

4 Tier Formulary

2023 Formulary (List of Covered Drugs)

For Employer-Sponsored Plans

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

This formulary was updated on **October 1, 2023**. To reach Member Services, please call **800-251-7722** (TTY: **800-833-8134**). Our hours are Monday to Friday 8 a.m. to 6 p.m. A representative will be happy to help.

4 Tier Formulary

2023 Formulary (List of Covered Drugs)

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

Thank you for being a ConnectiCare member. This guide tells you about the list of covered drugs in your plan. This list is called a formulary. It is up to date as of October 1, 2023. Please note: This list may change over time, such as when:

We add a new, less-costly drug.

We remove a drug that may no longer be as effective as other drugs.

Which drugs are included in the formulary?

Our list of covered drugs includes both brand-name drugs and generic drugs.

The brand name is the name the drug company gave the drug. For example, the brand name of acetaminophen is Tylenol. Generic drugs are the low-cost version of the brand-name drug.

What if I don't see the drug I need?

If your doctor orders you a drug that is not listed in this formulary, please call **800-251-7722** (TTY: **800-833-8134**). Our hours are Monday to Friday 8 a.m. to 6 p.m. A representative will be happy to help.

How do I use the formulary?

You can look for your drug using the index. This starts on page 119. Or, if you already know what your drug is used for, look for the section name in the Table of Contents. Then, look there for your drug.

Sections are based on what the drugs are used to treat. For example, drugs used for a heart condition are under “Cardiovascular, Hypertension & Lipids.” The first column of the chart lists the drug name. Brand-name drugs are upper-case (for example, SYNTHROID). Generic drugs are shown in lower-case italics (for example, atenolol).

This formulary will also tell you which tier your drug belongs in. The chart below shows you what each tier means.

Tier	What drugs are included
Tier 0	Drugs covered under health care reform
Tier 1	Generic Drugs
Tier 2	Preferred brand-name drugs
Tier 3	Non-preferred brand name drugs
Tier 4	Specialty drugs*

What are generic drugs?

Generic drugs are the low-cost version of a brand-name drug. Generally, a pharmacist will fill the generic type of the drug your doctor ordered if it is available. This may happen **even if** your prescription is written for a brand-name drug.

If you want the brand-name drug, be sure your doctor tells the pharmacist to give you the brand-name drug. When this happens, you may have to pay the copay (the set amount you pay) for the generic drug, plus the cost difference between the brand-name drug and the generic one.

Are there any limitations on my coverage?

A medicine listed in this guide does not mean we will pay for it. For example, some drugs may need prior authorization, or approval, for us to pay for them. In other cases, we may only pay for certain amounts or strengths. These drugs will have initials after their names. Below is a list of abbreviations that explains what the initials mean.

List of abbreviations and what these terms mean to you

PA: Prior Authorization. The plan requires you or your doctor to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.

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

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

ACA: Affordable Care Act. There is no cost-sharing for certain preventive drugs if they are right for your age, condition, and the way the drug is being used.

LA: Limited Availability. You may only be able to get this drug at some drug stores.

You can ask us to make an exception to a restriction or limit on a drug. We can also give you a list of other, similar drugs that may work. Speak with your doctor about this first.

Disclaimer

Please see your Contract or Certificate of Coverage for plan details. It will tell you what is covered and how much you pay for your drugs. A drug being listed in this guide does not guarantee that we will pay for it. Some drugs may need approval (prior authorization) before we pay. For some drugs, we will only pay for certain doses and/or strengths. The drugs on this list may change based on a decision by ConnectiCare. As new generic drugs become available, the brand-name version will no longer be a preferred choice.

This is a list of the drugs that are prescribed most often for members.

To help keep your costs down, ask your doctor to prescribe generic drugs when possible.

NOTE: Not all drugs in this list are paid for by all drug benefit plans, so coverage is not guaranteed. Check your benefits for copay and any other requirements you may have under your plan. If you have other questions about your drug benefits, please call the phone number on the back of your ID card.

Can I get my prescriptions delivered to my home?

Our pharmacy benefit manager, Express Scripts, provides convenient home delivery by mail. Home delivery may save you money if you refill drugs every month and think you will be on the same drug(s) for six months or longer.

Home delivery is as safe as going to your local pharmacy. Express Scripts pharmacists check every order for accuracy and are available 24/7 to answer your questions. To compare costs and sign up for home delivery, visit **[express-scripts.com](https://www.express-scripts.com)** or call Express Scripts at **877-603-1032**.

How do I contact someone at ConnectiCare?

To reach Member Services:

- Please call **800-251-7722** (TTY: **800-833-8134**). Our hours are Monday to Friday 8 a.m. to 8 p.m., and Saturday 9 a.m. to 2 p.m. A representative will be happy to help.
- Send a secure message by signing in to connecticare.com.
- For general questions *only*, email us at info@connecticare.com. Please do not use this address to send any personal, confidential or medical information, such as member ID, Social Security number or medical information. This is a regular email address that is not secure.

To reach Provider Services:

- Call **800-828-3407** Monday to Friday, 8 a.m. to 6 p.m.
- For prior authorization requests or any medical management issue, call **844-516-3324** 24/7.
- Use our website at connecticare.com/providers to check benefit eligibility and claims status, review medical criteria, and find forms.

If you need to mail us anything, send to:

ConnectiCare
Attention: Pharmacy Department
175 Scott Swamp Road
P.O. Box 4050
Farmington, CT 06034-4050

More contact information is available at connecticare.com.



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ConnectiCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, including qualified interpreters and information in alternate formats.
- Provides free language services to people whose primary language is not English, including translated documents and oral interpretation.

If you need these services, contact The Committee for Civil Rights.

If you believe that ConnectiCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

The Committee for Civil Rights, ConnectiCare, 175 Scott Swamp Road, Farmington, CT 06032, Phone: 1-800-251-7722, and TTY: 711. You can file a grievance in person or by mail. If you need help filing a grievance, The Committee for Civil Rights is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Continued →

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-251-7722 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-251-7722 (TTY: 711)。

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-251-7722 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-251-7722 (ATS: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-251-7722 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-251-7722 (телетайп: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-251-7722 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-251-7722 (رقم هاتف الصم والبكم: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-251-7722 (TTY: 711)번으로 전화해 주십시오.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-251-7722 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-251-7722 (TTY: 711) पर कॉल करें।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-251-7722 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-251-7722 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្បួលគឺអាចមានសំរាប់អ្នក។ ចូរទូរស័ព្ទ 1-800-251-7722 (TTY: 711)។

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-251-7722 (TTY: 711).

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

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List of Abbreviations

ACA: Affordable Care Act.

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	2	
AMBISOME	3	*
<i>amphotericin b</i>	1	
<i>amphotericin b liposome</i>	1	
ANCOBON	3	PA; *
BREXAFEMME	3	ST; QL
<i>clotrimazole mucous membrane</i>	1	
CRESEMBA INTRAVENOUS	2	PA
CRESEMBA ORAL CAPSULE 186 MG	2	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	*
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	*
ERAXIS(WATER DILUENT)	2	
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>flucytosine</i>	1	PA
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	QL
<i>ketoconazole oral</i>	1	
NOXAFIL INTRAVENOUS	2	PA
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	2	PA
NOXAFIL ORAL SUSPENSION	3	PA; *
<i>nystatin oral</i>	1	
ORAVIG	3	
<i>posaconazole</i>	1	PA
REZZAYO	3	
SPORANOX	3	*; QL
<i>terbinafine hcl oral</i>	1	
VFEND	3	PA; *

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
VFEND IV	3	PA; *
VIVJOA	3	PA; QL
<i>voriconazole</i>	1	PA
ANTIVIRALS		
<i>abacavir</i>	4	
<i>abacavir-lamivudine</i>	4	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	
APRETUDE	4	PA
APTIVUS	4	
<i>atazanavir</i>	4	
BARACLUDE ORAL SOLUTION	2	
BEYFORTUS	3	
BIKTARVY	4	
<i>cidofovir</i>	1	
CIMDUO	4	
COMBIVIR	4	*
<i>darunavir ethanolate</i>	4	
DESCOVY	4	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	4	
DOVATO	4	
EDURANT	4	
<i>efavirenz</i>	4	
<i>efavirenz-emtricitabin-tenofov</i>	4	
<i>efavirenz-lamivu-tenofov disop</i>	4	
<i>emtricitabine</i>	4	
<i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	4	
<i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
EMTRIVA ORAL CAPSULE	4	*
EMTRIVA ORAL SOLUTION	4	
<i>entecavir</i>	1	
EPCLUSA	4	PA; LA; QL
EPIVIR	4	*
EPZICOM	4	*
<i>etravirine</i>	4	
EVOTAZ	4	
<i>famciclovir</i>	1	QL
FLUMADINE ORAL TABLET	3	*
<i>fosamprenavir</i>	4	
FUZEON SUBCUTANEOUS RECON SOLN	4	LA; QL
GENVOYA	4	
HARVONI	4	PA; LA; QL
HEPSERA	3	*
INTELENCE ORAL TABLET 100 MG, 200 MG	4	*
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS	4	
ISENTRESS HD	2	
JULUCA	4	
KALETRA	4	*
LAGEVRIO (EUA)	0	QL
<i>lamivudine</i>	4	
<i>lamivudine-zidovudine</i>	4	
LEXIVA ORAL SUSPENSION	4	
LEXIVA ORAL TABLET	4	*
LIVTENCITY	4	PA; QL
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	4	
<i>nevirapine</i>	4	
NORVIR ORAL POWDER IN PACKET	4	
NORVIR ORAL TABLET	4	*
ODEFSEY	4	
<i>oseltamivir</i>	1	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
PAXLOVID	0	QL
PREVYMIS ORAL	2	QL
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
PREZISTA ORAL TABLET 600 MG, 800 MG	4	*
RAPIVAB (PF)	2	
RELENZA DISKHALER	3	QL
RETROVIR ORAL CAPSULE	4	*
RETROVIR ORAL SYRUP	4	*
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	*
REYATAZ ORAL POWDER IN PACKET	4	
<i>ribavirin inhalation</i>	1	PA
<i>rimantadine</i>	1	
<i>ritonavir</i>	4	
SELZENTRY ORAL SOLUTION	4	
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	*
SELZENTRY ORAL TABLET 25 MG, 75 MG	4	
<i>stavudine oral capsule 40 mg</i>	4	
SUNLENCA	4	PA
SYMFI	4	*
SYMFI LO	4	*
SYMTUZA	4	
SYNAGIS	4	PA; LA
TAMIFLU	3	*; QL
TEMBEXA	3	
<i>tenofovir disoproxil fumarate</i>	4	
TIVICAY	4	
TIVICAY PD	4	
TRIUMEQ	4	
TRIUMEQ PD	4	
TRIZIVIR	4	*
TYBOST	4	
<i>valacyclovir</i>	1	QL
VALCYTE	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>valganciclovir</i>	1	
VEMLIDY	2	
VIEKIRA PAK	4	PA; LA; QL
VIRACEPT ORAL TABLET	4	
VIRAZOLE	3	PA
VIREAD ORAL POWDER	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	
VIREAD ORAL TABLET 300 MG	4	*
VOSEVI	4	PA; LA; QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL
ZEPATIER	4	PA; LA; QL
ZIAGEN	4	*
<i>zidovudine</i>	4	
CEPHALOSPORINS		
AVYCAZ	2	ST
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	ST
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	3	ST
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 300 g, 500 mg</i>	1	ST
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	3	ST
<i>cefazolin intravenous recon soln 1 gram</i>	1	ST
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	3	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>cefдинир</i>	1	
CEFEPIME IN DEXTROSE 5 %	3	ST
<i>cefepime in dextrose,iso-osm</i>	1	ST
<i>cefepime injection</i>	1	ST
<i>cefixime</i>	1	
CEFOTAN	3	ST
<i>cefotaxime injection recon soln 1 gram, 2 gram</i>	1	ST
<i>cefotetan</i>	1	ST
<i>cefoxitin</i>	1	ST
<i>cefoxitin in dextrose, iso-osm</i>	1	ST
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	ST
<i>ceftriaxone in dextrose,iso-os</i>	1	ST
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	ST
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	ST
<i>ceftriaxone intravenous</i>	1	ST
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	ST
<i>cefuroxime sodium intravenous</i>	1	ST
<i>cephalexin</i>	1	
CLAFORAN INJECTION RECON SOLN 2 GRAM	3	ST; *
SUPRAX ORAL CAPSULE	3	*
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	*
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE	3	
<i>tazicef injection</i>	1	ST
TEFLARO	2	ST
ZERBAXA	2	ST

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin intravenous</i>	1	ST
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
DIFICID	3	QL
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES	3	*
ERYPED 200	3	*
ERYPED 400	3	*
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	*
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	ST; *
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin lactobionate</i>	1	ST
<i>erythromycin oral</i>	1	
ZITHROMAX INTRAVENOUS	3	ST; *
ZITHROMAX ORAL PACKET	3	*
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	*
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	*
ZITHROMAX TRI-PAK	3	*
ZITHROMAX Z-PAK	3	*
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	3	QL
<i>albendazole</i>	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
ARIKAYCE	4	PA
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QL
AZACTAM	3	ST; *
<i>aztreonam</i>	1	ST
<i>bacitracin intramuscular</i>	1	
BENZNIDAZOLE	2	QL
BETHKIS	4	PA; *; QL
BILTRICIDE	3	*
CAYSTON	4	PA; QL
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	3	*
CLEOCIN INJECTION	3	ST; *
CLEOCIN PEDIATRIC	3	*
<i>clindamycin hcl</i>	1	
<i>clindamycin in 5 % dextrose</i>	1	ST
<i>clindamycin pediatric</i>	1	
<i>clindamycin phosphate injection</i>	1	ST
COARTEM	2	QL
<i>colistin (colistimethate na)</i>	1	ST
COLY-MYCIN M PARENTERAL	3	ST; *
CYCLOSERINE	3	
DALVANCE	2	ST
<i>dapsone oral</i>	1	
DARAPRIM	4	PA; *
EMVERM	2	QL
<i>ethambutol</i>	1	
FLAGYL ORAL CAPSULE	3	*
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	ST
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	ST

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Drug Name	Drug Tier	Requirements / Limits
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	3	ST
<i>gentamicin injection</i>	1	ST
<i>gentamicin sulfate (ped) (pf)</i>	1	ST
HUMATIN	4	
<i>hydroxychloroquine</i>	1	
<i>imipenem-cilastatin</i>	1	ST
IMPAVIDO	2	PA; QL
<i>isoniazid</i>	1	
<i>ivermectin oral</i>	1	PA; QL
KITABIS PAK	4	PA; QL
KRINTAFEL	3	QL
<i>linezolid</i>	1	PA
<i>linezolid-0.9% sodium chloride</i>	1	ST
MALARONE	3	*, QL
MALARONE PEDIATRIC	3	*, QL
<i>mefloquine</i>	1	QL
MEPRON	3	*
<i>meropenem</i>	1	ST
<i>metro i.v.</i>	1	ST
<i>metronidazole in nacl (iso-os)</i>	1	ST
<i>metronidazole oral</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	*
MYCOBUTIN	3	*
NEBUPENT	3	*, QL
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QL
<i>paromomycin</i>	1	
PASER	3	
<i>pentamidine inhalation</i>	1	QL
<i>polymyxin b sulfate</i>	1	ST
<i>praziquantel</i>	1	
PRETOMANID	3	PA
PRIFTIN	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>primaquine</i>	1	QL
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	ST; *
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	4	PA
QUALAQUIN	3	*; QL
<i>quinine sulfate</i>	1	QL
<i>rifabutin</i>	1	
RIFADIN INTRAVENOUS	3	*
<i>rifampin</i>	1	
SIRTURO	2	PA
SIVEXTRO INTRAVENOUS	3	ST
SIVEXTRO ORAL	3	PA
SOLOSEC	2	QL
STREPTOMYCIN	2	ST
STROMECTOL	3	PA; *, QL
<i>tinidazole</i>	1	QL
TOBI PODHALER	4	PA; QL
<i>tobramycin in 0.225 % nacl</i>	4	PA; QL
<i>tobramycin inhalation</i>	4	PA; QL
<i>tobramycin sulfate</i>	1	ST
TOBRAMYCIN WITH NEBULIZER	3	PA; QL
TRECTOR	3	
XACDURO	3	ST
XENLETA ORAL	3	
XIFAXAN	2	PA; QL
ZYVOX ORAL	3	PA; *
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ampicillin sodium</i>	1	ST
<i>ampicillin-sulbactam injection</i>	1	ST
AUGMENTIN ES-600	3	*
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN XR	3	*
BICILLIN C-R	2	ST
BICILLIN L-A	2	ST
<i>dicloxacillin</i>	1	
MOXATAG	3	
<i>nafcillin in dextrose iso-osm</i>	1	ST
<i>nafcillin injection</i>	1	ST
<i>oxacillin in dextrose(iso-osm)</i>	1	ST
<i>oxacillin injection</i>	1	ST
PENICILLIN G POT IN DEXTROSE	2	ST
<i>penicillin g potassium</i>	1	ST
<i>penicillin g sodium</i>	1	ST
<i>penicillin v potassium</i>	1	
<i>pfizerpen-g</i>	1	ST
UNASYN INJECTION	3	ST; *
QUINOLONES		
BAXDELA ORAL	2	QL
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	*
CIPRO ORAL TABLET 250 MG, 500 MG	3	*
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
<i>ciprofloxacin in 5 % dextrose</i>	1	ST
FACTIVE	3	
<i>levofloxacin in d5w</i>	1	ST
<i>levofloxacin intravenous</i>	1	ST
<i>levofloxacin oral</i>	1	
<i>moxifloxacin oral</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER	2	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM	3	*
BACTRIM DS	3	*
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	ST
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
ACTICLATE	3	ST; *
<i>avidoxy</i>	1	
AVIDOXY DK	3	ST
<i>demeclocycline</i>	1	
<i>doxy-100</i>	1	ST
<i>doxycycline hyclate intravenous</i>	1	ST
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
LYMEPAK	3	*
MINOCIN INTRAVENOUS	2	ST
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr</i>	1	ST
<i>mondoxyne nl</i>	1	
MONODOX	3	ST; *
MORGIDOX 1X100	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA ORAL	3	QL
SEYSARA	3	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST; *
TARGADOX	3	ST
<i>tetracycline</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; *
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	1	
FURADANTIN	3	*
HIPREX	3	*
MACROBID	3	*
MACRODANTIN	3	*
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
MONUROL	3	*
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
PRIMSOL	3	
<i>trimethoprim</i>	1	
VANCOMYCIN		
VANCOCIN	3	PA; *; QL
<i>vancomycin oral capsule</i>	1	PA; QL
<i>vancomycin oral recon soln</i>	1	QL
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	ST
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
ELITEK	4	LA
ETHYOL	4	*; LA
KEPIVANCE	4	LA

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Drug Name	Drug Tier	Requirements / Limits
<i>leucovorin calcium injection</i>	4	LA
<i>leucovorin calcium oral</i>	1	
<i>mesna</i>	4	LA
MESNEX INTRAVENOUS	4	*, LA
MESNEX ORAL	2	
VISTOGARD	4	PA; QL
XGEVA	4	PA; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	4	PA; QL
ABRAXANE	4	LA
ADCETRIS	4	PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	LA
ALECENSA	4	PA; LA; QL
ALIMTA	4	*, LA
ALKERAN	3	*
ALKERAN (AS HCL)	4	*, LA
ALUNBRIG	4	PA; LA; QL
<i>anastrozole</i>	0	ACA
AROMASIN	3	*
ARRANON	4	*, LA
ARZERRA	4	PA; LA
ASTAGRAF XL	4	ST
AYVAKIT	4	PA; QL
<i>azacitidine</i>	4	LA
AZASAN	4	*
<i>azathioprine</i>	4	
<i>azathioprine sodium</i>	1	
BALVERSA	4	PA
BAVENCIO	4	PA
BELEODAQ	4	PA
<i>bexarotene oral</i>	4	PA
<i>bexarotene topical</i>	1	PA
<i>bicalutamide</i>	1	
<i>bleomycin</i>	4	LA

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Drug Name	Drug Tier	Requirements / Limits
BLINCYTO INTRAVENOUS KIT	4	PA
BOSULIF	4	PA; LA; QL
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; QL
BRUKINSA	4	PA
<i>busulfan</i>	4	
BUSULFEX	4	*; LA
CABOMETYX	4	PA; LA; QL
CALQUENCE (ACALABRUTINIB MAL)	4	PA; QL
<i>capecitabine</i>	4	PA; LA; QL
CAPRELSA	4	PA; QL
<i>carboplatin</i>	4	LA
CASODEX	3	*
CELLCEPT	4	*
CELLCEPT INTRAVENOUS	4	*; LA
<i>cladribine</i>	4	LA
COMETRIQ	4	PA; QL
COPIKTRA	4	PA; QL
COSMEGEN	4	LA
COTELLIC	4	PA; LA; QL
<i>cyclophosphamide intravenous recon soln</i>	4	LA
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
<i>cyclosporine intravenous</i>	4	LA
<i>cyclosporine modified</i>	4	
<i>cyclosporine oral capsule</i>	4	
<i>cytarabine</i>	4	LA
<i>cytarabine (pf)</i>	4	LA
<i>dacarbazine</i>	4	LA
<i>dactinomycin</i>	4	LA
DARZALEX	4	PA; LA
<i>daunorubicin intravenous solution</i>	4	LA
DAURISMO	4	PA; LA; QL
<i>decitabine</i>	4	PA; LA
<i>docetaxel</i>	4	LA

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Drug Name	Drug Tier	Requirements / Limits
DOXIL	4	*; LA
<i>doxorubicin, peg-liposomal</i>	1	
DROXIA	2	
ELIGARD	4	PA; LA
ELIGARD (3 MONTH)	4	PA; LA
ELIGARD (4 MONTH)	4	PA; LA
ELIGARD (6 MONTH)	4	PA; LA
ELLEENCE INTRAVENOUS SOLUTION 200 MG/100 ML	4	*; LA
ELLEENCE INTRAVENOUS SOLUTION 50 MG/25 ML	4	LA
EMCYT	2	
EMPLICITI	4	PA; LA
ENSPRYNG	4	PA; LA
<i>epirubicin intravenous solution 200 mg/100 ml</i>	4	LA
ERBITUX	4	PA; LA
ERIVEDGE	4	PA; LA; QL
ERLEADA	4	PA; LA; QL
<i>erlotinib</i>	4	PA; LA; QL
ERWINASE	4	PA
ETOPOPHOS	4	LA
<i>etoposide intravenous</i>	4	LA
<i>etoposide oral</i>	1	
EULEXIN	3	*
<i>everolimus (antineoplastic)</i>	4	PA; QL
<i>everolimus (immunosuppressive)</i>	4	LA
<i>exemestane</i>	0	ACA
EXKIVITY	4	PA; QL
FARESTON	3	*
FASLODEX	4	PA; *; LA
FEMARA	3	*
FIRMAGON KIT W DILUENT SYRINGE	4	PA
<i>fludarabine</i>	4	LA
<i>fluorouracil intravenous</i>	4	LA

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Drug Name	Drug Tier	Requirements / Limits
FOLOTYN	4	PA; LA
<i>fulvestrant</i>	4	PA; LA
GAVRETO	4	PA; QL
GAZYVA	4	PA; LA
<i>gefitinib</i>	4	PA; LA; QL
<i>gengraf</i>	4	
GILOTRIF	4	PA; LA; QL
GLEOSTINE	2	
GLIADEL WAFER	3	
HALAVEN	4	PA; LA
HYCAMTIN INTRAVENOUS	4	PA; *; LA
HYCAMTIN ORAL	4	PA; LA
HYDREA	3	*
<i>hydroxyurea</i>	1	
IBRANCE	4	PA; LA; QL
ICLUSIG	4	PA; QL
IDAMYCIN PFS	4	*; LA
<i>idarubicin</i>	4	LA
IDHIFA	4	PA; LA; QL
IFEX	4	*; LA
<i>ifosfamide</i>	4	LA
<i>imatinib</i>	4	PA; LA; QL
IMBRUVICA ORAL CAPSULE	4	PA; QL
IMBRUVICA ORAL SUSPENSION	4	PA; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; QL
IMFINZI	4	PA; LA
IMJUDO	4	PA
IMLYGIC	4	PA
IMURAN	4	*
INLYTA	4	PA; LA; QL
IODOPEN	2	
IRESSA	4	PA; *; LA; QL
IXEMPRA	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
JAKAFI	4	PA; LA; QL
JEVTANA	4	PA; LA
KADCYLA	4	PA; LA
KEYTRUDA	4	PA
KISQALI	4	PA; LA; QL
KISQALI FEMARA CO-PACK	4	PA; LA; QL
KOSELUGO	4	PA
<i>lapatinib</i>	4	PA; LA; QL
<i>lenalidomide</i>	4	PA; LA; QL
LENVIMA	4	PA; LA; QL
<i>letrozole</i>	1	
LEUKERAN	2	
<i>leuprolide subcutaneous kit</i>	4	PA
LONSURF	4	PA; LA
LORBRENA	4	PA; LA; QL
LUMAKRAS	4	PA; LA
LUPKYNIS	4	PA; QL
LUPRON DEPOT	4	PA
LUPRON DEPOT (3 MONTH)	4	PA
LUPRON DEPOT (4 MONTH)	4	PA
LUPRON DEPOT (6 MONTH)	4	PA
LUPRON DEPOT-PED	4	PA
LUPRON DEPOT-PED (3 MONTH)	4	PA
LYNPARZA	4	PA; LA; QL
LYSODREN	4	
LYTGOBI	4	PA
MATULANE	4	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST	4	PA; LA; QL
MEKTOVI	4	PA; QL
<i>melphalan</i>	1	
<i>melphalan hcl</i>	4	LA

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Drug Name	Drug Tier	Requirements / Limits
<i>mercaptopurine</i>	1	
<i>methotrexate sodium (pf)</i>	4	
<i>methotrexate sodium injection</i>	4	
<i>methotrexate sodium oral</i>	1	
<i>mitoxantrone</i>	4	LA
MYCAPSSA	4	PA; LA; QL
<i>mycophenolate mofetil</i>	4	
<i>mycophenolate mofetil (hcl)</i>	1	LA
<i>mycophenolate sodium</i>	4	
MYFORTIC	4	*
MYLERAN	2	
<i>nelarabine</i>	4	
NEORAL	4	*
NERLYNX	4	PA; LA
NEXAVAR	4	PA; *; LA; QL
NILANDRON	3	PA; *
<i>nilutamide</i>	1	PA
NINLARO	4	PA; LA; QL
NIPENT	4	LA
NUBEQA	4	PA; LA; QL
NULOJIX	4	LA
<i>octreotide acetate</i>	4	PA
ODOMZO	4	PA; LA; QL
ONCASPAR	4	PA; LA
ORGOVYX	4	PA; QL
ORSERDU	4	PA; QL
<i>oxaliplatin</i>	4	LA
<i>paclitaxel</i>	4	LA
PACLITAXEL PROTEIN-BOUND	4	LA
<i>paraplatin</i>	1	
PEMAZYRE	4	PA; QL
<i>pemetrexed disodium intravenous recon soln 100 mg, 500 mg</i>	1	
PERJETA	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
PHOTOFRIN	4	LA
PIQRAY	4	PA; LA
POMALYST	4	PA; LA
PRALATREXATE	4	PA
PROGRAF INTRAVENOUS	4	LA
PROGRAF ORAL CAPSULE	4	*
PROGRAF ORAL GRANULES IN PACKET	4	
PURIXAN	4	
RAPAMUNE	4	*
RETEVMO	4	PA; LA; QL
REVLIMID	4	PA; LA; QL
REZUROCK	4	PA; QL
ROZLYTREK	4	PA; LA; QL
RUBRACA	4	PA; QL
RYDAPT	4	PA; LA; QL
RYLAZE	4	PA
SANDIMMUNE INTRAVENOUS	4	*
SANDIMMUNE ORAL CAPSULE	4	*
SANDIMMUNE ORAL SOLUTION	4	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	PA; *
SCSEMBLIX	4	PA; LA; QL
SIGNIFOR	4	PA; LA
SIMULECT	4	LA
<i>sirolimus</i>	4	
SOLTAMOX	0	ACA
SOMATULINE DEPOT	4	PA; LA; QL
<i>sorafenib</i>	4	PA; LA; QL
SPRYCEL	4	PA; LA; QL
STIVARGA	4	PA; LA; QL
<i>sunitinib malate</i>	4	PA; QL
SUTENT	4	PA; *, LA; QL
SYLVANT	4	PA; LA
SYNRIBO	4	PA

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Drug Name	Drug Tier	Requirements / Limits
TABLOID	3	
TABRECTA	4	PA; LA
<i>tacrolimus oral</i>	4	
TAFINLAR	4	PA; LA; QL
TAGRISSO	4	PA; LA; QL
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA; LA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; LA; QL
<i>tamoxifen</i>	0	ACA
TARCEVA	4	PA; *; LA; QL
TARGRETIN TOPICAL	3	PA; *
TASIGNA	4	PA; LA; QL
TAZVERIK	4	PA
TECVAYLI	4	PA
TEMODAR INTRAVENOUS	4	LA
<i>temozolomide</i>	4	PA; LA
TENIPOSIDE	2	
THALOMID	4	PA; LA; QL
TIBSOVO	4	PA
<i>topotecan</i>	4	PA; LA
<i>toremifene</i>	1	
<i>tretinoin (antineoplastic)</i>	1	
TREXALL	3	
TRIPTODUR	4	PA
TUKYSA	4	PA; QL
TURALIO ORAL CAPSULE 125 MG	4	PA; QL
TYKERB	4	PA; *; LA; QL
UNITUXIN	4	PA
VECTIBIX	4	PA; LA
VENCLEXTA	4	PA; QL
VENCLEXTA STARTING PACK	4	PA; QL
VERZENIO	4	PA; LA; QL
VIDAZA	4	*; LA
VIJOICE	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>vinblastine</i>	4	LA
<i>vincasar pfs</i>	4	LA
<i>vincristine</i>	4	LA
<i>vinorelbine</i>	4	LA
VITRAKVI	4	PA; LA; QL
VIZIMPRO	4	PA; LA; QL
VONJO	4	PA; QL
VOTRIENT	4	PA; LA; QL
WELIREG	4	PA
XALKORI	4	PA; LA; QL
XELODA	4	PA; *; LA; QL
XERMELO	4	PA; QL
XOSPATA	4	PA; QL
XTANDI	4	PA; LA; QL
YERVOY	4	PA; LA
YONDELIS	4	LA
YONSA	4	PA; LA; QL
ZALTRAP	4	PA; LA
ZANOSAR	4	LA
ZEJULA ORAL CAPSULE	4	PA; QL
ZEJULA ORAL TABLET 100 MG	4	PA; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA
ZELBORAF	4	PA; LA; QL
ZEVALIN (Y-90)	4	LA
ZOLADEX	4	PA; LA
ZOLINZA	4	PA; LA; QL
ZORTRESS	4	*; LA
ZYDELIG	4	PA; QL
ZYKADIA	4	PA; LA; QL
ZYNYZ	4	PA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM	3	
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Drug Name	Drug Tier	Requirements / Limits
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL	3	*
CELONTIN ORAL CAPSULE 300 MG	3	*
CEREBYX	3	*
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	
DEPAKOTE	3	ST; *
DEPAKOTE ER	3	ST; *
DEPAKOTE SPRINKLES	3	ST; *
DIACOMIT	4	PA
DIASTAT	3	*
DIASTAT ACUDIAL	3	*
<i>diazepam rectal</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	3	*
DILANTIN INFATABS	3	*
DILANTIN-125	3	*
<i>divalproex</i>	1	
ELEPSIA XR	3	ST
EPIDIOLEX	4	PA; LA
<i>epitol</i>	1	
EQUETRO	3	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL	3	*
<i>fosphenytoin</i>	1	
FYCOMPA	2	
<i>gabapentin oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>gabapentin oral solution 250 mg/5 ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
<i>lacosamide</i>	1	
LAMICTAL XR STARTER (BLUE)	3	ST
LAMICTAL XR STARTER (GREEN)	3	ST
LAMICTAL XR STARTER (ORANGE)	3	ST
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
<i>methsuximide</i>	1	
MYSOLINE	3	*
NAYZILAM	2	PA; QL
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	ST
<i>phenobarbital</i>	1	
PHENYTEK	3	*
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	1	
<i>pregabalin oral tablet extended release 24 hr</i>	1	ST
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR	3	ST; *
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide</i>	1	PA
SPRITAM	3	ST
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
SYMPAZAN	3	PA

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Drug Name	Drug Tier	Requirements / Limits
TEGRETOL ORAL SUSPENSION	3	*
TEGRETOL ORAL TABLET	3	*
TEGRETOL XR	3	*
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral capsule, extended release 24hr</i>	1	ST
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	ST
<i>topiramate oral tablet</i>	1	
TROKENDI XR	3	ST; *
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
VALTOCO	3	PA; QL
<i>vigabatrin</i>	4	PA; QL
<i>vigadrone</i>	4	PA; QL
XCOPRI	3	QL
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	QL
XCOPRI TITRATION PACK	3	QL
ZARONTIN	3	*
<i>zonisamide</i>	1	
ZTALMY	4	PA
ANTIPARKINSONISM AGENTS		
<i>apomorphine</i>	4	PA; LA; QL
AZILECT	3	PA; *
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	PA
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
COMTAN	3	*
DUOPA	4	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>entacapone</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL
LODOSYN	3	PA; *
MIRAPEX ER	3	*
NEUPRO	3	
NOURIANZ	4	PA; QL
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG	4	PA; QL
PARLODEL	3	*
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole</i>	1	
RYTARY	3	
<i>selegiline hcl</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	*
STALEVO 100	3	*
STALEVO 125	3	*
STALEVO 150	3	*
STALEVO 200	3	*
STALEVO 50	3	*
STALEVO 75	3	*
TASMAR ORAL TABLET 100 MG	3	PA; *
<i>tolcapone</i>	1	PA
<i>trihexyphenidyl</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; QL
AJOVY AUTOINJECTOR	2	PA; QL
AJOVY SYRINGE	2	PA; QL
<i>almotriptan malate</i>	1	QL
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	ST; QL
<i>eletriptan</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
EMGALITY PEN	2	PA; QL
EMGALITY SYRINGE	2	PA; QL
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
FROVA	3	ST; *, QL
<i>frovatriptan</i>	1	QL
<i>migergot</i>	1	
MIGRANAL	3	ST; *, QL
<i>naratriptan</i>	1	QL
NURTEC ODT	2	PA; QL
QULIPTA	2	PA; QL
REYVOW	3	PA; QL
<i>rizatriptan</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate oral</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL
<i>sumatriptan succinate subcutaneous solution</i>	1	QL
<i>sumatriptan-naproxen</i>	1	ST; QL
TOSYMRA	3	ST; QL
TRUDHESA	3	ST; QL
UBRELVY	2	PA; QL
ZEMBRACE SYMTOUCH	3	ST; QL
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	1	ST; QL
<i>zolmitriptan oral</i>	1	QL
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	2	ST; QL
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	3	ST; *, QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	3	ST
ARICEPT	3	ST; *
AUSTEDO	4	PA; QL
AUSTEDO XR	4	PA; QL
AUSTEDO XR TITRATION KT(WK1-4)	4	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>dalfampridine</i>	4	PA; LA; QL
<i>dichlorphenamide</i>	4	PA
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	ST
<i>donepezil oral tablet,disintegrating</i>	1	
EVRYSDI	4	PA; LA; QL
EXELON PATCH	3	ST; *
FIRDAPSE	4	PA
<i>galantamine</i>	1	
HORIZANT	3	ST
INGREZZA	4	PA; QL
INGREZZA INITIATION PACK	4	PA; QL
KEVEYIS	4	PA; *
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK	3	
NAMENDA ORAL TABLET	3	ST; *
NAMENDA TITRATION PAK	3	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	
NAMZARIC	2	ST
NUEDEXTA	2	PA
RADICAVA ORS STARTER KIT SUSP	4	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
TEGSEDI	4	PA; LA; QL
<i>tetrabenazine</i>	4	PA; LA; QL
TYSABRI	4	PA; LA; QL
ZEPOSIA	4	PA; LA; QL
ZEPOSIA STARTER KIT (28-DAY)	4	PA
ZEPOSIA STARTER PACK (7-DAY)	4	PA; LA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>atracurium</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>baclofen oral suspension</i>	1	ST
<i>baclofen oral tablet</i>	1	
BLOXIVERZ	3	*
<i>carisoprodol</i>	1	
<i>carisoprodol-aspirin</i>	1	
<i>carisoprodol-aspirin-codeine</i>	1	QL
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine oral capsule,extended release 24hr</i>	1	ST
<i>cyclobenzaprine oral tablet</i>	1	
DANTRUM ORAL CAPSULE 25 MG	3	*
<i>dantrolene oral</i>	1	
FEXMID	3	ST; *
LORZONE	3	ST; *
<i>meprobamate</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol injection</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>neostigmine methylsulfate intravenous solution</i>	1	
NORGESIC	3	*
NORGESIC FORTE	3	*
<i>orphenadrine citrate</i>	1	
<i>orphenadrine-asa-caffeine</i>	1	
<i>orphengesic forte</i>	1	
PREVDUO	3	
<i>pyridostigmine bromide oral syrup</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>regonol</i>	1	
ROBAXIN INJECTION	3	*
SOMA	3	*
<i>tizanidine</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
vanadom	1	
ZANAFLEX	3	*
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule	1	QL
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	QL
acetaminophen-codeine oral tablet	1	QL
ascomp with codeine	1	QL
BELBUCA	2	PA; QL
BUPRENEX	3	QL
buprenorphine	1	PA
buprenorphine hcl injection	1	QL
buprenorphine hcl sublingual	1	
butalbital compound w/codeine	1	QL
butalbital-acetaminop-caf-cod	1	QL
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1	
butalbital-acetaminophen-caff	1	
butalbital-aspirin-caffeine	1	
codeine sulfate oral tablet 30 mg, 60 mg	1	QL
codeine-bitalbital-asa-caff	1	QL
DEMEROL (PF) INJECTION SYRINGE	3	QL
DEMEROL INJECTION SOLUTION 50 MG/ML	3	QL
DILAUDID	3	*; QL
diskets	1	PA; QL
endocet	1	QL
ESGIC	3	ST; *
fentanyl	1	PA; QL
fentanyl citrate buccal lozenge on a handle	1	PA; QL
FIORICET	3	ST; *
FIORICET WITH CODEINE	3	*; QL
hydrocodone bitartrate	1	PA; QL
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	QL
<i>hydrocodone-ibuprofen</i>	1	QL
<i>hydromorphone injection solution</i>	1	QL
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	3	QL
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	QL
<i>hydromorphone oral liquid</i>	1	QL
<i>hydromorphone oral tablet</i>	1	QL
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; QL
<i>hydromorphone rectal</i>	1	QL
HYSINGLA ER	3	PA; *; QL
<i>levorphanol tartrate</i>	1	QL
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	QL
<i>meperidine oral solution</i>	1	QL
<i>meperidine oral tablet 50 mg</i>	1	QL
<i>methadone injection solution</i>	1	QL
<i>methadone oral concentrate</i>	1	PA; QL
<i>methadone oral solution</i>	1	PA; QL
<i>methadone oral tablet</i>	1	PA; QL
<i>methadone oral tablet,soluble</i>	1	PA; QL
<i>methadose oral concentrate</i>	1	PA; QL
<i>methadose oral tablet,soluble</i>	1	PA; QL
<i>morphine concentrate oral solution</i>	1	QL
MORPHINE INJECTION SYRINGE 2 MG/ML	3	QL
<i>morphine injection syringe 4 mg/ml, 8 mg/ml</i>	1	QL
MORPHINE INTRAMUSCULAR	3	QL
<i>morphine intravenous pt controlled analgesia syring</i>	1	QL
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	QL
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; QL
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL
<i>morphine oral solution</i>	1	QL
<i>morphine oral tablet</i>	1	QL
<i>morphine oral tablet extended release</i>	1	PA; QL
<i>morphine rectal</i>	1	QL
MS CONTIN	3	PA; *; QL
NALOCET	3	QL
OXAYDO	3	QL
<i>oxycodone oral capsule</i>	1	QL
<i>oxycodone oral concentrate</i>	1	QL
<i>oxycodone oral solution</i>	1	QL
<i>oxycodone oral tablet</i>	1	QL
<i>oxycodone-acetaminophen</i>	1	QL
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	PA; QL
<i>oxymorphone oral tablet</i>	1	QL
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; QL
<i>prolate oral tablet</i>	1	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	*; QL
SUBLOCADE	4	
<i>tencon</i>	1	
TREZIX	3	QL
<i>zebutal</i>	1	
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	0	ACA; OTC
ANAPROX DS	3	ST; *
ARTHROTEC 50	3	ST; *
ARTHROTEC 75	3	ST; *
<i>aspirin childrens</i>	0	ACA; OTC
<i>aspirin oral tablet</i>	0	ACA; OTC
<i>aspirin oral tablet,chewable</i>	0	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	0	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>aspirin,buffd-calcium carb-mag</i>	0	ACA; OTC
<i>aspir-trin</i>	0	ACA; OTC
<i>bayer aspirin oral tablet,delayed release (dr/ec)</i>	0	ACA; OTC
<i>bayer low dose aspirin</i>	0	ACA; OTC
<i>bufferin</i>	0	ACA; OTC
<i>buprenorphine-naloxone</i>	1	
<i>butorphanol</i>	1	QL
CAMBIA	3	ST; *, QL
<i>celecoxib</i>	1	
DAYPRO	3	ST; *
<i>diclofenac potassium oral capsule</i>	1	
<i>diclofenac potassium oral powder in packet</i>	1	ST; QL
<i>diclofenac potassium oral tablet 25 mg</i>	1	ST
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	ST; QL
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	
DISALCID	3	*
DUEXIS	3	ST; *
EC-NAPROSYN	3	ST; *
<i>ecotrin</i>	0	ACA; OTC
<i>ecotrin low strength</i>	0	ACA; OTC
<i>etodolac</i>	1	
EUFLEXXA	4	PA; LA
FELDENE	3	ST; *
<i>fenoprofen oral capsule 400 mg</i>	1	ST
<i>fenoprofen oral tablet</i>	1	ST
FLECTOR	2	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine</i>	1	ST
<i>indomethacin oral</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	ST
<i>ketorolac oral</i>	1	QL
KLOXXADO	2	QL
LICART	2	ST; QL
LODINE ORAL TABLET	3	ST; *
<i>lofena</i>	1	ST
LOTREXONE	3	
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam oral tablet</i>	1	QL
<i>meloxicam submicronized</i>	1	ST; QL
MONOVISC	4	PA; LA
<i>nabumetone</i>	1	
<i>nalbuphine</i>	1	QL
NALFON ORAL TABLET	3	ST; *
NALMEFENE	3	
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naloxone nasal</i>	1	QL
NALTREX ORAL CAPSULE 4.5 MG	3	
<i>naltrexone</i>	1	
NAPRELAN CR	3	ST; *
NAPROSYN ORAL SUSPENSION	3	ST; *
NAPROSYN ORAL TABLET 500 MG	3	ST; *
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet,delayed release (dr/ec)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST
<i>naproxen-esomeprazole</i>	1	ST
NARCAN	3	*, QL
ORTHOVISC	4	PA; LA
<i>oxaprozin</i>	1	
<i>pentazocine-naloxone</i>	1	QL
<i>piroxicam</i>	1	
<i>salsalate</i>	1	
SPRIX	4	ST; QL
<i>st joseph aspirin</i>	0	ACA; OTC
<i>st. joseph aspirin</i>	0	ACA; OTC
<i>sulindac</i>	1	
<i>tolmetin oral capsule</i>	1	ST
<i>tolmetin oral tablet 600 mg</i>	1	ST
<i>tramadol oral tablet 50 mg</i>	1	QL
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; QL
<i>tramadol-acetaminophen</i>	1	QL
<i>tri-buffered aspirin</i>	0	ACA; OTC
VIVITROL	4	
ZUBSOLV	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII	2	
ABILIFY MAINTENA	2	
ABILIFY MYCITE MAINTENANCE KIT	3	QL
ABILIFY MYCITE STARTER KIT	3	QL
ADASUVE	3	
ADZENYS XR-ODT	3	ST
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	1	
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amphetamine sulfate</i>	1	
ANAFRANIL	3	*
APLENZIN	3	PA; QL
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet,disintegrating</i>	1	QL
ARISTADA	2	
ARISTADA INITIO	2	
<i>armodafinil</i>	1	ST; QL
<i>asenapine maleate</i>	1	QL
ATIVAN	3	*
<i>atomoxetine</i>	1	
AZSTARYS	3	ST
BELSOMRA	3	ST; QL
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL
<i>buspirone</i>	1	
CAPLYTA	3	QL
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine</i>	1	
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	QL
<i>clomipramine</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>clozapine</i>	1	
CLOZARIL	3	*
COTEMPLA XR-ODT	3	ST
DAYTRANA	2	ST
DAYVIGO	3	ST; QL
<i>desipramine</i>	1	
DESOXYN	3	*

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Drug Name	Drug Tier	Requirements / Limits
DESVENLAFAXINE	3	ST; QL
<i>desvenlafaxine succinate</i>	1	ST; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	3	ST; *
<i>dexmethylphenidate</i>	1	
<i>dextroamphetamine sulfate</i>	1	
<i>dextroamphetamine-amphetamine</i>	1	
<i>diazepam injection</i>	1	
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	ST; QL
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST; QL
DYANA VEL XR	2	ST
EMSAM	3	
<i>ergoloid</i>	1	
<i>escitalopram oxalate oral solution</i>	1	PA
<i>escitalopram oxalate oral tablet</i>	1	QL
<i>estazolam</i>	1	QL
<i>eszopiclone</i>	1	QL
EVEKEO ODT	3	
FANAPT	3	QL
FETZIMA	2	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	PA; QL
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	PA; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	PA
<i>fluphenazine decanoate</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>fluphenazine hcl</i>	1	
<i>fluvoxamine oral capsule,extended release 24hr</i>	1	PA; QL
<i>fluvoxamine oral tablet</i>	1	QL
GEODON ORAL	3	*; QL
<i>guanfacine oral tablet extended release 24 hr</i>	1	
HALCION ORAL TABLET 0.25 MG	3	*; QL
HALDOL DECANOATE	3	*
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate injection</i>	1	
<i>haloperidol lactate oral</i>	1	
HETLIOZ	4	PA; *; LA; QL
HETLIOZ LQ	4	PA; QL
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INVEGA	3	*; QL
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
JORNAY PM	3	ST
KAPVAY	3	ST; *
LATUDA	3	*; QL
<i>lithium carbonate</i>	1	
LITHOBID	3	*
<i>lorazepam injection solution</i>	1	
<i>lorazepam injection syringe 2 mg/ml</i>	1	
<i>lorazepam intensol</i>	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate</i>	1	
LUMRYZ	4	PA; QL
<i>lurasidone</i>	1	QL
MARPLAN	3	
<i>methamphetamine</i>	1	
METHYLIN ORAL SOLUTION	3	*

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Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate</i>	1	ST
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	
<i>methylphenidate hcl oral solution</i>	1	
<i>methylphenidate hcl oral tablet</i>	1	
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
<i>methylphenidate hcl oral tablet,chewable</i>	1	
<i>midazolam (pf) injection solution</i>	1	
<i>midazolam (pf) injection syringe</i>	1	
<i>midazolam injection</i>	1	
<i>mirtazapine</i>	1	
<i>modafinil</i>	1	ST; QL
<i>molindone</i>	1	
MYDAYIS	2	ST
NARDIL	3	*
<i>nefazodone</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	*
<i>nortriptyline</i>	1	
NUPLAZID	4	PA; LA; QL
<i>olanzapine intramuscular</i>	1	
<i>olanzapine oral</i>	1	QL
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	1	
<i>paliperidone</i>	1	QL
PAMELOR	3	*
PARNATE	3	*
<i>paroxetine hcl oral suspension</i>	1	PA
<i>paroxetine hcl oral tablet</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>paroxetine mesylate(menop.sym)</i>	1	PA; QL
PAXIL CR	3	PA; *, QL
PAXIL ORAL SUSPENSION	3	PA; *
PAXIL ORAL TABLET	3	PA; *, QL
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
<i>procentra</i>	1	
<i>protriptyline</i>	1	
QELBREE	3	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
<i>quetiapine oral tablet extended release 24 hr</i>	1	QL
QUILLICHEW ER	2	ST
QUILLIVANT XR	2	ST
QUVIVIQ	3	ST; QL
<i>ramelteon</i>	1	QL
REMERON ORAL TABLET 15 MG, 30 MG	3	*
REMERON SOLTAB	3	*
RESTORIL	3	*, QL
REXULTI	3	QL
RISPERDAL CONSTA	2	
RISPERDAL ORAL SOLUTION	3	*
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	*, QL
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet,disintegrating</i>	1	QL
SECUADO	3	QL
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	QL
SILENOR	3	ST; *, QL
SODIUM OXYBATE	4	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
SUNOSI	2	ST; QL
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	*
<i>tasimelteon</i>	4	PA; LA; QL
<i>temazepam</i>	1	QL
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranlycypromine</i>	1	
<i>trazodone</i>	1	
<i>triazolam</i>	1	QL
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	PA; QL
<i>venlafaxine oral capsule,extended release 24hr</i>	1	QL
<i>venlafaxine oral tablet</i>	1	QL
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST; QL
VERSACLOZ	3	
<i>vilazodone</i>	1	PA; QL
VRAYLAR	3	QL
VYVANSE	2	ST
WAKIX	4	ST; QL
XYWAV	4	PA; QL
<i>zaleplon</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG	3	*
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	3	
<i>ziprasidone hcl</i>	1	QL
<i>zolpidem oral tablet</i>	1	QL
<i>zolpidem oral tablet,ext release multiphase</i>	1	QL
<i>zolpidem sublingual</i>	1	QL
ZYPREXA INTRAMUSCULAR	3	*
ZYPREXA ORAL	3	*, QL
ZYPREXA RELPREVV	3	

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Drug Name	Drug Tier	Requirements / Limits
ZYPREXA ZYDIS	3	*; QL
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine intravenous solution</i>	1	
<i>amiodarone intravenous solution</i>	1	
<i>amiodarone oral</i>	1	
BETAPACE	3	ST; *
BETAPACE AF	3	ST; *
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine</i>	1	
MULTAQ	3	
NEXTERONE	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection</i>	1	
<i>propafenone</i>	1	
<i>quinidine gluconate oral</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
RYTHMOL SR	3	*
<i>sotalol af</i>	1	
SOTALOL INTRAVENOUS	3	
<i>sotalol oral</i>	1	
SOTYLIZE	2	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	*
ACCURETIC	3	*
<i>acebutolol</i>	1	
ALDACTONE	3	*
<i>aliskiren</i>	1	
ALTACE	3	*

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Drug Name	Drug Tier	Requirements / Limits
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hctiazid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	1	
BIDIL	3	*
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	3	ST; *
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDIZEM CD	3	*
CARDIZEM LA	3	*
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	*
CARDURA	3	ST; *; QL
CARDURA XL	3	ST; QL
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	
CATAPRES-TTS-1	3	*; QL
CATAPRES-TTS-2	3	*; QL
CATAPRES-TTS-3	3	*; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	1	QL
<i>clonidine hcl oral tablet</i>	1	
CONSENSI	3	
COREG CR	3	ST; *
CORGARD ORAL TABLET 20 MG, 40 MG	3	ST; *
DEMSER	3	PA; *
DIBENZYLINE	3	PA; *
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr</i> <i>180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr</i>	1	
DIURIL	3	
<i>doxazosin</i>	1	QL
DYRENIUM	3	*
EDECRIN	3	ST; *
<i>enalapril maleate</i>	1	
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>epoprostenol</i>	4	PA
<i>eprosartan</i>	1	
<i>ethacrynate sodium</i>	1	
<i>ethacrynic acid</i>	1	
<i>felodipine</i>	1	
FLOLAN	4	PA; LA
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide injection solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
<i>hydralazine</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
INSPRA	3	*
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isosorbide-hydralazine</i>	1	
<i>isradipine</i>	1	
KERENDIA	2	PA; QL
<i>labetalol oral</i>	1	
LASIX	3	ST; *
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR ORAL	3	ST; *
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN HCT	3	*
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	*
<i>matzim la</i>	1	
MAXZIDE	3	*
MAXZIDE-25MG	3	*
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>methyldopate</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate</i>	1	
<i>metyrosine</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
MINIPRESS	3	*
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	1	
<i>nicardipine oral</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
NYMALIZE	3	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazyd</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	4	PA; LA; QL
ORENITRAM MONTH 1 TITRATION KT	4	PA; LA; QL
ORENITRAM MONTH 2 TITRATION KT	4	PA; LA; QL
ORENITRAM MONTH 3 TITRATION KT	4	PA; LA; QL
<i>papaverine injection solution</i>	1	
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	PA
<i>pindolol</i>	1	
<i>prazosin</i>	1	
PRESTALIA	3	ST
PROCARDIA XL	3	ST; *
<i>propranolol</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
REMODULIN	4	PA; *, LA
SODIUM EDECRIN	3	*
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST; *
<i>taztia xt</i>	1	
TEKTURN HCT	2	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
TENORETIC 100	3	ST; *
TENORETIC 50	3	ST; *
TENORMIN	3	ST; *
<i>terazosin</i>	1	QL
<i>tiadylt er</i>	1	
TIAZAC	3	*
<i>timolol maleate oral</i>	1	
<i>torse mide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>treprostinil sodium</i>	4	PA; LA
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
UPTRAVI INTRAVENOUS	4	LA
UPTRAVI ORAL	4	PA; LA; QL
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	*
VASOTEC	3	*
<i>veletri</i>	4	PA; LA
<i>verapamil oral</i>	1	
VERELAN PM	3	ST; *
ZESTORETIC	3	*
ZESTRIL	3	*
CARDIAC GLYCOSIDES		
<i>digox</i>	1	
<i>digoxin oral</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
LANOXIN ORAL	3	*
COAGULATION THERAPY		
AMICAR	3	*
<i>aminocaproic acid</i>	1	
ARIXTRA	4	*
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	
CABLIVI INJECTION KIT	4	PA
CEPROTIN (BLUE BAR)	4	PA; LA
CEPROTIN (GREEN BAR)	4	PA; LA
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
CYKLOKAPRON	3	*
<i>dabigatran etexilate</i>	1	
<i>dipyridamole oral</i>	1	
DOPTelet (15 TAB PACK)	4	PA; LA; QL
EFFIENT	3	*
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
<i>enoxaparin</i>	4	
<i>fondaparinux</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
<i>hep flush-10 (pf)</i>	1	
<i>heparin (porcine) in 5 % dex</i>	1	
<i>heparin (porcine) in nacl (pf)</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin lock flush (porcine)</i>	1	
<i>heparin lockflush(porcine)(pf)</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
<i>jantoven</i>	1	
KENGREAL	3	
MEPHYTON	3	*; QL
NPLATE	4	PA; LA
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
<i>prasugrel</i>	1	
PROMACTA	4	PA; LA
<i>protamine</i>	1	
TAVALISSE	4	PA; LA; QL
<i>tranexamic acid intravenous</i>	1	
<i>warfarin</i>	1	
XARELTO	2	
XARELTO DVT-PE TREAT 30D START	2	
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	QL
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	ACA; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-80 MG	3	ST; *; QL
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	
COLESTID	3	ST; *
COLESTID FLAVORED ORAL PACKET	3	ST
<i>colestipol</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ezetimibe</i>	1	ST
<i>ezetimibe-simvastatin</i>	1	QL
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	
FENOGLIDE	3	ST; *
FIBRICOR	3	ST; *
FLOLIPID	3	ST; QL
<i>fluvastatin</i>	0	ACA; QL
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	1	PA
JUXTAPID	4	
LESCOL XL	3	ST; *, QL
LIVALO	2	ST; QL
LOPID	3	*
<i>lovastatin</i>	0	ACA; QL
NEXLETOL	2	PA
NEXLIZET	2	PA
<i>niacin oral tablet extended release 24 hr</i>	1	
<i>omega-3 acid ethyl esters</i>	1	PA
<i>pravastatin</i>	0	ACA; QL
<i>prevalite</i>	1	
QUESTRAN	3	ST; *
QUESTRAN LIGHT	3	ST; *
REPATHA PUSHTRONEX	2	
REPATHA SURECLICK	2	
REPATHA SYRINGE	2	
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0	ACA; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL
ROSZET	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	ACA; QL
<i>simvastatin oral tablet 80 mg</i>	1	QL
TRILIPIX	3	ST; *
VASCEPA	3	PA; *
ZYPITAMAG	3	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	4	PA; LA; QL
ENTRESTO	2	QL
<i>ranolazine</i>	1	
VECAMYL	3	PA
VERQUVO	2	QL
VYNDAMAX	4	PA
VYNDAQEL	4	PA; LA
NITRATES		
GONITRO	3	
ISORDIL	3	*
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	*
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	1	
NITRO-DUR	3	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual</i>	1	
NITROLINGUAL	3	*
NITROMIST	3	*
NITROSTAT	3	*
<i>nitro-time</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	
ANALPRAM-HC TOPICAL	3	ST; *
<i>calcipotriene scalp</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>calcipotriene topical cream</i>	1	QL
<i>calcipotriene topical ointment</i>	1	QL
<i>calcipotriene-betamethasone topical ointment</i>	1	ST; QL
<i>calcipotriene-betamethasone topical suspension</i>	1	QL
<i>calcitriol topical</i>	1	
ENSTILAR	2	ST; QL
EPIFOAM	3	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	ST
OVACE	3	*
OVACE PLUS SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER	3	
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL LOTION	3	
OVACE PLUS WASH	3	
PLEXION NS	3	
PRAMOSONE	3	ST
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SELRX	3	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
STELARA INTRAVENOUS	4	PA; LA
STELARA SUBCUTANEOUS	4	PA; LA; QL
<i>sulfacetamide sodium topical</i>	1	
TACLONEX TOPICAL OINTMENT	3	ST; *, QL
TACLONEX TOPICAL SUSPENSION	3	*, QL
TALTZ AUTOINJECTOR	4	PA; LA; QL
TALTZ AUTOINJECTOR (2 PACK)	4	PA; LA; QL
TALTZ AUTOINJECTOR (3 PACK)	4	PA; LA; QL
TALTZ SYRINGE	4	PA; LA; QL
TERSI FOAM	3	
TREMFYA	4	PA; LA; QL
VECTICAL	3	*

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Drug Name	Drug Tier	Requirements / Limits
VTAMA	3	PA; QL
ZORYVE	3	PA; QL
BURN THERAPY		
SILVADENE	3	*
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	4	PA; LA; QL
CIBINQO	4	PA; QL
CORTANE-B	3	*
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL
<i>doxepin topical</i>	1	ST; QL
DUPIXENT PEN	4	PA; LA; QL
DUPIXENT SYRINGE	4	PA; LA; QL
EFUDEX TOPICAL CREAM	3	*
EUCRISA	3	ST; QL
FLUOROPLEX	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
HYFTOR	4	PA
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
IODOSORB	3	
LEVULAN	3	
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OPZELURA	3	PA; QL
PANRETIN	4	PA
<i>pimecrolimus</i>	1	ST; QL
<i>podofilox</i>	1	
<i>pradoxin</i>	1	ST; QL
REGRANEX	2	QL
<i>tacrolimus topical</i>	1	ST; QL
TOLAK	3	

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Drug Name	Drug Tier	Requirements / Limits
UVADEX	2	
VALCHLOR	4	PA; LA
VYJUVEK	4	PA
<i>wintergreen oil</i>	1	
ZONALON	3	ST; *, QL
THERAPY FOR ACNE		
ABSORICA	3	ST; *
<i>accutane</i>	1	
ACZONE	3	ST; *
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	ST
<i>adapalene topical solution</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	
AKLIEF	3	PA
ALTRENO	3	
<i>amnesteam</i>	1	
AMZEEQ	3	ST
ARAZLO	3	PA
<i>avar</i>	1	
AVAR LS	3	ST
AVAR-E LS	3	ST
<i>avita topical cream</i>	1	
AVITA TOPICAL GEL	3	
<i>azelaic acid</i>	1	
AZELEX	3	ST
BENZAMYCIN	3	ST; *
BENZEPRO (MICROSPHERES)	3	ST; *
<i>benzepro topical towelette</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam</i>	1	
<i>bp 10-1</i>	1	ST
<i>brimonidine topical</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>claravis</i>	1	
CLEOCIN T TOPICAL LOTION	3	ST; *, QL
<i>clindacin</i>	1	ST; QL
CLINDACIN ETZ TOPICAL KIT	3	ST
<i>clindacin etz topical swab</i>	1	ST
<i>clindacin p</i>	1	ST
CLINDACIN PAC	3	ST
<i>clindamycin phosphate topical foam</i>	1	ST; QL
<i>clindamycin phosphate topical gel</i>	1	ST; QL
<i>clindamycin phosphate topical gel, once daily</i>	1	ST; QL
<i>clindamycin phosphate topical lotion</i>	1	ST; QL
<i>clindamycin phosphate topical solution</i>	1	ST; QL
<i>clindamycin phosphate topical swab</i>	1	ST
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoin</i>	1	
<i>dapsone topical</i>	1	
DIFFERIN TOPICAL CREAM	3	ST; *
DIFFERIN TOPICAL GEL WITH PUMP	3	ST; *
DIFFERIN TOPICAL LOTION	3	ST
EPIDUO FORTE	3	ST; *
EPSOLAY	3	ST
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
EVOCLIN	3	ST; *, QL
FINACEA TOPICAL FOAM	2	ST
FINACEA TOPICAL GEL	3	ST; *
<i>isotretinoin</i>	1	
<i>ivermectin topical cream</i>	1	QL
METROCREAM	3	ST; *
METROGEL TOPICAL GEL 1 %	3	ST; *
<i>metronidazole topical</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MIRVASO	3	PA; *
<i>neuac</i>	1	
NEUAC KIT	3	ST
ONEXTON TOPICAL GEL WITH PUMP	2	ST
PLEXION TOPICAL CLEANSER	3	ST
PR BENZOYL PEROXIDE	3	ST; *
RETIN-A	3	*
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSDAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSDAN TOPICAL KIT,CLEANSER AND CREAM	3	ST
ROSULA	3	ST
<i>rosula cleansing cloths</i>	1	
SOOLANTRA	3	ST; *, QL
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cream</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	
<i>sulfacleanse 8-4</i>	1	ST
SUMADAN	3	ST
SUMADAN XLT	3	ST
<i>tazarotene topical cream</i>	1	PA
<i>tazarotene topical gel</i>	1	PA
<i>tretinoin</i>	1	
<i>tretinoin microspheres topical gel</i>	1	
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
TWYNEO	3	ST
VANOXIDE-HC	3	ST
<i>zenatane</i>	1	
ZIANA	3	ST; *
TOPICAL ANESTHETICS		
<i>bupivacaine-epinephrine (pf)</i>	1	
BUPIVACAINE-EPINEPHRINE BITART	3	
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %)</i>	1	
<i>dermacinrx lidocan</i>	1	PA
EXPAREL (PF)	3	
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lidocort</i>	1	
NYNUTEY	3	
<i>polocaine-mpf injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 2 %-1:200,000	3	*
ZTLIDO	2	PA
TOPICAL ANTIBACTERIALS		
ALTABAX	3	ST; QL
CENTANY	3	ST; QL
CENTANY AT	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>gentamicin topical</i>	1	QL
KLARON	3	ST; *
<i>lugols topical</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin</i>	1	QL
<i>mupirocin calcium</i>	1	ST; QL
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
<i>strong iodine topical</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON TOPICAL CREAM	2	
XEPI	3	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclodan topical cream</i>	1	QL
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL
<i>ciclopirox topical gel</i>	1	QL
<i>ciclopirox topical shampoo</i>	1	QL
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole topical</i>	1	QL
<i>clotrimazole-betamethasone</i>	1	QL
<i>econazole</i>	1	QL
EXELDERM	3	QL
EXTINA	3	ST; *; QL
JUBLIA	3	ST
<i>ketoconazole topical cream</i>	1	QL
<i>ketoconazole topical foam</i>	1	ST; QL
<i>ketoconazole topical shampoo</i>	1	QL
<i>ketodan</i>	1	ST; QL
LOPROX (AS OLAMINE)	3	*; QL

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Drug Name	Drug Tier	Requirements / Limits
LUZU	3	QL
MENTAX	3	QL
<i>naftifine topical cream</i>	1	QL
<i>naftifine topical gel 2 %</i>	1	QL
NAFTIN TOPICAL GEL	3	*; QL
<i>nyamyc</i>	1	QL
<i>nystatin topical</i>	1	QL
<i>nystatin-triamcinolone</i>	1	QL
<i>nystop</i>	1	QL
<i>oxiconazole</i>	1	QL
<i>tavaborole</i>	1	ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	1	PA; QL
DENAVIR	3	*
<i>penciclovir</i>	1	
ZOVIRAX TOPICAL CREAM	3	PA; *, QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP	3	ST; *
<i>alclometasone</i>	1	
<i>apexicon e</i>	1	ST
<i>beser</i>	1	ST
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented</i>	1	
BRYHALI	3	ST
CAPEX	3	ST
<i>clobetasol scalp</i>	1	QL
<i>clobetasol topical cream</i>	1	QL
<i>clobetasol topical foam</i>	1	ST; QL
<i>clobetasol topical gel</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical lotion</i>	1	ST; QL
<i>clobetasol topical ointment</i>	1	QL
<i>clobetasol topical shampoo</i>	1	ST; QL
<i>clobetasol topical spray,non-aerosol</i>	1	ST; QL
<i>clobetasol-emollient topical cream</i>	1	QL
<i>clobetasol-emollient topical foam</i>	1	ST; QL
CLOBEX TOPICAL SHAMPOO	3	ST; *, QL
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	ST; *, QL
<i>clocortolone pivalate</i>	1	
<i>clodan</i>	1	ST; QL
CLODAN KIT	3	ST; QL
CORDRAN TAPE LARGE ROLL	3	ST
CORDRAN TOPICAL CREAM 0.025 %	3	ST; QL
CORDRAN TOPICAL CREAM 0.05 %	3	ST; *, QL
CORDRAN TOPICAL LOTION	3	ST; *, QL
CORDRAN TOPICAL OINTMENT	3	ST; *, QL
DERMA-SMOOTH/FS BODY OIL	3	ST; *
DERMA-SMOOTH/FS SCALP OIL	3	ST; *
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
<i>desoximetasone</i>	1	ST
<i>desrx</i>	1	ST
<i>diflorasone</i>	1	ST; QL
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	ST; *
DUOBRII	3	ST; QL
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL
<i>fluocinonide topical gel</i>	1	QL
<i>fluocinonide topical ointment</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>fluocinonide topical solution</i>	1	QL
<i>fluocinonide-e</i>	1	QL
<i>flurandrenolide</i>	1	ST; QL
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide</i>	1	ST
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical ointment</i>	1	
HALOG TOPICAL CREAM	3	ST; *
HALOG TOPICAL OINTMENT	3	ST
HALOG TOPICAL SOLUTION	3	ST
<i>hydrocortisone butyrate topical cream</i>	1	QL
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment</i>	1	ST; QL
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL
<i>hydrocortisone butyr-emollient</i>	1	QL
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
KENALOG TOPICAL	3	ST; *, QL
LUXIQ	3	ST; *
<i>mometasone topical</i>	1	
<i>nolix</i>	1	ST; QL
NUCORT	3	ST
OLUX	3	ST; *, QL
OLUX-E	3	ST; *, QL
PANDEL	3	ST
<i>prednicarbate</i>	1	
PROCTOCORT TOPICAL	3	ST; *
<i>scalacort</i>	1	
SCALACORT DK	3	ST
SYNALAR	3	ST; *

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Drug Name	Drug Tier	Requirements / Limits
SYNALAR CREAM KIT	3	ST
SYNALAR OINTMENT KIT	3	ST
SYNALAR TS	3	ST
TEMOVATE TOPICAL OINTMENT	3	ST; *, QL
TEXACORT	3	ST
TOPICORT TOPICAL CREAM	3	ST; *
TOPICORT TOPICAL GEL	3	ST; *
TOPICORT TOPICAL OINTMENT	3	ST; *
<i>tovet emollient</i>	1	ST; QL
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
<i>tritocin</i>	1	ST
TOPICAL ENZYMES		
NEXOBRID	3	
SANTYL	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
ELIMITE	3	*
EURAX	3	
<i>lindane topical shampoo</i>	1	
<i>malathion</i>	1	
OVIDE	3	*
<i>permethrin</i>	1	
<i>spinosad</i>	1	
ULESFIA	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin b gu</i>	1	
PHYSIOLYTE	3	*
PHYSIOSOL IRRIGATION	3	*
<i>ringer's irrigation</i>	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL	3	
<i>tis-u-sol pentalyte</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>acetic acid irrigation</i>	1	
AGRYLIN	3	*
AMPHADASE	3	
<i>anagrelide</i>	1	
BUPHENYL	3	PA; *
<i>caffeine citrate oral</i>	1	
CARBAGLU	4	PA; LA
<i>carglumic acid</i>	4	PA; LA
CARNITOR	3	*
CARNITOR (SUGAR-FREE)	3	*
<i>cevimeline</i>	1	
CHEMET	2	PA
<i>deferasirox</i>	4	PA; LA
<i>deferiprone</i>	4	PA
<i>disulfiram</i>	1	
<i>droxidopa</i>	4	PA; LA
EMPAVELI	4	PA
ENDARI	4	PA
EVOXAC	3	*
EXSERVAN	4	PA
FERRIPROX (2 TIMES A DAY)	4	PA
FERRIPROX ORAL SOLUTION	4	PA
FERRIPROX ORAL TABLET	4	PA; *
FERRLECIT	3	PA; *
HYLENEX	3	

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Drug Name	Drug Tier	Requirements / Limits
INCRELEX	4	PA; LA
JOENJA	4	PA; QL
LAMZEDE	4	PA
<i>levocarnitine (with sugar)</i>	1	
<i>levocarnitine intravenous</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LITHOSTAT	3	
METOPIRONE	3	
<i>midodrine</i>	1	
<i>nitisinone</i>	4	PA; LA
NITYR	4	PA; LA
OLPRUVA	4	PA
ORFADIN ORAL CAPSULE	4	PA; *
ORFADIN ORAL SUSPENSION	4	PA
PHEBURANE	4	PA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND	4	PA; QL
RADIOGARDASE	3	
RILUTEK	3	PA; *
<i>riluzole</i>	1	PA
<i>risedronate oral tablet 30 mg</i>	1	QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	*
<i>sodium chlor 0.9% bacteriostat</i>	1	
<i>sodium chloride 0.9 %</i>	1	
<i>sodium chloride injection</i>	1	
<i>sodium ferric gluconat-sucrose</i>	1	PA
<i>sodium phenylbutyrate</i>	1	PA
SOLIRIS	4	PA; LA
SYPRINE	3	PA; *
THIOLA EC	4	PA
TIGLUTIK	4	PA
<i>tiopronin</i>	4	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>trientine</i>	1	PA
<i>water for irrigation, sterile</i>	1	
XURIDEN	4	PA
ZOKINVY	4	PA; QL
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	0	ACA
CHANTIX CONTINUING MONTH BOX	0	ACA
CHANTIX ORAL TABLET 1 MG	0	ACA
CHANTIX STARTING MONTH BOX	0	ACA
NICODERM CQ	0	*, ACA; OTC
NICORETTE BUCCAL GUM 2 MG	0	*, ACA; OTC
<i>nicorette buccal gum 4 mg</i>	0	ACA; OTC
NICORETTE BUCCAL LOZENGE	0	ACA; OTC
NICORETTE BUCCAL MINI LOZENGE	0	ACA; OTC
<i>nicotine</i>	0	ACA; OTC
<i>nicotine (polacrilex)</i>	0	ACA; OTC
NICOTROL	0	ACA
NICOTROL NS	0	ACA
<i>quit 2</i>	0	ACA; OTC
<i>quit 4</i>	0	ACA; OTC
<i>stop smoking aid</i>	0	ACA; OTC
<i>varenicline</i>	0	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol,spray</i>	1	QL
<i>azelastine nasal spray,non-aerosol</i>	1	
CLINPRO 5000	3	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
<i>fluoride (sodium) dental</i>	1	
FLUORIDEX DAILY DEFENSE	3	
FLUORIDEX SENSITIVITY RELIEF	3	
FLUORIMAX 5000	3	

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Drug Name	Drug Tier	Requirements / Limits
FLUORIMAX 5000 SENSITIVE	3	
GELCLAIR	3	
GELX	3	
<i>ipratropium bromide nasal</i>	1	QL
JUST RIGHT 5000	3	
MUGARD	4	
<i>olopatadine nasal</i>	1	QL
<i>oralone</i>	1	
ORAMAGICRX	3	
PATANASE	3	*; QL
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT	3	*
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	*
PREVIDENT 5000 SENSITIVE	3	
Q-CARE RX Q4	3	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	*
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	
<i>triamcinolone acetate dental</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	
<i>ciprofloxacin hcl otic (ear)</i>	1	
DERMOTIC OIL	3	*
<i>flac otic oil</i>	1	
<i>fluocinolone acetate oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIC STEROID / ANTIBIOTIC		

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Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
OTOVEL	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	4	PA; LA
<i>betamethasone acet,sod phos</i>	1	
CELESTONE SOLUSPAN	3	*
CORTEF	3	*
<i>cortisone</i>	1	
CORTROSYN	3	*
<i>cosyntropin</i>	1	
DEPO-MEDROL	3	
<i>dexabliss</i>	1	ST
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	1	ST
<i>dexamethasone sodium phos (pf) injection solution</i>	1	
<i>dexamethasone sodium phosphate injection solution</i>	1	
<i>fludrocortisone</i>	1	
<i>hydrocortisone oral</i>	1	
KENALOG INJECTION SUSPENSION 10 MG/ML	3	
KENALOG INJECTION SUSPENSION 40 MG/ML	3	*
KENALOG-80	3	
MEDROL (PAK)	3	*
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	*
MEDROL ORAL TABLET 2 MG	3	
<i>methylprednisolone</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>methylprednisolone acetate</i>	1	
<i>millipred dp</i>	1	
<i>millipred oral tablet</i>	1	
ORAPRED ODT	3	*
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
RAYOS	3	ST
TAPERDEX	3	ST
TARPEYO	4	PA; QL
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
TRIESENCE (PF)	3	
XIPERE (PF)	4	
ZCORT	3	ST

ANTITHYROID AGENTS

<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	

BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES

FREESTYLE INSULINX STRIP	2	OTC
FREESTYLE INSULINX TEST STRIPS	2	OTC
FREESTYLE LITE STRIPS	2	OTC
FREESTYLE TEST	2	OTC
ONETOUCH ULTRA TEST	2	OTC
ONETOUCH VERIO TEST STRIPS	2	OTC
PRECISION XTRA TEST	2	OTC

DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
EUA PATIENT ASSESSMENT	2	
FLEXICHAMBER	2	
GLUCAGEN DIAGNOSTIC KIT	2	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	3	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	QL
<i>diazoxide</i>	1	
<i>glucagon emergency kit (human)</i>	1	QL
GVOKE	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE PFS 2-PACK SYRINGE	2	QL
PROGLYCEM	3	*
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK SMARTVIEW CONTRL SOL	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
ACCUTREND GLUCOSE CONTROL	3	OTC
AUTOJECT 2 INJECTION DEVICE	2	OTC
AUTOPEN 1 TO 21 UNITS	2	OTC
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC
DEXCOM G6 RECEIVER	2	
DEXCOM G6 SENSOR	2	QL
DEXCOM G6 TRANSMITTER	2	QL
DEXCOM G7 RECEIVER	2	
DEXCOM G7 SENSOR	2	
FREESTYLE FREEDOM	0	OTC
FREESTYLE FREEDOM LITE	0	OTC
FREESTYLE INSULINX	0	OTC
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR	2	QL
FREESTYLE LIBRE 2 READER	2	
FREESTYLE LIBRE 2 SENSOR	2	QL
FREESTYLE LIBRE 3 SENSOR	2	QL
FREESTYLE LITE METER	0	OTC
GENTEEL VACUUM LANCING DEVICE	3	OTC
LANCETS 33 GAUGE	2	OTC
LANCING DEVICE	2	OTC
NOVOPEN ECHO	3	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL
OMNIPOD 5 G6 PODS (GEN 5)	2	QL
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL
OMNIPOD DASH PODS (GEN 4)	2	QL
OMNIPOD GO PODS 10 UNITS/DAY	2	
ONETOUCH ULTRA2 METER	2	OTC
ONETOUCH VERIO FLEX METER	2	OTC
ONETOUCH VERIO REFLECT METER	2	OTC

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Drug Name	Drug Tier	Requirements / Limits
PRECISION XTRA MONITOR	0	OTC
T:FLEX	2	
T:SLIM X2	2	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
INSULIN THERAPY		
BASAGLAR KWIKPEN U-100 INSULIN	3	
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	
HUMALOG MIX 50-50 INSULN U-100	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25(U-100)INSULN	2	
HUMALOG U-100 INSULIN	2	
HUMULIN 70/30 U-100 INSULIN	2	
HUMULIN 70/30 U-100 KWIKPEN	2	
HUMULIN N NPH INSULIN KWIKPEN	2	
HUMULIN N NPH U-100 INSULIN	2	
HUMULIN R REGULAR U-100 INSULN	2	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	
LEVEMIR FLEXPEN	2	
LEVEMIR U-100 INSULIN	2	
LYUMJEV KWIKPEN U-100 INSULIN	2	
LYUMJEV KWIKPEN U-200 INSULIN	2	
LYUMJEV U-100 INSULIN	2	
SEMGLEE(INSULIN GLARGINE-YFGN)	2	
SEMGLEE(INSULIN GLARG-YFGN)PEN	2	
SOLIQUA 100/33	2	QL
TOUJEO MAX U-300 SOLOSTAR	2	
TOUJEO SOLOSTAR U-300 INSULIN	2	

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Drug Name	Drug Tier	Requirements / Limits
TRESIBA FLEXTOUCH U-100	2	
TRESIBA FLEXTOUCH U-200	2	
TRESIBA U-100 INSULIN	2	
XULTOPHY 100/3.6	2	QL
MISCELLANEOUS HORMONES		
ALDURAZYME	4	PA; LA
ANDRODERM	2	QL
<i>cabergoline</i>	1	QL
<i>calcitonin (salmon)</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral</i>	1	
CERDELGA	4	PA; LA; QL
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA
CETROTIDE	4	PA; *, LA
CHORIONIC GONADOTROPIN, HUMAN INJECTION	4	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	4	PA; QL
<i>cinacalcet</i>	1	PA
<i>clomid</i>	1	
<i>clomiphene citrate</i>	1	
<i>danazol</i>	1	
DDAVP ORAL	3	*
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	*
<i>desmopressin injection</i>	4	LA
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON- AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
<i>desmopressin oral</i>	1	
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
ELAPRASE	4	PA; LA
FABRAZYME	4	PA; LA
FORTESTA	3	*; QL
<i>fyremadel</i>	4	PA
GALAFOLD	4	PA; LA; QL
<i>ganirelix</i>	4	PA; LA
GONAL-F	4	PA; LA
GONAL-F RFF	4	PA; LA
GONAL-F RFF REDI-JECT	4	PA; LA
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	*
JATENZO	3	QL
<i>javygtor</i>	4	PA
JYNARQUE	4	PA; QL
KANUMA	4	PA
KUVAN	4	PA; *; LA
LUMIZYME	4	PA; LA
MENOPUR	4	PA; LA
METHITEST	2	
<i>methyltestosterone oral capsule</i>	1	
MIACALCIN INJECTION	3	*
<i>miglustat</i>	4	PA; LA; QL
MYALEPT	4	PA; LA
NAGLAZYME	4	PA; LA
NATESTO	2	QL
NEXVIAZYME	4	PA
NOC DURNA (MEN)	3	PA; QL
NOC DURNA (WOMEN)	3	PA; QL
NOVAREL	4	PA; QL
ORILISSA	2	PA
OVIDREL	4	PA
PALYNZIQ	4	PA; LA; QL
<i>pamidronate intravenous solution</i>	4	LA

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Drug Name	Drug Tier	Requirements / Limits
PARICALCITOL HEMODIALYSIS PORT INJECTION	3	
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	ST
RAYALDEE	3	ST
ROCALTROL	3	ST; *
<i>sapropterin</i>	4	PA
SOMAVERT	4	PA; LA
STRENSIQ	4	PA
SYNAREL	2	PA
TESTOPEL	4	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
TESTOSTERONE IMPLANT	3	
<i>testosterone transdermal</i>	1	QL
<i>tolvaptan</i>	4	PA; QL
VIMIZIM	4	PA; LA
VOGELXO TRANSDERMAL GEL	3	*; QL
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	QL
VOGELXO TRANSDERMAL GEL IN PACKET	3	QL
VOXZOGO	4	PA; LA
XYOSTED	3	QL
ZEMPLAR INTRAVENOUS	3	*
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	ST; *
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	ST; *, QL
ACTOS	3	ST; *, QL
BYDUREON BCISE	2	PA; QL
BYETTA	2	PA; QL
CYCLOSET	3	
DUETACT	3	ST; *, QL
FARXIGA	2	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin</i>	1	
GLUCOTROL XL	3	*
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYNASE	3	*
GLYXAMBI	2	ST; QL
JANUMET	2	ST; QL
JANUMET XR	2	ST; QL
JANUVIA	2	ST; QL
JARDIANCE	2	ST; QL
<i>metformin oral solution</i>	1	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	QL
<i>metformin oral tablet extended release 24 hr (osm er)</i>	1	ST; QL
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	ST; QL
<i>miglitol</i>	1	
MOUNJARO	2	PA; QL
<i>nateglinide</i>	1	
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	ST; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL
<i>pioglitazone</i>	1	QL
<i>pioglitazone-glimepiride</i>	1	QL
<i>pioglitazone-metformin</i>	1	QL
PRECOSE	3	*
<i>repaglinide</i>	1	
RIOMET	3	ST; *
RIOMET ER	3	ST
RYBELSUS	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>saxagliptin</i>	1	QL
<i>saxagliptin-metformin</i>	1	QL
SEGLUROMET	2	ST; QL
STEGLATRO	2	ST; QL
STEGLUJAN	2	ST; QL
SYMLINPEN 120	2	PA; QL
SYMLINPEN 60	2	PA; QL
SYNJARDY	2	ST; QL
SYNJARDY XR	2	ST; QL
TRIJARDY XR	2	ST
TRULICITY	2	PA; QL
XIGDUO XR	2	ST; QL

THYROID HORMONES

ARMOUR THYROID	2	
ERMEZA	3	ST
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine</i>	1	
<i>niva thyroid</i>	1	
<i>np thyroid</i>	1	
<i>thyroid (pork)</i>	1	
<i>unithroid</i>	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz</i>	1	
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
<i>belladonna alkaloids-opium</i>	1	QL
<i>chlordiazepoxide-clidinium</i>	1	
<i>dicyclomine oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	*
DONNATAL ORAL TABLET	3	
<i>ed-spaz</i>	1	
GLYCATE	3	
<i>glycopyrrolate injection</i>	1	
<i>glycopyrrolate oral</i>	1	
<i>hyoscyamine sulfate oral</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne</i>	1	
LEVBIID	3	*
LEVSIN ORAL	3	*
LEVSIN/SL	3	*
LOMOTIL	3	*
<i>loperamide oral capsule</i>	1	
<i>methscopolamine</i>	1	
MOTOFEN	3	
NULEV	3	*
<i>opium tincture</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet</i>	1	
ROBINUL FORTE	3	*
ROBINUL ORAL	3	*
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>symax-sr</i>	1	
MISCELLANEOUS AGENTS		
AURYXIA	3	
<i>lanthanum</i>	1	QL
LOKELMA	2	QL
RENVELA	3	*; QL
<i>sevelamer carbonate</i>	1	QL
<i>sevelamer hcl</i>	1	QL
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol)</i>	1	
VELPHORO	2	QL
VELTASSA	2	QL
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	1	
ANA-LEX KIT	3	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST; *
ANALPRAM-HC SINGLES	3	ST; *
<i>anucort-hc</i>	1	
<i>aprepitant</i>	1	QL
APRISO	3	*
AZULFIDINE	3	*
AZULFIDINE EN-TABS	3	*
<i>balsalazide</i>	1	
<i>betaine</i>	4	PA
<i>budesonide oral</i>	1	
<i>budesonide rectal</i>	1	
BYLVAY	4	PA; LA; QL
CHENODAL	4	PA
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL
<i>citrate of magnesia</i>	0	ACA; OTC
<i>citroma</i>	0	ACA; OTC
<i>clearlax oral powder</i>	0	ACA; OTC

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
COLAZAL	3	*
COMPAZINE	3	*
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	3	*
CREON	2	
<i>cromolyn oral</i>	1	
DICLEGIS	3	*, QL
<i>dimenhydrinate injection solution</i>	1	
<i>doxylamine-pyridoxine (vit b6)</i>	1	QL
<i>dronabinol</i>	1	PA
<i>droperidol injection solution</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension</i>	0	ACA; OTC
ENTYVIO	4	PA; LA
<i>enulose</i>	1	
GASTROCROM	3	*
GATTEX 30-VIAL	4	PA; LA
<i>gavilax oral powder</i>	0	ACA; OTC
<i>gavilyte-c</i>	0	ACA
<i>gavilyte-g</i>	0	ACA
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl) oral</i>	0	ACA; OTC
<i>gentlelax</i>	0	ACA; OTC
GOLYTELY	3	*
<i>granisetron hcl oral</i>	1	QL
<i>hemmorex-hc</i>	1	
<i>hydrocortisone acetate rectal</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
INFLECTRA	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
KINEVAC	2	
KRISTALOSE	3	
<i>lactulose oral packet</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	0	ACA; OTC
<i>laxative peg 3350</i>	0	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe</i>	1	
LINZESS	2	QL
LIVMARLI	4	PA
<i>lubiprostone</i>	1	QL
<i>magnesium citrate oral solution</i>	0	ACA; OTC
MARINOL	3	PA; *
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl injection solution</i>	1	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia</i>	0	ACA; OTC
MOVANTIK	2	QL
<i>natura-lax</i>	0	ACA; OTC
OICALIVA	4	PA; LA; QL
<i>ondansetron</i>	1	QL
<i>ondansetron hcl (pf)</i>	1	
<i>ondansetron hcl intravenous</i>	1	
<i>ondansetron hcl oral solution</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL
<i>oral saline laxative</i>	0	ACA; OTC
ORTIKOS	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	2	
<i>peg 3350-electrolytes</i>	0	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	0	ACA
<i>peg-electrolyte soln</i>	0	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	*
<i>phosphate laxative</i>	0	ACA; OTC
<i>polyethylene glycol 3350 oral powder</i>	0	ACA; OTC
<i>powderlax oral powder</i>	0	ACA; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCORT	3	
PROCTOCORT RECTAL	3	ST; *
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
<i>purelax oral powder</i>	0	ACA; OTC
RECTIV	2	
REGLAN ORAL	3	*
RELISTOR ORAL	2	ST
RELISTOR SUBCUTANEOUS SOLUTION	2	ST
RELISTOR SUBCUTANEOUS SYRINGE	2	ST
ROWASA RECTAL ENEMA KIT	3	*
SANCUSO	3	QL
<i>scopolamine base</i>	1	
SFROWASA	3	*
SINCALIDE	3	
SKYRIZI INTRAVENOUS	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	4	PA; LA; QL
<i>smoothlax oral powder</i>	0	ACA; OTC
<i>sodium,potassium,mag sulfates</i>	0	ACA
SUCRAID	4	PA
<i>sulfasalazine</i>	1	
SYMPROIC	2	
SYNDROS	3	PA
TIGAN INTRAMUSCULAR	3	
<i>trimethobenzamide oral</i>	1	
TRULANCE	2	
UCERIS	3	*
URSO 250	3	*
URSO FORTE	3	*
<i>ursodiol</i>	1	
VARUBI	2	QL
VIBERZI	2	
VIOKACE	2	
VOWST	4	
<i>women's gentle laxative(bisac)</i>	0	ACA; OTC
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	
ZUPLENZ	3	QL
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	1	QL
<i>bismuth subcit k-metronidz-tcn</i>	1	
CARAFATE	3	*
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC	3	*
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	1	ST
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>esomeprazole sodium</i>	1	
<i>famotidine (pf)</i>	1	
<i>famotidine (pf)-nacl (iso-os)</i>	1	
<i>famotidine intravenous</i>	1	
<i>famotidine oral suspension</i>	1	
<i>famotidine oral tablet 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	ST
<i>misoprostol</i>	1	
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	*
<i>nizatidine oral capsule</i>	1	
OMECLAMOX-PAK	3	QL
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	1	QL
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	
<i>omeprazole oral tablet,disintegrat, delay rel</i>	1	OTC
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	ST
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	ST; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	ST
<i>pantoprazole intravenous</i>	1	
<i>pantoprazole oral granules dr for susp in packet</i>	1	ST
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET 40 MG	3	*
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	
<i>sucralfate</i>	1	
TALICIA	2	QL
VOQUEZNA DUAL PAK	3	
VOQUEZNA TRIPLE PAK	3	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

<i>ribavirin oral capsule</i>	4	PA; LA
<i>ribavirin oral tablet 200 mg</i>	4	PA; LA

BIOTECHNOLOGY DRUGS

ARCALYST	4	PA; QL
FULPHILA	4	PA; LA; QL
ILARIS (PF)	4	PA; LA
LEUKINE INJECTION RECON SOLN	4	PA; LA
MOZOBIL	4	LA
NIVESTYM	4	PA; LA
<i>plerixafor</i>	4	
PROCRIT	4	PA
PROLEUKIN	4	PA; LA
RETACRIT	4	PA
ZARXIO	4	PA; LA
ZIEXTENZO	4	PA; QL

GROWTH HORMONES

EGRIFTA SV	2	PA
GENOTROPIN	4	PA; LA
GENOTROPIN MINQUICK	4	PA; LA
NORDITROPIN FLEXPOR	4	PA; LA
OMNITROPE	4	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; LA

INTERFERONS

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ACTIMMUNE	4	PA; LA
ALFERON N	4	LA
PEGASYS	4	LA; QL
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	4	PA; *; LA; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; LA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; LA; QL
BAFIERTAM	4	PA; LA; QL
BETASERON SUBCUTANEOUS KIT	4	PA; LA; QL
COPAXONE SUBCUTANEOUS SYRINGE	4	PA; *; LA; QL
<i>dimethyl fumarate</i>	4	PA; LA; QL
<i>fingolimod</i>	4	PA; QL
<i>glatiramer</i>	4	PA; LA; QL
<i>glatopa</i>	4	PA; LA; QL
KESIMPTA PEN	4	PA; QL
LEMTRADA	4	PA; QL
MAVENCLAD (10 TABLET PACK)	4	PA; LA; QL
MAVENCLAD (4 TABLET PACK)	4	PA; LA; QL
MAVENCLAD (5 TABLET PACK)	4	PA; LA; QL
MAVENCLAD (6 TABLET PACK)	4	PA; LA; QL
MAVENCLAD (7 TABLET PACK)	4	PA; LA; QL
MAVENCLAD (8 TABLET PACK)	4	PA; LA; QL
MAVENCLAD (9 TABLET PACK)	4	PA; LA; QL
MAYZENT	4	PA; LA; QL
MAYZENT STARTER(FOR 1MG MAINT)	4	PA; LA; QL
MAYZENT STARTER(FOR 2MG MAINT)	4	PA; LA; QL
OCREVUS	4	PA; LA; QL
PLEGRIDY INTRAMUSCULAR	4	PA; QL
PLEGRIDY SUBCUTANEOUS	4	PA; LA; QL
PONVORY	4	PA; QL
PONVORY 14-DAY STARTER PACK	4	PA; QL
REBIF (WITH ALBUMIN)	4	PA; LA; QL
REBIF REBIDOSE	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
REBIF TITRATION PACK	4	PA; LA; QL
<i>teriflunomide</i>	4	PA; LA; QL
VUMERITY	4	PA; LA; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	0	ACA
ACAM2000 (NATIONAL STOCKPILE)	2	
ACTHIB (PF)	0	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	0	ACA
AFLURIA QD 2023-24(3YR UP)(PF)	0	ACA
AFLURIA QUAD 2023-2024(6MO UP)	0	ACA
AREXVY (PF)	0	ACA
ATGAM	4	PA; LA
BEXSERO	0	ACA
BIVIGAM	4	PA; LA
BOOSTRIX TDAP	0	ACA
BOTOX	4	PA
CUVITRU	4	PA; LA
DAPTACEL (DTAP PEDIATRIC) (PF)	0	ACA
DENGVAXIA (PF)	0	ACA
DYSPORT	4	PA; LA
ENGRIX-B (PF)	0	ACA
ENGRIX-B PEDIATRIC (PF)	0	ACA
FLEBOGAMMA DIF	4	PA; LA
FLUAD QUAD 2023-24(65Y UP)(PF)	0	ACA
FLUARIX QUAD 2023-2024 (PF)	0	ACA
FLUBLOK QUAD 2023-2024 (PF)	0	ACA
FLUCELVAX QUAD 2023-2024	0	ACA
FLUCELVAX QUAD 2023-2024 (PF)	0	ACA
FLULAVAL QUAD 2023-2024 (PF)	0	ACA
FLUMIST QUAD 2023-2024	0	ACA
FLUZONE HIGHDOSE QUAD 23-24 PF	0	ACA
FLUZONE QUAD 2023-2024	0	ACA
FLUZONE QUAD 2023-2024 (PF)	0	ACA
GAMMAGARD LIQUID	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
GARDASIL 9 (PF)	0	ACA
GRASTEK	2	PA
HEPAGAM B	4	LA
HEPLISAV-B (PF)	0	ACA
HIBERIX (PF)	0	ACA
HYPERHEP B INTRAMUSCULAR SOLUTION	4	LA
HYPERHEP B NEONATAL	4	LA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	0	ACA
IPOL	0	ACA
JYNNEOS (PF)(STOCKPILE)	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	0	ACA
MENQUADFI (PF)	0	ACA
MENVEO A-C-Y-W-135-DIP (PF)	0	ACA
M-M-R II (PF)	0	ACA
MYOBLOC	4	PA; LA
NABI-HB	4	LA
NOVAVAX COVID-19 VACC,ADJ(EUA)	0	ACA
ODACTRA	2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA
PEDIARIX (PF)	0	ACA
PEDVAX HIB (PF)	0	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	0	ACA
PNEUMOVAX-23	0	ACA
PREHEVBRIO (PF)	0	ACA
PREVNAR 13 (PF)	0	ACA
PREVNAR 20 (PF)	0	ACA
PRIORIX (PF)	0	ACA
PROQUAD (PF)	0	ACA
QUADRACEL (PF)	0	ACA
RAGWITEK	2	PA

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Drug Name	Drug Tier	Requirements / Limits
RECOMBIVAX HB (PF)	0	ACA
ROTARIX ORAL SUSPENSION	0	ACA
ROTATEQ VACCINE	0	ACA
SHINGRIX (PF)	0	ACA
TDVAX	0	ACA
TENIVAC (PF)	0	ACA
THYMOGLOBULIN	4	LA
TICE BCG	4	LA
TRUMENBA	0	ACA
TWINRIX (PF)	0	ACA
VARIVAX (PF)	0	ACA
VAXELIS (PF)	0	ACA
VAXNEUVANCE (PF)	0	ACA
XEOMIN	4	PA; LA

IMMUNOLOGY

INTERLEUKINS

imiquimod

1

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

allopurinol oral tablet 100 mg, 300 mg

1

allopurinol sodium

1

aloprim

1

colchicine (gout) oral tablet

1

febuxostat

1

ST

KRYSTEXXA

4

PA; LA

MITIGARE

2

probenecid

1

probenecid-colchicine

1

ZYLOPRIM ORAL TABLET 100 MG

3

*

OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG, 35 MG

3

ST; *, QL

alendronate oral solution

1

QL

alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg

1

QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ATELVIA	3	ST; *; QL
BINOSTO	3	ST; QL
EVISTA	3	*
FORTEO	4	PA; QL
FOSAMAX ORAL TABLET 70 MG	3	ST; *; QL
FOSAMAX PLUS D	3	ST; QL
<i>ibandronate intravenous</i>	4	PA; LA
<i>ibandronate oral</i>	1	QL
<i>raloxifene</i>	0	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL
TERIPARATIDE	4	PA; QL
TYMLOS	4	PA; LA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	4	PA; QL
ACTEMRA INTRAVENOUS	4	PA; LA
ACTEMRA SUBCUTANEOUS	4	PA; LA; QL
ADALIMUMAB-ADAZ	4	PA
AMJEVITA(CF) AUTOINJECTOR	4	PA; QL
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML	4	PA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; QL
ARAVA	3	*; QL
BENLYSTA INTRAVENOUS	4	PA; LA
BENLYSTA SUBCUTANEOUS	4	PA; LA; QL
CYLTEZO(CF)	4	PA
CYLTEZO(CF) PEN	4	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS	4	PA
CYLTEZO(CF) PEN PSORIASIS STRT	4	PA
DEPEN TITRATABS	3	PA; *
ENBREL MINI	4	PA; LA; QL
ENBREL SUBCUTANEOUS SOLUTION	4	PA; LA; QL
ENBREL SUBCUTANEOUS SYRINGE	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ENBREL SURECLICK	4	PA; LA; QL
HUMIRA PEN	4	PA; LA; QL
HUMIRA PEN CROHNS-UC-HS START	4	PA; LA; QL
HUMIRA PEN PSOR-UEVITS-ADOL HS	4	PA; LA; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA(CF)	4	PA; LA; QL
HUMIRA(CF) PEDI CROHNS STARTER	4	PA; LA; QL
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; LA; QL
HUMIRA(CF) PEN PEDIATRIC UC	4	PA; LA; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA; LA; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; LA; QL
HYRIMOZ PEN CROHN'S-UC STARTER	4	PA
HYRIMOZ PEN PSORIASIS STARTER	4	PA
HYRIMOZ(CF)	4	PA
HYRIMOZ(CF) PEDI CROHN STARTER	4	PA
HYRIMOZ(CF) PEN	4	PA
<i>leflunomide</i>	1	QL
OTEZLA	4	PA; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; LA; QL
<i>penicillamine</i>	1	PA
RASUVO (PF)	2	ST
RIDAURA	2	
RINVOQ	4	PA; LA; QL
SAVELLA	2	ST; QL
SIMPONI ARIA	4	PA; LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; LA; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
XELJANZ	4	PA; LA; QL
XELJANZ XR	4	PA; LA; QL

OBSTETRICS & GYNECOLOGY

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED	0	ACA
DUREX AVANTI BARE REAL FEEL	0	ACA; OTC
FC2 FEMALE CONDOM	0	ACA; OTC
KYLEENA	0	ACA
LILETTA	0	ACA; LA
MIRENA	0	ACA
PARAGARD T 380A	0	ACA
SKYLA	0	ACA
TRUSTEX LUBRICATED CONDOMS	0	ACA; OTC
TRUSTEX-RIA NON-LUB CONDOMS	0	ACA; OTC
WIDE-SEAL DIAPHRAGM	0	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA	3	*
<i>amabelz</i>	1	
ANGELIQ	3	
<i>camila</i>	0	ACA
CLIMARA	3	*; QL
COMBIPATCH	2	
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
CRINONE VAGINAL GEL 8 %	2	
<i>deblitane</i>	0	ACA
DELESTROGEN	3	*
DEPO-ESTRADIOL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	0	*; ACA
DEPO-PROVERA INTRAMUSCULAR SYRINGE	0	*; ACA
DEPO-SUBQ PROVERA 104	0	ACA
<i>dotti</i>	1	QL
DUAVEE	2	
<i>eemt</i>	1	
<i>eemt hs</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ENDOMETRIN	2	
<i>errin</i>	0	ACA
ESTRACE ORAL	3	*
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	QL
<i>estradiol vaginal</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol-norethindrone acet</i>	1	
<i>estrogens-methyltestosterone</i>	1	
<i>fyavolv</i>	1	
<i>heather</i>	0	ACA
<i>hydroxyprogesterone caproate</i>	1	
<i>incassia</i>	0	ACA
<i>jencycla</i>	0	ACA
<i>jinteli</i>	1	
<i>lyleq</i>	0	ACA
<i>lyllana</i>	1	QL
<i>lyza</i>	0	ACA
<i>medroxyprogesterone intramuscular</i>	0	ACA
<i>medroxyprogesterone oral</i>	1	
MENOSTAR	3	QL
<i>mimvey</i>	1	
<i>nora-be</i>	0	ACA
<i>norethindrone (contraceptive)</i>	0	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
PREMARIN INJECTION	2	
PREMARIN VAGINAL	2	
<i>progesterone</i>	4	
<i>progesterone micronized</i>	1	
PROMETRIUM	3	*
PROVERA	3	*
<i>sharobel</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>tulana</i>	0	ACA
<i>yuvaferm</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA	0	ACA
CERVIDIL	3	
CLEOCIN VAGINAL CREAM	3	*
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>eluryng</i>	0	ACA
<i>etonogestrel-ethinyl estradiol</i>	0	ACA
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>haloette</i>	0	ACA
<i>metronidazole vaginal</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
MYFEMBREE	2	PA
NEXPLANON	0	ACA
NUVESSA	3	
ORIAHNN	2	PA
PREPIDIL	3	
RELAGARD	3	*
<i>terconazole</i>	1	
TODAY CONTRACEPTIVE SPONGE	0	ACA; OTC
<i>tranexamic acid oral</i>	1	
TRIMO-SAN JELLY	2	
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	0	ACA; OTC
VCF CONTRACEPTIVE GEL	0	ACA; OTC
XACIATO	2	
<i>xulane</i>	0	ACA
<i>zafemy</i>	0	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>after pill</i>	0	ACA; OTC
AFTERA	0	*; ACA; OTC
<i>altavera (28)</i>	0	ACA
<i>alyacen 1/35 (28)</i>	0	ACA
<i>alyacen 7/7/7 (28)</i>	0	ACA
<i>amethia</i>	0	ACA
<i>amethyst (28)</i>	0	ACA
<i>apri</i>	0	ACA
<i>aranelle (28)</i>	0	ACA
<i>ashlyna</i>	0	ACA
<i>aubra</i>	0	ACA
<i>aubra eq</i>	0	ACA
<i>aurovela 1.5/30 (21)</i>	0	ACA
<i>aurovela 1/20 (21)</i>	0	ACA
<i>aurovela 24 fe</i>	0	ACA
<i>aurovela fe 1.5/30 (28)</i>	0	ACA
<i>aurovela fe 1-20 (28)</i>	0	ACA
<i>aviane</i>	0	ACA
<i>ayuna</i>	0	ACA
<i>azurette (28)</i>	0	ACA
<i>balziva (28)</i>	0	ACA
BEYAZ	0	*; ACA
<i>blisovi 24 fe</i>	0	ACA
<i>blisovi fe 1.5/30 (28)</i>	0	ACA
<i>blisovi fe 1/20 (28)</i>	0	ACA
<i>briellyn</i>	0	ACA
<i>camrese</i>	0	ACA
<i>camrese lo</i>	0	ACA
<i>caziant (28)</i>	0	ACA
<i>charlotte 24 fe</i>	0	ACA
<i>chateal (28)</i>	0	ACA
<i>chateal eq (28)</i>	0	ACA
<i>cryselle (28)</i>	0	ACA
<i>curae</i>	0	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>cyred</i>	0	ACA
<i>cyred eq</i>	0	ACA
<i>dasetta 1/35 (28)</i>	0	ACA
<i>dasetta 7/7/7 (28)</i>	0	ACA
<i>daysee</i>	0	ACA
<i>desog-e.estradiol/e.estradiol</i>	0	ACA
<i>dolishale</i>	0	ACA
<i>drospirenone-e.estradiol-lm.fa</i>	0	ACA
<i>drospirenone-ethinyl estradiol</i>	0	ACA
<i>econtra ez</i>	0	ACA; OTC
<i>econtra one-step</i>	0	ACA; OTC
<i>elinest</i>	0	ACA
ELLA	0	ACA
<i>enpresse</i>	0	ACA
<i>enskyce</i>	0	ACA
<i>estarylla</i>	0	ACA
<i>ethynodiol diac-eth estradiol</i>	0	ACA
<i>falmina (28)</i>	0	ACA
<i>finzala</i>	0	ACA
<i>gemmily</i>	0	ACA
<i>hailey</i>	0	ACA
<i>hailey 24 fe</i>	0	ACA
<i>hailey fe 1.5/30 (28)</i>	0	ACA
<i>hailey fe 1/20 (28)</i>	0	ACA
<i>her style</i>	0	ACA; OTC
<i>iclevia</i>	0	ACA
<i>isibloom</i>	0	ACA
<i>jaimiess</i>	0	ACA
<i>jasmiel (28)</i>	0	ACA
<i>jolessa</i>	0	ACA
<i>juleber</i>	0	ACA
<i>junel 1.5/30 (21)</i>	0	ACA
<i>junel 1/20 (21)</i>	0	ACA
<i>junel fe 1.5/30 (28)</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>junel fe 1/20 (28)</i>	0	ACA
<i>junel fe 24</i>	0	ACA
<i>kaitlib fe</i>	0	ACA
<i>kalliga</i>	0	ACA
<i>kariva (28)</i>	0	ACA
<i>kelnor 1/35 (28)</i>	0	ACA
<i>kelnor 1-50 (28)</i>	0	ACA
<i>kurvelo (28)</i>	0	ACA
<i>l norgest/e.estradiol-e.estrad</i>	0	ACA
<i>larin 1.5/30 (21)</i>	0	ACA
<i>larin 1/20 (21)</i>	0	ACA
<i>larin 24 fe</i>	0	ACA
<i>larin fe 1.5/30 (28)</i>	0	ACA
<i>larin fe 1/20 (28)</i>	0	ACA
<i>layolis fe</i>	0	ACA
<i>leena 28</i>	0	ACA
<i>lessina</i>	0	ACA
<i>levonest (28)</i>	0	ACA
<i>levonorgestrel</i>	0	ACA; OTC
<i>levonorgestrel-ethinyl estrad</i>	0	ACA
<i>levonorg-eth estrad triphasic</i>	0	ACA
<i>levora-28</i>	0	ACA
<i>lojaimiess</i>	0	ACA
<i>loryna (28)</i>	0	ACA
<i>low-ogestrel (28)</i>	0	ACA
<i>lo-zumandimine (28)</i>	0	ACA
<i>lutra (28)</i>	0	ACA
<i>marlissa (28)</i>	0	ACA
<i>merzee</i>	0	ACA
<i>mibelas 24 fe</i>	0	ACA
<i>microgestin 1.5/30 (21)</i>	0	ACA
<i>microgestin 1/20 (21)</i>	0	ACA
<i>microgestin 24 fe</i>	0	ACA
<i>microgestin fe 1.5/30 (28)</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>microgestin fe 1/20 (28)</i>	0	ACA
<i>mili</i>	0	ACA
<i>mono-linyah</i>	0	ACA
<i>my choice</i>	0	ACA; OTC
<i>my way</i>	0	ACA; OTC
<i>necon 0.5/35 (28)</i>	0	ACA
<i>new day</i>	0	ACA; OTC
<i>nikki (28)</i>	0	ACA
<i>noreth-ethinyl estradiol-iron</i>	0	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	0	ACA
<i>norethindrone-e.estradiol-iron</i>	0	ACA
<i>norgestimate-ethinyl estradiol</i>	0	ACA
<i>nortrel 0.5/35 (28)</i>	0	ACA
<i>nortrel 1/35 (21)</i>	0	ACA
<i>nortrel 1/35 (28)</i>	0	ACA
<i>nortrel 7/7/7 (28)</i>	0	ACA
<i>nylia 1/35 (28)</i>	0	ACA
<i>nylia 7/7/7 (28)</i>	0	ACA
<i>nymyo</i>	0	ACA
<i>ocella</i>	0	ACA
<i>opcicon one-step</i>	0	ACA; OTC
<i>option-2</i>	0	ACA; OTC
<i>philith</i>	0	ACA
<i>pimtrea (28)</i>	0	ACA
PLAN B ONE-STEP	0	*, ACA; OTC
<i>portia 28</i>	0	ACA
<i>reclipsen (28)</i>	0	ACA
<i>rivelsa</i>	0	ACA
<i>setlakin</i>	0	ACA
<i>simliya (28)</i>	0	ACA
<i>simpesse</i>	0	ACA
<i>sprintec (28)</i>	0	ACA
<i>sronyx</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>syeda</i>	0	ACA
TAKE ACTION	0	*, ACA; OTC
<i>tarina 24 fe</i>	0	ACA
<i>tarina fe 1/20 (28)</i>	0	ACA
<i>taysofy</i>	0	ACA
<i>tilia fe</i>	0	ACA
<i>tri-estarylla</i>	0	ACA
<i>tri-legest fe</i>	0	ACA
<i>tri-lynyah</i>	0	ACA
<i>tri-lo-estarylla</i>	0	ACA
<i>tri-lo-marzia</i>	0	ACA
<i>tri-lo-mili</i>	0	ACA
<i>tri-lo-sprintec</i>	0	ACA
<i>tri-mili</i>	0	ACA
<i>tri-nymyo</i>	0	ACA
<i>tri-sprintec (28)</i>	0	ACA
<i>trivora (28)</i>	0	ACA
<i>tri-vylibra</i>	0	ACA
<i>tri-vylibra lo</i>	0	ACA
<i>tydemy</i>	0	ACA
<i>velivet triphasic regimen (28)</i>	0	ACA
<i>vestura (28)</i>	0	ACA
<i>vienva</i>	0	ACA
<i>violele (28)</i>	0	ACA
<i>volnea (28)</i>	0	ACA
<i>vyfemla (28)</i>	0	ACA
<i>vylibra</i>	0	ACA
<i>wera (28)</i>	0	ACA
<i>wymzya fe</i>	0	ACA
YAZ (28)	0	*, ACA
<i>zarah</i>	0	ACA
<i>zovia 1-35 (28)</i>	0	ACA
<i>zumandimine (28)</i>	0	ACA

OXYTOCICS

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Drug Name	Drug Tier	Requirements / Limits
<i>methergine</i>	1	ST; QL
<i>methylergonovine oral</i>	1	ST; QL
<i>oxytocin injection solution</i>	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	2	
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BETADINE OPHTHALMIC PREP	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye)</i>	1	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
OCUFLOX	3	*
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
POLYTRIM	3	*
<i>tobramycin ophthalmic (eye)</i>	1	
TOBRAMYCIN-VANCOMYCIN	3	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX	3	*
ZYMAXID	3	*
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	3	
BETA-BLOCKERS		

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Drug Name	Drug Tier	Requirements / Limits
<i>betaxolol ophthalmic (eye)</i>	1	
BETOPTIC S	3	
<i>carteolol</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf)</i>	1	
<i>timolol maleate ophthalmic (eye)</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	4	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops</i>	1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	3	
<i>atropine ophthalmic (eye) ointment</i>	1	
CYCLOGYL	3	*
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire</i>	1	
ISOPTO ATROPINE	3	*
MYDRIACYL	3	*
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	3	
ALCAINE	3	*
<i>altacaine</i>	1	
ALTAFLUOR BENOX	3	*
<i>azelastine ophthalmic (eye)</i>	1	
<i>bepotastine besilate</i>	1	
CEQUA	3	PA
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cyclosporine ophthalmic (eye)</i>	1	PA; QL
CYSTARAN	4	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>epinastine</i>	1	
FLUORESCEIN-BENOXINATE	3	
<i>fluorescein-proparacaine</i>	1	
IHEEZO (PF)	3	
LACRISERT	3	PA; QL
<i>olopatadine ophthalmic (eye)</i>	1	
OMIDRIA	3	
OXERVATE	4	PA; LA
<i>proparacaine</i>	1	
RESTASIS	3	PA; *, QL
RESTASIS MULTIDOSE	2	PA; QL
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	3	
TYRVAYA	3	PA
XIIDRA	2	PA; QL
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	ST; *
ACULAR LS	3	ST; *
<i>bromfenac</i>	1	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac ophthalmic (eye)</i>	1	
PROLENSA	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
<i>methazolamide</i>	1	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	1	PA
<i>brimonidine-timolol</i>	1	
<i>brinzolamide</i>	1	
COMBIGAN	3	*

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Drug Name	Drug Tier	Requirements / Limits
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>latanoprost</i>	1	PA
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	PA
<i>miostat</i>	1	
SIMBRINZA	3	
<i>tafluprost (pf)</i>	1	PA
<i>travoprost</i>	1	PA
VYZULTA	3	PA
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	*
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	
<i>tobramycin-dexamethasone</i>	1	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>difluprednate</i>	1	
EYSUVIS	3	PA; QL
<i>fluorometholone</i>	1	
FML LIQUIFILM	3	ST; *
INVELTYS	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	ST; *
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	ST

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Drug Name	Drug Tier	Requirements / Limits
LOTEMAX SM	3	ST
<i>loteprednol etabonate</i>	1	
PRED FORTE	3	*
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	*
<i>apraclonidine</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	
<i>phenylephrine hcl ophthalmic (eye)</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q	2	ST; QL
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
CLARINEX ORAL TABLET	3	*; QL
<i>clemastine oral syrup</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cycloheptadine</i>	1	
<i>desloratadine</i>	1	QL
<i>dexchlorpheniramine maleate oral solution</i>	1	
DIPHEN ORAL ELIXIR	3	*

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Drug Name	Drug Tier	Requirements / Limits
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe</i>	1	
EPINEPHRINE HCL (PF)	3	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
EPIPEN	3	ST; *, QL
EPIPEN JR	3	ST; *, QL
<i>hydroxyzine hcl intramuscular</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	3	ST
PHENERGAN INJECTION	3	*
<i>promethazine injection solution</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan</i>	1	
QUZYTIR	3	
RACEPINEPH IN SOD CHL,ISO (PF)	3	
RYCLORA	3	*
RYVENT	3	ST
SYMJEPI	2	QL
VISTARIL	3	*
COUGH & COLD THERAPY		
<i>benzonatate</i>	1	
<i>bromfed dm</i>	1	
<i>brompheniramine-pseudoeph-dm</i>	1	
CAPCOF	3	
CLARINEX-D 12 HOUR	3	QL
<i>codeine-guaifenesin</i>	1	
CODITUSSIN AC	3	
CODITUSSIN DAC	3	
<i>g tussin ac</i>	1	
HISTEX-AC	3	

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Drug Name	Drug Tier	Requirements / Limits
HYCODAN (WITH HOMATROPINE)	3	*
<i>hydrocodone-chlorpheniramine</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet</i>	1	
MAR-COF CG	3	
<i>maxi-tuss ac</i>	1	
MAXI-TUSS CD	3	
<i>m-clear wc</i>	1	
M-END PE	3	
NINJACOF-XG	3	
POLY-TUSSIN AC	3	
<i>promethazine vc</i>	1	
<i>promethazine vc-codeine</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
RESPA-AR	3	*
TUXARIN ER	3	
TUZISTRA XR	3	ST
PULMONARY AGENTS		
ACCOLATE	3	*
<i>acetylcysteine</i>	1	
ADEMPAS	4	PA; LA; QL
ADRENALIN NASAL	3	
ADVAIR DISKUS	3	PA; *; QL
ADVAIR HFA	2	PA; QL
AIRDUO DIGIHALER	3	PA; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	
<i>alyq</i>	4	PA; QL
<i>ambrisentan</i>	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	
ANORO ELLIPTA	2	QL
<i>arformoterol</i>	1	QL
ARNUITY ELLIPTA	2	QL
ASMANEX HFA	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA	3	QL
<i>azelastine-fluticasone</i>	1	ST; QL
BEVESPI AEROSPHERE	2	QL
<i>bosentan</i>	4	PA; LA; QL
BREO ELLIPTA	2	PA; QL
<i>breyana</i>	1	PA
BREZTRI AEROSPHERE	2	QL
BRONCHITOL	4	PA; LA
BROVANA	3	*; QL
<i>budesonide inhalation</i>	1	QL
<i>budesonide-formoterol</i>	1	PA; QL
CINRYZE	4	PA; LA; QL
COMBIVENT RESPIMAT	2	QL
<i>cromolyn inhalation</i>	1	
DULERA	2	PA; QL
DYMISTA	3	ST; *; QL
ELIXOPHYLLIN	3	
<i>epinephrine hcl</i>	1	
FASENRA	4	PA; LA; QL
FASENRA PEN	4	PA; LA; QL
<i>flunisolide</i>	1	ST; QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	PA; QL
<i>formoterol fumarate</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
HAEGARDA	4	PA; LA; QL
HYPER-SAL	3	
<i>icatibant</i>	4	PA; LA; QL
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	QL
KALBITOR	4	PA; LA; QL
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	4	PA; LA; QL
KALYDECO ORAL TABLET	4	PA; LA; QL
<i>levalbuterol hcl</i>	1	
<i>mometasone nasal</i>	1	ST; QL
<i>montelukast</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA	4	PA; LA; QL
OFEV	4	PA; LA; QL
OPSUMIT	4	PA; LA; QL
ORKAMBI	4	PA; LA; QL
ORLADEYO	4	PA; QL
<i>pirfenidone oral capsule</i>	4	PA; LA; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; LA; QL
<i>pulmosal</i>	1	
PULMOZYME	4	PA
QVAR REDHALER	2	QL
REVATIO INTRAVENOUS	4	LA
REVATIO ORAL	4	PA; *; LA; QL
<i>roflumilast oral tablet 250 mcg</i>	1	ST; QL
<i>roflumilast oral tablet 500 mcg</i>	1	ST
RUCONEST	4	PA; LA; QL
RYALTRIS	3	ST; QL
<i>sajazir</i>	4	PA; LA; QL
SEREVENT DISKUS	2	QL
<i>sildenafil (pulm.hypertension) intravenous</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>sildenafil (pulm.hypertension) oral</i>	4	PA; LA; QL
<i>sodium chloride inhalation</i>	1	
SPIRIVA RESPIMAT	2	QL
SPIRIVA WITH HANDIHALER	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	3	PA; *; QL
SYMDEKO	4	PA; LA; QL
<i>tadalafil (pulm. hypertension)</i>	4	PA; QL
TAKHZYRO	4	PA; LA; QL
<i>terbutaline</i>	1	
THEO-24	3	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRACLEER ORAL TABLET	4	PA; *; LA; QL
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; LA; QL
TRELEGY ELLIPTA	2	QL
TRIKAFTA	4	PA; LA; QL
TYVASO	4	PA; LA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; LA
TYVASO REFILL KIT	4	PA; LA
TYVASO STARTER KIT	4	PA; LA
VENTAVIS	4	PA; LA
<i>wixela inhub</i>	1	PA; QL
XHANCE	3	ST; QL
XOLAIR	4	PA; LA; QL
YUPELRI	2	QL
<i>zafirlukast</i>	1	
<i>zileuton</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
ZYFLO	3	ST
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin</i>	1	
<i>fesoterodine</i>	1	
<i>flavoxate</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET	2	QL
GEMTESA	3	
MYRBETRIQ	2	
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
OXYTROL	3	ST; QL
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
TOVIAZ	3	ST; *
<i>tropium</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	ST
<i>dutasteride-tamsulosin</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX	3	ST; *
JALYN	3	ST; *
PROSCAR	3	ST; *
<i>silodosin</i>	1	
<i>tadalafil oral tablet 5 mg</i>	1	PA; QL
<i>tamsulosin</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	4	

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Drug Name	Drug Tier	Requirements / Limits
ELMIRON	2	
K-PHOS NO 2	3	
K-PHOS ORIGINAL	2	
<i>methen-sod phos-meth blue-hyos</i>	1	
ORACIT	3	
<i>potassium citrate oral tablet extended release</i>	1	
PROSTIN VR PEDIATRIC	3	
RENACIDIN	2	
URELLE	3	
<i>uretron d-s</i>	1	
URIBEL	3	
<i>urimar-t oral tablet</i>	1	
<i>uro-458</i>	1	
UROCIT-K 10	3	*
UROCIT-K 15	3	*
UROCIT-K 5	3	*
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
UROQID-ACID NO.2	3	
<i>uro-sp</i>	1	
<i>uryl</i>	1	
<i>utira-c</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	1	QL
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
GALZIN	3	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	3	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	*
<i>lugols oral</i>	1	
<i>magnesium chloride injection</i>	1	
<i>magnesium sulfate in water</i>	1	
<i>magnesium sulfate injection</i>	1	
NORMOSOL-R	3	
PHOSLYRA	2	QL
<i>potassium chloride oral</i>	1	
<i>sodium chloride 0.45 % intravenous</i>	1	
<i>sodium chloride 3 % hypertonic</i>	1	
<i>sodium chloride 5 % hypertonic</i>	1	
<i>sodium chloride intravenous</i>	1	
<i>strong iodine oral</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	4	PA; LA
ISOLYTE S PH 7.4	2	
ISOLYTE-S	2	
NORMOSOL-R PH 7.4	2	
PLASMA-LYTE A	2	
<i>plasmanate</i>	1	
VITAMINS & HEMATINICS		
ACCRUFER	3	
ASCOR	3	
<i>ascorbic acid (vitamin c) injection</i>	1	
<i>b complex 1 (with folic acid)</i>	0	ACA; OTC
<i>b complex 100</i>	1	
<i>b complex-vitamin c-folic acid oral tablet</i>	0	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>balanced b-100 oral tablet</i>	0	ACA; OTC
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	3	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	0	ACA; OTC
CITRANATAL B-CALM (FE GLUC)	3	
CITRANATAL MEDLEY	3	
<i>classic prenatal</i>	0	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
CONCEPT DHA	3	*
CONCEPT OB	3	*
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	0	ACA; OTC
<i>dodex</i>	1	
DRISDOL	3	*
DUET DHA BALANCED	3	
DUET DHA WITH OMEGA-3	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FA-8	3	OTC
<i>fluoride (sodium) oral drops</i>	0	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable</i>	0	ACA; OTC
<i>folic acid injection</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	0	ACA; OTC
<i>folitab</i>	0	ACA; OTC
<i>folivane-ob</i>	1	
<i>foltabs 800</i>	0	ACA; OTC
<i>full spectrum b-vitamin c</i>	0	ACA; OTC
<i>hydroxocobalamin</i>	1	
INFED	2	PA
INFUVITE PEDIATRIC	2	
INJECTAFER	3	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>kobee</i>	0	ACA; OTC
KOSHER PRENATAL PLUS IRON	3	
<i>ludent fluoride</i>	0	ACA; OTC
MARNATAL-F	3	
MECOBALAMIN (VITAMIN B12) INJECTION	3	
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	0	ACA; OTC
<i>mvc-fluoride</i>	0	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
NASCOBAL	2	ST; QL
NATACHEW (FE BIS-GLYCINATE)	3	
NEEVODHA (WITH ALGAL OIL)	3	
NEONATAL COMPLETE	3	
NEONATAL FE	3	
NEONATAL PLUS VITAMIN	3	
NEONATAL-DHA	3	
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	3	
NESTABS ONE	3	
<i>newgen</i>	1	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE WITH DHA	3	
ONE A DAY WOMEN'S PRENATAL DHA	3	OTC
<i>one daily prenatal</i>	0	ACA; OTC
<i>pnv-dha</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
<i>prenal chew</i>	1	
<i>prenal pearl</i>	1	
PRENATA	3	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	2	OTC
<i>prenatal complete</i>	0	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	0	ACA; OTC
<i>prenatal multivitamins</i>	0	ACA; OTC
<i>prenatal one daily</i>	0	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	0	ACA; OTC
PRENATAL ORAL TABLET 28-800 MG-MCG	3	OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
PRENATAL PLUS DHA	3	
PRENATAL PLUS VITAMIN-MINERAL	3	
<i>prenatal vit no.179-iron-folic</i>	0	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	0	ACA; OTC
<i>prenatal vitamin with minerals</i>	0	ACA; OTC
<i>prenatal-u</i>	1	
PRENATE AM	3	
PRENATE CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN)	3	
PRENATE ELITE (IRON ASP GLYC)	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL(IRON-ASP-GL)	3	
PRENATE MINI (FERR ASP GLYCIN)	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATE STAR	3	
PRIMACARE	3	

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Drug Name	Drug Tier	Requirements / Limits
PROVIDA OB	3	
<i>rena-vite</i>	0	ACA; OTC
R-NATAL OB	3	
SELECT-OB	3	
SELECT-OB (FOLIC ACID)	3	*
SELECT-OB + DHA	3	
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>stress formula with iron</i>	0	ACA; OTC
<i>stress formula with iron(sulf)</i>	0	ACA; OTC
<i>super b maxi complex</i>	0	ACA; OTC
<i>super quint</i>	0	ACA; OTC
<i>taron-c dha</i>	1	
THRIVITE RX	3	
TRICARE	3	
TRIFERIC	3	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
TRISTART DHA	3	
<i>tri-vitamin with fluoride</i>	0	ACA; OTC
VENOFER	2	PA
VITAFOL FE PLUS	3	
VITAFOL GUMMIES	3	
VITAFOL NANO	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMED MD ONE RX	3	
VITAMEDMD REDICHEW RX	3	*
<i>vitamin b complex-folic acid oral tablet</i>	0	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	0	ACA; OTC
VITAPEARL	3	
<i>wescap-c dha</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>wescap-pn dha</i>	1	
<i>wesnatal dha complete</i>	1	
<i>wesnate dha</i>	1	
<i>westab plus</i>	1	
<i>westgel dha</i>	1	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	
<i>zingiber</i>	1	

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<i>aztreonam</i>	10	BENZEPRO		BOTOX	87
AZULFIDINE	79	(MICROSPHERES)	56	<i>bp 10-1</i>	56
AZULFIDINE EN-TABS	79	BENZNIDAZOLE	10	BRAFTOVI	16
<i>azurette (28)</i>	95	<i>benzonatate</i>	105	BREATHERITE MDI	
B		<i>benzoyl peroxide</i>	56	SPACER	70
<i>b complex 1 (with folic acid)</i>		<i>benztropine</i>	27	BREO ELLIPTA	107
.....	112	<i>bepotastine besilate</i>	102	BREXAFEMME	3
<i>b complex 100</i>	112	<i>besser</i>	61	<i>breyana</i>	107
<i>b complex-vitamin c-folic acid</i>		BETADINE OPHTHALMIC		BREZTRI AEROSPHERE.....	107
.....	112	PREP	100	<i>briellyn</i>	95
<i>bacitracin</i>	10, 100	<i>betaine</i>	80	BRILINTA	49
<i>bacitracin-polymyxin b</i>	100	<i>betamethasone acet,sod phos</i>	68	<i>brimonidine</i>	56, 104
<i>baclofen</i>	30	<i>betamethasone dipropionate</i>	61	<i>brimonidine-timolol</i>	103
BACTRIM.....	13	<i>betamethasone valerate</i>	61	<i>brinzolamide</i>	103
BACTRIM DS	13	<i>betamethasone, augmented</i> ..	61	BRIVIACT	24
BAFIERTAM.....	86	BETAPACE	43	<i>bromfed dm</i>	105
<i>balanced b-100</i>	112	BETAPACE AF	43	<i>bromfenac</i>	102
<i>bal-care dha</i>	112	BETASERON	86	<i>bromocriptine</i>	27
BAL-CARE DHA		<i>betaxolol</i>	44, 101	<i>brompheniramine-pseudoeph-</i>	
ESSENTIAL.....	112	<i>bethanechol chloride</i>	110	<i>dm</i>	105
<i>balsalazide</i>	79	BETHKIS	10	BRONCHITOL	107
BALVERSA.....	16	BETOPTIC S.....	101	BROVANA	107
<i>balziva (28)</i>	95	BEVESPI AEROSPHERE.....	107	BRUKINSA.....	16
BAQSIMI	71	<i>bexarotene</i>	16	BRYHALI	61
BARACLUDE	4	BEXSERO	87	<i>budesonide</i>	80, 107
BASAGLAR KWIKPEN U-		BEYAZ.....	95	<i>budesonide-formoterol</i>	107
100 INSULIN.....	72	BEYFORTUS.....	4	<i>bufferin</i>	34
BAVENCIO	16	<i>bicalutamide</i>	16	<i>bumetanide</i>	45
BAXDELA.....	13	BICILLIN C-R	13	BUPHENYL.....	64
<i>bayer aspirin</i>	34	BICILLIN L-A	13	<i>bupivacaine-epinephrine (pf)</i>	58
<i>bayer low dose aspirin</i>	34	BIDIL	44	BUPIVACAINE-	
<i>b-complex with vitamin c</i>	113	BIKTARVY	4	EPINEPHRINE BITART	58
BD INTEGRA NEEDLE	71	BILTRICIDE.....	10	BUPRENEX	32
BD MICROTAINER		<i>bimatoprost</i>	103	<i>buprenorphine</i>	32
LANCET	71	BINOSTO.....	90	<i>buprenorphine hcl</i>	32
BD SPECIALTY USE		<i>bismuth subcit k-metronidz-tcn</i>		<i>buprenorphine-naloxone</i>	34
NEEDLES	71	.....	84	<i>bupropion hcl</i>	38
BD ULTRA-FINE NANO		<i>bisoprolol fumarate</i>	44	<i>bupropion hcl (smoking deter)</i>	
PEN NEEDLE.....	71	<i>bisoprolol-hydrochlorothiazide</i>		.....	66
BELBUCA	31	.....	44	<i>buspirone</i>	38
BELEODAQ	16	BIVIGAM	87	<i>busulfan</i>	17
<i>belladonna alkaloids-opium</i>	78	<i>bleomycin</i>	16	BUSULFEX	17
BELSOMRA	38	BLINCYTO.....	16	<i>butalbital compound w/codeine</i>	
<i>benazepril</i>	44	<i>blisovi 24 fe</i>	95	.....	32
<i>benazepril-hydrochlorothiazide</i>		<i>blisovi fe 1.5/30 (28)</i>	95	<i>butalbital-acetaminop-caf-cod</i>	
.....	44	<i>blisovi fe 1/20 (28)</i>	95	.....	32
BENLYSTA	90	BLOXIVERZ	30	<i>butalbital-acetaminophen</i>	32
BENZAMYCIN	56	BOOSTRIX TDAP.....	87	<i>butalbital-acetaminophen-caff</i>	
<i>benzebro</i>	56	<i>bosentan</i>	107	32
		BOSULIF	16	<i>butalbital-aspirin-caffeine</i>	32

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<i>butorphanol</i>	34	CARDURA XL	45	CELLCEPT INTRAVENOUS	17
BYDUREON BCISE	76	<i>carglumic acid</i>	64	CELONTIN	25
BYETTA	76	<i>carisoprodol</i>	30	CENTANY	59
BYLVAY	80	<i>carisoprodol-aspirin</i>	30	CENTANY AT	59
C		<i>carisoprodol-aspirin-codeine</i>	30	<i>cephalexin</i>	8
<i>cabergoline</i>	73	CARNITOR	64	CEPROTIN (BLUE BAR) ..	49
CABLIVI	49	CARNITOR (SUGAR-FREE)	65	CEPROTIN (GREEN BAR)	49
CABOMETYX	17	<i>carteolol</i>	101	CEQUA	102
CADUET	51	<i>cartia xt</i>	45	CERDELGA	73
<i>caffeine citrate</i>	64	<i>carvedilol</i>	45	CEREBYX	25
CALAN SR	45	<i>carvedilol phosphate</i>	45	CEREZYME	73
<i>calcipotriene</i>	53	CASODEX	17	CERVIDIL	94
<i>calcipotriene-betamethasone</i>	53	CATAPRES-TTS-1	45	CETROTIDE	73
<i>calcitonin (salmon)</i>	73	CATAPRES-TTS-2	45	<i>cevimeline</i>	65
<i>calcitriol</i>	53, 73	CATAPRES-TTS-3	45	CHANTIX	66
<i>calcium acetate(phosphat bind)</i>	111	CAYA CONTOURED	92	CHANTIX CONTINUING	
CALQUENCE		CAYSTON	10	MONTH BOX	66
(ACALABRUTINIB MAL)		<i>caziant (28)</i>	96	CHANTIX STARTING	
.....	17	<i>cefaclor</i>	7	MONTH BOX	66
CAMBIA	34	<i>cefadroxil</i>	7	<i>charlotte 24 fe</i>	96
<i>camila</i>	92	<i>cefazolin</i>	7	<i>chateal (28)</i>	96
<i>camrese</i>	95	CEFAZOLIN	7	<i>chateal eq (28)</i>	96
<i>camrese lo</i>	95	<i>cefazolin in dextrose (iso-os)</i> ..	7	CHEMET	65
CAMZYOS	52	CEFAZOLIN IN DEXTROSE		CHENODAL	80
<i>candesartan</i>	45	(ISO-OS)	7	<i>chloramphenicol sod succinate</i>	10
<i>candesartan-</i>		<i>cefdinir</i>	7	<i>chlordiazepoxide hcl</i>	38
<i>hydrochlorothiazid</i>	45	<i>cefepime</i>	8	<i>chlordiazepoxide-clidinium</i> ..	78
CAPCOF	105	CEFEPIME IN DEXTROSE	5	<i>chloroprocaine (pf)</i>	58
<i>capecitabine</i>	17	%	7	<i>chloroquine phosphate</i>	10
CAPEX	61	<i>cefepime in dextrose, iso-osm</i> ..	8	<i>chlorothiazide sodium</i>	45
CAPLYTA	38	<i>cefixime</i>	8	<i>chlorpromazine</i>	38
CAPRELSA	17	CEFOTAN	8	<i>chlorthalidone</i>	45
<i>captopril</i>	45	<i>cefotaxime</i>	8	<i>chlorzoxazone</i>	30
<i>captopril-hydrochlorothiazide</i>	45	<i>cefotetan</i>	8	CHOLBAM	80
.....	45	<i>cefoxitin</i>	8	<i>cholestyramine (with sugar)</i> ..	51
CARAFATE	84	<i>cefoxitin in dextrose, iso-osm</i> ..	8	<i>cholestyramine light</i>	51
CARBAGLU	64	<i>cefpodoxime</i>	8	CHORIONIC	
<i>carbamazepine</i>	24, 25	<i>cefprozil</i>	8	GONADOTROPIN,	
CARBATROL	25	<i>ceftazidime</i>	8	HUMAN	73
<i>carbidopa</i>	27	<i>ceftriaxone</i>	8	CIBINQO	54
<i>carbidopa-levodopa</i>	27	CEFTRIAZONE	8	<i>ciclodan</i>	59
<i>carbidopa-levodopa-</i>		<i>ceftriaxone in dextrose, iso-os</i> ..	8	CICLODAN KIT	59
<i>entacapone</i>	27	<i>cefuroxime axetil</i>	8	<i>ciclopirox</i>	59, 60
<i>carbinoxamine maleate</i>	104	<i>cefuroxime sodium</i>	8	<i>ciclopirox-ure-camph-menth-</i>	
<i>carboplatin</i>	17	<i>celecoxib</i>	34	<i>euc</i>	60
CARDIZEM	45	CELESTONE SOLUSPAN ..	68	<i>cidofovir</i>	4
CARDIZEM CD	45	CELLCEPT	17	<i>cilostazol</i>	49
CARDIZEM LA	45			CIMDUO	4
CARDURA	45				

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<i>cimetidine</i>	84	<i>clodan</i>	61	COREG CR	45
<i>cinacalcet</i>	73	CLODAN KIT	61	CORGARD	45
CINRYZE	107	<i>clomid</i>	73	CORTANE-B	54
CIPRO	13	<i>clomiphene citrate</i>	74	CORTEF	68
<i>ciprofloxacin</i>	13	<i>clomipramine</i>	38	CORTENEMA	80
<i>ciprofloxacin hcl</i>	13, 68, 100	<i>clonazepam</i>	25	<i>cortisone</i>	68
<i>ciprofloxacin in 5 % dextrose</i>	13	<i>clonidine</i>	45	CORTISPORIN-TC	68
<i>ciprofloxacin-dexamethasone</i>	68	<i>clonidine hcl</i>	38, 45	CORTROSYN	68
<i>citalopram</i>	38	<i>clopidogrel</i>	49	COSMEGEN	17
CITRANATAL B-CALM (FE GLUC).....	113	<i>clorazepate dipotassium</i>	38	<i>cosyntropin</i>	68
CITRANATAL MEDLEY ..	113	<i>clotrimazole</i>	3, 60	COTELLIC	17
<i>citrate of magnesia</i>	80	<i>clotrimazole-betamethasone</i> ..	60	COTEMPLA XR-ODT	38
<i>citroma</i>	80	<i>clozapine</i>	38	<i>covaryx</i>	92
<i>cladribine</i>	17	CLOZARIL	38	<i>covaryx h.s.</i>	92
CLAFORAN	8	<i>c-nate dha</i>	113	CREON	80
<i>claravis</i>	56	COARTEM	10	CRESEMBA	3
CLARINEX	104	<i>codeine sulfate</i>	32	CRINONE	92
CLARINEX-D 12 HOUR ..	105	<i>codeine-butalbital-asa-caff</i> ..	32	<i>cromolyn</i>	80, 102, 107
<i>clarithromycin</i>	9	<i>codeine-guaifenesin</i>	105	<i>crotan</i>	64
<i>classic prenatal</i>	113	CODITUSSIN AC	105	<i>cryselle (28)</i>	96
<i>clearlax</i>	80	CODITUSSIN DAC	106	<i>curae</i>	96
<i>clemastine</i>	104	COLAZAL	80	CUVITRU	87
CLEOCIN	10, 94	<i>colchicine (gout)</i>	89	<i>cyanocobalamin (vitamin b-12)</i>	113
CLEOCIN HCL	10	<i>colesevelam</i>	51	<i>cyclobenzaprine</i>	30, 31
CLEOCIN PEDIATRIC	10	COLESTID	51	CYCLOGYL	101
CLEOCIN T	56	COLESTID FLAVORED ..	51	CYCLOMYDRIL	104
CLIMARA	92	<i>colestipol</i>	51	<i>cyclopentolate</i>	101
<i>clindacin</i>	56	<i>colistin (colistimethate na)</i> ..	10	<i>cyclophosphamide</i>	17
<i>clindacin etz</i>	56	COLY-MYCIN M PARENTERAL	10	CYCLOPHOSPHAMIDE	17
CLINDACIN ETZ	56	COMBIGAN	103	CYCLOSERINE	10
<i>clindacin p</i>	56	COMBIPATCH	92	CYCLOSET	76
CLINDACIN PAC	56	COMBIVENT RESPIMAT ..	107	<i>cyclosporine</i>	17, 102
<i>clindamycin hcl</i>	10	COMBIVIR	4	<i>cyclosporine modified</i>	17
<i>clindamycin in 5 % dextrose</i> ..	10	COMETRIQ	17	CYKLOKAPRON	49
<i>clindamycin pediatric</i>	10	COMPACT SPACE CHAMBER	70	CYLTEZO(CF)	91
<i>clindamycin phosphate</i> .. 10, 56, 94		COMPAZINE	80	CYLTEZO(CF) PEN	91
<i>clindamycin-benzoyl peroxide</i>	56	<i>complete natal dha</i>	113	CYLTEZO(CF) PEN CROHN'S-UC-HS	91
<i>clindamycin-tretinoin</i>	56	<i>compro</i>	80	CYLTEZO(CF) PEN PSORIASIS STRT	91
CLINDESSE	94	COMTAN	27	<i>cyproheptadine</i>	104
CLINPRO 5000	67	CONCEPT DHA	113	<i>cyred</i>	96
<i>clobazam</i>	25	CONCEPT OB	113	<i>cyred eq</i>	96
<i>clobetasol</i>	61	CONSENSI	45	CYSTAGON	110
<i>clobetasol-emollient</i>	61	<i>constulose</i>	80	CYSTARAN	102
CLOBEX	61	COPAXONE	86	<i>cytarabine</i>	17
<i>clocortolone pivalate</i>	61	COPIKTRA	17	<i>cytarabine (pf)</i>	17
		CORDRAN	61	CYTOTEC	84
		CORDRAN TAPE LARGE ROLL	61		

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D		
<i>dabigatran etexilate</i>	49	
<i>dacarbazine</i>	17	
<i>dactinomycin</i>	17	
<i>dalfampridine</i>	29	
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<i>danazol</i>	74	
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<i>dantrolene</i>	31	
<i>dapsone</i>	10, 56	
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PEDIATRIC) (PF)	87	
DARAPRIM.....	10	
<i>darifenacin</i>	110	
<i>darunavir ethanolate</i>	4	
DARZALEX	17	
<i>dasetta 1/35 (28)</i>	96	
<i>dasetta 7/7/7 (28)</i>	96	
<i>daunorubicin</i>	17	
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<i>daysee</i>	96	
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DDAVP	74	
<i>deblitane</i>	92	
<i>decitabine</i>	17	
<i>deferasirox</i>	65	
<i>deferiprone</i>	65	
DELESTROGEN	92	
<i>demeclocycline</i>	14	
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DENG VAXIA (PF).....	87	
<i>denta 5000 plus</i>	67	
<i>dentagel</i>	67	
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DEPO-MEDROL	68	
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DEPO-SUBQ PROVERA ..	104	
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<i>dermacinrx lidocan</i>	58	
DERMA-SMOOTH/FS		
BODY OIL	61	
DERMA-SMOOTH/FS		
SCALP OIL	61	
DERMOTIC OIL	68	
DESCOVY	4	
<i>desipramine</i>	38	
<i>desloratadine</i>	105	
<i>desmopressin</i>	74	
DESMOPRESSIN	74	
<i>desog-e.estradiol/e.estradiol</i> ..	96	
<i>desonide</i>	62	
<i>desoximetasone</i>	62	
DESOXYN.....	38	
<i>desrx</i>	62	
DESVENLAFAXINE	38	
<i>desvenlafaxine succinate</i>	38	
<i>dexabliss</i>	68	
<i>dexamethasone</i>	68, 69	
<i>dexamethasone intensol</i>	68	
<i>dexamethasone sodium phos</i>		
(pf)	69	
<i>dexamethasone sodium</i>		
phosphate.....	69, 103	
<i>dexchlorpheniramine maleate</i>		
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<i>dexlansoprazole</i>	84	
<i>dexmethylphenidate</i>	38	
<i>dextroamphetamine sulfate</i>	38	
<i>dextroamphetamine-</i>		
<i>amphetamine</i>	38	
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<i>dialyvite 800</i>	113	
DIASTAT	25	
DIASTAT ACUDIAL	25	
<i>diazepam</i>	25, 38	
<i>diazepam intensol</i>	38	
<i>diazoxide</i>	71	
DIBENZYLINE	45	
<i>dichlorphenamide</i>	29	
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<i>diclofenac potassium</i>	34, 35	
<i>diclofenac sodium</i>	35, 54, 102	
<i>diclofenac-misoprostol</i>	35	
<i>dicloxacillin</i>	13	
<i>dicyclomine</i>	78	
<i>didanosine</i>	4	
DIFFERIN	56	
DIFICID	9	
<i>diflorasone</i>	62	
DIFLUCAN	3	
<i>diflunisal</i>	35	
<i>difluprednate</i>	103	
<i>digox</i>	49	
<i>digoxin</i>	49	
<i>dihydroergotamine</i>	28	
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DILANTIN EXTENDED.....	25	
DILANTIN INFATABS	25	
DILANTIN-125.....	25	
DILAUDID.....	32	
<i>diltiazem</i>	45	
<i>dilt-xr</i>	46	
<i>dimenhydrinate</i>	80	
<i>dimethyl fumarate</i>	86	
DIPHEN	105	
<i>diphenhydramine hcl</i>	105	
<i>diphenoxylate-atropine</i>	78	
DIPROLENE		
(AUGMENTED)	62	
<i>dipyridamole</i>	49	
DISALCID	35	
<i>diskets</i>	32	
<i>disopyramide phosphate</i>	43	
<i>disulfiram</i>	65	
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<i>docetaxel</i>	17	
<i>dodex</i>	113	
<i>dofetilide</i>	43	
DOJOLVI	112	
<i>dolishale</i>	96	
<i>donepezil</i>	29	
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<i>dorzolamide</i>	103	
<i>dorzolamide-timolol</i>	103	
<i>dorzolamide-timolol (pf)</i>	103	
DORZOLAMIDE-TIMOLOL		
(PF)	103	
<i>dotti</i>	93	
DOVATO	4	

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<i>doxazosin</i>	46	<i>ecotrin</i>	35	ENBREL SURECLICK	91
<i>doxepin</i>	38, 39, 54	<i>ecotrin low strength</i>	35	ENDARI	65
<i>doxercalciferol</i>	74	EDECIN.....	46	<i>endocet</i>	32
DOXIL	17	<i>ed-spaz</i>	78	ENDOMETRIN.....	93
<i>doxorubicin, peg-liposomal</i> ..	17	EDURANT	4	ENERGIX-B (PF)	87
<i>doxy-100</i>	14	<i>eemt</i>	93	ENERGIX-B PEDIATRIC	
<i>doxycycline hyclate</i>	14	<i>eemt hs</i>	93	(PF).....	87
<i>doxycycline monohydrate</i>	14	<i>efavirenz</i>	4	<i>enoxaparin</i>	50
<i>doxylamine-pyridoxine (vit b6)</i>		<i>efavirenz-emtricitabin-tenofov</i> 4		<i>enpresse</i>	96
.....	80	<i>efavirenz-lamivu-tenofov disop</i>		<i>enskyce</i>	96
DRISDOL	113	4	ENSPRYNG	18
<i>dronabinol</i>	80	<i>effer-k</i>	111	ENSTILAR.....	53
<i>droperidol</i>	80	EFFER-K.....	111	<i>entacapone</i>	27
<i>drospirenone-e.estradiol-lm,fa</i>		EFFIENT	49	<i>entecavir</i>	5
.....	96	EFUDEX	54	ENTRESTO.....	52
<i>drospirenone-ethinyl estradiol</i>		EGRIFTA SV	86	ENTYVIO	80
.....	96	ELAPRASE.....	74	<i>enulose</i>	80
DROXIA	17	ELEPSIA XR	25	EPCLUSA	5
<i>droxidopa</i>	65	<i>eletriptan</i>	28	EPIDIOLEX	25
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DUET DHA BALANCED. 113		ELIGARD (3 MONTH)	18	EPIFOAM.....	53
DUET DHA WITH OMEGA-3		ELIGARD (4 MONTH)	18	<i>epinastine</i>	102
.....	113	ELIGARD (6 MONTH)	18	<i>epinephrine</i>	105
DUETACT	76	ELIMITE.....	64	<i>epinephrine hcl</i>	107
DUEXIS	35	<i>elimest</i>	96	EPINEPHRINE HCL (PF) .105	
<i>dulcolax (magnesium</i>		ELIQUIS	50	EPIPEN.....	105
<i>hydroxide)</i>	80	ELIQUIS DVT-PE TREAT		EPIPEN JR	105
DULERA.....	107	30D START	50	<i>epirubicin</i>	18
<i>duloxetine</i>	39	ELITEK.....	15	<i>epitol</i>	25
DUOBRII	62	ELIXOPHYLLIN.....	107	EPIVIR	5
DUOPA	27	ELLA.....	96	<i>eplerenone</i>	46
DUPIXENT PEN	54	ELLENCE	18	<i>epoprostenol</i>	46
DUPIXENT SYRINGE	54	ELMIRON.....	110	<i>eprosartan</i>	46
DUREX AVANTI BARE		<i>eluryng</i>	94	EPSOLAY	57
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<i>pnv-select</i>114	<i>prenatal</i>115	
POCKET CHAMBER70	PRENATAL115	
<i>podofilox</i>55		
<i>polocaine-mpf</i>59		
<i>polycin</i>100		

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PREVYMIS.....	6	<i>protamine</i>	50	RAPAMUNE.....	22
PREZISTA	6	<i>protriptyline</i>	41	RAPIVAB (PF)	6
PRIFTIN.....	11	PROVERA	94	<i>rasagiline</i>	28
PRIMACARE	115	PROVIDA OB.....	115	RASUVO (PF).....	91
<i>primaquine</i>	11	<i>prudoxin</i>	55	RAYALDEE.....	75
PRIMAXIN IV	11	<i>pulmosal</i>	108	RAYOS.....	69
PRIMEAIRE	70	PULMOZYME.....	108	REBIF (WITH ALBUMIN) .	87
<i>primidone</i>	26	<i>purelax</i>	82	REBIF REBIDOSE	87
PRIMSOL	15	PURIXAN	22	REBIF TITRATION PACK.	87
PRIORIX (PF).....	89	<i>pyrazinamide</i>	11	<i>reclipsen</i> (28).....	98
<i>probenecid</i>	90	<i>pyridostigmine bromide</i>	31	RECOMBIVAX HB (PF)....	89
<i>probenecid-colchicine</i>	90	PYRIDOSTIGMINE		RECTIV	82
<i>procainamide</i>	44	BROMIDE.....	31	REGLAN.....	82
PROCARDIA XL	48	<i>pyrimethamine</i>	12	<i>regonol</i>	31
<i>procentra</i>	41	PYRUKYND.....	65	REGRANEX	55
PROCHAMBER	71	Q		RELAGARD	94
<i>prochlorperazine</i>	82	Q-CARE RX Q4.....	67	RELENZA DISKHALER	6
<i>prochlorperazine edisylate</i> ...	82	QELBREE	41	RELISTOR	83
<i>prochlorperazine maleate</i>	82	QUADRACEL (PF)	89	REMERON.....	42
PROCORT	82	QUALAQUIN	12	REMERON SOLTAB	42
PROCRT	85	QUDEXY XR.....	26	REMODULIN	48
PROCTOCORT	63, 82	QUESTRAN.....	52	RENACIDIN	111
<i>procto-med hc</i>	82	QUESTRAN LIGHT.....	52	<i>rena-vite</i>	115
<i>proctosol hc</i>	82	<i>quetiapine</i>	41, 42	REVELA	79
<i>proctozone-hc</i>	82	QUILLICHEW ER.....	42	<i>repaglinide</i>	77
<i>progesterone</i>	94	QUILLIVANT XR.....	42	REPATHA PUSHTRONEX	52
<i>progesterone micronized</i>	94	<i>quinapril</i>	48	REPATHA SURECLICK	52
PROGLYCEM	71	<i>quinapril-hydrochlorothiazide</i>		REPATHA SYRINGE	52
PROGRAF	21, 22	.....	48	RESPA-AR.....	106
<i>prolate</i>	34	<i>quinidine gluconate</i>	44	RESTASIS.....	102
PROLENSA	102	<i>quinidine sulfate</i>	44	RESTASIS MULTIDOSE..	102
PROLEUKIN	85	<i>quinine sulfate</i>	12	RESTORIL	42
PROMACTA.....	50	<i>quit 2</i>	67	RETACRIT.....	85
<i>promethazine</i>	105	<i>quit 4</i>	67	RETEVMO.....	22
<i>promethazine vc</i>	106	QULIPTA	29	RETIN-A	57
<i>promethazine vc-codeine</i>	106	QUVIVIQ.....	42	RETIN-A MICRO PUMP ...	57
<i>promethazine-codeine</i>	106	QUZYTIR	105	RETROVIR	6
<i>promethazine-dm</i>	106	QVAR REDIHALER	108	REVATIO.....	108
<i>promethegan</i>	105	R		REVLIMID.....	22
PROMETRIUM	94	<i>rabeprazole</i>	85	REXULTI	42
<i>propafenone</i>	44	RACEPINEPH IN SOD		REYATAZ	6
<i>proparacaine</i>	102	CHL,ISO (PF)	105	REYVOW	29
<i>propranolol</i>	48	RADICAVA ORS STARTER		REZUROCK.....	22
<i>propranolol-</i>		KIT SUSP.....	30	REZZAYO	3
<i>hydrochlorothiazid</i>	48	RADIOGARDASE	66	<i>ribavirin</i>	6, 85
<i>propylthiouracil</i>	70	RAGWITEK.....	89	RIDAURA.....	91
PROQUAD (PF)	89	<i>raloxifene</i>	90	<i>rifabutin</i>	12
PROSCAR.....	110	<i>ramelteon</i>	42	RIFADIN	12
PROSTIN VR PEDIATRIC		<i>ramipril</i>	48	<i>rifampin</i>	12
.....	111	<i>ranolazine</i>	52	RILUTEK.....	66

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<i>riluzole</i>	66	SALAGEN (PILOCARPINE)	66, 68	SIMBRINZA	103
<i>rimantadine</i>	6	<i>salsalate</i>	36	<i>simliya (28)</i>	99
<i>ringer's</i>	64	SANCUSO	83	<i>simpesse</i>	99
RINVOQ	91	SANDIMMUNE	22	SIMPONI.....	92
RIOMET	77	SANDOSTATIN	22	SIMPONI ARIA.....	92
RIOMET ER	77	SANTYL	64	SIMULECT	22
<i>risedronate</i>	66, 90	<i>sapropterin</i>	75	<i>simvastatin</i>	52
RISPERDAL	42	SAVELLA.....	91	SINCALIDE	83
RISPERDAL CONSTA	42	<i>saxagliptin</i>	77	SINEMET.....	28
<i>risperidone</i>	42	<i>saxagliptin-metformin</i>	77	<i>sirolimus</i>	22
RITEFLO AEROCHAMBER	71	<i>scalacort</i>	63	SIRTURO	12
<i>ritonavir</i>	6	SCALACORT DK	63	SIVEXTRO	12
<i>rivastigmine</i>	30	SCSEMBLIX.....	22	SKYLA.....	92
<i>rivastigmine tartrate</i>	30	<i>scopolamine base</i>	83	SKYRIZI	54, 83
<i>rivelsa</i>	99	SECUADO	42	<i>smoothlax</i>	83
<i>rizatriptan</i>	29	SEGLUROMET	77	<i>sodium chlor 0.9% bacteriostat</i>	66
R-NATAL OB.....	115	SELECT-OB	115	<i>sodium chloride</i>	66, 109, 112
ROBAXIN.....	31	SELECT-OB (FOLIC ACID)	116	<i>sodium chloride 0.45 %</i>	112
ROBINUL	79	SELECT-OB + DHA.....	116	<i>sodium chloride 0.9 %</i>	66
ROBINUL FORTE	79	<i>selegiline hcl</i>	28	<i>sodium chloride 3 %</i> <i>hypertonic</i>	112
ROCALTROL	75	<i>selenium sulfide</i>	53	<i>sodium chloride 5 %</i> <i>hypertonic</i>	112
<i>roflumilast</i>	108	SELRX	53	SODIUM EDECRIN	48
<i>ropinirole</i>	28	SELZENTRY	6	<i>sodium ferric gluconat-sucrose</i>	66
<i>rosadan</i>	57	SEMGLEE(INSULIN GLARGINE-YFGN).....	73	<i>sodium fluoride 5000 plus</i>	68
ROSDAN	57	SEMGLEE(INSULIN GLARG-YFGN)PEN	73	<i>sodium fluoride-pot nitrate</i> ...	68
ROSULA.....	57	<i>se-natal 19 chewable</i>	116	SODIUM OXYBATE	42
<i>rosula cleansing cloths</i>	57	<i>se-natal-19</i>	116	<i>sodium phenylbutyrate</i>	66
<i>rosuvastatin</i>	52	SEREVENT DISKUS	108	<i>sodium polystyrene sulfonate</i>	79
ROSZET.....	52	SEROSTIM	86	<i>sodium,potassium,mag sulfates</i>	83
ROTARIX	89	<i>sertraline</i>	42	<i>solifenacin</i>	110
ROTATEQ VACCINE	89	<i>setlakin</i>	99	SOLQUA 100/33	73
ROWASA	83	<i>sevelamer carbonate</i>	79	SOLIRIS	66
<i>roweepra</i>	26	<i>sevelamer hcl</i>	79	SOLODYN	15
ROXICODONE	34	SEYSARA.....	14	SOLOSEC	12
ROZLYTREK	22	<i>sf 68</i> <i>sf 5000 plus</i>	68	SOLTAMOX.....	22
RUBRACA	22	SFROWASA	83	SOMA.....	31
RUCONEST.....	108	<i>sharobel</i>	94	SOMATULINE DEPOT	22
<i>rufinamide</i>	26	SHINGRIX (PF).....	89	SOMAVERT	75
RYALTRIS	108	SIGNIFOR.....	22	SOOLANTRA.....	57
RYBELSUS	77	<i>sildenafil (pulm.hypertension)</i>	108, 109	<i>sorafenib</i>	22
RYCLORA.....	105	SILENOR	42	SORBITOL.....	64
RYDAPT.....	22	<i>silodosin</i>	110	SORBITOL-MANNITOL....	64
RYLAZE	22	SILVADENE.....	54	<i>sotalol</i>	44
RYTARY	28	<i>silver sulfadiazine</i>	54	SOTALOL	44
RYTHMOL SR	44			<i>sotalol af</i>	44
RYVENT.....	105				
S					
<i>sajazir</i>	108				

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SOTYLIZE.....	44	<i>sulfacetamide sodium (acne)</i> 59	SYNRIBO.....	22
SPACE CHAMBER.....	71	<i>sulfacetamide sodium-sulfur</i> 58	SYPRINE	66
<i>spinosad</i>	64	<i>sulfacetamide-prednisolone</i> 104	T	
SPIRIVA RESPIMAT	109	<i>sulfacleanse 8-4</i>	T	
SPIRIVA WITH		<i>sulfadiazine</i>	FLEX	72
HANDIHALER.....	109	<i>sulfamethoxazole-trimethoprim</i>	SLIM X2.....	72
<i>spironolactone</i>	48	.....	TABLOID.....	22
<i>spironolacton-</i>		SULFAMYLON.....	TABRECTA	22
<i>hydrochlorothiaz</i>	48	<i>sulfasalazine</i>	TACLONEX.....	54
SPORANOX	3	<i>sulfatrim</i>	<i>tacrolimus</i>	22, 55
<i>sprintec (28)</i>	99	<i>sulindac</i>	<i>tadalafil</i>	110
SPRITAM	26	SUMADAN.....	<i>tadalafil (pulm. hypertension)</i>	
SPRIX	36	SUMADAN XLT .....	.....	109
SPRYCEL	22	<i>sumatriptan</i>	TAFINLAR	22
<i>sps (with sorbitol)</i>	79	<i>sumatriptan succinate</i>	<i>tafluprost (pf)</i>	103
<i>sronyx</i>	99	<i>sumatriptan-naproxen</i>	TAGRISSO.....	22
<i>ssd</i>	54	<i>sunitinib malate</i>	TAKE ACTION	99
SSKI	70	SUNLENCA.....	TAKHZYRO	109
<i>sss 10-5</i>	57	SUNOSI.....	TALICIA	85
<i>st joseph aspirin</i>	36	<i>super b maxi complex</i>	TALTZ AUTOINJECTOR ..	54
<i>st. joseph aspirin</i>	36	<i>super quints</i>	TALTZ AUTOINJECTOR (2	
STALEVO 100.....	28	SUPRAX	PACK)	54
STALEVO 125.....	28	SUTENT.....	TALTZ AUTOINJECTOR (3	
STALEVO 150.....	28	<i>syeda</i>	PACK)	54
STALEVO 200.....	28	SYLVANT	TALTZ SYRINGE	54
STALEVO 50.....	28	SYMAX DUOTAB.....	TALZENNA.....	23
STALEVO 75.....	28	<i>symax fastabs</i>	TAMIFLU	6
<i>stavudine</i>	6	<i>symax-sl</i>	<i>tamoxifen</i>	23
STEGLATRO.....	77	<i>symax-sr</i>	<i>tamsulosin</i>	110
STEGLUJAN	77	SYMBICORT.....	TAPERDEX	69
STELARA.....	54	SYMBYAX	TARCEVA	23
STIOLTO RESPIMAT	109	SYMDEKO	TARGADOX.....	15
STIVARGA.....	22	SYMFI.....	TARGRETIN	23
<i>stop smoking aid</i>	67	SYMFI LO	<i>tarina 24 fe</i>	99
STRENSIQ.....	75	SYMJEPI.....	<i>tarina fe 1/20 (28)</i>	99
STREPTOMYCIN	12	SYMLINPEN 120	<i>taron-c dha</i>	116
<i>stress formula with iron</i>	116	SYMLINPEN 60	TARPEYO.....	69
<i>stress formula with iron(sulf)</i>		SYMPAZAN	TASIGNA.....	23
.....	116	SYMPROIC.....	<i>tasimelteon</i>	42
STROMECTOL	12	SYMTUZA.....	TASMAR	28
<i>strong iodine</i>	59, 112	SYNAGIS.....	<i>tavaborole</i>	60
SUBLOCADE.....	34	SYNALAR	TAVALISSE	50
<i>subvenite</i>	26	SYNALAR CREAM KIT ...	<i>taysofy</i>	99
<i>subvenite starter (blue) kit</i> ...	26	SYNALAR OINTMENT KIT	<i>tazarotene</i>	58
<i>subvenite starter (green) kit</i> .	26	.....	<i>tazicef</i>	8
<i>subvenite starter (orange) kit</i>	26	SYNALAR TS	<i>taztia xt</i>	48
SUCRAID	83	SYNAREL.....	TAZVERIK	23
<i>sucralfate</i>	85	SYNDROS	TDVAX	89
SULAR.....	48	SYNJARDY	TECVAYLI	23
<i>sulfacetamide sodium</i> ...	54, 104	SYNJARDY XR.....	TEFLARO	8

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TEGRETOL	26	TICE BCG	89	trazodone	42
TEGRETOL XR.....	26	TIGAN.....	83	TRECTOR	12
TEGSEDI	30	TIGLUTIK	66	TRELEGY ELLIPTA.....	109
TEKTRNA HCT	48	<i>tilia fe</i>	99	TREMFYA	54
<i>telmisartan</i>	48	<i>timolol maleate</i>	48, 101	<i>treprostinil sodium</i>	49
<i>telmisartan-amlodipine</i>	48	<i>timolol maleate (pf)</i>	101	TRESIBA FLEXTOUCH U-	
<i>telmisartan-hydrochlorothiazid</i>		<i>tinidazole</i>	12	100	73
.....	48	<i>tiopronin</i>	66	TRESIBA FLEXTOUCH U-	
<i>temazepam</i>	42	<i>tis-u-sol pentalyte</i>	64	200	73
TEMBEXA	6	TIVICAY.....	6	TRESIBA U-100 INSULIN .	73
TEMODAR	23	TIVICAY PD	6	<i>tretinoin</i>	58
TEMOVATE.....	63	<i>tizanidine</i>	31	<i>tretinoin (antineoplastic)</i>	23
<i>temozolomide</i>	23	TOBI PODHALER	12	<i>tretinoin microspheres</i>	58
<i>tencon</i>	34	TOBRADEX	103	TREXALL.....	23
TENIPOSIDE.....	23	<i>tobramycin</i>	12, 100	TREZIX.....	34
TENIVAC (PF)	89	<i>tobramycin in 0.225 % nacl</i> .	12	<i>triamcinolone acetonide</i> 63, 68,	
<i>tenofovir disoproxil fumarate</i> .	6	<i>tobramycin sulfate</i>	12	69	
TENORETIC 100.....	48	TOBRAMYCIN WITH		<i>triamterene</i>	49
TENORETIC 50.....	48	NEBULIZER.....	12	<i>triamterene-hydrochlorothiazid</i>	
TENORMIN.....	48	<i>tobramycin-dexamethasone</i> 103		.....	49
<i>terazosin</i>	48	TOBRAMYCIN-		<i>triazolam</i>	42
<i>terbinafine hcl</i>	3	VANCOMYCIN	100	<i>tri-buffered aspirin</i>	37
<i>terbutaline</i>	109	TOBREX	100	TRICARE	116
<i>terconazole</i>	94	TODAY CONTRACEPTIVE		<i>triderm</i>	63
<i>teriflunomide</i>	87	SPONGE	94	<i>trientine</i>	66
TERIPARATIDE	90	TOLAK	55	TRIESENCE (PF)	69
TERSI FOAM	54	<i>tolcapone</i>	28	<i>tri-estarylla</i>	99
TESTOPEL	75	<i>tolmetin</i>	37	TRIFERIC	116
<i>testosterone</i>	75	<i>tolterodine</i>	110	<i>trifluoperazine</i>	42
TESTOSTERONE	75	<i>tolvaptan</i>	75	<i>trifluridine</i>	101
<i>testosterone cypionate</i>	75	TOPICORT	63	<i>trihexyphenidyl</i>	28
<i>testosterone enanthate</i>	75	<i>topiramate</i>	26, 27	TRIJDY XR	77
<i>tetrabenazine</i>	30	<i>topotecan</i>	23	TRIKAFIA	109
<i>tetracaine hcl</i>	102	<i>toremifene</i>	23	<i>tri-legest fe</i>	99
TETRACAINE HCL (PF)..	102	<i>torseamide</i>	48	<i>tri-lynyah</i>	99
<i>tetracycline</i>	15	TOSYMRA	29	TRILIPIX	52
TEXACORT.....	63	TOUJEO MAX U-300		<i>tri-lo-estarylla</i>	99
THALOMID.....	23	SOLOSTAR	73	<i>tri-lo-marzia</i>	99
THEO-24.....	109	TOUJEO SOLOSTAR U-300		<i>tri-lo-mili</i>	99
<i>theophylline</i>	109	INSULIN	73	<i>tri-lo-sprintec</i>	99
THIOLA EC.....	66	<i>tovet emollient</i>	63	<i>trimethobenzamide</i>	83
<i>thioridazine</i>	42	TOVIAZ	110	<i>trimethoprim</i>	15
<i>thiothixene</i>	42	TRACLEER	109	<i>tri-mili</i>	99
THRIVITE RX.....	116	<i>tramadol</i>	37	<i>trimipramine</i>	42
THYMOGLOBULIN.....	89	<i>tramadol-acetaminophen</i>	37	TRIMO-SAN JELLY	94
<i>thyroid (pork)</i>	78	<i>trandolapril</i>	48	<i>trinatal rx 1</i>	116
<i>tiadylt er</i>	48	<i>trandolapril-verapamil</i>	48	<i>trinate</i>	116
<i>tiagabine</i>	26	<i>tranexamic acid</i>	50, 94	TRINTELLIX.....	42
THIAZAC	48	<i>tranlycypromine</i>	42	<i>tri-nymyo</i>	99
TIBSOVO	23	<i>travoprost</i>	103	TRIPTODUR.....	23

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<i>tri-sprintec</i> (28)	99	<i>uro-458</i>	111	VELPHORO	79
TRISTART DHA	116	UROCIT-K 10	111	VELTASSA	79
<i>tritocin</i>	63	UROCIT-K 15	111	VEMLIDY	7
TRIUMEQ	6	UROCIT-K 5	111	VENCLEXTA	23
TRIUMEQ PD	6	<i>urogesic-blue</i>	111	VENCLEXTA STARTING	
<i>tri-vitamin with fluoride</i>	116	<i>uro-mp</i>	111	PACK	23
<i>trivora</i> (28)	99	UROQID-ACID NO.2	111	<i>venlafaxine</i>	42, 43
<i>tri-vylibra</i>	99	<i>uro-sp</i>	111	VENOFER	116
<i>tri-vylibra lo</i>	99	URSO 250	83	VENTAVIS	109
TRIZIVIR	6	URSO FORTE	83	<i>verapamil</i>	49
TROKENDI XR	27	<i>ursodiol</i>	83	VERELAN PM	49
<i>tropicamide</i>	101	<i>uryl</i>	111	VERQUVO	52
<i>trospium</i>	110	<i>utira-c</i>	111	VERSACLOZ	43
TRUDHESA	29	UVADEX	55	VERZENIO	23
TRULANCE	83	V		<i>vestura</i> (28)	99
TRULICITY	77	<i>valacyclovir</i>	6	VFEND	3
TRUMENBA	89	VALCHLOR	55	VFEND IV	4
TRUSTEX LUBRICATED		VALCYTE	6	V-GO 20	72
CONDOMS	92	<i>valganciclovir</i>	6	V-GO 30	72
TRUSTEX-RIA NON-LUB		<i>valproate sodium</i>	27	V-GO 40	72
CONDOMS	92	<i>valproic acid</i>	27	VIBATIV	15
TUKYSA	23	<i>valproic acid (as sodium salt)</i>		VIBERZI	83
<i>tulana</i>	94	.....	27	VIBRAMYCIN	15
TURALIO	23	<i>valsartan</i>	49	VIDAZA	23
TUXARIN ER	106	<i>valsartan-hydrochlorothiazide</i>		VIEKIRA PAK	7
TUZISTRA XR	106	.....	49	<i>vienna</i>	99
TWINRIX (PF)	89	VALTOCO	27	<i>vigabatrin</i>	27
TWYNEO	58	<i>vanadom</i>	31	<i>vigadrone</i>	27
TYBOST	6	VANCOCIN	15	VIGAMOX	100
<i>tydemy</i>	99	<i>vancomycin</i>	15	VIJOICE	23
TYKERB	23	<i>vandazole</i>	94	<i>vilazodone</i>	43
TYMLOS	90	VANOXIDE-HC	58	VIMIZIM	75
TYRVAYA	102	<i>varenicline</i>	67	<i>vinblastine</i>	23
TYSABRI	30	VARIVAX (PF)	89	<i>vincasar pfs</i>	23
TYVASO	109	VARUBI	83	<i>vincristine</i>	23
TYVASO DPI	109	VASCEPA	52	<i>vinorelbine</i>	23
TYVASO REFILL KIT	109	VASERETIC	49	VIOKACE	83
TYVASO STARTER KIT	109	VASOTEC	49	<i>viorele</i> (28)	99
U		VAXELIS (PF)	89	VIRACEPT	7
UBRELVY	29	VAXNEUVANCE (PF)	89	VIRAZOLE	7
UCERIS	83	VCF CONTRACEPTIVE		VIREAD	7
ULESFIA	64	FILM	94	VISTARIL	105
UNASYN	13	VCF CONTRACEPTIVE GEL		VISTOGARD	16
<i>unithroid</i>	78	.....	95	VITAFOL FE PLUS	116
UNITUXIN	23	VECAMYL	52	VITAFOL GUMMIES	116
UPTRAVI	49	VECTIBIX	23	VITAFOL NANO	116
URELLE	111	VECTICAL	54	VITAFOL ULTRA	116
<i>uretron d-s</i>	111	<i>veletri</i>	49	VITAFOL-OB	116
URIBEL	111	<i>velivet triphasic regimen</i> (28)		VITAFOL-OB+DHA	116
<i>urimar-t</i>	111	99	VITAFOL-ONE	116

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VITAMED MD ONE RX ..116	<i>women's gentle laxative(bisac)</i>	ZALTRAP24
VITAMEDMD REDICHEW83	ZANAFLEX31
RX116	<i>wymzya fe</i>100	ZANOSAR24
<i>vitamin b complex-folic acid</i>	X	<i>zarah</i>100
.....116	XACDURO12	ZARONTIN.....27
<i>vitamins a,c,d and fluoride</i> .116	XACIATO95	ZARXIO85
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*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

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