

# 2024 Formulary

Effective January 1, 2024



**[AmbetterofIllinois.com](https://www.AmbetterofIllinois.com)**

# Formulary Introduction

## FORMULARY

The Ambetter of Illinois 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<sub>A</sub>** - 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<sub>B</sub>** - 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.** Prescription drugs covered under the specialty tier may require fulfillment at a pharmacy that participates in Ambetter's "specialty" or "hemophilia" networks. For additional information on which pharmacies are within our "specialty" or "hemophilia" networks, please consult Ambetter website's pharmacy information section.

### 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 of Illinois, 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<sub>A</sub>** - 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<sub>B</sub>** - 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
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>					
<b>Amphetamines</b>					
<i>amphetamine-dextroamphetamine CP24 5 MG-5 MG-5 MG-5 MG</i>	1B	QL(3 ea daily)	<i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	1B	
<i>amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i>	1B		<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)
<i>amphetamine-dextroamphetamine CP24 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1B	QL(2 ea daily)	<i>lisdexamfetamine dimesylate CAPS</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)	VYVANSE CAPS	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, 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)	<b>Anorexiants Non-Amphetamine</b>		
<i>dextroamphetamine sulfate CP24 5 MG</i>	1B		<i>phendimetrazine tartrate TABS</i>	1B	PA
<i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>	1B	QL(4 ea daily)	<i>phentermine hcl CAPS</i>	1B	PA
			<b>Anti-Obesity Agents</b>		
			CONTRACE	3	QL(4 ea daily); PA
			<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		
			<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
			<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1B	QL(1 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)
			<b>Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)</b>		
			SUNOSI 75 MG	3	QL(2 ea daily); PA
			SUNOSI 150 MG	3	QL(1 ea daily); PA
			<b>Stimulants - Misc.</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil</i>	1B	QL(1 ea daily); AL(At least 17 yrs old); PA	<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)
<i>dexmethylphenidate hcl CP24</i>	1B	QL(1 ea daily)	<i>methylphenidate hcl TBCR 18 MG, 27 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>dexmethylphenidate hcl TABS</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)	<i>methylphenidate PTCH</i>	1B	QL(1 ea daily); PA
METHYLIN SOLN ( <i>methylphenidate hcl</i> )	2	QL(30 ml daily); AL(At least 6 yrs old)	<i>modafinil 200 MG</i>	1B	QL(2 ea daily); PA
<i>methylphenidate hcl CHEW 2.5 MG</i>	1B	QL(2 ea daily)	<i>modafinil 100 MG</i>	1B	QL(1 ea daily); PA
<i>methylphenidate hcl CHEW 5 MG</i>	1B	QL(6 ea daily)	<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<i>methylphenidate hcl CHEW 10 MG</i>	1B	QL(5 ea daily)	Allergenic Extracts		
<i>methylphenidate hcl CP24 30 MG</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)	GRASTEK SUBL	3	PA
<i>methylphenidate hcl CP24 20 MG, 40 MG</i>	1B	AL(At least 6 yrs old)	<b>AMEBICIDES</b>		
<i>methylphenidate hcl CP24 10 MG, 60 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)	Amebicides		
<i>methylphenidate hcl CP24</i>	1B		SOLOSEC	3	PA
<i>methylphenidate hcl CPCR</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)	<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<i>methylphenidate hcl SOLN</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)	Aminoglycosides		
<i>methylphenidate hcl TABS 10 MG, 20 MG</i>	1B	QL(5 ea daily); AL(At least 6 yrs old)	<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1B	
<i>methylphenidate hcl TABS 5 MG</i>	1B	QL(6 ea daily); AL(At least 6 yrs old)	ARIKAYCE	4	PA
<i>methylphenidate hcl TB24 36 MG, 54 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)	<i>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 %</i>	1B	
<i>methylphenidate hcl TB24 18 MG, 27 MG</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)	<i>gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML</i>	1B	
<i>methylphenidate hcl TBCR 36 MG, 54 MG</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)	<i>neomycin sulfate TABS</i>	1B	
			<i>streptomycin sulfate SOLR</i>	3	
			<i>tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML</i>	1B	
			<i>tobramycin NEBU</i>	4	QL(280 ml per 56 day(s) retail; 280 ml per 56 days mail); PA
			<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Treat Pain, Swelling, Muscle and Joint Conditions</b>			<b>Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Antirheumatic - Enzyme Inhibitors</b>			<b>Antirheumatic - Enzyme Inhibitors</b>		
RINVOQ TB24	4	QL(1 ea daily); PA	CYLTEZO PSKT 40 MG/0.4ML	4	QL(0.029 ea daily); PA
XELJANZ XR TB24	4	QL(1 ea daily); PA	HADLIMA PUSHTOUCH SOAJ	4	QL(0.086 ml daily); PA
XELJANZ SOLN	4	QL(20 ml daily); PA	HADLIMA PUSHTOUCH SOAJ	4	QL(0.172 ml daily); PA
XELJANZ TABS 5 MG	4	QL(2 ea daily); SP; PA	HADLIMA SOSY	4	QL(0.086 ml daily); PA
XELJANZ TABS 10 MG	4	QL(2 ea daily); PA	HADLIMA SOSY	4	QL(0.172 ml daily); PA
<b>Antirheumatic Antimetabolites</b>			<b>Antirheumatic Antimetabolites</b>		
METHOTREXATE	4	QL(1.714 ea daily); SP; PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>			<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
ADALIMUMAB-ADAZ SOAJ	4	QL(0.086 ml daily); PA	HUMIRA PEN-CD/UC/HS STARTER PNKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.086 ml daily); PA	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	HUMIRA PEN PNKT 80 MG/0.8ML	4	QL(0.072 ea daily); PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	4	QL(0.215 ea daily); PA	HUMIRA PEN PNKT	4	QL(0.143 ea daily); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA	HUMIRA PEN-PS/UV STARTER PNKT	4	1 package(s) per 180 day(s) retail; 1 package(s) per 180 day(s) mail; 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 AJKT	4	QL(0.029 ea daily); PA	<b>Gold Compounds</b>		
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	QL(0.215 ea daily); PA	RIDAURA	3	QL(3 ea daily)
CYLTEZO PSKT 10 MG/0.2ML	4	QL(0.072 ea daily); PA	<b>Interleukin-1 Blockers</b>		
			ARCALYST	4	QL(0.286 ea daily); SP; PA



Drug Name	Drug Tier	Requirements/Limits
<b>Interleukin-6 Receptor Inhibitors</b>		
KEVZARA SOAJ	4	QL(0.082 ml daily); PA
KEVZARA SOSY	4	QL(0.082 ml daily); PA
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
<i>celecoxib</i>	1B	QL(2 ea daily)
<i>diclofenac potassium TABS 50 MG</i>	1B	
<i>diclofenac sodium TB24</i>	1B	
<i>diclofenac sodium TBEC</i>	1B	
<i>diclofenac w/ misoprostol TBEC</i>	1B	
<i>etodolac CAPS</i>	1B	
<i>etodolac TABS</i>	1B	
<i>fenoprofen calcium TABS</i>	1B	QL(4 ea daily); ST
<i>flurbiprofen TABS</i>	1B	
<i>ibuprofen SUSP 100 MG/5ML</i>	1B	RX/OTC
<i>ibuprofen TABS 400 MG, 600 MG</i>	1A	
<i>ibuprofen TABS 800 MG</i>	1B	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1B	
<i>indomethacin CPCR</i>	1B	
<i>ketoprofen CAPS 50 MG</i>	1B	
<i>ketorolac tromethamine TABS</i>	1B	QL(0.667 ea daily)
<i>meclofenamate sodium CAPS</i>	1B	
<i>mefenamic acid CAPS</i>	1B	QL(5 ea daily); ST
<i>meloxicam TABS</i>	1A	QL(1 ea daily)
<i>nabumetone</i>	1B	
<i>naproxen sodium TABS 550 MG</i>	1B	
<i>naproxen SUSP</i>	1B	PA
<i>naproxen TABS</i>	1B	
<i>naproxen TBEC 500 MG</i>	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>oxaprozin TABS</i>	1B	
<i>piroxicam CAPS</i>	1B	
<i>sulindac TABS</i>	1B	
<i>tolmetin sodium CAPS</i>	1B	
<i>tolmetin sodium TABS 600 MG</i>	1B	
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA TABS	4	QL(2 ea daily); PA
OTEZLA TBPk	4	1 package(s) per 180 day(s) retail; PA
<b>Pyrimidine Synthesis Inhibitors</b>		
<i>leflunomide</i>	1B	QL(1 ea daily)
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SOCT	4	QL(0.146 ml daily); PA
ENBREL SURECLICK SOAJ	4	QL(0.146 ml daily); PA
ENBREL SOLN	4	QL(0.146 ml daily); PA
ENBREL SOLR	4	QL(0.286 ea daily); SP; PA
ENBREL SOSY 50 MG/ML	4	QL(0.286 ml daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ml daily); PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	1B	QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1B	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1B	QL(6 ea daily)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1B	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine CAPS</i>	1B	QL(4 ea daily)	<i>levorphanol tartrate TABS 2 MG</i>	1B	New starts limited to 7 day supply
<b>Salicylates</b>			<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1B	
<i>aspirin CHEW</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(500 ml per fill retail)
<i>aspirin TABS 325 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>meperidine hcl TABS 50 MG</i>	1B	New starts limited to 7 days.; QL(6 ea daily)
<i>aspirin TBEC 81 MG</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)	<i>methadone hcl CONC</i>	1B	QL(10 ml daily)
<i>aspirin TBEC 325 MG</i>	1A		<i>methadone hcl SOLN IJ 10 MG/ML</i>	1B	
<i>diflunisal TABS</i>	1B		<i>methadone hcl SOLN OR 10 MG/5ML</i>	1B	QL(50 ml daily)
<i>salsalate</i>	1B		<i>methadone hcl SOLN OR 5 MG/5ML</i>	1B	QL(100 ml daily)
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>					
<b>Opioid Agonists</b>					
<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 10 MG, 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 IJ 0.5 MG/ML, 1 MG/ML</i>	1B	
<i>hydromorphone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)	<i>morphine sulfate SOLN OR 10 MG/5ML</i>	1B	New starts limited to 7 day supply; QL(100 ml daily)
<i>hydromorphone hcl TB24 32 MG</i>	1B	QL(1 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 8 MG, 12 MG, 16 MG</i>	1B	QL(2 ea daily); PA	<i>morphine sulfate TABS</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate TBCR</i>	1B	QL(2 ea daily)	<i>acetaminophen w/ codeine TABS 30 MG-300 MG</i>	1A	New starts limited to 7 day supply; QL(12 ea daily)
NUCYNTA ER TB12	2	QL(2 ea daily); PA	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1B	New starts limited to 7 day supply
NUCYNTA TABS	2	QL(6 ea daily); PA	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	New starts limited to 7 day supply; PA
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	3	QL(2 ea daily); PA	<i>butalbital-acetaminophen-cafeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1B	New starts limited to 7 day supply
<i>oxycodone hcl TABS</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)	<i>butalbital-acetaminophen-cafeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>oxymorphone hcl TABS</i>	1B	QL(12 ea daily); PA	<i>butalbital-aspirin-cafeine w/cod</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1B	QL(2 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)
<i>oxymorphone hcl TB12 40 MG</i>	1B	QL(4 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)
SUBSYS LIQD 100 MCG	3	QL(3 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 200 MCG, 400 MCG, 600 MCG	3	QL(4 ea daily); PA	<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1B	New starts limited to 7 day supply; QL(5 ea daily)
SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	3	QL(8 ea daily); PA	<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG</i>	1B	PA
<i>tramadol hcl TABS 50 MG</i>	1A	New starts limited to 7 day supply; QL(8 ea daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
<i>tramadol hcl TB24</i>	1B	QL(1 ea daily)			
XTAMPZA ER	2	QL(2 ea daily); PA			
<b>Opioid Combinations</b>					
<i>acetaminophen w/ codeine SOLN</i>	1A	New starts limited to 7 day supply; QL(75 ml daily)			
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)			
<i>acetaminophen w/ codeine TABS 15 MG-300 MG</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)			

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>tramadol-acetaminophen</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)
<b>Opioid Partial Agonists</b>		
BRIXADI SOSY	2	
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1A	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1A	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1A	QL(3 ea daily)
<i>buprenorphine hcl SOLN</i>	1B	
<i>buprenorphine hcl SUBL</i>	1A	QL(3 ea daily)
<i>buprenorphine PTWK</i>	1B	QL(0.143 ea daily); PA
<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1B	
<i>butorphanol tartrate NA 10 MG/ML</i>	1B	QL(0.34 ml daily); PA
<i>nalbuphine hcl</i>	1B	QL(8 ml daily)
<i>pentazocine w/ naloxone hcl</i>	1B	New starts limited to 7 day supply
SUBLOCADE SOSY	2	
SUBOXONE FILM SL 3 MG-12 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	2	QL(2 ea daily)
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	2	QL(3 ea daily)
ZUBSOLV SUBL	2	QL(3 ea daily)
<b>ANDROGENS-ANABOLIC - Drugs to Regulate</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Hormones</b>		
<b>Anabolic Steroids</b>		
<i>oxandrolone</i>	1B	
<b>Androgens</b>		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	QL(1 ea daily); PA
<i>danazol CAPS</i>	1B	
METHITEST TABS	3	
<i>testosterone cypionate SOLN IM</i>	1B	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1B	
<i>testosterone enanthate SOLN IM</i>	1B	
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
<i>budesonide (intrarectal)</i>	4	QL(1.6 gm daily); PA
<i>hydrocortisone (intrarectal)</i>	1B	
UCERIS ( <i>budesonide (intrarectal)</i> )	4	QL(1.6 gm daily); PA
<b>Rectal Steroids</b>		
<i>hydrocortisone (rectal) EX</i>	1B	RX/OTC
<i>hydrocortisone acetate (rectal)</i>	1B	
<b>Vasodilating Agents</b>		
<i>nitroglycerin (intra-anal)</i>	1B	QL(2 gm daily)
RECTIV ( <i>nitroglycerin (intra-anal)</i> )	3	QL(2 gm daily)
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
<i>albendazole</i>	1B	PA



Drug Name	Drug Tier	Requirements/Limits
EMVERM CHEW	2	QL(2 ea daily; 6 ea per fill retail; 6 per fill mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail
<i>ivermectin</i>	1B	QL(9 ea per fill retail; 9 per fill mail); 1 max fill(s) per 75 day(s) retail; 1 max fill(s) per 75 day(s) mail
<i>praziquantel</i>	1B	PA
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
Antianginals-Other		
<i>ranolazine TB12 1000 MG</i>	1B	QL(2 ea daily)
<i>ranolazine TB12 500 MG</i>	1B	QL(3 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 CPR</i>	1B	QL(4 ea daily)
<i>nitroglycerin PT24</i>	1B	
NITROGLYCERIN SOLN IV	1B	
<i>nitroglycerin SUBL</i>	1B	
<b>ANTIANGIETY AGENTS - Drugs to Treat Anxiety</b>		
Antianxiety Agents - Misc.		
<i>buspirone hcl 7.5 MG, 10 MG, 15 MG, 30 MG</i>	1B	
<i>buspirone hcl 5 MG</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	1B	
<i>hydroxyzine hcl SYRP</i>	1B	
<i>hydroxyzine hcl TABS</i>	1B	
<i>hydroxyzine pamoate CAPS</i>	1B	
<i>meprobamate</i>	1B	QL(6 ea daily)
<b>Benzodiazepines</b>		
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1A	QL(4 ea daily)
<i>alprazolam TABS 2 MG</i>	1B	QL(4 ea daily)
<i>alprazolam TB24</i>	1B	
<i>alprazolam TBDP</i>	1B	
<i>chlordiazepoxide hcl CAPS</i>	1B	
<i>clorazepate dipotassium TABS</i>	1B	
<i>diazepam CONC</i>	1B	
<i>diazepam SOLN OR 5 MG/5ML</i>	1B	
<i>diazepam TABS</i>	1A	QL(4 ea daily)
<i>lorazepam CONC</i>	1B	
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1A	QL(3 ea daily)
<i>lorazepam TABS 1 MG</i>	1A	QL(4 ea daily)
<i>oxazepam CAPS</i>	1B	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1B	
<i>procainamide hcl SOLN 500 MG/ML</i>	1B	
<i>quinidine sulfate TABS</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1B	
Antiarrhythmics Type I-C		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate</i>	1B		<i>ipratropium bromide SOLN 0.02 %</i>	1B	QL(15 ml daily)
<i>propafenone hcl CP12</i>	1B		SPIRIVA HANDIHALER CAPS ( <i>tiotropium bromide monohydrate</i> )	2	QL(1 ea daily)
<i>propafenone hcl TABS</i>	1B		SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
Antiarrhythmics Type III			<i>tiotropium bromide monohydrate CAPS</i>	1B	QL(1 ea daily)
<i>amiodarone hcl SOLN 50 MG/ML</i>	1B		Leukotriene Modulators		
<i>amiodarone hcl TABS</i>	1B		<i>montelukast sodium CHEW</i>	1B	QL(1 ea daily)
<i>dofetilide</i>	1B		<i>montelukast sodium PACK</i>	1B	QL(1 ea daily)
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>			<i>montelukast sodium TABS</i>	1B	QL(1 ea daily)
Antiasthmatic - Monoclonal Antibodies			<i>zafirlukast</i>	1B	QL(2 ea daily)
FASENRA PEN SOAJ	4	QL(0.036 ml daily); PA	<i>zileuton TB12</i>	1B	QL(4 ea daily)
FASENRA SOSY 30 MG/ML	4	QL(0.036 ml daily); PA	Selective Phosphodiesterase 4 (PDE4) Inhibitors		
NUCALA SOAJ	4	QL(0.1073 ml daily); PA	<i>roflumilast</i>	3	QL(1 ea daily)
NUCALA SOLR	4	QL(0.1073 ea daily); PA	Steroid Inhalants		
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ml daily); PA	ALVESCO	3	PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ml daily); PA	ARNUIITY ELLIPTA	2	
XOLAIR SOAJ 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA	<i>budesonide (inhalation) SUSP</i>	1B	QL(4 ml daily); PA
XOLAIR SOAJ 75 MG/0.5ML	4	QL(0.036 ml daily); PA	<i>fluticasone propionate (inhalation) AEPB</i>	1B	
XOLAIR SOLR	4	QL(0.286 ea daily); PA	<i>fluticasone propionate hfa</i>	1B	QL(0.8 gm daily)
XOLAIR SOSY 150 MG/ML, 300 MG/2ML	4	QL(0.286 ml daily); PA	PULMICORT FLEXHALER AEPB	2	
XOLAIR SOSY 75 MG/0.5ML	4	QL(0.036 ml daily); PA	QVAR REDIHALER	2	
Anti-Inflammatory Agents			Sympathomimetics		
<i>cromolyn sodium NEBU</i>	1B	QL(8 ml daily)	ADVAIR HFA AERO ( <i>fluticasone-salmeterol</i> )	1B	
Bronchodilators - Anticholinergics			<i>albuterol sulfate AERS</i>	1B	
ATROVENT HFA	3	QL(0.44 gm daily)	<i>albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML</i>	1B	
INCRUSE ELLIPTA	2	QL(1 ea daily)			

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML</i>	1B	QL(15 ml daily)
<i>albuterol sulfate SYRP</i>	1B	
<i>albuterol sulfate TABS</i>	1B	
ANORO ELLIPTA	2	QL(2 ea daily)
<i>arformoterol tartrate</i>	1B	QL(4 ml daily)
BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )	2	
BREO ELLIPTA	2	
BREZTRI AEROSPHERE	2	QL(0.38 gm daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1B	
DULERA	2	
<i>fluticasone furoate-vilanterol</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	
<i>fluticasone-salmeterol AERO</i>	1B	
<i>formoterol fumarate NEBU</i>	1B	QL(4 ml daily)
<i>ipratropium-albuterol SOLN</i>	1B	QL(18 ml daily)
<i>levalbuterol hcl 1.25 MG/0.5ML</i>	1B	
<i>levalbuterol hcl</i>	1B	QL(12 ml daily)
<i>levalbuterol tartrate</i>	1B	QL(0.5 gm daily)
SEREVENT DISKUS	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate SOLN</i>	1B	
<i>terbutaline sulfate TABS</i>	1B	
TRELEGY ELLIPTA	2	QL(2 ea daily)
<b>Xanthines</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>aminophylline SOLN</i>	1B	
<i>theophylline ELIX</i>	1B	
<i>theophylline SOLN</i>	1B	QL(56 ml daily)
<i>theophylline TB12</i>	1B	
<i>theophylline TB24</i>	1B	
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
<i>warfarin sodium TABS</i>	1B	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS STARTER PACK TBPK	2	QL(2.47 ea daily); 1 max fill(s) per 180 day(s) retail
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	1 max fill(s) per 365 day(s) retail
XARELTO SUSR	2	QL(900 ml per 30 day(s) retail; 900 ml per 30 days mail)
XARELTO TABS 2.5 MG, 15 MG	2	QL(2 ea daily)
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
<b>Heparins And Heparinoid-Like Agents</b>		
<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 60 MG/0.6ML</i>	4	QL(1.2 ml daily; 30 Day(s) limit); SP
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	4	QL(0.6 ml daily); SP
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	4	QL(2 ml daily)
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	4	QL(0.8 ml daily; 30 Day(s) limit); SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(7.2 ml per 180 day(s) retail; 7 ml per 180 days mail); SP	<i>clobazam TABS</i>	1B	QL(2 ea daily); PA
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	4	QL(5.4 ml per 180 day(s) retail; 5 ml per 180 days mail); SP	<i>clonazepam TABS</i>	1A	
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4.5 ml per 180 day(s) retail; 4 ml per 180 days mail); SP	<i>diazepam (anticonvulsant) GEL</i>	3	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3.6 ml per 180 day(s) retail; 4 ml per 180 days mail); SP	NAYZILAM	3	QL(10 ea per 30 day(s) retail); PA
FRAGMIN SOSY	4	SP; PA	<b>Anticonvulsants - Misc.</b>		
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1B		APTIOM	3	QL(2 ea daily); ST
HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML	1B		BANZEL TABS 200 MG ( <i>rufinamide</i> )	2	QL(2 ea daily); PA
<b>Thrombin Inhibitors</b>			BANZEL TABS 400 MG ( <i>rufinamide</i> )	2	QL(8 ea daily); PA
<i>dabigatran etexilate mesylate CAPS</i>	1B		BRIVIACT SOLN OR 10 MG/ML	3	QL(20 ml daily); PA
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>			BRIVIACT TABS	3	QL(2 ea daily); PA
<b>AMPA Glutamate Receptor Antagonists</b>			<i>carbamazepine CHEW</i>	1B	
FYCOMPA TABS 2 MG	3	QL(6 ea daily); PA	<i>carbamazepine CP12 300 MG</i>	1B	QL(4 ea daily)
FYCOMPA TABS 6 MG	3	QL(2 ea daily); PA	<i>carbamazepine CP12 200 MG</i>	1B	QL(6 ea daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); PA	<i>carbamazepine CP12 100 MG</i>	1B	
FYCOMPA TABS 4 MG	3	QL(3 ea daily); PA	<i>carbamazepine SUSP</i>	1B	
<b>Anticonvulsants - Benzodiazepines</b>			<i>carbamazepine TABS</i>	1B	
<i>clobazam SUSP</i>	1B	QL(16 ml daily); PA	<i>carbamazepine TB12 200 MG</i>	1B	QL(6 ea daily)
			<i>carbamazepine TB12 100 MG, 400 MG</i>	1B	QL(4 ea daily)
			DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA
			DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA
			DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA
			DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA
			EPIDIOLEX	3	PA



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin CAPS</i>	1B		<i>rufinamide TABS 200 MG</i>	1B	QL(2 ea daily); PA
<i>gabapentin SOLN</i>	1B	QL(60 ml daily)	<i>rufinamide TABS 400 MG</i>	1B	QL(8 ea daily); PA
<i>gabapentin TABS 600 MG, 800 MG</i>	1B		TEGRETOL SUSP ( <i>carbamazepine</i> )	2	
<i>lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1B	QL(40 ml daily)	TEGRETOL TABS ( <i>carbamazepine</i> )	2	
<i>lacosamide TABS</i>	1B	QL(2 ea daily)	<i>topiramate CPSP 15 MG</i>	1B	QL(6 ea daily)
<i>lamotrigine CHEW 25 MG</i>	1B	QL(20 ea daily)	<i>topiramate CPSP 25 MG</i>	1B	QL(8 ea daily)
<i>lamotrigine CHEW 5 MG</i>	1B	QL(100 ea daily)	<i>topiramate CS24</i>	3	PA
<i>lamotrigine TABS 25 MG</i>	1B	QL(20 ea daily)	<i>topiramate TABS 25 MG, 100 MG</i>	1B	QL(4 ea daily)
<i>lamotrigine TABS 100 MG</i>	1B	QL(5 ea daily)	<i>topiramate TABS 50 MG</i>	1B	QL(6 ea daily)
<i>lamotrigine TABS 200 MG</i>	1B	QL(2.5 ea daily)	<i>topiramate TABS 200 MG</i>	1B	QL(2 ea daily)
<i>lamotrigine TABS 150 MG</i>	1B	QL(4 ea daily)	<i>zonisamide CAPS</i>	1B	QL(6 ea daily)
<i>lamotrigine TBP</i>	1B	QL(1 ea daily)	<b>Carbamates</b>		
<i>levetiracetam SOLN IV 500 MG/5ML</i>	1B	QL(30 ml daily)	<i>felbamate SUSP</i>	1B	QL(30 ml daily)
<i>levetiracetam TABS 1000 MG</i>	1B	QL(3 ea daily)	<i>felbamate TABS 600 MG</i>	1B	QL(6 ea daily)
<i>levetiracetam TABS 500 MG</i>	1B	QL(6 ea daily)	<i>felbamate TABS 400 MG</i>	1B	QL(9 ea daily)
<i>levetiracetam TABS 250 MG, 750 MG</i>	1B	QL(4 ea daily)	<b>GABA Modulators</b>		
<i>levetiracetam TB24</i>	1B	QL(4 ea daily)	<i>tiagabine hcl</i>	1B	
<i>oxcarbazepine SUSP</i>	1B	QL(40 ml daily)	<i>vigabatrin PACK</i>	4	QL(6 ea daily); SP; PA
<i>oxcarbazepine TABS 600 MG</i>	1B	QL(4 ea 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)	<b>Hydantoins</b>		
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	QL(3 ea daily); PA	DILANTIN	2	
<i>pregabalin CAPS 225 MG, 300 MG</i>	3	QL(2 ea daily); PA	DILANTIN ( <i>phenytoin sodium extended</i> )	2	
<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA	DILANTIN INFATABS CHEW ( <i>phenytoin</i> )	2	
<i>primidone 50 MG, 250 MG</i>	1B	QL(8 ea daily)	DILANTIN-125 SUSP ( <i>phenytoin</i> )	2	
<i>rufinamide SUSP</i>	1B	QL(80 ml daily); PA	<i>fosphenytoin sodium</i>	1B	
			<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1B	
			<i>phenytoin sodium SOLN</i>	1B	
			<i>phenytoin CHEW</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin SUSP</i>	1B	
<b>Succinimides</b>		
CELONTIN ( <i>methsuximide</i> )	3	QL(4 ea daily)
<i>ethosuximide CAPS</i>	1B	QL(6 ea daily)
<i>ethosuximide SOLN</i>	1B	QL(30 ml daily)
<i>methsuximide</i>	1B	QL(4 ea daily)
ZARONTIN CAPS ( <i>ethosuximide</i> )	2	QL(6 ea daily)
<b>Valproic Acid</b>		
<i>divalproex sodium TB24</i>	1B	
<i>divalproex sodium TBEC</i>	1B	
<i>valproate sodium SOLN OR 250 MG/5ML</i>	1B	
<i>valproic acid CAPS</i>	1B	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	1B	QL(1 ea daily)
<i>mirtazapine TABS 30 MG</i>	1B	QL(1.5 ea daily)
<i>mirtazapine TABS 15 MG</i>	1B	QL(3 ea daily)
<i>mirtazapine TBDP 45 MG</i>	1B	QL(1 ea daily)
<i>mirtazapine TBDP 30 MG</i>	1B	QL(1.5 ea daily)
<i>mirtazapine TBDP 15 MG</i>	1B	QL(3 ea daily)
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl TABS</i>	1B	QL(3 ea daily)
<i>bupropion hcl TB12 150 MG</i>	1B	QL(3 ea daily)
<i>bupropion hcl TB12 200 MG</i>	1B	QL(2 ea daily)
<i>bupropion hcl TB12 100 MG</i>	1B	QL(4 ea daily)
<i>bupropion hcl TB24 300 MG</i>	1B	QL(1 ea daily)
<i>bupropion hcl TB24 150 MG</i>	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM	3	QL(1 ea daily)
MARPLAN	2	QL(6 ea daily)
<i>phenelzine sulfate</i>	1B	
<i>tranylcypromine sulfate</i>	1B	
<b>N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists</b>		
SPRAVATO 56MG DOSE	4	PA
SPRAVATO 84MG DOSE	4	PA
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
<i>citalopram hydrobromide SOLN</i>	1B	QL(20 ml daily)
<i>citalopram hydrobromide TABS 20 MG</i>	1B	QL(2 ea daily)
<i>citalopram hydrobromide TABS 10 MG</i>	1B	QL(4 ea daily)
<i>citalopram hydrobromide TABS 40 MG</i>	1B	QL(1 ea daily)
<i>escitalopram oxalate SOLN</i>	1B	QL(20 ml daily)
<i>escitalopram oxalate TABS 5 MG</i>	1B	QL(4 ea daily)
<i>escitalopram oxalate TABS 20 MG</i>	1B	QL(1 ea daily)
<i>escitalopram oxalate TABS 10 MG</i>	1B	QL(2 ea daily)
<i>fluoxetine hcl CAPS 10 MG</i>	1A	QL(1 ea daily)
<i>fluoxetine hcl CAPS 40 MG</i>	1B	QL(2 ea daily)
<i>fluoxetine hcl CAPS 20 MG</i>	1B	QL(3 ea daily)
<i>fluoxetine hcl CPDR</i>	1B	
<i>fluoxetine hcl SOLN</i>	1B	QL(20 ml daily)
<i>fluoxetine hcl TABS 10 MG, 60 MG</i>	1B	QL(1 ea daily)
<i>fluoxetine hcl TABS 20 MG</i>	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate</i> TABS 100 MG	1B	QL(3 ea daily)	FETZIMA TITRATION PACK C4PK	3	PA
<i>fluvoxamine maleate</i> TABS 25 MG, 50 MG	1B	QL(2 ea daily)	FETZIMA CP24	3	QL(1 ea daily); PA
<i>paroxetine hcl SUSP</i>	1B	QL(30 ml daily)	<i>venlafaxine hcl CP24 37.5 MG</i>	1B	QL(4 ea daily)
<i>paroxetine hcl TABS 40 MG</i>	1B	QL(1 ea daily)	<i>venlafaxine hcl CP24 150 MG</i>	1B	QL(2 ea daily)
<i>paroxetine hcl TABS 20 MG</i>	1B	QL(3 ea daily)	<i>venlafaxine hcl CP24 75 MG</i>	1B	QL(5 ea daily)
<i>paroxetine hcl TABS 10 MG</i>	1B	QL(6 ea daily)	<i>venlafaxine hcl TABS</i>	1B	QL(3 ea daily)
<i>paroxetine hcl TABS 30 MG</i>	1B	QL(2 ea daily)	<i>venlafaxine hcl TB24 150 MG</i>	1B	QL(2 ea daily)
<i>paroxetine hcl TB24 12.5 MG</i>	1B	QL(1 ea daily)	<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	1B	QL(1 ea daily)
<i>paroxetine hcl TB24 25 MG, 37.5 MG</i>	1B	QL(2 ea daily)	<b>Tricyclic Agents</b>		
<i>sertraline hcl CONC</i>	1B	QL(10 ml daily)	<i>amitriptyline hcl TABS</i>	1B	
<i>sertraline hcl TABS 25 MG, 50 MG</i>	1B	QL(4 ea daily)	<i>amoxapine</i>	1B	
<i>sertraline hcl TABS 100 MG</i>	1B	QL(2 ea daily)	<i>clomipramine hcl</i>	1B	
<b>Serotonin Modulators</b>			<i>desipramine hcl TABS</i>	1B	
<i>nefazodone hcl</i>	1B		<i>doxepin hcl CAPS</i>	1B	
<i>trazodone hcl TABS</i>	1B		<i>doxepin hcl CONC</i>	1B	
TRINTELLIX	3	QL(1 ea daily); PA	<i>imipramine hcl TABS</i>	1B	
VIIBRYD STARTER PACK KIT	3	1 package(s) per 180 day(s) retail	<i>imipramine pamoate</i>	1B	
<i>vilazodone hcl TABS</i>	1B	QL(1 ea daily)	NORPRAMIN TABS 10 MG, 25 MG ( <i>desipramine hcl</i> )	2	
<b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>			<i>nortriptyline hcl CAPS</i>	1B	
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1B	QL(1 ea daily)	<i>nortriptyline hcl SOLN</i>	1B	
<i>desvenlafaxine succinate 100 MG</i>	1B	QL(4 ea daily)	<i>protriptyline hcl</i>	1B	
<i>duloxetine hcl CPEP 40 MG</i>	1B		<i>trimipramine maleate CAPS</i>	1B	
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1B	QL(2 ea daily)	<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>					
<i>acarbose</i>				1B	QL(3 ea daily)
<i>miglitol</i>				1B	QL(3 ea daily)
<b>Antidiabetic Combinations</b>					
<i>alogliptin-metformin hcl</i>				1B	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG</i>	1B	QL(1 ea daily); PA	SYNJARDY XR TB24 1000 MG-25 MG	2	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	SYNJARDY TABS	2	QL(2 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 ea daily)	TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	2	QL(2 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 ea daily)	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	2	QL(1 ea daily)
<i>glipizide-metformin hcl 500 MG-5 MG</i>	1B	QL(4 ea daily)	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 ea daily)
<i>glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG</i>	1B	QL(2 ea daily)	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
<i>glyburide-metformin 250 MG-1.25 MG</i>	1B	QL(2 ea daily)	XULTOPHY 100/3.6	2	QL(0.5 ml daily); PA
<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1B	QL(4 ea daily)	<b>Biguanides</b>		
GLYXAMBI	2	QL(1 ea daily)	<i>metformin hcl TABS 500 MG</i>	1B	QL(5 ea daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)	<i>metformin hcl TABS 1000 MG</i>	1B	QL(2.5 ea daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)	<i>metformin hcl TABS 850 MG</i>	0	QL(3 ea daily)
JANUMET TABS	2	QL(2 ea daily)	<i>metformin hcl TB24 750 MG</i>	1B	QL(3 ea daily)
<i>pioglitazone hcl-glimepiride</i>	1B	QL(1 ea daily)	<i>metformin hcl TB24 500 MG</i>	1B	QL(4 ea daily)
<i>pioglitazone hcl-metformin hcl TABS</i>	1B	QL(2 ea daily)	<b>Diabetic Other</b>		
<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	1B	QL(2 ea daily)	<i>diazoxide</i>	3	
<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	1B	QL(1 ea daily)	<i>glucagon (rdna)</i>	1B	QL(0.035 ea daily)
SOLIQUA 100/33	2	QL(0.5 ml daily); PA	<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)	<i>alogliptin benzoate</i>	1B	QL(1 ea daily)
			JANUVIA	2	QL(1 ea daily)
			<i>saxagliptin hcl</i>	1B	QL(1 ea daily)
			<b>Incretin Mimetic Agents</b>		
			OZEMPIC SOPN 2 MG/1.5ML	2	QL(0.054 ml daily); PA
			OZEMPIC SOPN	2	QL(0.108 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RYBELSUS TABS	2	QL(1 ea daily); PA	NOVOLIN 70/30 SUSP	2	
TRULICITY 3 MG/0.5ML, 4.5 MG/0.5ML	2	QL(0.143 ml daily); PA	NOVOLIN N FLEXPEN SUPN	2	
TRULICITY 0.75 MG/0.5ML, 1.5 MG/0.5ML	2	QL(0.15 ml daily); PA	NOVOLIN N SUSP	2	
VICTOZA	2	QL(0.3 ml daily); PA	NOVOLIN R FLEXPEN SOPN IJ	2	
Insulin			NOVOLIN R SOLN IJ	2	
APIDRA SOLOSTAR SOPN	3	PA	Insulin Sensitizing Agents		
APIDRA SOLN	3	PA	<i>pioglitazone hcl</i>	1B	QL(1 ea daily)
BASAGLAR KWIKPEN SOPN	2		Meglitinide Analogues		
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(1.34 ml daily)	<i>nateglinide</i>	1B	QL(3 ea daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(1.34 ml daily)	<i>repaglinide 0.5 MG, 1 MG</i>	1B	QL(4 ea daily)
INSULIN ASPART FLEXPEN SOPN	1B		<i>repaglinide 2 MG</i>	1B	QL(8 ea daily)
INSULIN ASPART PENFILL SOCT	1B		Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	1B		<i>dapagliflozin propanediol</i>	2	QL(1 ea daily)
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	1B		FARXIGA	2	QL(1 ea daily)
INSULIN ASPART SOLN IJ	1B		FARXIGA	2	QL(1 ea daily)
INSULIN DEGLUDEC FLEXTOUCH SOPN	2		JARDIANCE	2	QL(1 ea daily)
INSULIN DEGLUDEC SOLN	2		Sulfonylureas		
LEVEMIR FLEXPEN SOPN	3	PA	<i>glimepiride 4 MG</i>	1B	QL(2 ea daily)
LEVEMIR FLEXTOUCH SOPN	3	PA	<i>glimepiride 1 MG, 2 MG</i>	1B	QL(4 ea daily)
LEVEMIR SOLN	3	PA	<i>glipizide TABS 5 MG, 10 MG</i>	1B	QL(4 ea daily)
NOVOLIN 70/30 FLEXPEN SUPN	2		<i>glipizide TB24</i>	1B	QL(2 ea daily)
			<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1B	QL(4 ea daily)
			<i>glyburide TABS</i>	1B	QL(4 ea daily)
			<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
			Antiperistaltic Agents		
			<i>diphenoxylate w/ atropine LIQD</i>	1B	
			<i>diphenoxylate w/ atropine TABS</i>	1B	
			<i>loperamide hcl CAPS</i>	1B	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MOTOFEN	3	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	SP; PA
<i>deferasirox TBSO</i>	4	SP; PA
<i>deferiprone TABS 500 MG</i>	1B	
Antidotes and Specific Antagonists		
VISTOGARD	4	PA
Benzodiazepine Antagonists		
<i>flumazenil</i>	1A	
Opioid Antagonists		
KLOXXADO LIQD	0	
<i>naloxone hcl LIQD</i>	0	RX/OTC
<i>naloxone hcl SOCT</i>	1A	
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	0	
<i>naloxone hcl SOSY</i>	0	
<i>naltrexone hcl</i>	1A	
VIVITROL	2	
ZIMHI SOSY	2	
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	QL(0.167 ea daily); PA
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1B	
<i>granisetron hcl TABS</i>	1B	QL(0.34 ea daily)
<i>ondansetron hcl SOLN IJ 4 MG/2ML</i>	1B	
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1B	QL(3.34 ml daily)
<i>ondansetron hcl SOSY</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl TABS 8 MG</i>	1B	QL(3 ea daily; 45 ea per fill retail; 45 per fill mail)
<i>ondansetron hcl TABS 4 MG</i>	1B	QL(4 ea daily; 60 ea per fill retail; 60 per fill mail)
<i>ondansetron hcl TABS 24 MG</i>	1B	QL(0.143 ea daily)
<i>ondansetron TBDP 4 MG</i>	1B	QL(1 ea daily)
<i>ondansetron TBDP 8 MG</i>	1B	
<i>palonosetron hcl SOLN</i>	1B	
Antiemetics - Anticholinergic		
<i>meclizine hcl TABS 12.5 MG</i>	1A	RX/OTC
<i>meclizine hcl TABS 25 MG</i>	1B	RX/OTC
<i>scopolamine</i>	1B	QL(0.34 ea daily)
<i>trimethobenzamide hcl CAPS</i>	1B	
Antiemetics - Miscellaneous		
AKYNZEO	3	PA
<i>doxylamine-pyridoxine TBEC</i>	1B	QL(4 ea daily); 3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail; PA
<i>dronabinol CAPS</i>	1B	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS 80 MG</i>	1B	QL(0.134 ea daily); PA
<i>aprepitant CAPS 40 MG, 125 MG</i>	1B	QL(0.067 ea daily); PA
<i>aprepitant CAPS</i>	1B	PA
<i>aprepitant MISC</i>	1B	PA
VARUBI TBPK	3	PA
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Antifungal - Glucan Synthesis Inhibitors</b>		
<i>caspofungin acetate</i>	1B	
ERAXIS	3	
<i>micafungin sodium</i>	1B	PA
<b>Antifungals</b>		
ABELCET	3	
<i>amphotericin b IV</i>	3	
<i>amphotericin b liposome</i>	3	
<i>flucytosine</i>	1B	
<i>griseofulvin microsize SUSP</i>	1B	AL(At least 2 yrs old)
<i>griseofulvin microsize TABS</i>	1B	
<i>griseofulvin ultramicrosize</i>	1B	
<i>nystatin TABS</i>	1B	
<i>terbinafine hcl TABS</i>	1B	QL(1 ea daily)
<b>Imidazole-Related Antifungals</b>		
CRESEMBA CAPS 186 MG	3	PA
<i>fluconazole SUSR</i>	1B	
<i>fluconazole TABS</i>	1B	
<i>itraconazole CAPS</i>	1B	QL(4 ea daily); PA
<i>itraconazole SOLN</i>	1B	QL(20 ml daily); PA
<i>ketoconazole</i>	1B	
NOXAFIL SUSP ( <i>posaconazole</i> )	3	QL(20 ml daily)
<i>posaconazole SUSP</i>	1B	QL(20 ml daily)
TOLSURA CAPS	4	PA
<i>voriconazole TABS</i>	1B	QL(4 ea daily)
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		
<i>dexchlorpheniramine maleate SOLN</i>	1B	
<b>Antihistamines - Ethanolamines</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>carbinoxamine maleate SOLN</i>	1B	
<i>carbinoxamine maleate TABS 4 MG</i>	1B	
<i>clemastine fumarate SYRP</i>	1B	
<i>clemastine fumarate TABS 2.68 MG</i>	1B	
<i>diphenhydramine hcl CAPS 50 MG</i>	1A	
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1B	
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	1B	
<b>Antihistamines - Non-Sedating</b>		
<i>cetirizine hcl TABS</i>	1A	QL(1 ea daily)
<i>desloratadine TABS</i>	1B	QL(1 ea daily)
<i>desloratadine TBDP 2.5 MG</i>	1B	QL(1 ea daily)
<i>levocetirizine dihydrochloride SOLN</i>	1B	QL(10 ml daily); RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	1B	QL(1 ea daily); RX/OTC
<i>loratadine CAPS</i>	1B	
<i>loratadine CHEW</i>	1B	
<i>loratadine SOLN</i>	1B	
<i>loratadine TABS</i>	1A	
<i>loratadine TBDP</i>	1B	
<b>Antihistamines - Phenothiazines</b>		
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1B	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1B	QL(6 ea daily)
<i>promethazine hcl SUPP 50 MG</i>	1B	
<i>promethazine hcl TABS</i>	1B	
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl SYRP</i>	1B	
<i>cyproheptadine hcl TABS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1B	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl 1 GM</i>	1B	QL(4 ea daily); PA
<i>omega-3-acid ethyl esters</i>	1B	QL(4 ea daily)
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1B	QL(6 ea daily)
<i>cholestyramine light POWD</i>	1B	QL(24 gm daily)
<i>cholestyramine PACK</i>	1B	QL(6 ea daily)
<i>cholestyramine POWD</i>	1B	QL(25.2 gm daily)
<i>colesevelam hcl PACK</i>	1B	QL(1 ea daily); PA
<i>colesevelam hcl TABS</i>	1B	QL(7 ea daily)
<i>colestipol hcl GRAN</i>	1B	QL(6 gm daily)
<i>colestipol hcl PACK</i>	1B	QL(6 ea daily)
<i>colestipol hcl TABS</i>	1B	QL(16 ea daily)
Fibric Acid Derivatives		
<i>choline fenofibrate</i>	1B	QL(1 ea daily)
<i>fenofibrate micronized 43 MG, 67 MG, 130 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)
<i>fluvastatin sodium CAPS 20 MG</i>	1B	QL(1 ea daily)
<i>fluvastatin sodium CAPS 40 MG</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin TABS 10 MG, 20 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
<i>lovastatin TABS 40 MG</i>	1B	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
<i>pravastatin sodium</i>	1B	QL(1 ea daily)
<i>rosuvastatin calcium TABS</i>	3	QL(1 ea daily)
<i>simvastatin TABS</i>	1B	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1B	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1B	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(0.25 ml daily); PA
REPATHA SURECLICK SOAJ	4	QL(0.0714 ml daily); PA
REPATHA SOSY	4	QL(0.0714 ml daily); PA
<b>ANTHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
ACE Inhibitors		
<i>benazepril hcl</i>	1B	
<i>captopril 25 MG, 50 MG, 100 MG</i>	1B	QL(3 ea daily)
<i>captopril 12.5 MG</i>	1B	
<i>enalapril maleate TABS</i>	1B	
<i>fosinopril sodium</i>	1B	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1B	
<i>moexipril hcl</i>	1B	QL(2 ea daily)



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine 4 MG</i>	1B		<i>amlodipine-valsartan-hydrochlorothiazide</i>	3	
<i>perindopril erbumine 2 MG, 8 MG</i>	1B	QL(2 ea daily)	<i>atenolol &amp; chlorthalidone</i>	1B	
<i>quinapril hcl 5 MG, 10 MG</i>	1B	QL(2 ea daily)	<i>benazepril &amp; hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG</i>	1B	QL(1 ea daily)
<i>quinapril hcl 20 MG, 40 MG</i>	1B		<i>benazepril &amp; hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG</i>	1B	
<i>ramipril CAPS</i>	1B		<i>bisoprolol &amp; hydrochlorothiazide</i>	1B	QL(2 ea daily)
<i>trandolapril 1 MG, 2 MG</i>	1B	QL(1 ea daily)	<i>candesartan cilexetil-hydrochlorothiazide</i>	1B	
<i>trandolapril 4 MG</i>	1B	QL(2 ea daily)	<i>enalapril maleate &amp; hydrochlorothiazide 12.5 MG-5 MG</i>	1B	QL(2 ea daily)
<b>Agents for Pheochromocytoma</b>			<i>enalapril maleate &amp; hydrochlorothiazide 25 MG-10 MG</i>	1B	
<i>phenoxybenzamine hcl</i>	3	PA	<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1B	QL(1 ea daily)
<b>Angiotensin II Receptor Antagonists</b>			<i>irbesartan-hydrochlorothiazide</i>	1B	
<i>candesartan cilexetil</i>	1B	QL(1 ea daily)	<i>lisinopril &amp; hydrochlorothiazide</i>	1B	
EDARBI	3	QL(1 ea daily); ST	<i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG</i>	1B	QL(1 ea daily)
<i>irbesartan</i>	1B	QL(1 ea daily)	<i>losartan potassium &amp; hydrochlorothiazide 12.5 MG-50 MG</i>	1B	QL(2 ea daily)
<i>losartan potassium</i>	1B	QL(1 ea daily)	<i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-50 MG</i>	1B	QL(1 ea daily)
<i>olmesartan medoxomil</i>	1B	QL(1 ea daily)	<i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG</i>	1B	
<i>telmisartan</i>	1B	QL(1 ea daily)	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1B	ST
<i>valsartan TABS</i>	1B	QL(1 ea daily)			
<b>Antiadrenergic Antihypertensives</b>					
<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				
<b>Antihypertensive Combinations</b>					
<i>amlodipine besylate-benazepril hcl</i>	1B				
<i>amlodipine besylate-olmesartan medoxomil</i>	1B	ST			
<i>amlodipine besylate-valsartan</i>	1B	QL(1 ea daily)			

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1B	
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1B	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1B	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1B	QL(2 ea daily)
<i>telmisartan-amlodipine</i>	1B	QL(1 ea daily)
<i>telmisartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
<i>trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG</i>	3	QL(1 ea daily)
<i>trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG</i>	3	
<i>valsartan-hydrochlorothiazide</i>	1B	QL(1 ea daily)
<b>Antihypertensives - Misc.</b>		
VECAMYL	3	PA
<b>Direct Renin Inhibitors</b>		
<i>aliskiren fumarate</i>	1B	QL(1 ea daily)
<b>Selective Aldosterone Receptor Antagonists (SARAs)</b>		
<i>eplerenone</i>	1B	
<b>Vasodilators</b>		
<i>hydralazine hcl SOLN</i>	1B	
<i>hydralazine hcl TABS</i>	1B	
<i>minoxidil 2.5 MG, 10 MG</i>	1B	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
<i>bacitracin</i>	3	

Drug Name	Drug Tier	Requirements/Limits
IMPAVIDO	3	QL(3 ea daily); PA
<i>metronidazole TABS</i>	1B	
<i>trimethoprim TABS</i>	1B	
XIFAXAN 550 MG	3	QL(3 ea daily); AL(At least 12 yrs old); PA
XIFAXAN 200 MG	3	QL(3 ea daily); 9 ea per 3 day(s) retail; 9 ea per 3 days mail); AL(At least 12 yrs old); PA
<b>Anti-infective Misc. - Combinations</b>		
<i>sulfamethoxazole-trimethoprim SOLN</i>	1B	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1B	
<i>sulfamethoxazole-trimethoprim TABS</i>	1A	
<b>Antiprotozoal Agents</b>		
ALINIA SUSR	2	PA
<i>atovaquone</i>	1B	
<i>nitazoxanide TABS</i>	1B	PA
<b>Carbapenems</b>		
<i>ertapenem sodium IJ</i>	1B	
<i>imipenem-cilastatin IV</i>	1B	
<i>meropenem</i>	1B	
<b>Chloramphenicols</b>		
<i>chloramphenicol sodium succinate</i>	4	SP; PA
<b>Cyclic Lipopeptides</b>		
<i>daptomycin 500 MG</i>	1B	
<b>Glycopeptides</b>		
<i>vancomycin hcl CAPS</i>	1B	QL(4 ea daily; 40 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1B	QL(300 ml per fill retail)
<i>vancomycin hcl SOLR IV 1 GM, 10 GM, 500 MG, 1000 MG</i>	1B	
<b>Leprostatics</b>		
<i>dapsone</i>	1B	
<b>Lincosamides</b>		
<i>clindamycin hcl</i>	1B	
<i>clindamycin palmitate hydrochloride</i>	1B	
<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	1B	
<i>lincomycin hcl</i>	1B	
<b>Monobactams</b>		
<i>aztreonam 1 GM</i>	1B	
CAYSTON	4	QL(3 ml daily); PA
<b>Oxazolidinones</b>		
<i>linezolid SUSR</i>	1B	
<i>linezolid TABS</i>	1B	QL(2 ea daily); PA
SIVEXTRO TABS	3	PA
<b>Polymyxins</b>		
<i>polymyxin b sulfate SOLR</i>	1B	
<b>Urinary Anti-infectives</b>		
<i>fosfomicin tromethamine</i>	1B	
<i>methenamine hippurate</i>	1B	
<i>nitrofurantoin</i>	1B	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1B	
<i>nitrofurantoin monohyd macro</i>	1B	

**ANTIMALARIALS - Drugs to Treat Malaria**

Drug Name	Drug Tier	Requirements/Limits
<b>(Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail; 12 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COARTEM	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 ea per fill retail; 24 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<b>Antimalarials</b>		
<i>chloroquine phosphate TABS 500 MG</i>	1B	
<i>chloroquine phosphate TABS 250 MG</i>	1B	QL(3 ea daily)
<i>hydroxychloroquine sulfate 200 MG</i>	1B	QL(3 ea daily)
<i>hydroxychloroquine sulfate 400 MG</i>	1B	QL(1 ea daily)
<i>hydroxychloroquine sulfate 100 MG</i>	1B	QL(4 ea daily)
KRINTAFEL	3	QL(2 ea per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
<i>mefloquine hcl</i>	1B	Covered for malaria treatment only. Limit 1 fill every 180 days.; QL(5 ea daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>primaquine phosphate TABS</i>	3	
<i>pyrimethamine</i>	1B	QL(3 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1B	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	PA
<i>neostigmine methylsulfate SOSY</i>	3	PA
<i>pyridostigmine bromide SOLN OR</i>	1B	
<i>pyridostigmine bromide TABS 60 MG</i>	1B	
<i>pyridostigmine bromide TBCR</i>	1B	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	1B	QL(4 ea daily)
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin SOLR</i>	1B	
SIRTURO	3	PA
TRECTOR	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
<i>cyclophosphamide CAPS</i>	1B	PA
<i>cyclophosphamide SOLR IJ</i>	4	SP; PA
GLEOSTINE 10 MG	4	SP; PA
GLEOSTINE 40 MG, 100 MG	4	PA
<i>ifosfamide SOLN 1 GM/20ML</i>	4	SP; PA
<i>ifosfamide SOLR</i>	4	SP; PA
LEUKERAN	4	SP; PA
<i>melfhalan</i>	1B	
<i>melfhalan hcl IV</i>	1B	
MYLERAN TABS	4	SP; PA
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	4	SP; PA
TEMODAR SOLR	4	SP; PA
<i>temozolomide CAPS</i>	4	SP; PA
<i>thiotepa 15 MG</i>	4	SP; PA
ZANOSAR	4	SP; PA
Antimetabolites		
<i>azacitidine SUSR</i>	4	SP; PA
<i>capecitabine</i>	4	SP; PA
<i>clofarabine</i>	4	SP; PA
<i>cytarabine SOLN</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>decitabine</i>	4	SP; PA	LENVIMA 8 MG DAILY DOSE	4	QL(2 ea daily); PA
<i>floxuridine</i>	4	SP; PA	MVASI	4	PA
<i>fludarabine phosphate SOLN</i>	4	SP; PA	ZALTRAP 100 MG/4ML	4	SP; PA
<i>fludarabine phosphate SOLR</i>	4	SP; PA	ZIRABEV	4	PA
<i>fluorouracil 500 MG/10ML</i>	4	SP; PA	<b>Antineoplastic - Antibodies</b>		
<i>gemcitabine hcl SOLR 2 GM, 200 MG</i>	4	SP; PA	ADCETRIS	4	SP; PA
<i>mercaptopurine TABS</i>	1B		ARZERRA	4	SP; PA
<i>methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML</i>	1B		RUXIENCE	4	PA
<i>methotrexate sodium SOLR</i>	1B	SP	TRUXIMA	4	PA
<i>methotrexate sodium TABS 2.5 MG</i>	1B	SP	YERVOY	4	SP; PA
<i>nelarabine</i>	4	SP; PA	<b>Antineoplastic - Anti-HER2 Agents</b>		
<i>pemetrexed disodium SOLR 500 MG</i>	4	SP; PA	KANJINTI	4	PA
<i>pralatrexate 20 MG/ML</i>	4	SP; PA	OGIVRI	4	PA
TABLOID	4	SP; PA	PERJETA	4	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	4	SP; PA	TRAZIMERA	4	PA
<b>Antineoplastic - Angiogenesis Inhibitors</b>			TUKYSA	4	PA
INLYTA	4	QL(2 ea daily); SP; PA	<b>Antineoplastic - EGFR Inhibitors</b>		
LENVIMA 10 MG DAILY DOSE	4	QL(1 ea daily); PA	ERBITUX	4	SP; PA
LENVIMA 12MG DAILY DOSE	4	QL(3 ea daily); PA	<i>erlotinib hcl</i>	4	QL(1 ea daily); SP; PA
LENVIMA 14 MG DAILY DOSE	4	QL(2 ea daily); PA	<i>gefitinib</i>	4	QL(2 ea daily); PA
LENVIMA 18 MG DAILY DOSE	4	QL(3 ea daily); PA	GILOTRIF	4	QL(1 ea daily); PA
LENVIMA 20 MG DAILY DOSE	4	QL(2 ea daily); PA	IRESSA ( <i>gefitinib</i> )	4	QL(2 ea daily); PA
LENVIMA 24 MG DAILY DOSE	4	QL(3 ea daily); PA	TAGRISO 40 MG	4	QL(2 ea daily); PA
LENVIMA 4 MG DAILY DOSE	4	QL(1 ea daily); PA	TAGRISO 80 MG	4	QL(1 ea daily); PA
			VECTIBIX 100 MG/5ML	4	SP; PA
			VIZIMPRO	4	QL(1 ea daily); PA
			<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
			DAURISMO	4	PA
			ERIVEDGE	4	QL(1 ea daily); SP; PA
			ODOMZO	4	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Antineoplastic - Hormonal and Related Agents</b>			<i>tamoxifen citrate TABS</i>	0	
<i>abiraterone acetate 250 MG</i>	4	QL(4 ea daily); SP; PA	<i>toremifene citrate</i>	1B	
<i>abiraterone acetate 500 MG</i>	4	QL(2 ea daily); PA	TRELSTAR MIXJECT	4	SP; PA
<i>anastrozole</i>	1B	QL(1 ea daily)	XTANDI CAPS	4	QL(4 ea daily); SP; PA
<i>bicalutamide</i>	1B	QL(1 ea daily); SP	XTANDI TABS 40 MG	4	QL(4 ea daily); PA
ELIGARD SC 22.5 MG, 30 MG, 45 MG	4	SP; PA	XTANDI TABS 80 MG	4	QL(2 ea daily); PA
ELIGARD KIT SC 7.5 MG	4	QL(0.0089 ea daily); SP; PA	YONSA	4	QL(4 ea daily); PA
EMCYT	4	SP; PA	ZOLADEX 3.6 MG	4	QL(0.0357 ea daily); SP; PA
ERLEADA 240 MG	4	QL(1 ea daily); PA	ZOLADEX 10.8 MG	4	QL(0.0119 ea daily); SP; PA
ERLEADA 60 MG	4	QL(4 ea daily); PA	<b>Antineoplastic - Immunomodulators</b>		
<i>exemestane</i>	4	QL(1 ea daily); SP	POMALYST	4	QL(1 ea daily); PA
FIRMAGON	4	QL(0.143 ea daily); SP; PA	<b>Antineoplastic - PDGFR-alpha Inhibitors</b>		
<i>flutamide</i>	4	QL(6 ea daily); SP; PA	AYVAKIT	4	QL(1 ea daily); PA
<i>fulvestrant SOSY</i>	4	QL(0.357 ml daily); SP; PA	AYVAKIT	4	QL(1 ea daily); PA
<i>letrozole</i>	1B		<b>Antineoplastic - XPO1 Inhibitors</b>		
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	4	SP; PA	XPOVIO	4	PA
LUPRON DEPOT (1-MONTH) KIT IM	4	QL(0.0357 ea daily); SP; PA	XPOVIO 60 MG TWICE WEEKLY	4	PA
LUPRON DEPOT (3-MONTH) KIT IM	4	SP; PA	XPOVIO 80 MG TWICE WEEKLY	4	PA
LUPRON DEPOT (4-MONTH) IM	4	QL(0.1339 ea daily); SP; PA	<b>Antineoplastic Antibiotics</b>		
LUPRON DEPOT (6-MONTH) IM	4	QL(0.0089 ea daily); SP; PA	<i>bleomycin sulfate 15 UNIT</i>	4	SP; PA
LYSODREN	4	SP; PA	<i>dactinomycin</i>	4	SP; PA
<i>megestrol acetate SUSP</i>	1B		<i>doxorubicin hcl liposomal</i>	4	SP; PA
<i>megestrol acetate TABS</i>	1B		<i>doxorubicin hcl SOLN</i>	4	SP; PA
<i>nilutamide</i>	1B	QL(2 ea daily)	<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	4	SP; PA
NUBEQA	4	QL(4 ea daily); PA	<i>idarubicin hcl 20 MG/20ML</i>	4	PA
<i>tamoxifen citrate TABS</i>	0		<i>idarubicin hcl 5 MG/5ML, 10 MG/10ML</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>mitomycin SOLR IV 20 MG</i>	4	SP; PA	<i>everolimus TABS</i>	4	QL(1 ea daily); SP; PA
<i>mitoxantrone hcl 2 MG/ML</i>	4	SP; PA	IBRANCE CAPS	4	QL(1 ea daily); PA
<i>valrubicin</i>	4	SP; PA	IBRANCE TABS	4	QL(1 ea daily); PA
Antineoplastic Combinations			ICLUSIG	4	QL(1 ea daily); PA
KISQALI FEMARA 200 DOSE	4	PA	<i>imatinib mesylate</i>	4	QL(2 ea daily); SP; PA
KISQALI FEMARA 400 DOSE	4	PA	IMBRUVICA CAPS 140 MG	4	QL(3 ea daily); PA
KISQALI FEMARA 600 DOSE	4	PA	IMBRUVICA CAPS 70 MG	4	QL(1 ea daily); PA
Antineoplastic Enzyme Inhibitors			IMBRUVICA SUSP	4	QL(8 ml daily); PA
ALECENSA	4	QL(4 ea daily); PA	IMBRUVICA TABS	4	QL(1 ea daily); PA
ALUNBRIG TABS	4	QL(1 ea daily); PA	INREBIC	4	PA
ALUNBRIG TBPk	4	QL(1 ea daily); PA	JAKAFI	4	QL(2 ea daily); SP; PA
BALVERSA	4	PA	KISQALI	4	PA
<i>bortezomib SOLR IJ</i>	4	SP; PA	KOSELUGO	4	PA
BORTEZOMIB SOLR IV 3.5 MG	4	PA	KYPROLIS	4	PA
BOSULIF TABS 400 MG	4	QL(1 ea daily); PA	<i>lapatinib ditosylate</i>	4	QL(6 ea daily); SP; PA
BOSULIF TABS 100 MG, 500 MG	4	QL(1 ea daily); SP; PA	LORBRENA	4	QL(1 ea daily); PA
BRAFTOVI 75 MG	4	SP; PA	LYNPARZA TABS	4	QL(4 ea daily); PA
BRUKINSA	4	PA	MEKINIST TABS	4	PA
CABOMETYX TABS	4	QL(1 ea daily); PA	MEKTOVI	4	SP; PA
CALQUENCE	4	QL(2 ea daily); PA	NINLARO	4	QL(0.143 ea daily); PA
CALQUENCE	4	QL(2 ea daily); PA	<i>pazopanib hcl</i>	4	QL(4 ea daily); SP; PA
CAPRELSA	4	QL(1 ea daily); SP; PA	PEMAZYRE	4	QL(1 ea daily); PA
COMETRIQ KIT	4	QL(3 ea daily); SP; PA	PIQRAY 200MG DAILY DOSE	4	PA
COMETRIQ KIT	4	QL(2 ea daily); SP; PA	PIQRAY 250MG DAILY DOSE	4	PA
COMETRIQ KIT	4	QL(4 ea daily); SP; PA	PIQRAY 300MG DAILY DOSE	4	PA
COPIKTRA	4	PA	QINLOCK	4	PA

Drug Name	Drug Tier	Requirements/Limits
RETEVMO	4	PA
<i>romidepsin SOLR</i>	4	SP; PA
ROZLYTREK CAPS	4	PA
RUBRACA	4	QL(4 ea daily); PA
SCEMBLIX 20 MG	4	QL(2 ea daily); PA
SCEMBLIX 40 MG	4	QL(10 ea daily); PA
<i>sorafenib tosylate</i>	4	QL(4 ea daily); SP; PA
SPRYCEL	4	QL(1 ea daily); SP; PA
STIVARGA	4	QL(4 ea daily); SP; PA
<i>sunitinib malate 12.5 MG, 25 MG, 50 MG</i>	4	QL(1 ea daily); SP; PA
<i>sunitinib malate 37.5 MG</i>	4	QL(1 ea daily); PA
TABRECTA	4	PA
TAFINLAR CAPS	4	PA
TALZENNA	4	QL(1 ea daily); PA
TALZENNA	4	QL(1 ea daily); PA
TASIGNA 50 MG	4	QL(4 ea daily); PA
TASIGNA 150 MG, 200 MG	4	QL(4 ea daily); SP; PA
TAZVERIK	4	PA
<i>temsirolimus</i>	4	QL(0.143 ml daily); SP; PA
TIBSOVO	4	PA
TURALIO	4	PA
TURALIO	4	PA
VERZENIO	4	PA
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VOTRIENT ( <i>pazopanib hcl</i> )	4	QL(4 ea daily); SP; PA
XALKORI CAPS	4	QL(2 ea daily); SP; PA
XOSPATA	4	PA

Drug Name	Drug Tier	Requirements/Limits
ZEJULA CAPS	4	QL(3 ea daily); PA
ZELBORAF	4	SP; PA
ZOLINZA	4	QL(4 ea daily); SP; PA
ZYDELIG	4	QL(2 ea daily); PA
Antineoplastic Enzymes		
ONCASPAR	4	SP; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
<i>arsenic trioxide 10 MG/10ML</i>	4	SP; PA
<i>bexarotene</i>	4	SP; PA
<i>dacarbazine SOLR 200 MG</i>	4	SP; PA
<i>hydroxyurea</i>	1B	
INTRON A SOLR 18000000 UNIT	4	SP; PA
MATULANE	4	SP; PA
NIPENT	4	SP; PA
PHOTOFRIN	4	SP; PA
PROLEUKIN	4	SP; PA
SYNRIBO	4	SP; PA
<i>tretinoin (chemotherapy)</i>	1B	
UVADEX	4	SP; PA
Chemotherapy Adjuncts		
KEPIVANCE 6.25 MG	4	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium SOLR</i>	1B	
<i>leucovorin calcium TABS</i>	1B	
VORAXAZE	4	SP; PA
Mitotic Inhibitors		
<i>docetaxel CONC 20 MG/ML</i>	4	SP; PA
<i>docetaxel SOLN 20 MG/2ML</i>	4	SP; PA



Drug Name	Drug Tier	Requirements/Limits
<i>eribulin mesylate</i>	4	SP; PA
ETOPOPHOS	4	SP; PA
<i>etoposide CAPS</i>	4	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	4	SP; PA
HALAVEN ( <i>eribulin mesylate</i> )	4	SP; PA
IXEMPRA KIT 15 MG	4	SP; PA
JEVTANA	4	SP; PA
<i>paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML</i>	4	SP; PA
<i>paclitaxel protein-bound particles</i>	4	SP; PA
<i>vincristine sulfate</i>	4	SP; PA
<i>vinorelbine tartrate 10 MG/ML</i>	4	SP; PA
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
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1B	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	1B	
<i>benztropine mesylate TABS</i>	1B	
<i>trihexyphenidyl hcl SOLN</i>	1B	
<i>trihexyphenidyl hcl TABS</i>	1B	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1B	QL(8 ea daily)
<i>tolcapone</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1B	
<i>amantadine hcl SOLN</i>	1B	
<i>amantadine hcl TABS</i>	1B	
<i>apomorphine hydrochloride SOCT</i>	4	PA
<i>bromocriptine mesylate CAPS</i>	1B	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1B	
<i>carbidopa-levodopa-entacapone</i>	1B	
<i>carbidopa-levodopa TABS</i>	1B	
<i>carbidopa-levodopa TBCR</i>	1B	
<i>carbidopa-levodopa TBDP</i>	1B	
NEUPRO	2	
<i>pramipexole dihydrochloride TABS 0.125 MG</i>	1B	QL(4 ea daily)
<i>pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	1B	
<i>ropinirole hydrochloride TABS</i>	1B	
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	1B	QL(1 ea daily); ST
<i>ropinirole hydrochloride TB24 8 MG, 12 MG</i>	1B	QL(2 ea daily); ST
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1B	QL(1 ea daily); PA
<i>selegiline hcl CAPS</i>	1B	
<i>selegiline hcl TABS</i>	1B	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
Antimanic Agents		
<i>lithium</i>	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate CAPS</i>	1B		<i>haloperidol TABS 20 MG</i>	1B	QL(5 ea daily)
<i>lithium carbonate TABS</i>	1B		<b>Dibenzapines</b>		
<i>lithium carbonate TBCR</i>	1B		<i>asenapine maleate 2.5 MG</i>	1B	QL(4 ea daily); PA
<b>Antipsychotics - Misc.</b>			<i>asenapine maleate 5 MG, 10 MG</i>	1B	QL(2 ea daily); PA
EQUETRO 100 MG	3	QL(2 ea daily); ST	<i>clozapine TABS 100 MG</i>	1B	QL(9 ea daily)
EQUETRO 200 MG	3	QL(8 ea daily); ST	<i>clozapine TABS 200 MG</i>	1B	QL(4 ea daily)
EQUETRO 300 MG	3	QL(4 ea daily); ST	<i>clozapine TABS 25 MG, 50 MG</i>	1B	QL(3 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 200 MG</i>	1B	QL(4 ea daily)
<i>ziprasidone hcl</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)	<i>clozapine TBDP 25 MG</i>	1B	QL(3 ea daily)
<b>Benzisoxazoles</b>			<i>clozapine TBDP 12.5 MG, 150 MG</i>	1B	QL(6 ea daily)
FANAPT	2	QL(2 ea daily); PA	<i>loxapine succinate</i>	1B	
FANAPT TITRATION PACK	2	PA	<i>olanzapine SOLR</i>	1B	QL(0.215 ea daily)
<i>paliperidone 1.5 MG, 3 MG, 9 MG</i>	1B	QL(1 ea daily)	<i>olanzapine TABS 2.5 MG, 5 MG</i>	1B	QL(4 ea daily)
<i>paliperidone 6 MG</i>	1B	QL(2 ea daily)	<i>olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1B	QL(2 ea daily)
PERSERIS PRSY	2	QL(0.072 ea daily); PA	<i>olanzapine TBDP 5 MG, 10 MG, 15 MG</i>	1B	QL(2 ea daily)
RISPERDAL CONSTA ( <i>risperidone microspheres</i> )	2	QL(0.072 ea daily); PA	<i>olanzapine TBDP 20 MG</i>	1B	QL(1 ea daily)
<i>risperidone microspheres</i>	1B	QL(0.072 ea daily); PA	<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	1B	QL(4 ea daily); AL(At least 10 yrs old)
<i>risperidone SOLN</i>	1B	QL(8 ml daily)	<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1B	QL(2 ea daily); AL(At least 10 yrs old)
<i>risperidone TABS</i>	1B	QL(4 ea daily)	<i>quetiapine fumarate TB24 300 MG, 400 MG</i>	1B	QL(2 ea daily)
<i>risperidone TBDP</i>	1B	QL(4 ea daily)	<i>quetiapine fumarate TB24 50 MG, 150 MG, 200 MG</i>	1B	QL(1 ea daily)
<b>Butyrophenones</b>			<b>Phenothiazines</b>		
<i>haloperidol decanoate</i>	1B	QL(0.036 ml daily)	<i>chlorpromazine hcl SOLN</i>	3	
<i>haloperidol lactate CONC</i>	1B		<i>chlorpromazine hcl TABS</i>	1B	
<i>haloperidol lactate SOLN</i>	1B		<i>fluphenazine hcl CONC</i>	1B	QL(8 ml daily)
<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	1B	QL(6 ea daily)	<i>fluphenazine hcl ELIX</i>	1B	QL(78.9 ml daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl SOLN</i>	1B		<i>efavirenz CAPS 50 MG</i>	1B	QL(3 ea daily)
<i>fluphenazine hcl TABS</i>	1B	QL(4 ea daily)	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>perphenazine TABS</i>	1B		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1B	QL(1 ea daily)
<i>prochlorperazine</i>	1B		<i>efavirenz TABS</i>	1B	QL(1 ea daily)
<i>prochlorperazine maleate TABS</i>	1B		<i>emtricitabine CAPS</i>	1B	QL(1 ea daily)
<i>thioridazine hcl</i>	1B		<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	0	QL(1 ea daily)
<i>trifluoperazine hcl TABS</i>	1B		<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1B	QL(1 ea daily)
Quinolinone Derivatives			EMTRIVA SOLN	3	QL(24 ml daily)
<i>aripiprazole SOLN OR</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)	<i>etravirine 100 MG</i>	1B	QL(4 ea daily)
<i>aripiprazole TABS</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)	<i>etravirine 200 MG</i>	1B	QL(2 ea daily)
REXULTI	3	PA	EVOTAZ	3	QL(1 ea daily)
Thioxanthenes			<i>fosamprenavir calcium TABS</i>	1B	QL(4 ea daily)
<i>thiothixene</i>	1B		FUZEON SOLR	4	SP; PA
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>			GENVOYA	3	QL(1 ea daily)
Antiretrovirals			INTELENCE 25 MG	3	QL(8 ea daily)
<i>abacavir sulfate-lamivudine</i>	1B	QL(1 ea daily)	ISENTRESS HD TABS	3	QL(2 ea daily)
<i>abacavir sulfate SOLN</i>	1B	QL(32 ml daily)	ISENTRESS CHEW	3	QL(6 ea daily)
<i>abacavir sulfate TABS</i>	1B	QL(2 ea daily)	ISENTRESS TABS	3	QL(2 ea daily)
APTIVUS CAPS	3	QL(4 ea daily)	JULUCA	3	QL(1 ea daily)
<i>atazanavir sulfate CAPS 150 MG, 300 MG</i>	1B	QL(1 ea daily)	<i>lamivudine SOLN</i>	1B	QL(30 ml daily)
<i>atazanavir sulfate CAPS 200 MG</i>	1B	QL(2 ea daily)	<i>lamivudine TABS 300 MG</i>	1B	QL(1 ea daily)
BIKTARVY	3	QL(1 ea daily)	<i>lamivudine TABS 150 MG</i>	1B	QL(2 ea daily)
CIMDUO	3	QL(1 ea daily); ST	<i>lamivudine-zidovudine</i>	1B	QL(2 ea daily)
COMPLERA	3	QL(1 ea daily)	LEXIVA SUSP	3	QL(56 ml daily)
<i>darunavir TABS 800 MG</i>	3	QL(1 ea daily)	<i>lopinavir-ritonavir SOLN</i>	1B	QL(12.5 ml daily)
<i>darunavir TABS 600 MG</i>	3	QL(2 ea daily)	<i>lopinavir-ritonavir TABS</i>	1B	QL(4 ea daily)
DELSTRIGO	3	QL(1 ea daily)	<i>maraviroc TABS 150 MG</i>	1B	QL(2 ea daily)
DOVATO	3	QL(1 ea daily)	<i>maraviroc TABS 300 MG</i>	1B	QL(4 ea daily)
EDURANT	3	QL(1 ea daily)	<i>nevirapine SUSP</i>	1B	QL(40 ml daily)
<i>efavirenz CAPS 200 MG</i>	1B	QL(2 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine TABS</i>	1B	QL(2 ea daily)	<i>zidovudine TABS</i>	1B	QL(2 ea daily)
<i>nevirapine TB24 100 MG</i>	1B	QL(3 ea daily)	CMV Agents		
<i>nevirapine TB24 400 MG</i>	1B	QL(1 ea daily)	<i>cidofovir</i>	3	
NORVIR CAPS	2	QL(12 ea daily)	<i>ganciclovir sodium SOLR</i>	1B	
NORVIR PACK	3	QL(12 ea daily)	<i>valganciclovir hcl TABS</i>	1B	QL(4 ea daily); PA
NORVIR SOLN	3	QL(15 ml daily)	Hepatitis Agents		
ODEFSEY	3	QL(1 ea daily)	<i>adefovir dipivoxil</i>	4	QL(1 ea daily); SP; PA
PIFELTRO	3	QL(1 ea daily)	BARACLUDE SOLN	4	QL(20 ml daily); SP; PA
PREZCOBIX	3	QL(1 ea daily)	<i>entecavir TABS</i>	4	QL(1 ea daily); SP; PA
PREZISTA SUSP	3	QL(12 ml daily)	EPIVIR HBV SOLN	4	QL(60 ml daily); SP; PA
PREZISTA TABS 75 MG, 150 MG, 600 MG	3	QL(2 ea daily)	<i>lamivudine (hcv) TABS</i>	1B	QL(3 ea daily); SP
PREZISTA TABS 800 MG ( <i>darunavir</i> )	3	QL(1 ea daily)	MAVYRET TABS	4	QL(3 ea daily); PA
PREZISTA TABS ( <i>darunavir</i> )	3	QL(2 ea daily)	PEGASYS SOLN	4	QL(0.0714 ml daily); SP; PA
RETROVIR IV INFUSION SOLN	3		PEGASYS SOSY	4	QL(0.072 ml daily); PA
<i>ritonavir TABS</i>	1B	QL(12 ea daily)	<i>ribavirin (hepatitis c) CAPS</i>	1B	QL(7 ea daily)
RUKOBIA	4	PA	<i>ribavirin (hepatitis c) TABS 200 MG</i>	1B	QL(7 ea daily)
SELZENTRY SOLN	3	QL(30 ml daily)	SOFOSBUVIR/VELPATA SVIR TABS	1B	QL(1 ea daily); PA
SELZENTRY TABS 25 MG, 75 MG	3	QL(2 ea daily)	SOVALDI TABS 400 MG	4	QL(1 ea daily); SP; PA
<i>stavudine CAPS</i>	1B	QL(2 ea daily)	VEMLIDY	4	QL(1 ea daily); SP; PA
STRIBILD	3	QL(1 ea daily)	VIEKIRA PAK TBPB	4	QL(1 ea daily); PA
<i>tenofovir disoproxil fumarate TABS</i>	1B		VOSEVI	4	QL(1 ea daily); PA
TIVICAY TABS	3	QL(2 ea daily)	ZEPATIER	4	QL(1 ea daily); PA
TRIUMEQ TABS	3	QL(1 ea daily)	Herpes Agents		
TRIZIVIR	3	QL(2 ea daily)	<i>acyclovir CAPS</i>	1A	QL(5 ea daily); 50 ea per fill retail; 50 per fill mail)
TYBOST	3	QL(1 ea daily)			
VIRACEPT TABS 625 MG	3	QL(4 ea daily)			
VIRACEPT TABS 250 MG	3	QL(10 ea daily)			
VIREAD POWD	3	QL(7.5 gm daily)			
VIREAD TABS 150 MG, 200 MG, 250 MG	3	QL(1 ea daily)			
<i>zidovudine CAPS</i>	1B	QL(6 ea daily)			
<i>zidovudine SYRP</i>	1B	QL(60 ml daily)			

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir SUSP</i>	1B	QL(13.34 ml daily)
<i>acyclovir TABS OR</i>	1B	QL(5 ea daily)
<i>famciclovir 125 MG, 250 MG</i>	1B	QL(3 ea daily)
<i>famciclovir 500 MG</i>	1B	QL(4 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1B	QL(4 ea daily)
<i>valacyclovir hcl 500 MG</i>	1B	QL(2 ea daily)
<b>Influenza Agents</b>		
<i>oseltamivir phosphate CAPS</i>	1B	Limit 1 fill every 90 days.; QL(10 ea per fill retail; 10 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>oseltamivir phosphate SUSR</i>	1B	Limit 1 fill every 90 days.; QL(125 ml per fill retail); 1 max fill(s) per 90 day(s) retail
RELENZA DISKHALER	2	1 package(s) per 30 day(s) retail
<i>rimantadine hydrochloride TABS</i>	1B	QL(2 ea daily)
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol</i>	1B	
<i>carvedilol phosphate</i>	3	QL(1 ea daily)
<i>labetalol hcl SOLN</i>	1B	
<i>labetalol hcl TABS 300 MG</i>	1B	QL(8 ea daily)
<i>labetalol hcl TABS 100 MG, 200 MG</i>	1B	
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl CAPS</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol TABS</i>	1B	
<i>betaxolol hcl</i>	1B	
<i>bisoprolol fumarate</i>	1B	
<i>metoprolol succinate TB24 200 MG</i>	1B	QL(2 ea daily)
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1B	
<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1B	
<i>metoprolol tartrate TABS 25 MG, 50 MG, 100 MG</i>	1B	
<i>nebivolol hcl 2.5 MG, 5 MG, 10 MG</i>	3	QL(1 ea daily)
<i>nebivolol hcl 20 MG</i>	3	QL(2 ea daily)
<b>Beta Blockers Non-Selective</b>		
HEMANGEOL SOLN OR	4	QL(75 ml daily); PA
<i>nadolol TABS 40 MG</i>	1B	QL(6 ea daily)
<i>nadolol TABS 20 MG</i>	1B	QL(3 ea daily)
<i>nadolol TABS 80 MG</i>	1B	
<i>pindolol TABS</i>	1B	
<i>propranolol hcl CP24</i>	1B	QL(2 ea daily)
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1B	
<i>propranolol hcl TABS</i>	1B	
<i>sotalol hcl (afib/afl)</i>	1B	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1B	QL(2 ea daily)
<i>sotalol hcl TABS 240 MG</i>	1B	
<i>timolol maleate TABS</i>	1B	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
<i>amlodipine besylate TABS</i>	1B	
<i>diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads CP24 180 MG, 240 MG</i>	1B	QL(2 ea daily)
<i>diltiazem hcl extended release beads</i>	1B	
<i>diltiazem hcl CP12</i>	1B	QL(2 ea daily)
<i>diltiazem hcl CP24</i>	1B	
<i>diltiazem hcl SOLN 50 MG/10ML</i>	1B	
DILTIAZEM HCL SOLR	1B	
<i>diltiazem hcl TABS</i>	1B	
<i>diltiazem hcl TB24</i>	1B	
<i>felodipine</i>	1B	
<i>isradipine CAPS</i>	1B	
<i>nicardipine hcl CAPS</i>	1B	
<i>nicardipine hcl SOLN</i>	1B	
<i>nifedipine CAPS 20 MG</i>	1B	QL(9 ea daily)
<i>nifedipine CAPS 10 MG</i>	1B	
<i>nifedipine TB24</i>	1B	
<i>nifedipine TB24 60 MG</i>	1B	QL(2 ea daily)
<i>nifedipine TB24 90 MG</i>	1B	QL(1 ea daily)
<i>nimodipine CAPS</i>	1B	
<i>nisoldipine</i>	1B	
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	1B	
<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	
<i>verapamil hcl TABS</i>	1B	
<i>verapamil hcl TBCR</i>	1B	
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
Cardiac Glycosides		
<i>digoxin SOLN OR 0.05 MG/ML</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1B	
LANOXIN SOLN IJ ( <i>digoxin</i> )	2	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG ( <i>digoxin</i> )	2	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1B	QL(1 ea daily)
<i>isosorbide dinitrate-hydralazine hcl</i>	1B	
Impotence Agents		
<i>sildenafil citrate</i>	1B	QL(0.1334 ea daily); PA
STENDRA	3	QL(0.134 ea daily)
<i>tadalafil 5 MG</i>	1B	BPH Only; QL(1 ea daily); PA
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	4	PA
ORENITRAM TBCR	4	PA
<i>treprostinil SOLN IJ</i>	4	SP; PA
TYVASO REFILL SOLN IN	4	PA
TYVASO STARTER SOLN IN	4	PA
TYVASO SOLN IN	4	PA
VENTAVIS 10 MCG/ML	4	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	4	QL(1 ea daily); SP; PA
<i>bosentan TABS 62.5 MG</i>	4	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>bosentan TABS 125 MG</i>	4	QL(2 ea daily); SP; PA
OPSUMIT	4	QL(1 ea daily); PA
TRACLEER TBSO	4	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	4	QL(37.5 ml daily); SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	QL(6 ml daily); PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	4	QL(3 ea daily); SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 ea daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPB	4	1 max fill(s) per 180 day(s) retail; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
UPTRAVI TABS 200 MCG	4	PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	QL(3 ea daily); PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ml daily); PA
CORLANOR TABS	3	QL(2 ea daily); PA
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
VYNDAQEL	4	QL(4 ea daily); PA
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1B	
<i>cefadroxil SUSR</i>	1B	
<i>cefadroxil TABS</i>	1B	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	1B	
<i>cephalexin CAPS</i>	1B	
<i>cephalexin SUSR</i>	1B	
Cephalosporins - 2nd Generation		
<i>cefaclor CAPS</i>	1B	
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1B	
<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	
<i>cefixime SUSR</i>	1B	ST
<i>cefotaxime sodium IJ 1 GM, 2 GM</i>	1B	
<i>cefpodoxime proxetil SUSR</i>	1B	
<i>cefpodoxime proxetil TABS</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ceftazidime IJ 1 GM, 6 GM</i>	1B		NATAZIA	0	
<i>ceftriaxone sodium IJ 250 MG</i>	1A		NEXTSTELLIS	0	
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 500 MG</i>	1B		<i>norethin acet &amp; estrad-fe CAPS</i>	0	
Cephalosporins - 4th Generation			<i>norethin acet &amp; estrad-fe CHEW</i>	0	
<i>cefepime hcl SOLR IV 2 GM</i>	1B		<i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0	
Cephalosporins - 5th Generation			<i>norethindrone &amp; eth estradiol</i>	0	
TEFLARO	3		<i>norethindrone &amp; ethinyl estradiol-fe</i>	0	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>					
Combination Contraceptives - Oral					
BALCOLTRA ( <i>levonorgestrel-ethinyl estradiol-iron</i> )	0		<i>norethindrone acet &amp; eth estra</i>	0	
<i>desogestrel &amp; ethinyl estradiol</i>	0		<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	0		<i>norethindrone-eth estradiol (triphasic)</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	0		<i>norgestimate-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0		<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0		<i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>	0	
<i>ethynodiol diacet &amp; eth estrad</i>	0		TYBLUME CHEW	0	
<i>levonorgestrel &amp; eth estradiol TABS</i>	0		Combination Contraceptives - Transdermal		
<i>levonorgestrel-eth estradiol (triphasic)</i>	0		<i>norelgestromin-ethinyl estradiol</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0		TWIRLA	0	QL(3 ea per 28 day(s) retail)
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0		Combination Contraceptives - Vaginal		
<i>levonorgestrel-ethinyl estradiol-iron</i>	0		ANNOVERA	0	
LO LOESTRIN FE TABS	0		<i>etonogestrel-ethinyl estradiol</i>	0	QL(0.05 ea daily)
Emergency Contraceptives					
			ELLA	0	
			<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Progestin Contraceptives - Injectable</b>			EMFLAZA TABS (deflazacort)	4	PA
DEPO-SUBQ PROVERA 104 SUSY SC	0		hydrocortisone TABS	1B	
medroxyprogesterone acetate (contraceptive) SUSP IM	0	QL(1 ml per 90 day(s) retail)	MEDROL TABS	3	
medroxyprogesterone acetate (contraceptive) SUSY IM	0	QL(90 Day(s) limit ; 1 ml per 90 day(s) retail)	methylprednisolone acetate SUSP	1B	
<b>Progestin Contraceptives - Oral</b>			methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	1B	
norethindrone (contraceptive)	0		methylprednisolone TABS	1B	
OPILL	0		methylprednisolone TBPK	1B	
SLYND	0	QL(1 ea daily)	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML	1B	
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>			prednisolone sodium phosphate TBDP	3	
<b>Glucocorticosteroids</b>			prednisolone SOLN	1B	
budesonide CPEP	1B	QL(3 ea daily)	prednisolone TABS	1B	
CORTISONE ACETATE TABS	1B		prednisone SOLN	1B	
deflazacort SUSP	4	PA	prednisone TABS 1 MG, 5 MG	1B	
deflazacort TABS	4	PA	prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG	1A	
DEPO-MEDROL SUSP	3		prednisone TBPK	1B	
DEXAMETHASONE INTENSOL CONC	1B		SOLU-CORTEF 250 MG	3	
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	1B		SOLU-CORTEF 100 MG, 500 MG, 1000 MG	3	2 max fill(s) per 30 day(s) retail
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	1B		SOLU-MEDROL 2 GM	3	
dexamethasone ELIX	1B		triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML	1B	
dexamethasone SOLN	1B		<b>Mineralocorticoids</b>		
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	1B		fludrocortisone acetate TABS	1B	
dexamethasone TABS 0.5 MG, 0.75 MG	1A		<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
EMFLAZA SUSP	4	PA	<b>Antitussives</b>		
			benzonatate 150 MG	1B	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>benzonatate 200 MG</i>	1B	QL(3 ea daily)	<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 LIQD 4 %, 7 %, 10 %</i>	1B	AL(At least 12 yrs old)
Cough/Cold/Allergy Combinations			<i>clindamycin phosphate (topical) FOAM</i>	1B	AL(At least 12 yrs old); PA
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1B		<i>clindamycin phosphate (topical) GEL</i>	1B	QL(8 gm daily); AL(At least 12 yrs old)
TUZISTRA XR	2	PA	<i>clindamycin phosphate (topical) LOTN</i>	1B	AL(At least 12 yrs old)
Misc. Respiratory Inhalants			<i>clindamycin phosphate (topical) SOLN</i>	1B	QL(4 ml daily); AL(At least 12 yrs old)
HYPERSAL NEBU	1B		<i>clindamycin phosphate (topical) SWAB</i>	1B	AL(At least 12 yrs old)
NEBUSAL NEBU	1B		<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1B	AL(At least 12 yrs old); PA
<i>sodium chloride (inhalant) NEBU 7 %</i>	1B		<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1B	AL(At least 12 yrs old); PA
Mucolytics			<i>clindamycin phosphate-tretinoin</i>	1B	AL(At least 12 yrs old); ST
<i>acetylcysteine SOLN</i>	1B		DIFFERIN LOTN	2	AL(At least 12 yrs old); ST
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>			<i>erythromycin (acne aid) PADS</i>	1B	AL(At least 12 yrs old)
Acne Products			<i>erythromycin (acne aid) SOLN</i>	1B	AL(At least 12 yrs old)
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1B	AL(At least 12 yrs old); ST	<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	AL(At least 12 yrs old); PA
<i>adapalene CREA</i>	1B	AL(At least 12 yrs old); ST	PR BENZOYL PEROXIDE WASH LIQD	2	AL(At least 12 yrs old); RX/OTC
<i>adapalene GEL</i>	1B	AL(At least 12 yrs old); ST; RX/OTC	<i>sulfacetamide sodium (acne)</i>	1B	AL(At least 12 yrs old)
AZELEX	3	QL(50 gm per 30 day(s) retail; 50 gm per 30 days mail); AL(At least 12 yrs old); ST	<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1B	AL(At least 12 yrs old)
BENZEPRO CREAMY WASH LIQD	2	AL(At least 12 yrs old); RX/OTC	<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide-erythromycin GEL</i>	1B	AL(At least 12 yrs old); PA	<i>sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %</i>	1B	AL(At least 12 yrs old); ST
<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	1B	AL(At least 12 yrs old); RX/OTC			
<i>benzoyl peroxide GEL 10 %</i>	1B	AL(At least 12 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	1B	AL(At least 12 yrs old)	<i>clotrimazole (topical) SOLN</i>	1B	QL(10 ml daily); RX/OTC
<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 w/ betamethasone CREA</i>	1B	QL(8 gm daily)
<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 w/ betamethasone LOTN</i>	1B	
<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>econazole nitrate CREA</i>	1B	QL(85 gm per fill retail; 85 per fill mail)
<b>Agents for External Genital and Perianal Warts</b>			ERTACZO	3	QL(2.15 gm daily)
VEREGEN	3	QL(1 gm daily)	<i>ketoconazole (topical) CREA</i>	1B	QL(10 gm daily)
<b>Antibiotics - Topical</b>			<i>ketoconazole (topical) SHAM 2 %</i>	1B	QL(20 ml daily)
ALTABAX	2	QL(15 gm per 30 day(s) retail; 15 gm per 30 days mail)	<i>luliconazole</i>	1B	PA
<i>gentamicin sulfate (topical) CREA</i>	1B	QL(1 gm daily)	<i>naftifine hcl CREA 2 %</i>	1B	QL(2 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>gentamicin sulfate (topical) OINT</i>	1B		<i>naftifine hcl CREA 1 %</i>	1B	QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>mupirocin OINT</i>	1B	QL(6 gm daily)	<i>nystatin (topical) CREA</i>	1B	QL(10 gm daily)
NEO-SYNALAR	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); PA	<i>nystatin (topical) OINT</i>	1B	QL(6 gm daily)
<b>Antifungals - Topical</b>			<i>nystatin (topical) POWD EX</i>	1B	QL(10 gm daily)
<i>butenafine hcl</i>	1B	QL(6 gm daily); RX/OTC	<i>nystatin-triamcinolone CREA</i>	1B	QL(10 gm daily)
<i>ciclopirox olamine CREA</i>	1B		<i>nystatin-triamcinolone OINT</i>	1B	QL(4 gm daily)
<i>ciclopirox olamine SUSP</i>	1B		<i>oxiconazole nitrate CREA</i>	1B	Limit 1 Fill per 180 days; QL(3 gm daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>ciclopirox GEL</i>	1B	QL(3.35 gm daily)			
<i>ciclopirox SHAM</i>	1B	QL(10 ml daily)			
<i>ciclopirox SOLN</i>	1B	QL(0.22 ml daily)			
<i>clotrimazole (topical) CREA</i>	1B	QL(4.5 gm daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
OXISTAT LOTN	2	Limit 1 Fill per 180 days; QL(2 ml daily); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>sulconazole nitrate CREA</i>	1B	
<i>sulconazole nitrate SOLN</i>	1B	1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>tavaborole</i>	1B	PA
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine PTCH EX</i>	1B	QL(2 ea daily); PA
<i>diclofenac sodium (topical) GEL EX</i>	1B	QL(3.34 gm daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	4	SP; PA
<i>diclofenac sodium (actinic keratoses) EX</i>	1B	QL(3.34 gm daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1B	QL(4 gm daily)
<i>fluorouracil (topical) SOLN</i>	1B	QL(2 ml daily)
PANRETIN	3	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)
Antipruritics - Topical		
<i>doxepin hcl (antipruritic)</i>	3	Limit 1 fill every 180 days; QL(45 gm per fill retail; 45 per fill mail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
Antipsoriatics		
<i>acitretin 10 MG, 17.5 MG</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>acitretin 25 MG</i>	1B	QL(2 ea daily)
<i>calcipotriene CREA</i>	1B	QL(4 gm daily); PA
<i>calcipotriene OINT</i>	1B	QL(4 gm daily); PA
<i>calcipotriene SOLN</i>	1B	QL(4 ml daily); PA
<i>calcitriol (topical)</i>	1B	QL(3.34 gm daily)
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ml daily); PA
COSENTYX UNOREADY SOAJ	4	QL(0.072 ml daily); PA
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ml daily); PA
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ml daily); PA
COSENTYX SOSY 150 MG/ML	4	QL(0.072 ml daily); PA
<i>methoxsalen rapid</i>	1B	QL(4 ea daily)
SKYRIZI PEN SOAJ	4	QL(0.025 ml daily); PA
SKYRIZI PSKT	4	QL(0.025 ea daily); PA
SKYRIZI SOSY	4	QL(0.025 ml daily); PA
STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ml daily); PA
STELARA SOSY 90 MG/ML	4	QL(0.018 ml daily); SP; PA
STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ml daily); PA
<i>tazarotene CREA</i>	1B	QL(1 gm daily)
TREMFYA SOPN	4	QL(0.018 ml daily); PA
TREMFYA SOSY	4	QL(0.018 ml daily); PA
Antiseborrheic Products		
<i>selenium sulfide LOTN 2.5 %</i>	1B	
Antivirals - Topical		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir topical CREA</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail	<i>betamethasone dipropionate augmented OINT</i>	1B	QL(3.5 gm daily)
<i>acyclovir topical OINT</i>	1B	1 package(s) per fill retail; 1 package(s) per fill mail	<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)
<b>Burn Products</b>			<i>betamethasone valerate LOTN</i>	1B	QL(5 ml daily)
<i>mafenide acetate PACK</i>	3		<i>betamethasone valerate OINT</i>	1B	QL(3 gm daily)
<i>silver sulfadiazine</i>	1B	QL(20 gm daily)	<i>calcipotriene-betamethasone dipropionate OINT</i>	1B	ST
SULFAMYLON CREA	3		<i>calcipotriene-betamethasone dipropionate SUSP</i>	1B	ST
<b>Corticosteroids - Topical</b>			<i>clobetasol propionate emollient base 0.05 %</i>	1B	QL(1 gm daily); PA
<i>alclometasone dipropionate CREA</i>	1B	QL(2 gm daily)	<i>clobetasol propionate CREA 0.05 %</i>	1B	QL(3 gm daily); PA
<i>alclometasone dipropionate OINT</i>	1B	QL(3 gm daily)	<i>clobetasol propionate FOAM</i>	1B	QL(3 gm daily); ST
<i>amcinonide CREA</i>	1B	QL(60 gm per fill retail; 60 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail	<i>clobetasol propionate GEL 0.05 %</i>	1B	QL(2 gm daily); ST
<i>amcinonide LOTN</i>	3		<i>clobetasol propionate OINT 0.05 %</i>	1B	QL(1 gm daily); PA
<i>amcinonide OINT</i>	3		<i>clobetasol propionate SOLN 0.05 %</i>	1B	QL(3.34 ml daily); PA
<i>betamethasone dipropionate (topical) CREA</i>	1B	QL(3 gm daily)	<i>clocortolone pivalate</i>	3	QL(3 gm daily)
<i>betamethasone dipropionate (topical) LOTN</i>	1B		CORDRAN TAPE	3	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
<i>betamethasone dipropionate (topical) OINT</i>	1B	QL(3 gm daily)	<i>desonide CREA</i>	1B	QL(4 gm daily)
<i>betamethasone dipropionate augmented CREA</i>	1B	QL(3.5 gm daily)	<i>desonide LOTN</i>	1B	QL(4 ml daily)
<i>betamethasone dipropionate augmented LOTN</i>	1B	QL(5 ml daily)	<i>desonide OINT</i>	1B	QL(3 gm daily)
			<i>desoximetasone CREA 0.25 %</i>	1B	QL(4 gm daily)
			<i>desoximetasone GEL</i>	1B	QL(3 gm daily)
			<i>desoximetasone OINT 0.25 %</i>	1B	QL(4 gm daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diflorasone diacetate</i> CREA	1B	PA	<i>hydrocortisone (topical)</i> OINT 1 %, 2.5 %	1B	QL(15.15 gm daily); RX/OTC
<i>diflorasone diacetate</i> OINT	1B	PA	<i>hydrocortisone butyrate</i> CREA	1B	QL(3 gm daily)
<i>fluocinolone acetonide</i> CREA 0.01 %	1B		<i>hydrocortisone butyrate</i> OINT	1B	QL(3 gm daily)
<i>fluocinolone acetonide</i> CREA 0.025 %	1B	QL(4 gm daily)	<i>hydrocortisone butyrate</i> SOLN	1B	QL(5 ml daily)
<i>fluocinolone acetonide</i> OIL	1B	QL(8 ml daily)	<i>hydrocortisone valerate</i> CREA	1B	
<i>fluocinolone acetonide</i> OINT	1B	QL(4 gm daily)	<i>hydrocortisone valerate</i> OINT	1B	
<i>fluocinolone acetonide</i> SOLN	1B	QL(4 ml daily)	<i>mometasone furoate</i> CREA	1B	QL(3 gm daily)
<i>fluocinonide emulsified base</i>	1B	QL(2 gm daily)	<i>mometasone furoate</i> OINT	1B	QL(4 gm daily)
<i>fluocinonide</i> CREA 0.05 %	1B	QL(2 gm daily)	<i>mometasone furoate</i> SOLN	1B	QL(5 ml daily)
<i>fluocinonide</i> CREA 0.1 %	1B	QL(4 gm daily)	<i>prednicarbate</i> OINT	1B	
<i>fluocinonide</i> GEL	1B		<i>triamcinolone acetonide (topical)</i> CREA 0.5 %	1B	QL(5 gm daily)
<i>fluocinonide</i> OINT	1B	QL(2 gm daily)	<i>triamcinolone acetonide (topical)</i> CREA 0.025 %	1B	QL(15.15 gm daily)
<i>fluocinonide</i> SOLN	1B	QL(2 ml daily)	<i>triamcinolone acetonide (topical)</i> CREA 0.1 %	1B	QL(3.34 gm daily)
<i>flurandrenolide</i> CREA	2	QL(2 gm daily)	<i>triamcinolone acetonide (topical)</i> LOTN 0.025 %	1B	
<i>flurandrenolide</i> LOTN	2	QL(2 ml daily)	<i>triamcinolone acetonide (topical)</i> LOTN 0.1 %	1B	QL(6 ml daily)
<i>fluticasone propionate</i> CREA 0.05 %	1B	QL(4 gm daily)	<i>triamcinolone acetonide (topical)</i> OINT 0.025 %, 0.1 %	1B	QL(15.15 gm daily)
<i>fluticasone propionate</i> LOTN	1B	QL(6 ml daily)	<i>triamcinolone acetonide (topical)</i> OINT 0.5 %	1B	QL(6 gm daily)
<i>fluticasone propionate</i> OINT	1B	QL(4 gm daily)	<b>Eczema Agents</b>		
<i>halcinonide</i> CREA	1B	PA	DUPIXENT SOPN 200 MG/1.14ML	4	QL(0.082 ml daily); PA
<i>halobetasol propionate</i> CREA	1B	QL(3.5 gm daily)	DUPIXENT SOPN 300 MG/2ML	4	QL(0.29 ml daily); PA
<i>halobetasol propionate</i> OINT	1B	QL(3.5 gm daily)	DUPIXENT SOSY 100 MG/0.67ML	4	QL(0.048 ml daily); PA
HALOG OINT	3	PA			
<i>hydrocortisone (topical)</i> CREA 1 %, 2.5 %	1B	QL(15.15 gm daily); RX/OTC			
<i>hydrocortisone (topical)</i> LOTN 2.5 %	1B				

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ml daily); PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ml daily); PA
<b>Emollients</b>		
<i>lactic acid (ammonium lactate) CREA</i>	1B	QL(12.9 gm daily); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1B	RX/OTC
<b>Enzymes - Topical</b>		
SANTYL OINT	3	PA
<b>Immunomodulating Agents - Topical</b>		
<i>imiquimod 5 %</i>	1B	QL(12 ea per fill retail; 12 per fill mail)
<b>Immunosuppressive Agents - Topical</b>		
<i>pimecrolimus</i>	1B	QL(3 gm daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT</i>	1B	AL(At least 2 yrs old); PA
<b>Keratolytic/Antimitotic/Vesicant Agents</b>		
<i>podofilox SOLN</i>	1B	
<b>Local Anesthetics - Topical</b>		
<i>lidocaine hcl GEL 2 %</i>	1B	QL(4 ea daily); RX/OTC
<i>lidocaine hcl PRSY</i>	1B	QL(4 ml daily)
<i>lidocaine hcl SOLN</i>	1B	QL(10 ml daily)
<i>lidocaine-prilocaine CREA</i>	1B	QL(1 gm daily)
<i>lidocaine PTCH 5 %</i>	1B	PA
SYNERA PTCH	3	QL(10 ea per fill retail; 10 per fill mail); 1 max fill(s) per 30 day(s) retail; 1 max fill(s) per 30 day(s) mail
<b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b>		
EUCRISA	3	QL(2 gm daily); PA

Drug Name	Drug Tier	Requirements/Limits
<b>Rosacea Agents</b>		
<i>azelaic acid GEL</i>	1B	QL(1.67 gm daily)
<i>brimonidine tartrate (topical)</i>	3	QL(1 gm daily); PA
<i>metronidazole (topical) CREA</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) GEL 0.75 %</i>	1B	QL(3 gm daily)
<i>metronidazole (topical) GEL 1 %</i>	1B	QL(5 gm daily)
<i>metronidazole (topical) LOTN</i>	1B	
<b>Scabicides &amp; Pediculicides</b>		
<i>crotamiton LOTN</i>	1B	PA
<i>ivermectin (pediculicide)</i>	1B	PA; RX/OTC
<i>malathion</i>	1B	
<i>permethrin CREA</i>	1B	
<i>permethrin LIQD EX</i>	1B	
<i>spinosad</i>	1B	PA
<b>Wound Care Products</b>		
REGANEX	3	QL(0.5 gm daily)
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Drugs</b>		
GLUCAGEN DIAGNOSTIC	3	QL(0.035 ea daily)
THYROGEN 0.9 MG	3	1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; PA
<b>Diagnostic Tests</b>		
CHEMSTRIP-K STRP	1B	
FORA GTEL BLOOD KETONE TEST STRIPS	1B	
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	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				
KETONE STRP	1B				
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 GLUCOSE TEST 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	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
TRUE TRACK TEST STRP	1B	Limit 100 per month; QL(3.34 ea daily); RX/OTC	ZENPEP CPEP 252600 UNIT-189600 UNIT-60000 UNIT	2	
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>			<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
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)
			<b>Diuretic Combinations</b>		
			<i>amiloride &amp; hydrochlorothiazide</i>	1B	
			<i>spironolactone &amp; hydrochlorothiazide</i>	1B	



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

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

Drug Name	Drug Tier	Requirements/Limits
<b>Progesterone Receptor Antagonists</b>		
<i>mifepristone</i>	0	QL(3 ea per 30 day(s) retail)
<b>Prolactin Inhibitors</b>		
<i>cabergoline</i>	1B	
<b>Somatostatic Agents</b>		
<i>octreotide acetate SOLN</i>	4	SP; PA
SANDOSTATIN LAR DEPOT KIT	4	PA
SIGNIFOR	4	PA
<b>Vasopressin Receptor Antagonists</b>		
<i>tolvaptan TABS</i>	4	QL(2 ea daily); SP; PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
CLIMARA PRO	3	
DUAVEE	3	PA
<i>norethindrone acetate-ethinyl estradiol</i>	1B	
PREMPHASE	2	
PREMPRO	2	QL(1 ea daily)
<b>Estrogens</b>		
DELESTROGEN 10 MG/ML ( <i>estradiol valerate</i> )	1B	
DEPO-ESTRADIOL	3	
ELESTRIN GEL	3	
<i>estradiol valerate</i>	1B	
<i>estradiol GEL 0.06 %</i>	3	
<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM</i>	1B	
<i>estradiol PTTW</i>	1B	QL(0.286 ea daily)
<i>estradiol PTWK</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol TABS</i>	1B	
ESTROGEL GEL ( <i>estradiol</i> )	3	
EVAMIST SOLN	3	
MENEST	3	
MENOSTAR PTWK	3	
PREMARIN SOLR	2	
PREMARIN TABS	2	QL(1 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
<i>ciprofloxacin hcl TABS</i>	1B	
<i>ciprofloxacin in d5w 5 %-200 MG/100ML</i>	3	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1B	2 max fill(s) per 30 day(s) retail
CIPRO SUSR	2	2 max fill(s) per 30 day(s) retail
<i>levofloxacin in d5w 5 %-500 MG/100ML</i>	1B	
<i>levofloxacin SOLN OR</i>	1B	
<i>levofloxacin TABS 250 MG, 750 MG</i>	1B	
<i>levofloxacin TABS 500 MG</i>	1A	
<i>moxifloxacin hcl in sodium chloride</i>	1B	
<i>moxifloxacin hcl TABS</i>	1B	
<i>ofloxacin 300 MG, 400 MG</i>	1B	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>5-HT4 Receptor Agonists</b>		
MOTEGRITY	3	PA
<b>Bile Acid Synthesis Disorder Agents</b>		
CHOLBAM	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<b>Gallstone Solubilizing Agents</b>		
<i>ursodiol CAPS</i>	1B	QL(3 ea daily)
<i>ursodiol TABS</i>	1B	
<b>Gastrointestinal Chloride Channel Activators</b>		
<i>lubiprostone</i>	1B	QL(2 ea daily)
<b>Gastrointestinal Stimulants</b>		
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	1B	
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1B	QL(60 ml daily)
<i>metoclopramide hcl TABS</i>	1A	QL(6 ea daily)
<b>Inflammatory Bowel Agents</b>		
<i>balsalazide disodium CAPS</i>	1B	QL(9 ea daily)
DIPENTUM	2	
INFLECTRA SOLR	4	PA
<i>mesalamine CP24</i>	1B	PA
<i>mesalamine CPDR</i>	1B	
<i>mesalamine ENEM</i>	3	
<i>mesalamine SUPP</i>	3	
<i>mesalamine TBEC 800 MG</i>	3	QL(6 ea daily)
<i>mesalamine TBEC 1.2 GM</i>	3	
RENFLEXIS	4	PA
SKYRIZI SOCT	4	QL(0.043 ml daily); PA
SKYRIZI SOLN	4	QL(0.36 ml daily); PA
STELARA 130 MG/26ML	4	QL(3.47 ml daily); PA
<i>sulfasalazine TABS</i>	1B	
<i>sulfasalazine TBEC</i>	1B	
<b>Intestinal Acidifiers</b>		
<i>lactulose (encephalopathy)</i>	1B	
<b>Irritable Bowel Syndrome (IBS) Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>alosetron hcl</i>	1B	QL(2 ea daily)
LINZESS	2	QL(1 ea daily)
<b>Peripheral Opioid Receptor Antagonists</b>		
<i>alvimopan</i>	1B	
MOVANTIK	3	QL(1 ea daily); PA
<b>Phosphate Binder Agents</b>		
<i>calcium acetate (phosphate binder) CAPS</i>	1B	
<i>calcium acetate (phosphate binder) TABS</i>	1B	RX/OTC
<i>lanthanum carbonate CHEW</i>	1B	
PHOSLYRA SOLN	2	
<i>sevelamer carbonate PACK</i>	1B	
<i>sevelamer carbonate TABS</i>	1B	
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Alkalinizers</b>		
<i>potassium citrate (alkalinizer) TBCR</i>	1B	
<i>sodium citrate &amp; citric acid</i>	1B	RX/OTC
<b>Cystinosis Agents</b>		
CYSTAGON CAPS	3	PA
<b>Genitourinary Irrigants</b>		
<i>acetic acid 0.25 %</i>	1B	
<i>glycine (gu irrigant) SOLN 1.5 %</i>	1B	
<i>sodium chloride (gu irrigant) 0.9 %</i>	1B	
SORBITOL 3 %	1B	
SORBITOL/MANNITOL IRRIGATION	1B	
<b>Interstitial Cystitis Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
ELMIRON CAPS	2	QL(3 ea daily)
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl</i>	1B	QL(1 ea daily)
<i>dutasteride</i>	1B	QL(1 ea daily)
<i>dutasteride-tamsulosin hcl</i>	3	PA
<i>finasteride</i>	1B	5 mg only
<i>silodosin</i>	1B	
<i>tamsulosin hcl</i>	1B	
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl</i> TABS 100 MG, 100 MG, 200 MG	1B	
<b>Urinary Stone Agents</b>		
THIOLA EC TBEC 300 MG ( <i>tiopronin</i> )	3	QL(10 ea daily); PA
THIOLA EC TBEC 100 MG ( <i>tiopronin</i> )	3	QL(3 ea daily); PA
<i>tiopronin TBEC 300 MG</i>	3	QL(10 ea daily); PA
<i>tiopronin TBEC 100 MG</i>	3	QL(3 ea daily); PA
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid</i>	1B	
<b>Gout Agents</b>		
<i>allopurinol</i>	1B	
<i>colchicine TABS</i>	1B	
<i>febuxostat</i>	1B	QL(1 ea daily); PA
<b>Uricosurics</b>		
<i>probenecid</i>	1B	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Antihemophilic Products</b>		
ADVATE	4	PA
ADYNOVATE	4	PA

Drug Name	Drug Tier	Requirements/Limits
AFSTYLA	4	PA
ALPROLIX	4	PA
ALTUVIIIIO	4	PA
BENEFIX KIT	4	PA
ELOCTATE	4	PA
ESPEROCT	4	PA
IDELVION	4	PA
JIVI	4	PA
KOGENATE FS KIT	4	PA
KOVALTRY	4	PA
NOVOEIGHT	4	PA
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA
<b>Bradykinin B2 Receptor Antagonists</b>		
<i>icatibant acetate SOLN</i>	4	QL(9 ml daily); PA
<i>icatibant acetate SOSY</i>	4	QL(9 ml daily); PA
<b>Complement Inhibitors</b>		
HAEGARDA SOLR SC	4	PA
<b>Hemataologic - Tyrosine Kinase Inhibitors</b>		
TAVALISSE	4	QL(2 ea daily); SP; PA
<b>Hematorheologic Agents</b>		
<i>pentoxifylline</i>	1B	QL(3 ea daily)
<b>Plasma Kallikrein Inhibitors</b>		
ORLADEYO	4	PA
TAKHZYRO SOLN	4	PA
TAKHZYRO SOSY	4	PA
<b>Platelet Aggregation Inhibitors</b>		
<i>anagrelide hcl</i>	1B	
<i>aspirin-dipyridamole</i>	1B	QL(2 ea daily); PA
BRILINTA	2	QL(2 ea daily)
CABLIVI	4	PA
<i>cilostazol</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate 75 MG</i>	1B	QL(1 ea daily)
<i>clopidogrel bisulfate 300 MG</i>	1B	
<i>dipyridamole</i>	1B	
<i>prasugrel hcl</i>	1B	QL(1 ea daily)
ZONTIVITY	3	PA
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
Agents for Gaucher Disease		
CERDELGA	4	QL(2 ea daily); PA
CEREZYME 400 UNIT	4	SP; PA
<i>miglustat</i>	4	QL(3 ea daily); SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
OXBRYTA TABS 500 MG	4	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1B	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid TABS</i>	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	SP; PA
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	SP; PA
DOPTELET	4	QL(3 ea daily); PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
LEUKINE SOLR IJ	4	SP; PA
MIRCERA	4	PA
MULPLETA	4	QL(1 ea daily); PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	SP; PA
PROCRIT 40000 UNIT/ML	4	SP; PA
PROMACTA PACK	4	QL(1 ea daily); PA
PROMACTA TABS	4	QL(1 ea daily); PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
ZIEXTENZO	4	PA
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid</i>	1B	QL(1 ea daily)
Iron		
<i>ferrous sulfate SOLN 15 MG/ML</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	0	
<i>ferrous sulfate TBEC 325 MG</i>	0	
Stem Cell Mobilizers		
MOZOBIL ( <i>plerixafor</i> )	4	SP; PA
<i>plerixafor</i>	4	SP; PA
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
Hemostatics - Systemic		

Drug Name	Drug Tier	Requirements/Limits
<i>aminocaproic acid TABS</i>	1B	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	1B	
<i>tranexamic acid TABS</i>	1B	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1B	
<i>phenobarbital TABS</i>	1B	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1B	QL(1 ea daily); PA
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	
<i>temazepam 7.5 MG, 22.5 MG</i>	1B	QL(1 ea daily)
<i>temazepam 15 MG, 30 MG</i>	1A	QL(1 ea daily)
<i>triazolam</i>	1B	
<i>zaleplon 10 MG</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon 5 MG</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TABS</i>	1A	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate TBCR</i>	1B	QL(1 ea daily)
Orexin Receptor Antagonists		
<i>BELSOMRA</i>	3	PA
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
<b>LAXATIVES - Bowel Treatment Drugs</b>		

Drug Name	Drug Tier	Requirements/Limits
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	1B	
Laxative Combinations		
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</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>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1B	PA
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1B	
Laxatives - Miscellaneous		
<i>lactulose SOLN</i>	1B	
Saline Laxatives		
<i>OSMOPREP</i>	3	PA
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	1A	
<i>bisacodyl TBEC</i>	1A	
Surfactant Laxatives		
<i>docusate calcium</i>	1A	QL(1 ea daily)
<i>docusate sodium CAPS 100 MG</i>	1A	QL(4 ea daily)
<i>docusate sodium CAPS 250 MG</i>	1A	
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %</i>	1B	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Azithromycin			FANTASY LUBRICATED/SPERMICI DE MISC	0	QL(2 ea daily)
<i>azithromycin PACK</i>	1B		FANTASY LUBRICATED MISC	0	QL(2 ea daily)
<i>azithromycin SOLR</i>	1B		FC2 FEMALE CONDOM	0	QL(12 ea per fill retail; 12 per fill mail); 1 max fill(s) per 90 day(s) retail; 1 max fill(s) per 90 day(s) mail
<i>azithromycin SUSR</i>	1B		FEMCAP DEVI	0	
<i>azithromycin TABS 500 MG</i>	1B	QL(4 ea per fill retail; 4 per fill mail)	KAMELEON LUBRICATED MISC	0	QL(2 ea daily)
<i>azithromycin TABS 600 MG</i>	1B	QL(0.286 ea daily)	KIMONO COLORS DEVI	0	QL(2 ea daily)
<i>azithromycin TABS 250 MG</i>	1B	QL(6 ea per fill retail; 6 per fill mail)	KIMONO LUBRICATED MISC	0	QL(2 ea daily)
Clarithromycin			KIMONO MAXX/LARGE FLARE MISC	0	QL(2 ea daily)
<i>clarithromycin SUSR</i>	1B		KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
<i>clarithromycin TABS</i>	1B		KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
<i>clarithromycin TB24</i>	1B		KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
Erythromycins			KIMONO PS LUBRICATED MISC	0	QL(2 ea daily)
<i>erythromycin base CPEP</i>	3		KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
<i>erythromycin base TABS</i>	3		KIMONO SENSATION LUBRICATED MISC	0	QL(2 ea daily)
<i>erythromycin base TBEC</i>	1B		KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
<i>erythromycin ethylsuccinate SUSR</i>	1B		KIMONO SPECIAL DEVI	0	QL(2 ea daily)
<i>erythromycin ethylsuccinate TABS</i>	3		K-Y ME & YOU EXTRA LUBRICATED DEVI	0	QL(2 ea daily)
Fidaxomicin			K-Y ME & YOU INTENSE DEVI	0	QL(2 ea daily)
DIFICID TABS	2				
<b>MEDICAL DEVICES AND SUPPLIES</b>					
Contraceptives					
AIMSCO LUBRICATED MISC	0	QL(2 ea daily)			
CAYA DPRH	0				
DUREX EXTRA SENSITIVE THIN DEVI	0	QL(2 ea daily)			
DUREX EXTRA SENSITIVE THIN MISC	0	QL(2 ea daily)			
DUREX TROPICAL MISC	0	QL(2 ea daily)			



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAXX LUBRICATED MISC	0	QL(2 ea daily)	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	0	QL(2 ea daily)
MAXX PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	QL(2 ea daily)
OMNIFLEX DIAPHRAGM	0		TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
PREMIUM CONDOMS LUBRICATED MISC	0	QL(2 ea daily)	TRUSTEX/RIA LUBRICATED MISC	0	QL(2 ea daily)
REALITY LATEX CONDOMS/LUBRICATED MISC	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	0	
REALITY LATEX/ULTRA TEXTURED DEVI	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	0	
REALITY LATEX/ULTRA THIN DEVI	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	0	
TRUE COVER DEVI	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	0	
TRUSTEX COLOR CONDOMS + LUBE MISC	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	0	
TRUSTEX LUBRICATED EXTRALARGE MISC	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	0	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	0	
TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	0	QL(2 ea daily)	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	0	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	QL(2 ea daily)	<b>Diabetic Supplies</b>		
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	QL(2 ea daily)	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	3	QL(1 ea per 365 day(s) retail); 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	QL(1 ea per 365 day(s) retail); 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

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	3	QL(0.072 ea daily); PA
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	3	QL(1 ea per 365 day(s) retail); PA
ONETOUCH DELICA SAFETY LANCING DEVICE	1B	RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	1B	RX/OTC
RELION 2-IN-1 LANCET DEVICES 30G	1B	RX/OTC
RELION 2-IN-1 LANCING DEVICE 25G	1B	RX/OTC
RELION 2-IN-1 LANCING DEVICE 30G	1B	RX/OTC
SELECT LANCETS	1B	6.66/day
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B	
Parenteral Therapy Supplies		
SELECT INSULIN SYRINGES	1B	5/day
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	2	QL(0.04 ml daily); PA
EMGALITY SOAJ	2	QL(0.07 ml daily); PA
EMGALITY SOSY 100 MG/ML	2	QL(0.1 ml daily); PA
EMGALITY SOSY 120 MG/ML	2	QL(0.07 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits
UBRELVY	3	QL(10 ea per 30 day(s) retail); ST
Migraine Combinations		
<i>ergotamine w/ caffeine TABS</i>	1B	QL(1.5 ea daily)
<i>sumatriptan-naproxen sodium</i>	3	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)
Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1B	
ERGOMAR SUBL	3	QL(0.667 ea daily)
Serotonin Agonists		
<i>almotriptan malate 12.5 MG</i>	1B	QL(0.4 ea daily); AL(At least 12 yrs old); ST
<i>almotriptan malate 6.25 MG</i>	1B	QL(0.3 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>frovatriptan succinate</i>	1B	QL(0.4 ea daily); AL(At least 18 yrs old); ST
<i>naratriptan hcl</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate TABS 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TABS 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate TBDP 5 MG</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate TBDP 10 MG</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)	<i>dextrose in lactated ringers</i>	1B	
<i>sumatriptan</i>	1B	QL(0.2 ea daily); AL(At least 18 yrs old)	<i>electrolyte-148</i>	1B	
<i>sumatriptan succinate SOAJ</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)	<i>electrolyte-a</i>	1B	
<i>sumatriptan succinate SOCT</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)	IONOSOL-MB/DEXTROSE 5%	1B	
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)	ISOLYTE-P/DEXTROSE 5%	1B	
<i>sumatriptan succinate TABS</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)	ISOLYTE-S	1B	
<i>zolmitriptan SOLN</i>	1B	QL(0.2 ea daily); AL(At least 12 yrs old); ST	KCL 0.3%/D5W/NACL 0.9% ( <i>potassium chloride in dextrose &amp; sodium chloride</i> )	1B	
<i>zolmitriptan TABS</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST	<i>lactated ringer's</i>	1B	
<i>zolmitriptan TBDP</i>	1B	QL(0.3 ea daily); AL(At least 12 yrs old); ST	NORMOSOL-M/D5W	1B	
<b>MINERALS &amp; ELECTROLYTES</b>			NORMOSOL-R	1B	
Bicarbonates			PLASMA-LYTE A ( <i>electrolyte-a</i> )	1B	
<i>sodium acetate SOLN</i>	1B		PLASMA-LYTE-148 ( <i>electrolyte-148</i> )	1B	
SODIUM ACETATE SOLN ( <i>sodium acetate</i> )	1B		<i>potassium chloride in dextrose 5 %-20 MEQ/L</i>	1B	
Calcium			<i>potassium chloride in dextrose &amp; 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	
<i>calcium chloride (dihydrate) 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	
Electrolyte Mixtures			POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1B	
			<i>ringer's</i>	1B	
			Fluoride		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	0	QL(1 ea daily)	<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	4	QL(1 ea daily); SP; PA
Magnesium			<i>lenalidomide 20 MG</i>	4	QL(1 ea daily); PA
<i>magnesium sulfate IJ 50 %</i>	1B		THALOMID	4	QL(3 ea daily); SP; PA
Phosphate			Immunosuppressive Agents		
<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	1B		ATGAM	4	SP; PA
Potassium			AZATHIOPRINE	1B	
<i>potassium acetate SOLN 2 MEQ/ML</i>	1B		<i>azathioprine TABS</i>	1B	
<i>potassium bicarbonate TBEF</i>	1B		<i>cyclosporine modified (for microemulsion) CAPS</i>	1B	
<i>potassium chloride microencapsulated crystals er</i>	1B		<i>cyclosporine modified (for microemulsion) SOLN</i>	1B	
<i>potassium chloride CPCR</i>	1B		<i>cyclosporine CAPS</i>	1B	
<i>potassium chloride PACK OR 20 MEQ</i>	1B	PA	<i>cyclosporine SOLN IV 50 MG/ML</i>	1B	
<i>potassium chloride SOLN OR 10 %</i>	1B		ENSPRYNG	4	PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML ( <i>potassium chloride</i> )	1B		<i>everolimus (immunosuppressant) 1 MG</i>	4	QL(10 ea daily); PA
<i>potassium chloride TBCR</i>	1B		<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	4	QL(20 ea daily); SP; PA
Sodium			<i>mycophenolate mofetil CAPS</i>	1B	
<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1B		<i>mycophenolate mofetil TABS</i>	1B	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>			<i>mycophenolate sodium</i>	1B	
Chelating Agents			NULOJIX	4	SP; PA
<i>penicillamine CAPS</i>	1B	PA	PROGRAF PACK	2	PA
<i>penicillamine TABS</i>	1B	QL(8 ea daily)	PROGRAF SOLN	2	
<i>trientine hcl 250 MG</i>	4	QL(8 ea daily); SP; PA	SIMULECT	3	
Immunomodulators			<i>sirolimus TABS</i>	1B	
			<i>tacrolimus CAPS</i>	1B	
			THYMOGLOBULIN	4	SP; PA
			Irrigation Solutions		

Drug Name	Drug Tier	Requirements/Limits
<i>irrigation solutions, physiological</i>	1B	
<i>lactated ringer's (irrigation)</i>	1B	
<i>ringer's irrigation</i>	1B	
<i>water for irrigation, sterile</i>	1B	
<b>Potassium Removing Agents</b>		
LOKELMA	3	QL(1 ea daily); PA
<i>sodium polystyrene sulfonate POWD</i>	1B	
<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	1B	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl (mouth-throat) 4 %</i>	1B	
<b>Anti-infectives - Throat</b>		
<i>clotrimazole</i>	1B	
<i>nystatin (mouth-throat)</i>	1B	
<b>Antiseptics - Mouth/Throat</b>		
<i>chlorhexidine gluconate (mouth-throat)</i>	1B	
DEBACTEROL	2	
<b>Dental Products</b>		
<i>stannous fluoride CONC</i>	0	RX/OTC
<b>Steroids - Mouth/Throat/Dental</b>		
<i>triamcinolone acetonide (mouth)</i>	1B	
<b>Throat Products - Misc.</b>		
<i>cevimeline hcl</i>	1B	
<i>pilocarpine hcl (oral)</i>	1B	
<b>MULTIVITAMINS</b>		
<b>Ped MV w/ Fluoride</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>pediatric multivitamins w/fl CHEW</i>	1A	RX/OTC
<b>Prenatal Vitamins</b>		
CLASSIC 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)
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
NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
NEONATAL PRENATAL VITAMIN TABS	2	QL(1 ea daily)
NEONATAL VITAMIN TABS	2	QL(1 ea daily)
NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS	2	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
PRENATAL PLUS VITAMIN AND MINERAL TABS	2	QL(1 ea daily); RX/OTC
PRENATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	QL(1 ea daily)
PRENATAL VITAMIN TABS	2	QL(1 ea daily)
PRENATAL TABS	2	QL(1 ea daily)
PRENATRIX TABS	2	QL(1 ea daily); RX/OTC
PRENATRYL TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
RA PRENATAL TABS	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
TRICARE TABS	2	QL(1 ea daily); RX/OTC
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC

**MUSCULOSKELETAL THERAPY AGENTS -**

Drug Name	Drug Tier	Requirements/Limits
<b>Drugs to Treat Spasms</b>		
<b>Central Muscle Relaxants</b>		
<i>baclofen TABS 10 MG, 20 MG</i>	1B	
<i>carisoprodol TABS</i>	1B	
<i>chlorzoxazone TABS 750 MG</i>	1B	QL(4 ea daily)
<i>chlorzoxazone TABS 500 MG</i>	1B	QL(6 ea daily)
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1A	QL(3 ea daily)
<i>metaxalone 800 MG</i>	1B	QL(4 ea daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	1B	
<i>orphenadrine citrate TB12</i>	1B	QL(2 ea daily)
<i>tizanidine hcl CAPS</i>	1B	
<i>tizanidine hcl TABS</i>	1B	
<b>Direct Muscle Relaxants</b>		
<i>dantrolene sodium CAPS</i>	1B	QL(4 ea daily)
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL -</b>		
<b>Drugs to treat the Nose or Sinus</b>		
<b>Nasal Antiallergy</b>		
<i>azelastine hcl</i>	1B	RX/OTC
<i>olopatadine hcl (nasal)</i>	1B	
<b>Nasal Anticholinergics</b>		
<i>ipratropium bromide (nasal) 0.06 %</i>	1B	
<i>ipratropium bromide (nasal) 0.03 %</i>	1B	QL(1 ml daily)
<b>Nasal Steroids</b>		
<i>budesonide (nasal)</i>	1B	
<i>flunisolide (nasal) 0.025 %</i>	1B	1 package(s) per fill retail
<i>fluticasone propionate (nasal) SUSP</i>	1B	Limit 2 inhalers per month; QL(32 ml per 30 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate (nasal) SUSP</i>	1B	QL(1.14 gm daily); PA; RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1B	
XHANCE EXHU	3	PA
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
ALS Agents		
<i>riluzole TABS</i>	3	
<b>NUTRIENTS</b>		
Proteins		
CLINIMIX 4.25%/DEXTROSE 10%	3	
CLINIMIX 4.25%/DEXTROSE 5%	3	
CLINIMIX E 5%/DEXTROSE 20%	3	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	1B	
<i>brimonidine tartrate-timolol maleate</i>	1B	
<i>carteolol hcl (ophth)</i>	1B	
<i>dorzolamide hcl-timolol maleate</i>	1B	
<i>levobunolol hcl 0.5 %</i>	1B	
<i>timolol maleate (ophth) SOLG</i>	1B	
<i>timolol maleate (ophth) SOLN</i>	1B	
Cycloplegic Mydriatics		
<i>tropicamide SOLN 1 %</i>	1B	
<i>tropicamide SOLN 0.5 %</i>	1B	QL(2.5 ml daily)
Miotics		

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1B	
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl</i>	1B	
<i>brimonidine tartrate 0.15 %, 0.2 %</i>	1B	
IOPIDINE	3	
Ophthalmic Anti-infectives		
AZASITE	3	QL(2.5 ml per 30 day(s) retail; 2 ml per 30 days mail)
BACIGUENT	3	
<i>bacitracin (ophthalmic)</i>	3	
<i>ciprofloxacin hcl (ophth) SOLN</i>	1B	
<i>erythromycin (ophth)</i>	1B	
<i>gatifloxacin (ophth)</i>	1B	
<i>gentamicin sulfate (ophth) OINT</i>	1B	
<i>gentamicin sulfate (ophth) SOLN</i>	1B	
KLARITY-A	3	QL(2.5 ml per 30 day(s) retail; 2 ml per 30 days mail)
<i>levofloxacin (ophth) 0.5 %</i>	1B	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1B	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1B	
<i>ofloxacin (ophth)</i>	1B	
<i>polymyxin b-trimethoprim</i>	1B	
<i>sulfacetamide sodium (ophth) SOLN</i>	1B	
<i>tobramycin (ophth) SOLN</i>	1B	
<i>trifluridine</i>	1B	
ZIRGAN GEL	2	
Ophthalmic Immunomodulators		

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine (ophth) EMUL</i>	3	PA
Ophthalmic Local Anesthetics		
<i>proparacaine hcl</i>	1B	
Ophthalmic Steroids		
ALREX SUSP <i>(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	
FML FORTE SUSP	3	PA
FML OINT	3	PA
LOTEMAX OINT	3	PA
<i>loteprednol etabonate GEL</i>	1B	PA
<i>loteprednol etabonate SUSP</i>	1B	PA
MAXIDEX SUSP OP	3	PA
<i>neomycin-polymyx-dexameth OINT</i>	1B	
<i>neomycin-polymyx-dexameth SUSP</i>	1B	
<i>neomycin-polymyxin-hc (ophth)</i>	1B	QL(2.5 ml daily)
PRED MILD	3	PA
PRED-G SUSP	3	PA
<i>prednisolone acetate (ophth)</i>	1B	
PREDNISOLONE SODIUM PHOSPHATE	3	
<i>sulfacetamide sod-prednisolone SOLN</i>	3	PA
<i>tobramycin-dexamethasone SUSP</i>	1B	
ZYLET	3	PA
Ophthalmics - Misc.		
ALOCRIIL	3	PA

Drug Name	Drug Tier	Requirements/Limits
ALOMIDE	3	PA
<i>azelastine hcl (ophth)</i>	1B	
<i>bepotastine besilate</i>	3	PA
<i>bromfenac sodium (ophth)</i>	1B	
<i>cromolyn sodium (ophth)</i>	1B	
CYSTARAN	2	QL(2.143 ml daily); PA
<i>diclofenac sodium (ophth)</i>	1B	
<i>dorzolamide hcl</i>	1B	
<i>epinastine hcl (ophth)</i>	1B	
<i>flurbiprofen sodium</i>	1B	
<i>ketorolac tromethamine (ophth)</i>	1B	
<i>ketotifen fumarate (ophth) 0.035 %</i>	1B	
LASTACAFT	3	PA
NEVANAC	3	QL(0.2 ml daily); ST
<i>olopatadine hcl 0.2 %</i>	1B	RX/OTC
<i>olopatadine hcl 0.1 %</i>	1B	QL(0.34 ml daily); RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	3	
<i>latanoprost SOLN</i>	1B	
<i>tafluprost</i>	1B	
<i>travoprost SOLN</i>	1B	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1B	QL(0.5 ml daily)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1B	
<i>ofloxacin (otic)</i>	1B	
Otic Combinations		
<i>ciprofloxacin-dexamethasone</i>	1B	PA
<i>ciprofloxacin-fluocinolone acetamide</i>	1B	QL(0.5 ea daily); PA



Drug Name	Drug Tier	Requirements/Limits
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1B	QL(2 ml daily)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1B	
<b>Otic Steroids</b>		
<i>fluocinolone acetonide (otic)</i>	1B	
<i>hydrocortisone w/acetic acid</i>	1B	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
<b>Immune Serums</b>		
GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMMAGARD LIQUID 30 GM/300ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	4	SP; PA
GAMUNEX-C	4	SP; PA
<b>Passive Immunizing Agents - Combinations</b>		
HYQVIA	4	PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin CAPS</i>	1A	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1B	
<i>amoxicillin SUSR 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	1B	
<i>amoxicillin SUSR 125 MG/5ML</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin TABS</i>	1B	
<i>ampicillin sodium IJ 1 GM</i>	1B	
<i>ampicillin CAPS 500 MG</i>	1B	
<b>Natural Penicillins</b>		
<i>penicillin g potassium 5000000 UNIT</i>	1B	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1B	
PENICILLIN G PROCAINE	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium SOLR</i>	1B	
<i>penicillin v potassium TABS</i>	1B	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate CHEW</i>	1B	
<i>amoxicillin &amp; pot clavulanate SUSR</i>	1B	
<i>amoxicillin &amp; pot clavulanate TABS</i>	1B	
<i>amoxicillin &amp; pot clavulanate TB12</i>	1B	
<i>ampicillin &amp; sulbactam sodium IV 10 GM-5 GM</i>	1B	
<i>piperacillin sodium-tazobactam sodium</i>	1B	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium</i>	1B	
<i>nafcillin sodium IV 10 GM</i>	1B	
<i>oxacillin sodium IV 10 GM</i>	1B	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>progesterone CAPS</i>	1B	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium</i>	1A	
<i>disulfiram</i>	1A	
LUCEMYRA	2	QL(224 ea per 14 day(s) retail)
<b>Antidementia Agents</b>		
<i>donepezil hydrochloride TABS 10 MG</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride TABS 5 MG, 23 MG</i>	1B	QL(1 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	QL(2 ea daily)
<i>memantine hcl TABS</i>	1B	
<i>rivastigmine tartrate CAPS</i>	1B	
<b>Combination Psychotherapeutics</b>		
<i>chlordiazepoxide-amitriptyline</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine-amitriptyline</i>	1B	QL(4 ea daily)
<b>Fibromyalgia Agents</b>		
SAVELLA TITRATION PACK MISC	2	1 max fill(s) per 365 day(s) retail; PA
SAVELLA TABS	2	QL(2 ea daily); PA
<b>Movement Disorder Drug Therapy</b>		
AUSTEDO TABS	4	QL(4 ea daily); PA
INGREZZA CAPS	4	QL(1 ea daily); PA
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; PA
<i>tetrabenazine</i>	4	QL(3 ea daily); SP; PA
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN AJKT	4	QL(0.0714 ml daily); SP; PA
AVONEX PSKT	4	QL(0.0714 ml daily); SP; PA
BETASERON KIT	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> fingolimod hcl</i>	4	QL(1 ea daily)
<i>glatiramer acetate SOSY 20 MG/ML</i>	3	QL(1 ml daily)
<i>glatiramer acetate SOSY 40 MG/ML</i>	3	QL(0.43 ml daily)
KESIMPTA	4	QL(0.0144 ml daily); PA
PLEGRIDY STARTER PACK SOPN	4	QL(0.036 ml daily); PA
PLEGRIDY STARTER PACK SOSY SC	4	QL(0.036 ml daily); PA
PLEGRIDY SOPN	4	QL(0.036 ml daily); PA
PLEGRIDY SOSY SC	4	QL(0.036 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE TITRATIONPACK SOAJ	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF REBIDOSE SOAJ	4	QL(0.214 ml daily); SP; PA
REBIF TITRATION PACK SOSY	4	1 max fill(s) per 365 day(s) retail; SP; PA
REBIF SOSY	4	QL(0.214 ml daily); SP; PA
<i>teriflunomide</i>	4	QL(1 ea daily)
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>pregabalin (once-daily) 330 MG</i>	3	QL(2 ea daily); PA
<i>pregabalin (once-daily) 82.5 MG, 165 MG</i>	3	QL(1 ea daily); PA
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	3	QL(2 ea daily); PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1B	
<i>pimozide</i>	1B	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	0	QL(2 ea daily)
<i>nicotine polacrilex GUM</i>	0	
<i>nicotine polacrilex LOZG</i>	0	
NICOTINE TRANSDERMAL SYSTEM KIT	0	
<i>nicotine MISC XX</i>	0	QL(1 ea daily)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	QL(1 ea daily)
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
<i>varenicline tartrate TABS</i>	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate TBPK</i>	0	
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
PROLASTIN-C SOLN	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	QL(2 ea daily); SP; PA
ORKAMBI PACK	4	QL(2 ea daily); PA
ORKAMBI TABS	4	QL(4 ea daily); PA
PULMOZYME	4	QL(2.5 ml daily); SP; PA
TRIKAFTA TBPK	4	QL(3 ea daily); PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 ea daily); PA
<i>pirfenidone CAPS</i>	4	QL(1 ea daily); PA
<i>pirfenidone TABS 267 MG, 801 MG</i>	4	QL(1 ea daily); PA
<i>pirfenidone TABS 534 MG</i>	4	QL(3 ea daily); PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	1B	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Glycylcyclines		
<i>tigecycline</i>	1B	
Tetracyclines		
<i>demeclocycline hcl TABS</i>	1B	

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

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate TABS 1 MG</i>	1B	
<i>methscopolamine bromide</i>	1B	
<b>H-2 Antagonists</b>		
<i>cimetidine hcl OR 300 MG/5ML</i>	1B	QL(20 ml daily)
<i>cimetidine TABS</i>	1B	RX/OTC
<i>famotidine in nacl SOLN</i>	1B	
<i>famotidine SOLN 40 MG/4ML, 200 MG/20ML</i>	1B	
<i>famotidine SOLN 20 MG/2ML</i>	1A	
<i>famotidine SUSR</i>	1B	QL(10 ml daily)
<i>famotidine TABS 20 MG, 40 MG</i>	1B	
<i>nizatidine CAPS</i>	1B	
<i>ranitidine hcl TABS 150 MG</i>	1B	
<b>Misc. Anti-Ulcer</b>		
<i>sucralfate SUSP</i>	1B	QL(40 ml daily)
<i>sucralfate TABS</i>	1B	QL(4 ea daily)
<b>Proton Pump Inhibitors</b>		
<i>dexlansoprazole</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium CPDR 20 MG</i>	1B	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium CPDR 40 MG</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium TBEC</i>	1B	QL(2 ea daily)
<i>lansoprazole CPDR 15 MG</i>	1B	QL(2 ea daily); RX/OTC
<i>lansoprazole CPDR 30 MG</i>	1B	
<b>NEXIUM 24HR TBEC (esomeprazole magnesium)</b>	1B	QL(2 ea daily)
<i>omeprazole magnesium CPDR</i>	1B	QL(4 ea daily)
<i>omeprazole CPDR</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole TBEC</i>	1B	QL(2 ea daily)
<i>pantoprazole sodium TBEC 20 MG</i>	1B	QL(1 ea daily)
<i>pantoprazole sodium TBEC 40 MG</i>	1B	
<i>rabeprazole sodium TBEC</i>	3	QL(1 ea daily)
<b>Ulcer Drugs - Prostaglandins</b>		
<i>misoprostol</i>	0	QL(4 ea daily)
<b>Ulcer Therapy Combinations</b>		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1B	14 day(s) max supply per 365 day(s) retail; 14 day(s) max supply per 365 day(s) mail
<i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i>	1B	RX/OTC
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics (Anticholinergic)</b>		
<i>darifenacin hydrobromide</i>	1B	QL(1 ea daily)
<i>fesoterodine fumarate</i>	1B	QL(1 ea daily); PA
<i>oxybutynin chloride SOLN</i>	1B	
<i>oxybutynin chloride TABS 5 MG</i>	1B	
<i>oxybutynin chloride TB24</i>	1B	
<i>solifenacin succinate TABS</i>	1B	QL(1 ea daily); PA
<i>tolterodine tartrate CP24</i>	1B	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1B	
<i>tropium chloride CP24</i>	1B	QL(1 ea daily)
<i>tropium chloride TABS</i>	1B	QL(3 ea daily)
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride 25 MG</i>	1B	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bethanechol chloride 5 MG, 10 MG, 50 MG</i>	1B	QL(4 ea daily)	AFLURIA QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
Urinary Antispasmodics - Direct Muscle Relaxants			AFLURIA QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
<i>flvoxate hcl</i>	1B		AFLURIA QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
<b>VACCINES</b>			AREXVY	0	
Bacterial Vaccines			COMIRNATY 2023-24 SUSP	0	
ACTHIB SOLR IM	0		COMIRNATY 2023-24 SUSY	0	
BEXSERO	0		COMIRNATY SUSP	0	
HIBERIX SOLR IJ	0		ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
MENACTRA	0		ENGERIX-B SUSY	0	3 max fill(s) per 365 day(s) retail; 3 max fill(s) per 365 day(s) mail
MENQUADFI	0		FLUAD QUADRIVALENT 2021-2022	0	1 max fill(s) per 180 day(s) retail
MENVEO SOLR	0		FLUAD QUADRIVALENT 2022-2023	0	1 max fill(s) per 180 day(s) retail
PEDVAX HIB SUSP	0		FLUAD QUADRIVALENT 2023-2024	0	1 max fill(s) per 180 day(s) retail
PNEUMOVAX 23	0		FLUARIX QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
PNEUMOVAX 23/1 DOSE	0				
PREVNAR 13	0				
PREVNAR 20	0	1 max fill(s) per 999 day(s) retail			
TRUMENBA	0				
VAXNEUVANCE	0	4 max fill(s) per 999 day(s) retail			
Viral Vaccines					
ABRYSVO	0				
AFLURIA QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail			
AFLURIA QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail			
AFLURIA QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUARIX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUARIX QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLULAVAL QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUBLOK QUADRIVALENT 2021-2022	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLULAVAL QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUBLOK QUADRIVALENT 2022-2023	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLULAVAL QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUBLOK QUADRIVALENT 2023-2024	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUMIST QUADRIVALENT	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE PF 2021-2022	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE PF 2022-2023	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE HIGH-DOSE PF 2023-2024	0	1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	FLUZONE QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail
			FLUZONE QUADRIVALENT 2022-2023 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUZONE QUADRIVALENT 2022-2023 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	0	
FLUZONE QUADRIVALENT 2023-2024 SUSP	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	0	
FLUZONE QUADRIVALENT 2023-2024 SUSY	0	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE SUSP	0	
GARDASIL 9 SUSP	0	3 max fill(s) per 365 day(s) retail	PREHEVBRIO	0	3 max fill(s) per 365 day(s) retail
GARDASIL 9 SUSY	0	3 max fill(s) per 365 day(s) retail	PRIORIX SUSR	0	3 max fill(s) per 365 day(s) retail
HAVRIX	0		RECOMBIVAX HB SUSP	0	
HEPLISAV-B SOSY	0	2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail	RECOMBIVAX HB SUSY	0	
IPOL INACTIVATED IPV	0		ROTARIX SUSP	0	
M-M-R II SOLR	0	2 max fill(s) per 365 day(s) retail	ROTARIX SUSR	0	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	0		ROTATEQ SOLN	0	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	0		SHINGRIX	0	2 max fill(s) per 999 day(s) retail; 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	
			VAQTA	0	
			VARIVAX INJ	0	2 max fill(s) per 365 day(s) retail
			<b>VAGINAL AND RELATED PRODUCTS</b>		
			Miscellaneous Vaginal Products		
			INTRAROSA	3	QL(1 ea daily); PA
			Spermicides		
			TODAY SPONGE MISC	0	



Drug Name	Drug Tier	Requirements/Limits
<b>Vaginal Anti-infectives</b>		
<i>clindamycin phosphate vaginal CREA</i>	1B	
<i>clotrimazole vaginal CREA 1 %</i>	1B	
GYNAZOLE-1	3	QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail)
<i>metronidazole vaginal</i>	1B	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1B	
<i>terconazole vaginal CREA</i>	1B	
<i>terconazole vaginal SUPP</i>	1B	
<b>Vaginal Anti-inflammatory Agents</b>		
<i>hydrocortisone vaginal</i>	1B	QL(15.15 gm daily)
<b>Vaginal Contraceptive - pH Modulators</b>		
PHEXXI	0	PV
<b>Vaginal Estrogens</b>		
<i>estradiol vaginal CREA</i>	1B	QL(2 gm daily)
<i>estradiol vaginal TABS</i>	1B	
FEMRING	3	PA
PREMARIN	0	QL(1.5 gm daily)
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	2	QL(2 ea per fill retail); 2 max fill(s) per 365 day(s) retail
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>	1B	QL(2 ea per fill retail; 2 per fill mail); 2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail
<b>Vasopressors</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>midodrine hcl</i>	1B	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT</i>	1A	
<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	0	
<i>ergocalciferol CAPS</i>	0	
<i>ergocalciferol SOLN OR</i>	1B	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)
<b>Water Soluble Vitamins</b>		
NIACIN TR TBCR	1B	
<i>niacinamide TABS 500 MG</i>	1A	
<i>niacinamide TABS 100 MG</i>	1B	
<i>niacin CPCR 250 MG, 500 MG</i>	1A	
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<i>niacin TBCR</i>	1A	

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ceftriaxone sodium IJ 250 MG ..... 35	cholecalciferol CAPS 1.25 MG, 1.25 MG, 10 MCG, 50 MCG, 400 UNIT, 2000 UNIT, 50000 UNIT ..... 68	cisplatin SOLN 100 MG/100ML .... 23
cefuroxime axetil TABS ..... 34	cholecalciferol TABS 10 MCG, 400 UNIT ..... 68	citalopram hydrobromide SOLN ... 13
cefuroxime sodium IJ 750 MG ..... 34	cholestyramine light PACK ..... 19	citalopram hydrobromide TABS 10 MG ..... 13
celecoxib ..... 4	cholestyramine light POWD ..... 19	citalopram hydrobromide TABS 20 MG ..... 13
CELONTIN (methsuximide) ..... 13	cholestyramine PACK ..... 19	citalopram hydrobromide TABS 40 MG ..... 13
cephalexin CAPS ..... 34	cholestyramine POWD ..... 19	clarithromycin SUSR ..... 51
cephalexin SUSR ..... 34	choline fenofibrate ..... 19	clarithromycin TABS ..... 51
CERDELGA ..... 49	CHORIONIC GONADOTROPIN IM 44	clarithromycin TB24 ..... 51
CEREZYME 400 UNIT ..... 49	ciclopirox GEL ..... 38	CLASSIC PRENATAL TABS ..... 56
cetirizine hcl TABS ..... 18	ciclopirox olamine CREA ..... 38	clemastine fumarate SYRP ..... 18
cevimeline hcl ..... 56	ciclopirox olamine SUSP ..... 38	clemastine fumarate TABS 2.68 MG . 18
CHEMET ..... 17	ciclopirox SHAM ..... 38	CLIMARA PRO ..... 46
CHEMSTRIP-K STRP ..... 42	ciclopirox SOLN ..... 38	clindamycin hcl ..... 22
chloramphenicol sodium succinate 21	cidofovir ..... 31	clindamycin palmitate hydrochloride . 22
chlordiazepoxide hcl CAPS ..... 8	cilostazol ..... 48	clindamycin phosphate (topical) FOAM ..... 37
chlordiazepoxide hcl-clidinium bromide ..... 63	CIMDUO ..... 30	clindamycin phosphate (topical) GEL 37
chlordiazepoxide-amitriptyline ..... 61	cimetidine hcl OR 300 MG/5ML ... 64	
chlorhexidine gluconate (mouth- throat) ..... 56	cimetidine TABS ..... 64	
chloroquine phosphate TABS 250 MG ..... 22	cinacalcet hcl ..... 45	
chloroquine phosphate TABS 500	CIPRO SUSR ..... 46	

clindamycin phosphate (topical) LOTN .....	37	clofarabine .....	23	colesevelam hcl TABS .....	19
clindamycin phosphate (topical) SOLN .....	37	clomipramine hcl .....	14	colestipol hcl GRAN .....	19
clindamycin phosphate (topical) SWAB .....	37	clonazepam TABS .....	11	colestipol hcl PACK .....	19
clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML .....	22	clonidine .....	20	colestipol hcl TABS .....	19
clindamycin phosphate vaginal CREA .....	68	clonidine hcl (adhd) TB12 .....	1	COMETRIQ KIT .....	26
clindamycin phosphate-benzoyl peroxide (refrigerate) .....	37	clonidine hcl TABS .....	20	COMIRNATY 2023-24 SUSP .....	65
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % .....	37	clopidogrel bisulfate 300 MG .....	49	COMIRNATY 2023-24 SUSY .....	65
clindamycin phosphate-tretinoin ..	37	clopidogrel bisulfate 75 MG .....	49	COMIRNATY SUSP .....	65
CLINIMIX 4.25%/DEXTROSE 10% 58		clorazepate dipotassium TABS .....	8	COMPLERA .....	30
CLINIMIX 4.25%/DEXTROSE 5% 58		clotrimazole (topical) CREA .....	38	CONTRACE .....	1
CLINIMIX E 5%/DEXTROSE 20% 58		clotrimazole (topical) SOLN .....	38	COPIKTRA .....	26
clobazam SUSP .....	11	clotrimazole .....	56	CORDRAN TAPE .....	40
clobazam TABS .....	11	clotrimazole vaginal CREA 1 % .....	68	CORLANOR SOLN .....	34
clobetasol propionate CREA 0.05 % . 40		clotrimazole w/ betamethasone CREA .....	38	CORLANOR TABS .....	34
clobetasol propionate emollient base 0.05 % .....	40	clotrimazole w/ betamethasone LOTN .....	38	CORTISONE ACETATE TABS .....	36
clobetasol propionate FOAM .....	40	clozapine TABS 100 MG .....	29	CORTISPORIN-TC .....	60
clobetasol propionate GEL 0.05 % 40		clozapine TABS 200 MG .....	29	COSENTYX SENSOREADY PEN SOAJ .....	39
clobetasol propionate OINT 0.05 % 40		clozapine TABS 25 MG, 50 MG ...	29	COSENTYX SOSY 150 MG/ML ...	39
clobetasol propionate SOLN 0.05 % . 40		clozapine TBDP 100 MG .....	29	COSENTYX SOSY 75 MG/0.5ML .	39
clocortolone pivalate .....	40	clozapine TBDP 12.5 MG, 150 MG 29		COSENTYX UNOREADY SOAJ ..	39
		clozapine TBDP 200 MG .....	29	CREON CPEP .....	43
		clozapine TBDP 25 MG .....	29	CRESEMBA CAPS 186 MG .....	18
		COARTEM .....	22	cromolyn sodium (ophth) .....	59
		codeine sulfate TABS 30 MG .....	5	cromolyn sodium NEBU .....	9
		CODEINE SULFATE TABS .....	5	crotamiton LOTN .....	42
		colchicine TABS .....	48	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 .....	56
		colchicine w/ probenecid .....	48	cyanocobalamin SOLN IJ 1000 MCG/ML .....	49
		colesevelam hcl PACK .....	19		



cyclobenzaprine hcl TABS 5 MG, 10 MG .....	57	dalfampridine .....	61	desipramine hcl TABS .....	14
cyclophosphamide CAPS .....	23	danazol CAPS .....	7	desloratadine TABS .....	18
cyclophosphamide SOLR IJ .....	23	dantrolene sodium CAPS .....	57	desloratadine TBDP 2.5 MG .....	18
cycloserine .....	23	dapagliflozin propanediol .....	16	desmopressin acetate SOLN IJ ...	45
cyclosporine (ophth) EMUL .....	59	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG .....	15	DESMOPRESSIN ACETATE SOLN NA .....	45
cyclosporine CAPS .....	55	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG .....	15	desmopressin acetate spray .....	45
cyclosporine modified (for microemulsion) CAPS .....	55	dapsone .....	22	desmopressin acetate spray refrigerated .....	45
cyclosporine modified (for microemulsion) SOLN .....	55	DAPTACEL .....	63	desmopressin acetate TABS 0.1 MG	45
cyclosporine SOLN IV 50 MG/ML .	55	daptomycin 500 MG .....	21	desmopressin acetate TABS 0.2 MG	45
CYLTEZO AJKT .....	3	darifenacin hydrobromide .....	64	desogestrel & ethinyl estradiol ....	35
CYLTEZO PSKT 10 MG/0.2ML .....	3	darunavir TABS 600 MG .....	30	desogestrel-ethinyl estradiol (biphasic) .....	35
CYLTEZO PSKT 20 MG/0.4ML, 40 MG/0.8ML .....	3	darunavir TABS 800 MG .....	30	desogestrel-ethinyl estradiol (triphasic) .....	35
CYLTEZO PSKT 40 MG/0.4ML .....	3	DAURISMO .....	24	desonide CREA .....	40
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT .....	3	DEBACTEROL .....	56	desonide LOTN .....	40
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT .....	3	decitabine .....	24	desonide OINT .....	40
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT ...	3	deferasirox PACK .....	17	desoximetasone CREA 0.25 % ....	40
cyproheptadine hcl SYRP .....	18	deferasirox TABS .....	17	desoximetasone GEL .....	40
cyproheptadine hcl TABS .....	18	deferasirox TBSO .....	17	desoximetasone OINT 0.25 % ....	40
CYSTAGON CAPS .....	47	deferiprone TABS 500 MG .....	17	desvenlafaxine succinate 100 MG .	14
CYSTARAN .....	59	deflazacort SUSP .....	36	desvenlafaxine succinate 25 MG, 50 MG .....	14
cytarabine SOLN .....	23	deflazacort TABS .....	36	dexamethasone ELIX .....	36
dabigatran etexilate mesylate CAPS .	11	DELESTROGEN 10 MG/ML (estradiol valerate) .....	46	DEXAMETHASONE INTENSOL CONC .....	36
dacarbazine SOLR 200 MG .....	27	DELSTRIGO .....	30	dexamethasone sodium phosphate (ophth) .....	59
dactinomycin .....	25	demeclocycline hcl TABS .....	62	dexamethasone sodium phosphate	
		DEPO-ESTRADIOL .....	46		
		DEPO-MEDROL SUSP .....	36		
		DEPO-SUBQ PROVERA 104 SUSY SC .....	36		

SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML .....	36	dichlorphenamide .....	43	DILANTIN-125 SUSP (phenytoin) .	12
dexamethasone sodium phosphate SOSY IJ 4 MG/ML .....	36	diclofenac epolamine PTCH EX ...	39	diltiazem hcl coated beads CP24 120 MG, 300 MG, 360 MG .....	32
dexamethasone SOLN .....	36	diclofenac potassium TABS 50 MG .	4	diltiazem hcl coated beads CP24 180 MG, 240 MG .....	33
dexamethasone TABS 0.5 MG, 0.75 MG .....	36	diclofenac sodium (actinic keratoses) EX .....	39	diltiazem hcl CP12 .....	33
dexamethasone TABS 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG .....	36	diclofenac sodium (ophth) .....	59	diltiazem hcl CP24 .....	33
dexchlorpheniramine maleate SOLN .	18	diclofenac sodium (topical) GEL EX	39	diltiazem hcl extended release beads .....	33
dexlansoprazole .....	64	diclofenac sodium TB24 .....	4	diltiazem hcl SOLN 50 MG/10ML .	33
dexmethylphenidate hcl CP24 .....	2	diclofenac sodium TBEC .....	4	DILTIAZEM HCL SOLR .....	33
dexmethylphenidate hcl TABS .....	2	diclofenac w/ misoprostol TBEC ....	4	diltiazem hcl TABS .....	33
dextroamphetamine sulfate CP24 10 MG, 15 MG .....	1	dicloxacillin sodium .....	60	diltiazem hcl TB24 .....	33
dextroamphetamine sulfate CP24 5 MG .....	1	dicyclomine hcl CAPS .....	63	dimethyl fumarate CDPK .....	61
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG .	1	dicyclomine hcl SOLN OR .....	63	dimethyl fumarate CPDR .....	61
dextroamphetamine sulfate TABS 5 MG, 10 MG .....	1	dicyclomine hcl TABS .....	63	DIPENTUM .....	47
dextrose in lactated ringers .....	54	DIFFERIN LOTN .....	37	diphenhydramine hcl CAPS 50 MG	18
DIACOMIT CAPS 250 MG .....	11	DIFICID TABS .....	51	diphenhydramine hcl ELIX 12.5 MG/5ML .....	18
DIACOMIT CAPS 500 MG .....	11	diflorasone diacetate CREA .....	41	diphenhydramine hcl SOLN 50 MG/ML .....	18
DIACOMIT PACK 250 MG .....	11	diflorasone diacetate OINT .....	41	diphenoxylate w/ atropine LIQD ...	16
DIACOMIT PACK 500 MG .....	11	diflunisal TABS .....	5	diphenoxylate w/ atropine TABS ...	16
diazepam (anticonvulsant) GEL ...	11	difluprednate .....	59	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ...	63
diazepam CONC .....	8	digoxin SOLN OR 0.05 MG/ML ....	33	dipyridamole .....	49
diazepam SOLN OR 5 MG/5ML ....	8	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG .....	33	disopyramide phosphate CAPS .....	8
diazepam TABS .....	8	dihydroergotamine mesylate SOLN NA 4 MG/ML .....	53	disulfiram .....	61
diazoxide .....	15	DILANTIN (phenytoin sodium extended) .....	12	divalproex sodium TB24 .....	13
		DILANTIN .....	12	divalproex sodium TBEC .....	13
		DILANTIN INFATABS CHEW (phenytoin) .....	12	docetaxel CONC 20 MG/ML .....	27

docetaxel SOLN 20 MG/2ML .....	27	doxycycline (monohydrate) TABS 100 MG .....	63	dutasteride-tamsulosin hcl .....	48
docusate calcium .....	50	doxycycline (monohydrate) TABS 50 MG, 75 MG .....	63	econazole nitrate CREA .....	38
docusate sodium CAPS 100 MG ..	50	doxycycline hyclate CAPS .....	63	EDARBI .....	20
docusate sodium CAPS 250 MG ..	50	doxycycline hyclate SOLR .....	63	EDURANT .....	30
dofetilide .....	9	doxycycline hyclate TABS 20 MG, 100 MG .....	63	efavirenz CAPS 200 MG .....	30
donepezil hydrochloride TABS 10 MG .....	61	doxylamine-pyridoxine TBEC .....	17	efavirenz CAPS 50 MG .....	30
donepezil hydrochloride TABS 5 MG, 23 MG .....	61	dronabinol CAPS .....	17	efavirenz TABS .....	30
donepezil hydrochloride TBDP 10 MG .....	61	drospirenone-ethinyl estradiol .....	35	efavirenz-emtricitabine-tenofovir disoproxil fumarate .....	30
donepezil hydrochloride TBDP 5 MG 61		drospirenone-ethinyl estradiol- levomefolate calcium .....	35	efavirenz-lamivudine-tenofovir disoproxil fumarate .....	30
DOPTELET .....	49	DROXIA CAPS .....	49	EGRIFTA 2 MG .....	45
dorzolamide hcl .....	59	DUAVEE .....	46	EGRIFTA SV .....	45
dorzolamide hcl-timolol maleate ..	58	DULERA .....	10	ELAPRASE .....	45
DOVATO .....	30	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG .....	14	electrolyte-148 .....	54
doxazosin mesylate .....	20	duloxetine hcl CPEP 40 MG .....	14	electrolyte-a .....	54
doxepin hcl (antipruritic) .....	39	DUPIXENT SOPN 200 MG/1.14ML 41		ELESTRIN GEL .....	46
doxepin hcl (sleep) .....	50	DUPIXENT SOPN 300 MG/2ML ..	41	eletriptan hydrobromide .....	53
doxepin hcl CAPS .....	14	DUPIXENT SOSY 100 MG/0.67ML 41		ELIGARD KIT SC 7.5 MG .....	25
doxepin hcl CONC .....	14	DUPIXENT SOSY 200 MG/1.14ML 42		ELIGARD SC 22.5 MG, 30 MG, 45 MG .....	25
doxercalciferol CAPS .....	45	DUPIXENT SOSY 300 MG/2ML ..	42	ELIQUIS STARTER PACK TBPK ..	10
doxercalciferol SOLN .....	45	DUREX EXTRA SENSITIVE THIN DEVI .....	51	ELIQUIS TABS .....	10
doxorubicin hcl liposomal .....	25	DUREX EXTRA SENSITIVE THIN MISC .....	51	ELLA .....	35
doxorubicin hcl SOLN .....	25	DUREX TROPICAL MISC .....	51	ELMIRON CAPS .....	48
doxorubicin hcl SOLR 10 MG, 50 MG .....	25	dutasteride .....	48	ELOCTATE .....	48
doxycycline (monohydrate) CAPS 50 MG, 100 MG .....	63			EMCYT .....	25
doxycycline (monohydrate) CAPS 75 MG .....	63			EMFLAZA SUSP .....	36
				EMFLAZA TABS (deflazacort) .....	36
				EMGALITY SOAJ .....	53
				EMGALITY SOSY 100 MG/ML .....	53

EMGALITY SOSY 120 MG/ML	53	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	10	ERLEADA 60 MG	25
EMSAM	13	ENSPRYNG	55	erlotinib hcl	24
emtricitabine CAPS	30	entacapone	28	ERTACZO	38
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	30	entecavir TABS	31	ertapenem sodium IJ	21
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	30	EPIDIOLEX	11	erythromycin (acne aid) PADS	37
EMTRIVA SOLN	30	epinastine hcl (ophth)	59	erythromycin (acne aid) SOLN	37
EMVERM CHEW	8	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	68	erythromycin (ophth)	58
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 20		epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	68	erythromycin base CPEP	51
enalapril maleate & hydrochlorothiazide 25 MG-10 MG 20		EPIVIR HBV SOLN	31	erythromycin base TABS	51
enalapril maleate TABS	19	eplerenone	21	erythromycin base TBEC	51
ENBREL MINI SOCT	4	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	49	erythromycin ethylsuccinate SUSR 51	
ENBREL SOLN	4	epoprostenol sodium	33	erythromycin ethylsuccinate TABS	51
ENBREL SOLR	4	EQL PRENATAL FORMULA TABS 56		escitalopram oxalate SOLN	13
ENBREL SOSY 25 MG/0.5ML	4	EQUETRO 100 MG	29	escitalopram oxalate TABS 10 MG 13	
ENBREL SOSY 50 MG/ML	4	EQUETRO 200 MG	29	escitalopram oxalate TABS 20 MG 13	
ENBREL SURECLICK SOAJ	4	EQUETRO 300 MG	29	escitalopram oxalate TABS 5 MG	13
ENGERIX-B SUSP 20 MCG/ML	65	ERAXIS	18	esomeprazole magnesium CPDR 20 MG	64
ENGERIX-B SUSY	65	ERBITUX	24	esomeprazole magnesium CPDR 40 MG	64
enoxaparin sodium SOLN IJ 300 MG/3ML	10	ergocalciferol CAPS	68	esomeprazole magnesium TBEC	64
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	10	ergocalciferol SOLN OR	68	ESPEROCT	48
enoxaparin sodium SOSY 30 MG/0.3ML	10	ergoloid mesylates TABS	62	estazolam	50
enoxaparin sodium SOSY 40 MG/0.4ML	10	ERGOMAR SUBL	53	estradiol GEL 0.06 %	46
enoxaparin sodium SOSY 60 MG/0.6ML	10	ergotamine w/ caffeine TABS	53	estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	46
		eribulin mesylate	28	estradiol PTTW	46
		ERIVEDGE	24	estradiol PTWK	46
		ERLEADA 240 MG	25		

estradiol TABS .....	46	famciclovir 125 MG, 250 MG .....	32	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....	5
estradiol vaginal CREA .....	68	famciclovir 500 MG .....	32	ferrous fumarate-folic acid .....	49
estradiol vaginal TABS .....	68	famotidine in nacl SOLN .....	64	ferrous sulfate SOLN 15 MG/ML ..	49
estradiol valerate .....	46	famotidine SOLN 20 MG/2ML .....	64	ferrous sulfate TABS 65 MG, 325 MG .....	49
ESTROGEL GEL (estradiol) .....	46	famotidine SOLN 40 MG/4ML, 200 MG/20ML .....	64	ferrous sulfate TBEC 325 MG .....	49
eszopiclone .....	50	famotidine SUSR .....	64	fesoterodine fumarate .....	64
ethacrynic acid .....	44	famotidine TABS 20 MG, 40 MG ..	64	FETZIMA CP24 .....	14
ethambutol hcl TABS .....	23	FANAPT .....	29	FETZIMA TITRATION PACK C4PK 14	
ethosuximide CAPS .....	13	FANAPT TITRATION PACK .....	29	finasteride .....	48
ethosuximide SOLN .....	13	FANTASY LUBRICATED MISC ...	51	fingolimod hcl .....	61
ethynodiol diacet & eth estrad ....	35	FANTASY LUBRICATED/SPERMICIDE MISC 51		FIRDAPSE .....	23
etodolac CAPS .....	4	FARXIGA .....	16	FIRMAGON .....	25
etodolac TABS .....	4	FASENRA PEN SOAJ .....	9	flavoxate hcl .....	65
etonogestrel-ethinyl estradiol .....	35	FASENRA SOSY 30 MG/ML .....	9	flecainide acetate .....	9
ETOPOPHOS .....	28	FC2 FEMALE CONDOM .....	51	floxuridine .....	24
etoposide CAPS .....	28	febuxostat .....	48	FLUAD QUADRIVALENT 2021-2022 .....	65
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....	28	felbamate SUSP .....	12	FLUAD QUADRIVALENT 2022-2023 .....	65
etravirine 100 MG .....	30	felbamate TABS 400 MG .....	12	FLUAD QUADRIVALENT 2023-2024 .....	65
etravirine 200 MG .....	30	felbamate TABS 600 MG .....	12	FLUARIX QUADRIVALENT 2021- 2022 SUSY .....	65
EUCRISA .....	42	felodipine .....	33	FLUARIX QUADRIVALENT 2022- 2023 SUSY .....	66
EVAMIST SOLN .....	46	FEMCAP DEVI .....	51	FLUARIX QUADRIVALENT 2023- 2024 SUSY .....	66
everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG .....	55	FEMRING .....	68	FLUBLOK QUADRIVALENT 2021- 2022 .....	66
everolimus (immunosuppressant) 1 MG .....	55	fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG ...	19	FLUBLOK QUADRIVALENT 2022- .....	66
everolimus TABS .....	26	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....	19	fenoprofen calcium TABS .....	4
EVOTAZ .....	30	FENSOLVI SC .....	45	fentanyl citrate LPOP .....	5
exemestane .....	25	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....	5		
ezetimibe .....	19				
ezetimibe-simvastatin .....	19				

2023 .....	66	% .....	41	flurbiprofen TABS .....	4
FLUBLOK QUADRIVALENT 2023-2024 .....	66	fluocinolone acetonide OIL .....	41	flutamide .....	25
FLUCELVAX QUADRIVALENT 2021-2022 SUSP .....	66	fluocinolone acetonide OINT .....	41	fluticasone furoate-vilanterol .....	10
FLUCELVAX QUADRIVALENT 2021-2022 SUSY .....	66	fluocinolone acetonide SOLN .....	41	fluticasone propionate (inhalation) AEPB .....	9
FLUCELVAX QUADRIVALENT 2021-2022 SUSY .....	66	fluocinonide CREA 0.05 % .....	41	fluticasone propionate (nasal) SUSP .	57
FLUCELVAX QUADRIVALENT 2022-2023 SUSP .....	66	fluocinonide CREA 0.1 % .....	41	fluticasone propionate CREA 0.05 %	41
FLUCELVAX QUADRIVALENT 2022-2023 SUSY .....	66	fluocinonide emulsified base .....	41	fluticasone propionate hfa .....	9
FLUCELVAX QUADRIVALENT 2023-2024 SUSP .....	66	fluocinonide GEL .....	41	fluticasone propionate LOTN .....	41
FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....	66	fluocinonide OINT .....	41	fluticasone propionate OINT .....	41
FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....	66	fluorometholone (ophth) SUSP ....	59	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....	10
fluconazole SUSR .....	18	fluorouracil (topical) CREA 5 % ...	39	fluticasone-salmeterol AERO .....	10
fluconazole TABS .....	18	fluorouracil (topical) SOLN .....	39	fluvastatin sodium CAPS 20 MG ...	19
flucytosine .....	18	fluorouracil 500 MG/10ML .....	24	fluvastatin sodium CAPS 40 MG ...	19
fludarabine phosphate SOLN .....	24	fluoxetine hcl CAPS 10 MG .....	13	fluvoxamine maleate TABS 100 MG .	14
fludarabine phosphate SOLR .....	24	fluoxetine hcl CAPS 20 MG .....	13	fluvoxamine maleate TABS 25 MG, 50 MG .....	14
fludrocortisone acetate TABS .....	36	fluoxetine hcl CAPS 40 MG .....	13	FLUZONE HIGH-DOSE PF 2021-2022 .....	66
FLULAVAL QUADRIVALENT 2021-2022 SUSY .....	66	fluoxetine hcl CPDR .....	13	FLUZONE HIGH-DOSE PF 2022-2023 .....	66
FLULAVAL QUADRIVALENT 2022-2023 SUSY .....	66	fluoxetine hcl SOLN .....	13	FLUZONE HIGH-DOSE PF 2023-2024 .....	66
FLULAVAL QUADRIVALENT 2023-2024 SUSY .....	66	fluoxetine hcl TABS 10 MG, 60 MG	13	FLUZONE QUADRIVALENT 2021-2022 SUSP .....	66
flumazenil .....	17	13		FLUZONE QUADRIVALENT 2021-2022 SUSY .....	66
FLUMIST QUADRIVALENT .....	66	fluoxetine hcl TABS 20 MG .....	13	FLUZONE QUADRIVALENT 2022-2023 SUSP .....	66
flunisolide (nasal) 0.025 % .....	57	fluphenazine hcl CONC .....	29		
fluocinolone acetonide (otic) .....	60	fluphenazine hcl ELIX .....	29		
fluocinolone acetonide CREA 0.01 %	41	fluphenazine hcl SOLN .....	30		
fluocinolone acetonide CREA 0.025		fluphenazine hcl TABS .....	30		
		flurandrenolide CREA .....	41		
		flurandrenolide LOTN .....	41		
		flurazepam hcl .....	50		
		flurbiprofen sodium .....	59		

FLUZONE QUADRIVALENT 2022-2023 SUSY .....	67	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM .....	52	galantamine hydrobromide SOLN ..	61
FLUZONE QUADRIVALENT 2023-2024 SUSP .....	67	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM .....	52	galantamine hydrobromide TABS ..	61
FLUZONE QUADRIVALENT 2023-2024 SUSY .....	67	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....	52	GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....	60
FML FORTE SUSP .....	59	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM .....	53	GAMMAGARD LIQUID 30 GM/300ML .....	60
FML OINT .....	59	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....	53	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR .....	60
folic acid TABS .....	49	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM .....	53	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....	60
fondaparinux sodium 10 MG/0.8ML 11		FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM .....	53	GAMUNEX-C .....	60
fondaparinux sodium 2.5 MG/0.5ML . 11		frovatriptan succinate .....	53	ganciclovir sodium SOLR .....	31
fondaparinux sodium 5 MG/0.4ML .11		fulvestrant SOSY .....	25	ganirelix acetate .....	45
fondaparinux sodium 7.5 MG/0.6ML . 11		furosemide SOLN OR 10 MG/ML, 40 MG/5ML .....	44	GARDASIL 9 SUSP .....	67
FORA GTEL BLOOD KETONE TEST STRIPS .....	42	furosemide TABS .....	44	GARDASIL 9 SUSY .....	67
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT ..	42	FUZEON SOLR .....	30	gatifloxacin (ophth) .....	58
formoterol fumarate NEBU .....	10	FYCOMPA TABS 2 MG .....	11	gefitinib .....	24
FORTEO SOPN (teriparatide (recombinant)) .....	44	FYCOMPA TABS 4 MG .....	11	gemcitabine hcl SOLR 2 GM, 200 MG .....	24
FOSAMAX PLUS D .....	44	FYCOMPA TABS 6 MG .....	11	gemfibrozil TABS .....	19
fosamprenavir calcium TABS .....	30	FYCOMPA TABS 8 MG, 10 MG, 12 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
fosfomycin tromethamine .....	22	gabapentin CAPS .....	12	gentamicin sulfate (ophth) OINT ...	58
fosinopril sodium & hydrochlorothiazide .....	20	gabapentin SOLN .....	12	gentamicin sulfate (ophth) SOLN ..	58
fosinopril sodium .....	19	gabapentin TABS 600 MG, 800 MG 12		gentamicin sulfate (topical) CREA .	38
fosphenytoin sodium .....	12	GALAFOLD .....	45	gentamicin sulfate (topical) OINT ..	38
FRAGMIN SOSY .....	11	galantamine hydrobromide CP24 ..	61	gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML .....	2
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM .....	52			GENVOYA .....	30
				GILOTRIF .....	24

glatiramer acetate SOSY 20 MG/ML . 61	granisetron hcl TABS ..... 17	HUMATROPE CART IJ ..... 45
glatiramer acetate SOSY 40 MG/ML . 61	GRASTEK SUBL ..... 2	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT .. 3
GLEOSTINE 10 MG ..... 23	griseofulvin microsize SUSP ..... 18	HUMIRA PEN PNKT 80 MG/0.8ML . 3
GLEOSTINE 40 MG, 100 MG ..... 23	griseofulvin microsize TABS ..... 18	HUMIRA PEN PNKT ..... 3
glimepiride 1 MG, 2 MG ..... 16	griseofulvin ultramicrosize ..... 18	HUMIRA PEN-CD/UC/HS STARTER PNKT ..... 3
glimepiride 4 MG ..... 16	guanfacine hcl (adhd) ..... 1	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT ..... 3
glipizide TABS 5 MG, 10 MG ..... 16	guanfacine hcl ..... 20	HUMIRA PEN-PS/UV STARTER PNKT ..... 3
glipizide TB24 ..... 16	GYNAZOLE-1 ..... 68	HUMIRA PSKT ..... 3
glipizide-metformin hcl 250 MG-2.5 MG, 500 MG-2.5 MG ..... 15	HADLIMA PUSHTOUCH SOAJ ..... 3	HUMULIN R U-500 (CONCENTRATED) SOLN SC ..... 16
glipizide-metformin hcl 500 MG-5 MG ..... 15	HADLIMA SOSY ..... 3	HUMULIN R U-500 KWIKPEN SOPN SC ..... 16
GLUCAGEN DIAGNOSTIC ..... 42	HAEGARDA SOLR SC ..... 48	
glucagon (rdna) ..... 15	HALAVEN (eribulin mesylate) .... 28	
glyburide micronized 1.5 MG, 3 MG, 6 MG ..... 16	halcinonide CREA ..... 41	
glyburide TABS ..... 16	halobetasol propionate CREA ..... 41	HYCANTIN CAPS ..... 28
glyburide-metformin 250 MG-1.25 MG ..... 15	halobetasol propionate OINT ..... 41	hydralazine hcl SOLN ..... 21
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG ..... 15	HALOG OINT ..... 41	hydralazine hcl TABS ..... 21
glycine (gu irrigant) SOLN 1.5 % .. 47	haloperidol decanoate ..... 29	hydrochlorothiazide CAPS ..... 44
glycopyrrolate SOLN IJ 0.2 MG/ML, 4 MG/20ML ..... 63	haloperidol lactate CONC ..... 29	hydrochlorothiazide TABS 12.5 MG 44
glycopyrrolate TABS 1 MG ..... 64	haloperidol lactate SOLN ..... 29	hydrochlorothiazide TABS 25 MG, 50 MG ..... 44
glycopyrrolate TABS 2 MG ..... 63	haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG ..... 29	hydrocodone polistirex- chlorpheniramine polistirex SUER . 37
GLYXAMBI ..... 15	haloperidol TABS 20 MG ..... 29	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML ..... 6
GNP PRENATAL TABS ..... 56	HAVRIX ..... 67	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG ..... 6
GOJJI BLOOD KETONE TEST STRIPS ..... 43	HEMANGEOL SOLN OR ..... 32	
granisetron hcl SOLN IV 1 MG/ML 17	heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML ..... 11	
	HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML 11	
	HEPLISAV-B SOSY ..... 67	
	HIBERIX SOLR IJ ..... 65	



MG-7.5 MG .....	6	22	IMBRUVICA TABS .....	26
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG .....	6	22	imipenem-cilastatin IV .....	21
hydrocodone-ibuprofen 7.5 MG-200 MG .....	6	27	imipramine hcl TABS .....	14
hydrocortisone (intrarectal) .....	7	hydroxyurea .....	imipramine pamoate .....	14
hydrocortisone (rectal) EX .....	7	hydroxyzine hcl SOLN 50 MG/ML ..	imiquimod 5 % .....	42
hydrocortisone (topical) CREA 1 %, 2.5 % .....	41	hydroxyzine hcl SYRP .....	IMPAVIDO .....	21
hydrocortisone (topical) LOTN 2.5 % . 41	41	hydroxyzine hcl TABS .....	INCRELEX .....	45
hydrocortisone (topical) OINT 1 %, 2.5 % .....	41	hydroxyzine pamoate CAPS .....	INCRUSE ELLIPTA .....	9
hydrocortisone acetate (rectal) .....	7	HYPERSAL NEBU .....	indapamide TABS 1.25 MG .....	44
hydrocortisone butyrate CREA .....	41	HYQVIA .....	indapamide TABS 2.5 MG .....	44
hydrocortisone butyrate OINT .....	41	ibandronate sodium SOLN .....	indomethacin CAPS 25 MG, 50 MG 4	
hydrocortisone butyrate SOLN .....	41	ibandronate sodium TABS .....	indomethacin CPCR .....	4
hydrocortisone TABS .....	36	IBRANCE CAPS .....	INFANRIX .....	63
hydrocortisone vaginal .....	68	IBRANCE TABS .....	INFLECTRA SOLR .....	47
hydrocortisone valerate CREA .....	41	ibuprofen SUSP 100 MG/5ML .....	INGREZZA CAPS .....	61
hydrocortisone valerate OINT .....	41	ibuprofen TABS 400 MG, 600 MG ..	INGREZZA CPPK .....	61
hydrocortisone w/acetic acid .....	60	ibuprofen TABS 800 MG .....	INLYTA .....	24
hydromorphone hcl LIQD .....	5	icatibant acetate SOLN .....	INREBIC .....	26
hydromorphone hcl SOLN IJ 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 5	5	icatibant acetate SOSY .....	INSULIN ASPART FLEXPEN SOPN . 16	
hydromorphone hcl TABS .....	5	ICLUSIG .....	INSULIN ASPART PENFILL SOCT 16	
hydromorphone hcl TB24 32 MG ...	5	icosapent ethyl 1 GM .....	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN .....	16
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG .....	5	idarubicin hcl 20 MG/20ML .....	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP .....	16
hydroxychloroquine sulfate 100 MG 22	22	idarubicin hcl 5 MG/5ML, 10 MG/10ML .....	INSULIN ASPART SOLN IJ .....	16
hydroxychloroquine sulfate 200 MG	22	IDELVION .....	INSULIN DEGLUDEC FLEXTOUCH SOPN .....	16
		ifosfamide SOLN 1 GM/20ML .....	INSULIN DEGLUDEC SOLN .....	16
		ifosfamide SOLR .....		
		imatinib mesylate .....		
		IMBRUVICA CAPS 140 MG .....		
		IMBRUVICA CAPS 70 MG .....		
		IMBRUVICA SUSP .....		

INTELENCE 25 MG .....	30	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG .....	37	ketoprofen CAPS 50 MG .....	4
INTRAROSA .....	67	isradipine CAPS .....	33	ketorolac tromethamine (ophth) ...	59
INTRON A SOLR 18000000 UNIT	27	itraconazole CAPS .....	18	ketorolac tromethamine TABS .....	4
IONOSOL-MB/DEXTROSE 5% ..	54	itraconazole SOLN .....	18	KETOSTIX STRP .....	43
IOPIDINE .....	58	ivermectin (pediculicide) .....	42	ketotifen fumarate (ophth) 0.035 %	59
IPOL INACTIVATED IPV .....	67	ivermectin .....	8	KEVZARA SOAJ .....	4
ipratropium bromide (nasal) 0.03 %	57	IXEMPRA KIT 15 MG .....	28	KEVZARA SOSY .....	4
ipratropium bromide (nasal) 0.06 %	57	JAKAFI .....	26	KIMONO COLORS DEVI .....	51
ipratropium bromide SOLN 0.02 % .	9	JANUMET TABS .....	15	KIMONO LUBRICATED MISC .....	51
ipratropium-albuterol SOLN .....	10	JANUMET XR TB24 1000 MG-100 MG .....	15	KIMONO MAXX/LARGE FLARE MISC .....	51
irbesartan .....	20	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG .....	15	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	51
irbesartan-hydrochlorothiazide ...	20	JANUVIA .....	15	KIMONO PLUS SPERMICIDE LUBRICATED MISC .....	51
IRESSA (gefitinib) .....	24	JARDIANCE .....	16	KIMONO PLUS SPERMICIDE/LUBRICATED MISC	51
irinotecan hcl 40 MG/2ML, 100 MG/5ML .....	28	JEVTANA .....	28	KIMONO PS LUBRICATED MISC .51	
irrigation solutions, physiological ..	56	JIVI .....	48	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	51
ISENTRESS CHEW .....	30	JULUCA .....	30	KIMONO SENSATION LUBRICATED MISC .....	51
ISENTRESS HD TABS .....	30	KALYDECO TABS .....	62	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	51
ISENTRESS TABS .....	30	KAMELEON LUBRICATED MISC .51		KIMONO SPECIAL DEVI .....	51
ISOLYTE-P/DEXTROSE 5% .....	54	KANJINTI .....	24	KINRIX SUSY .....	63
ISOLYTE-S .....	54	KCL 0.3%/D5W/NAACL 0.9% (potassium chloride in dextrose & sodium chloride) .....	54	KISQALI .....	26
isoniazid SOLN .....	23	KEPIVANCE 6.25 MG .....	27	KISQALI FEMARA 200 DOSE .....	26
isoniazid SYRP .....	23	KESIMPTA .....	61	KISQALI FEMARA 400 DOSE .....	26
isoniazid TABS .....	23	ketoconazole (topical) CREA .....	38		
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG .....	8	ketoconazole (topical) SHAM 2 % .	38		
isosorbide dinitrate-hydralazine hcl	33	ketoconazole .....	18		
isosorbide mononitrate TABS .....	8	KETONE STRP .....	43		
isosorbide mononitrate TB24 .....	8	KETONE TEST STRIPS STRP ...	43		

KISQALI FEMARA 600 DOSE	26	lamivudine-zidovudine	30	leucovorin calcium TABS	27
KLARITY-A	58	lamotrigine CHEW 25 MG	12	LEUKERAN	23
KLOXXADO LIQD	17	lamotrigine CHEW 5 MG	12	LEUKINE SOLR IJ	49
KOGENATE FS KIT	48	lamotrigine TABS 100 MG	12	leuprolide acetate KIT IJ 1 MG/0.2ML	25
KOSELUGO	26	lamotrigine TABS 150 MG	12	levalbuterol hcl	10
KOVALTRY	48	lamotrigine TABS 200 MG	12	levalbuterol hcl 1.25 MG/0.5ML	10
KP PRENATAL MULTIVITAMINS TABS	56	lamotrigine TABS 25 MG	12	levalbuterol tartrate	10
KRINTAFEL	22	lamotrigine TBDP	12	LEVEMIR FLEXPEN SOPN	16
K-Y ME & YOU EXTRA LUBRICATED DEVI	51	LANOXIN SOLN IJ (digoxin)	33	LEVEMIR FLEXTOUCH SOPN	16
K-Y ME & YOU INTENSE DEVI	51	LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)	33	LEVEMIR SOLN	16
KYPROLIS	26	lansoprazole CPDR 15 MG	64	levetiracetam SOLN IV 500 MG/5ML 12	
labetalol hcl SOLN	32	lansoprazole CPDR 30 MG	64	levetiracetam TABS 1000 MG	12
labetalol hcl TABS 100 MG, 200 MG 32		lanthanum carbonate CHEW	47	levetiracetam TABS 250 MG, 750 MG	12
labetalol hcl TABS 300 MG	32	lapatinib ditosylate	26	levetiracetam TABS 500 MG	12
lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML	12	LASTACRAFT	59	levetiracetam TB24	12
lacosamide TABS	12	latanoprost SOLN	59	levobunolol hcl 0.5 %	58
lactated ringer's (irrigation)	56	leflunomide	4	levocetirizine dihydrochloride SOLN 18	
lactated ringer's	54	lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG	55	levocetirizine dihydrochloride TABS 18	
lactic acid (ammonium lactate) CREA	42	lenalidomide 20 MG	55	levofloxacin (ophth) 0.5 %	58
lactic acid (ammonium lactate) LOTN 12 %	42	LENVIMA 10 MG DAILY DOSE	24	levofloxacin in d5w 5 %-500 MG/100ML	46
lactulose (encephalopathy)	47	LENVIMA 12MG DAILY DOSE	24	levofloxacin SOLN OR	46
lactulose SOLN	50	LENVIMA 14 MG DAILY DOSE	24	levofloxacin TABS 250 MG, 750 MG 46	
lamivudine (hbv) TABS	31	LENVIMA 18 MG DAILY DOSE	24	levofloxacin TABS 500 MG	46
lamivudine SOLN	30	LENVIMA 20 MG DAILY DOSE	24	levonorgestrel & eth estradiol TABS 35	
lamivudine TABS 150 MG	30	LENVIMA 24 MG DAILY DOSE	24	levonorgestrel (emergency oc) 1.5	
lamivudine TABS 300 MG	30	LENVIMA 4 MG DAILY DOSE	24		
		LENVIMA 8 MG DAILY DOSE	24		
		letrozole	25		
		leucovorin calcium SOLR	27		

MG .....	35	lithium carbonate CAPS .....	29	LUCEMYRA .....	61
levonorgestrel-eth estradiol (triphasic) .....	35	lithium carbonate TABS .....	29	luliconazole .....	38
levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG .....	35	lithium carbonate TBCR .....	29	LUMIZYME .....	45
levonorgestrel-ethinyl estradiol (continuous) .....	35	LO LOESTRIN FE TABS .....	35	LUPRON DEPOT (1-MONTH) KIT IM .....	25
levonorgestrel-ethinyl estradiol-iron 35		LOKELMA .....	56	LUPRON DEPOT (3-MONTH) KIT IM .....	25
levorphanol tartrate TABS 2 MG ....	5	loperamide hcl CAPS .....	16	LUPRON DEPOT (4-MONTH) IM .	25
levothyroxine sodium TABS .....	63	lopinavir-ritonavir SOLN .....	30	LUPRON DEPOT (6-MONTH) IM .	25
LEXIVA SUSP .....	30	lopinavir-ritonavir TABS .....	30	LUPRON DEPOT-PED (1-MONTH) .	45
lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 % .....	50	loratadine CAPS .....	18	LUPRON DEPOT-PED (3-MONTH) 11.25 MG .....	45
lidocaine hcl (mouth-throat) 2 % ...	56	loratadine CHEW .....	18	LUPRON DEPOT-PED (3-MONTH) 30 MG .....	45
lidocaine hcl (mouth-throat) 4 % ...	56	loratadine SOLN .....	18	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG .....	29
lidocaine hcl GEL 2 % .....	42	loratadine TABS .....	18	lurasidone hcl 80 MG .....	29
lidocaine hcl PRSY .....	42	loratadine TBDP .....	18	LYNPARZA TABS .....	26
lidocaine hcl SOLN .....	42	lorazepam CONC .....	8	LYSODREN .....	25
lidocaine PTCH 5 % .....	42	lorazepam TABS 0.5 MG, 2 MG ....	8	mafenide acetate PACK .....	40
lidocaine-prilocaine CREA .....	42	lorazepam TABS 1 MG .....	8	magnesium sulfate IJ 50 % .....	55
lincomycin hcl .....	22	LORBRENA .....	26	malathion .....	42
linezolid SUSR .....	22	losartan potassium & hydrochlorothiazide 12.5 MG-100 MG, 25 MG-100 MG .....	20	maraviroc TABS 150 MG .....	30
linezolid TABS .....	22	losartan potassium & hydrochlorothiazide 12.5 MG-50 MG . 20		maraviroc TABS 300 MG .....	30
LINZESS .....	47	losartan potassium .....	20	MARPLAN .....	13
liothyronine sodium SOLN .....	63	LOTEMAX OINT .....	59	MASONATAL TABS .....	56
liothyronine sodium TABS .....	63	loteprednol etabonate GEL .....	59	MATULANE .....	27
lisdexamfetamine dimesylate CAPS 1		loteprednol etabonate SUSP .....	59	MAVYRET TABS .....	31
lisinopril & hydrochlorothiazide ....	20	lovastatin TABS 10 MG, 20 MG ...	19	MAXIDEX SUSP OP .....	59
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG .....	19	lovastatin TABS 40 MG .....	19	MAXX LUBRICATED MISC .....	52
lithium .....	28	loxapine succinate .....	29	MAXX PLUS SPERMICIDE	
		lubiprostone .....	47		

LUBRICATED MISC .....	52	MG/5ML .....	5	METHITEST TABS .....	7
meclizine hcl TABS 12.5 MG .....	17	meperidine hcl TABS 50 MG .....	5	methocarbamol TABS 500 MG, 750 MG .....	57
meclizine hcl TABS 25 MG .....	17	meprobamate .....	8	METHOTREXATE .....	3
meclofenamate sodium CAPS .....	4	mercaptopurine TABS .....	24	methotrexate sodium SOLN 50 MG/2ML, 250 MG/10ML .....	24
MEDROL TABS .....	36	meropenem .....	21	methotrexate sodium SOLR .....	24
medroxyprogesterone acetate (contraceptive) SUSP IM .....	36	mesalamine CP24 .....	47	methotrexate sodium TABS 2.5 MG 24	
medroxyprogesterone acetate (contraceptive) SUSY IM .....	36	mesalamine CPDR .....	47		
medroxyprogesterone acetate 10 MG .....	61	mesalamine ENEM .....	47	methoxsalen rapid .....	39
medroxyprogesterone acetate 2.5 MG, 5 MG .....	61	mesalamine SUPP .....	47	methscopolamine bromide .....	64
mefenamic acid CAPS .....	4	mesalamine TBEC 1.2 GM .....	47	methsuximide .....	13
mefloquine hcl .....	23	mesalamine TBEC 800 MG .....	47	methyl dopa TABS .....	20
megestrol acetate (appetite) .....	61	metaxalone 800 MG .....	57	METHYLIN SOLN (methylphenidate hcl) .....	2
megestrol acetate SUSP .....	25	metformin hcl TABS 1000 MG .....	15	methylphenidate hcl CHEW 10 MG ..	2
megestrol acetate TABS .....	25	metformin hcl TABS 500 MG .....	15	methylphenidate hcl CHEW 2.5 MG 2	
MEKINIST TABS .....	26	metformin hcl TABS 850 MG .....	15	methylphenidate hcl CHEW 5 MG ..	2
MEKTOVI .....	26	metformin hcl TB24 500 MG .....	15	methylphenidate hcl CHEW 5 MG, 60 MG .....	2
meloxicam TABS .....	4	metformin hcl TB24 750 MG .....	15	methylphenidate hcl CP24 10 MG, 60 MG .....	2
melphalan .....	23	methadone hcl CONC .....	5	methylphenidate hcl CP24 20 MG, 40 MG .....	2
melphalan hcl IV .....	23	methadone hcl SOLN IJ 10 MG/ML ..	5	methylphenidate hcl CP24 30 MG ..	2
memantine hcl TABS .....	61	METHADONE HCL SOLN IJ .....	5	methylphenidate hcl CP24 .....	2
MENACTRA .....	65	methadone hcl SOLN OR 10 MG/5ML .....	5	methylphenidate hcl CP24 .....	2
MENEST .....	46	methadone hcl SOLN OR 5 MG/5ML 5		methylphenidate hcl CPCR .....	2
MENOSTAR PTWK .....	46	methadone hcl TABS 10 MG .....	5	methylphenidate hcl SOLN .....	2
MENQUADFI .....	65	methadone hcl TABS 5 MG .....	5	methylphenidate hcl TABS 10 MG, 20 MG .....	2
MENVEO SOLR .....	65	methadone hcl TBSO .....	5	methylphenidate hcl TABS 5 MG ...	2
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML .....	5	methamphetamine hcl .....	1	methylphenidate hcl TB24 18 MG, 27 MG .....	2
meperidine hcl SOLN OR 50		methazolamide TABS .....	43	methylphenidate hcl TB24 36 MG, 54 MG .....	2
		methenamine hippurate .....	22		
		methimazole TABS .....	63		

methylphenidate hcl TBCR 10 MG, 20 MG .....	2	metronidazole (topical) LOTN .....	42	VACCINE/6MO-11Y/2023-24 SUSP .	67
methylphenidate hcl TBCR 18 MG, 27 MG .....	2	metronidazole TABS .....	21	MODERNA COVID-19	
methylphenidate hcl TBCR 36 MG, 54 MG .....	2	metronidazole vaginal .....	68	VACCINE6MO-5Y SUSP .....	67
methylphenidate PTCH .....	2	mexiletine hcl .....	8	moexipril hcl .....	19
methylprednisolone acetate SUSP	36	micafungin sodium .....	18	mometasone furoate (nasal) SUSP	58
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG .....	36	miconazole nitrate vaginal SUPP 200 MG .....	68	mometasone furoate CREA .....	41
methylprednisolone TABS .....	36	midodrine hcl .....	68	mometasone furoate OINT .....	41
methylprednisolone TBPK .....	36	mifepristone .....	46	mometasone furoate SOLN .....	41
metoclopramide hcl SOLN IJ 5 MG/ML .....	47	miglitol .....	14	montelukast sodium CHEW .....	9
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML .....	47	miglustat .....	49	montelukast sodium PACK .....	9
metoclopramide hcl TABS .....	47	minocycline hcl CAPS .....	63	montelukast sodium TABS .....	9
metolazone .....	44	minocycline hcl TABS .....	63	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG .....	5
metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 50 MG-100 MG .....	20	minoxidil 2.5 MG, 10 MG .....	21	morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML .....	5
metoprolol & hydrochlorothiazide TABS 25 MG-50 MG .....	20	MIRCERA .....	49	morphine sulfate SOLN OR 10 MG/5ML .....	5
metoprolol succinate TB24 200 MG 32		mirtazapine TABS 15 MG .....	13	morphine sulfate SOLN OR 20 MG/5ML .....	5
metoprolol succinate TB24 25 MG, 50 MG, 100 MG .....	32	mirtazapine TABS 30 MG .....	13	morphine sulfate TABS .....	5
metoprolol tartrate SOLN IV 5 MG/5ML .....	32	mirtazapine TABS 7.5 MG, 45 MG	13	morphine sulfate TBCR .....	6
metoprolol tartrate TABS 25 MG, 50 MG, 100 MG .....	32	mirtazapine TBDP 15 MG .....	13	MOTEGRITY .....	46
metronidazole (topical) CREA .....	42	mirtazapine TBDP 30 MG .....	13	MOTOFEN .....	17
metronidazole (topical) GEL 0.75 % 42		mirtazapine TBDP 45 MG .....	13	MOVANTIK .....	47
metronidazole (topical) GEL 1 % ..	42	misoprostol .....	64	moxifloxacin hcl (ophth) SOLN OP	58
		mitomycin SOLR IV 20 MG .....	26	moxifloxacin hcl in sodium chloride	46
		mitoxantrone hcl 2 MG/ML .....	26	moxifloxacin hcl TABS .....	46
		M-M-R II SOLR .....	67	MOZOBIL (plerixafor) .....	49
		M-NATAL PLUS TABS .....	56	MULPLETA .....	49
		modafinil 100 MG .....	2		
		modafinil 200 MG .....	2		
		MODERNA COVID-19 VACCINE SUSP .....	67		
		MODERNA COVID-19			

MULTI PRENATAL TABS .....	56	nateglinide .....	16	nevirapine TB24 100 MG .....	31
mupirocin OINT .....	38	NAYZILAM .....	11	nevirapine TB24 400 MG .....	31
MVASI .....	24	nebivolol hcl 2.5 MG, 5 MG, 10 MG 32		NEXIUM 24HR TBEC (esomeprazole magnesium) .....	64
MYALEPT .....	45	nebivolol hcl 20 MG .....	32	NEXTSTELLIS .....	35
mycophenolate mofetil CAPS .....	55	NEBUSAL NEBU .....	37	niacin (antihyperlipidemic) TBCR ..	19
mycophenolate mofetil TABS .....	55	nefazodone hcl .....	14	niacin CPR 250 MG, 500 MG ....	68
mycophenolate sodium .....	55	nelarabine .....	24	niacin TABS .....	68
MYLERAN TABS .....	23	neomycin sulfate TABS .....	2	niacin TBCR .....	68
nabumetone .....	4	neomycin-bacitracin zn-polymyxin	58	NIACIN TR TBCR .....	68
nadolol TABS 20 MG .....	32	neomycin-polymy-dexameth OINT	59	niacinamide TABS 100 MG .....	68
nadolol TABS 40 MG .....	32	neomycin-polymy-dexameth SUSP	59	niacinamide TABS 500 MG .....	68
nadolol TABS 80 MG .....	32	39		nicardipine hcl CAPS .....	33
nafticillin sodium IV 10 GM .....	60	neomycin-polymyxin-hc (ophth) ..	59	nicardipine hcl SOLN .....	33
naftifine hcl CREA 1 % .....	38	neomycin-polymyxin-hc (otic) SOLN .	60	nicotine MISC XX .....	62
naftifine hcl CREA 2 % .....	38	60		nicotine polacrilex GUM .....	62
NAGLAZYME .....	45	neomycin-polymyxin-hc (otic) SUSP .	60	nicotine polacrilex LOZG .....	62
nalbuphine hcl .....	7	60		nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....	62
naloxone hcl LIQD .....	17	NEONATAL COMPLETE TABS 120		NICOTINE TRANSDERMAL	
naloxone hcl SOCT .....	17	MG-10 MG-9.2 MG-1000 MCG-10		SYSTEM KIT .....	62
naloxone hcl SOLN 0.4 MG/ML, 4		MCG-12 MCG-3 MG-5 MG-20 MG-		NICOTROL INHALER INHA .....	62
MG/10ML .....	17	27 MG-200 MG-1.84 MG-25 MG-2		NICOTROL NS SOLN .....	62
naloxone hcl SOSY .....	17	MG-1200 MCG-2 MG-0.2 MG .....	56	nifedipine CAPS 10 MG .....	33
naltrexone hcl .....	17	NEONATAL PLUS TABS .....	56	nifedipine CAPS 20 MG .....	33
naproxen sodium TABS 550 MG ...	4	NEONATAL PRENATAL VITAMIN		nifedipine TB24 60 MG .....	33
naproxen SUSP .....	4	TABS .....	56	nifedipine TB24 90 MG .....	33
naproxen TABS .....	4	NEONATAL VITAMIN TABS .....	56	nifedipine TB24 .....	33
naproxen TBEC 500 MG .....	4	neostigmine methylsulfate SOSY ..	23	nilutamide .....	25
naratriptan hcl .....	53	NEO-SYNALAR .....	38	nimodipine CAPS .....	33
NATACYN .....	58	NEUPRO .....	28	NINLARO .....	26
NATAZIA .....	35	NEVANAC .....	59		
		nevirapine SUSP .....	30		
		nevirapine TABS .....	31		

NIPENT .....	27	norethindrone acetate TABS .....	61	NP THYROID 15 TABS .....	63
nisoldipine .....	33	norethindrone acetate-ethinyl estradiol .....	46	NP THYROID 30 TABS .....	63
nitazoxanide TABS .....	21	norethindrone acetate-ethinyl estradiol-fe .....	35	NP THYROID 60 TABS .....	63
nitisinone CAPS .....	45	norethindrone-eth estradiol (triphasic) .....	35	NP THYROID 90 TABS .....	63
NITRO-BID OINT .....	8	norgestimate-ethinyl estradiol (triphasic) .....	35	NUBEQA .....	25
nitrofurantoin .....	22	norgestimate-ethinyl estradiol .....	35	NUCALA SOAJ .....	9
nitrofurantoin macrocrystal 50 MG, 100 MG .....	22	norgestrel & ethinyl estradiol 30 MCG-0.3 MG .....	35	NUCALA SOLR .....	9
nitrofurantoin monohyd macro ....	22	NORMOSOL-M/D5W .....	54	NUCALA SOSY 100 MG/ML .....	9
nitroglycerin (intra-anal) .....	7	NORMOSOL-R .....	54	NUCALA SOSY 40 MG/0.4ML .....	9
nitroglycerin CPCR .....	8	NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl) .....	14	NUCYNTE ER TB12 .....	6
nitroglycerin PT24 .....	8	nortriptyline hcl CAPS .....	14	NUCYNTE TABS .....	6
NITROGLYCERIN SOLN IV .....	8	nortriptyline hcl SOLN .....	14	NUEDEXTA .....	62
nitroglycerin SUBL .....	8	NORVIR CAPS .....	31	NULOJIX .....	55
NIVA-PLUS TABS .....	56	NORVIR PACK .....	31	nystatin (mouth-throat) .....	56
nizatidine CAPS .....	64	NORVIR SOLN .....	31	nystatin (topical) CREA .....	38
NORDITROPIN FLEXPPO SOPN 30 MG/3ML .....	45	NOVA MAX PLUS KETONE TESTSTRIPS .....	43	nystatin (topical) OINT .....	38
NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML .....	45	NOVOEIGHT .....	48	nystatin (topical) POWD EX .....	38
norelgestromin-ethinyl estradiol ...	35	NOVOLIN 70/30 FLEXPEN SUPN	16	nystatin TABS .....	18
norethin acet & estrad-fe CAPS ...	35	NOVOLIN 70/30 SUSP .....	16	nystatin-triamcinolone CREA .....	38
norethin acet & estrad-fe CHEW ..	35	NOVOLIN N FLEXPEN SUPN .....	16	nystatin-triamcinolone OINT .....	38
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	35	NOVOLIN N SUSP .....	16	octreotide acetate SOLN .....	46
norethindrone & eth estradiol .....	35	NOVOLIN R FLEXPEN SOPN IJ ..	16	ODEFSEY .....	31
norethindrone & ethinyl estradiol-fe 35		NOVOLIN R SOLN IJ .....	16	ODOMZO .....	24
norethindrone (contraceptive) .....	36	NOXAFIL SUSP (posaconazole) ..	18	OFEV .....	62
norethindrone acet & eth estra ...	35	NP THYROID 120 TABS .....	63	ofloxacin (ophth) .....	58



olanzapine TABS 7.5 MG, 10 MG, 15 MG, 20 MG .....	29	ONE VITE WOMENS PRENATALVITAMIN TABS .....	56	OXISTAT LOTN .....	39
olanzapine TBDP 20 MG .....	29	ONETOUCH DELICA SAFETY LANCING DEVICE .....	53	oxybutynin chloride SOLN .....	64
olanzapine TBDP 5 MG, 10 MG, 15 MG .....	29	ONETOUCH DELICA SAFETY LANCING DEVICE 30G .....	53	oxybutynin chloride TABS 5 MG ...	64
olmesartan medoxomil .....	20	OPILL .....	36	oxybutynin chloride TB24 .....	64
olmesartan medoxomil-amlodipine- hydrochlorothiazide .....	20	OPSUMIT .....	34	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG .....	6
olmesartan medoxomil- hydrochlorothiazide .....	21	ORENITRAM TBCR .....	33	oxycodone hcl TABS .....	6
olopatadine hcl (nasal) .....	57	ORLISSA .....	45	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	7
olopatadine hcl 0.1 % .....	59	ORKAMBI PACK .....	62	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG .....	6
olopatadine hcl 0.2 % .....	59	ORKAMBI TABS .....	62	oxymorphone hcl TABS .....	6
omega-3-acid ethyl esters .....	19	ORLADEYO .....	48	oxymorphone hcl TB12 40 MG .....	6
omeprazole CPDR .....	64	orphenadrine citrate TB12 .....	57	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG	6
omeprazole magnesium CPDR ...	64	oseltamivir phosphate CAPS .....	32	OSZEMPIC SOPN 2 MG/1.5ML .....	15
omeprazole TBEC .....	64	oseltamivir phosphate SUSR .....	32	OZEMPIC SOPN .....	15
omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG .....	64	OSMOPREP .....	50	paclitaxel 6 MG/ML, 100 MG/16.7ML, 150 MG/25ML .....	28
OMNIFLEX DIAPHRAGM .....	52	OSPHENA .....	45	paclitaxel protein-bound particles	28
ONCASPAR .....	27	OTEZLA TABS .....	4	paliperidone 1.5 MG, 3 MG, 9 MG	29
ondansetron hcl SOLN IJ 4 MG/2ML . 17		OTEZLA TBPK .....	4	paliperidone 6 MG .....	29
ondansetron hcl SOLN OR 4 MG/5ML .....	17	oxacillin sodium IV 10 GM .....	60	palonosetron hcl SOLN .....	17
ondansetron hcl SOSY .....	17	oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML .....	23	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML .....	44
ondansetron hcl TABS 24 MG .....	17	oxandrolone .....	7	PAMIDRONATE DISODIUM SOLN 44	
ondansetron hcl TABS 4 MG .....	17	oxaprozin TABS .....	4	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-	
ondansetron hcl TABS 8 MG .....	17	oxazepam CAPS .....	8		
ondansetron TBDP 4 MG .....	17	OXBRYTA TABS 500 MG .....	49		
ondansetron TBDP 8 MG .....	17	oxcarbazepine SUSP .....	12		
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	56	oxcarbazepine TABS 150 MG, 300 MG .....	12		
		oxcarbazepine TABS 600 MG .....	12		
		oxiconazole nitrate CREA .....	38		

16800 UNIT .....	43	24	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP .....	67
PANRETIN .....	39	penciclovir .....	40	
pantoprazole sodium TBEC 20 MG 64		penicillamine CAPS .....	55	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP ..
pantoprazole sodium TBEC 40 MG 64		penicillamine TABS .....	55	67
paricalcitol CAPS .....	45	penicillin g potassium 5000000 UNIT 60		PHEBURANE PLLT .....
paricalcitol SOLN .....	45	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML .....	60	45
paroxetine hcl SUSP .....	14	PENICILLIN G PROCAINE .....	60	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG .....
paroxetine hcl TABS 10 MG .....	14	penicillin g sodium .....	60	48
paroxetine hcl TABS 20 MG .....	14	penicillin v potassium SOLR .....	60	phendimetrazine tartrate TABS .....
paroxetine hcl TABS 30 MG .....	14	penicillin v potassium TABS .....	60	1
paroxetine hcl TABS 40 MG .....	14	PENTACEL .....	63	phenelzine sulfata .....
paroxetine hcl TB24 12.5 MG .....	14	pentazocine w/ naloxone hcl .....	7	13
paroxetine hcl TB24 25 MG, 37.5 MG .....	14	pentoxifylline .....	48	phenobarbital ELIX .....
PASER PACK .....	23	perindopril erbumine 2 MG, 8 MG ..	20	50
pazopanib hcl .....	26	perindopril erbumine 4 MG .....	20	phenobarbital TABS .....
PEDIARIX SUSY .....	63	PERJETA .....	24	50
pediatric multivitamins w/fl CHEW ..	56	permethrin CREA .....	42	phenoxybenzamine hcl .....
PEDVAX HIB SUSP .....	65	permethrin LIQD EX .....	42	20
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....	50	perphenazine TABS .....	30	phentermine hcl CAPS .....
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM .....	50	perphenazine-amitriptyline .....	61	1
peg 3350-potassium chloride-sod bicarbonate-sod chloride .....	50	PERSERIS PRSY .....	29	12
PEGASYS SOLN .....	31	PFIZER-BIONTECH COVID-19VACCINE SUSP .....	67	12
PEGASYS SOSY .....	31	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP .....	67	12
PEMAZYRE .....	26	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP ..	67	12
pemetrexed disodium SOLR 500 MG		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP .....	67	13
				13
				68
				47
				27
				31
				56
				58
				42
				62
				32
				16
				15

15		prasugrel hcl	49
piperacillin sodium-tazobactam sodium	60	pravastatin sodium	19
PIQRAY 200MG DAILY DOSE	26	praziquantel	8
PIQRAY 250MG DAILY DOSE	26	prazosin hcl CAPS	20
PIQRAY 300MG DAILY DOSE	26	PRECISION XTRA	43
pirfenidone CAPS	62	PRED MILD	59
pirfenidone TABS 267 MG, 801 MG	62	PRED-G SUSP	59
pirfenidone TABS 534 MG	62	prednicarbate OINT	41
piroxicam CAPS	4	prednisolone acetate (ophth)	59
PLASMA-LYTE A (electrolyte-a)	54	PREDNISOLONE SODIUM PHOSPHATE	59
PLASMA-LYTE-148 (electrolyte-148)	54	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML	36
PLEGRIDY SOPN	61	prednisolone sodium phosphate TBDP	36
PLEGRIDY SOSY SC	61	prednisolone SOLN	36
PLEGRIDY STARTER PACK SOPN	61	prednisolone TABS	36
PLEGRIDY STARTER PACK SOSY SC	61	prednisone SOLN	36
plerixafor	49	prednisone TABS 1 MG, 5 MG	36
PNEUMOVAX 23	65	prednisone TABS 2.5 MG, 10 MG, 20 MG, 50 MG	36
PNEUMOVAX 23/1 DOSE	65	prednisone TBPK	36
podofilox SOLN	42	pregabalin (once-daily) 330 MG	62
polymyxin b sulfate SOLR	22	pregabalin (once-daily) 82.5 MG, 165 MG	62
polymyxin b-trimethoprim	58	pregabalin CAPS 225 MG, 300 MG	12
POMALYST	25	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	12
posaconazole SUSP	18	pregabalin SOLN	12
potassium acetate SOLN 2 MEQ/ML	55	PREGNYL IM	44
potassium bicarbonate TBEF	55		
potassium chloride CPCR	55		
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 %	54		
potassium chloride in dextrose 5 %-20 MEQ/L	54		
potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	54		
potassium chloride microencapsulated crystals er	55		
potassium chloride PACK OR 20 MEQ	55		
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (potassium chloride)	55		
potassium chloride SOLN OR 10 %	55		
potassium chloride TBCR	55		
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	54		
potassium citrate (alkalinizer) TBCR	47		
potassium phosphates 236 MG/ML-224 MG/ML	55		
PR BENZOYL PEROXIDE WASH LIQD	37		
pralatrexate 20 MG/ML	24		
pramipexole dihydrochloride TABS 0.125 MG	28		
pramipexole dihydrochloride TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	28		

PREGNYL W/DILUENT	PREZISTA SUSP .....	31	promethazine hcl TABS .....	18
BENZYLALCOHOL/NACL IM .....	PREZISTA TABS (darunavir) .....	31	propafenone hcl CP12 .....	9
PREHEVBRIO .....	PREZISTA TABS 75 MG, 150 MG,		propafenone hcl TABS .....	9
PREMARIN .....	600 MG .....	31	proparacaine hcl .....	59
PREMARIN SOLR .....	PREZISTA TABS 800 MG		propranolol hcl CP24 .....	32
PREMARIN TABS .....	(darunavir) .....	31	propranolol hcl SOLN OR 20	
PREMIUM CONDOMS	PRIFTIN .....	23	MG/5ML, 40 MG/5ML .....	32
LUBRICATED MISC .....	primaquine phosphate TABS .....	23	propranolol hcl TABS .....	32
PREMPHASE .....	primidone 50 MG, 250 MG .....	12	propylthiouracil .....	63
PREMPRO .....	PRIORIX SUSR .....	67	protriptyline hcl .....	14
PRENATAL MULTIVITAMIN TABS	probenecid .....	48	PTS PANELS KETONE TEST .....	43
56	procainamide hcl SOLN 500 MG/ML		PULMICORT FLEXHALER AEPB ..	9
PRENATAL ONE DAILY TABS .....	8		PULMOZYME .....	62
PRENATAL PLUS TABS .....	prochlorperazine .....	30	PX PRENATAL MULTIVITAMINS	
PRENATAL PLUS VITAMIN	prochlorperazine maleate TABS ..	30	TABS .....	57
ANDMINERAL TABS .....	PROCRIT 2000 UNIT/ML, 3000		pyrazinamide .....	23
PRENATAL TABS .....	UNIT/ML, 4000 UNIT/ML, 10000		pyridostigmine bromide SOLN OR	23
PRENATAL VITAMIN & MINERAL	UNIT/ML, 20000 UNIT/ML .....	49	pyridostigmine bromide TABS 60 MG	
TABS .....	PROCRIT 40000 UNIT/ML .....	49	.....	23
PRENATAL VITAMIN TABS .....	progesterone CAPS .....	61	pyridostigmine bromide TBCR .....	23
PRENATAL VITAMIN/IRON TABS	PROGRAF PACK .....	55	pyrimethamine .....	23
57	PROGRAF SOLN .....	55	QC PRENATAL TABS .....	57
PRENATAL VITAMINS PLUS LOW	PROLASTIN-C SOLN .....	62	QINLOCK .....	26
IRON TABS .....	PROLEUKIN .....	27	QUADRACEL SUSP .....	63
PRENATAL VITAMINS TABS 120	PROLIA SOSY .....	44	QUADRACEL SUSY .....	63
MG-2.6 MG-800 MCG-400 UNIT-8	PROMACTA PACK .....	49	quetiapine fumarate TABS 25 MG, 50	
MCG-1.7 MG-20 MG-28 MG-200	PROMACTA TABS .....	49	MG, 100 MG, 200 MG .....	29
MG-1.8 MG-25 MG-4000 UNIT-30	promethazine hcl SOLN OR 6.25		quetiapine fumarate TABS 300 MG,	
UNIT .....	MG/5ML .....	18	400 MG .....	29
PRENATRIX TABS .....	promethazine hcl SUPP 12.5 MG, 25		quetiapine fumarate TB24 300 MG,	
PRENATRYL TABS .....	MG .....	18	400 MG .....	29
PREVNAR 13 .....	promethazine hcl SUPP 50 MG ...	18	quetiapine fumarate TB24 50 MG,	
PREVNAR 20 .....				
PREZCOBIX .....				

150 MG, 200 MG .....	29	REBIF TITRATION PACK SOSY ..	62	rifampin CAPS .....	23
quinapril hcl 20 MG, 40 MG .....	20	RECOMBIVAX HB SUSP .....	67	rifampin SOLR .....	23
quinapril hcl 5 MG, 10 MG .....	20	RECOMBIVAX HB SUSY .....	67	riluzole TABS .....	58
quinapril-hydrochlorothiazide 12.5 MG-10 MG .....	21	RECTIV (nitroglycerin (intra-anal)) .	7	rimantadine hydrochloride TABS ..	32
quinapril-hydrochlorothiazide 12.5 MG-20 MG .....	21	REGRANEX .....	42	ringer's .....	54
quinapril-hydrochlorothiazide 25 MG- 20 MG .....	21	RELENZA DISKHALER .....	32	ringer's irrigation .....	56
quinidine sulfate TABS .....	8	RELION 2-IN-1 LANCET DEVICES 30G .....	53	RINVOQ TB24 .....	3
quinine sulfate CAPS 324 MG .....	23	RELION 2-IN-1 LANCING DEVICE 25G .....	53	risedronate sodium TABS 150 MG	44
QVAR REDHALER .....	9	RELION 2-IN-1 LANCING DEVICE 30G .....	53	risedronate sodium TABS 35 MG .	44
RA PRENATAL FORMULA/FOLICACID TABS .....	57	RELION 2-IN-1 LANCING DEVICE 30G .....	53	risedronate sodium TABS 5 MG, 30 MG .....	44
RA PRENATAL TABS .....	57	RELION KETONE TEST STRIPS STRP .....	43	risedronate sodium TBEC .....	44
rabeprazole sodium TBEC .....	64	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP .....	43	RISPERDAL CONSTA (risperidone microspheres) .....	29
raloxifene hcl .....	45	RENFLIXIS .....	47	risperidone microspheres .....	29
ramelteon .....	50	repaglinide 0.5 MG, 1 MG .....	16	risperidone SOLN .....	29
ramipril CAPS .....	20	repaglinide 2 MG .....	16	risperidone TABS .....	29
ranitidine hcl TABS 150 MG .....	64	REPATHA PUSHTRONEX SYSTEM SOCT .....	19	risperidone TBDP .....	29
ranolazine TB12 1000 MG .....	8	REPATHA SOSY .....	19	ritonavir TABS .....	31
ranolazine TB12 500 MG .....	8	REPATHA SURECLICK SOAJ ....	19	rivastigmine tartrate CAPS .....	61
rasagiline mesylate .....	28	RETACRIT .....	49	rizatRIPTAN benzoate TABS 10 MG .	53
REALITY LATEX CONDOMS/LUBRICATED MISC ..	52	RETEVMO .....	27	rizatRIPTAN benzoate TABS 5 MG ..	53
REALITY LATEX/ULTRA TEXTURED DEVI .....	52	RETROVIR IV INFUSION SOLN ..	31	rizatRIPTAN benzoate TBDP 10 MG .	54
REALITY LATEX/ULTRA THIN DEVI 52	52	REXULTI .....	30	rizatRIPTAN benzoate TBDP 5 MG ..	53
REBIF REBIDOSE SOAJ .....	62	ribavirin (hepatitis c) CAPS .....	31	roflumilast .....	9
REBIF REBIDOSE TITRATIONPACK SOAJ .....	62	ribavirin (hepatitis c) TABS 200 MG 31	31	romidepsin SOLR .....	27
REBIF SOSY .....	62	RIDAURA .....	3	ropinirole hydrochloride TABS .....	28
		rifabutin .....	23	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG .....	28
				ropinirole hydrochloride TB24 8 MG, 12 MG .....	28

rosuvastatin calcium TABS .....	19	selegiline hcl TABS .....	28	SKYRIZI SOLN .....	47
ROTARIX SUSP .....	67	selenium sulfide LOTN 2.5 % .....	39	SKYRIZI SOSY .....	39
ROTARIX SUSR .....	67	SELZENTRY SOLN .....	31	SLYND .....	36
ROTATEQ SOLN .....	67	SELZENTRY TABS 25 MG, 75 MG 31		SM PRENATAL VITAMINS TABS	.57
ROZLYTREK CAPS .....	27	SEREVENT DISKUS .....	10	SODIUM ACETATE SOLN (sodium acetate) .....	54
RUBRACA .....	27	sertraline hcl CONC .....	14	sodium acetate SOLN .....	54
rufinamide SUSP .....	12	sertraline hcl TABS 100 MG .....	14	sodium chloride (gu irrigant) 0.9 %	47
rufinamide TABS 200 MG .....	12	sertraline hcl TABS 25 MG, 50 MG 14		sodium chloride (inhalant) NEBU 7 % .....	37
rufinamide TABS 400 MG .....	12	sevelamer carbonate PACK .....	47	sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 % .....	55
RUKOBIA .....	31	sevelamer carbonate TABS .....	47	sodium citrate & citric acid .....	47
RUXIENCE .....	24	SHINGRIX .....	67	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG .....	55
RYBELSUS TABS .....	16	SIGNIFOR .....	46	sodium phenylbutyrate POWD .....	45
salsalate .....	5	sildenafil citrate (pulmonary hypertension) SOLN .....	34	sodium phenylbutyrate TABS .....	45
SANDOSTATIN LAR DEPOT KIT	.46	sildenafil citrate (pulmonary hypertension) SUSR .....	34	sodium polystyrene sulfonate POWD	56
SANTYL OINT .....	42	sildenafil citrate (pulmonary hypertension) TABS .....	34	sodium polystyrene sulfonate SUSP OR 15 GM/60ML .....	56
sapropterin dihydrochloride PACK	.45	sildenafil citrate .....	33	sodium sulfate-potassium sulfate- magnesium sulfate .....	50
sapropterin dihydrochloride TABS	.45	silodosin .....	48	SOFOSBUVIR/VELPATASVIR TABS	.....31
SAVELLA TABS .....	61	silver sulfadiazine .....	40	solifenacin succinate TABS .....	64
SAVELLA TITRATION PACK MISC 61		SIMPONI ARIA SOLN .....	3	SOLQUA 100/33 .....	15
saxagliptin hcl .....	15	SIMULECT .....	55	SOLOSEC .....	2
saxagliptin-metformin hcl 1000 MG- 2.5 MG .....	15	simvastatin TABS .....	19	SOLU-CORTEF 100 MG, 500 MG, 1000 MG .....	36
saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG .....	15	sirolimus TABS .....	55	SOLU-CORTEF 250 MG .....	36
SCSEMBLIX 20 MG .....	27	SIRTURO .....	23	SOLU-MEDROL 2 GM .....	36
SCSEMBLIX 40 MG .....	27	SIVEXTRO TABS .....	22	SOMAVERT 10 MG, 15 MG, 20 MG	.
scopolamine .....	17	SKYRIZI PEN SOAJ .....	39		
SELECT INSULIN SYRINGES	...53	SKYRIZI PSKT .....	39		
SELECT LANCETS .....	53	SKYRIZI SOCT .....	47		
selegiline hcl CAPS .....	28				

45	STENDRA	33	vehicle EMUL 10 %-10 %-4 %	38
sorafenib tosylate	STIMATE SOLN NA	45	sulfacetamide sod-prednisolone SOLN	59
SORBITOL 3 %	STIOLTO RESPIMAT	10	sulfadiazine TABS	62
SORBITOL/MANNITOL IRRIGATION	STIVARGA	27	sulfamethoxazole-trimethoprim SOLN	21
.....	streptomycin sulfate SOLR	2	.....	21
sotalol hcl (afib/afI)	STRIBILD	31	sulfamethoxazole-trimethoprim SUSP	21
sotalol hcl TABS 240 MG	STRIVERDI RESPIMAT	10	.....	21
sotalol hcl TABS 80 MG, 120 MG, 160 MG	SUBLOCADE SOSY	7	sulfamethoxazole-trimethoprim TABS	21
.....	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	7	SULFAMYLON CREA	40
SOVALDI TABS 400 MG	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	7	sulfasalazine TABS	47
SPIKEVAX COVID-19 VACCINE SUSP	.....	7	sulfasalazine TBEC	47
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	SUBSYS LIQD 100 MCG	6	sulindac TABS	4
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	6	sumatriptan	54
.....	.....	6	sumatriptan succinate SOAJ	54
spinosad	SUBSYS LIQD 800 MCG, 1200 MCG, 1600 MCG	6	sumatriptan succinate SOCT	54
SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate)	.....	6	sumatriptan succinate SOLN 6 MG/0.5ML	54
SPIRIVA RESPIMAT AERS	sucralfate SUSP	64	sumatriptan succinate TABS	54
spironolactone & hydrochlorothiazide	sucralfate TABS	64	sumatriptan-naproxen sodium	53
.....	.....	64	sunitinib malate 12.5 MG, 25 MG, 50 MG	27
spironolactone TABS	sulconazole nitrate CREA	39	sunitinib malate 37.5 MG	27
SPRAVATO 56MG DOSE	sulconazole nitrate SOLN	39	SUNOSI 150 MG	1
SPRAVATO 84MG DOSE	sulfacetamide sodium (acne)	37	SUNOSI 75 MG	1
SPRYCEL	sulfacetamide sodium (ophth) SOLN 58	37	SYNAREL	45
stannous fluoride CONC	sulfacetamide sodium w/ sulfur CREA 10 %-5 %	37	SYNERA PTCH	42
stavudine CAPS	sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	37	SYNJARDY TABS	15
STELARA 130 MG/26ML	.....	37	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	15
STELARA SOLN 45 MG/0.5ML	sulfacetamide sodium w/ sulfur LIQD 9 %-4.5 %	37	.....	15
STELARA SOSY 45 MG/0.5ML	.....	37	SYNJARDY XR TB24 1000 MG-25	
STELARA SOSY 90 MG/ML	sulfacetamide sodium-sulfur in urea			

MG .....	15	12	theophylline ELIX .....	10	
SYNRIBO .....	27	TEGSEDI .....	62	theophylline SOLN .....	10
SYNTHROID TABS (levothyroxine sodium) .....	63	telmisartan .....	20	theophylline TB12 .....	10
TABLOID .....	24	telmisartan-amlodipine .....	21	theophylline TB24 .....	10
TABRECTA .....	27	telmisartan-hydrochlorothiazide .....	21	THERANATAL CORE NUTRITION TABS .....	57
tacrolimus (topical) OINT .....	42	temazepam 15 MG, 30 MG .....	50	THIOLA EC TBEC 100 MG (tiopronin) .....	48
tacrolimus CAPS .....	55	temazepam 7.5 MG, 22.5 MG .....	50	THIOLA EC TBEC 300 MG (tiopronin) .....	48
tadalafil (pulmonary hypertension) TABS .....	34	TEMODAR SOLR .....	23	thioridazine hcl .....	30
tadalafil 5 MG .....	33	temozolomide CAPS .....	23	thiotepa 15 MG .....	23
TAFINLAR CAPS .....	27	temsirolimus .....	27	thiothixene .....	30
tafluprost .....	59	TENIVAC INJ .....	63	THYMOGLOBULIN .....	55
TAGRISSO 40 MG .....	24	tenofovir disoproxil fumarate TABS 31 .....		THYROGEN 0.9 MG .....	42
TAGRISSO 80 MG .....	24	terazosin hcl .....	20	tiagabine hcl .....	12
TAKHZYRO SOLN .....	48	terbinafine hcl TABS .....	18	TIBSOVO .....	27
TAKHZYRO SOSY .....	48	terbutaline sulfate SOLN .....	10	tigecycline .....	62
TALZENNA .....	27	terbutaline sulfate TABS .....	10	timolol maleate (ophth) SOLG .....	58
tamoxifen citrate TABS .....	25	terconazole vaginal CREA .....	68	timolol maleate (ophth) SOLN .....	58
tamsulosin hcl .....	48	terconazole vaginal SUPP .....	68	timolol maleate TABS .....	32
TASIGNA 150 MG, 200 MG .....	27	teriflunomide .....	62	tiopronin TBEC 100 MG .....	48
TASIGNA 50 MG .....	27	teriparatide (recombinant) SOPN .....	44	tiopronin TBEC 300 MG .....	48
tavaborole .....	39	TERIPARATIDE SOPN .....	44	tiotropium bromide monohydrate CAPS .....	9
TAVALISSE .....	48	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML .....	7	TIVICAY TABS .....	31
tazarotene CREA .....	39	testosterone cypionate SOLN IM ...	7	tizanidine hcl CAPS .....	57
TAZVERIK .....	27	testosterone enanthate SOLN IM ...	7	tizanidine hcl TABS .....	57
TDVAX SUSP .....	63	TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP .....	63	tobramycin (ophth) SOLN .....	58
TEFLARO .....	35	tetrabenazine .....	61	tobramycin NEBU .....	2
TEGRETOL SUSP (carbamazepine) . 12		tetracycline hcl CAPS .....	63	tobramycin sulfate SOLN IJ 10 MG/ML, 40 MG/ML, 80 MG/2ML ...	2
TEGRETOL TABS (carbamazepine) .		THALOMID .....	55		



tobramycin-dexamethasone SUSP 59	tranexamic acid TABS ..... 50	triamcinolone acetonide (topical) OINT 0.5 % ..... 41
TODAY SPONGE MISC ..... 67	tranylcypromine sulfate ..... 13	triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML ..... 36
tolcapone ..... 28	travoprost SOLN ..... 59	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG ..... 44
tolmetin sodium CAPS ..... 4	TRAZIMERA ..... 24	triamterene & hydrochlorothiazide TABs ..... 44
tolmetin sodium TABS 600 MG ..... 4	trazodone hcl TABS ..... 14	triamterene CAPS ..... 44
TOLSURA CAPS ..... 18	TRECTOR ..... 23	triazolam ..... 50
tolterodine tartrate CP24 ..... 64	TRELEGY ELLIPTA ..... 10	TRICARE TABS ..... 57
tolterodine tartrate TABS ..... 64	TRELSTAR MIXJECT ..... 25	trientine hcl 250 MG ..... 55
tolvaptan TABS ..... 46	TREMFYA SOPN ..... 39	trifluoperazine hcl TABS ..... 30
topiramate CPSP 15 MG ..... 12	TREMFYA SOSY ..... 39	trifluridine ..... 58
topiramate CPSP 25 MG ..... 12	treprostinil SOLN IJ ..... 33	trihexyphenidyl hcl SOLN ..... 28
topiramate CS24 ..... 12	tretinoin (chemotherapy) ..... 27	trihexyphenidyl hcl TABS ..... 28
topiramate TABS 200 MG ..... 12	tretinoin CREA 0.025 %, 0.05 %, 0.1 % ..... 38	TRIJARDY XR 1000 MG-2.5 MG- 12.5 MG, 1000 MG-2.5 MG-5 MG ..... 15
topiramate TABS 25 MG, 100 MG ..... 12	tretinoin GEL 0.01 %, 0.025 % ..... 38	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG ..... 15
topiramate TABS 50 MG ..... 12	tretinoin microsphere 0.1 % ..... 38	TRIKAFTA TBPK ..... 62
topotecan hcl SOLR ..... 28	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG ..... 24	trimethobenzamide hcl CAPS ..... 17
toremifene citrate ..... 25	triamcinolone acetonide (mouth) ..... 56	trimethoprim TABS ..... 21
toremide TABS ..... 44	triamcinolone acetonide (nasal) AERO ..... 58	trimipramine maleate CAPS ..... 14
TRACLEER TBSO ..... 34	triamcinolone acetonide (topical) CREA 0.025 % ..... 41	TRINTELLIX ..... 14
tramadol hcl TABS 50 MG ..... 6	triamcinolone acetonide (topical) CREA 0.1 % ..... 41	TRIUMEQ TABS ..... 31
tramadol hcl TB24 ..... 6	triamcinolone acetonide (topical) CREA 0.5 % ..... 41	TRIZIVIR ..... 31
tramadol-acetaminophen ..... 7	triamcinolone acetonide (topical) LOTN 0.025 % ..... 41	tropicamide SOLN 0.5 % ..... 58
trandolapril 1 MG, 2 MG ..... 20	triamcinolone acetonide (topical) LOTN 0.1 % ..... 41	tropicamide SOLN 1 % ..... 58
trandolapril 4 MG ..... 20	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % ..... 41	trospium chloride CP24 ..... 64
trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG ..... 21		trospium chloride TABS ..... 64
trandolapril-verapamil hcl 240 MG-2 MG, 240 MG-4 MG ..... 21		
tranexamic acid SOLN 1000 MG/10ML ..... 50		

TRUE COVER DEVI .....	52	TRUSTEX/RIA LUBRICATED MISC .	52	UVADEX .....	27
TRUE METRIX BLOOD				valacyclovir hcl 1 GM, 1000 MG ...	32
GLUCOSETEST STRIPS STRP ..	43	TRUSTEX/RIA LUBRICATED		valacyclovir hcl 500 MG .....	32
TRUE METRIX CONTROL		SPERMICIDE MISC .....	52	valganciclovir hcl TABS .....	31
SOLUTION LEVEL 3 SOLN .....	53	TRUSTEX/RIA		valproate sodium SOLN OR 250	
TRUE METRIX SELF MONITORING		LUBRICATED/SPERMICIDE MISC	52	MG/5ML .....	13
BLOOD GLUCOSE STRIPS STRP	43	TRUXIMA .....	24	valproic acid CAPS .....	13
TRUETRACK TEST STRP .....	43	TUKYSA .....	24	valrubicin .....	26
TRULICITY 0.75 MG/0.5ML, 1.5		TURALIO .....	27	valsartan TABS .....	20
MG/0.5ML .....	16	TUZISTRA XR .....	37	valsartan-hydrochlorothiazide .....	21
TRULICITY 3 MG/0.5ML, 4.5		TWINRIX SUSY .....	67	vancomycin hcl CAPS .....	21
MG/0.5ML .....	16	TWIRLA .....	35	vancomycin hcl SOLR IV 1 GM, 10	
TRUMENBA .....	65	TYBLUME CHEW .....	35	GM, 500 MG, 1000 MG .....	22
TRUSTEX COLOR CONDOMS +		TYBOST .....	31	vancomycin hcl SOLR OR 25	
LUBE MISC .....	52	TYMLOS .....	44	MG/ML, 50 MG/ML, 250 MG/5ML .	22
TRUSTEX LUBRICATED		TYVASO REFILL SOLN IN .....	33	VAQTA .....	67
EXTRALARGE MISC .....	52	TYVASO SOLN IN .....	33	varenicline tartrate TABS .....	62
TRUSTEX LUBRICATED		TYVASO STARTER SOLN IN .....	33	varenicline tartrate TBPK .....	62
EXTRASTRENGTH MISC .....	52	UBRELVY .....	53	VARIVAX INJ .....	67
TRUSTEX LUBRICATED MISC ...	52	UCERIS (budesonide (intrarectal))	.7	VARUBI TBPK .....	17
TRUSTEX		UDENYCA ONBODY SOSY .....	49	VAXNEUVANCE .....	65
LUBRICATED/RIBBED/STUDDED		UDENYCA SOAJ .....	49	VECAMYL .....	21
MISC .....	52	UDENYCA SOSY .....	49	VECTIBIX 100 MG/5ML .....	24
TRUSTEX		UPTRAVI TABS 200 MCG .....	34	VEMLIDY .....	31
LUBRICATED/SPERMICIDE EXTRA		UPTRAVI TABS 400 MCG, 600		venlafaxine hcl CP24 150 MG .....	14
LARGE MISC .....	52	MCG, 800 MCG, 1000 MCG, 1200		venlafaxine hcl CP24 37.5 MG ....	14
TRUSTEX		MCG, 1400 MCG, 1600 MCG .....	34	venlafaxine hcl CP24 75 MG .....	14
LUBRICATED/SPERMICIDE MISC	52	UPTRAVI TITRATION PACK TBPK		venlafaxine hcl TABS .....	14
		34		venlafaxine hcl TB24 150 MG .....	14
TRUSTEX NATURAL CONDOMS		ursodiol CAPS .....	47	venlafaxine hcl TB24 37.5 MG, 75	
+LUBE/LUBRICATED MISC .....	52	ursodiol TABS .....	47	MG, 225 MG .....	14
TRUSTEX WITH NONOXYNOL-					
9/RIBBED/STUDDED MISC .....	52				

VENTAVIS 10 MCG/ML .....	33	voriconazole TABS .....	18	XELJANZ TABS 5 MG .....	3
verapamil hcl CP24 100 MG, 200 MG, 300 MG .....	33	VOSEVI .....	31	XELJANZ XR TB24 .....	3
verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG .....	33	VOTRIENT (pazopanib hcl) .....	27	XGEVA SOLN .....	44
verapamil hcl SOLN 2.5 MG/ML ...	33	VYNDAMAX .....	34	XHANCE EXHU .....	58
verapamil hcl TABS .....	33	VYNDAQEL .....	34	XIFAXAN 200 MG .....	21
verapamil hcl TBCR .....	33	VYVANSE CAPS .....	1	XIFAXAN 550 MG .....	21
VEREGEN .....	38	warfarin sodium TABS .....	10	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG .....	15
VERZENIO .....	27	water for irrigation, sterile .....	56	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG .....	15
VICTOZA .....	16	WESTAB PLUS TABS .....	57	XOLAIR SOAJ 150 MG/ML, 300 MG/2ML .....	9
VIEKIRA PAK TBPK .....	31	WIDE-SEAL SILICONE DIAPHRAGM KIT 60 .....	52	XOLAIR SOAJ 75 MG/0.5ML .....	9
vigabatrin PACK .....	12	WIDE-SEAL SILICONE DIAPHRAGM KIT 65 .....	52	XOLAIR SOLR .....	9
vigabatrin TABS .....	12	WIDE-SEAL SILICONE DIAPHRAGM KIT 70 .....	52	XOLAIR SOSY 150 MG/ML, 300 MG/2ML .....	9
VIIBRYD STARTER PACK KIT ...	14	WIDE-SEAL SILICONE DIAPHRAGM KIT 75 .....	52	XOLAIR SOSY 75 MG/0.5ML .....	9
vilazodone hcl TABS .....	14	WIDE-SEAL SILICONE DIAPHRAGM KIT 80 .....	52	XOSPATA .....	27
vincristine sulfate .....	28	WIDE-SEAL SILICONE DIAPHRAGM KIT 85 .....	52	XPOVIO .....	25
vinorelbine tartrate 10 MG/ML .....	28	WIDE-SEAL SILICONE DIAPHRAGM KIT 90 .....	52	XPOVIO 60 MG TWICE WEEKLY 25	
VIRACEPT TABS 250 MG .....	31	WIDE-SEAL SILICONE DIAPHRAGM KIT 95 .....	52	XPOVIO 80 MG TWICE WEEKLY 25	
VIRACEPT TABS 625 MG .....	31	XALKORI CAPS .....	27	XTAMPZA ER .....	6
VIREAD POWD .....	31	XARELTO STARTER PACK TBPK 10		XTANDI CAPS .....	25
VIREAD TABS 150 MG, 200 MG, 250 MG .....	31	XARELTO SUSR .....	10	XTANDI TABS 40 MG .....	25
VISTOGARD .....	17	XARELTO TABS 10 MG, 20 MG ..	10	XTANDI TABS 80 MG .....	25
VITAMIN D2 TABS 400 UNIT .....	68	XARELTO TABS 2.5 MG, 15 MG ..	10	XULTOPHY 100/3.6 .....	15
VITATHELY/GINGER TABS .....	57	XELJANZ SOLN .....	3	XYNTHA .....	48
VITRAKVI CAPS .....	27	XELJANZ TABS 10 MG .....	3	XYNTHA SOLOFUSE .....	48
VITRAKVI SOLN .....	27			YERVOY .....	24
VIVITROL .....	17			YONSA .....	25
VIZIMPRO .....	24				
VORAXAZE .....	27				

zafirlukast .....	9	zoledronic acid SOLN .....	44
zaleplon 10 MG .....	50	ZOLINZA .....	27
zaleplon 5 MG .....	50	zolmitriptan SOLN .....	54
ZALTRAP 100 MG/4ML .....	24	zolmitriptan TABS .....	54
ZANOSAR .....	23	zolmitriptan TBDP .....	54
ZARONTIN CAPS (ethosuximide) .	13	zolpidem tartrate TABS .....	50
ZARXIO .....	49	zolpidem tartrate TBCR .....	50
ZEJULA CAPS .....	27	zonisamide CAPS .....	12
ZELBORAF .....	27	ZONTIVITY .....	49
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 .....	43	ZORBTIVE SC .....	45
ZENPEP CPEP 252600 UNIT- 189600 UNIT-60000 UNIT .....	43	ZUBSOLV SUBL .....	7
ZEPATIER .....	31	ZYDELIG .....	27
zidovudine CAPS .....	31	ZYLET .....	59
zidovudine SYRP .....	31		
zidovudine TABS .....	31		
ZIEXTENZO .....	49		
zileuton TB12 .....	9		
ZIMHI SOSY .....	17		
ziprasidone hcl .....	29		
ZIRABEV .....	24		
ZIRGAN GEL .....	58		
ZOLADEX 10.8 MG .....	25		
ZOLADEX 3.6 MG .....	25		
zoledronic acid CONC .....	44		

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