciferol TABS 10 MCG, 400 | | citalopram hydrobromide TABS 10 | | clindamycin phosphate-benzoyl | |
| UNIT | 67 | MG | 13 | peroxide (refrigerate) | 36 |

| | | | | | |
|--|----|--|----|---|----|
| clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % | 36 | clotrimazole (topical) CREA | 37 | CORLANOR SOLN | 33 |
| clindamycin phosphate-tretinoin .. | 36 | clotrimazole (topical) SOLN | 37 | CORLANOR TABS | 33 |
| CLINIMIX 4.25%/DEXTROSE 10% 57 | | clotrimazole | 55 | CORTISPORIN-TC | 58 |
| CLINIMIX 4.25%/DEXTROSE 5% 57 | | clotrimazole vaginal CREA 1 % ... | 67 | COSENTYX SENSOREADY PEN SOAJ | 38 |
| CLINIMIX E 5%/DEXTROSE 20% 57 | | clotrimazole w/ betamethasone CREA | 37 | COSENTYX SOSY 150 MG/ML .. | 38 |
| clobazam SUSP | 11 | clotrimazole w/ betamethasone LOTN | 37 | COSENTYX SOSY 75 MG/0.5ML .. | 38 |
| clobazam TABS | 11 | clozapine TABS | 28 | COSENTYX UNOREADY SOAJ .. | 38 |
| clobetasol propionate CREA 0.05 % . 39 | | clozapine TBDP 100 MG | 28 | CREON CPEP | 42 |
| clobetasol propionate emollient base 0.05 % | 39 | clozapine TBDP 12.5 MG, 150 MG 28 | | CRESEMBA CAPS 186 MG | 17 |
| clobetasol propionate FOAM | 39 | clozapine TBDP 25 MG | 28 | cromolyn sodium (ophth) | 58 |
| clobetasol propionate GEL 0.05 % 39 | | COARTEM | 22 | cromolyn sodium NEBU | 8 |
| clobetasol propionate OINT 0.05 % 39 | | codeine sulfate TABS 30 MG | 5 | crotamiton LOTN | 41 |
| clobetasol propionate SOLN 0.05 % . 39 | | CODEINE SULFATE TABS | 5 | CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT | 55 |
| clocortolone pivalate | 39 | colchicine TABS | 47 | cyanocobalamin SOLN IJ 1000 MCG/ML | 47 |
| clofarabine | 23 | colchicine w/ probenecid | 47 | cyclobenzaprine hcl TABS 5 MG, 10 MG | 56 |
| clomiphene citrate TABS | 43 | colesevelam hcl PACK | 18 | cyclophosphamide CAPS | 23 |
| clomipramine hcl | 14 | colesevelam hcl TABS | 18 | cyclophosphamide SOLR IJ | 23 |
| clonazepam TABS | 11 | colestipol hcl GRAN | 18 | cycloserine | 22 |
| clonazepam TBDP | 11 | colestipol hcl PACK | 18 | cometriq KIT | 25 |
| clonidine | 19 | colestipol hcl TABS | 18 | COMIRNATY 2023-24 SUSY | 64 |
| clonidine hcl (adhd) TB12 | 1 | COMETRIQ KIT | 25 | COMIRNATY 2023-24 SUSP | 64 |
| clonidine hcl TABS | 19 | COMIRNATY SUSP | 64 | COMIRNATY 2023-24 SUSY | 64 |
| clopidogrel bisulfate 300 MG | 47 | COMPLERA | 29 | COMIRNATY SUSP | 64 |
| clopidogrel bisulfate 75 MG | 47 | CONTRAVE | 1 | COMPLERA | 29 |
| clorazepate dipotassium TABS | 8 | COPIKTRA | 25 | CONTRAVE | 1 |
| | | CORDRAN TAPE | 40 | COPIKTRA | 25 |
| | | | | CYLTEZO AJKT | 3 |
| | | | | CYLTEZO PSKT 10 MG/0.2ML .. | 3 |

| | | | | |
|---|----|---|----|--|
| CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML | 3 | deflazacort TABS | 35 | desvenlafaxine succinate 100 MG .14 |
| CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT | 3 | DELESTROGEN 10 MG/ML (estradiol valerate) | 45 | desvenlafaxine succinate 25 MG, 50 MG |
| CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT | 3 | DELSTRIGO | 29 | dexamethasone ELIX |
| cyproheptadine hcl SYRP | 18 | demeclocycline hcl TABS | 61 | DEXAMETHASONE INTENSOL CONC |
| cyproheptadine hcl TABS | 18 | DEPO-ESTRADIOL | 45 | dexamethasone sodium phosphate (ophth) |
| CYSTAGON CAPS | 46 | DEPO-MEDROL SUSP | 35 | dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML |
| CYSTARAN | 58 | DEPO-SUBQ PROVERA 104 SUSY SC | 35 | dexamethasone sodium phosphate SOSY IJ 4 MG/ML |
| cytarabine SOLN | 23 | desipramine hcl TABS | 14 | dexamethasone SOLN |
| dabigatran etexilate mesylate CAPS . 11 | | desloratadine TABS | 18 | dexamethasone TABS 0.5 MG, 0.75 MG |
| dacarbazine SOLR 200 MG | 26 | desloratadine TBDP 2.5 MG | 18 | dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG |
| dactinomycin | 25 | desmopressin acetate SOLN IJ ... | 44 | dexchlorpheniramine maleate SOLN . 17 |
| dalfampridine | 60 | DESMOPRESSIN ACETATE SOLN NA | 44 | dexlansoprazole |
| danazol CAPS | 7 | desmopressin acetate spray | 44 | dexamethylphenidate hcl CP24 |
| dantrolene sodium CAPS | 56 | desmopressin acetate spray refrigerated | 44 | dexamethylphenidate hcl TABS |
| dapsone | 21 | desmopressin acetate TABS 0.1 MG | 44 | dextroamphetamine sulfate CP24 10 MG, 15 MG |
| DAPTACEL | 62 | desmopressin acetate TABS 0.2 MG | 44 | dextroamphetamine sulfate CP24 5 MG |
| daptomycin 500 MG | 21 | desogestrel & ethynodiol dihydrogen phosphate | 34 | dextroamphetamine sulfate SOLN .1 |
| darifenacin hydrobromide | 63 | desogestrel-ethynodiol dihydrogen phosphate (biphasic) | 34 | deonide CREA |
| darunavir TABS 600 MG | 29 | desogestrel-ethynodiol dihydrogen phosphate (triphasic) | 34 | deonide LOTN |
| darunavir TABS 800 MG | 29 | desoximetasone CREA 0.25 % | 40 | deonide OINT |
| DAURISMO | 24 | desoximetasone GEL | 40 | desoximetasone OINT 0.25 % |
| DEBACTEROL | 55 | desoximetasone OINT 0.25 % | 40 | dextroamphetamine sulfate TABS 5 MG, 10 MG |
| decitabine | 23 | diamicron MR CAPS 250 MG | 11 | dextrose in lactated ringers |
| deferasirox PACK | 16 | diamicron MR CAPS 500 MG | 11 | DIACOMIT CAPS 250 MG |
| deferasirox TABS | 16 | diamicron MR TABS 250 MG | 11 | DIACOMIT PACK 250 MG |
| deferasirox TBSO | 16 | desoximetasone CREA 0.25 % | 40 | Index 8 |
| deferiprone TABS 500 MG | 16 | desoximetasone GEL | 40 | |
| | | desoximetasone OINT 0.25 % | 40 | |

| | | | | | |
|---|----|---|----|---|----|
| DIACOMIT PACK 500 MG | 11 | dihydroergotamine mesylate SOLN IJ 1 MG/ML | 52 | diphenoxylate w/ atropine LIQD ... | 16 |
| diazepam (anticonvulsant) GEL ... | 11 | dihydroergotamine mesylate SOLN NA 4 MG/ML | 52 | diphenoxylate w/ atropine TABS ... | 16 |
| diazepam CONC | 8 | DILANTIN (phenytoin sodium extended) | 12 | DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ... | 62 |
| diazepam SOLN OR 5 MG/5ML ... | 8 | DILANTIN | 12 | dipyridamole | 47 |
| diazepam TABS | 8 | DILANTIN INFATABS CHEW (phenytoin) | 12 | disopyramide phosphate CAPS ... | 8 |
| diazoxide | 15 | DILANTIN-125 SUSP (phenytoin) . | 12 | disulfiram | 60 |
| dichlorphenamide | 42 | diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG | 32 | divalproex sodium TB24 | 13 |
| diclofenac epolamine PTCH EX ... | 38 | diltiazem hcl coated beads CP24 180 MG, 240 MG | 32 | divalproex sodium TBEC | 13 |
| diclofenac potassium TABS 50 MG . | 3 | diltiazem hcl CP12 | 32 | docetaxel CONC 20 MG/ML | 27 |
| diclofenac sodium (actinic keratoses) EX | 38 | diltiazem hcl CP24 | 32 | docetaxel SOLN 20 MG/2ML | 27 |
| diclofenac sodium (ophth) | 58 | diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG | 32 | docusate calcium | 49 |
| diclofenac sodium (topical) GEL EX 38 | | diltiazem hcl SOLN 50 MG/10ML .. | 32 | docusate sodium CAPS 100 MG .. | 49 |
| diclofenac sodium TB24 | 3 | DILTIAZEM HCL SOLR | 32 | docusate sodium CAPS 250 MG .. | 49 |
| diclofenac sodium TBEC | 3 | diltiazem hcl TABS | 32 | dofetilide | 8 |
| diclofenac w/ misoprostol TBEC | 3 | diltiazem hcl TB24 | 32 | donepezil hydrochloride TABS 10 MG | 60 |
| dicloxacillin sodium | 59 | dimethyl fumarate CDPK | 60 | donepezil hydrochloride TABS 5 MG . | 60 |
| dicyclomine hcl CAPS | 62 | dimethyl fumarate CPDR | 60 | donepezil hydrochloride TBDP 10 MG | 60 |
| dicyclomine hcl SOLN OR | 62 | DIPENTUM | 46 | donepezil hydrochloride TBDP 5 MG | |
| dicyclomine hcl TABS | 62 | diphenhydramine hcl CAPS 50 MG 18 | 18 | dorzolamide hcl | 58 |
| DIFFERIN LOTN | 36 | diphenhydramine hcl ELIX 12.5 MG/5ML | 18 | dorzolamide hcl-timolol maleate .. | 57 |
| DIFCID TABS | 50 | diphenhydramine hcl LIQD 12.5 MG/5ML | 18 | DOVATO | 29 |
| diflorasone diacetate CREA | 40 | diphenhydramine hcl SOLN 50 MG/ML | 18 | doxazosin mesylate | 19 |
| diflorasone diacetate OINT | 40 | doxepin hcl (antipruritic) | 38 | | |
| diflunisal TABS | 4 | doxepin hcl (sleep) | 48 | | |
| difluprednate | 57 | doxepin hcl CAPS | 14 | | |
| digoxin SOLN OR 0.05 MG/ML ... | 32 | doxepin hcl CONC | 14 | | |
| digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG | 32 | | | | |

| | | | | | |
|--|----|---|----|---|----|
| doxercalciferol CAPS | 44 | econazole nitrate CREA | 37 | emtricitabine CAPS | 29 |
| doxercalciferol SOLN | 44 | EDARBI | 19 | emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG | 29 |
| doxorubicin hcl liposomal | 25 | EDURANT | 29 | emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG | 29 |
| doxorubicin hcl SOLN | 25 | efavirenz CAPS 200 MG | 29 | EMTRIVA SOLN | 29 |
| doxorubicin hcl SOLR 10 MG, 50 MG | 25 | efavirenz CAPS 50 MG | 29 | EMVERM CHEW | 7 |
| doxycycline (monohydrate) CAPS 50 MG, 100 MG | 61 | efavirenz TABS | 29 | enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 20 | |
| doxycycline (monohydrate) CAPS 75 MG | 62 | efavirenz-emtricitabine-tenofovir disoproxil fumarate | 29 | enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20 | |
| doxycycline (monohydrate) TABS 100 MG | 62 | EGRIFTA 2 MG | 44 | enalapril maleate TABS | 19 |
| doxycycline (monohydrate) TABS 50 MG | 62 | EGRIFTA SV | 44 | ENBREL MINI SOCT | 4 |
| doxycycline hyclate CAPS | 62 | ELAPRASE | 44 | ENBREL SOLN | 4 |
| doxycycline hyclate SOLR | 62 | electrolyte-148 | 53 | ENBREL SOLR | 4 |
| doxycycline hyclate TABS 20 MG, 100 MG | 62 | electrolyte-a | 53 | ENBREL SOSY 25 MG/0.5ML | 4 |
| doxylamine-pyridoxine TBEC | 17 | ELESTRIN GEL | 45 | ENBREL SOSY 50 MG/ML | 4 |
| dronabinol CAPS | 17 | eletriptan hydrobromide | 52 | ENBREL SURECLICK SOAJ | 4 |
| drospirenone-ethynodiol estradiol | 34 | ELIGARD KIT SC 7.5 MG | 24 | ENGERIX-B SUSP 20 MCG/ML | 64 |
| drospirenone-ethynodiol-levomefolate calcium | 34 | ELIGARD SC 22.5 MG, 30 MG, 45 MG | 24 | ENGERIX-B SUSY | 64 |
| DROXIA CAPS | 47 | ELIQUIS STARTER PACK TBPK . 10 | 10 | enoxaparin sodium SOLN IJ 300 MG/3ML | 10 |
| DUAVEE | 45 | ELIQUIS TABS | 10 | enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML | 10 |
| DULERA | 10 | ELLA | 35 | enoxaparin sodium SOSY 30 MG/0.3ML | 10 |
| duloxetine hcl CPEP 20 MG, 30 MG, 60 MG | 14 | ELMIRON CAPS | 46 | enoxaparin sodium SOSY 40 MG/0.4ML | 10 |
| duloxetine hcl CPEP 40 MG | 14 | EMCYT | 24 | enoxaparin sodium SOSY 60 MG/0.6ML | 10 |
| DUREX EXTRA SENSITIVE THIN DEVI | 50 | EMFLAZA SUSP | 35 | enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML | 10 |
| dutasteride | 46 | EMFLAZA TABS (deflazacort) | 35 | | |
| dutasteride-tamsulosin hcl | 47 | EMGALITY SOAJ | 52 | | |
| | | EMGALITY SOSY 100 MG/ML | 52 | | |
| | | EMGALITY SOSY 120 MG/ML | 52 | | |
| | | EMSAM | 13 | | |

| | | | | | |
|---|----|---|----|---|----|
| ENSPRYNG | 54 | ertapenem sodium IJ | 21 | ethacrynic acid | 43 |
| entacapone | 27 | erythromycin (acne aid) PADS | 36 | ethambutol hcl TABS | 22 |
| entecavir TABS | 30 | erythromycin (acne aid) SOLN | 36 | ethosuximide CAPS | 12 |
| EPIDIOLEX | 11 | erythromycin (ophth) | 57 | ethosuximide SOLN | 13 |
| epinastine hcl (ophth) | 58 | erythromycin base CPEP | 49 | ethynodiol diacet & eth estrad | 34 |
| epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML | 67 | erythromycin base TABS | 49 | etodolac CAPS | 3 |
| epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML | 67 | erythromycin base TBEC | 49 | etodolac TABS | 3 |
| EPIVIR HBV SOLN | 30 | erythromycin ethylsuccinate SUSR 50 | | etonogetrel-ethinyl estradiol | 35 |
| eplerenone | 20 | erythromycin ethylsuccinate TABS 50 | | ETOPOPHOS | 27 |
| EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 48 | escitalopram oxalate SOLN | 13 | etoposide CAPS | 27 |
| epoprostenol sodium | 32 | escitalopram oxalate TABS 10 MG 13 | | etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML | 27 |
| EQL PRENATAL FORMULA TABS 55 | | escitalopram oxalate TABS 20 MG 13 | | etravirine 100 MG | 29 |
| EQUETRO 100 MG | 28 | escitalopram oxalate TABS 5 MG . 13 | | etravirine 200 MG | 29 |
| EQUETRO 200 MG | 28 | esomeprazole magnesium CPDR 20 MG | 63 | EUCRISA | 41 |
| EQUETRO 300 MG | 28 | esomeprazole magnesium CPDR 40 MG | 63 | EVAMIST SOLN | 45 |
| ERAXIS | 17 | esomeprazole magnesium TBEC . 63 | | everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG | 54 |
| ERBITUX | 24 | estazolam | 48 | everolimus TABS | 25 |
| ergocalciferol CAPS | 67 | estradiol GEL | 45 | EVOTAZ | 29 |
| ergocalciferol SOLN OR | 67 | estradiol PTTW | 45 | exemestane | 24 |
| ergoloid mesylates TABS | 61 | estradiol PTWK | 45 | EXTAVIA KIT | 60 |
| ERGOMAR SUBL | 52 | estradiol TABS | 45 | ezetimibe | 19 |
| ergotamine w/ caffeine TABS | 52 | estradiol vaginal CREA | 67 | ezetimibe-simvastatin | 18 |
| ERIVEDGE | 24 | estradiol vaginal TABS | 67 | famciclovir 125 MG, 250 MG | 31 |
| ERLEADA 240 MG | 24 | estradiol valerate | 45 | famciclovir 500 MG | 31 |
| ERLEADA 60 MG | 24 | ESTROGEL GEL 0.06 % (estradiol) 45 | | famotidine in nacl SOLN | 63 |
| erlotinib hcl | 24 | eszopiclone | 48 | famotidine SOLN 20 MG/2ML | 63 |
| ERTACZO | 37 | | | famotidine SOLN 40 MG/4ML, 200 MG/20ML | 63 |
| | | | | famotidine SUSR | 63 |

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|--|----|--|----|---|----|
| famotidine TABS 20 MG, 40 MG .. | 63 | ferrous sulfate TBEC 325 MG | 48 | FLUCELVAX QUADRIVALENT 2022-2023 SUSP | 65 |
| FANAPT | 28 | fesoterodine fumarate | 63 | FLUCELVAX QUADRIVALENT 2022-2023 SUSY | 65 |
| FANAPT TITRATION PACK | 28 | FETZIMA CP24 | 14 | FLUCELVAX QUADRIVALENT 2023-2024 SUSP | 65 |
| FANTASY LUBRICATED MISC .. | 50 | FETZIMA TITRATION PACK C4PK 14 | | FLUCELVAX QUADRIVALENT 2023-2024 SUSY | 65 |
| FANTASY LUBRICATED/SPERMICIDE MISC | 50 | finasteride | 47 | FLUCELVAX QUADRIVALENT 2023-2024 SUSY | 65 |
| FARXIGA | 16 | fingolimod hcl | 60 | FLUCELVAX QUADRIVALENT 2023-2024 SUSY | 65 |
| FASENRA PEN SOAJ | 8 | FIRDAPSE | 22 | fluconazole SUSR | 17 |
| FASENRA SOSY | 8 | FIRMAGON | 24 | fluconazole TABS | 17 |
| FC2 FEMALE CONDOM | 50 | flavoxate hcl | 64 | flucytosine | 17 |
| febuxostat | 47 | flecainide acetate | 8 | fludarabine phosphate SOLN | 23 |
| felbamate SUSP | 12 | floxuridine | 23 | fludarabine phosphate SOLR | 23 |
| felbamate TABS 400 MG | 12 | FLUAD QUADRIVALENT 2021-2022 | 64 | fludrocortisone acetate TABS | 36 |
| felbamate TABS 600 MG | 12 | FLUAD QUADRIVALENT 2022-2023 | 64 | FLULALVAL QUADRIVALENT 2021- 2022 SUSY | 65 |
| felodipine | 32 | FLUAD QUADRIVALENT 2023-2024 | 64 | FLULALVAL QUADRIVALENT 2022- 2023 SUSY | 65 |
| FEMCAP DEVI | 50 | FLUARIX QUADRIVALENT 2021- 2022 SUSY | 64 | FLULALVAL QUADRIVALENT 2023- 2024 SUSY | 65 |
| FEMRING | 67 | FLUARIX QUADRIVALENT 2022- 2023 SUSY | 64 | FLUMIST QUADRIVALENT | 65 |
| fenofibrate micronized 67 MG, 134 MG, 200 MG | 18 | FLUARIX QUADRIVALENT 2023- 2024 SUSY | 64 | flunisolide (nasal) 0.025 % | 56 |
| fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG | 18 | FLUARIX QUADRIVALENT 2024 SUSY | 64 | fluocinolone acetonide (otic) | 58 |
| fenoprofen calcium TABS | 3 | FLUARIX QUADRIVALENT 2024 SUSY | 64 | fluocinolone acetonide CREA 0.01 % 40 | |
| FENSOLVI SC | 44 | FLUBLOK QUADRIVALENT 2021- 2022 | 65 | fluocinolone acetonide CREA 0.025 % | 40 |
| fentanyl citrate LPOP | 5 | FLUBLOK QUADRIVALENT 2022- 2023 | 65 | fluocinolone acetonide OIL | 40 |
| fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR | 5 | FLUBLOK QUADRIVALENT 2023- 2024 | 65 | fluocinolone acetonide OINT | 40 |
| ferrous fumarate-folic acid | 48 | FLUCELVAX QUADRIVALENT 2021-2022 SUSP | 65 | fluocinolone acetonide SOLN | 40 |
| ferrous sulfate SOLN 15 MG/ML .. | 48 | FLUCELVAX QUADRIVALENT 2021-2022 SUSY | 65 | fluocinonide CREA 0.05 % | 40 |
| ferrous sulfate TABS 65 MG, 325 MG | 48 | FLUCELVAX QUADRIVALENT 2021-2022 SUSY | 65 | fluocinonide emulsified base | 40 |
| | | | | fluocinonide GEL | 40 |

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|---|----|--|----|--|----|
| fluocinonide OINT | 40 | fluticasone propionate hfa | 9 | fondaparinux sodium 10 MG/0.8ML 11 | |
| fluocinonide SOLN | 40 | fluticasone propionate LOTN | 40 | fondaparinux sodium 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML | 11 |
| fluorometholone (ophth) SUSP | 57 | fluticasone propionate OINT | 40 | FORA GTEL BLOOD KETONE TEST STRIPS | 41 |
| fluorouracil (topical) CREA 5 % | 38 | fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 | | FORA TEST N' GO ADVANCE/VOICE/6 CONNECT .. | 41 |
| fluorouracil (topical) SOLN | 38 | MCG/ACT-50 MCG/ACT, 500 | | formoterol fumarate NEBU | 10 |
| fluorouracil 500 MG/10ML | 23 | MCG/ACT-50 MCG/ACT | 10 | FORTEO SOPN (teriparatide (recombinant)) | 43 |
| fluoxetine hcl CAPS 10 MG | 13 | fluticasone-salmeterol AERO | 10 | FOSAMAX PLUS D | 43 |
| fluoxetine hcl CAPS 20 MG | 13 | fluvastatin sodium CAPS 20 MG ... | 19 | fosamprenavir calcium TABS | 29 |
| fluoxetine hcl CAPS 40 MG | 13 | fluvastatin sodium CAPS 40 MG ... | 19 | fosfomycin tromethamine | 21 |
| fluoxetine hcl CPDR | 13 | fluvoxamine maleate TABS 100 MG . 13 | | fosinopril sodium & hydrochlorothiazide | 20 |
| fluoxetine hcl SOLN | 13 | fluvoxamine maleate TABS 25 MG, 50 MG | 13 | fosinopril sodium | 19 |
| fluoxetine hcl TABS 10 MG, 60 MG 13 | | FLUZONE HIGH-DOSE PF 2021- 2022 | 65 | fosphenytoin sodium | 12 |
| fluoxetine hcl TABS 20 MG | 13 | FLUZONE HIGH-DOSE PF 2022- 2023 | 65 | FRAGMIN SOSY | 11 |
| fluphenazine hcl CONC | 29 | FLUZONE HIGH-DOSE PF 2023- 2024 | 65 | FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM | 51 |
| fluphenazine hcl ELIX | 29 | FLUZONE QUADRIVALENT 2021- 2022 SUSP | 65 | FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM | 51 |
| fluphenazine hcl SOLN | 29 | FLUZONE QUADRIVALENT 2021- 2022 SUSY | 65 | FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM | 51 |
| fluphenazine hcl TABS | 29 | FLUZONE QUADRIVALENT 2022- 2023 SUSP | 65 | FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM | 51 |
| flurandrenolide CREA | 40 | FLUZONE QUADRIVALENT 2022- 2023 SUSY | 65 | FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM | 51 |
| flurandrenolide LOTN | 40 | FLUZONE QUADRIVALENT 2023- 2024 SUSP | 65 | FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM | 51 |
| flurazepam hcl | 48 | FLUZONE QUADRIVALENT 2023- 2024 SUSY | 65 | FREESTYLE LIBRE 3/SENSOR/GLUCOSE | |
| flurbiprofen sodium | 58 | FLUZONE QUADRIVALENT 2023- 2024 SUSY | 66 | 3/SENSOR/GLUCOSE | |
| flurbiprofen TABS | 4 | FML FORTE SUSP | 57 | | |
| flutamide | 24 | FML OINT | 58 | | |
| fluticasone furoate-vilanterol | 10 | folic acid TABS | 47 | | |
| fluticasone propionate (inhalation) AEPB | 9 | | | | |
| fluticasone propionate (nasal) SUSP .. 56 | | | | | |
| fluticasone propionate CREA 0.05 % 40 | | | | | |

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|---|---|---|--------------------------------------|--|----|
| MONITORING SYSTEM | 51 | GAMMAKED 5 GM/50ML, 10 GM/100ML, 20 GM/200ML | 59 | glimepiride 4 MG | 16 |
| FREESTYLE | | GAMUNEX-C 1 GM/10ML | 59 | glipizide TABS 5 MG, 10 MG | 16 |
| LIBRE/READER/FLASH | | GAMUNEX-C 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML | 59 | glipizide TB24 | 16 |
| MONITORING SYSTEM | 51 | ganciclovir sodium SOLR | 30 | glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG | 14 |
| frovatriptan succinate | 52 | ganirelix acetate | 44 | glipizide-metformin hcl 500 MG-5 MG | 14 |
| fulvestrant SOSY | 24 | GARDASIL 9 SUSP | 66 | GLUCAGEN DIAGNOSTIC | 41 |
| furosemide SOLN OR 10 MG/ML, 40 MG/5ML | 43 | GARDASIL 9 SUSY | 66 | glucagon (rdna) | 15 |
| furosemide TABS | 43 | gatifloxacin (ophth) | 57 | GLUCOTROL XL TB24 (glipizide) | 16 |
| FUZEON SOLR | 29 | gefitinib | 24 | glyburide micronized 1.5 MG, 3 MG, 6 MG | 16 |
| FYCOMPA TABS 2 MG | 11 | gemcitabine hcl SOLR 2 GM, 200 MG | 23 | glyburide TABS | 16 |
| FYCOMPA TABS 4 MG | 11 | gemfibrozil TABS | 18 | glyburide-metformin 250 MG-1.25 MG | 14 |
| FYCOMPA TABS 6 MG | 11 | gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 % | 2 | glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG | 14 |
| FYCOMPA TABS 8 MG, 10 MG, 12 MG | 11 | gentamicin sulfate (ophth) OINT | 57 | glycine (gu irrigant) SOLN 1.5 % | 46 |
| gabapentin CAPS | 12 | gentamicin sulfate (ophth) SOLN | 57 | glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML | 62 |
| gabapentin SOLN | 12 | gentamicin sulfate (topical) CREA | 37 | glycopyrrolate TABS 1 MG | 62 |
| gabapentin TABS 600 MG, 800 MG | | gentamicin sulfate (topical) OINT | 37 | glycopyrrolate TABS 2 MG | 62 |
| 12 | gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML | 2 | GLYNASE (glyburide micronized) | 16 | |
| GALAFOLD | 44 | GENVOYA | 29 | GLYXAMBI | 14 |
| galantamine hydrobromide CP24 .. | 60 | GILOTrif | 24 | GNP PRENATAL TABS | 55 |
| galantamine hydrobromide SOLN .. | 60 | glatiramer acetate SOSY 20 MG/ML | 60 | GOJJI BLOOD KETONE TEST | |
| galantamine hydrobromide TABS .. | 60 | glatiramer acetate SOSY 40 MG/ML | 60 | STRIPS | 42 |
| GAMMAGARD LIQUID 1 GM/10ML | | GLEOSTINE 10 MG | 23 | gransetron hcl SOLN IV 1 MG/ML | 16 |
| 59 | GLEOSTINE 40 MG, 100 MG | 23 | gransetron hcl TABS | 16 | |
| GAMMAGARD LIQUID 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML | 59 | glimepiride 1 MG, 2 MG | 16 | GRASTEK SUBL | 2 |
| GAMMAGARD LIQUID 30 GM/300ML | 59 | griseofulvin microsize SUSP | 17 | griseofulvin microsize TABS | 17 |
| GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR | 59 | | | | |
| GAMMAKED 1 GM/10ML | 59 | | | | |

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|---|----|---|----|--|----|
| griseofulvin ultramicrosize | 17 | PNKT | 3 | hydrocortisone (rectal) EX | 7 |
| guanfacine hcl (adhd) | 1 | HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT | 3 | hydrocortisone (topical) CREA 1 %, 2.5 % | 40 |
| guanfacine hcl | 19 | HUMIRA PEN-PS/UV STARTER PNKT | 3 | hydrocortisone (topical) LOTN 2.5 % . 40 | |
| GYNAZOLE-1 | 67 | HUMIRA PSKT | 3 | hydrocortisone (topical) OINT 1 %, 2.5 % | 40 |
| HADLIMA PUSHTOUCH SOAJ | 3 | HUMULIN R U-500 | | | |
| HADLIMA SOSY | 3 | (CONCENTRATED) SOLN SC | 15 | hydrocortisone acetate (rectal) | 7 |
| HAEGARDA SOLR SC | 47 | HUMULIN R U-500 KWIKPEN SOPN SC | 15 | hydrocortisone butyrate CREA | 40 |
| HALAVEN | 27 | HYCAMTIN CAPS | 27 | hydrocortisone butyrate OINT | 40 |
| halcinonide CREA | 40 | hydralazine hcl SOLN | 20 | hydrocortisone butyrate SOLN | 40 |
| halobetasol propionate CREA | 40 | hydralazine hcl TABS | 20 | hydrocortisone TABS | 35 |
| halobetasol propionate OINT | 40 | hydrochlorothiazide CAPS | 43 | hydrocortisone vaginal | 67 |
| HALOG OINT | 40 | hydrochlorothiazide TABS 12.5 MG 43 | | hydrocortisone valerate CREA | 40 |
| haloperidol decanoate | 28 | hydrochlorothiazide TABS 25 MG, 50 | | hydrocortisone valerate OINT | 40 |
| haloperidol lactate CONC | 28 | MG | 43 | hydrocortisone w/acetic acid | 58 |
| haloperidol lactate SOLN | 28 | hydrocodone polistirex- chlorpheniramine polistirex SUER . | 36 | hydromorphone hcl LIQD | 5 |
| haloperidol TABS | 28 | hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML | 6 | hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 5 | |
| HAVRIX | 66 | hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG | 6 | hydromorphone hcl TABS | 5 |
| HEMANGEOL SOLN OR | 31 | hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG | 6 | hydromorphone hcl TB24 32 MG ... | 5 |
| heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 11 | hydrocodone-hibuprofen 10 MG-200 MG, 5 MG-200 MG | 6 | hydromorphone hcl TB24 8 MG, 12 MG, 16 MG | 5 |
| HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML | | hydrocodone-hibuprofen 7.5 MG-200 MG | 6 | hydroxychloroquine sulfate 200 MG 22 | |
| 11 | | hydrocortisone (intrarectal) | 7 | hydroxyurea | 26 |
| HEPLISAV-B SOSY | 66 | | | hydroxyzine hcl SOLN 50 MG/ML .. | 8 |
| HIBERIX SOLR IJ | 64 | | | hydroxyzine hcl SYRP | 8 |
| HUMATROPE CART IJ | 44 | | | hydroxyzine hcl TABS | 8 |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT .. | 3 | | | hydroxyzine pamoate CAPS | 8 |
| HUMIRA PEN PNKT 80 MG/0.8ML | .3 | | | HYPERSAL NEBU | 36 |
| HUMIRA PEN PNKT | 3 | | | | |
| HUMIRA PEN-CD/UC/HS STARTER | | | | | |

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|-----------------------------------|----|------------------------------------|----|--|----|
| HYQVIA | 59 | indapamide TABS 2.5 MG | 43 | ipratropium bromide SOLN 0.02 % .9 | |
| ibandronate sodium SOLN | 43 | indomethacin CAPS 25 MG, 50 MG .4 | 4 | ipratropium-albuterol SOLN | 10 |
| ibandronate sodium TABS | 43 | indomethacin CPCR | 4 | irbesartan | 19 |
| IBRANCE CAPS | 25 | INFANRIX | 62 | irbesartan-hydrochlorothiazide ...20 | |
| IBRANCE TABS | 25 | INFLECTRA SOLR | 46 | IRESSA (gefitinib) | 24 |
| ibuprofen SUSP 100 MG/5ML | 4 | INGREZZA CAPS | 60 | irinotecan hcl 40 MG/2ML, 100 | |
| ibuprofen TABS 400 MG, 600 MG ..4 | | INGREZZA CPPK | 60 | MG/5ML | 27 |
| ibuprofen TABS 800 MG | 4 | INLYTA | 23 | irrigation solutions, physiological ..54 | |
| icatibant acetate SOLN | 47 | INREBIC | 25 | ISENTRESS CHEW | 30 |
| icatibant acetate SOSY | 47 | INSULIN ASPART FLEXPEN SOPN . | | ISENTRESS HD TABS | 29 |
| ICLUSIG | 25 | 15 | | ISENTRESS TABS | 30 |
| icosapent ethyl 1 GM | 18 | INSULIN ASPART PENFILL SOCT | | ISOLYTE-P/DEXTROSE 5% ..53 | |
| idarubicin hcl 20 MG/20ML | 25 | 15 | | ISOLYTE-S | 53 |
| idarubicin hcl 5 MG/5ML, 10 | | INSULIN ASPART | | isoniazid SOLN | 22 |
| MG/10ML | 25 | PROTAMINE/INSULIN ASPART | | isoniazid SYRP | 22 |
| ifosfamide SOLN 1 GM/20ML | 23 | FLEXPEN SUPN | 15 | isoniazid TABS | 22 |
| ifosfamide SOLR | 23 | INSULIN ASPART | | isosorbide dinitrate TABS 5 MG, 10 | |
| imatinib mesylate | 25 | PROTAMINE/INSULIN ASPART | | MG, 20 MG, 30 MG | 7 |
| IMBRUVICA CAPS 140 MG | 25 | SUSP | 15 | isosorbide dinitrate-hydralazine hcl | |
| IMBRUVICA CAPS 70 MG | 25 | INSULIN DEGLUDEC FLEXTOUCH | | 32 | |
| IMBRUVICA SUSP | 25 | SOPN | 15 | isosorbide mononitrate TABS | 7 |
| IMBRUVICA TABS | 25 | INSULIN DEGLUDEC SOLN | 15 | isosorbide mononitrate TB24 | 7 |
| imipenem-cilastatin IV | 21 | INTELENCE 25 MG | 29 | isotretinoin 10 MG, 20 MG, 30 MG, | |
| imipramine hcl TABS | 14 | INTRAROSA | 66 | 40 MG | 37 |
| imipramine pamoate | 14 | INTRON A SOLR 18000000 UNIT | 26 | isradipine CAPS | 32 |
| imiquimod 5 % | 41 | IONOSOL-MB/DEXTROSE 5% ..53 | | itraconazole CAPS | 17 |
| IMPAVIDO | 21 | IOPIDINE | 57 | itraconazole SOLN | 17 |
| INCRELEX | 44 | IPOL INACTIVATED IPV | 66 | ivermectin (pediculicide) | 41 |
| INCRUSE ELLIPTA | 8 | ipratropium bromide (nasal) 0.03 % | | ivermectin | 7 |
| indapamide TABS 1.25 MG | 43 | 56 | | IXEMPRA KIT 15 MG | 27 |
| | | ipratropium bromide (nasal) 0.06 % | | JAKAFI | 25 |
| | | 56 | | | |

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| JANUMET TABS | 14 | KIMONO MAXX/LARGE FLARE MISC | 50 | labetalol hcl SOLN | 31 |
| JANUMET XR TB24 1000 MG-100 MG | 14 | KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 50 | | labetalol hcl TABS 100 MG, 200 MG . | 31 |
| JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG | 14 | KIMONO PLUS SPERMICIDE LUBRICATED MISC | 50 | labetalol hcl TABS 300 MG | 31 |
| JANUVIA | 15 | KIMONO PLUS SPERMICIDE LUBRICATED MISC | 50 | lacosamide SOLN IV 200 MG/20ML . | 12 |
| JARDIANCE | 16 | KIMONO PLUS SPERMICIDE/LUBRICATED MISC 50 | | lacosamide TABS | 12 |
| JEVTANA | 27 | KIMONO PS LUBRICATED MISC .50 | | lactated ringer's (irrigation) | 54 |
| JULUCA | 30 | KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 50 | | lactated ringer's | 53 |
| KALYDECO TABS | 61 | KIMONO SENSATION | | lactic acid (ammonium lactate) CREA | 41 |
| KAMELEON LUBRICATED MISC .50 | | LUBRICATED MISC | 50 | lactic acid (ammonium lactate) LOTN 12 % | 41 |
| KANJINTI | 23 | KIMONO SENSATION PLUS | | lactulose (encephalopathy) | 46 |
| KCL 0.3%/D5W/NACL 0.9% (potassium chloride in dextrose & sodium chloride) | 53 | SPERMICIDE LUBRICATED MISC 50 | | lactulose SOLN | 49 |
| KEPIVANCE 6.25 MG | 27 | KIMONO SPECIAL DEVI | 50 | lamivudine (hbv) TABS | 30 |
| KESIMPTA | 60 | KINRIX SUSY | 62 | lamivudine SOLN | 30 |
| ketoconazole (topical) CREA | 37 | KISQALI | 26 | lamivudine TABS 150 MG | 30 |
| ketoconazole (topical) SHAM 2 % .37 | | KISQALI FEMARA 200 DOSE | 25 | lamivudine TABS 300 MG | 30 |
| ketoconazole | 17 | KISQALI FEMARA 400 DOSE | 25 | lamivudine-zidovudine | 30 |
| KETONE STRP | 42 | KISQALI FEMARA 600 DOSE | 25 | lamotrigine CHEW 25 MG | 12 |
| KETONE TEST STRIPS STRP | 42 | KLARITY-A | 57 | lamotrigine CHEW 5 MG | 12 |
| ketoprofen CAPS 50 MG | 4 | KOSELUGO | 26 | lamotrigine TABS | 12 |
| ketorolac tromethamine (ophth) | 58 | KP PRENATAL MULTIVITAMINS | | lamotrigine TB24 | 12 |
| ketorolac tromethamine TABS | 4 | TABS | 55 | lamotrigine TBDP | 12 |
| KETOSTIX STRP | 42 | KRINTAFEL | 22 | LANOXIN SOLN IJ (digoxin) | 32 |
| ketotifen fumarate (ophth) 0.035 % 58 | | K-Y ME & YOU EXTRA | | LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin) | 32 |
| KEVZARA SOAJ | 3 | LUBRICATED DEVI | 50 | lansoprazole CPDR 15 MG | 63 |
| KEVZARA SOSY | 3 | K-Y ME & YOU INTENSE DEVI ... | 50 | lansoprazole CPDR 30 MG | 63 |
| KIMONO COLORS DEVI | 50 | KYPROLIS | 26 | lanthanum carbonate CHEW | 46 |
| KIMONO LUBRICATED MISC | 50 | | | lapatinib ditosylate | 26 |

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| LASTACRAFT | 58 | levetiracetam TABS 1000 MG | 12 | lidocaine hcl (mouth-throat) 4 % | 55 |
| latanoprost SOLN | 58 | levetiracetam TABS 250 MG, 500 | | lidocaine hcl GEL 2 % | 41 |
| LEDIPASVIR/SOFOSBUVIR TABS | | MG, 750 MG | 12 | lidocaine hcl PRSY | 41 |
| 30 | | levetiracetam TB24 | 12 | lidocaine hcl SOLN | 41 |
| leflunomide | 4 | levobunolol hcl 0.5 % | 57 | lidocaine PTCH 5 % | 41 |
| lenalidomide 2.5 MG, 5 MG, 10 MG, | | levocetirizine dihydrochloride SOLN | | lidocaine-prilocaine CREA | 41 |
| 15 MG, 25 MG | 54 | 18 | | lincomycin hcl | 21 |
| lenalidomide 20 MG | 54 | levocetirizine dihydrochloride TABS | | linezolid SUSR | 21 |
| LENVIMA 10 MG DAILY DOSE .. | 23 | 18 | | linezolid TABS | 21 |
| LENVIMA 12MG DAILY DOSE .. | 23 | levofloxacin (ophth) 0.5 % | 57 | LINZESS | 46 |
| LENVIMA 14 MG DAILY DOSE .. | 23 | levofloxacin in d5w 5 %-500 | | liothyronine sodium SOLN | 62 |
| LENVIMA 18 MG DAILY DOSE .. | 23 | MG/100ML | 45 | liothyronine sodium TABS | 62 |
| LENVIMA 20 MG DAILY DOSE .. | 23 | levofloxacin SOLN OR | 45 | lisdexamfetamine dimesylate CAPS 1 | |
| LENVIMA 24 MG DAILY DOSE .. | 23 | levofloxacin TABS 250 MG, 750 MG . | | lisdexamfetamine dimesylate CHEW . | |
| LENVIMA 4 MG DAILY DOSE .. | 23 | 45 | 1 | | |
| LENVIMA 8 MG DAILY DOSE .. | 23 | levofloxacin TABS 500 MG | 45 | lisinopril & hydrochlorothiazide .. | 20 |
| letrozole | 24 | levonorgestrel & eth estradiol TABS | | lisinopril TABS 2.5 MG, 5 MG, 10 | |
| leucovorin calcium SOLR | 27 | 34 | MG, 20 MG, 30 MG, 40 MG | 19 | |
| leucovorin calcium TABS | 27 | levonorgestrel (emergency oc) 1.5 | | lithium | 28 |
| LEUKERAN | 23 | MG | 35 | lithium carbonate CAPS | 28 |
| LEUKINE SOLR IJ | 48 | levonorgestrel-ethynodiol (91- | | lithium carbonate TABS | 28 |
| leuprolide acetate KIT IJ 1 MG/0.2ML | | day) 0.03 MG-0.15 MG | 34 | lithium carbonate TBCR | 28 |
| | 24 | levonorgestrel-ethynodiol | | LO LOESTRIN FE TABS | 34 |
| levalbuterol hcl | 10 | (continuous) | 34 | LOKELMA | 54 |
| levalbuterol hcl 1.25 MG/0.5ML .. | 10 | levonorgestrel-ethynodiol-iron | | loperamide hcl CAPS | 16 |
| levalbuterol tartrate | 10 | 34 | 30 | lopinavir-ritonavir SOLN | 30 |
| LEVEMIR FLEXPEN SOPN | 15 | levorphanol tartrate TABS 2 MG .. | 5 | lopinavir-ritonavir TABS | 30 |
| LEVEMIR FLEXTOUCH SOPN .. | 16 | levothyroxine sodium TABS | 62 | loratadine CAPS | 18 |
| LEVEMIR SOLN | 16 | LEXIVA SUSP | 30 | loratadine CHEW | 18 |
| levetiracetam SOLN IV 500 MG/5ML | | lidocaine hcl (local anesth.) SOLN | | loratadine SOLN | 18 |
| 12 | | 0.5 %, 1 %, 2 % | 49 | loratadine TABS | 18 |
| | | lidocaine hcl (mouth-throat) 2 % .. | 54 | | |

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|-------------------------------------|----|-----------------------------------|----|------------------------------------|----|
| loratadine TBDP | 18 | 30 MG | 44 | megestrol acetate (appetite) | 59 |
| lorazepam CONC | 8 | lurasidone hcl 20 MG, 40 MG, 60 | | megestrol acetate SUSP | 24 |
| lorazepam TABS 0.5 MG, 2 MG | 8 | MG, 120 MG | 28 | megestrol acetate TABS | 24 |
| lorazepam TABS 1 MG | 8 | lurasidone hcl 80 MG | 28 | MEKINIST TABS 0.5 MG | 26 |
| LORBRENA | 26 | LYNPARZA TABS | 26 | MEKINIST TABS 2 MG | 26 |
| losartan potassium & | | LYSODREN | 24 | MEKTOVI | 26 |
| hydrochlorothiazide 12.5 MG-100 | | mafenide acetate PACK | 39 | meloxicam TABS | 4 |
| MG, 25 MG-100 MG | 20 | magnesium sulfate IJ 50 % | 53 | melphalan | 23 |
| losartan potassium & | | malathion | 41 | melphalan hcl | 23 |
| hydrochlorothiazide 12.5 MG-50 MG . | | maraviroc TABS 150 MG | 30 | memantine hcl TABS | 60 |
| 20 | | maraviroc TABS 300 MG | 30 | MENACTRA | 64 |
| losartan potassium | 19 | MARPLAN | 13 | MENEST | 45 |
| LOTEMAX OINT | 58 | MASONATAL TABS | 55 | MENOSTAR PTWK | 45 |
| loteprednol etabonate GEL | 58 | MATULANE | 26 | MENQUADFI | 64 |
| loteprednol etabonate SUSP | 58 | MAXIDEX SUSP OP | 58 | MENVEO SOLR | 64 |
| lovastatin TABS 10 MG, 20 MG ... | 19 | MAXX LUBRICATED MISC | 50 | meperidine hcl SOLN IJ 25 MG/ML, | |
| lovastatin TABS 40 MG | 19 | MAXX PLUS SPERMICIDE | | 50 MG/ML, 100 MG/ML | 5 |
| loxapine succinate | 28 | LUBRICATED MISC | 50 | meperidine hcl SOLN OR 50 | |
| lubiprostone | 45 | meclizine hcl TABS 12.5 MG | 17 | MG/5ML | 5 |
| LUCEMYRA | 60 | meclizine hcl TABS 25 MG | 17 | meperidine hcl TABS 50 MG | 5 |
| luliconazole | 37 | meclofenamate sodium CAPS | 4 | meprobamate | 8 |
| LUMIZYME | 44 | MEDROL TABS | 35 | mercaptopurine TABS | 23 |
| LUPRON DEPOT (1-MONTH) KIT IM | 24 | medroxyprogesterone acetate | | meropenem | 21 |
| LUPRON DEPOT (3-MONTH) KIT IM | 24 | (contraceptive) SUSP IM | 35 | mesalamine CP24 | 46 |
| LUPRON DEPOT (4-MONTH) IM .. | 24 | medroxyprogesterone acetate | | mesalamine CPDR | 46 |
| LUPRON DEPOT (6-MONTH) IM .. | 24 | (contraceptive) SUSY IM | 35 | mesalamine ENEM | 46 |
| LUPRON DEPOT-PED (1-MONTH) . | 44 | medroxyprogesterone acetate 10 MG | | mesalamine SUPP | 46 |
| LUPRON DEPOT-PED (3-MONTH) | | | 59 | mesalamine TBEC 1.2 GM | 46 |
| 11.25 MG | 44 | medroxyprogesterone acetate 2.5 | | mesalamine TBEC 800 MG | 46 |
| LUPRON DEPOT-PED (3-MONTH) | | MG, 5 MG | 59 | metaxalone 800 MG | 56 |
| | | mefenamic acid CAPS | 4 | metformin hcl TABS 1000 MG | 15 |
| | | mefloquine hcl | 22 | | |

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|---|----|--|--------------------------------------|---|
| metformin hcl TABS 500 MG | 15 | methylphenidate hcl CP24 20 MG, 40 MG | 2 | 31 |
| metformin hcl TABS 850 MG | 15 | methylphenidate hcl CP24 30 MG .. | 2 | 50 MG, 100 MG |
| metformin hcl TB24 500 MG | 15 | methylphenidate hcl CP24 | 2 | 31 |
| metformin hcl TB24 750 MG | 15 | methylphenidate hcl CPCR | 2 | metoprolol tartrate SOLN IV 5 MG/5ML |
| methadone hcl CONC | 5 | methylphenidate hcl SOLN | 2 | 31 |
| methadone hcl SOLN IJ 10 MG/ML | .5 | methylphenidate hcl TABS | 2 | metoprolol tartrate TABS 25 MG, 50 MG, 100 MG |
| METHADONE HCL SOLN IJ | 5 | methylphenidate hcl TB24 27 MG .. | 2 | 31 |
| methadone hcl SOLN OR 10 MG/5ML | 5 | methylphenidate hcl TB24 36 MG, 54 MG | 2 | metronidazole (topical) CREA |
| methadone hcl SOLN OR 5 MG/5ML | 5 | methylphenidate hcl TBCR 10 MG, 20 MG | 2 | 41 |
| methadone hcl TABS 10 MG | 5 | methylphenidate hcl TBCR 18 MG, 27 MG | 2 | metronidazole (topical) GEL 0.75 % .. |
| methadone hcl TABS 5 MG | 5 | methylphenidate hcl TBCR 36 MG, 54 MG | 2 | 41 |
| methadone hcl TBSO | 5 | methylphenidate PTCH | 2 | metronidazole (topical) GEL 1 % .. |
| methamphetamine hcl | 1 | methylprednisolone acetate SUSP | 35 | 41 |
| methazolamide TABS | 42 | methylprednisolone sod succ | 40 MG, 125 MG, 500 MG, 1000 MG | 35 |
| methenamine hippurate | 21 | methylprednisolone TABS | 35 | metronidazole TABS |
| methimazole TABS | 62 | methylprednisolone TBPK | 35 | 21 |
| METHITEST TABS | 7 | metoclopramide hcl SOLN IJ 5 MG/ML | 45 | metronidazole vaginal |
| methocarbamol TABS 500 MG, 750 MG | 56 | metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML | 46 | 67 |
| METHOTREXATE | 3 | metoclopramide hcl TABS | 46 | mexiletine hcl |
| methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML | 23 | metolazone | 43 | 8 |
| methotrexate sodium SOLR | 23 | metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG | 20 | micafungin sodium |
| methotrexate sodium TABS 2.5 MG | 23 | metoprolol & hydrochlorothiazide TABS 25 MG-50 MG | 20 | 17 |
| methoxsalen rapid | 38 | metoprolol succinate TB24 200 MG | 25 | miconazole nitrate vaginal SUPP 200 MG |
| methscopolamine bromide | 62 | mitomycin SOLR IV 20 MG | 25 | 67 |
| methsuximide | 13 | mitoxantrone hcl 2 MG/ML | 25 | miglitol |
| methyldopa TABS | 19 | mirtazapine TABS | 13 | 47 |
| methylphenidate hcl CHEW | 2 | mirtazapine TBDP | 13 | minocycline hcl CAPS |

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|---|----|--|----|--|----|
| M-M-R II SOLR | 66 | MOVANTIK | 46 | naproxen TBEC 500 MG | 4 |
| M-NATAL PLUS TABS | 55 | moxifloxacin hcl (ophth) SOLN OP 57 | | naratriptan hcl | 52 |
| modafinil 100 MG | 2 | moxifloxacin hcl in sodium chloride 45 | | NATACYN | 57 |
| modafinil 200 MG | 2 | moxifloxacin hcl TABS | 45 | NATAZIA | 34 |
| MODERNA COVID-19 VACCINE SUSP | 66 | MOZOBIL (plerixafor) | 48 | nateglinide | 16 |
| MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP . 66 | | MULPLETA | 48 | NAYZILAM | 11 |
| MODERNA COVID-19 VACCINE6-11Y SUSP | 66 | MULTI PRENATAL TABS | 55 | nebivolol hcl 2.5 MG, 5 MG, 10 MG 31 | |
| MODERNA COVID-19 VACCINE6MO-5Y SUSP | 66 | mupirocin OINT | 37 | nebivolol hcl 20 MG | 31 |
| moexipril hcl | 19 | MVASI | 23 | NEBUSAL NEBU | 36 |
| mometasone furoate (nasal) SUSP 56 | | MYALEPT | 44 | nefazodone hcl | 14 |
| mometasone furoate CREA | 40 | mycophenolate mofetil CAPS | 54 | nelarabine | 23 |
| mometasone furoate OINT | 40 | mycophenolate mofetil TABS | 54 | neomycin sulfate TABS | 2 |
| mometasone furoate SOLN | 40 | mycophenolate sodium | 54 | neomycin-bacitracin zn-polymyxin 57 | |
| montelukast sodium CHEW | 9 | MYLERAN TABS | 23 | neomycin-polymy-dexameth OINT 58 | |
| montelukast sodium PACK | 9 | nabumetone | 4 | neomycin-polymy-dexameth SUSP 58 | |
| montelukast sodium TABS | 9 | nadolol TABS 20 MG | 31 | neomycin-polymyxin-hc (ophth) ...58 | |
| morphine sulfate CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG 5 | | nadolol TABS 40 MG | 31 | neomycin-polymyxin-hc (otic) SOLN . 58 | |
| morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML | 5 | nadolol TABS 80 MG | 31 | neomycin-polymyxin-hc (otic) SUSP . 58 | |
| morphine sulfate SOLN OR 10 MG/5ML | 5 | nafcillin sodium IV 10 GM | 59 | NEONATAL COMPLETE TABS 120 | |
| morphine sulfate SOLN OR 20 MG/5ML | 5 | naftifine hcl CREA 1 % | 37 | MG-10 MG-9.2 MG-1000 MCG-10 | |
| morphine sulfate TABS | 5 | naftifine hcl CREA 2 % | 37 | MCG-12 MCG-3 MG-5 MG-20 MG- | |
| morphine sulfate TBCR | 5 | NAGLAZYME | 44 | 27 MG-200 MG-1.84 MG-25 MG-2 | |
| MOTOFEN | 16 | nalbuphine hcl | 7 | MG-1200 MCG-2 MG-0.2 MG55 | |
| | | naloxone hcl LIQD | 16 | NEONATAL PLUS TABS | 55 |
| | | naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML | 16 | NEONATAL PRENATAL VITAMIN TABS | 55 |
| | | naltrexone hcl | 16 | NEONATAL VITAMIN TABS | 55 |
| | | naproxen sodium TABS 550 MG ...4 | | neostigmine methylsulfate SOSY ..22 | |
| | | naproxen SUSP | 4 | NEO-SYNALAR | 37 |
| | | naproxen TABS | 4 | | |

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|---|----|---|----|---|----|
| NEUPRO | 27 | nifedipine TB24 | 32 | MCG-75 MG | 34 |
| NEVANAC | 58 | nilutamide | 24 | norethindrone & eth estradiol | 34 |
| nevirapine SUSP | 30 | nimodipine CAPS | 32 | norethindrone & ethinyl estradiol-fe | 34 |
| nevirapine TABS | 30 | NINLARO | 26 | norethindrone (contraceptive) | 35 |
| nevirapine TB24 100 MG | 30 | NIPENT | 27 | norethindrone acet & eth estra | 34 |
| nevirapine TB24 400 MG | 30 | nisoldipine 8.5 MG, 17 MG, 20 MG, 30 MG, 34 MG, 40 MG | 32 | norethindrone acetate TABS | 59 |
| NEXIUM 24HR TBEC (esomeprazole magnesium) | 63 | nitazoxanide TABS | 21 | norethindrone acetate-ethinyl estradiol | 45 |
| NEXTSTELLIS | 34 | nitisinone CAPS | 44 | norethindrone acetate-ethinyl estradiol-fe | 34 |
| niacin (antihyperlipidemic) TBCR .. | 19 | NITRO-BID OINT | 7 | norethindrone-eth estradiol (triphasic) | 34 |
| niacin CPCR 250 MG, 500 MG | 67 | nitrofurantoin | 21 | norgestimate-ethinyl estradiol (triphasic) | 34 |
| niacin TABS | 67 | nitrofurantoin macrocrystal 50 MG, 100 MG | 21 | norgestimate-ethinyl estradiol | 34 |
| niacin TBCR | 67 | nitrofurantoin monohyd macro | 21 | norgestrel & ethinyl estradiol 30 MCG-0.3 MG | 34 |
| NIACIN TR TBCR | 67 | nitroglycerin (intra-anal) | 7 | NORMOSOL-M/D5W | 53 |
| niacinamide TABS 100 MG | 67 | nitroglycerin CPCR | 7 | NORMOSOL-R | 53 |
| niacinamide TABS 500 MG | 67 | nitroglycerin PT24 | 7 | nortriptyline hcl CAPS | 14 |
| nicardipine hcl CAPS | 32 | NITROGLYCERIN SOLN IV | 7 | nortriptyline hcl SOLN | 14 |
| nicardipine hcl SOLN | 32 | nitroglycerin SUBL | 7 | NORVIR PACK | 30 |
| nicotine MISC XX | 61 | NIVA-PLUS TABS | 55 | NORVIR SOLN | 30 |
| nicotine polacrilex GUM | 61 | nizatidine CAPS | 63 | NOVA MAX PLUS KETONE TESTSTRIPS | 42 |
| nicotine polacrilex LOZG | 61 | nizatidine SOLN | 63 | NOVOLIN 70/30 FLEXPEN SUPN | 16 |
| nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR | 61 | NORDITROPIN FLEXPRO SOPN 30 MG/3ML | 44 | NOVOLIN 70/30 SUSP | 16 |
| NICOTINE TRANSDERMAL SYSTEM KIT | 61 | NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML | 44 | NOVOLIN N FLEXPEN SUPN | 16 |
| NICOTROL INHALER INHA | 61 | norelgestromin-ethinyl estradiol | 35 | NOVOLIN N SUSP | 16 |
| NICOTROL NS SOLN | 61 | norethin acet & estrad-fe CAPS .. | 34 | NOVOLIN R FLEXPEN SOPN IJ .. | 16 |
| nifedipine CAPS 10 MG | 32 | norethin acet & estrad-fe CHEW .. | 34 | NOVOLIN R SOLN IJ | 16 |
| nifedipine CAPS 20 MG | 32 | norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 | | | |
| nifedipine TB24 60 MG | 32 | | | | |
| nifedipine TB24 90 MG | 32 | | | | |

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| NOXAFIL SUSP (posaconazole) | 17 | olanzapine SOLR | 28 | ondansetron TBDP 8 MG | 17 |
| NP THYROID 120 TABS | 62 | olanzapine TABS 15 MG, 20 MG .. | 28 | ONE VITE WOMENS PRENATALVITAMIN PLUS TABS | 55 |
| NP THYROID 15 TABS | 62 | olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG | 28 | ONE VITE WOMENS PRENATALVITAMIN TABS | 55 |
| NP THYROID 30 TABS | 62 | olanzapine TBDP 20 MG | 28 | ONETOUCH DELICA SAFETY LANCING DEVICE | 51 |
| NP THYROID 60 TABS | 62 | olanzapine TBDP 5 MG, 10 MG, 15 MG | 28 | ONETOUCH DELICA SAFETY LANCING DEVICE 30G | 51 |
| NUBEQA | 24 | olmesartan medoxomil | 19 | OPILL | 35 |
| NUCALA SOAJ | 8 | olmesartan medoxomil-amlodipine- hydrochlorothiazide | 20 | OPSUMIT | 33 |
| NUCALA SOLR | 8 | olmesartan medoxomil- hydrochlorothiazide | 20 | ORENITRAM TBCR | 32 |
| NUCALA SOSY 100 MG/ML | 8 | olopatadine hcl (nasal) | 56 | ORILISSA | 44 |
| NUCALA SOSY 40 MG/0.4ML | 8 | olopatadine hcl 0.1 % | 58 | ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG | 61 |
| NUCYNTA ER TB12 | 5 | olopatadine hcl 0.2 % | 58 | ORKAMBI TABS | 61 |
| NUCYNTA TABS | 5 | omega-3-acid ethyl esters | 18 | ORLADEYO | 47 |
| NUEDEXTA | 61 | omeprazole CPDR | 63 | orphenadrine citrate TB12 | 56 |
| NULOJIX | 54 | omeprazole magnesium CPDR | 63 | oseltamivir phosphate CAPS | 31 |
| nystatin (mouth-throat) | 55 | omeprazole TBEC | 63 | oseltamivir phosphate SUSR | 31 |
| nystatin (topical) CREA | 37 | omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG | 63 | OSMOPREP | 49 |
| nystatin (topical) OINT | 37 | OMNIFLEX DIAPHRAGM | 50 | OSPHENA | 44 |
| nystatin (topical) POWD EX | 38 | ONCASPAR | 26 | OTEZLA TABS | 4 |
| nystatin TABS | 17 | ondansetron hcl SOLN IJ 4 MG/2ML .. | 17 | OTEZLA TBPK | 4 |
| nystatin-triamcinolone CREA | 38 | 16 | | oxacillin sodium IV 10 GM | 59 |
| nystatin-triamcinolone OINT | 38 | ondansetron hcl SOLN OR 4 MG/5ML | 17 | oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML | 23 |
| octreotide acetate SOLN | 45 | ondansetron hcl SOSY | 17 | oxandrolone | 7 |
| ODEFSEY | 30 | ondansetron hcl TABS 24 MG | 17 | oxaprozin TABS | 4 |
| ODOMZO | 24 | ondansetron hcl TABS 4 MG | 17 | oxazepam CAPS | 8 |
| OFEV | 61 | ondansetron hcl TABS 8 MG | 17 | OXBRYTA TABS 500 MG | 47 |
| ofloxacin (ophth) | 57 | ondansetron TBDP 4 MG | 17 | oxcarbazepine SUSP | 12 |
| ofloxacin (otic) | 58 | | | | |
| ofloxacin 300 MG, 400 MG | 45 | | | | |
| OGIVRI | 24 | | | | |

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|--|----|--|----|---|
| oxcarbazepine TABS 150 MG, 300 MG | 12 | UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT | 42 | 23 |
| oxcarbazepine TABS 600 MG | 12 | PANRETIN | 38 | penciclovir |
| oxiconazole nitrate CREA | 38 | pantoprazole sodium TBEC 20 MG | 63 | penicillamine CAPS |
| OXISTAT LOTN | 38 | pantoprazole sodium TBEC 40 MG | 63 | penicillamine TABS |
| oxybutynin chloride SOLN | 63 | paricalcitol CAPS | 44 | penicillin g potassium 5000000 UNIT |
| oxybutynin chloride TABS 5 MG | 63 | paricalcitol SOLN | 44 | 59 |
| oxybutynin chloride TB24 | 63 | paroxetine hcl SUSP | 13 | PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML |
| oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG | 5 | paroxetine hcl TABS 10 MG, 20 MG, 40 MG | 13 | 59 |
| oxycodone hcl TABS | 5 | paroxetine hcl TABS 30 MG | 13 | PENICILLIN G PROCAINE |
| oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG | 6 | paroxetine hcl TB24 12.5 MG | 13 | 59 |
| oxymorphone hcl TABS | 5 | paroxetine hcl TB24 25 MG, 37.5 MG | 13 | penicillin g sodium |
| oxymorphone hcl TB12 40 MG | 6 | PASER PACK | 22 | penicillin v potassium SOLR |
| oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG | 5 | pazopanib hcl | 26 | penicillin v potassium TABS |
| OZEMPIC SOPN 2 MG/1.5ML | 15 | PEDIARIX SUSY | 62 | PENTACEL |
| OZEMPIC SOPN | 15 | PEDVAX HIB SUSP | 64 | pentazocine w/ naloxone hcl |
| paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML | 27 | peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid | 49 | 47 |
| paclitaxel protein-bound particles | 27 | peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM | 49 | perindopril erbumine 2 MG, 8 MG |
| paliperidone 1.5 MG, 3 MG, 9 MG | 28 | peg 3350-potassium chloride-sod bicarbonate-sod chloride | 49 | 19 |
| paliperidone 6 MG | 28 | PEGASYS SOLN | 30 | perindopril erbumine 4 MG |
| palonosetron hcl SOLN | 17 | PEGASYS SOSY | 30 | PERJETA |
| pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML | 43 | PEMAZYRE | 26 | 24 |
| PAMIDRONATE DISODIUM SOLN 43 | | pemetrexed disodium SOLR 500 MG | | permethrin CREA |
| PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 | | | | 41 |
| | | | | permethrin LIQD EX |
| | | | | 41 |
| | | | | perphenazine TABS |
| | | | | 29 |
| | | | | perphenazine-amitriptyline |
| | | | | 60 |
| | | | | PERSERIS PRSY |
| | | | | 28 |
| | | | | PFIZER-BIONTECH COVID-19VACCINE SUSP |
| | | | | 66 |
| | | | | PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP |
| | | | | 66 |
| | | | | PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP |
| | | | | 66 |
| | | | | PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP |
| | | | | 66 |

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|---|----|---|--|
| PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP | 66 | pioglitazone hcl-metformin hcl TABS . 14 | potassium chloride CPCR 54 |
| PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP .. | 66 | piperacillin sodium-tazobactam sodium | potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 % 53 |
| PHEBURANE PLLT | 44 | PIQRAY 200MG DAILY DOSE ... 26 | PIQRAY 250MG DAILY DOSE ... 26 |
| phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG | 47 | PIQRAY 300MG DAILY DOSE ... 26 | potassium chloride in dextrose 5 %-20 MEQ/L 53 |
| phendimetrazine tartrate TABS | 1 | pirfenidone CAPS | potassium chloride in dextrose 5 %-20 MEQ/L 53 |
| phenelzine sulfate | 13 | pirfenidone TABS 267 MG, 801 MG 61 | potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 % 53 |
| phenobarbital ELIX | 48 | pirfenidone TABS 534 MG | potassium chloride microencapsulated crystals er 53 |
| phenobarbital TABS 15 MG, 16.2 MG, 30 MG, 32.4 MG, 64.8 MG, 97.2 MG, 100 MG | 48 | piroxicam CAPS | potassium chloride PACK OR 20 MEQ 54 |
| phenoxybenzamine hcl | 19 | PLASMA-LYTE A (electrolyte-a) ..53 | POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride) 54 |
| phentermine hcl CAPS | 1 | PLASMA-LYTE-148 (electrolyte-148) ..53 | potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/50ML, 20 MEQ/50ML 54 |
| phenytoin CHEW | 12 | PLEGRIDY SOPN | potassium chloride TBCR 8 MEQ, 10 MEQ 54 |
| phenytoin sodium extended 100 MG, 200 MG, 300 MG | 12 | PLEGRIDY SOSY SC | POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS 53 |
| phenytoin sodium SOLN | 12 | PLEGRIDY STARTER PACK SOPN . 60 | POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 % (potassium chloride in nacl) 53 |
| phenytoin SUSP | 12 | PLEGRIDY STARTER PACK SOSY SC | potassium citrate (alkalinizer) TBCR 10 MEQ, 1080 MG 46 |
| PHEXXI | 67 | plerixafor | potassium phosphates 236 MG/ML-224 MG/ML 53 |
| PHOSLYRA SOLN | 46 | PNEUMOVAX 23 | PR BENZOYL PEROXIDE WASH LIQD 37 |
| PHOTOFRIN | 27 | PNEUMOVAX 23/1 DOSE | |
| PIFELTRO | 30 | podofilox SOLN | |
| pilocarpine hcl (oral) | 55 | polymyxin b sulfate SOLR | |
| pilocarpine hcl SOLN 1 %, 2 %, 4 % . 57 | | polymyxin b-trimethoprim | |
| pimecrolimus | 41 | POMALYST | |
| pimozide | 61 | posaconazole SUSP | |
| pindolol TABS | 31 | potassium acetate SOLN 2 MEQ/ML . 53 | |
| pioglitazone hcl | 16 | potassium bicarbonate TBEF | |
| pioglitazone hcl-glimepiride | 14 | | |

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| pralatrexate 20 MG/ML | 23 | pregabalin CAPS 225 MG, 300 MG 12 | PREVNAR 13 | 64 |
| pramipexole dihydrochloride TABS 0.125 MG | 27 | pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ... 12 | PREVNAR 20 | 64 |
| pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG | 28 | pregabalin SOLN | PREZCOBIX | 30 |
| prasugrel hcl | 47 | PREHEVBRIOT | PREZISTA SUSP | 30 |
| pravastatin sodium | 19 | PREMARIN | PREZISTA TABS (darunavir) | 30 |
| praziquantel | 7 | PREMARIN SOLR | PREZISTA TABS 75 MG, 150 MG, 600 MG | 30 |
| prazosin hcl CAPS | 19 | PREMARIN TABS | PREZISTA TABS 800 MG (darunavir) | 30 |
| PRECISION XTRA | 42 | PREMIUM CONDOMS LUBRICATED MISC | PRIFTIN | 22 |
| PRED MILD | 58 | PREMPHASE | primaquine phosphate TABS | 22 |
| PRED-G SUSP | 58 | PREMPRO | primidone 50 MG, 250 MG | 12 |
| prednicarbate OINT | 40 | PRENATAL MULTIVITAMIN TABS 55 | PRIORIX SUSR | 66 |
| prednisolone acetate (ophth) | 58 | PRENATAL ONE DAILY TABS ... 55 | probenecid | 47 |
| PREDNISOLONE SODIUM PHOSPHATE | 58 | PRENATAL PLUS TABS | procainamide hcl SOLN 500 MG/ML 8 | |
| prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML 35 | | PRENATAL PLUS VITAMIN ANDMINERAL TABS | prochlorperazine | 29 |
| prednisolone sodium phosphate TBDP | 35 | PRENATAL TABS | prochlorperazine maleate TABS .. | 29 |
| prednisolone SOLN | 35 | PRENATAL VITAMIN & MINERAL TABS | PROCRT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 48 |
| prednisolone TABS | 35 | PRENATAL VITAMIN TABS | PROCRT 40000 UNIT/ML | 48 |
| prednisone SOLN | 35 | PRENATAL VITAMIN/IRON TABS 55 | progesterone CAPS | 60 |
| prednisone TABS 1 MG, 5 MG .. | 35 | PRENATAL VITAMINS PLUS LOW IRON TABS | PROGRAF PACK | 54 |
| prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG | 35 | PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 | PROGRAF SOLN | 54 |
| prednisone TBPK | 35 | MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT | PROLASTIN-C SOLN | 61 |
| pregabalin (once-daily) 330 MG .. | 61 | PRENATRIX TABS | PROLEUKIN | 27 |
| pregabalin (once-daily) 82.5 MG, 165 MG | 61 | PRENATRYL TABS | PROLIA SOSY | 43 |
| | | PREPLUS TABS | promethazine hcl SOLN OR 6.25 MG/5ML | 18 |
| | | | promethazine hcl SUPP 12.5 MG, 25 MG | 18 |

| | | | | | |
|---|----|---|----|--|----|
| promethazine hcl SUPP 50 MG | 18 | quetiapine fumarate TB24 50 MG, 150 MG, 200 MG | 29 | RECOMBIVAX HB SUSY | 66 |
| promethazine hcl TABS | 18 | quinapril hcl 20 MG, 40 MG | 19 | RECTIV (nitroglycerin (intra-anal)) | 7 |
| propafenone hcl CP12 | 8 | quinapril hcl 5 MG, 10 MG | 19 | REGRANEX | 41 |
| propafenone hcl TABS | 8 | quinapril-hydrochlorothiazide | 20 | RELENZA DISKHALER | 31 |
| proparacaine hcl | 57 | quinidine sulfate TABS | 8 | RELEXXII TBCR 27 MG | 2 |
| propranolol hcl CP24 | 31 | quinine sulfate CAPS 324 MG | 22 | RELEXXII TBCR 36 MG, 54 MG | 2 |
| propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML | 31 | QUZYTIR SOLN IV | 18 | RELION 2-IN-1 LANCET DEVICES 30G | 51 |
| propranolol hcl TABS | 31 | QVAR REDIHALER | 9 | RELION 2-IN-1 LANCING DEVICE 25G | 51 |
| propylthiouracil | 62 | RA PRENATAL FORMULA/FOLICACID TABS | 56 | RELION 2-IN-1 LANCING DEVICE 30G | 51 |
| protriptyline hcl | 14 | RA PRENATAL TABS | 56 | RELION KETONE TEST STRIPS STRP | 42 |
| PTS PANELS KETONE TEST | 42 | rabeprazole sodium TBEC | 63 | RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP | 42 |
| PULMICORT FLEXHALER AEPB | 9 | raloxifene hcl | 44 | RENAGEL (sevelamer hcl) | 46 |
| PULMOZYME | 61 | ramelteon | 49 | RENFLEXIS | 46 |
| PX PRENATAL MULTIVITAMINS TABS | 56 | ramipril CAPS | 19 | repaglinide 0.5 MG, 1 MG | 16 |
| pyrazinamide | 22 | ranitidine hcl TABS 150 MG | 63 | repaglinide 2 MG | 16 |
| pyridostigmine bromide SOLN OR 22 | 22 | ranolazine TB12 1000 MG | 7 | REPATHA PUSHTRONEX SYSTEM SOCT | 19 |
| pyridostigmine bromide TABS 60 MG | 22 | ranolazine TB12 500 MG | 7 | REPATHA SOSY | 19 |
| pyrimethamine | 22 | rasagiline mesylate | 28 | REPATHA SURECLICK SOAJ | 19 |
| QC PRENATAL TABS | 56 | REALITY LATEX CONDOMS/LUBRICATED MISC | 50 | RETACRIT | 48 |
| QINLOCK | 26 | REALITY LATEX/ULTRA TEXTURED DEVI | 50 | RETEVMO | 26 |
| QUADRACEL SUSP | 62 | REALITY LATEX/ULTRA THIN DEVI 50 | 60 | RETROVIR IV INFUSION SOLN | 30 |
| QUADRACEL SUSY | 62 | REBIF REBIDOSE SOAJ | 60 | REXULTI | 29 |
| quazepam | 48 | REBIF REBIDOSE TITRATIONPACK SOAJ | 60 | ribavirin (hepatitis c) CAPS | 30 |
| quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG | 29 | REBIF SOSY | 61 | ribavirin (hepatitis c) TABS 200 MG 30 | |
| quetiapine fumarate TB24 300 MG, 400 MG | 29 | REBIF TITRATION PACK SOSY | 61 | RIDAURA | 3 |
| | | RECOMBIVAX HB SUSP | 66 | | |

| | | | | | |
|---|----|--|----|---|----|
| rifabutin | 22 | 4 MG, 6 MG | 28 | selegiline hcl CAPS | 28 |
| rifampin CAPS | 22 | ropinirole hydrochloride TB24 8 MG, 12 MG | 28 | selegiline hcl TABS | 28 |
| rifampin SOLR | 22 | rosuvastatin calcium TABS | 19 | selenium sulfide LOTN 2.5 % | 39 |
| riluzole TABS | 56 | ROTARIX SUSP | 66 | SELZENTRY SOLN | 30 |
| rimantadine hydrochloride TABS .. | 31 | ROTARIX SUSR | 66 | SELZENTRY TABS 25 MG, 75 MG 30 | |
| ringer's | 53 | ROTAQUE SOLN | 66 | SEREVENT DISKUS | 10 |
| ringer's irrigation | 54 | ROZLYTREK CAPS | 26 | sertraline hcl CONC | 13 |
| RINVOQ | 2 | RUBRACA | 26 | sertraline hcl TABS 100 MG | 13 |
| risedronate sodium TABS 150 MG | 43 | rufinamide SUSP | 12 | sertraline hcl TABS 25 MG, 50 MG 13 | |
| risedronate sodium TABS 35 MG . | 43 | rufinamide TABS 200 MG | 12 | sevelamer carbonate PACK | 46 |
| risedronate sodium TABS 5 MG, 30 MG | 43 | rufinamide TABS 400 MG | 12 | sevelamer carbonate TABS | 46 |
| risedronate sodium TBEC | 43 | RUKOBIA | 30 | sevelamer hcl 800 MG | 46 |
| RISPERDAL CONSTA (risperidone microspheres) | 28 | RUXIENCE | 23 | SHINGRIX | 66 |
| risperidone microspheres | 28 | RYBELSUS TABS | 15 | SIGNIFOR | 45 |
| risperidone SOLN | 28 | salsalate | 4 | sildenafil citrate (pulmonary hypertension) SOLN | 33 |
| risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG | 28 | SANDOSTATIN LAR DEPOT KIT . | 45 | sildenafil citrate (pulmonary hypertension) SUSR | 33 |
| risperidone TABS 4 MG | 28 | SANTYL OINT | 41 | sildenafil citrate (pulmonary hypertension) TABS | 33 |
| risperidone TBDP | 28 | sapropterin dihydrochloride PACK . | 44 | sildenafil citrate | 32 |
| ritonavir TABS | 30 | sapropterin dihydrochloride TABS . | 44 | silodosin | 47 |
| rivastigmine tartrate CAPS | 60 | SAVELLA TABS | 60 | silver sulfadiazine | 39 |
| rizatriptan benzoate TABS 10 MG . | 52 | SAVELLA TITRATION PACK MISC 60 | | SIMPONI ARIA SOLN | 3 |
| rizatriptan benzoate TABS 5 MG .. | 52 | saxagliptin hcl | 15 | SIMULECT | 54 |
| rizatriptan benzoate TBDP 10 MG . | 52 | saxagliptin-metformin hcl 1000 MG- 2.5 MG | 14 | simvastatin TABS | 19 |
| rizatriptan benzoate TBDP 5 MG .. | 52 | saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG | 15 | sirolimus TABS | 54 |
| roflumilast | 9 | scopolamine | 17 | SIRTURO | 22 |
| romidepsin SOLR | 26 | SELECT INSULIN SYRINGES .. | 51 | SIVEXTRO TABS | 21 |
| ropinirole hydrochloride TABS .. | 28 | SELECT LANCETS | 51 | SKYRIZI PEN SOAJ | 38 |
| ropinirole hydrochloride TB24 2 MG, | | | | | |

| | | | | | |
|---|-----|--------------------------------------|----|-------------------------------------|----|
| SKYRIZI PSKT | 38 | SOMAVERT 10 MG, 15 MG, 20 MG . | | STIMATE SOLN NA | 44 |
| SKYRIZI SOCT | 46 | 44 | | STIOLTO RESPIMAT | 10 |
| SKYRIZI SOSY | 38 | sorafenib tosylate | 26 | STIVARGA | 26 |
| SLYND | 35 | SORBITOL 3 % | 46 | streptomycin sulfate SOLR | 2 |
| SM PRENATAL VITAMINS TABS | .56 | SORBITOL/MANNITOL IRRIGATION | | STRIBILD | 30 |
| SODIUM ACETATE SOLN (sodium acetate) | 53 |46 | | STRIVERDI RESPIMAT | 10 |
| sodium acetate SOLN | 53 | sotalol hcl (afib/afl) | 31 | SUBSYS LIQD 100 MCG | 6 |
| sodium chloride (gu irrigant) 0.9 % | 46 | sotalol hcl TABS 240 MG | 31 | SUBSYS LIQD 200 MCG, 400 MCG, | |
| sodium chloride (inhalant) NEBU 7 % | | sotalol hcl TABS 80 MG, 120 MG, | | 600 MCG | 6 |
|36 | | 160 MG | 31 | SUBSYS LIQD 800 MCG, 1200 | |
| sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 % | 54 | SPIKEVAX COVID-19 VACCINE SUSP | 66 | MCG, 1600 MCG | 6 |
| sodium citrate & citric acid | 46 | SPIKEVAX COVID-19 | | sucralfate SUSP | 63 |
| sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG | 53 | VACCINE/2023-24 SUSP | 66 | sucralfate TABS | 63 |
| sodium phenylbutyrate POWD | 44 | SPIKEVAX COVID-19 | | sulconazole nitrate CREA | 38 |
| sodium phenylbutyrate TABS | 44 | VACCINE/2023-24 SUSY | 66 | sulconazole nitrate SOLN | 38 |
| sodium polystyrene sulfonate POWD | | spinosad | 41 | sulfacetamide sodium (acne) | 37 |
| 54 | | SPIRIVA HANDIHALER CAPS | | sulfacetamide sodium (ophth) SOLN . | |
| sodium polystyrene sulfonate SUSP | | (tiotropium bromide monohydrate) ..9 | | 57 | |
| OR 15 GM/60ML | 54 | SPIRIVA RESPIMAT AERS | 9 | sulfacetamide sodium w/ sulfur | |
| sodium sulfate-potassium sulfate- | | spironolactone & hydrochlorothiazide | | CREA 10 %-5 % | 37 |
| magnesium sulfate | 49 |42 | | sulfacetamide sodium w/ sulfur LIQD | |
| SOFOBUVIR/VELPATASVIR TABS | 31 | spironolactone TABS | 43 | 10 %-5 % | 37 |
| solifenacin succinate TABS | 63 | SPRAVATO 56MG DOSE | 13 | sulfacetamide sodium w/ sulfur LIQD | |
| SOLIQUA 100/33 | 15 | SPRAVATO 84MG DOSE | 13 | 9 %-4.5 % | 37 |
| SOLOSEC | 2 | SPRYCEL | 26 | sulfacetamide sodium-sulfur in urea | |
| SOLU-CORTEF 100 MG, 500 MG, | | stannous fluoride CONC | 55 | vehicle EMUL 10 %-10 %-4 % | 37 |
| 1000 MG | 35 | stavudine CAPS | 30 | sulfacetamide sod-prednisolone | |
| SOLU-CORTEF 250 MG | 35 | STELARA 130 MG/26ML | 46 | SOLN | 58 |
| SOLU-MEDROL 2 GM | 35 | STELARA SOLN 45 MG/0.5ML ... | 38 | sulfadiazine TABS | 61 |
| | | STELARA SOSY 45 MG/0.5ML ... | 38 | sulfamethoxazole-trimethoprim SOLN | |
| | | STELARA SOSY 90 MG/ML | 38 |21 | |
| | | STENDRA | 32 | sulfamethoxazole-trimethoprim SUSP | |
| | | | |21 | |

| | | | | | |
|---|----|---|----|--|----|
| sulfamethoxazole-trimethoprim TABS | 21 | tadalafil (pulmonary hypertension) TABS | 33 | TEMODAR SOLR | 23 |
| SULFAMYLON CREA | 39 | tadalafil 5 MG | 32 | temozolomide CAPS | 23 |
| sulfasalazine TABS | 46 | TAFINLAR CAPS | 26 | temsirolimus | 26 |
| sulfasalazine TBEC | 46 | tafluprost | 58 | TENIVAC INJ | 62 |
| sulindac TABS | 4 | TAGRISSO 40 MG | 24 | tenofovir disoproxil fumarate TABS 30 | |
| sumatriptan | 52 | TAGRISSO 80 MG | 24 | terazosin hcl | 19 |
| sumatriptan succinate SOAJ | 52 | TAKHZYRO SOLN | 47 | terbinafine hcl TABS | 17 |
| sumatriptan succinate SOCT | 52 | TAKHZYRO SOSY | 47 | terbutaline sulfate SOLN | 10 |
| sumatriptan succinate SOLN 6 MG/0.5ML | 52 | TALZENNA 0.25 MG, 0.5 MG, 0.75 MG, 1 MG | 26 | terbutaline sulfate TABS | 10 |
| sumatriptan succinate TABS | 52 | tamoxifen citrate TABS | 24 | terconazole vaginal CREA | 67 |
| sumatriptan-naproxen sodium | 52 | tamsulosin hcl | 47 | terconazole vaginal SUPP | 67 |
| sunitinib malate 12.5 MG, 25 MG, 50 MG | 26 | TASIGNA 150 MG, 200 MG | 26 | teriflunomide | 61 |
| SUNOSI 150 MG | 1 | TASIGNA 50 MG | 26 | teriparatide (recombinant) SOPN | 43 |
| SUNOSI 75 MG | 1 | TASMAR (tolcapone) | 27 | TERIPARATIDE SOPN | 43 |
| SYNAREL | 44 | tavaborole | 38 | TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML | 7 |
| SYNERA PTCH | 41 | tazarotene CREA | 38 | testosterone cypionate SOLN IM ... | 7 |
| SYNJARDY TABS | 15 | TAZVERIK | 26 | testosterone enanthate SOLN IM ... | 7 |
| SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG | 15 | TDVAX SUSP | 62 | TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP | 62 |
| SYNJARDY XR TB24 1000 MG-25 MG | 15 | TEFLARO | 34 | tetrabenazine | 60 |
| SYNRIBO | 27 | TEGRETOL SUSP (carbamazepine) 12 | | tetracycline hcl CAPS | 62 |
| SYNTHROID TABS (levothyroxine sodium) | 62 | TEGRETOL TABS (carbamazepine) . 12 | | THALOMID | 54 |
| TABLOID | 23 | TEGSEDI | 61 | theophylline ELIX | 10 |
| TABRECTA | 26 | telmisartan | 19 | theophylline SOLN | 10 |
| tacrolimus (topical) OINT | 41 | telmisartan-amlodipine | 20 | theophylline TB12 | 10 |
| tacrolimus CAPS | 54 | telmisartan-hydrochlorothiazide .. | 20 | theophylline TB24 | 10 |
| | | temazepam 15 MG, 30 MG | 49 | THERANATAL CORE NUTRITION TABS | 56 |
| | | temazepam 7.5 MG, 22.5 MG | 48 | THIOLA EC TBEC 100 MG (tiopronin) | 47 |

| | | | | | |
|---|----|--|----|--|----|
| THIOLA EC TBEC 300 MG (tiopronin) | 47 | tolterodine tartrate CP24 | 63 | TRELSTAR MIXJECT | 24 |
| thioridazine hcl | 29 | tolterodine tartrate TABS | 63 | TREMFYA SOPN | 39 |
| thiotepa 15 MG | 23 | tolvaptan TABS | 45 | TREMFYA SOSY | 39 |
| thiothixene | 29 | topiramate CPSP 15 MG | 12 | treprostinil SOLN IJ | 32 |
| THYMOGLOBULIN | 54 | topiramate CPSP 25 MG | 12 | tretinoin (chemotherapy) | 27 |
| THYROGEN 0.9 MG | 41 | topiramate CS24 | 12 | tretinoin CREA 0.025 %, 0.05 %, 0.1 % | 37 |
| tiagabine hcl | 12 | topiramate TABS 100 MG, 200 MG 12 | | tretinoin GEL 0.01 %, 0.025 % | 37 |
| TIBSOVO | 26 | topiramate TABS 25 MG, 50 MG .. | 12 | tretinoin microsphere 0.1 % | 37 |
| tigecycline | 61 | topotecan hcl SOLR | 27 | TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG | 23 |
| timolol maleate (ophth) SOLG .. | 57 | toremifene citrate | 24 | triamcinolone acetonide (mouth) .. | 55 |
| timolol maleate (ophth) SOLN .. | 57 | torsemide TABS | 43 | triamcinolone acetonide (nasal) AERO | 56 |
| timolol maleate TABS | 31 | TRACLEER TBSO | 33 | triamcinolone acetonide (topical) CREA 0.025 % | 40 |
| tiopronin TBEC 100 MG | 47 | tramadol hcl TABS 50 MG | 6 | triamcinolone acetonide (topical) CREA 0.1 % | 40 |
| tiopronin TBEC 300 MG | 47 | tramadol hcl TB24 | 6 | triamcinolone acetonide (topical) CREA 0.5 % | 40 |
| tiotropium bromide monohydrate CAPS | 9 | tramadol-acetaminophen | 6 | triamcinolone acetonide (topical) LOTN 0.025 % | 40 |
| TIVICAY TABS | 30 | trandolapril 1 MG, 2 MG | 19 | triamcinolone acetonide (topical) LOTN 0.1 % | 40 |
| tizanidine hcl CAPS | 56 | trandolapril 4 MG | 19 | triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % | 41 |
| tizanidine hcl TABS | 56 | trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG | 20 | triamcinolone acetonide (topical) OINT 0.5 % | 41 |
| tobramycin (ophth) SOLN | 57 | trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG | 20 | triamcinolone acetonide (topical) LOTN 0.1 % | 40 |
| tobramycin NEBU | 2 | tranexamic acid SOLN 1000 MG/10ML | 48 | triamcinolone acetonide (topical) tranylcyprromine sulfate | 41 |
| tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML | 2 | tranexamic acid TABS | 48 | triamcinolone acetonide (topical) tranylcyprromine sulfate | 41 |
| tobramycin-dexamethasone SUSP 58 | | travoprost SOLN | 58 | triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML | 36 |
| TODAY SPONGE MISC | 66 | TRAZIMERA | 24 | triamcinolone acetonide-dimethicone- silicone | 41 |
| tolcapone | 27 | trazodone hcl TABS | 14 | triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG | 43 |
| tolmetin sodium CAPS | 4 | TRECATOR | 22 | | |
| tolmetin sodium TABS 600 MG .. | 4 | TRELEGY ELLIPTA | 10 | | |
| TOLSURA CAPS | 17 | | | | |

| | | | | | |
|---|----|--|----|--|----|
| triamterene & hydrochlorothiazide TABS | 43 | TRUETRACK TEST STRP | 42 | TUZISTRA XR | 36 |
| triamterene CAPS | 43 | TRULICITY | 15 | TWINRIX SUSY | 66 |
| triazolam | 49 | TRUMENBA | 64 | TWIRLA | 35 |
| TRICARE TABS | 56 | LUBE MISC | 50 | TYBLUME CHEW | 34 |
| trientine hcl 250 MG | 54 | TRUSTEX LUBRICATED EXTRALARGE MISC | 50 | TYBOST | 30 |
| trifluoperazine hcl TABS | 29 | TRUSTEX LUBRICATED EXTRASTRENGTH MISC | 50 | TYMLOS | 43 |
| trifluridine | 57 | TRUSTEX LUBRICATED MISC | 51 | TYVASO REFILL SOLN IN | 32 |
| trihexyphenidyl hcl SOLN | 27 | TRUSTEX LUBRICATED/RIBBED/STUDDED MISC | 50 | TYVASO SOLN IN | 33 |
| trihexyphenidyl hcl TABS | 27 | TRUSTEX STRENGTH MISC | 51 | TYVASO STARTER SOLN IN | 32 |
| TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG | 15 | TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC | 50 | UBRELVY | 52 |
| TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG | 15 | TRUSTEX LUBRICATED/SPERMICIDE MISC | 51 | UCERIS (budesonide (intrarectal)) | 7 |
| TRIKAFTA TBPK 100 MG-50 MG | 61 | TRUSTEX LUBRICATED/SPERMICIDE MISC | 51 | UDENYCA ONBODY SOSY | 48 |
| trimethobenzamide hcl CAPS | 17 | TRUSTEX LUBRICATED/SPERMICIDE MISC | 51 | UDENYCA SOAJ | 48 |
| trimethoprim TABS | 21 | TRUSTEX LUBRICATED/SPERMICIDE MISC | 51 | UDENYCA SOSY | 48 |
| trimipramine maleate CAPS | 14 | TRUSTEX LUBRICATED/SPERMICIDE MISC | 51 | UPTRAVI TABS 200 MCG | 33 |
| TRINTELLIX | 14 | TRUSTEX LUBRICATED/SPERMICIDE MISC | 51 | UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG | 33 |
| TRIUMEQ TABS | 30 | TRUSTEX NATURAL CONDOMS | 51 | UPTRAVI TITRATION PACK TBPK | 33 |
| TRIZIVIR | 30 | +LUBE/LUBRICATED MISC | 51 | ursodiol CAPS | 45 |
| tropicamide SOLN 0.5 % | 57 | TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC | 51 | ursodiol TABS | 45 |
| tropicamide SOLN 1 % | 57 | TRUSTEX/RIA LUBRICATED MISC | 51 | UVADEX | 27 |
| trospium chloride CP24 | 63 | TRUSTEX/RIA LUBRICATED SPERMICIDE MISC | 51 | valacyclovir hcl 1 GM, 1000 MG | 31 |
| trospium chloride TABS | 63 | TRUXIMA | 23 | valacyclovir hcl 500 MG | 31 |
| TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP | 42 | TUKYSA | 24 | valganciclovir hcl TABS | 30 |
| TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN | 51 | TURALIO | 26 | valproate sodium SOLN OR 250 MG/5ML | 13 |
| TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP | 42 | | | valproic acid CAPS | 13 |
| | | | | valrubicin | 25 |
| | | | | valsartan TABS | 19 |

| | | | | |
|-------------------------------------|----|-------------------------------------|----|----------------------------------|
| valsartan-hydrochlorothiazide | 20 | verapamil hcl TBCR | 32 | WELCHOL TABS (colesevelam hcl) . |
| VALTOCO 10 MG DOSE LIQD | 11 | VEREGEN | 37 | 18 |
| VALTOCO 15 MG DOSE LQPK | 11 | VERZENIO | 26 | WESTAB PLUS TABS |
| VALTOCO 20 MG DOSE LQPK | 11 | VICTOZA | 15 | 56 |
| VALTOCO 5 MG DOSE LIQD | 11 | vigabatrin PACK | 12 | WIDE-SEAL SILICONE |
| vancomycin hcl CAPS | 21 | vigabatrin TABS | 12 | DIAPHRAGM KIT 60 |
| vancomycin hcl SOLR IV 1 GM, 10 | | VIIBRYD STARTER PACK KIT | 14 | 51 |
| GM, 500 MG, 1000 MG | 21 | vilazodone hcl TABS | 14 | WIDE-SEAL SILICONE |
| vancomycin hcl SOLR OR 25 | | vincristine sulfate | 27 | DIAPHRAGM KIT 70 |
| MG/ML, 50 MG/ML, 250 MG/5ML .. | 21 | vinorelbine tartrate 10 MG/ML | 27 | 51 |
| VAQTA | 66 | VIRACEPT TABS 250 MG | 30 | WIDE-SEAL SILICONE |
| varenicline tartrate TABS | 61 | VIRACEPT TABS 625 MG | 30 | DIAPHRAGM KIT 80 |
| varenicline tartrate TBPK | 61 | VIREAD POWD | 30 | 51 |
| VARIVAX INJ | 66 | VIREAD TABS 150 MG, 200 MG, | | WIDE-SEAL SILICONE |
| VARUBI TBPK | 17 | 250 MG | 30 | DIAPHRAGM KIT 85 |
| VAXNEUVANCE | 64 | VISTOGARD | 16 | 51 |
| VECAMYL | 20 | VITAMIN D2 TABS 400 UNIT | 67 | WIDE-SEAL SILICONE |
| VECTIBIX 100 MG/5ML | 24 | VITATELY/GINGER TABS | 56 | DIAPHRAGM KIT 95 |
| VELPHORO | 46 | VITRAKVI CAPS | 26 | 51 |
| venlafaxine hcl CP24 150 MG | 14 | VITRAKVI SOLN | 26 | XALKORI CAPS |
| venlafaxine hcl CP24 37.5 MG, 75 | | VIZIMPRO | 24 | 26 |
| MG | 14 | VORAXAZE | 27 | XARELTO STARTER PACK TBPK |
| venlafaxine hcl TABS | 14 | voriconazole TABS | 17 | 10 |
| venlafaxine hcl TB24 150 MG | 14 | VOTRIENT (pazopanib hcl) | 26 | XARELTO SUSR |
| venlafaxine hcl TB24 37.5 MG, 75 | | VYNDAMAX | 33 | 10 |
| MG, 225 MG | 14 | VYNDAQEL | 33 | XARELTO TABS 10 MG, 20 MG .. |
| verapamil hcl CP24 100 MG, 200 | | VYVANSE CAPS | 1 | 10 |
| MG, 300 MG | 32 | VYVANSE CHEW | 1 | XELJANZ SOLN |
| verapamil hcl CP24 120 MG, 180 | | warfarin sodium TABS | 10 | 2 |
| MG, 240 MG, 360 MG | 32 | water for irrigation, sterile | 54 | XELJANZ TABS 10 MG |
| verapamil hcl SOLN 2.5 MG/ML .. | 32 | | | 2 |
| verapamil hcl TABS | 32 | | | XEOMIN |
| | | | | 56 |
| | | | | XERAVA |
| | | | | 61 |
| | | | | XGEVA SOLN |
| | | | | 43 |
| | | | | XHANCE EXHU |
| | | | | 56 |

| | | | | |
|---|----|---|---------------|----|
| XIFAXAN 200 MG | 21 | ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT- 15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT | ZYDELIG | 26 |
| XIFAXAN 550 MG | 21 | ZYLET | 58 | |
| XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG | 15 | ZYVOX SUSR (linezolid) | 21 | |
| XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG | 15 | | | |
| XOLAIR SOLR | 8 | | | |
| XOLAIR SOSY 150 MG/ML | 8 | | | |
| XOLAIR SOSY 75 MG/0.5ML | 8 | | | |
| XOSPATA | 26 | | | |
| XPOVIO | 25 | | | |
| XPOVIO 60 MG TWICE WEEKLY 25 | | zidovudine CAPS | 30 | |
| XPOVIO 80 MG TWICE WEEKLY 25 | | zidovudine SYRP | 30 | |
| | | zidovudine TABS | 30 | |
| XTAMPZA ER | 6 | ZIEXTENZO | 48 | |
| XTANDI CAPS | 24 | zileuton TB12 | 9 | |
| XTANDI TABS 40 MG | 24 | ziprasidone hcl | 28 | |
| XTANDI TABS 80 MG | 24 | ZIRABEV | 23 | |
| XULTOPHY 100/3.6 | 15 | ZIRGAN GEL | 57 | |
| YERVOY | 23 | ZOLADEX 10.8 MG | 24 | |
| YONSA | 24 | ZOLADEX 3.6 MG | 24 | |
| zafirlukast | 9 | zoledronic acid CONC | 43 | |
| zaleplon 10 MG | 49 | zoledronic acid SOLN | 43 | |
| zaleplon 5 MG | 49 | ZOLINZA | 26 | |
| ZALTRAP 100 MG/4ML | 23 | zolmitriptan SOLN | 52 | |
| ZANOSAR | 23 | zolmitriptan TABS | 52 | |
| ZARONTIN CAPS (ethosuximide) . | 13 | zolmitriptan TBDP | 53 | |
| ZARXIO | 48 | zolpidem tartrate TABS | 49 | |
| ZEJULA CAPS | 26 | zolpidem tartrate TBCR | 49 | |
| ZELBORAFAF | 26 | zonisamide CAPS | 12 | |
| | | ZONTIVITY | 47 | |
| | | ZORBTIVE SC | 44 | |

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