

EmblemHealth

2024 HMO Formulary

(List of Covered Drugs)

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

24238, V12

This formulary was updated on 05/01/2024. For more recent information or other questions, please contact EmblemHealth Medicare HMO at **877-344-7364**, for TTY users, **711**, Monday to Sunday, 8 a.m. to 8 p.m., or visit **emblemhealth.com/medicare**.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you , even if you haven't paid your deductible. For more recent information or other questions, please contact EmblemHealth Medicare HMO at **877-344-7364**, for TTY users, **711**, Monday to Sunday, 8 am to 8 pm, or visit **emblemhealth.com/medicare**.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on even if you haven't paid your deductible.

List of Covered Drugs for:

- EmblemHealth HMO Employer Group 4 Tier



EmblemHealth[®]

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Health Insurance Plan of Greater New York (HIP). When it refers to “plan” or “our plan,” it means EmblemHealth Medicare HMO Employer Group

This document includes a list of the drugs (formulary) for our plan, which is current as of 05/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on Jan. 1, 2025, and from time to time during the year.

What is the EmblemHealth Medicare HMO Employer Group 4-Tier Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but our plan may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the EmblemHealth Medicare HMO Employer Group 4-Tier Formulary?”.

Drugs removed from the market. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or, we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below entitled “How do I request an exception to the EmblemHealth Medicare HMO Employer Group 4-Tier Formulary?”.

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 05/01/2024. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

Note: In the event of a mid-year, non-maintenance formulary change, the change is added to a comprehensive list of changes that have been made since the formulary was printed. The list of changes is included with the formulary booklet that is available online. New members receive a notice in the welcome kit with information on how to access the formulary or how to request one. Existing members can view the updated formulary by visiting us on the web at emblemhealth.com/medicare. The formulary that is posted on our website is updated.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Hypertensive/Lipids.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then, look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page Index 1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for JANUVIA[®]. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the EmblemHealth Medicare HMO Employer Group 4-Tier Formulary?” on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to EmblemHealth Medicare HMO Employer Group 4- Tier Formulary?

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you are a current member in our plan and you experience a change in the level of care, such as an admission or discharge from the long-term care facility, we will provide you with one-time temporary supply of your medications, as needed, to assist with your transition to the new level of care.

For more information

For more detailed information about your EmblemHealth Medicare HMO Employer Group 4-Tier prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

EmblemHealth Medicare HMO Employer Group 4-Tier Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page Index 1.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

B/D PA: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

ED: Enhanced Drug. This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service EmblemHealth Medicare HMO at 877-344-7364, for TTY users, 711, Monday to Sunday, 8 am to 8 pm, or visit emblemhealth.com/medicare.

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

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.

LDS: Limited Day Supply. For certain drugs, the plan limits the days' supply we will cover to one month at a time.

V: The vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Preventions (CDC) Advisory Committee on Immunization Practices (ACIP).

Please refer to the below for information about the different tier levels listed in this formulary:

Copay Tier-Type of drug	Includes
Tier 1- Generic	Lowest-cost tier. Most generic drugs on the formulary are included in this tier.
Tier 2 - Preferred Brand	This tier contains a combination of preferred brand drugs and certain generics.
Tier 3- Non-Preferred Drug	This is your highest-cost tier that includes non-preferred and specialty generic and brand drugs. Some drugs on this tier may require special handling.
Tier 4- Select Care Drugs	Zero-dollar (\$0) cost tier. This tier includes limited drug categories (i.e., certain high blood pressure, high cholesterol, vaccines, and oral diabetic drugs).

Please refer to your plan Benefit Summary about how the plan’s cost-sharing relates to the different tier levels listed in this formulary for a one-month supply of a drug. If you are eligible for “Extra Help” or “Low-Income Subsidy” (LIS), some of the information in these tables about the cost of Part D prescription drugs may not apply to you. We will send you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS rider), which tells you about your drug coverage. If you don’t have this insert, please call Customer Service at the numbers listed above and ask for the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS rider).

Please Note: Employer Group Waiver Plan (EGWP) please refer to your Cost Sharing Guide or contact Customer Service for benefit details and cost sharing amounts.

Multi-Language Insert Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **877-411-3625** (TTY: **711**). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **877-411-3625** (TTY: **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **877-411-3625** (TTY: **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **877-411-3625** (TTY: **711**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **877-411-3625** (TTY: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **877-411-3625** (TTY: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **877-411-3625** (TTY: **711**) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **877-411-3625** (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **877-411-3625** (TTY: **711**)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **877-411-3625** (TTY: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **877-411-3625** (TTY: **711**). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **877-411-3625** (TTY: **711**) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **877-411-3625** (TTY: **711**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **877-411-3625** (TTY: **711**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **877-411-3625** (TTY: **711**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **877-411-3625** (TTY: **711**). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**877-411-3625** (TTY: **711**)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

:Urdu

آپ کے سوالات کا جواب دینے کے لئے، ہمارے پاس ترجمان کی مفت خدمات موجود ہیں۔ ڈرگ پلان یا صحت کے متعلق آپ کے کسی بھی سوالات کے لئے ہمارے ہیلپ لائن **877-411-3625** (TTY: **711**) پر کال کریں۔ ایک فرد جو اردو زبان بولتا ہے آپ کی مدد کر سکتا ہے۔ ترجمان حاصل کرنے کے لئے، یہ مفت خدمت ہے۔

:Yiddish

מיר האבן אומזיסטע דאלמעטשער סערוויסעס צו ענטפערן סיי וועלכע פראגעס וואס איר קענט מעגליך האבן איבער אונזער העלט אדער דראג פלאן. צו באקומען א דאלמעטשער, פשוט רופט אונז אויף **877-411-3625** (TTY: **711**). איינער וואס רעדט אידיש קען אייך העלפן. דאס איז אן אומזיסטע סערוויס.

Greek: Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας ώστε να απαντήσουμε σε οποιοσδήποτε ερωτήσεις ενδέχεται να έχετε σχετικά με το πρόγραμμα υγείας ή φαρμακευτικής αγωγής μας. Για να αποκτήσετε πρόσβαση σε έναν διερμηνέα, απλά καλέστε μας στο τηλέφωνο **877-411-3625** (TTY: **711**). Κάποιος που μιλάει ελληνικά μπορεί να σας βοηθήσει. Αυτή είναι μία δωρεάν υπηρεσία.

Albanian: Kemi shërbime përkthimi falas për t'iu përgjigjur pyetjeve që mund të keni rreth planit tonë shëndetësor ose të barnave. Për të marrë një përkthyes, mjafton të na telefononi në nr. **877-411-3625** (TTY: **711**). Aty do t'ju ndihmojë dikush që flet gjuhën shqipe. Ky shërbim ofrohet falas.

Bengali: আমাদের স্বাস্থ্য এবং ওষুধের পরিকল্পনা সম্পর্কে আপনার যেকোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূল্যের দোভাষী পরিষেবা রয়েছে। একজন দোভাষী পেতে, **877-411-3625** (TTY: **711**) নম্বরে আমাদের ফোন করুন। বাংলা বলতে পারেন এমন কেউ আপনার সহায়তা করতে পারে। এটি একটি বিনামূল্যের পরিষেবা।

Notice of Nondiscrimination Policy

EmblemHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. EmblemHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

EmblemHealth:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact **1-877-411-3625** (TTY: **711**).

If you believe that EmblemHealth 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 EmblemHealth Grievance and Appeals Department, PO Box 2844, New York, NY 10116, or call **1-877-411-3625**. (Dial **711** for TTY/TDD services.) You can file a grievance in person, by mail or by phone. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at 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**, (dial **1-800-537-7697** for TTY services).

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	3	B/D PA
<i>amphotericin b injection recon soln</i>	3	B/D PA; MO
<i>caspofungin intravenous recon soln</i>	3	
<i>clotrimazole mucous membrane troche</i>	1	MO
CRESEMBA ORAL CAPSULE	3	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	3	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	3	PA; MO
<i>fluconazole oral suspension for reconstitution</i>	1	MO
<i>fluconazole oral tablet</i>	1	MO
<i>flucytosine oral capsule</i>	3	MO
<i>griseofulvin microsize oral suspension</i>	3	MO
<i>griseofulvin microsize oral tablet</i>	3	MO
<i>griseofulvin ultramicrosize oral tablet</i>	3	MO
<i>itraconazole oral capsule</i>	3	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	3	MO
<i>ketoconazole oral tablet</i>	1	MO
<i>micafungin intravenous recon soln</i>	3	MO
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	3	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral tablet</i>	1	MO
<i>voriconazole intravenous recon soln</i>	3	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	3	PA; MO
<i>voriconazole oral tablet</i>	3	PA; MO
ANTIVIRALS		
<i>abacavir oral solution</i>	2	MO
<i>abacavir oral tablet</i>	2	MO
<i>abacavir-lamivudine oral tablet</i>	2	MO

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	3	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	3	B/D PA; MO
<i>adefovir oral tablet</i>	3	MO
<i>amantadine hcl oral capsule</i>	1	MO
<i>amantadine hcl oral solution</i>	1	MO
<i>amantadine hcl oral tablet</i>	1	MO
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	3	MO
APTIVUS ORAL CAPSULE	3	MO
<i>atazanavir oral capsule</i>	3	MO
BARACLUDE ORAL SOLUTION	3	MO
BIKTARVY ORAL TABLET	3	MO
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	3	MO
<i>cidofovir intravenous solution</i>	3	B/D PA; MO
CIMDUO ORAL TABLET	3	MO
COMPLERA ORAL TABLET	3	MO
<i>darunavir oral tablet</i>	3	MO
DELSTRIGO ORAL TABLET	3	MO
DESCOVY ORAL TABLET	3	MO
DOVATO ORAL TABLET	3	MO
EDURANT ORAL TABLET	3	MO
<i>efavirenz oral capsule</i>	3	MO
<i>efavirenz oral tablet</i>	3	MO
<i>efavirenz-emtricitabin-tenofov oral tablet</i>	3	MO
<i>efavirenz-lamivu-tenofov disop oral tablet</i>	3	MO
<i>emtricitabine oral capsule</i>	3	MO
<i>emtricitabine-tenofov (tdf) oral tablet</i>	3	MO
EMTRIVA ORAL SOLUTION	2	MO
<i>entecavir oral tablet</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	3	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	3	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	3	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	3	PA; MO; QL (28 per 28 days)
<i>etravirine oral tablet</i>	3	MO
EVOTAZ ORAL TABLET	3	MO
<i>famciclovir oral tablet</i>	1	MO
<i>fosamprenavir oral tablet</i>	3	MO
FUZEON SUBCUTANEOUS RECON SOLN	3	MO
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	1	B/D PA
GENVOYA ORAL TABLET	3	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	3	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	3	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	3	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	3	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 25 MG	3	MO
ISENTRESS HD ORAL TABLET	3	MO
ISENTRESS ORAL POWDER IN PACKET	3	MO
ISENTRESS ORAL TABLET	3	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	3	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
JULUCA ORAL TABLET	3	MO
LAGEVRIO (EUA) ORAL CAPSULE	4	QL (40 per 180 days)
<i>lamivudine oral solution</i>	2	MO
<i>lamivudine oral tablet</i>	2	MO
<i>lamivudine-zidovudine oral tablet</i>	2	MO
LEXIVA ORAL SUSPENSION	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir oral solution</i>	3	MO
<i>lopinavir-ritonavir oral tablet</i>	2	MO
<i>maraviroc oral tablet</i>	3	MO
<i>nevirapine oral suspension</i>	3	
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr</i>	3	MO
NORVIR ORAL POWDER IN PACKET	3	MO
ODEFSEY ORAL TABLET	3	MO
<i>oseltamivir oral capsule</i>	2	MO
<i>oseltamivir oral suspension for reconstitution</i>	2	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	4	QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	4	QL (30 per 180 days)
PIFELTRO ORAL TABLET	3	MO
PREVYMIS INTRAVENOUS SOLUTION	3	PA
PREVYMIS ORAL TABLET	3	PA; MO; QL (30 per 30 days)
PREZCOBIX ORAL TABLET	3	MO
PREZISTA ORAL SUSPENSION	3	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	MO
RETROVIR INTRAVENOUS SOLUTION	2	MO
REYATAZ ORAL POWDER IN PACKET	3	MO
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine oral tablet</i>	3	MO
<i>ritonavir oral tablet</i>	2	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	3	MO
SELZENTRY ORAL SOLUTION	2	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	MO
STRIBILD ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements/Limits
SUNLENCA ORAL TABLET	3	
SUNLENCA SUBCUTANEOUS SOLUTION	3	
SYMTUZA ORAL TABLET	3	MO
SYNAGIS INTRAMUSCULAR SOLUTION	3	MO; LA
<i>tenofovir disoproxil fumarate oral tablet</i>	3	MO
TIVICAY ORAL TABLET 10 MG	2	
TIVICAY ORAL TABLET 25 MG, 50 MG	3	MO
TIVICAY PD ORAL TABLET FOR SUSPENSION	3	MO
TRIUMEQ ORAL TABLET	3	MO
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	3	MO
TRIZIVIR ORAL TABLET	3	
TROGARZO INTRAVENOUS SOLUTION	3	MO; LA
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	3	MO
<i>valganciclovir oral tablet</i>	2	MO
VEKLURY INTRAVENOUS RECON SOLN	3	
VEMLIDY ORAL TABLET	3	MO
VIRACEPT ORAL TABLET	3	MO
VIREAD ORAL POWDER	3	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	MO
VOSEVI ORAL TABLET	3	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	MO
<i>zidovudine oral capsule</i>	2	MO
<i>zidovudine oral syrup</i>	2	MO
<i>zidovudine oral tablet</i>	1	MO
CEPHALOSPORINS		
<i>cefactor oral capsule</i>	1	MO
<i>cefactor oral suspension for reconstitution 125 mg/5 ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	3	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefazolin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	3	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	3	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	3	
<i>cefazolin intravenous recon soln 1 gram</i>	3	
<i>cefdinir oral capsule</i>	1	MO
<i>cefdinir oral suspension for reconstitution</i>	2	MO
<i>cefepime in dextrose (iso-osm) intravenous piggyback</i>	3	
<i>cefepime injection recon soln</i>	3	MO
<i>cefixime oral capsule</i>	3	MO
<i>cefixime oral suspension for reconstitution</i>	3	MO
<i>cefoxitin in dextrose (iso-osm) intravenous piggyback</i>	3	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	3	PA
<i>cefpodoxime oral suspension for reconstitution</i>	3	MO
<i>cefpodoxime oral tablet</i>	3	MO
<i>cefprozil oral suspension for reconstitution</i>	1	MO
<i>cefprozil oral tablet</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	3	PA
<i>ceftriaxone in dextrose (iso-osm) intravenous piggyback</i>	3	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	3	MO
<i>ceftriaxone injection recon soln 10 gram</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone intravenous recon soln</i>	3	MO
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	3	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	3	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	3	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>tazicef injection recon soln</i>	3	PA; MO
<i>tazicef intravenous recon soln</i>	3	PA
TEFLARO INTRAVENOUS RECON SOLN	3	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	3	PA; MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin oral suspension for reconstitution</i>	1	MO
<i>clarithromycin oral tablet</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	1	MO
DIFICID ORAL TABLET	3	MO; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet</i>	3	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	3	
<i>erythromycin ethylsuccinate oral tablet</i>	3	MO
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	3	MO
<i>erythromycin oral tablet</i>	3	MO
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	3	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	3	PA; MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	3	PA; LA
<i>atovaquone oral suspension</i>	3	MO
<i>atovaquone-proguanil oral tablet</i>	3	MO
<i>aztreonam injection recon soln</i>	3	PA; MO
<i>bacitracin intramuscular recon soln</i>	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	3	PA; MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate intravenous recon soln</i>	3	
<i>chloroquine phosphate oral tablet</i>	1	MO
<i>clindamycin hcl oral capsule</i>	1	MO
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	3	PA; MO
<i>clindamycin phosphate injection solution</i>	3	PA; MO
<i>clindamycin phosphate intravenous solution</i>	3	PA; MO
COARTEM ORAL TABLET	3	MO
<i>colistin (colistimethate na) injection recon soln</i>	3	PA; MO; QL (30 per 10 days)
<i>dapsone oral tablet</i>	2	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	MO
<i>daptomycin intravenous recon soln 500 mg</i>	3	MO
EMVERM ORAL TABLET,CHEWABLE	3	MO
<i>ertapenem injection recon soln</i>	3	PA; MO; QL (14 per 14 days)
<i>ethambutol oral tablet</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	3	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	3	PA
<i>gentamicin injection solution 40 mg/ml</i>	3	PA; MO
<i>gentamicin sulfate (ped) (pf) injection solution</i>	3	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous recon soln</i>	3	PA; MO
<i>isoniazid injection solution</i>	3	
<i>isoniazid oral solution</i>	1	MO
<i>isoniazid oral tablet</i>	1	MO
<i>ivermectin oral tablet</i>	2	PA; MO; QL (20 per 30 days)
<i>lincomycin injection solution</i>	3	PA
<i>linezolid in dextrose 5% intravenous piggyback</i>	3	PA; MO
<i>linezolid oral suspension for reconstitution</i>	3	MO
<i>linezolid oral tablet</i>	3	MO
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	3	PA
<i>mefloquine oral tablet</i>	1	MO
<i>meropenem intravenous recon soln 1 gram</i>	3	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	3	PA; QL (10 per 10 days)
<i>metro i.v. intravenous piggyback</i>	3	PA; MO
<i>metronidazole in nacl (iso-osm) intravenous piggyback</i>	3	PA; MO
<i>metronidazole oral tablet</i>	1	MO
<i>neomycin oral tablet</i>	1	MO
<i>nitazoxanide oral tablet</i>	3	MO
<i>paromomycin oral capsule</i>	3	
<i>pentamidine inhalation recon soln</i>	3	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection recon soln</i>	3	MO
<i>praziquantel oral tablet</i>	3	MO
PRIFTIN ORAL TABLET	2	MO
PRIMAQUINE ORAL TABLET	3	MO
<i>pyrazinamide oral tablet</i>	3	MO
<i>pyrimethamine oral tablet</i>	3	PA; MO
<i>quinine sulfate oral capsule</i>	3	MO
<i>rifabutin oral capsule</i>	3	MO
<i>rifampin intravenous recon soln</i>	3	MO
<i>rifampin oral capsule</i>	2	MO
SIRTURO ORAL TABLET	3	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	3	PA; MO; QL (60 per 30 days)
<i>tigecycline intravenous recon soln</i>	3	PA; MO
<i>tinidazole oral tablet</i>	2	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	3	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation solution for nebulization</i>	3	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	3	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	3	PA; MO
TRECTOR ORAL TABLET	3	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	2	PA; QL (4050 per 10 days)
VANCOMYCIN INJECTION RECON SOLN	3	PA; QL (1 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	3	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	3	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	3	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	3	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	3	PA; MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	3	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	3	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	3	PA
XIFAXAN ORAL TABLET 200 MG	2	QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet,chewable</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln</i>	3	PA; MO
<i>ampicillin sodium intravenous recon soln</i>	3	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	3	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	3	PA
<i>ampicillin-sulbactam intravenous recon soln</i>	3	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
BICILLIN C-R INTRAMUSCULAR SYRINGE	2	PA; MO
BICILLIN L-A INTRAMUSCULAR SYRINGE	3	PA; MO
<i>dicloxacillin oral capsule</i>	1	MO
<i>nafcillin in dextrose (iso-osm) intravenous piggyback</i>	3	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	3	PA
<i>oxacillin in dextrose(iso-osm) intravenous piggyback</i>	3	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	3	PA
<i>oxacillin injection recon soln 2 gram</i>	3	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	2	PA
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	3	PA
<i>penicillin g potassium injection recon soln</i>	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g sodium injection recon soln</i>	3	PA; MO
<i>penicillin v potassium oral recon soln</i>	1	MO
<i>penicillin v potassium oral tablet</i>	1	MO
<i>pfizerpen-g injection recon soln</i>	3	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	3	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	3	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 100 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	3	PA; MO
<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	3	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	3	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	3	PA; MO
<i>levofloxacin intravenous solution</i>	3	PA; MO
<i>levofloxacin oral solution</i>	3	MO
<i>levofloxacin oral tablet</i>	1	MO
<i>moxifloxacin oral tablet</i>	2	MO
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback</i>	3	PA; MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet</i>	3	MO
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	3	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>demeclocycline oral tablet</i>	3	MO
<i>doxy-100 intravenous recon soln</i>	3	PA; MO

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate intravenous recon soln</i>	3	PA
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	3	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	3	MO
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule</i>	3	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet</i>	2	MO
<i>methenamine mandelate oral tablet</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	2	MO
<i>trimethoprim oral tablet</i>	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln</i>	3	B/D PA; MO
ELITEK INTRAVENOUS RECON SOLN	3	MO
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	3	
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	3	B/D PA
<i>leucovorin calcium oral tablet</i>	2	MO
<i>levoleucovorin calcium intravenous recon soln</i>	3	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	3	B/D PA
<i>mesna intravenous solution</i>	1	B/D PA; MO
MESNEX ORAL TABLET	3	MO

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
VISTOGARD ORAL GRANULES IN PACKET	3	PA
XGEVA SUBCUTANEOUS SOLUTION	3	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	3	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	3	PA; MO; QL (60 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	B/D PA; MO
ADCETRIS INTRAVENOUS RECON SOLN	3	B/D PA; MO
ADSTILADRIN INTRAVESICAL SUSPENSION	3	PA
AKEEGA ORAL TABLET	3	PA; LA; QL (60 per 30 days)
ALECENSA ORAL CAPSULE	3	PA; MO; QL (240 per 30 days)
ALIQOPA INTRAVENOUS RECON SOLN	3	B/D PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	3	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	3	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	3	PA; QL (30 per 180 days)
<i>anastrozole oral tablet</i>	1	MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	3	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	3	B/D PA; MO
ASPARLAS INTRAVENOUS SOLUTION	3	PA
AUGTYRO ORAL CAPSULE	3	PA; MO; QL (240 per 30 days)
AYVAKIT ORAL TABLET	3	PA; LA; QL (30 per 30 days)
<i>azacitidine injection recon soln</i>	3	B/D PA; MO
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO
<i>azathioprine sodium injection recon soln</i>	1	B/D PA; MO
BALVERSA ORAL TABLET	3	PA; LA
BAVENCIO INTRAVENOUS SOLUTION	3	B/D PA; LA
BELEODAQ INTRAVENOUS RECON SOLN	3	B/D PA
<i>bendamustine intravenous recon soln</i>	3	B/D PA; MO
BENDEKA INTRAVENOUS SOLUTION	3	B/D PA; MO
BESPONSА INTRAVENOUS RECON SOLN	3	B/D PA; MO; LA
<i>bexarotene oral capsule</i>	3	PA; MO
<i>bexarotene topical gel</i>	3	PA; MO

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>bicalutamide oral tablet</i>	1	MO
<i>bleomycin injection recon soln</i>	1	B/D PA
BLINCYTO INTRAVENOUS KIT	3	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	3	B/D PA
<i>bortezomib injection recon soln 3.5 mg</i>	3	B/D PA; MO
BOSULIF ORAL CAPSULE 100 MG	3	PA; MO; QL (90 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	3	PA; MO; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	3	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE	3	PA; MO; LA; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE	3	PA; LA; QL (120 per 30 days)
<i>busulfan intravenous solution</i>	3	B/D PA
CABOMETYX ORAL TABLET	3	PA; MO; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	3	PA; LA; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE	3	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	3	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	3	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	1	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	3	B/D PA; MO
<i>cisplatin intravenous solution</i>	1	B/D PA; MO
<i>cladribine intravenous solution</i>	3	B/D PA; MO
<i>clofarabine intravenous solution</i>	3	B/D PA
COLUMVI INTRAVENOUS SOLUTION	3	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	3	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	3	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	3	PA; MO; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE	3	PA; LA; QL (60 per 30 days)
COSMEGEN INTRAVENOUS RECON SOLN	3	B/D PA; MO
COTELLIC ORAL TABLET	3	PA; MO; LA; QL (63 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	2	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG	2	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	B/D PA; MO
<i>cyclosporine intravenous solution</i>	1	B/D PA
<i>cyclosporine modified oral capsule</i>	2	B/D PA; MO
<i>cyclosporine modified oral solution</i>	2	B/D PA
<i>cyclosporine oral capsule</i>	2	B/D PA; MO
CYRAMZA INTRAVENOUS SOLUTION	3	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA
<i>cytarabine injection solution</i>	1	B/D PA; MO
<i>dacarbazine intravenous recon soln</i>	1	B/D PA; MO
<i>dactinomycin intravenous recon soln</i>	1	B/D PA; MO
DANYELZA INTRAVENOUS SOLUTION	3	PA
DARZALEX INTRAVENOUS SOLUTION	3	B/D PA; MO; LA
<i>daunorubicin intravenous solution</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	3	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	3	PA; MO; QL (60 per 30 days)
<i>decitabine intravenous recon soln</i>	3	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	3	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	3	B/D PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	1	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin, peg-liposomal intravenous suspension</i>	3	B/D PA; MO
DROXIA ORAL CAPSULE	2	MO
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	2	PA; MO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	2	PA; MO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	2	PA; MO
ELIGARD SUBCUTANEOUS SYRINGE	2	PA; MO
ELREXFIO SUBCUTANEOUS SOLUTION	3	PA
ELZONRIS INTRAVENOUS SOLUTION	3	PA; LA
EMCYT ORAL CAPSULE	3	MO
EMPLICITI INTRAVENOUS RECON SOLN	3	B/D PA; MO
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR	3	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA
EPKINLY SUBCUTANEOUS SOLUTION	3	PA
ERBITUX INTRAVENOUS SOLUTION	3	B/D PA; MO
ERIVEDGE ORAL CAPSULE	3	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	3	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	3	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	3	PA; MO; QL (60 per 30 days)
ERWINASE INJECTION RECON SOLN	3	B/D PA
ETOPOPHOS INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>etoposide intravenous solution</i>	1	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet</i>	3	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	3	PA; MO; QL (330 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	3	PA; MO; QL (240 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	3	PA; MO; QL (180 per 30 days)

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (immunosuppressive) oral tablet</i>	3	B/D PA; MO
<i>exemestane oral tablet</i>	3	MO
EXKIVITY ORAL CAPSULE	3	PA; LA; QL (120 per 30 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN	3	PA; MO
<i>floxuridine injection recon soln</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	B/D PA; MO
<i>fludarabine intravenous solution</i>	1	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	B/D PA
FOLOTYN INTRAVENOUS SOLUTION	3	B/D PA; MO
FOTIVDA ORAL CAPSULE	3	PA; LA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	3	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	3	PA; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe</i>	3	B/D PA; MO
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	PA
GAVRETO ORAL CAPSULE	3	PA; MO; LA; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION	3	B/D PA; MO
<i>gefitinib oral tablet</i>	3	PA; MO; QL (30 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	1	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	2	B/D PA
<i>gengraf oral capsule</i>	2	B/D PA; MO
<i>gengraf oral solution</i>	2	B/D PA; MO
GILOTRIF ORAL TABLET	3	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
HALAVEN INTRAVENOUS SOLUTION	3	B/D PA; MO
<i>hydroxyurea oral capsule</i>	1	MO
IBRANCE ORAL CAPSULE	3	PA; MO; QL (21 per 28 days)
IBRANCE ORAL TABLET	3	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET	3	PA; QL (30 per 30 days)
<i>idarubicin intravenous solution</i>	1	B/D PA; MO
IDHIFA ORAL TABLET	3	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	3	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	3	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	3	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	3	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	3	PA; QL (30 per 30 days)
IMFINZI INTRAVENOUS SOLUTION	3	B/D PA; MO; LA
IMJUDO INTRAVENOUS SOLUTION	3	PA; MO
INLYTA ORAL TABLET 1 MG	3	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	3	PA; MO; QL (120 per 30 days)
INQOVI ORAL TABLET	3	PA; MO; QL (5 per 28 days)
INREBIC ORAL CAPSULE	3	PA; MO; LA; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	3	B/D PA
<i>irinotecan intravenous solution 40 mg/2 ml</i>	3	B/D PA; MO
ISTODAX INTRAVENOUS RECON SOLN	3	B/D PA; MO
IWILFIN ORAL TABLET	3	PA; LA; QL (240 per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN	3	B/D PA; MO
JAKAFI ORAL TABLET	3	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	3	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JEMPERLI INTRAVENOUS SOLUTION	3	PA; MO
JEVTANA INTRAVENOUS SOLUTION	3	B/D PA; MO
KADCYLA INTRAVENOUS RECON SOLN	3	PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	3	PA
KIMMTRAK INTRAVENOUS SOLUTION	3	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	3	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	3	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	3	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	3	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	3	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	3	PA; MO; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE	3	PA
KRAZATI ORAL TABLET	3	PA; QL (180 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN	3	B/D PA
<i>lapatinib oral tablet</i>	3	PA; MO; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	3	PA; MO; QL (28 per 28 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	3	PA; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	3	PA; MO; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	3	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	3	PA; MO; QL (60 per 30 days)
<i>letrozole oral tablet</i>	1	MO
LEUKERAN ORAL TABLET	3	MO
<i>leuprolide subcutaneous kit</i>	3	PA; MO
LIBTAYO INTRAVENOUS SOLUTION	3	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
LONSURF ORAL TABLET	3	PA; MO
LOQTORZI INTRAVENOUS SOLUTION	3	PA
LORBRENA ORAL TABLET 100 MG	3	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	3	PA; MO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET	3	PA; MO
LUNSUMIO INTRAVENOUS SOLUTION	3	PA; MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	3	PA; MO
LYNPARZA ORAL TABLET	3	PA; MO; QL (120 per 30 days)
LYSODREN ORAL TABLET	3	
LYTGOBI ORAL TABLET	3	PA; LA
MARGENZA INTRAVENOUS SOLUTION	3	PA
MATULANE ORAL CAPSULE	3	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	3	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL RECON SOLN	3	PA; MO; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	3	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	3	PA; MO; QL (30 per 30 days)
MEKTOVI ORAL TABLET	3	PA; MO; LA; QL (180 per 30 days)
<i>melfhalan hcl intravenous recon soln</i>	3	B/D PA
<i>mercaptopurine oral tablet</i>	2	MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>methotrexate sodium injection solution</i>	1	B/D PA; MO
<i>methotrexate sodium oral tablet</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	3	B/D PA; MO
<i>mitoxantrone intravenous concentrate</i>	1	B/D PA; MO
MONJUVI INTRAVENOUS RECON SOLN	3	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	3	B/D PA; MO
MYLOTARG INTRAVENOUS RECON SOLN	3	B/D PA; MO; LA
<i>nelarabine intravenous solution</i>	3	B/D PA; MO
NERLYNX ORAL TABLET	3	PA; MO; LA
<i>nilutamide oral tablet</i>	3	PA; MO
NINLARO ORAL CAPSULE	3	PA; MO; QL (3 per 28 days)
NUBEQA ORAL TABLET	3	PA; MO; LA; QL (120 per 30 days)
NULOJIX INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>octreotide acetate injection solution</i>	3	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	3	PA; MO
<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>	3	PA
ODOMZO ORAL CAPSULE	3	PA; MO; LA; QL (30 per 30 days)
OJJAARA ORAL TABLET	3	PA; QL (30 per 30 days)
ONCASPAR INJECTION SOLUTION	3	B/D PA
ONIVYDE INTRAVENOUS DISPERSION	3	B/D PA
ONUREG ORAL TABLET	3	PA; MO; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION	3	PA; MO
OPDUALAG INTRAVENOUS SOLUTION	3	PA; MO
ORGOVYX ORAL TABLET	3	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	3	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	3	PA; QL (90 per 30 days)
<i>oxaliplatin intravenous recon soln</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel intravenous concentrate</i>	1	B/D PA; MO
PADCEV INTRAVENOUS RECON SOLN	3	PA; MO
<i>paraplatin intravenous solution</i>	1	B/D PA
<i>pazopanib oral tablet</i>	3	PA; MO; QL (120 per 30 days)
PEMAZYRE ORAL TABLET	3	PA; LA; QL (28 per 28 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg</i>	3	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	3	B/D PA
PERJETA INTRAVENOUS SOLUTION	3	B/D PA; MO
PIQRAY ORAL TABLET	3	PA; MO
POLIVY INTRAVENOUS RECON SOLN	3	PA; MO
POMALYST ORAL CAPSULE	3	PA; MO; LA
PORTRAZZA INTRAVENOUS SOLUTION	3	B/D PA; MO
POTELIGEO INTRAVENOUS SOLUTION	3	PA
PROGRAF INTRAVENOUS SOLUTION	2	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
PURIXAN ORAL SUSPENSION	3	
QINLOCK ORAL TABLET	3	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	3	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	3	PA; MO; LA; QL (120 per 30 days)
REZLIDHIA ORAL CAPSULE	3	PA; QL (60 per 30 days)
REZUROCK ORAL TABLET	3	PA; QL (30 per 30 days)
<i>romidepsin intravenous recon soln</i>	3	B/D PA
ROZLYTREK ORAL CAPSULE 100 MG	3	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	3	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	3	PA; QL (336 per 28 days)
RUBRACA ORAL TABLET	3	PA; MO; LA; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION	3	PA; MO
RYBREVANT INTRAVENOUS SOLUTION	3	PA; MO
RYDAPT ORAL CAPSULE	3	PA; MO; QL (224 per 28 days)
RYLAZE INTRAMUSCULAR SOLUTION	3	PA
SANDIMMUNE ORAL SOLUTION	3	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	3	PA; MO
SARCLISA INTRAVENOUS SOLUTION	3	PA; LA
SCEMBLIX ORAL TABLET 20 MG	3	PA; MO; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	3	PA; MO; QL (300 per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION	3	PA
SIMULECT INTRAVENOUS RECON SOLN	2	B/D PA; MO
<i>sirolimus oral solution</i>	3	B/D PA; MO
<i>sirolimus oral tablet</i>	3	B/D PA; MO
SOLTAMOX ORAL SOLUTION	3	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	3	PA; MO
<i>sorafenib oral tablet</i>	3	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	3	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	3	PA; MO; QL (60 per 30 days)
STIVARGA ORAL TABLET	3	PA; MO; QL (84 per 28 days)
<i>sunitinib malate oral capsule</i>	3	PA; MO; QL (30 per 30 days)
TABLOID ORAL TABLET	3	MO
TABRECTA ORAL TABLET	3	PA; MO
<i>tacrolimus oral capsule</i>	2	B/D PA; MO
TAFINLAR ORAL CAPSULE	3	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	3	PA; MO; QL (840 per 28 days)
TAGRISSE ORAL TABLET	3	PA; MO; LA; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION	3	PA
TALZENNA ORAL CAPSULE	3	PA; MO; QL (30 per 30 days)
<i>tamoxifen oral tablet</i>	1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	3	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	3	PA; MO; QL (120 per 30 days)
TAZVERIK ORAL TABLET	3	PA; LA
TECENTRIQ INTRAVENOUS SOLUTION	3	B/D PA; MO; LA
TECVAYLI SUBCUTANEOUS SOLUTION	3	PA

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
TEMODAR INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>temsirolimus intravenous recon soln</i>	3	B/D PA; MO
TEPMETKO ORAL TABLET	3	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PA; MO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	3	PA; MO; QL (56 per 28 days)
<i>thiotepa injection recon soln 100 mg</i>	3	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	3	B/D PA; MO
TIBSOVO ORAL TABLET	3	PA
TIVDAK INTRAVENOUS RECON SOLN	3	PA; MO
<i>topotecan intravenous recon soln</i>	3	B/D PA; MO
<i>topotecan intravenous solution</i>	3	B/D PA; MO
<i>toremifene oral tablet</i>	3	MO
TRAZIMERA INTRAVENOUS RECON SOLN	3	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; MO
<i>tretinoin (antineoplastic) oral capsule</i>	3	MO
TRODELVY INTRAVENOUS RECON SOLN	3	PA; LA
TRUQAP ORAL TABLET	3	PA; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	3	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	3	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	3	PA; LA; QL (120 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION	3	B/D PA
<i>valrubicin intravesical solution</i>	3	B/D PA; MO
VANFLYTA ORAL TABLET	3	PA; QL (56 per 28 days)
VECTIBIX INTRAVENOUS SOLUTION	3	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	3	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	3	PA; LA; QL (42 per 180 days)
VERZENIO ORAL TABLET	3	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine intravenous solution</i>	1	B/D PA; MO
<i>vincristine intravenous solution</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>vinorelbine intravenous solution</i>	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	3	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	3	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	3	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO ORAL TABLET	3	PA; MO; QL (30 per 30 days)
VONJO ORAL CAPSULE	3	PA; QL (120 per 30 days)
VOTRIENT ORAL TABLET	3	PA; MO; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN	3	B/D PA
WELIREG ORAL TABLET	3	PA; LA
XALKORI ORAL CAPSULE	3	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLETT 150 MG	3	PA; MO; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG, 50 MG	3	PA; MO; QL (120 per 30 days)
XATMEP ORAL SOLUTION	3	B/D PA; MO
XERMELO ORAL TABLET	3	PA; LA; QL (84 per 28 days)
XOSPATA ORAL TABLET	3	PA; LA; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	3	PA; LA
XTANDI ORAL CAPSULE	3	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	3	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	3	PA; MO; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION	3	B/D PA; MO
YONDELIS INTRAVENOUS RECON SOLN	3	B/D PA
ZALTRAP INTRAVENOUS SOLUTION	3	B/D PA; MO
ZANOSAR INTRAVENOUS RECON SOLN	3	B/D PA; MO
ZEJULA ORAL CAPSULE	3	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG	3	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	3	PA; MO; LA; QL (30 per 30 days)
ZELBORAF ORAL TABLET	3	PA; MO; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN	3	PA
ZIRABEV INTRAVENOUS SOLUTION	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; MO
ZOLINZA ORAL CAPSULE	3	PA; MO; QL (120 per 30 days)
ZYDELIG ORAL TABLET	3	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	3	PA; MO; QL (90 per 30 days)
ZYNLONTA INTRAVENOUS RECON SOLN	3	PA; LA
ZYNYZ INTRAVENOUS SOLUTION	3	PA

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	3	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	3	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	3	MO; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION	3	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	3	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	3	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
<i>clobazam oral suspension</i>	3	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	3	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
DIACOMIT ORAL CAPSULE	3	PA; LA
DIACOMIT ORAL POWDER IN PACKET	3	PA; LA
<i>diazepam rectal kit</i>	3	MO
DILANTIN 30 MG ORAL CAPSULE	3	MO
<i>divalproex oral capsule, delayed release sprinkle</i>	1	MO
<i>divalproex oral tablet extended release 24 hr</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
EPIDIOLEX ORAL SOLUTION	3	PA; MO; LA
<i>epitol oral tablet</i>	1	MO
EPRONTIA ORAL SOLUTION	3	PA; MO
<i>ethosuximide oral capsule</i>	2	MO
<i>ethosuximide oral solution</i>	2	MO
<i>felbamate oral suspension</i>	3	MO
<i>felbamate oral tablet</i>	3	MO
FINTEPLA ORAL SOLUTION	3	PA; LA; QL (360 per 30 days)
<i>fosphenytoin injection solution</i>	1	MO
FYCOMPA ORAL SUSPENSION	3	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	3	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	3	MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	2	PA; MO; QL (90 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	2	PA; MO; QL (60 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; MO; QL (90 per 30 days)
<i>lacosamide intravenous solution</i>	2	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	3	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide oral tablet 50 mg</i>	2	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	3	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet, disintegrating</i>	3	MO
<i>lamotrigine oral tablets, dose pack</i>	3	MO
<i>levetiracetam in nacl (iso-osm) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
<i>levetiracetam in nacl (iso-osm) intravenous piggyback 1,500 mg/100 ml</i>	1	
<i>levetiracetam intravenous solution</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
<i>methsuximide oral capsule</i>	3	MO
NAYZILAM NASAL SPRAY, NON-AEROSOL	3	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	1	MO
<i>oxcarbazepine oral tablet</i>	1	MO
<i>phenobarbital oral elixir</i>	3	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	2	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	1	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	3	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension</i>	3	PA; MO
<i>rufinamide oral tablet</i>	3	PA; MO
SPRITAM ORAL TABLET FOR SUSPENSION	3	MO
<i>subvenite oral tablet</i>	1	MO
<i>subvenite starter (blue) kit oral tablets,dose pack</i>	3	MO
<i>subvenite starter (green) kit oral tablets,dose pack</i>	3	MO
<i>subvenite starter (orange) kit oral tablets,dose pack</i>	3	MO
SYMPAZAN ORAL FILM	3	PA; MO; QL (60 per 30 days)
<i>tiagabine oral tablet</i>	3	MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium intravenous solution</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule</i>	1	MO
VALTOCO NASAL SPRAY, NON-AEROSOL	3	PA; MO; QL (10 per 30 days)
<i>vigabatrin oral powder in packet</i>	3	PA; MO; LA
<i>vigabatrin oral tablet</i>	3	PA; MO; LA
<i>vigadrone oral powder in packet</i>	3	PA; LA
<i>vigadrone oral tablet</i>	3	PA; LA
<i>vigpoder oral powder in packet</i>	3	PA; LA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	MO; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET 100 MG	3	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	3	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	3	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK	3	MO; QL (28 per 180 days)
ZONISADE ORAL SUSPENSION	3	PA; MO
<i>zonisamide oral capsule</i>	1	PA; MO
ZTALMY ORAL SUSPENSION	3	PA; LA; QL (1080 per 30 days)

ANTIPARKINSONISM AGENTS

APOKYN SUBCUTANEOUS CARTRIDGE	3	PA; MO; LA; QL (90 per 30 days)
<i>apomorphine subcutaneous cartridge</i>	3	PA; QL (90 per 30 days)
<i>benztropine injection solution</i>	1	MO
<i>benztropine oral tablet</i>	1	PA; MO
<i>bromocriptine oral capsule</i>	3	MO
<i>bromocriptine oral tablet</i>	3	MO
<i>carbidopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	3	MO
<i>entacapone oral tablet</i>	3	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	MO
<i>pramipexole oral tablet</i>	1	MO
<i>rasagiline oral tablet</i>	3	MO
<i>ropinirole oral tablet</i>	1	MO
<i>ropinirole oral tablet extended release 24 hr</i>	3	MO
<i>selegiline hcl oral capsule</i>	1	MO
<i>selegiline hcl oral tablet</i>	1	MO

MIGRAINE / CLUSTER HEADACHE THERAPY

AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection solution</i>	3	
<i>dihydroergotamine nasal spray,non-aerosol</i>	3	QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>eletriptan oral tablet</i>	3	MO; QL (18 per 28 days)
EMGALITY SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine oral tablet</i>	2	MO
<i>naratriptan oral tablet</i>	2	MO; QL (18 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING	2	PA; QL (16 per 30 days)
QULIPTA ORAL TABLET	2	PA; MO; QL (30 per 30 days)
<i>rizatriptan oral tablet</i>	1	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	3	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral tablet</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	3	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	3	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	3	MO; QL (8 per 28 days)
UBRELVY ORAL TABLET	2	PA; QL (20 per 30 days)
<i>zolmitriptan oral tablet</i>	3	MO; QL (18 per 28 days)
<i>zolmitriptan oral tablet,disintegrating</i>	3	MO; QL (18 per 28 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

BRIUMVI INTRAVENOUS SOLUTION	3	PA; MO; QL (24 per 180 days)
<i>dalfampridine oral tablet extended release 12 hr</i>	2	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	3	PA; MO; QL (14 per 30 days)

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	3	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	3	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
<i>fingolimod oral capsule</i>	3	PA; MO; QL (30 per 30 days)
FIRDAPSE ORAL TABLET	3	PA; LA
<i>galantamine oral capsule, extended release pellets 24 hr</i>	2	MO
<i>galantamine oral solution</i>	3	
<i>galantamine oral tablet</i>	2	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	3	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	3	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	3	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	3	PA; MO; QL (12 per 28 days)
INGREZZA INITIATION PACK ORAL CAPSULE, DOSE PACK	3	PA; LA; QL (28 per 180 days)
INGREZZA ORAL CAPSULE	3	PA; LA; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (1.6 per 28 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	3	PA; MO
<i>memantine oral solution</i>	2	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	2	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	2	PA; MO
NUEDEXTA ORAL CAPSULE	3	PA; MO
RADICAVA ORS ORAL SUSPENSION	3	PA; MO
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	3	PA; MO
<i>rivastigmine tartrate oral capsule</i>	2	MO

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine transdermal patch 24 hour</i>	3	MO
<i>teriflunomide oral tablet</i>	3	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	3	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	3	PA; MO; QL (120 per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	PA; MO; QL (120 per 30 days)
ZEPOSIA ORAL CAPSULE	3	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK	3	PA; MO; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	3	PA; MO; QL (7 per 180 days)

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PA; MO
<i>dantrolene intravenous recon soln</i>	1	
<i>dantrolene oral capsule</i>	3	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	2	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	2	B/D PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	2	
<i>revonto intravenous recon soln</i>	1	
<i>tizanidine oral tablet</i>	1	MO

NARCOTIC ANALGESICS

<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
BELBUCA BUCCAL FILM	2	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl injection syringe</i>	1	
<i>buprenorphine hcl sublingual tablet</i>	1	MO

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine transdermal patch weekly</i>	3	PA; MO; QL (4 per 28 days)
<i>endocet oral tablet</i>	2	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	1	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate buccal lozenge on a handle</i>	3	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	3	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	2	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet</i>	2	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 2 mg/ml</i>	3	
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	3	MO
<i>hydromorphone injection solution 1 mg/ml</i>	3	
<i>hydromorphone injection solution 2 mg/ml</i>	3	MO
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	3	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	3	
<i>hydromorphone oral liquid</i>	3	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	3	PA; MO; QL (60 per 30 days)
<i>methadone injection solution</i>	2	
<i>methadone intensol oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	2	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	2	PA; MO; QL (90 per 30 days)

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine (pf) injection solution 0.5 mg/ml</i>	3	
<i>morphine (pf) injection solution 1 mg/ml</i>	3	MO
<i>morphine concentrate oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	3	MO
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	3	MO
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	3	
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	2	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	2	QL (360 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	PA; MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET, EXTENDED RELEASE 12 HR 80 MG	3	PA; MO; QL (60 per 30 days)

NON-NARCOTIC ANALGESICS

<i>8 hour pain reliever oral tablet extended release</i>	1	ED
<i>8hr muscle aches-pain oral tablet extended release</i>	1	ED
<i>acetaminophen extra strength oral tablet</i>	1	ED
ACETAMINOPHEN ORAL CAPSULE 325 MG	3	ED
<i>acetaminophen oral liquid 160 mg/5 ml</i>	1	MO; ED
<i>acetaminophen oral liquid 500 mg/15 ml</i>	1	ED
<i>acetaminophen oral solution</i>	1	ED
<i>acetaminophen oral suspension 160 mg/5 ml, 160 mg/5 ml (5 ml)</i>	1	ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
ACETAMINOPHEN ORAL SUSPENSION 325 MG/10.15 ML, 650 MG/20.3 ML	3	ED
<i>acetaminophen oral tablet</i>	1	MO; ED
<i>acetaminophen oral tablet extended release</i>	1	MO; ED
<i>acetaminophen oral tablet, chewable 160 mg</i>	1	ED
ACETAMINOPHEN ORAL TABLET, CHEWABLE 325 MG	3	ED
<i>acetaminophen oral tablet, disintegrating 80 mg</i>	1	ED
<i>acetaminophen pm extra str oral tablet</i>	1	ED
<i>acetaminophen pm oral tablet</i>	1	MO; ED
<i>acetaminophen rectal suppository</i>	1	MO; ED
<i>addaprin oral tablet</i>	1	ED
<i>adult aspirin regimen oral tablet, delayed release (dr/ec)</i>	1	ED
<i>advil junior strength oral tablet, chewable</i>	1	MO; ED
ADVIL LIQUI-GEL ORAL CAPSULE	3	MO; ED
ADVIL LIQUI-GELS MINIS ORAL CAPSULE	3	ED
ADVIL MIGRAINE ORAL CAPSULE	3	ED
ADVIL ORAL TABLET	3	MO; ED
ADVIL PM LIQUI-GELS ORAL CAPSULE	3	MO; ED
ADVIL PM ORAL TABLET	3	MO; ED
ALEVE ORAL CAPSULE	3	MO; ED
ALEVE ORAL TABLET	3	MO; ED
ALEVE PM ORAL TABLET	3	ED
<i>alka-seltzer original oral tablet, effervescent 325-1,916-1,000 mg</i>	1	ED
<i>all day pain relief oral tablet</i>	1	ED
<i>all day relief oral tablet</i>	1	MO; ED
ANACIN ORAL TABLET	3	ED
<i>antacid and pain relief oral tablet, effervescent</i>	1	ED
<i>aphen oral tablet</i>	1	ED
<i>arthritis pain relief (acetam) oral tablet extended release</i>	1	ED
<i>arthritis pain reliever oral tablet extended release</i>	1	ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin childrens oral tablet,chewable</i>	1	ED
<i>aspirin oral tablet</i>	1	MO; ED
<i>aspirin oral tablet,chewable</i>	1	MO; ED
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	1	MO; ED
<i>aspirin oral tablet,delayed release (dr/ec) 500 mg, 650 mg</i>	1	ED
<i>aspirin rectal suppository 300 mg</i>	1	MO; ED
<i>aspirin,buffd-calcium carb-mag oral tablet</i>	1	ED
<i>athenol oral tablet</i>	1	ED
<i>back and body pain reliever oral tablet</i>	1	ED
<i>backache relief extra strength oral tablet</i>	1	ED
<i>bayer advanced oral tablet</i>	1	ED
BAYER ASPIRIN ORAL TABLET	3	MO; ED
<i>bayer aspirin oral tablet,delayed release (dr/ec)</i>	1	MO; ED
BAYER BACK AND BODY ORAL TABLET	3	ED
BAYER CHEWABLE ASPIRIN ORAL TABLET,CHEWABLE	3	MO; ED
<i>bayer low dose aspirin oral tablet,delayed release (dr/ec)</i>	1	MO; ED
<i>bayer plus extra strength oral tablet</i>	1	MO; ED
<i>betatemp oral suspension</i>	1	ED
<i>bufferin oral tablet</i>	1	ED
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol injection solution</i>	1	MO
<i>butorphanol nasal spray,non-aerosol</i>	3	MO; QL (10 per 28 days)
<i>celecoxib oral capsule</i>	1	MO
<i>child fever reducer-pain relvr oral suspension</i>	1	ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>child pain rel-fever reducer rectal suppository</i>	1	ED
<i>children's acetaminophen oral liquid</i>	1	ED
<i>children's acetaminophen oral suspension</i>	1	ED
<i>children's acetaminophen oral tablet,chewable</i>	1	ED
<i>children's advil oral suspension</i>	1	MO; ED
<i>children's aspirin oral tablet,chewable</i>	1	ED
<i>children's easy-melts oral tablet,disintegrating</i>	1	ED
<i>children's fever reducing rectal suppository</i>	1	ED
<i>children's ibuprofen oral suspension</i>	1	ED
<i>children's mapap oral tablet,chewable</i>	1	MO; ED
<i>children's motrin jr strength oral tablet,chewable</i>	1	ED
CHILDREN'S MOTRIN ORAL SUSPENSION	3	MO; ED
<i>children's non-aspirin oral suspension</i>	1	ED
<i>children's pain relief oral elixir</i>	1	ED
<i>children's pain relief oral suspension</i>	1	ED
<i>children's pain relief oral tablet,chewable</i>	1	ED
<i>children's pain reliever oral suspension</i>	1	ED
<i>children's pain-fever relief oral suspension</i>	1	MO; ED
<i>children's pain-fever relief oral tablet,chewable</i>	1	ED
<i>children's pain-fever relief oral tablet,disintegrating</i>	1	ED
<i>children's profen ib oral suspension</i>	1	ED
CHILDREN'S TYLENOL ORAL SUSPENSION	3	MO; ED
<i>children's tylenol oral tablet,chewable</i>	1	ED
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
<i>cold and flu hbp oral tablet</i>	1	ED
CORICIDIN HBP COLD AND FLU ORAL TABLET	3	MO; ED
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	MO
<i>diclofenac sodium oral tablet,delayed release (dr/ec)</i>	1	MO

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed release, biphasic</i>	3	MO
<i>diflunisal oral tablet</i>	2	MO
DOAN'S EXTRA STRENGTH ORAL TABLET	3	ED
<i>eazzze the pain oral tablet</i>	1	ED
<i>ec-naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>ecotrin low strength oral tablet, delayed release (dr/ec)</i>	1	MO; ED
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC)	3	MO; ED
<i>ed-apap oral liquid</i>	1	ED
<i>efferves pain relief antacid oral tablet, effervescent 325-1,916-1,000 mg</i>	1	ED
<i>etodolac oral capsule</i>	2	MO
<i>etodolac oral tablet</i>	2	MO
<i>etodolac oral tablet extended release 24 hr</i>	3	MO
EXCEDRIN EXTRA STRENGTH ORAL TABLET	3	MO; ED
EXCEDRIN MIGRAINE ORAL TABLET	3	ED
EXCEDRIN TENSION HEADACHE ORAL TABLET	3	ED
EXTRA STRENGTH BAYER ORAL TABLET	3	MO; ED
<i>extraprin oral tablet</i>	1	ED
<i>feverall rectal suppository 120 mg, 650 mg</i>	1	ED
<i>feverall rectal suppository 325 mg</i>	1	MO; ED
FEVERALL RECTAL SUPPOSITORY 80 MG	3	MO; ED
<i>flanax (naproxen) oral tablet</i>	1	ED
FLURBIPROFEN (BULK) POWDER	3	ED
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>headache pm oral tablet</i>	1	ED
<i>headache relief (asa-acet-caf) oral tablet</i>	1	ED
<i>headache relief pm oral tablet</i>	1	ED
<i>ibu oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ibu-200 oral tablet</i>	1	ED
<i>ibuprofen ib oral tablet,chewable</i>	1	ED
<i>ibuprofen jr strength oral tablet,chewable</i>	1	ED
<i>ibuprofen oral capsule</i>	1	MO; ED
<i>ibuprofen oral drops,suspension</i>	1	ED
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 200 mg</i>	1	MO; ED
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>ibuprofen oral tablet,chewable</i>	1	ED
IBUPROFEN PM ORAL CAPSULE	3	ED
<i>ibuprofen pm oral tablet</i>	1	ED
<i>infant fever reducer-pain relief oral suspension</i>	1	ED
<i>infant's acetaminophen oral suspension</i>	1	ED
<i>infant's advil oral drops,suspension</i>	1	ED
<i>infant's ibuprofen oral drops,suspension</i>	1	MO; ED
INFANT'S MOTRIN ORAL DROPS,SUSPENSION	3	MO; ED
<i>infants' pain and fever oral suspension</i>	1	ED
<i>infants' pain relief oral suspension</i>	1	ED
<i>infants profenib oral drops,suspension</i>	1	ED
INFANT'S TYLENOL ORAL SUSPENSION	3	ED
<i>i-prin oral tablet</i>	1	ED
<i>jr. strength pain reliever oral tablet,disintegrating</i>	1	ED
KETOPROFEN (BULK) POWDER	3	ED
<i>kindermed infants pain-fever oral suspension</i>	1	ED
<i>kindermed kids pain-fever oral suspension</i>	1	ED
<i>little remedies fever and pain oral liquid</i>	1	ED
<i>mapap (acetaminophen) oral capsule</i>	1	MO; ED
<i>mapap (acetaminophen) oral liquid</i>	1	MO; ED
MAXRELIEF JUNIOR ORAL ELIXIR	3	ED
<i>mediproxen oral tablet</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>medi-seltzer oral tablet, effervescent</i>	1	ED
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
MENSTRUAL RELIEF ORAL TABLET	3	ED
<i>menstrual relief(pamabr-pyiril) oral tablet</i>	1	ED
MIDOL COMPLETE ORAL TABLET	3	ED
MIDOL MAX ST MENSTRUAL ORAL TABLET	3	ED
<i>midol pm oral tablet</i>	1	ED
<i>migraine formula oral tablet</i>	1	ED
<i>migraine relief oral tablet</i>	1	ED
<i>motrin ib oral capsule</i>	1	MO; ED
MOTRIN IB ORAL TABLET	3	MO; ED
<i>motrin pm oral tablet</i>	1	ED
<i>m-pap oral liquid</i>	1	ED
<i>nabumetone oral tablet</i>	1	MO
<i>nalbuphine injection solution</i>	1	
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe</i>	1	MO
<i>naloxone nasal spray,non-aerosol</i>	1	MO
<i>naltrexone oral tablet</i>	1	
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet,delayed release (dr/ec)</i>	1	MO
<i>naproxen sodium oral capsule</i>	1	ED
<i>naproxen sodium oral tablet 220 mg</i>	1	ED
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>night time pain medicine oral tablet</i>	1	ED
<i>non-aspirin extra strength oral tablet</i>	1	ED
<i>non-aspirin oral suspension</i>	1	ED
<i>non-aspirin oral tablet</i>	1	ED
<i>non-aspirin oral tablet,chewable</i>	1	ED
<i>non-aspirin pain relief oral tablet</i>	1	ED
<i>non-aspirin pm oral tablet</i>	1	ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>oxaprozin oral tablet</i>	3	MO
<i>pain relief (acetaminophen) oral liquid</i>	1	ED
<i>pain relief (acetaminophen) oral tablet</i>	1	ED
<i>pain relief (acetaminophen) oral tablet extended release</i>	1	MO; ED
<i>pain relief adult oral liquid</i>	1	ED
<i>pain relief es (acetaminophen) oral tablet</i>	1	ED
<i>pain relief pm oral tablet</i>	1	ED
<i>pain relief pm rapid release oral tablet</i>	1	ED
<i>pain reliever (acetam-aspirin) oral tablet</i>	1	ED
<i>pain reliever (acetaminophen) oral tablet</i>	1	ED
<i>pain reliever es(acetaminophn) oral tablet</i>	1	ED
<i>pain reliever plus oral tablet</i>	1	MO; ED
<i>pain reliever pm ex-strength oral tablet</i>	1	ED
<i>pain-off oral tablet</i>	1	ED
<i>percogesic backache relief oral tablet</i>	1	ED
<i>percogesic extra strength oral tablet</i>	1	MO; ED
<i>percogesic oral tablet</i>	1	MO; ED
<i>pharbetol oral tablet</i>	1	ED
<i>piroxicam oral capsule</i>	2	MO
<i>pre-menstrual relief oral tablet</i>	1	ED
<i>salsalate oral tablet</i>	1	MO
<i>severe allergy oral tablet</i>	1	ED
<i>shake that ache oral tablet</i>	1	ED
<i>st joseph aspirin oral tablet, chewable</i>	1	MO; ED
<i>st. joseph aspirin oral tablet, delayed release (dr/ec)</i>	1	MO; ED
<i>sulindac oral tablet</i>	1	MO
TENSION HEADACHE ORAL TABLET	3	ED
TENSION HEADACHE PAIN RELIEVER ORAL TABLET	3	ED
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	1	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-buffered aspirin oral tablet</i>	1	MO; ED
TYLENOL 8 HOUR ORAL TABLET EXTENDED RELEASE	3	ED
TYLENOL ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE	3	MO; ED
TYLENOL EXTRA STRENGTH ORAL TABLET	3	MO; ED
TYLENOL ORAL TABLET	3	MO; ED
TYLENOL PM EXTRA STRENGTH ORAL TABLET	3	MO; ED
UNISOM PM PAIN ORAL TABLET	3	ED
VANQUISH ORAL TABLET	3	ED
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	3	MO
<i>wal-profen oral capsule</i>	1	ED
<i>wal-profen oral tablet</i>	1	ED
<i>wal-proxen oral tablet</i>	1	ED
WOMEN'S ASPIRIN WITH CALCIUM ORAL TABLET	3	ED
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	3	MO; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	3	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	3	MO; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRINGE	3	MO; QL (1 per 28 days)
<i>alprazolam oral tablet</i>	1	MO

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam oral tablet extended release 24 hr</i>	1	MO
<i>alprazolam oral tablet,disintegrating</i>	1	MO
<i>amitriptyline oral tablet</i>	1	MO
<i>amoxapine oral tablet</i>	2	MO
<i>aripiprazole oral solution</i>	3	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	3	MO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	3	MO; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRINGE 1,064 MG/3.9 ML	3	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	3	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	3	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	3	MO; QL (3.2 per 28 days)
<i>armodafinil oral tablet</i>	3	PA; MO; QL (30 per 30 days)
<i>asenapine maleate sublingual tablet</i>	3	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	3	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	3	MO; QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	3	ST; MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>bupirone oral tablet</i>	1	MO
CAPLYTA ORAL CAPSULE	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine injection solution</i>	1	MO
<i>chlorpromazine oral concentrate</i>	3	MO
<i>chlorpromazine oral tablet</i>	3	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine oral capsule</i>	3	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	3	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet, disintegrating</i>	3	
<i>desipramine oral tablet</i>	1	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	3	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	2	MO
<i>diazepam injection solution</i>	1	PA
<i>diazepam injection syringe</i>	1	PA
<i>diazepam intensol oral concentrate</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	3	MO
<i>doxepin oral concentrate</i>	3	MO
<i>doxepin oral tablet</i>	2	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	3	QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EMSAM TRANSDERMAL PATCH 24 HOUR	3	MO
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone oral tablet</i>	3	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	3	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24HR DOSE PACK	2	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	MO; QL (30 per 30 days)
<i>flumazenil intravenous solution</i>	1	
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	MO; QL (120 per 30 days)
<i>fluphenazine decanoate injection solution</i>	3	MO
<i>fluphenazine hcl injection solution</i>	3	MO
<i>fluphenazine hcl oral concentrate</i>	3	MO
<i>fluphenazine hcl oral elixir</i>	3	MO
<i>fluphenazine hcl oral tablet</i>	3	MO
<i>fluvoxamine oral capsule,extended release 24hr</i>	3	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	3	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate injection solution</i>	3	MO
<i>haloperidol lactate intramuscular syringe</i>	1	
<i>haloperidol lactate oral concentrate</i>	1	MO
<i>haloperidol oral tablet</i>	1	MO
<i>imipramine hcl oral tablet</i>	3	MO
<i>imipramine pamoate oral capsule</i>	3	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	3	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	3	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	3	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	3	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	3	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	3	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	3	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	3	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	3	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	3	MO; QL (2.63 per 90 days)
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lithium citrate oral solution</i>	1	
<i>lorazepam injection solution</i>	1	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	1	PA; MO
<i>lorazepam intensol oral concentrate</i>	1	PA; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>loxapine succinate oral capsule</i>	1	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	3	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	3	MO; QL (60 per 30 days)
MARPLAN ORAL TABLET	3	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	3	MO
<i>methylphenidate hcl oral solution</i>	3	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet extended release</i>	3	MO
<i>methylphenidate hcl oral tablet,chewable</i>	3	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	2	MO
<i>modafinil oral tablet 100 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	3	
<i>molindone oral tablet 5 mg</i>	3	MO
<i>nefazodone oral tablet</i>	3	MO
<i>nighttime sleep-aid (doxylamn) oral tablet</i>	1	ED
<i>nortriptyline oral capsule</i>	1	MO
<i>nortriptyline oral solution</i>	3	MO
NUPLAZID ORAL CAPSULE	3	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET	3	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln</i>	3	MO
<i>olanzapine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	3	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule</i>	3	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	3	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	3	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO; QL (60 per 30 days)
<i>perphenazine oral tablet</i>	3	MO
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING	3	MO; QL (1 per 30 days)
<i>phenelzine oral tablet</i>	2	MO
<i>pimozide oral tablet</i>	3	MO
<i>protriptyline oral tablet</i>	3	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
<i>ramelteon oral tablet</i>	2	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	3	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	2	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	3	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	2	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	3	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	3	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	3	MO; QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	3	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	3	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>sleep aid (doxylamine) oral tablet</i>	1	MO; ED
SODIUM OXYBATE ORAL SOLUTION	3	PA; LA; QL (540 per 30 days)
SOMINEX MAXIMUM STRENGTH ORAL TABLET	3	ED
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	3	PA; MO
<i>tasimelteon oral capsule</i>	3	PA; QL (30 per 30 days)
<i>thioridazine oral tablet</i>	2	MO
<i>thiothixene oral capsule</i>	1	MO
<i>tranylcypromine oral tablet</i>	3	MO
<i>trazodone oral tablet</i>	1	MO
<i>trifluoperazine oral tablet</i>	2	MO
<i>trimipramine oral capsule</i>	3	MO
TRINTELLIX ORAL TABLET	2	MO; QL (30 per 30 days)
UNISOM (DOXYLAMINE) ORAL TABLET	3	MO; ED
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	3	MO; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	3	MO; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	3	MO; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	3	MO; QL (0.56 per 56 days)

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Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	3	MO; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	3	MO; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	3	MO; QL (0.21 per 28 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION	3	
<i>vilazodone oral tablet</i>	2	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	QL (7 per 180 days)
<i>wal-som (doxylamine) oral tablet</i>	1	ED
<i>zaleplon oral capsule 10 mg</i>	3	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	3	MO; QL (30 per 30 days)
<i>ziprasidone hcl oral capsule</i>	2	MO; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln</i>	3	MO
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE	3	PA; MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	3	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	3	MO; QL (1 per 28 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>adenosine intravenous solution</i>	1	
<i>adenosine intravenous syringe</i>	1	
<i>amiodarone intravenous solution</i>	1	B/D PA; MO
<i>amiodarone intravenous syringe</i>	1	B/D PA
<i>amiodarone oral tablet</i>	1	MO
<i>dofetilide oral capsule</i>	3	MO
<i>flecainide oral tablet</i>	1	MO
<i>ibutilide fumarate intravenous solution</i>	1	
<i>lidocaine (pf) intravenous solution</i>	1	
<i>lidocaine (pf) intravenous syringe</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	3	
<i>mexiletine oral capsule</i>	2	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection solution</i>	1	
<i>propafenone oral capsule, extended release 12 hr</i>	3	MO
<i>propafenone oral tablet</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sorine oral tablet 120 mg, 160 mg</i>	1	MO
<i>sorine oral tablet 80 mg</i>	1	
<i>sotalol af oral tablet</i>	1	
<i>sotalol oral tablet</i>	1	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule</i>	1	MO
<i>aliskiren oral tablet</i>	3	MO
<i>amiloride oral tablet</i>	1	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	MO
<i>amlodipine oral tablet</i>	1	MO
<i>amlodipine-benazepril oral capsule</i>	1	MO
<i>amlodipine-olmesartan oral tablet</i>	1	MO
<i>amlodipine-valsartan oral tablet</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>atenolol oral tablet</i>	1	MO
<i>atenolol-chlorthalidone oral tablet</i>	1	MO
<i>benazepril oral tablet</i>	4	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	4	MO
<i>betaxolol oral tablet</i>	2	MO
<i>bisoprolol fumarate oral tablet</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	MO
<i>bumetanide injection solution</i>	3	MO
<i>bumetanide oral tablet</i>	1	MO
<i>candesartan oral tablet</i>	1	MO
<i>candesartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>captopril oral tablet</i>	1	MO
<i>captopril-hydrochlorothiazide oral tablet</i>	1	
<i>cartia xt oral capsule,extended release 24hr</i>	1	MO
<i>carvedilol oral tablet</i>	1	MO
<i>chlorothiazide sodium intravenous recon soln</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal patch weekly</i>	3	MO; QL (4 per 28 days)
<i>diltiazem hcl intravenous recon soln</i>	1	
<i>diltiazem hcl intravenous solution</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	MO
<i>dilt-xr oral capsule, extended release 24h degradable</i>	1	MO

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
EDARBI ORAL TABLET	2	MO
EDARBYCLOR ORAL TABLET	2	MO
<i>enalapril maleate oral tablet</i>	4	MO
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	4	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	4	MO
<i>eplerenone oral tablet</i>	2	MO
<i>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium intravenous recon soln</i>	3	
<i>felodipine oral tablet extended release 24 hr</i>	1	MO
<i>fosinopril oral tablet</i>	4	MO
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	MO
<i>furosemide injection solution</i>	3	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine injection solution</i>	1	MO
<i>hydralazine oral tablet</i>	1	MO
<i>hydrochlorothiazide oral capsule</i>	1	MO
<i>hydrochlorothiazide oral tablet</i>	1	MO
<i>indapamide oral tablet</i>	1	MO
<i>irbesartan oral tablet</i>	4	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	4	MO
<i>isosorbide-hydralazine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>isradipine oral capsule</i>	1	MO
KERENDIA ORAL TABLET	2	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>labetalol oral tablet</i>	1	MO
<i>lisinopril oral tablet</i>	4	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	4	MO
<i>losartan oral tablet</i>	4	MO
<i>losartan-hydrochlorothiazide oral tablet</i>	4	MO
<i>mannitol 20 % intravenous parenteral solution</i>	3	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la oral tablet extended release 24 hr</i>	1	MO
<i>metolazone oral tablet</i>	1	MO
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	
<i>metoprolol tartrate oral tablet</i>	1	MO
<i>metoprolol tartrate-hydrochlorothiazide oral tablet</i>	1	MO
<i>metyrosine oral capsule</i>	3	PA; MO
<i>minoxidil oral tablet</i>	1	MO
<i>moexipril oral tablet</i>	1	MO
<i>nadolol oral tablet</i>	3	MO
<i>nebivolol oral tablet</i>	1	MO
<i>nicardipine intravenous solution</i>	1	
<i>nicardipine oral capsule</i>	3	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine oral capsule</i>	3	MO
<i>nisoldipine oral tablet extended release 24 hr</i>	3	MO
<i>olmesartan oral tablet</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide oral tablet</i>	1	MO
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>osmitrol 20 % intravenous parenteral solution</i>	3	
<i>perindopril erbumine oral tablet</i>	1	MO
<i>phentolamine injection recon soln</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pindolol oral tablet</i>	2	MO
<i>prazosin oral capsule</i>	1	MO
<i>propranolol intravenous solution</i>	1	
<i>propranolol oral capsule,extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
<i>quinapril oral tablet</i>	4	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>ramipril oral capsule</i>	4	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolactone-hydrochlorothiazide oral tablet</i>	1	MO
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 300 mg</i>	1	
<i>taztia xt oral capsule,extended release 24 hr 180 mg, 240 mg, 360 mg</i>	1	MO
<i>telmisartan oral tablet</i>	1	MO
<i>telmisartan-amlodipine oral tablet</i>	1	MO
<i>telmisartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er oral capsule,extended release 24 hr</i>	1	MO
<i>timolol maleate oral tablet</i>	3	MO
<i>torseamide oral tablet</i>	1	MO
<i>trandolapril oral tablet</i>	4	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	MO
<i>treprostinil sodium injection solution</i>	3	PA; MO; LA
<i>triamterene-hydrochlorothiazide oral capsule</i>	1	MO
<i>triamterene-hydrochlorothiazide oral tablet</i>	1	MO
UPTRAVI ORAL TABLET	3	PA; MO; LA
UPTRAVI ORAL TABLETS,DOSE PACK	3	PA; MO; LA
<i>valsartan oral tablet</i>	4	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>veletri intravenous recon soln</i>	1	B/D PA; MO
<i>verapamil intravenous solution</i>	1	
<i>verapamil intravenous syringe</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule, extended release pellets 24 hr</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous solution</i>	1	MO
<i>aminocaproic acid oral solution</i>	3	MO
<i>aminocaproic acid oral tablet</i>	3	MO
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	3	MO
BRILINTA ORAL TABLET	2	MO
CABLIVI INJECTION KIT	3	PA; LA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	2	PA; MO
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	2	PA; MO
<i>cilostazol oral tablet</i>	1	MO
<i>clopidogrel oral tablet 300 mg</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate oral capsule 110 mg</i>	3	
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	3	MO
<i>dipyridamole intravenous solution</i>	1	
<i>dipyridamole oral tablet</i>	3	MO
DOPTELET (10 TAB PACK) ORAL TABLET	3	PA; MO; LA
DOPTELET (15 TAB PACK) ORAL TABLET	3	PA; MO; LA
DOPTELET (30 TAB PACK) ORAL TABLET	3	PA; MO; LA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	MO
ELIQUIS ORAL TABLET	2	MO
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	3	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	3	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	3	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	3	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe</i>	3	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	2	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	2	
<i>heparin (porcine) injection cartridge</i>	2	MO
<i>heparin (porcine) injection solution</i>	2	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	2	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	2	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>jantoven oral tablet</i>	1	MO
<i>pentoxifylline oral tablet extended release</i>	1	MO
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	3	MO; ED
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	MO; ED
<i>prasugrel oral tablet</i>	2	MO
PROMACTA ORAL POWDER IN PACKET	3	PA; MO; LA
PROMACTA ORAL TABLET	3	PA; MO; LA
<i>protamine intravenous solution</i>	1	
<i>vitamin k injection solution</i>	1	MO; ED
<i>vitamin k1 injection solution</i>	1	MO; ED
<i>warfarin oral tablet</i>	1	MO
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	MO
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	MO
XARELTO ORAL TABLET	2	MO

LIPID/CHOLESTEROL LOWERING AGENTS

<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg</i>	1	QL (30 per 30 days)
<i>atorvastatin oral tablet</i>	4	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	2	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	2	MO
<i>cholestyramine light oral powder</i>	2	
<i>cholestyramine light oral powder in packet</i>	2	
<i>colesevelam oral powder in packet</i>	3	MO
<i>colesevelam oral tablet</i>	3	MO
<i>colestipol oral granules</i>	3	MO
<i>colestipol oral packet</i>	3	
<i>colestipol oral tablet</i>	3	MO
<i>ezetimibe oral tablet</i>	1	MO
<i>ezetimibe-simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate nanocrystallized oral tablet</i>	1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	3	MO
<i>fenofibric acid oral tablet</i>	1	
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>gemfibrozil oral tablet</i>	1	MO
<i>icosapent ethyl oral capsule</i>	2	MO
JUXTAPID ORAL CAPSULE	3	PA; MO; LA
<i>lovastatin oral tablet 10 mg</i>	4	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
NEXLETOL ORAL TABLET	2	PA; MO
NEXLIZET ORAL TABLET	2	PA; MO
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	3	MO
<i>omega-3 acid ethyl esters oral capsule</i>	1	MO
<i>pitavastatin calcium oral tablet</i>	4	MO; QL (30 per 30 days)
<i>pravastatin oral tablet</i>	4	MO; QL (30 per 30 days)
<i>prevalite oral powder</i>	2	MO
<i>prevalite oral powder in packet</i>	2	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	2	PA; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE	2	PA; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	2	PA; QL (6 per 28 days)
<i>rosuvastatin oral tablet</i>	4	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	4	MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION	2	QL (450 per 30 days)
CORLANOR ORAL TABLET	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>digoxin oral solution</i>	2	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	2	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	B/D PA
<i>dobutamine intravenous solution</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; MO
ENTRESTO ORAL TABLET	2	MO; QL (60 per 30 days)
<i>milrinone in 5 % dextrose intravenous piggyback</i>	1	B/D PA
<i>milrinone intravenous solution</i>	1	B/D PA
<i>norepinephrine bitartrate intravenous solution</i>	1	
<i>ranolazine oral tablet extended release 12 hr</i>	2	MO
<i>sodium nitroprusside intravenous solution</i>	1	B/D PA
VECAMYL ORAL TABLET	3	
VERQUVO ORAL TABLET	2	MO; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE	3	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid transdermal ointment</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	B/D PA
<i>nitroglycerin intravenous solution</i>	1	B/D PA
<i>nitroglycerin sublingual tablet</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual spray,non-aerosol</i>	3	MO
<i>nitro-time oral capsule, extended release</i>	1	MO; ED

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule</i>	3	MO
<i>calcipotriene scalp solution</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	3	MO; QL (120 per 30 days)
<i>calcitriol topical ointment</i>	3	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	MO; ED
PRAMOSONE TOPICAL CREAM 2.5-1 %	3	MO; ED
PRAMOSONE TOPICAL OINTMENT	3	MO; ED
<i>selenium sulfide topical lotion</i>	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; MO; QL (2 per 28 days)
STELARA INTRAVENOUS SOLUTION	3	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	3	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (3 per 180 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TALTZ SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS SYRINGE	3	PA; MO; QL (6 per 28 days)
<i>ammonium lactate topical cream</i>	1	MO
<i>ammonium lactate topical lotion</i>	1	MO
<i>chloraseptic sore throat mucous membrane lozenge</i>	1	MO; ED
<i>chloroprocaine (pf) injection solution</i>	1	
CIBINQO ORAL TABLET	3	PA; MO; QL (30 per 30 days)
CORTANE-B TOPICAL LOTION	3	ED
<i>dermacinrx lidocaine topical adhesive patch, medicated</i>	3	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	3	PA; MO; QL (100 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	3	PA; MO; QL (4.56 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	3	PA; MO; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	3	PA; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	3	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	3	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>glydo mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	2	MO
<i>lidocaine (pf) injection solution</i>	1	
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl laryngotracheal solution</i>	2	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine topical adhesive patch,medicated 5 %</i>	3	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	3	MO; QL (36 per 30 days)
<i>lidocaine viscous mucous membrane solution</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	1	
<i>lidocaine-epinephrine injection solution</i>	1	
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch,medicated</i>	3	PA; QL (90 per 30 days)
<i>methoxsalen oral capsule, liquid-filled, rapid release</i>	3	MO
PANRETIN TOPICAL GEL	3	PA; MO
<i>pimecrolimus topical cream</i>	3	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	2	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>polocaine-mpf injection solution</i>	1	
REGRANEX TOPICAL GEL	3	QL (15 per 30 days)
SANTYL TOPICAL OINTMENT	2	MO; QL (180 per 30 days)
<i>silver sulfadiazine topical cream</i>	1	MO
<i>sore throat (benzocaine-menth) mucous membrane lozenge 6-10 mg</i>	1	ED
<i>sore throat mucous membrane aerosol,spray</i>	1	ED
<i>ssd topical cream</i>	1	MO
<i>tacrolimus topical ointment</i>	3	PA; MO; QL (100 per 30 days)
VALCHLOR TOPICAL GEL	3	PA; MO

THERAPY FOR ACNE

<i>acutane oral capsule</i>	3	
<i>amneesteem oral capsule</i>	3	
<i>azelaic acid topical gel</i>	3	MO
<i>claravis oral capsule</i>	3	
<i>clindamycin phosphate topical gel</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	2	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	2	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ery pads topical swab</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>isotretinoin oral capsule</i>	3	
<i>ivermectin topical cream</i>	1	MO; QL (90 per 30 days)
<i>metronidazole topical cream</i>	3	MO
<i>metronidazole topical gel</i>	3	MO
<i>metronidazole topical gel with pump</i>	3	MO
<i>metronidazole topical lotion</i>	3	MO
<i>tazarotene topical cream</i>	3	PA; MO
<i>tazarotene topical gel</i>	3	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	3	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA; MO
<i>zenatane oral capsule</i>	3	
TOPICAL ANTIBACTERIALS		
ALCORTIN A TOPICAL GEL	3	ED
ALCORTIN A TOPICAL GEL IN PACKET	3	ED
<i>gentamicin topical cream</i>	2	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	2	MO; QL (60 per 30 days)
<i>hydrocortisone-iodoquinl-aloe2 topical gel</i>	1	MO; ED
<i>hydrocortisone-iodoquinol topical cream</i>	1	MO; ED
<i>mupirocin topical ointment</i>	1	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne) topical suspension</i>	3	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	2	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	2	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	2	MO; QL (45 per 28 days)

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole-betamethasone topical lotion</i>	3	MO; QL (60 per 28 days)
<i>econazole topical cream</i>	3	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>klayesta topical powder</i>	2	QL (180 per 30 days)
<i>naftifine topical cream</i>	3	MO; QL (60 per 28 days)
<i>naftifine topical gel 2 %</i>	3	MO; QL (60 per 28 days)
<i>nyamyc topical powder</i>	2	QL (180 per 30 days)
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	2	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone topical cream</i>	2	MO; QL (60 per 28 days)
<i>nystatin-triamcinolone topical ointment</i>	2	MO; QL (60 per 28 days)
<i>nystop topical powder</i>	2	MO; QL (180 per 30 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	3	PA; MO; QL (30 per 30 days)
<i>penciclovir topical cream</i>	3	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	MO
<i>ala-cort topical cream 2.5 %</i>	1	
<i>alclometasone topical cream</i>	2	MO
<i>alclometasone topical ointment</i>	2	MO
<i>betamethasone dipropionate topical cream</i>	1	MO
<i>betamethasone dipropionate topical lotion</i>	1	MO
<i>betamethasone dipropionate topical ointment</i>	1	MO
<i>betamethasone valerate topical cream</i>	1	MO
<i>betamethasone valerate topical lotion</i>	1	MO
<i>betamethasone valerate topical ointment</i>	1	MO
<i>betamethasone, augmented topical cream</i>	1	MO
<i>betamethasone, augmented topical gel</i>	1	MO
<i>betamethasone, augmented topical lotion</i>	1	MO
<i>betamethasone, augmented topical ointment</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol scalp solution</i>	3	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	3	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	3	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	3	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	3	MO; QL (120 per 28 days)
<i>clodan topical shampoo</i>	3	MO; QL (236 per 28 days)
<i>desonide topical cream</i>	3	MO
<i>desonide topical gel</i>	3	MO
<i>desonide topical lotion</i>	3	MO
<i>desonide topical ointment</i>	3	MO
<i>fluocinolone and shower cap scalp oil</i>	3	MO
<i>fluocinolone topical cream 0.01 %</i>	3	MO
<i>fluocinolone topical cream 0.025 %</i>	3	
<i>fluocinolone topical oil</i>	3	MO
<i>fluocinolone topical ointment</i>	3	MO
<i>fluocinolone topical solution</i>	3	MO
<i>fluocinonide topical cream 0.05 %</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide-emollient topical cream</i>	3	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	3	MO
<i>halobetasol propionate topical ointment</i>	3	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>mometasone topical cream</i>	1	MO
<i>mometasone topical ointment</i>	1	MO
<i>mometasone topical solution</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>prednicarbate topical ointment</i>	3	
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triderm topical cream</i>	1	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion</i>	1	
<i>malathion topical lotion</i>	3	MO
<i>permethrin topical cream</i>	2	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous solution</i>	2	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	3	
<i>neomycin-polymyxin b gu irrigation solution</i>	1	
<i>ringer's irrigation solution</i>	3	
MISCELLANEOUS AGENTS		
<i>acamprostate oral tablet, delayed release (dr/ec)</i>	3	MO
<i>acetic acid irrigation solution</i>	1	MO
<i>anagrelide oral capsule</i>	2	MO
<i>caffeine citrate intravenous solution</i>	1	
<i>caffeine citrate oral solution</i>	1	MO
<i>carglumic acid oral tablet, dispersible</i>	3	PA
<i>cevimeline oral capsule</i>	3	MO
CHEMET ORAL CAPSULE	2	PA
CLINIMIX 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	3	MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	MO
<i>deferasirox oral granules in packet</i>	3	PA; MO
<i>deferasirox oral tablet</i>	3	PA; MO
<i>deferasirox oral tablet, dispersible</i>	3	PA; MO
<i>deferiprone oral tablet</i>	3	PA; MO
<i>deferoxamine injection recon soln</i>	1	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	3	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	3	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	3	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	3	MO
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	3	MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	3	MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	3	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	3	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	3	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	3	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	3	
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>disulfiram oral tablet 500 mg</i>	1	
<i>droxidopa oral capsule</i>	3	PA; MO
ENDARI ORAL POWDER IN PACKET	3	PA; MO
FERRLECIT INTRAVENOUS SOLUTION	3	MO; ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
INCRELEX SUBCUTANEOUS SOLUTION	3	MO; LA
<i>levocarnitine (with sugar) oral solution</i>	3	MO
<i>levocarnitine oral solution 100 mg/ml</i>	3	MO
<i>levocarnitine oral tablet</i>	3	MO
LOKELMA ORAL POWDER IN PACKET	2	MO
<i>midodrine oral tablet</i>	2	MO
<i>nitisinone oral capsule</i>	3	PA; MO
<i>pilocarpine hcl oral tablet</i>	3	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	3	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION	3	PA; LA
REVCOVI INTRAMUSCULAR SOLUTION	3	PA; LA
<i>riluzole oral tablet</i>	2	PA; MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral tablet</i>	3	MO; QL (270 per 30 days)
<i>sodium benzoate-sod phenylacet intravenous solution</i>	3	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	3	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	3	MO
<i>sodium chloride irrigation solution</i>	3	
<i>sodium ferric gluconat-sucrose intravenous solution</i>	1	MO; ED
<i>sodium phenylbutyrate oral powder</i>	3	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	3	PA
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
<i>sps (with sorbitol) oral suspension</i>	2	MO
<i>sps (with sorbitol) rectal enema</i>	2	
<i>trientine oral capsule 250 mg</i>	3	PA; MO
VELPHORO ORAL TABLET,CHEWABLE	3	MO; QL (180 per 30 days)
VELTASSA ORAL POWDER IN PACKET	2	MO
<i>water for irrigation, sterile irrigation solution</i>	3	MO
XIAFLEX INJECTION RECON SOLN	3	PA
YOHIMBINE HCL (BULK) POWDER	3	ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	1	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 21 MG/24 HR	3	MO; ED
<i>nicotine transdermal patch 24 hour 21 mg/24 hr</i>	1	MO; ED
NICOTROL INHALATION CARTRIDGE	3	
NICOTROL NS NASAL SPRAY, NON-AEROSOL	3	
<i>varenicline oral tablet</i>	3	MO
<i>varenicline oral tablets, dose pack</i>	3	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray, aerosol</i>	2	MO; QL (60 per 30 days)
<i>azelastine nasal spray, non-aerosol</i>	2	QL (60 per 30 days)
CHLORASEPTIC MAX SORE THROAT MUCOUS MEMBRANE SPRAY, NON-AEROSOL	3	ED
<i>chloraseptic throat spray mucous membrane aerosol, spray</i>	1	MO; ED
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	MO
COUGH DROPS MUCOUS MEMBRANE LOZENGE 5.8 MG	3	ED
<i>denta 5000 plus dental cream</i>	1	MO
<i>dentagel dental gel</i>	1	MO
ENTERTAINER'S SECRET MUCOUS MEMBRANE SPRAY WITH PUMP	3	ED
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	MO
HALLS COUGH DROPS MUCOUS MEMBRANE LOZENGE 5.8 MG	3	MO; ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal spray,non-aerosol</i>	1	MO; QL (30 per 30 days)
<i>kourzeq dental paste</i>	1	
<i>ora relief mucous membrane aerosol,spray</i>	1	ED
<i>oral relief sore throat spray mucous membrane aerosol,spray</i>	1	ED
<i>oralone dental paste</i>	1	
<i>periogard mucous membrane mouthwash</i>	1	MO
<i>phenaseptic mucous membrane aerosol,spray</i>	1	ED
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	MO
PREVIDENT 5000 DRY MOUTH DENTAL PASTE	3	MO
<i>sf 5000 plus dental cream</i>	1	MO
<i>sf dental gel</i>	1	MO
<i>sodium fluoride 5000 dry mouth dental paste</i>	1	MO
<i>sodium fluoride 5000 plus dental cream</i>	1	
<i>sodium fluoride-pot nitrate dental paste</i>	1	MO
<i>sore throat (phenol) mucous membrane aerosol,spray</i>	1	MO; ED
<i>triamcinolone acetamide dental paste</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	1	MO
<i>ciprofloxacin hcl otic (ear) dropperette</i>	3	MO
<i>clearcanal earwax softener otic (ear) drops</i>	1	ED
<i>clinere ear wax removal otic (ear) drops</i>	1	ED
DEBROX OTIC (EAR) DROPS	3	MO; ED
<i>ear drops (carbamide peroxide) otic (ear) drops</i>	1	ED
<i>ear wax removal drops otic (ear) drops</i>	1	ED
<i>ear wax removal kit otic (ear) drops</i>	1	ED
<i>flac oil otic (ear) drops</i>	3	
<i>fluocinolone acetamide oil otic (ear) drops</i>	3	MO
<i>hydrocortisone-acetic acid otic (ear) drops</i>	2	MO
MURINE EAR OTIC (EAR) DROPS	3	MO; ED

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Drug Name	Drug Tier	Requirements/Limits
<i>murine ear wax removal system otic (ear) drops</i>	1	MO; ED
<i>ofloxacin otic (ear) drops</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	2	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	2	MO
<i>neomycin-polymyxin-hc otic (ear) solution</i>	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone oral tablet</i>	1	
<i>dexamethasone intensol oral drops</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	MO
<i>dexamethasone sodium phosphate injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection syringe</i>	1	MO
<i>fludrocortisone oral tablet</i>	1	MO
<i>hydrocortisone oral tablet</i>	1	MO
<i>methylprednisolone acetate injection suspension</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous recon soln</i>	1	MO
<i>prednisolone oral solution</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisone intensol oral concentrate</i>	3	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>alcohol pads topical pads, medicated</i>	2	
BAQSIMI NASAL SPRAY, NON-AEROSOL	2	MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
<i>diazoxide oral suspension</i>	3	MO
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS PEN	2	MO
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	MO
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	2	MO
<i>glimepiride oral tablet 1 mg</i>	4	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	4	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride oral tablet 4 mg</i>	4	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	4	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	4	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	4	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	4	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	4	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	4	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	4	MO; QL (120 per 30 days)
GLYXAMBI ORAL TABLET	2	MO; QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	2	MO
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	2	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
GVOKE SUBCUTANEOUS SOLUTION	2	MO
INPEFA ORAL TABLET 200 MG	2	PA; MO; QL (60 per 30 days)
INPEFA ORAL TABLET 400 MG	2	PA; MO; QL (30 per 30 days)
INSULIN GLARGINE SUBCUTANEOUS INSULIN PEN	2	
INSULIN GLARGINE SUBCUTANEOUS SOLUTION	2	
JANUMET ORAL TABLET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET	2	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET	2	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS PEN	2	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	2	MO
<i>metformin oral tablet 1,000 mg</i>	4	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	4	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	4	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	4	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	4	MO; QL (60 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
NOVO PEN NEEDLE	2	MO
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	MO
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	2	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	2	MO
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	MO
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	2	MO
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION	2	MO
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS PEN	2	MO
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION	2	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	2	MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	2	MO
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; MO; QL (3 per 28 days)
<i>pioglitazone oral tablet</i>	4	MO; QL (30 per 30 days)
QTERN ORAL TABLET	2	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
RYBELSUS ORAL TABLET	2	PA; MO; QL (30 per 30 days)
<i>saxagliptin oral tablet</i>	2	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	2	MO; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	2	MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	2	MO; QL (90 per 30 days)
STEGLATRO ORAL TABLET	2	MO; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (6 per 30 days)
SYNJARDY ORAL TABLET	2	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	MO
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS PEN	2	MO
TRADJENTA ORAL TABLET	2	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	MO; QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5- 500 MG	2	MO; QL (60 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	MO
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE	2	MO

MISCELLANEOUS HORMONES

ALDURAZYME INTRAVENOUS SOLUTION	3	PA; MO
<i>cabergoline oral tablet</i>	2	MO
<i>calcitonin (salmon) injection solution</i>	3	MO
<i>calcitonin (salmon) nasal spray, non-aerosol</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	MO; ED
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	3	
<i>cinacalcet oral tablet</i>	3	PA; MO
<i>clomid oral tablet</i>	1	PA; MO
<i>clomiphene citrate oral tablet</i>	1	PA
CRYSVITA SUBCUTANEOUS SOLUTION	3	PA; MO; LA
<i>danazol oral capsule</i>	3	MO
<i>desmopressin injection solution</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin nasal spray with pump</i>	3	MO
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin oral tablet</i>	2	MO
<i>doxercalciferol intravenous solution</i>	1	
<i>doxercalciferol oral capsule</i>	3	MO
ELAPRASE INTRAVENOUS SOLUTION	3	PA; MO
FABRAZYME INTRAVENOUS RECON SOLN	3	PA; MO
KANUMA INTRAVENOUS SOLUTION	3	PA; MO
KORLYM ORAL TABLET	3	PA
LUMIZYME INTRAVENOUS RECON SOLN	3	PA; MO
MEPSEVII INTRAVENOUS SOLUTION	3	PA; MO
<i>mifepristone oral tablet 300 mg</i>	3	PA
MYALEPT SUBCUTANEOUS RECON SOLN	3	PA; MO; LA
NAGLAZYME INTRAVENOUS SOLUTION	3	PA; MO; LA
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol intravenous solution</i>	1	
<i>paricalcitol oral capsule</i>	3	MO
<i>sapropterin oral powder in packet</i>	3	PA; MO
<i>sapropterin oral tablet,soluble</i>	3	PA; MO
SOMAVERT SUBCUTANEOUS RECON SOLN	3	PA; MO
STRENSIQ SUBCUTANEOUS SOLUTION	3	PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil</i>	2	PA
<i>testosterone transdermal gel</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	3	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	3	PA; MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	3	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	3	PA; MO; QL (180 per 30 days)
<i>tolvaptan oral tablet</i>	3	PA; MO
VIMIZIM INTRAVENOUS SOLUTION	3	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	1	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	B/D PA; MO

THYROID HORMONES

<i>euthyrox oral tablet</i>	1	MO
<i>levo-t oral tablet</i>	1	
<i>levothyroxine intravenous recon soln</i>	1	
<i>levothyroxine oral tablet</i>	1	MO
<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	MO
<i>liothyronine intravenous solution</i>	1	MO
<i>liothyronine oral tablet</i>	1	MO
SYNTHROID ORAL TABLET	3	MO
<i>unithroid oral tablet</i>	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>atropine intravenous solution 0.4 mg/ml</i>	1	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	1	
<i>chlordiazepoxide-clidinium oral capsule</i>	1	ED
<i>dicyclomine intramuscular solution</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	3	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine oral liquid</i>	3	MO
<i>diphenoxylate-atropine oral tablet</i>	2	MO
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML)	3	ED
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	MO; ED
DONNATAL ORAL TABLET	3	MO; ED
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	MO
<i>glycopyrrolate injection solution</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	2	
<i>loperamide oral capsule</i>	1	MO
<i>opium oral tincture</i>	1	MO
PHENOBARB-HYOSCY-ATROPINE-SCOP ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	MO; ED
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	MO; ED
<i>phenohydro oral tablet</i>	1	MO; ED
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet</i>	3	PA; MO
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	MO; ED
ANALPRAM-HC SINGLES RECTAL CREAM	3	MO; ED
<i>anucort-hc rectal suppository</i>	1	MO; ED
ANUSOL-HC RECTAL SUPPOSITORY	3	MO; ED
<i>aprepitant oral capsule</i>	3	B/D PA; MO
<i>aprepitant oral capsule, dose pack</i>	3	B/D PA; MO
<i>balsalazide oral capsule</i>	2	MO
<i>betaine oral powder</i>	3	MO
BONINE ORAL TABLET,CHEWABLE	3	MO; ED

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide oral capsule, delayed, extended release</i>	3	MO
<i>budesonide oral tablet, delayed and ext. release</i>	3	MO
CHENODAL ORAL TABLET	3	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	3	PA
CHOLBAM ORAL CAPSULE 50 MG	3	PA; QL (120 per 30 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	3	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE	3	PA; MO; QL (3 per 180 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT	3	PA; MO; QL (2 per 28 days)
CINVANTI INTRAVENOUS EMULSION	2	MO
<i>compro rectal suppository</i>	3	MO
<i>constulose oral solution</i>	1	MO
CORTIFOAM RECTAL FOAM	2	MO
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC)	2	MO
<i>cromolyn oral concentrate</i>	3	MO
<i>dimenhydrinate injection solution</i>	1	MO
<i>dimenhydrinate oral tablet</i>	1	ED
<i>dramamine (meclizine) oral tablet</i>	1	ED
<i>dramamine (meclizine) oral tablet, chewable</i>	1	ED
<i>dramamine less drowsy oral tablet</i>	1	MO; ED
DRAMAMINE ORAL TABLET	3	ED
DRAMAMINE ORAL TABLET, CHEWABLE	3	MO; ED
<i>driminate oral tablet</i>	1	MO; ED
<i>dronabinol oral capsule</i>	3	B/D PA
<i>droperidol injection solution</i>	1	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA
ENTYVIO INTRAVENOUS RECON SOLN	3	PA; MO; QL (2 per 28 days)
<i>enulose oral solution</i>	1	MO
<i>fosaprepitant intravenous recon soln</i>	1	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
GATTEX ONE-VIAL SUBCUTANEOUS KIT	3	PA; MO
<i>gavilyte-c oral recon soln</i>	1	MO
<i>gavilyte-g oral recon soln</i>	1	MO
<i>generlac oral solution</i>	1	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron hcl intravenous solution</i>	1	MO
<i>granisetron hcl oral tablet</i>	2	B/D PA; MO
<i>hemmorex-hc rectal suppository</i>	1	MO; ED
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	ED
<i>hydrocortisone acetate rectal suppository 30 mg</i>	1	MO; ED
<i>hydrocortisone rectal enema</i>	3	MO
<i>hydrocortisone topical cream with perineal applicator</i>	1	MO
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	MO; ED
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
LINZESS ORAL CAPSULE	2	MO; QL (30 per 30 days)
<i>lubiprostone oral capsule</i>	3	MO; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>meclizine oral tablet, chewable</i>	1	MO; ED
<i>medi-meclizine oral tablet</i>	1	ED
<i>mesalamine oral capsule (with del rel tablets)</i>	3	MO
<i>mesalamine oral capsule, extended release</i>	3	
<i>mesalamine oral capsule, extended release 24hr</i>	3	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	3	MO
<i>mesalamine rectal enema</i>	3	MO
<i>mesalamine rectal suppository</i>	3	MO
<i>mesalamine with cleansing wipe rectal enema kit</i>	3	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1	

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>motion sickness (meclizine) oral tablet</i>	1	ED
<i>motion sickness oral tablet</i>	1	ED
<i>motion sickness relief oral tablet</i>	1	ED
<i>motion sickness relief(mecliz) oral tablet</i>	1	ED
<i>motion sickness relief(mecliz) oral tablet,chewable</i>	1	ED
<i>motion-time oral tablet,chewable</i>	1	ED
MOVANTIK ORAL TABLET	2	MO; QL (30 per 30 days)
<i>nitroglycerin rectal ointment</i>	2	MO
OICALIVA ORAL TABLET	3	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	1	MO
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl intravenous solution</i>	1	MO
<i>ondansetron hcl oral solution</i>	3	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
<i>ondansetron oral tablet,disintegrating</i>	1	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	
<i>peg 3350-electrolytes oral recon soln</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	3	MO
<i>peg-electrolyte oral recon soln</i>	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral tablet</i>	1	MO
<i>prochlorperazine rectal suppository</i>	3	MO
PROCTOCORT RECTAL SUPPOSITORY	3	MO; ED
<i>procto-med hc topical cream with perineal applicator</i>	1	MO
<i>proctosol hc topical cream with perineal applicator</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>proctozone-hc topical cream with perineal applicator</i>	1	
RECTIV RECTAL OINTMENT	2	MO
RELISTOR SUBCUTANEOUS SOLUTION	3	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	3	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	3	MO; QL (12 per 30 days)
REMICADE INTRAVENOUS RECON SOLN	3	PA; MO; QL (20 per 28 days)
SANCUSO TRANSDERMAL PATCH WEEKLY	3	MO
<i>scopolamine base transdermal patch 3 day</i>	3	MO
SKYRIZI INTRAVENOUS SOLUTION	3	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	3	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	3	PA; MO; QL (2.4 per 56 days)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	3	MO
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	3	
SUCRAID ORAL SOLUTION	3	PA
<i>sulfasalazine oral tablet</i>	1	MO
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	1	MO
<i>travel sickness oral tablet</i>	1	ED
<i>travel-ease (meclizine) oral tablet</i>	1	ED
TRULANCE ORAL TABLET	2	MO; QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	2	MO
<i>ursodiol oral tablet</i>	2	MO
VARUBI ORAL TABLET	2	B/D PA
VIBERZI ORAL TABLET	3	MO; QL (60 per 30 days)
VIOKACE ORAL TABLET	2	MO
<i>wal-dram 2 oral tablet</i>	1	ED
<i>wal-dram oral tablet</i>	1	ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT	3	MO
ULCER THERAPY		
<i>acid controller complete oral tablet,chewable</i>	1	ED
<i>acid controller oral tablet</i>	1	ED
<i>acid reducer (cimetidine) oral tablet</i>	1	ED
<i>acid reducer (famotidine) oral tablet</i>	1	ED
<i>acid reducer (lansoprazole) oral capsule,delayed release(dr/ec)</i>	1	ED
<i>acid reducer (omeprazole) oral capsule,delayed release(dr/ec)</i>	1	ED
<i>acid reducer complete (famot) oral tablet,chewable</i>	1	ED
<i>acid reducer-antacid oral tablet,chewable</i>	1	ED
<i>acid-pep oral tablet</i>	1	ED
<i>cimetidine oral tablet</i>	1	MO
<i>complete oral tablet,chewable</i>	1	ED
<i>dual action complete oral tablet,chewable</i>	1	ED
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO; QL (60 per 30 days)
<i>esomeprazole magnesium oral tablet,delayed release (dr/ec)</i>	1	ED
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	MO
<i>famotidine (pf) intravenous solution</i>	1	MO
<i>famotidine (pf)-nacl (iso-osm) intravenous piggyback</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>famotidine intravenous solution</i>	1	MO
<i>famotidine oral tablet 10 mg</i>	1	ED
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>heartburn prevention oral tablet</i>	1	ED
<i>heartburn relief (cimetidine) oral tablet</i>	1	ED
<i>heartburn relief (famotidine) oral tablet</i>	1	MO; ED
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO; QL (60 per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	1	MO; ED
<i>misoprostol oral tablet</i>	2	MO
NEXIUM 24HR ORAL CAPSULE, DELAYED RELEASE(DR/EC)	3	MO; ED
NEXIUM 24HR ORAL TABLET, DELAYED RELEASE (DR/EC)	3	MO; ED
<i>nizatidine oral capsule</i>	2	MO
<i>omeprazole magnesium oral capsule, delayed release(dr/ec)</i>	1	MO; ED
<i>omeprazole magnesium oral tablet, delayed release (dr/ec)</i>	1	MO; ED
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>omeprazole oral tablet, delayed release (dr/ec)</i>	1	MO; ED
<i>omeprazole oral tablet, disintegrat, delay rel</i>	1	ED
OMEPRAZOLE-SODIUM BICARBONATE ORAL CAPSULE 20-1.1 MG-GRAM	3	MO; ED
<i>pantoprazole intravenous recon soln</i>	1	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
PEPCID AC MAXIMUM STRENGTH ORAL TABLET	3	ED
PEPCID AC ORAL TABLET 10 MG	3	MO; ED
<i>pepcid ac oral tablet 20 mg</i>	1	MO; ED
PEPCID COMPLETE ORAL TABLET,CHEWABLE	3	MO; ED
PREVACID 24HR ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	MO; ED
PRILOSEC OTC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO; ED
<i>sucralfate oral suspension</i>	3	MO
<i>sucralfate oral tablet</i>	1	MO
<i>tagamet hb oral tablet</i>	1	MO; ED
<i>tums dual action (famotidine) oral tablet,chewable</i>	1	ED
<i>zantac-360 (famotidine) oral tablet 20 mg</i>	1	MO; ED
ZEGERID OTC ORAL CAPSULE	3	MO; ED

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE SUBCUTANEOUS SOLUTION	3	B/D PA; MO
ARCALYST SUBCUTANEOUS RECON SOLN	3	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	3	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	3	PA; MO; QL (1 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE	3	PA; LA
BETASERON SUBCUTANEOUS KIT	3	PA; MO; QL (14 per 28 days)
ILARIS (PF) SUBCUTANEOUS SOLUTION	3	PA; MO; LA; QL (2 per 28 days)
LEUKINE INJECTION RECON SOLN	3	PA; MO
MOZOBIL SUBCUTANEOUS SOLUTION	3	B/D PA; MO
NIVESTYM INJECTION SOLUTION	3	PA; MO
NIVESTYM SUBCUTANEOUS SYRINGE	3	PA; MO
NYVEPRIA SUBCUTANEOUS SYRINGE	3	PA; MO
OMNITROPE SUBCUTANEOUS CARTRIDGE	3	PA; MO
OMNITROPE SUBCUTANEOUS RECON SOLN	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION	3	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	3	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR SYRINGE	3	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	3	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	3	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	PA; MO; QL (1 per 180 days)
<i>plerixafor subcutaneous solution</i>	3	B/D PA; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; MO
ZARXIO INJECTION SYRINGE	3	PA; MO
ZIEXTENZO SUBCUTANEOUS SYRINGE	3	PA; MO

VACCINES / MISCELLANEOUS IMMUNOLOGICALS

ABRYSVO INTRAMUSCULAR RECON SOLN	4	V
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	4	V
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	4	V
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	V
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	4	V

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Drug Name	Drug Tier	Requirements/Limits
BEXSERO INTRAMUSCULAR SYRINGE	4	V
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	4	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	4	V
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	2	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	4	B/D PA; V
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	4	B/D PA; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	4	B/D PA; V
<i>fomepizole intravenous solution</i>	1	
GAMASTAN INTRAMUSCULAR SOLUTION	2	MO
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	4	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	4	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	4	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	4	B/D PA; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	2	
HIZENTRA SUBCUTANEOUS SOLUTION	3	B/D PA; MO
HIZENTRA SUBCUTANEOUS SYRINGE	3	B/D PA; MO
HYPERHEP B INTRAMUSCULAR SOLUTION	2	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	4	V

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	
IPOL INJECTION SUSPENSION	4	V
IXCHIQ INTRAMUSCULAR RECON SOLN	4	V
IXIARO (PF) INTRAMUSCULAR SYRINGE	4	V
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION	4	B/D PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	4	V
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	4	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	4	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	1	V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	4	V
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	2	
PENBRAYA (PF) INTRAMUSCULAR KIT	4	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION	4	B/D PA; V
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	4	V
PRIVIGEN INTRAVENOUS SOLUTION	3	PA; MO
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	2	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	V

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Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	4	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	4	B/D PA; V
ROTARIX ORAL SUSPENSION	2	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	2	
ROTATEQ VACCINE ORAL SOLUTION	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	V; QL (2 per 720 days)
TDVAX INTRAMUSCULAR SUSPENSION	4	V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	4	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE	4	V
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	2	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	2	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	V
TRUMENBA INTRAMUSCULAR SYRINGE	4	V
TWINRIX (PF) INTRAMUSCULAR SYRINGE	4	V
TYPHIM VI INTRAMUSCULAR SOLUTION	4	V
TYPHIM VI INTRAMUSCULAR SYRINGE	4	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	4	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	4	V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	4	V

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Drug Name	Drug Tier	Requirements/Limits
VARIZIG INTRAMUSCULAR SOLUTION	2	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	4	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES		
GAUZE PADS 2 X 2	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1/2 ML 28 GAUGE	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	2	MO
INSULIN SYRINGES (NON-PREFERRED BRANDS) SYRINGE 1 ML 29 GAUGE X 1/2"	2	MO
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium intravenous recon soln</i>	1	
<i>aloprim intravenous recon soln</i>	1	
<i>colchicine oral tablet</i>	1	MO
<i>febuxostat oral tablet</i>	2	MO
<i>probenecid oral tablet</i>	2	MO
<i>probenecid-colchicine oral tablet</i>	2	MO

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	1	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
FOSAMAX PLUS D ORAL TABLET	3	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	1	PA
<i>ibandronate intravenous syringe</i>	1	PA; MO
<i>ibandronate oral tablet</i>	1	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1 per 180 days)
<i>raloxifene oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	3	MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	3	PA; QL (2.48 per 28 days)

OTHER RHEUMATOLOGICALS

ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION	3	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE	3	PA; MO; QL (3.6 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (1.6 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1.6 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT	3	PA; MO; QL (4 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	3	PA; MO; QL (2 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PA; MO; QL (4 per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL (6 per 180 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL (4 per 180 days)
BENLYSTA INTRAVENOUS RECON SOLN	3	PA; MO
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO
BENLYSTA SUBCUTANEOUS SYRINGE	3	PA; MO
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL (4 per 180 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	3	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	3	PA; MO; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PA; MO; QL (4 per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE	3	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	3	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	3	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (8 per 28 days)
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PA; MO; QL (4 per 28 days)
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	3	PA; MO; QL (4 per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL (4 per 180 days)
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	3	PA; MO; QL (2 per 28 days)
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	3	PA; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	3	PA; QL (2 per 180 days)
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	3	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	3	PA; MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	3	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	3	PA; MO; QL (4 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	3	PA; MO; QL (3 per 180 days)
HYRIMOZ PEN CROHN'S-UC STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2.4 per 180 days)
HYRIMOZ PEN PSORIASIS STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (1.6 per 180 days)
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	3	PA; MO; QL (0.2 per 28 days)
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	3	PA; MO; QL (0.4 per 28 days)
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; MO; QL (1.6 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	3	PA; MO; QL (2.4 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	3	PA; MO; QL (1.2 per 180 days)
HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (1.6 per 28 days)
<i>leflunomide oral tablet</i>	1	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN	3	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	3	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	3	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	3	PA; MO; QL (2.8 per 28 days)
OTEZLA ORAL TABLET	3	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	3	PA; MO; QL (55 per 180 days)
<i>penicillamine oral tablet</i>	3	PA; MO
RIDAURA ORAL CAPSULE	3	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	3	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	3	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 180 days)
XELJANZ ORAL SOLUTION	3	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	3	PA; MO; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; MO; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>amabelz oral tablet</i>	2	PA
<i>camila oral tablet</i>	1	MO
<i>covaryx h.s. oral tablet</i>	1	ED
<i>covaryx oral tablet</i>	1	ED
<i>deblitane oral tablet</i>	1	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	3	MO
<i>dotti transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
DUAVEE ORAL TABLET	2	MO
<i>eemt hs oral tablet</i>	1	ED
<i>eemt oral tablet</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>errin oral tablet</i>	1	MO
<i>estradiol oral tablet</i>	3	PA; MO
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	3	MO
<i>estradiol vaginal tablet</i>	3	MO
<i>estradiol valerate intramuscular oil</i>	3	MO
<i>estradiol-norethindrone acet oral tablet</i>	2	PA; MO
<i>estrogens-methyltestosterone oral tablet</i>	1	MO; ED
<i>fyavolv oral tablet</i>	3	PA; MO
<i>heather oral tablet</i>	1	MO
<i>hydroxyprogesterone caproate intramuscular oil</i>	3	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	2	MO
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	2	MO
<i>incassia oral tablet</i>	1	MO
<i>jencycla oral tablet</i>	1	MO
<i>jinteli oral tablet</i>	3	PA; MO
<i>lyleq oral tablet</i>	1	MO
<i>lyllana transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>lyza oral tablet</i>	1	
<i>medroxyprogesterone intramuscular suspension</i>	1	MO
<i>medroxyprogesterone intramuscular syringe</i>	1	MO
<i>medroxyprogesterone oral tablet</i>	1	MO
MENEST ORAL TABLET	2	PA; MO
<i>mimvey oral tablet</i>	2	PA; MO
<i>nora-be oral tablet</i>	1	MO
<i>norethindrone (contraceptive) oral tablet</i>	1	
<i>norethindrone acetate oral tablet</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	PA; MO
PREMARIN ORAL TABLET	2	MO

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN VAGINAL CREAM	2	MO
PREMPHASE ORAL TABLET	2	MO
PREMPRO ORAL TABLET	2	MO
<i>progesterone intramuscular oil</i>	1	MO
<i>progesterone micronized oral capsule</i>	1	MO
<i>sharobel oral tablet</i>	1	MO
<i>yuvafem vaginal tablet</i>	3	MO
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream</i>	2	MO
<i>eluryng vaginal ring</i>	3	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	3	
<i>metronidazole vaginal gel</i>	2	MO
<i>mifepristone oral tablet 200 mg</i>	1	LA
MYFEMBREE ORAL TABLET	3	PA; MO
NEXPLANON SUBDERMAL IMPLANT	3	
<i>terconazole vaginal cream</i>	2	MO
<i>terconazole vaginal suppository</i>	2	MO
<i>tranexamic acid oral tablet</i>	2	MO
TRIMO-SAN JELLY VAGINAL GEL	3	MO; ED
<i>vandazole vaginal gel</i>	2	MO
<i>xulane transdermal patch weekly</i>	3	MO
<i>zafemy transdermal patch weekly</i>	3	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28) oral tablet</i>	1	MO
<i>alyacen 1/35 (28) oral tablet</i>	1	MO
<i>alyacen 7/7/7 (28) oral tablet</i>	1	MO
<i>amethyst (28) oral tablet</i>	1	MO
<i>apri oral tablet</i>	1	MO
<i>aranelle (28) oral tablet</i>	1	MO
<i>aubra eq oral tablet</i>	1	MO
<i>aviane oral tablet</i>	1	MO
<i>azurette (28) oral tablet</i>	1	MO

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>camrese oral tablets,dose pack,3 month</i>	1	MO
<i>cryselle (28) oral tablet</i>	1	MO
<i>cyred eq oral tablet</i>	1	MO
<i>dasetta 1/35 (28) oral tablet</i>	1	MO
<i>dasetta 7/7/7 (28) oral tablet</i>	1	MO
<i>daysee oral tablets,dose pack,3 month</i>	1	MO
<i>desog-e.estradiol/e.estradiol oral tablet</i>	1	
<i>desogestrel-ethinyl estradiol oral tablet</i>	1	
<i>drospirenone-e.estradiol-lm,fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	3	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>elinest oral tablet</i>	1	MO
<i>enpresse oral tablet</i>	1	MO
<i>enskyce oral tablet</i>	1	MO
<i>estarylla oral tablet</i>	1	MO
<i>ethynodiol diac-eth estradiol oral tablet</i>	1	
<i>falmina (28) oral tablet</i>	1	MO
<i>introvale oral tablets,dose pack,3 month</i>	1	
<i>isibloom oral tablet</i>	1	MO
<i>jasmiel (28) oral tablet</i>	1	MO
<i>jolessa oral tablets,dose pack,3 month</i>	1	MO
<i>juleber oral tablet</i>	1	MO
<i>kalliga oral tablet</i>	1	
<i>kariva (28) oral tablet</i>	1	MO
<i>kelnor 1/35 (28) oral tablet</i>	1	MO
<i>kelnor 1-50 (28) oral tablet</i>	1	MO
<i>kurvelo (28) oral tablet</i>	1	MO
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	MO
<i>larin 1.5/30 (21) oral tablet</i>	1	MO
<i>larin 1/20 (21) oral tablet</i>	1	MO
<i>larin 24 fe oral tablet</i>	1	MO
<i>larin fe 1.5/30 (28) oral tablet</i>	1	MO
<i>larin fe 1/20 (28) oral tablet</i>	1	MO
<i>lessina oral tablet</i>	1	MO
<i>levonest (28) oral tablet</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	MO
<i>levonorg-eth estrad triphasic oral tablet</i>	1	MO
<i>levora-28 oral tablet</i>	1	MO
<i>loryna (28) oral tablet</i>	1	MO
<i>low-ogestrel (28) oral tablet</i>	1	MO
<i>lo-zumandimine (28) oral tablet</i>	1	MO
<i>lutra (28) oral tablet</i>	1	MO
<i>marlissa (28) oral tablet</i>	1	MO
<i>microgestin 1.5/30 (21) oral tablet</i>	1	MO
<i>microgestin 1/20 (21) oral tablet</i>	1	MO
<i>microgestin fe 1.5/30 (28) oral tablet</i>	1	MO
<i>microgestin fe 1/20 (28) oral tablet</i>	1	MO
<i>mili oral tablet</i>	1	MO
<i>mono-linyah oral tablet</i>	1	MO
<i>nikki (28) oral tablet</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol oral tablet</i> 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg	1	
<i>norgestimate-ethinyl estradiol oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	1	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	1	MO
<i>nortrel 1/35 (21) oral tablet</i>	1	MO
<i>nortrel 1/35 (28) oral tablet</i>	1	MO
<i>nortrel 7/7/7 (28) oral tablet</i>	1	MO
<i>philith oral tablet</i>	1	MO
<i>pimtreea (28) oral tablet</i>	1	MO
<i>portia 28 oral tablet</i>	1	MO
<i>reclipsen (28) oral tablet</i>	1	MO
<i>setlakin oral tablets,dose pack,3 month</i>	1	MO
<i>sprintec (28) oral tablet</i>	1	MO
<i>sronyx oral tablet</i>	1	MO
<i>syeda oral tablet</i>	1	MO
<i>tarina 24 fe oral tablet</i>	1	MO
<i>tarina fe 1-20 eq (28) oral tablet</i>	1	MO
<i>tilia fe oral tablet</i>	1	MO
<i>tri-estarylla oral tablet</i>	1	MO
<i>tri-legest fe oral tablet</i>	1	MO
<i>tri-linyah oral tablet</i>	1	MO
<i>tri-lo-estarylla oral tablet</i>	1	MO
<i>tri-lo-marzia oral tablet</i>	1	MO
<i>tri-lo-sprintec oral tablet</i>	1	
<i>tri-sprintec (28) oral tablet</i>	1	MO
<i>trivora (28) oral tablet</i>	1	MO
<i>turqoz (28) oral tablet</i>	1	MO
<i>velivet triphasic regimen (28) oral tablet</i>	1	MO
<i>vestura (28) oral tablet</i>	1	MO
<i>vienva oral tablet</i>	1	MO
<i>viorele (28) oral tablet</i>	1	MO
<i>wera (28) oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>zovia 1-35 (28) oral tablet</i>	1	MO
<i>zumandimine (28) oral tablet</i>	1	MO
OXYTOCICS		
<i>methylergonovine oral tablet</i>	3	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS	2	MO
<i>bacitracin ophthalmic (eye) ointment</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	1	MO
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	2	MO
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	1	MO
<i>erythromycin ophthalmic (eye) ointment</i>	1	MO; QL (3.5 per 14 days)
<i>gatifloxacin ophthalmic (eye) drops</i>	3	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops</i>	2	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	2	MO
<i>neo-polycin ophthalmic (eye) ointment</i>	2	
<i>ofloxacin ophthalmic (eye) drops</i>	1	MO
<i>polycin ophthalmic (eye) ointment</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	MO
<i>tobramycin ophthalmic (eye) drops</i>	1	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
ZIRGAN OPHTHALMIC (EYE) GEL	3	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	2	MO
<i>carteolol ophthalmic (eye) drops</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops (timoptic generic)</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution (timoptic generic)</i>	3	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	MO
<i>azelastine ophthalmic (eye) drops</i>	1	MO
<i>balanced salt intraocular solution</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops</i>	2	MO
<i>bss intraocular solution</i>	1	
CIMERLI INTRAVITREAL SOLUTION	3	PA; MO
<i>cromolyn ophthalmic (eye) drops</i>	1	MO
<i>cyclosporine ophthalmic (eye) dropperette</i>	2	MO; QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS	3	PA
<i>epinastine ophthalmic (eye) drops</i>	2	MO
EYLEA INTRAVITREAL SOLUTION	3	PA; MO
EYLEA INTRAVITREAL SYRINGE	3	PA; MO
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	2	MO
OXERVATE OPHTHALMIC (EYE) DROPS	3	PA; MO
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	MO
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	1	
XDEMVIY OPHTHALMIC (EYE) DROPS	3	PA; QL (10 per 42 days)

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	2	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops</i>	2	MO
BROMSITE OPHTHALMIC (EYE) DROPS	2	MO
<i>diclofenac sodium ophthalmic (eye) drops</i>	1	MO
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	MO
<i>ketorolac ophthalmic (eye) drops</i>	1	MO
PROLENSA OPHTHALMIC (EYE) DROPS	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	2	MO
<i>acetazolamide oral tablet</i>	2	MO
<i>acetazolamide sodium injection recon soln</i>	1	MO
<i>methazolamide oral tablet</i>	3	MO
OTHER GLAUCOMA DRUGS		
<i>brimonidine-timolol ophthalmic (eye) drops</i>	2	MO
<i>dorzolamide ophthalmic (eye) drops</i>	1	MO
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	MO
<i>latanoprost ophthalmic (eye) drops</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
<i>miostat intraocular solution</i>	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS	2	MO
ROCKLATAN OPHTHALMIC (EYE) DROPS	2	MO
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	2	MO
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	2	MO
<i>travoprost ophthalmic (eye) drops</i>	2	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	2	MO
<i>neo-polycin hc ophthalmic (eye) ointment</i>	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	2	MO; QL (10 per 14 days)
STERIODS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION	2	MO
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	1	MO
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	2	MO
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	2	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	2	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	2	MO
OZURDEX INTRAVITREAL IMPLANT	3	MO
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	
SYMPATHOMIMETICS		
<i>apraclonidine ophthalmic (eye) drops</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
12-HOUR COUGH RELIEF ORAL SUSPENSION,EXTENDED REL 12 HR	3	ED
<i>24hour allergy oral tablet</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>24hr allergy relief oral tablet</i>	1	ED
<i>24hr allergy-congestion relief oral tablet extended release 24 hr</i>	1	ED
ABATUSS DMX ORAL LIQUID	3	ED
ACTICON (DEXBROMPH-PSE) ORAL SOLUTION 1-30 MG/5 ML	3	ED
<i>acticon (dexbromph-pse) oral tablet</i>	1	ED
<i>actidom dmx oral liquid</i>	1	ED
ACTINEL DM ORAL LIQUID	3	ED
ACTINEL ORAL SOLUTION	3	ED
ACTINEL PEDIATRIC ORAL LIQUID	3	ED
<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
<i>adult robitussin peak cold m-s oral liquid</i>	1	MO; ED
<i>adult tussin cf oral liquid</i>	1	ED
<i>adult tussin chest congestion oral liquid</i>	1	ED
<i>adult wal-tussin dm max oral liquid</i>	1	ED
<i>adult wal-tussin oral liquid</i>	1	ED
ADVIL COLD AND SINUS ORAL CAPSULE	3	MO; ED
<i>advil cold and sinus oral tablet</i>	1	ED
ADVIL SINUS CONGESTION-PAIN ORAL TABLET	3	ED
<i>ala-hist ir oral tablet</i>	1	MO; ED
ALAHIST PE ORAL TABLET	3	MO; ED
<i>alavert d-12 allergy-sinus oral tablet extended release 12 hr</i>	1	MO; ED
<i>alavert oral tablet, disintegrating</i>	1	MO; ED
<i>aler-cap oral capsule</i>	1	ED
ALEVE COLD AND SINUS ORAL TABLET EXTENDED RELEASE 12 HR	3	ED
ALEVE SINUS AND HEADACHE ORAL TABLET EXTENDED RELEASE 12 HR	3	ED
ALEVE-D SINUS AND COLD ORAL TABLET EXTENDED RELEASE 12 HR	3	MO; ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
ALEVE-D SINUS AND HEADACHE ORAL TABLET EXTENDED RELEASE 12 HR	3	ED
<i>alka-seltzer plus allergy oral tablet</i>	1	ED
ALKA-SELTZER PLUS COLD (PE) ORAL TABLET, EFFERVESCENT	3	ED
ALKA-SELTZER PLUS COLD/COUGHFM ORAL CAPSULE	3	ED
ALKA-SELTZER PLUS DAY ORAL CAPSULE	3	ED
<i>alka-seltzer plus mucus-conges oral capsule</i>	1	ED
ALKA-SELTZER PLUS SINUS-COUGH ORAL CAPSULE	3	ED
ALKA-SELTZER SEVERE COLD ORAL TABLET, EFFERVESCENT	3	ED
ALL DAY ALLERGY (CETIRIZINE) ORAL CAPSULE	3	ED
<i>all day allergy (cetirizine) oral solution</i>	1	ED
<i>all day allergy (cetirizine) oral tablet</i>	1	MO; ED
<i>all day allergy-d oral tablet extended release 12 hr</i>	1	ED
ALL DAY COLD AND SINUS ORAL TABLET EXTENDED RELEASE 12 HR	3	ED
ALL DAY PAIN RELIEF SINUS,COLD ORAL TABLET EXTENDED RELEASE 12 HR	3	ED
ALLEGRA ALLERGY ORAL TABLET	3	MO; ED
ALLEGRA HIVES ORAL TABLET	3	MO; ED
ALLEGRA-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR	3	MO; ED
ALLEGRA-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR	3	MO; ED
<i>aller-chlor oral tablet</i>	1	MO; ED
<i>allerclear d-12hr oral tablet extended release 12 hr</i>	1	ED
<i>allerclear d-24hr oral tablet extended release 24 hr</i>	1	ED
<i>allerclear oral tablet</i>	1	ED
<i>aller-ease oral tablet 180 mg</i>	1	ED
<i>aller-fex oral tablet</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>aller-g-time oral tablet</i>	1	ED
<i>allergy (chlorpheniramine) oral tablet</i>	1	ED
<i>allergy (diphenhydramine) oral capsule</i>	1	ED
<i>allergy (diphenhydramine) oral liquid</i>	1	ED
<i>allergy (diphenhydramine) oral tablet</i>	1	ED
<i>allergy and congestion relief oral tablet extended release 12 hr</i>	1	ED
<i>allergy and congestion relief oral tablet extended release 24 hr</i>	1	ED
<i>allergy d-12 oral tablet extended release 12 hr</i>	1	ED
<i>allergy medication oral capsule</i>	1	ED
<i>allergy medicine oral tablet</i>	1	ED
<i>allergy multi-symptom oral tablet</i>	1	ED
<i>allergy oral liquid</i>	1	ED
<i>allergy relief (cetirizine) oral capsule</i>	1	ED
<i>allergy relief (cetirizine) oral solution</i>	1	ED
<i>allergy relief (cetirizine) oral tablet</i>	1	ED
<i>allergy relief (fexofenadine) oral tablet 180 mg</i>	1	MO; ED
<i>allergy relief (fexofenadine) oral tablet 60 mg</i>	1	ED
<i>allergy relief (levocetirizin) oral tablet</i>	1	ED
<i>allergy relief (loratadine) oral solution</i>	1	ED
<i>allergy relief (loratadine) oral tablet</i>	1	ED
<i>allergy relief (loratadine) oral tablet, disintegrating</i>	1	ED
<i>allergy relief d12 oral tablet extended release 12 hr</i>	1	ED
<i>allergy relief d-24hr oral tablet extended release 24 hr</i>	1	ED
<i>allergy relief multi-symptom oral tablet</i>	1	ED
<i>allergy relief(chlorpheniramn) oral tablet</i>	1	ED
<i>allergy relief(diphenhydramin) oral capsule</i>	1	ED
<i>allergy relief(diphenhydramin) oral liquid</i>	1	ED
<i>allergy relief(diphenhydramin) oral tablet</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>allergy relief,nasal decongest oral tablet extended release 24 hr</i>	1	MO; ED
<i>allergy relief-d (cetirizine) oral tablet extended release 12 hr</i>	1	ED
<i>allergy relief-d (loratadine) oral tablet extended release 12 hr</i>	1	ED
<i>allergy relief-d(fexofenadine) oral tablet extended release 12 hr</i>	1	ED
<i>allergy relief-d(fexofenadine) oral tablet extended release 24 hr</i>	1	ED
<i>allergy sinus pe oral tablet</i>	1	ED
<i>allergy sinus-d oral tablet</i>	1	ED
<i>allergy-congest relief-d(fexo) oral tablet extended release 12 hr</i>	1	ED
<i>allergy-congestion relief-d oral tablet extended release 24 hr</i>	1	ED
<i>allergy-time oral tablet</i>	1	ED
<i>aller-tec d oral tablet extended release 12 hr</i>	1	ED
<i>aller-tec oral tablet</i>	1	ED
ALL-NITE COLD-FLU ORAL LIQUID	3	ED
<i>antitussive dm oral syrup</i>	1	ED
<i>ap-hist dm oral liquid</i>	1	ED
<i>aprodine oral tablet</i>	1	MO; ED
AQUANAZ ORAL TABLET	3	ED
<i>banophen oral capsule</i>	1	MO; ED
<i>banophen oral tablet</i>	1	MO; ED
BENADRYL ALLERGY ORAL LIQUID	3	MO; ED
BENADRYL ALLERGY ORAL TABLET 25 MG	3	MO; ED
BENADRYL ALLERGY PLUS CONGEST ORAL TABLET	3	ED
BENADRYL ORAL CAPSULE	3	MO; ED
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	MO; ED
<i>benzonatate oral capsule 150 mg</i>	1	ED
<i>biocotron oral liquid</i>	1	ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
BIODESP DM ORAL LIQUID	3	ED
BIO-DTUSS DMX ORAL LIQUID	3	ED
<i>bionel oral solution</i>	1	ED
BIO-RYTUSS ORAL LIQUID	3	ED
BROMFED DM ORAL SYRUP	3	ED
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	MO; ED
<i>bronchial asthma relief oral tablet</i>	1	ED
BRONKAID DUAL ACTION ORAL TABLET	3	ED
BRONKIDS ORAL DROPS	3	ED
<i>brontuss sf oral liquid</i>	1	ED
<i>cetiri-d oral tablet extended release 12 hr</i>	1	ED
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>cetirizine oral solution 5 mg/5 ml</i>	1	ED
<i>cetirizine oral tablet 10 mg</i>	1	MO; ED
CETIRIZINE ORAL TABLET 5 MG	3	MO; ED
<i>cetirizine oral tablet,chewable</i>	1	MO; ED
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr</i>	1	MO; ED
<i>cherry cough drops mucous membrane lozenge</i>	1	ED
<i>cherry menthol mucous membrane lozenge</i>	1	ED
<i>chest congestion relief dm oral syrup</i>	1	ED
<i>chest congestion relief dm oral tablet</i>	1	MO; ED
CHEST CONGESTION RELIEF ORAL LIQUID	3	MO; ED
<i>chest congestion relief oral tablet</i>	1	MO; ED
<i>chest congestion relief pe oral tablet</i>	1	ED
<i>chest congestion-cough hbp oral capsule</i>	1	ED
<i>chest congestion-cough relief oral tablet</i>	1	ED
<i>chest-sinus congestion relief oral tablet</i>	1	ED
CHILD ALLERGY PLUS CONGESTION ORAL SOLUTION	3	ED
<i>child allergy relf(cetirizine) oral solution</i>	1	ED
<i>child allergy relief (diphen) oral tablet,disintegrating</i>	1	ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>child benadryl plus congestion oral solution</i>	1	ED
<i>child chest congestion-cough oral liquid</i>	1	ED
<i>child cough-chest congest dm oral liquid</i>	1	ED
<i>child delsym cough-chest dm oral liquid</i>	1	ED
CHILD DELSYM COUGH-COLD ORAL LIQUID	3	ED
CHILD DOMETUSS-DA ORAL LIQUID	3	ED
CHILD GILTUSS ALLERGY PLUS(DM) ORAL LIQUID	3	ED
CHILD GILTUSS MULTSYM COLD-FLU ORAL LIQUID	3	ED
CHILD MUCINEX COUGH-CONGEST ORAL LIQUID	3	ED
CHILD MUCINEX FREEFROM DY COLD ORAL LIQUID	3	ED
CHILD MUCINEX M-S COLD NIGHT ORAL LIQUID	3	ED
CHILD MUCINEX STUFFY NOSE-CHST ORAL LIQUID	3	MO; ED
<i>child mucus relief cough oral liquid</i>	1	ED
<i>child mucus relief expectorant oral liquid</i>	1	ED
<i>child triaminic cold-allergy oral solution</i>	1	ED
CHILD TRIAMINIC MS FEVER-COLD ORAL SUSPENSION	3	ED
<i>child wal-tap cold-allergy oral solution</i>	1	ED
CHILDREN DIMETAPP M-S COLD-FLU ORAL LIQUID	3	ED
<i>children's allegra allergy oral suspension</i>	1	MO; ED
<i>children's allegra allergy oral tablet,disintegrating</i>	1	MO; ED
<i>children's allergy (diphenhyd) oral liquid</i>	1	ED
CHILDREN'S ALLERGY RELIEF(FEX) ORAL SUSPENSION	3	MO; ED
<i>children's allergy relief(lor) oral solution</i>	1	ED
CHILDREN'S ALLERGY RELIEF(LOR) ORAL TABLET,CHEWABLE	3	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>children's allergy(cetirizine) oral solution</i>	1	ED
<i>children's aller-tec oral solution</i>	1	ED
<i>children's cetirizine oral solution</i>	1	MO; ED
CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE 10 MG	3	ED
<i>children's cetirizine oral tablet,chewable 5 mg</i>	1	ED
<i>children's chest congestion oral liquid</i>	1	ED
CHILDREN'S CLARITIN ORAL SOLUTION	3	MO; ED
CHILDREN'S CLARITIN ORAL TABLET,CHEWABLE	3	MO; ED
<i>children's cold and cough (pe) oral solution</i>	1	ED
<i>children's cold and cough dm oral solution</i>	1	ED
<i>children's cold-allergy (pe) oral solution</i>	1	ED
CHILDREN'S COLD-COUGH DAYTIME ORAL LIQUID	3	ED
CHILDREN'S COLD-COUGH-SORE ORAL LIQUID	3	ED
CHILDREN'S COUGH DM ER ORAL SUSPENSION,EXTENDED REL 12 HR	3	ED
<i>children's cough oral liquid</i>	1	ED
CHILDREN'S DELSYM COUGH ORAL SUSPENSION,EXTENDED REL 12 HR	3	ED
<i>children's dibromm cold-allerg oral solution</i>	1	ED
<i>children's dibromm dm cold-cou oral solution</i>	1	ED
<i>children's flu relief oral suspension</i>	1	ED
<i>children's giltuss cough-chest oral liquid</i>	1	ED
CHILDRENS GILTUSS COUGH-COLD ORAL LIQUID	3	ED
<i>childrens giltuss ex oral liquid</i>	1	ED
CHILDREN'S LORATADINE ORAL TABLET,CHEWABLE	3	MO; ED
CHILDREN'S MUCINEX COUGH ORAL GRANULES IN PACKET	3	ED
<i>children's mucinex cough oral liquid</i>	1	ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
CHILDREN'S MUCINEX MULTI-SYMP ORAL LIQUID	3	ED
CHILDREN'S MULTI-SYMP TOM COLD ORAL LIQUID	3	ED
<i>childrens plus cold oral suspension</i>	1	ED
<i>children's plus flu oral suspension</i>	1	ED
CHILDRENS PLUS MULTI-SYMP COLD ORAL SUSPENSION	3	ED
CHILDREN'S STUFFY NOSE-COLD ORAL LIQUID	3	ED
<i>children's sudafed pe cough oral liquid</i>	1	ED
CHILDREN'S SUDAFED PE NASAL ORAL SOLUTION	3	ED
<i>children's wal-dryl allergy oral liquid</i>	1	ED
<i>children's wal-dryl allergy oral prefilled spoon</i>	1	ED
<i>children's wal-dryl allergy oral tablet,disintegrating</i>	1	ED
<i>children's wal-fex oral suspension</i>	1	ED
<i>children's wal-zyr oral solution</i>	1	ED
CHILDREN'S WAL-ZYR ORAL TABLET,CHEWABLE	3	ED
CHILDREN'S WAL-ZYR ORAL TABLET,DISINTEGRATING	3	ED
CHILDREN'S ZYRTEC ALLERGY ORAL SOLUTION	3	MO; ED
CHILDREN'S ZYRTEC ALLERGY ORAL TABLET,CHEWABLE 10 MG	3	ED
CHILDREN'S ZYRTEC ALLERGY ORAL TABLET,CHEWABLE 2.5 MG	3	MO; ED
CHILDREN'S ZYRTEC ALLERGY ORAL TABLET,DISINTEGRATING	3	MO; ED
<i>child's all day allergy(cetir) oral solution</i>	1	ED
CHILD'S MUCUS RELIEF M-S COLD ORAL LIQUID	3	ED
<i>chids triacting cold-cough oral liquid</i>	1	ED
<i>chld robitussin cough-chest dm oral liquid</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorhist oral tablet</i>	1	ED
<i>chlorpheniramine maleate oral tablet</i>	1	ED
<i>chlortabs oral tablet</i>	1	ED
CLARITIN LIQUI-GEL ORAL CAPSULE	3	MO; ED
CLARITIN ORAL SOLUTION	3	ED
CLARITIN ORAL TABLET	3	MO; ED
CLARITIN ORAL TABLET,CHEWABLE	3	MO; ED
CLARITIN REDITABS ORAL TABLET,DISINTEGRATING	3	MO; ED
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR	3	MO; ED
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR	3	MO; ED
CODEINE-GUAIFENESIN ORAL LIQUID	3	MO; ED
CODITUSSIN AC ORAL LIQUID	3	ED
CODITUSSIN DAC ORAL LIQUID	3	ED
<i>cold and cough elixir oral solution</i>	1	ED
COLD AND FLU RELIEF(DIPHEN-PE) ORAL LIQUID	3	ED
COLD AND FLU SEVERE ORAL TABLET	3	ED
<i>cold and sinus pain relief oral tablet</i>	1	ED
COLD HEAD CONGEST(GG-PE-ACETM) ORAL TABLET	3	ED
COLD HEAD CONGESTION DAY/NITE ORAL TABLETS, SEQUENTIAL	3	ED
COLD HEAD CONGESTION DAYTIME ORAL TABLET	3	ED
COLD HEAD CONGESTION NIGHTTIME ORAL TABLET	3	ED
<i>cold head congestion sever day oral tablet</i>	1	ED
COLD MAX DAY-NIGHT ORAL TABLETS, SEQUENTIAL	3	ED
COLD MAX DAYTIME ORAL TABLET	3	ED
COLD MULTI-SYMPATOM (CHLORPHEN) ORAL TABLET	3	ED

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Drug Name	Drug Tier	Requirements/Limits
COLD MULTI-SYMPTOM DAY/NIGHT ORAL TABLETS, SEQUENTIAL	3	ED
COLD MULTI-SYMPTOM NIGHTTIME ORAL LIQUID	3	ED
COLD MULTI-SYMPTOM ORAL TABLET	3	ED
COLD RELIEF M/S DAY/NIGHT ORAL TABLETS, SEQUENTIAL	3	ED
COLD RELIEF ORAL TABLET, EFFERVESCENT	3	ED
<i>cold relief plus oral tablet, effervescent</i>	1	ED
<i>cold-flu relief oral liquid</i>	1	ED
COLD-SINUS RELIEF (IBUPROFEN) ORAL CAPSULE	3	ED
<i>cold-sinus relief oral tablet</i>	1	ED
<i>complete allergy medicine oral capsule</i>	1	ED
<i>complete allergy medicine oral tablet</i>	1	ED
<i>complete allergy oral tablet</i>	1	ED
CONEX ORAL SOLUTION	3	ED
<i>conex oral tablet</i>	1	ED
CONEX PEDIATRIC ORAL SOLUTION	3	ED
CONTAC COLD-FLU NIGHT ORAL LIQUID	3	ED
CORICIDIN HBP CHEST CONG-COUGH ORAL CAPSULE	3	MO; ED
CORICIDIN HBP COUGH AND COLD ORAL TABLET	3	MO; ED
CORICIDIN HBP FLU ORAL TABLET	3	ED
COUGH AND COLD (CHLORPHEN-DM) ORAL TABLET	3	ED
COUGH AND COLD MUCUS RELIEF CF ORAL LIQUID	3	ED
COUGH AND SEVERE COLD ORAL POWDER IN PACKET	3	ED
COUGH DM ER ORAL SUSPENSION,EXTENDED REL 12 HR	3	MO; ED
<i>cough drops (with eucalyptus) mucous membrane lozenge 6.5 mg, 7 mg, 7.6 mg, 8 mg</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
COUGH SYRUP DM ORAL SYRUP 5-50 MG/5 ML	3	ED
<i>cough-chest congestion dm oral liquid</i>	1	ED
COUGH-COLD RELIEF HBP ORAL TABLET	3	ED
<i>cough-sore throat night oral liquid</i>	1	ED
<i>day multi-symp flu-severe cold oral powder in packet</i>	1	ED
<i>dayhist allergy oral tablet</i>	1	ED
DAY-NIGHT SEVERE COLD-FLU ORAL LIQUID, SEQUENTIAL	3	ED
DAYTIME COLD-FLU ORAL LIQUID	3	ED
DAYTIME COLD-FLU RELIEF (PE) ORAL CAPSULE	3	ED
DAYTIME COLD-FLU RELIEF (PE) ORAL LIQUID	3	ED
DECONEX DMX ORAL TABLET	3	MO; ED
DELSYM 12 HOUR ORAL SUSPENSION,EXTENDED REL 12 HR	3	MO; ED
<i>delsym cough-chest congest dm oral liquid</i>	1	MO; ED
DELTUSS DMX (DEXCHLORPHEN) ORAL LIQUID	3	ED
<i>desgen dm oral liquid</i>	1	ED
DESGEN ORAL DROPS	3	ED
<i>despec dm-g oral liquid</i>	1	ED
<i>despec eda cough-cold drops oral drops</i>	1	ED
<i>despec-dm (phenyleph-dm-guaif) oral liquid</i>	1	ED
DEXCHLORPHEN-PSE-CHLOPHEDIANOL ORAL LIQUID	3	ED
<i>dextromethorphan hbr oral capsule</i>	1	MO; ED
<i>dextromethorphan polistirex oral suspension,extended rel 12 hr</i>	1	ED
<i>dextromethorphan-guaifenesin oral liquid</i>	1	ED
<i>dextromethorphan-guaifenesin oral syrup</i>	1	MO; ED
<i>dextromethorphan-guaifenesin oral tablet</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>dextromethorphan-guaifenesin oral tablet extended release 12 hr</i>	1	ED
<i>diabetic tussin dm oral liquid 10-100 mg/5 ml</i>	1	ED
<i>diabetic tussin dm oral liquid 10-200 mg/5 ml</i>	1	MO; ED
<i>dimaphen dm oral solution</i>	1	MO; ED
DIMETAPP COLD-ALLERGY (PE) ORAL SOLUTION	3	MO; ED
<i>dimetapp cold-congestion oral liquid</i>	1	ED
DIMETAPP DM COLD-COUGH (PE) ORAL SOLUTION	3	MO; ED
<i>diphedryl allergy oral liquid</i>	1	ED
<i>diphedryl oral liquid</i>	1	ED
<i>diphen oral tablet</i>	1	ED
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
<i>diphenhydramine hcl oral capsule</i>	1	ED
<i>diphenhydramine hcl oral elixir</i>	1	PA
<i>diphenhydramine hcl oral liquid</i>	1	ED
<i>diphenhydramine hcl oral tablet</i>	1	MO; ED
<i>dm max oral liquid</i>	1	ED
<i>dometuss-dmx oral liquid</i>	1	ED
<i>dristan cold oral tablet</i>	1	ED
DURAFLU ORAL TABLET	3	ED
<i>ed a-hist dm oral liquid</i>	1	MO; ED
ED A-HIST DM ORAL TABLET	3	MO; ED
<i>ed a-hist oral liquid</i>	1	MO; ED
<i>ed a-hist oral tablet</i>	1	MO; ED
<i>ed bron gp oral liquid</i>	1	ED
<i>ed chlorped jr oral syrup</i>	1	MO; ED
<i>endacof - dm oral solution</i>	1	MO; ED
ENTEX T ORAL TABLET	3	MO; ED
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	2	MO; QL (2 per 30 days)

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>expectorant oral liquid</i>	1	ED
FATHER JOHN'S COUGH SUPPRESSANT ORAL LIQUID	3	ED
FATHER JOHN'S MEDICINE PLUS ORAL SOLUTION	3	ED
<i>fenesin dm ir oral tablet 20-400 mg</i>	1	ED
<i>fenesin ir oral tablet</i>	1	ED
<i>fenesin pe ir oral tablet</i>	1	ED
<i>fexofenadine oral tablet</i>	1	MO; ED
<i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr</i>	1	ED
<i>fexofenadine-pseudoephedrine oral tablet extended release 24 hr</i>	1	ED
FLU HBP ORAL TABLET 2-10-325 MG	3	ED
<i>flu hbp oral tablet 2-15-500 mg</i>	1	ED
FLU SEVERE COLD-NIGHT(DIPH-PE) ORAL LIQUID	3	ED
FLU-SEVERE COLD-COUGH DAYTIME ORAL POWDER IN PACKET	3	ED
FLU-SEVERE COLD-COUGH NIGHT ORAL POWDER IN PACKET	3	ED
<i>g tussin ac oral liquid</i>	1	ED
GENCONTUSS ORAL LIQUID	3	ED
<i>geri-dryl oral liquid</i>	1	ED
<i>geri-dryl oral tablet</i>	1	ED
<i>geri-tussin dm oral liquid</i>	1	MO; ED
<i>geri-tussin oral liquid</i>	1	ED
GILTUSS ALLERGY PLUS (DM) ORAL LIQUID	3	ED
GILTUSS COUGH-COLD ORAL LIQUID	3	ED
<i>giltuss cough-congestion oral liquid</i>	1	ED
<i>giltuss diabetic oral liquid</i>	1	ED
<i>giltuss ex oral liquid</i>	1	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>giltuss hbp oral liquid</i>	1	ED
<i>giltuss honey dm cough oral liquid</i>	1	ED
GILTUSS MULTI-SYMPTOM COLD-FLU ORAL LIQUID	3	ED
GILTUSS TR ORAL TABLET 10-29-390 MG	3	ED
GILTUSS-D ALLERGY-CONGESTION ORAL TABLET	3	ED
GLENMAX PEB DM FORTE ORAL LIQUID	3	ED
<i>glenmax peb dm oral liquid</i>	1	ED
GLENMAX PEB ORAL LIQUID	3	ED
GLENTUSS ORAL LIQUID	3	ED
G-SUPRESS DX ORAL DROPS	3	ED
G-TUSICOF ORAL LIQUID	3	ED
<i>guaiasorb dm oral liquid</i>	1	MO; ED
<i>guaifenesin oral liquid</i>	1	MO; ED
<i>guaifenesin oral tablet</i>	1	MO; ED
GUAIFENESIN ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG	3	ED
<i>guaifenesin oral tablet extended release 12hr 600 mg</i>	1	MO; ED
G-ZYNCOF ORAL LIQUID	3	ED
HEAD CONGESTION DAY-NIGHT ORAL TABLETS, SEQUENTIAL	3	ED
HEAD CONGESTION-MUCUS ORAL TABLET	3	ED
HERBIOMED ALLERGY COLD-SINUS ORAL LIQUID	3	ED
HERBIOMED BODY ACHES-SINUS M-S ORAL LIQUID	3	ED
HERBIOMED DEEP COLD-FLU NIGHT ORAL LIQUID	3	ED
HISTEX-AC ORAL SYRUP	3	ED
<i>honey lemon mucous membrane lozenge</i>	1	ED
HYCODAN (WITH HOMATROPINE) ORAL SYRUP	3	MO; ED

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Drug Name	Drug Tier	Requirements/Limits
HYCODAN (WITH HOMATROPINE) ORAL TABLET	3	MO; ED
HYCODAN ORAL SYRUP	3	ED
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr</i>	1	MO; ED
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	ED
<i>hydrocodone-homatropine oral tablet</i>	1	MO; ED
<i>hydromet oral syrup</i>	1	MO; ED
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>ibuprofen cold-sinus(with pse) oral tablet</i>	1	ED
<i>kindermed kid night cold-cough oral liquid</i>	1	ED
<i>kindermed kids cough-congest oral liquid</i>	1	ED
<i>levocetirizine oral solution</i>	3	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
LIQUITUSS GG ORAL LIQUID	3	ED
LITTLE REMEDIES HONEY COUGH ORAL SYRUP	3	ED
<i>lohist - d oral liquid</i>	1	MO; ED
<i>lohist-dm oral liquid</i>	1	MO; ED
<i>loradamed oral tablet</i>	1	ED
<i>lorata-d oral tablet extended release 24 hr</i>	1	ED
<i>lorata-dine d oral tablet extended release 24 hr</i>	1	ED
<i>loratadine oral solution</i>	1	MO; ED
<i>loratadine oral tablet</i>	1	MO; ED
<i>loratadine oral tablet,disintegrating</i>	1	MO; ED
<i>loratadine-d oral tablet extended release 12 hr</i>	1	MO; ED
<i>loratadine-d oral tablet extended release 24 hr</i>	1	MO; ED
LORTUSS LQ ORAL LIQUID	3	ED
<i>mapap cold formula oral tablet</i>	1	MO; ED
MAR-COF CG ORAL LIQUID	3	MO; ED
<i>maxallergy kids oral liquid</i>	1	ED
MAXICHLOR PEH DM ORAL TABLET	3	ED

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Drug Name	Drug Tier	Requirements/Limits
MAXIFED TR ORAL TABLET	3	ED
<i>maxi-tuss ac oral liquid</i>	1	ED
MAXI-TUSS CD ORAL LIQUID	3	ED
<i>maxi-tuss g oral liquid</i>	1	ED
<i>maxi-tuss gmx oral liquid</i>	1	ED
MAXI-TUSS JR ORAL LIQUID	3	ED
MAXI-TUSS PE JR ORAL LIQUID	3	ED
<i>maxi-tuss pe max oral liquid</i>	1	ED
MAXI-TUSS PE ORAL LIQUID	3	ED
<i>maxi-tuss tr oral syrup</i>	1	ED
<i>maxtussin dm oral liquid</i>	1	ED
<i>maxtussin oral liquid</i>	1	ED
<i>m-dryl oral liquid</i>	1	MO; ED
<i>medicidin-d oral tablet</i>	1	ED
<i>medikoff drops mucous membrane lozenge</i>	1	ED
M-END DMX ORAL LIQUID	3	MO; ED
<i>menthol drops mucous membrane lozenge</i>	1	ED
MICLARA LQ ORAL SYRUP	3	ED
<i>mucinex cough-chest congest hb oral capsule</i>	1	MO; ED
<i>mucinex d maximum strength oral tablet extended release 12 hr</i>	1	MO; ED
<i>mucinex d oral tablet extended release 12 hr</i>	1	MO; ED
<i>mucinex dm oral tablet extended release 12 hr 30-600 mg</i>	1	MO; ED
MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HR 60-1,200 MG	3	MO; ED
MUCINEX FAST-MAX COLD-FLU ORAL TABLET	3	ED
MUCINEX FAST-MAX COLD-FLU-THRT ORAL TABLET	3	ED
MUCINEX FAST-MAX CONGEST-COUGH ORAL LIQUID	3	MO; ED
MUCINEX FAST-MAX CONGEST-COUGH ORAL TABLET	3	MO; ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
MUCINEX FAST-MAX CONG-HA (DM) ORAL CAPSULE	3	ED
<i>mucinex fast-max dm max oral liquid</i>	1	ED
MUCINEX ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG	3	MO; ED
<i>mucinex oral tablet extended release 12hr 600 mg</i>	1	MO; ED
MUCINEX SINUS-MAX CNG-PAIN(DM) ORAL CAPSULE	3	ED
MUCINEX SINUS-MAX CNG-PAIN(GG) ORAL LIQUID	3	ED
MUCINEX SINUS-MAX NITE CONGEST ORAL LIQUID	3	ED
MUCINEX SINUS-MAX PRESSURE-CGH ORAL TABLET	3	ED
MUCINEX SINUS-MAX SEV CONGESTN ORAL TABLET	3	ED
<i>mucosa dm oral tablet</i>	1	ED
<i>mucosa oral tablet</i>	1	ED
<i>mucus d oral tablet extended release 12 hr</i>	1	ED
<i>mucus dm max er oral tablet extended release 12 hr</i>	1	MO; ED
<i>mucus dm oral tablet extended release 12 hr</i>	1	MO; ED
MUCUS RELIEF COLD AND SINUS ORAL LIQUID	3	ED
MUCUS RELIEF COLD AND SINUS ORAL TABLET	3	ED
MUCUS RELIEF COLD-FLU-SORE THR ORAL TABLET	3	ED
MUCUS RELIEF CONGESTION-COUGH ORAL LIQUID	3	ED
MUCUS RELIEF D (PSEUDOEPHED) ORAL TABLET	3	ED
<i>mucus relief d (pseudoephed) oral tablet extended release 12 hr</i>	1	ED
<i>mucus relief dm cough oral tablet</i>	1	ED
<i>mucus relief dm max oral liquid</i>	1	ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>mucus relief dm oral tablet</i>	1	ED
MUCUS RELIEF ER ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG	3	ED
<i>mucus relief er oral tablet extended release 12hr 600 mg</i>	1	MO; ED
<i>mucus relief oral tablet</i>	1	MO; ED
<i>mucus relief pe oral tablet</i>	1	ED
MUCUS RELIEF SEV CONGEST-COLD ORAL TABLET	3	ED
MUCUS RELIEF SINUSPRESSUR-PAIN ORAL TABLET	3	ED
MUCUS RLF SEVERE SINUS CONGEST ORAL TABLET	3	ED
MUCUS-ER MAX ORAL TABLET EXTENDED RELEASE 12HR	3	MO; ED
<i>multi-symptom cold (pe) oral tablet</i>	1	ED
MULTI-SYMP TOM SEVERE COLD-NT ORAL POWDER IN PACKET, SEQUENTIAL	3	ED
<i>nasal decongestant (pe) oral tablet</i>	1	ED
<i>neo-tuss oral liquid</i>	1	ED
NEOTUSS PLUS ORAL SOLUTION	3	ED
NEOTUSS-D (IMPROVED FORMULA) ORAL LIQUID	3	ED
NIGHT TIME COLD AND FLU RELIEF ORAL LIQUID	3	ED
<i>nighttime sleep oral capsule</i>	1	ED
<i>nighttime allergy relief oral tablet</i>	1	ED
NIGHTTIME COLD-FLU ORAL CAPSULE	3	ED
NIGHTTIME COLD-FLU RELIEF ORAL LIQUID	3	ED
<i>nighttime cough oral solution</i>	1	ED
NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 25 MG	3	ED
<i>nighttime sleep aid (diphen) oral capsule 50 mg</i>	1	ED
<i>nighttime sleep aid (diphen) oral tablet</i>	1	ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
NINJACOF-XG ORAL LIQUID	3	ED
NITE TIME COLD-FLU ORAL LIQUID	3	ED
<i>nite time cold-flu relief oral capsule</i>	1	ED
<i>nite time-d cold-flu relief oral liquid</i>	1	ED
<i>nitetime multi-symptom oral liquid</i>	1	ED
<i>nohist-dm oral liquid</i>	1	MO; ED
<i>nohist-lq oral liquid</i>	1	ED
NOREL AD ORAL TABLET	3	MO; ED
<i>nytol oral tablet</i>	1	ED
PECGEN PSE ORAL LIQUID	3	ED
PEDIAVENT ORAL LIQUID	3	ED
<i>pharbechlor oral tablet</i>	1	ED
<i>pharbedryl oral capsule</i>	1	ED
<i>pharbinex-dm oral tablet</i>	1	ED
PHENAGIL CH (CPM-PE-DM) ORAL TABLET	3	ED
PHENAGIL ORAL TABLET	3	ED
<i>phenylephrine hcl oral tablet</i>	1	MO; ED
POLY-TUSSIN AC ORAL LIQUID	3	MO; ED
<i>pres gen oral liquid</i>	1	ED
PRES GEN PEDIATRIC ORAL LIQUID	3	ED
PRESGEN B ORAL LIQUID	3	ED
PRESSURE-PAIN PE PLUS MUCUS ORAL TABLET	3	ED
PRIMATENE ASTHMA ORAL TABLET	3	MO; ED
<i>promethazine injection solution</i>	3	MO
<i>promethazine oral syrup</i>	3	PA; MO
<i>promethazine oral tablet</i>	3	PA; MO
<i>promethazine vc-codeine oral syrup</i>	1	MO; ED
<i>promethazine-codeine oral syrup</i>	1	MO; ED
<i>promethazine-dm oral syrup</i>	1	MO; ED
PSEUDOEPHEDRINE-GUAIFENESIN ORAL TABLET	3	ED

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Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephedrine-guaifenesin oral tablet extended release 12 hr 120-1,200 mg</i>	1	ED
<i>pseudoephedrine-guaifenesin oral tablet extended release 12 hr 60-600 mg</i>	1	MO; ED
<i>refenesen dm oral tablet</i>	1	ED
<i>refenesen oral tablet</i>	1	ED
<i>refenesen pe oral tablet</i>	1	ED
RESCON ORAL TABLET	3	MO; ED
RESCON-DM ORAL LIQUID	3	MO; ED
<i>rescon-gg oral liquid</i>	1	MO; ED
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	3	ED
<i>rest simply nighttime sleep oral tablet</i>	1	ED
<i>robafen cf (phenylephrine) oral liquid</i>	1	MO; ED
ROBITUSSIN COLD-FLU NIGHT (PE) ORAL LIQUID	3	ED
<i>robitussin cough and cold cf oral liquid</i>	1	MO; ED
<i>robitussin cough-chest cong dm oral capsule</i>	1	MO; ED
<i>robitussin cough-chest cong dm oral liquid 5-100 mg/5 ml</i>	1	MO; ED
ROBITUSSIN ER ORAL SUSPENSION,EXTENDED REL 12 HR	3	ED
<i>robitussin honey max dm oral liquid</i>	1	ED
ROBITUSSIN LONG-ACTING ORAL LIQUID	3	MO; ED
RONDEC-D ORAL LIQUID	3	ED
RU-HIST D ORAL TABLET	3	MO; ED
RYCONTUSS ORAL LIQUID	3	ED
RYMED (DEXCHLORPHENIRAMINE-PE) ORAL TABLET	3	MO; ED
<i>rynex dm oral solution</i>	1	MO; ED
<i>rynex pe oral solution</i>	1	MO; ED
<i>rynex pse oral liquid</i>	1	ED
SAFE TUSSIN DM ORAL LIQUID	3	ED
SCOT-TUSSIN DIABETES CF ORAL LIQUID	3	ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
SCOT-TUSSIN DIABETES ORAL LIQUID	3	ED
SCOT-TUSSIN DM ORAL LIQUID	3	ED
SCOT-TUSSIN EXPECTORANT ORAL LIQUID	3	ED
SCOT-TUSSIN SENIOR ORAL LIQUID	3	ED
SEVERE ALLERGY-SINUS HEADACHE ORAL TABLET	3	ED
SEVERE COLD AND FLU (PE) ORAL TABLET	3	ED
SEVERE COLD AND FLU NIGHTTIME ORAL LIQUID	3	ED
SEVERE COLD AND FLU-DAY (DM) ORAL LIQUID	3	ED
SEVERE COLD MULTI-SYMPATOM ORAL TABLET	3	ED
<i>severe cold oral tablet</i>	1	ED
SEVERE CONGESTION RELIEF ORAL LIQUID	3	ED
SEVERE COUGH-CONGESTION ORAL LIQUID	3	ED
SEVERE SINUS ORAL TABLET	3	ED
<i>siladryl sa oral liquid</i>	1	ED
<i>siltussin sa oral liquid</i>	1	ED
<i>simply sleep oral tablet</i>	1	ED
<i>sinus and allergy pe oral tablet</i>	1	ED
SINUS CONGESTION AND PAIN ORAL TABLET	3	MO; ED
<i>sinus congestion-pain(chlorph) oral tablet</i>	1	ED
SINUS CONGESTION-PAIN(GUAIF) ORAL TABLET	3	ED
<i>sinus decongestant (pe) oral tablet</i>	1	ED
SINUS HEADACHE PE ORAL TABLET	3	ED
SINUS PAIN-PRESSURE (PE) ORAL TABLET 5-325 MG	3	ED
<i>sinus pe decongestant oral tablet</i>	1	ED
<i>sinus relief (non-drowsy) oral tablet</i>	1	ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
SINUS RELIEF PRESSURE AND PAIN ORAL TABLET	3	ED
SINUS-HEADACHE DAY-NIGHT ORAL TABLETS, SEQUENTIAL	3	ED
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 25 MG	3	ED
<i>sleep aid (diphenhydramine) oral capsule 50 mg</i>	1	ED
SLEEP AID (DIPHENHYDRAMINE) ORAL LIQUID	3	ED
<i>sleep aid (diphenhydramine) oral tablet</i>	1	ED
<i>sleep ii oral tablet</i>	1	ED
<i>sleep tablet (diphenhydramine) oral tablet</i>	1	ED
SLEEP TIME ORAL CAPSULE	3	ED
SLEEP TIME ORAL LIQUID	3	ED
<i>sleep-tabs oral tablet</i>	1	ED
<i>sominex oral tablet</i>	1	ED
<i>sorbugen nr oral liquid</i>	1	ED
SORBUTUSS ORAL LIQUID	3	ED
STAHIST AD ORAL TABLET	3	MO; ED
SUDAFED PE ORAL TABLET	3	MO; ED
<i>sudogest cold and allergy oral tablet</i>	1	MO; ED
<i>suphedrine pe cold and allergy oral tablet</i>	1	ED
<i>suphedrine pe sinus andallergy oral tablet</i>	1	ED
<i>suphedrine pe sinus headache oral tablet</i>	1	ED
SUPRESS DM ORAL DROPS	3	ED
<i>supress dx oral drops</i>	1	ED
THERAFLU EXPRESSMAX COLD DAY ORAL LIQUID	3	ED
THERAFLU EXPRESSMAX COLD DAY ORAL TABLET	3	ED
THERAFLU EXPRESSMAX COLD NIGHT ORAL LIQUID	3	ED
THERAFLU MULTI-SYMPTOM COLD ORAL POWDER IN PACKET	3	ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
THERAFLU NIGHT SEVERE COLD-CGH ORAL POWDER IN PACKET	3	ED
<i>total allergy medicine oral tablet</i>	1	ED
TRIAMINIC COLD AND COUGH (PE) ORAL LIQUID	3	ED
TRIAMINIC COLD AND COUGHNT(PE) ORAL LIQUID	3	ED
TRISPEC PSE ORAL LIQUID	3	ED
TUSICOF ORAL LIQUID	3	ED
TUSICOF ORAL TABLET	3	ED
<i>tusnel diabetic oral liquid</i>	1	MO; ED
TUSNEL DM ORAL LIQUID	3	ED
TUSNEL DM PEDIATRIC(PHENYLEPH) ORAL LIQUID	3	ED
TUSNEL NEW FORMULA ORAL SOLUTION	3	ED
TUSNEL PEDIATRIC ORAL LIQUID	3	ED
<i>tusnel-ex oral liquid</i>	1	ED
<i>tussi pres-b oral liquid 4-10-20 mg/5 ml</i>	1	ED
TUSSI PRES-B ORAL LIQUID 4-10-30 MG/5 ML	3	ED
<i>tussin cf (pe-dm-guaif) oral liquid</i>	1	MO; ED
<i>tussin cf cough-cold oral liquid</i>	1	ED
TUSSIN CF MAX ORAL LIQUID	3	ED
<i>tussin chest congestion oral liquid</i>	1	ED
<i>tussin cough (dm only) oral capsule</i>	1	ED
<i>tussin cough (dm only) oral liquid</i>	1	ED
<i>tussin cough-chest congestion oral liquid</i>	1	ED
<i>tussin dm clear oral liquid</i>	1	ED
<i>tussin dm cough and chest oral liquid 5-100 mg/5 ml</i>	1	ED
<i>tussin dm cough and chest oral syrup</i>	1	ED
<i>tussin dm max oral liquid</i>	1	ED
<i>tussin dm oral liquid 10-100 mg/5 ml</i>	1	ED
<i>tussin dm oral syrup</i>	1	ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>tussin dm oral tablet</i>	1	ED
<i>tussin long-acting oral liquid</i>	1	ED
<i>tussin mucus-chest congestion oral liquid</i>	1	ED
<i>tussin oral liquid</i>	1	ED
<i>tussin oral tablet</i>	1	ED
<i>tussi-pres oral liquid</i>	1	ED
TUSSI-PRES PEDIATRIC ORAL LIQUID	3	ED
TUSSLIN ORAL LIQUID	3	ED
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	3	MO; ED
TYLENOL COLD AND FLU SEVERE ORAL TABLET	3	MO; ED
TYLENOL COLD HEAD CONGEST SEVR ORAL TABLET	3	ED
TYLENOL COLD MAX DAY ORAL TABLET	3	ED
TYLENOL SINUS SEVERE ORAL TABLET	3	MO; ED
<i>unisom sleepgels oral capsule</i>	1	MO; ED
UNISOM SLEEPMINIS ORAL CAPSULE	3	ED
<i>valihist oral tablet</i>	1	ED
VANACOF ORAL LIQUID	3	MO; ED
VANATAB DM ORAL TABLET	3	ED
VICKS DAYQUIL COLD-FLU RELIEF ORAL CAPSULE	3	MO; ED
<i>vicks dayquil cold-flu relief oral liquid</i>	1	ED
VICKS DAYQUIL SEVERE COLD-FLU ORAL TABLET	3	ED
<i>vicks nyquil cold/flu liquicap oral capsule</i>	1	ED
VICKS NYQUIL COUGH ORAL SOLUTION	3	ED
VICKS NYQUIL NIGHTTIME RELIEF ORAL LIQUID	3	MO; ED
VICKS NYQUIL SEVERE COLD-FLU ORAL LIQUID	3	ED
<i>virtussin ac oral liquid</i>	1	ED
<i>wal-act d cold and allergy oral tablet</i>	1	ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>wal-dryl allergy oral capsule</i>	1	ED
<i>wal-dryl allergy oral liquid</i>	1	ED
<i>wal-dryl allergy oral tablet</i>	1	ED
<i>wal-dryl severe allergy-sinus oral tablet</i>	1	ED
<i>wal-dryl-d allergy and sinus oral tablet</i>	1	ED
<i>wal-fex allergy oral tablet</i>	1	ED
<i>wal-fex d 12 hour oral tablet extended release 12 hr</i>	1	ED
<i>wal-fex d 24 hour oral tablet extended release 24 hr</i>	1	ED
<i>wal-finate oral tablet</i>	1	ED
<i>wal-finate-d oral tablet</i>	1	ED
WAL-FLU DAY-NIGHT COLD-COUGH ORAL POWDER IN PACKET, SEQUENTIAL	3	ED
<i>wal-flu night severe cold oral liquid</i>	1	ED
WAL-FLU SEVERE COLD AND COUGH ORAL POWDER IN PACKET	3	ED
WAL-FLU SEVERE COLD-COUGH ORAL POWDER IN PACKET	3	ED
<i>wal-itin d 12 hour oral tablet extended release 12 hr</i>	1	ED
<i>wal-itin d oral tablet extended release 24 hr</i>	1	ED
<i>wal-itin oral solution</i>	1	ED
<i>wal-itin oral tablet</i>	1	ED
<i>wal-phed oral tablet 4-60 mg</i>	1	ED
<i>wal-phed pe nighttime cold oral tablet</i>	1	ED
<i>wal-phed pe oral tablet</i>	1	ED
<i>wal-phed pe sinus and allergy oral tablet</i>	1	ED
WAL-PHED PE SINUS HEADACHE ORAL TABLET	3	ED
WAL-PHED PE TRIPLE RELIEF ORAL TABLET	3	ED
<i>wal-profen cold-sinus oral tablet</i>	1	ED
<i>wal-profen d cold and sinus oral tablet</i>	1	ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
WAL-SLEEP Z ORAL CAPSULE	3	ED
WAL-SLEEP Z ORAL LIQUID	3	ED
<i>wal-som (diphenhydramine) oral capsule</i>	1	ED
<i>wal-tap dm oral solution</i>	1	ED
<i>wal-tussin cough and cold cf oral liquid</i>	1	ED
<i>wal-tussin cough oral capsule</i>	1	ED
<i>wal-tussin cough oral liquid</i>	1	ED
<i>wal-tussin dm oral syrup</i>	1	ED
<i>wal-tussin max strength cough oral syrup</i>	1	ED
<i>wal-zyr (cetirizine) oral capsule</i>	1	ED
<i>wal-zyr (cetirizine) oral solution</i>	1	ED
<i>wal-zyr (cetirizine) oral tablet</i>	1	ED
<i>wal-zyr d oral tablet extended release 12 hr</i>	1	ED
XYZAL ORAL SOLUTION	3	MO; ED
XYZAL ORAL TABLET	3	MO; ED
ZYNCOF ORAL LIQUID	3	ED
<i>zyncof oral tablet</i>	1	ED
ZYRTEC ORAL CAPSULE	3	MO; ED
ZYRTEC ORAL TABLET	3	MO; ED
ZYRTEC-D ORAL TABLET EXTENDED RELEASE 12 HR	3	MO; ED
ZZZQUIL ORAL CAPSULE	3	ED
ZZZQUIL ORAL LIQUID	3	ED
PULMONARY AGENTS		
<i>acetylcysteine solution</i>	2	B/D PA; MO
ADEMPAS ORAL TABLET	3	PA; MO; LA
ADVAIR HFA AEROSOL INHALER	2	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	B/D PA
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	3	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	2	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (6.1 per 30 days)
<i>alyq oral tablet</i>	3	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet</i>	3	PA; MO; LA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	MO; QL (60 per 30 days)
<i>arformoterol inhalation solution for nebulization</i>	3	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	MO; QL (13 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 50 MCG/ACTUATION	2	QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30)	2	QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	2	QL (2 per 28 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)
ATROVENT HFA AEROSOL INHALER	3	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE HFA AEROSOL INHALER	2	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	3	PA; MO; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	MO; QL (60 per 30 days)
<i>breyna inhalation hfa aerosol inhaler</i>	2	MO; QL (10.3 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	2	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	3	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	3	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler</i>	2	QL (10.2 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN	3	PA; MO
COMBIVENT RESPIMAT INHALATION MIST	2	MO; QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization</i>	3	B/D PA; MO
<i>cromolyn nasal spray,non-aerosol</i>	1	MO; ED
DULERA INHALATION HFA AEROSOL INHALER	2	MO; QL (13 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR	3	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1 per 28 days)
<i>flunisolide nasal spray,non-aerosol</i>	2	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal spray,suspension</i>	1	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	MO; QL (60 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization</i>	3	B/D PA; MO; QL (120 per 30 days)
<i>icatibant subcutaneous syringe</i>	3	PA; MO
<i>ipratropium bromide inhalation solution</i>	1	B/D PA; MO
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	3	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	3	PA; MO; QL (56 per 28 days)
<i>levalbuterol hcl inhalation solution for nebulization</i>	3	B/D PA; MO
<i>mometasone nasal spray,non-aerosol</i>	1	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	3	MO
<i>montelukast oral tablet</i>	1	MO

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast oral tablet, chewable</i>	1	MO
NASALCROM NASAL SPRAY, NON-AEROSOL	3	MO; ED
NUCALA SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	3	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; MO; LA; QL (0.4 per 28 days)
OFEV ORAL CAPSULE	3	PA; MO; QL (60 per 30 days)
OPSUMIT ORAL TABLET	3	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	3	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	3	PA; MO; QL (112 per 28 days)
<i>pirfenidone oral capsule</i>	3	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	3	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	3	PA; MO; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMOZYME INHALATION SOLUTION	3	B/D PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QL (21.2 per 30 days)
<i>roflumilast oral tablet</i>	3	PA; MO; QL (30 per 30 days)
<i>sajazir subcutaneous syringe</i>	3	PA; MO
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	3	PA
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST	2	MO; QL (4 per 30 days)

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT INHALATION MIST	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST	2	MO; QL (4 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	3	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; QL (60 per 30 days)
<i>terbutaline oral tablet</i>	3	MO
<i>terbutaline subcutaneous solution</i>	1	MO
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR	2	MO
<i>theophylline oral elixir</i>	3	MO
<i>theophylline oral solution</i>	3	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
<i>tiotropium bromide inhalation capsule, w/inhalation device</i>	2	QL (90 per 90 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	2	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	3	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	3	PA; MO; QL (84 per 28 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION	3	B/D PA; MO
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION	3	B/D PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	3	B/D PA; MO
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	3	B/D PA; MO
VENTOLIN HFA AEROSOL INHALER	2	MO; QL (36 per 30 days)
<i>wixela inhub inhalation blister with device</i>	2	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	3	PA; MO; LA; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	3	PA; MO; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	3	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	3	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast oral tablet</i>	3	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>fesoterodine oral tablet extended release 24 hr</i>	2	MO
<i>flavoxate oral tablet</i>	1	MO
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
<i>solifenacin oral tablet</i>	1	MO
<i>tolterodine oral capsule,extended release 24hr</i>	2	MO
<i>tolterodine oral tablet</i>	2	MO
<i>trospium oral tablet</i>	1	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin oral tablet extended release 24 hr</i>	1	MO
<i>dutasteride oral capsule</i>	1	MO
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	3	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>silodosin oral capsule</i>	3	MO
<i>tamsulosin oral capsule</i>	1	MO

MISCELLANEOUS UROLOGICALS

ALPROSTADIL (BULK) POWDER	3	ED
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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>bethanechol chloride oral tablet</i>	1	MO
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	3	MO; ED
CAVERJECT INTRACAVERNOSAL RECON SOLN	3	ED
CIALIS ORAL TABLET 10 MG, 20 MG	3	MO; ED
CYSTAGON ORAL CAPSULE	3	PA; LA
EDEX INTRACAVERNOSAL KIT	3	MO; ED
ELMIRON ORAL CAPSULE	2	MO
<i>glycine urologic irrigation solution</i>	1	
<i>glycine urologic irrigation solution</i>	1	
K-PHOS NO 2 ORAL TABLET	2	MO
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	2	MO
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	3	ED
<i>potassium citrate oral tablet extended release</i>	1	MO
RENACIDIN IRRIGATION SOLUTION	2	MO
<i>sildenafil oral tablet</i>	1	MO; ED
TADALAFIL (BULK) POWDER	3	ED
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	MO; ED
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	MO; ED; QL (30 per 30 days)
VARDENAFIL HCL (BULK) POWDER	3	ED
<i>varденаfil oral tablet</i>	1	MO; ED
<i>varденаfil oral tablet,disintegrating</i>	1	MO; ED
VIAGRA ORAL TABLET	3	MO; ED

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

<i>albumin, human 25 % intravenous parenteral solution</i>	3	
<i>alburx (human) 25 % intravenous parenteral solution</i>	3	
<i>alburx (human) 5 % intravenous parenteral solution</i>	3	
<i>albutein 25 % intravenous parenteral solution</i>	3	

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements/Limits
<i>albutein 5 % intravenous parenteral solution</i>	3	
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule</i>	2	MO; QL (360 per 30 days)
<i>calcium acetate(phosphat bind) oral tablet</i>	2	MO; QL (360 per 30 days)
<i>calcium chloride intravenous solution</i>	1	
<i>calcium chloride intravenous syringe</i>	1	
<i>calcium gluconate intravenous solution</i>	1	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	MO
<i>klor-con 10 oral tablet extended release</i>	1	MO
<i>klor-con 8 oral tablet extended release</i>	1	MO
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con oral packet</i>	3	MO
<i>klor-con/ef oral tablet, effervescent</i>	1	MO
<i>lactated ringers intravenous parenteral solution</i>	3	MO
<i>magnesium chloride injection solution</i>	3	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium sulfate in water intravenous parenteral solution</i>	3	
<i>magnesium sulfate in water intravenous piggyback</i>	3	
<i>magnesium sulfate injection solution</i>	3	MO
<i>magnesium sulfate injection syringe</i>	3	
<i>potassium acetate intravenous solution</i>	3	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution</i>	3	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	3	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	3	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	3	

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	3	
<i>potassium chloride intravenous solution</i>	3	
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	3	MO
<i>potassium chloride oral packet</i>	3	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution</i>	3	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution</i>	3	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	3	
<i>ringer's intravenous parenteral solution</i>	3	
<i>sodium acetate intravenous solution</i>	3	
<i>sodium bicarbonate intravenous solution</i>	3	
<i>sodium bicarbonate intravenous syringe</i>	3	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	3	MO
<i>sodium chloride 3 % hypertonic intravenous parenteral solution</i>	3	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution</i>	3	MO
<i>sodium chloride intravenous solution</i>	3	
<i>sodium phosphate intravenous solution</i>	3	MO

MISCELLANEOUS NUTRITION PRODUCTS

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 4.25%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 5%-D20W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
<i>electrolyte-148 intravenous parenteral solution</i>	2	
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	3	
<i>electrolyte-a intravenous parenteral solution</i>	2	
<i>intralipid intravenous emulsion 20 %</i>	3	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
<i>premasol 10 % intravenous parenteral solution</i>	3	B/D PA
<i>travasol 10 % intravenous parenteral solution</i>	3	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
VITAMINS / HEMATINICS		
ACCRUFER ORAL CAPSULE	3	MO; ED
AQUASOL A INTRAMUSCULAR SOLUTION	3	MO; ED
ASCOR INTRAVENOUS SOLUTION	3	ED
<i>ascorbic acid (vitamin c) injection solution</i>	1	ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>b complex 100 injection solution</i>	1	ED
<i>b-complex injection injection solution</i>	1	ED
<i>cyanocobalamin (vitamin b-12) injection solution</i>	1	MO; ED
<i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol</i>	1	MO; ED
<i>dodex injection solution</i>	1	ED
DRISDOL ORAL CAPSULE	3	ED
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	MO; ED
FERAHEME INTRAVENOUS SOLUTION	3	MO; ED
<i>ferumoxytol intravenous solution</i>	1	MO; ED
<i>fluoride (sodium) oral tablet</i>	1	
<i>fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>folic acid injection solution</i>	1	MO; ED
<i>folic acid oral tablet 1 mg</i>	1	MO; ED
<i>hydroxocobalamin intramuscular solution</i>	1	ED
INFED INJECTION SOLUTION	3	MO; ED
INFUVITE ADULT INTRAVENOUS SOLUTION	3	MO; ED
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	3	ED
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML	3	ED
INJECTAFER INTRAVENOUS SOLUTION 50 MG IRON/ML	3	MO; ED
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN	3	ED
MONOFERRIC INTRAVENOUS SOLUTION	3	MO; ED
NASCOBAL NASAL SPRAY,NON-AEROSOL	3	MO; ED
NEONATAL FE ORAL TABLET	3	ED
PHYSICIANS EZ USE B-12 INJECTION KIT	3	ED
<i>prenatal vitamin oral tablet</i>	1	
<i>pyridoxine (vitamin b6) injection solution</i>	1	MO; ED

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>thiamine hcl (vitamin b1) injection solution</i>	1	MO; ED
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	ED
TRIFERIC HEMODIALYSIS SOLUTION	3	ED
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML	3	MO; ED
VENOFER INTRAVENOUS SOLUTION 50 MG IRON/2.5 ML	3	ED
VITALIPID N INFANT INTRAVENOUS SOLUTION	3	ED
VITLIPID N ADULT INTRAVENOUS SOLUTION	3	ED
VITLIPID N INFANT INTRAVENOUS SOLUTION	3	ED
<i>wescap-pn dha oral capsule</i>	1	MO

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This drug list was last updated on 04/16/2024.

Index

1		
12-HOUR COUGH RELIEF		
.....	107	
2		
24hour allergy.....	107	
24hr allergy relief.....	108	
24hr allergy-congestion relief		
.....	108	
8		
8 hour pain reliever.....	36	
8hr muscle aches-pain.....	36	
A		
abacavir.....	1	
abacavir-lamivudine.....	1	
ABATUSS DMX.....	108	
ABELCET.....	1	
ABILIFY ASIMTUFII.....	44	
ABILIFY MAINTENA.....	44	
abiraterone.....	14	
ABRAXANE.....	14	
ABRYSSVO.....	90	
acamprosate.....	69	
acarbose.....	75	
ACCRUFER.....	142	
accutane.....	65	
acebutolol.....	53	
acetaminophen.....	36, 37	
ACETAMINOPHEN.....	36, 37	
acetaminophen extra strength		
.....	36	
acetaminophen pm.....	37	
acetaminophen pm extra str.		
.....	37	
acetaminophen-codeine.....	34	
acetazolamide.....	106	
acetazolamide sodium.....	106	
acetic acid.....	69, 73	
acetylcysteine.....	69, 133	
acid controller.....	87	
acid controller complete.....	87	
acid reducer (cimetidine).....	87	
acid reducer (famotidine).....	87	
acid reducer (lansoprazole).....	87	
acid reducer (omeprazole).....	87	
<i>acid reducer complete (famot)</i>		
.....	87	
<i>acid reducer-antacid.....</i>	87	
<i>acid-pep.....</i>	87	
<i>acitretin.....</i>	63	
ACTEMRA.....	95	
ACTEMRA ACTPEN.....	95	
ACTHIB (PF).....	90	
<i>acticon (dexbromph-pse)....</i>	108	
ACTICON (DEXBROMPH-		
PSE).....	108	
<i>actidom dmx.....</i>	108	
ACTIMMUNE.....	89	
ACTINEL.....	108	
ACTINEL DM.....	108	
ACTINEL PEDIATRIC.....	108	
<i>acyclovir.....</i>	2, 67	
<i>acyclovir sodium.....</i>	2	
ADACEL(TDAP		
ADOLESN/ADULT)(PF) 90		
ADALIMUMAB-ADAZ.....	95	
ADALIMUMAB-ADBM.....	95	
ADALIMUMAB-ADBM(CF)		
PEN CROHNS.....	95	
ADALIMUMAB-ADBM(CF)		
PEN PS-UV.....	95	
ADBRY.....	64	
ADCETRIS.....	14	
addaprin.....	37	
adefovir.....	2	
ADEMPAS.....	133	
adenosine.....	53	
adrenalin.....	108	
ADSTILADRIN.....	14	
adult aspirin regimen.....	37	
adult robitussin peak cold m-s		
.....	108	
adult tussin cf.....	108	
adult tussin chest congestion		
.....	108	
adult wal-tussin.....	108	
adult wal-tussin dm max.....	108	
ADVAIR HFA.....	133	
ADVIL.....	37	
<i>advil cold and sinus.....</i>	108	
ADVIL COLD AND SINUS		
.....	108	
<i>advil junior strength.....</i>	37	
ADVIL LIQUI-GEL.....	37	
ADVIL LIQUI-GELS MINIS		
.....	37	
ADVIL MIGRAINE.....	37	
ADVIL PM.....	37	
ADVIL PM LIQUI-GELS....	37	
ADVIL SINUS		
CONGESTION-PAIN....	108	
AIMOVIG AUTOINJECTOR		
.....	31	
AKEEGA.....	14	
<i>ala-cort.....</i>	67	
<i>ala-hist ir.....</i>	108	
ALAHIST PE.....	108	
<i>alavert.....</i>	108	
<i>alavert d-12 allergy-sinus...108</i>		
<i>albendazole.....</i>	7	
<i>albumin, human 25 %.....</i>	139	
<i>alburx (human) 25 %.....</i>	139	
<i>alburx (human) 5 %.....</i>	139	
<i>albutein 25 %.....</i>	139	
<i>albutein 5 %.....</i>	140	
<i>albuterol sulfate.....</i>	133, 134	
<i>alclometasone.....</i>	67	
<i>alcohol pads.....</i>	75	
ALCORTIN A.....	66	
ALDURAZYME.....	79	
ALECENSA.....	14	
<i>alendronate.....</i>	94	
<i>aler-cap.....</i>	108	
ALEVE.....	37	
ALEVE COLD AND SINUS		
.....	108	
ALEVE PM.....	37	
ALEVE SINUS AND		
HEADACHE.....	108	
ALEVE-D SINUS AND		
COLD.....	108	
ALEVE-D SINUS AND		
HEADACHE.....	109	

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

<i>alfuzosin</i>	138	<i>allergy relief (cetirizine)</i>	110	<i>amiloride-hydrochlorothiazide</i>	53
ALIQOPA	14	<i>allergy relief (fexofenadine)</i>	110	.....	53
<i>aliskiren</i>	53	.....	110	<i>aminocaproic acid</i>	58
<i>alka-seltzer original</i>	37	<i>allergy relief (levocetirizin)</i>	110	<i>amiodarone</i>	53
<i>alka-seltzer plus allergy</i>	109	<i>allergy relief (loratadine)</i> ...	110	<i>amitriptyline</i>	45
ALKA-SELTZER PLUS		<i>allergy relief d12</i>	110	<i>amlodipine</i>	53
COLD (PE).....	109	<i>allergy relief d-24hr</i>	110	<i>amlodipine-atorvastatin</i>	60
ALKA-SELTZER PLUS		<i>allergy relief multi-symptom</i>	110	<i>amlodipine-benazepril</i>	53
COLD/COUGHFM.....	109	.....	110	<i>amlodipine-olmesartan</i>	53
ALKA-SELTZER PLUS DAY		<i>allergy relief(chlorpheniramn)</i>	110	<i>amlodipine-valsartan</i>	53
.....	109	.....	110	<i>amlodipine-valsartan-</i>	
<i>alka-seltzer plus mucus-conges</i>		<i>allergy relief(diphenhydramin)</i>	110	<i>hydrochlorothiazide</i>	54
.....	109	.....	110	<i>ammonium lactate</i>	64
ALKA-SELTZER PLUS		<i>allergy relief,nasal decongest</i>	111	<i>amnesteem</i>	65
SINUS-COUGH.....	109	.....	111	<i>amoxapine</i>	45
ALKA-SELTZER SEVERE		<i>allergy relief-d (cetirizine)</i> .	111	<i>amoxicillin</i>	10, 11
COLD	109	<i>allergy relief-d (loratadine)</i>	111	<i>amoxicillin-pot clavulanate</i> ..	11
<i>all day allergy (cetirizine)</i> ..	109	<i>allergy relief-d(fexofenadine)</i>	111	<i>amphotericin b</i>	1
ALL DAY ALLERGY		.....	111	<i>ampicillin</i>	11
(CETIRIZINE)	109	<i>allergy sinus pe</i>	111	<i>ampicillin sodium</i>	11
<i>all day allergy-d</i>	109	<i>allergy sinus-d</i>	111	<i>ampicillin-sulbactam</i>	11
ALL DAY COLD AND		<i>allergy-congest relief-d(fexo)</i>	111	ANACIN.....	37
SINUS	109	.....	111	<i>anagrelide</i>	69
<i>all day pain relief</i>	37	<i>allergy-congestion relief-d</i> .	111	ANALPRAM-HC.....	82
ALL DAY PAIN RELIEF		<i>allergy-time</i>	111	ANALPRAM-HC SINGLES	82
SINUS,COLD	109	<i>aller-tec</i>	111	<i>anastrozole</i>	14
<i>all day relief</i>	37	<i>aller-tec d</i>	111	ANORO ELLIPTA.....	134
ALLEGRA ALLERGY.....	109	ALL-NITE COLD-FLU	111	<i>antacid and pain relief</i>	37
ALLEGRA HIVES	109	<i>allopurinol</i>	94	<i>antitussive dm</i>	111
ALLEGRA-D 12 HOUR....	109	<i>allopurinol sodium</i>	94	<i>anucort-hc</i>	82
ALLEGRA-D 24 HOUR....	109	<i>aloprim</i>	94	ANUSOL-HC	82
<i>aller-chlor</i>	109	<i>alozetron</i>	82	<i>aphen</i>	37
<i>allerclear</i>	109	<i>alprazolam</i>	44, 45	<i>ap-hist dm</i>	111
<i>allerclear d-12hr</i>	109	ALPROSTADIL (BULK) ..	138	APOKYN	31
<i>allerclear d-24hr</i>	109	ALREX.....	107	<i>apomorphine</i>	31
<i>aller-ease</i>	109	<i>altavera (28)</i>	100	<i>apraclonidine</i>	107
<i>aller-fex</i>	109	ALUNBRIG	14	<i>aprepitant</i>	82
<i>aller-g-time</i>	110	ALVESCO.....	134	APRETUDE	2
<i>allergy</i>	110	<i>alyacen 1/35 (28)</i>	100	<i>apri</i>	100
<i>allergy (chlorpheniramine)</i>	110	<i>alyacen 7/7/7 (28)</i>	100	<i>aprodine</i>	111
<i>allergy (diphenhydramine)</i> .	110	<i>alyq</i>	134	APTIOM.....	27
<i>allergy and congestion relief</i>		<i>amabelz</i>	98	APTIVUS	2
.....	110	<i>amantadine hcl</i>	2	AQUANAZ	111
<i>allergy d-12</i>	110	<i>ambrisentan</i>	134	AQUASOL A	142
<i>allergy medication</i>	110	<i>amethyst (28)</i>	100	<i>aranelle (28)</i>	100
<i>allergy medicine</i>	110	<i>amikacin</i>	8	ARCALYST	89
<i>allergy multi-symptom</i>	110	<i>amiloride</i>	53	AREXVY (PF)	90

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

<i>arformoterol</i>	134	B	<i>betamethasone, augmented</i> ...	67
ARIKAYCE	8	<i>b complex 100</i>	BETASERON.....	89
<i>aripiprazole</i>	45	<i>bacitracin</i>	<i>betatemp</i>	38
ARISTADA.....	45	<i>bacitracin-polymyxin b</i>	<i>betaxolol</i>	54, 105
ARISTADA INITIO	45	<i>back and body pain reliever</i> .	<i>bethanechol chloride</i>	139
<i>armodafinil</i>	45	<i>backache relief extra strength</i>	BEVESPI AEROSPHERE .	134
<i>arsenic trioxide</i>	14	.....	<i>bexarotene</i>	14
<i>arthritis pain relief (acetam)</i> 37		<i>baclofen</i>	BEXSERO.....	91
<i>arthritis pain reliever</i>	37	<i>balanced salt</i>	<i>bicalutamide</i>	15
ASCOR	142	<i>balsalazide</i>	BICILLIN C-R	11
<i>ascorbic acid (vitamin c)</i>	142	BALVERSA.....	BICILLIN L-A	11
<i>asenapine maleate</i>	45	<i>banophen</i>	BIKTARVY	2
ASMANEX HFA	134	BAQSIMI.....	<i>biocotron</i>	111
ASMANEX TWISTHALER		BARACLUDGE.....	BIODESP DM.....	112
.....	134	BAVENCIO	BIO-DTUSS DMX.....	112
ASPARLAS	14	<i>bayer advanced</i>	<i>bionel</i>	112
<i>aspirin</i>	38	<i>bayer aspirin</i>	BIO-RYTUSS.....	112
<i>aspirin childrens</i>	38	BAYER ASPIRIN.....	<i>bisoprolol fumarate</i>	54
<i>aspirin, buffd-calcium carb-</i>		BAYER BACK AND BODY	<i>bisoprolol-hydrochlorothiazide</i>	
<i>mag</i>	38	.....	.....	54
<i>aspirin-dipyridamole</i>	58	BAYER CHEWABLE	<i>bleomycin</i>	15
<i>atazanavir</i>	2	ASPIRIN	BLINCYTO.....	15
<i>atenolol</i>	54	<i>bayer low dose aspirin</i>	BONINE	82
<i>atenolol-chlorthalidone</i>	54	<i>bayer plus extra strength</i>	BOOSTRIX TDAP.....	91
<i>athenol</i>	38	BCG VACCINE, LIVE (PF) 90	<i>bortezomib</i>	15
<i>atomoxetine</i>	45	<i>b-complex injection</i>	BORTEZOMIB	15
<i>atorvastatin</i>	60	BELBUCA	<i>bosentan</i>	134
<i>atovaquone</i>	8	BELEODAQ	BOSULIF	15
<i>atovaquone-proguanil</i>	8	BENADRYL	BRAFTOVI.....	15
<i>atropine</i>	81, 105	BENADRYL ALLERGY..	BREO ELLIPTA	134
ATROVENT HFA	134	BENADRYL ALLERGY	<i>breynga</i>	134
<i>aubra eq</i>	100	PLUS CONGEST.....	BREZTRI AEROSPHERE.	135
AUGMENTIN.....	11	<i>benazepril</i>	BRILINTA	58
AUGTYRO	14	<i>benazepril-hydrochlorothiazide</i>	<i>brimonidine</i>	107
AUVELITY.....	45	.....	<i>brimonidine-timolol</i>	106
<i>aviane</i>	100	<i>bendamustine</i>	BRIUMVI.....	32
AVONEX	89	BENDEKA.....	BRIVIACT	27
AYVAKIT.....	14	BENLYSTA	BROMFED DM	112
<i>azacitidine</i>	14	<i>benzonatate</i>	<i>bromfenac</i>	106
AZASITE	104	<i>benztropine</i>	<i>bromocriptine</i>	31
<i>azathioprine</i>	14	<i>bepotastine besilate</i>	<i>brompheniramine-pseudoeph-</i>	
<i>azathioprine sodium</i>	14	BESIVANCE.....	<i>dm</i>	112
<i>azelaic acid</i>	65	BESPONSA.....	BROMSITE.....	106
<i>azelastine</i>	72, 105	BESREMI.....	<i>bronchial asthma relief</i>	112
<i>azithromycin</i>	7	<i>betaine</i>	BRONKAID DUAL ACTION	
<i>aztreonam</i>	8	<i>betamethasone dipropionate</i> 67	.....	112
<i>azurette (28)</i>	100	<i>betamethasone valerate</i>	BRONKIDS.....	112

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

<i>brontuss sf</i>	112	<i>carbidopa-levodopa</i>	31	CHEST CONGESTION
BRUKINSA	15	<i>carbidopa-levodopa-</i>		RELIEF.....
<i>bss</i>	105	<i>entacapone</i>	31	<i>chest congestion relief dm</i> ..
<i>budesonide</i>	83, 135	<i>carboplatin</i>	15	<i>chest congestion relief pe</i> ...
<i>budesonide-formoterol</i>	135	<i>carglumic acid</i>	69	<i>chest congestion-cough hbp</i>
<i>bufferin</i>	38	<i>carmustine</i>	15	<i>chest congestion-cough relief</i>
<i>bumetanide</i>	54	<i>carteolol</i>	105	.....
<i>buprenorphine</i>	35	<i>cartia xt</i>	54	<i>chest-sinus congestion relief</i>
<i>buprenorphine hcl</i>	34	<i>carvedilol</i>	54	.....
<i>buprenorphine-naloxone</i>	38	<i>caspofungin</i>	1	CHILD ALLERGY PLUS
<i>bupropion hcl</i>	45	CAVERJECT	139	CONGESTION.....
<i>bupropion hcl (smoking deter)</i>		CAVERJECT IMPULSE ...	139	<i>child allergy relf(cetirizine)</i>
.....	72	CAYSTON	8	<i>child allergy relief (diphen)</i>
<i>buspirone</i>	45	<i>cefaclor</i>	5, 6	<i>child benadryl plus congestion</i>
<i>busulfan</i>	15	<i>cefadroxil</i>	6	.....
<i>butorphanol</i>	38	<i>cefazolin</i>	6	<i>child chest congestion-cough</i>
BYDUREON BCISE	75	<i>cefazolin in dextrose (iso-osm)</i>		.....
BYETTA	75	.....	6	<i>child cough-chest congest dm</i>
C		<i>cefdinir</i>	6	.....
CABENUVA.....	2	<i>cefepime</i>	6	<i>child delsym cough-chest dm</i>
<i>cabergoline</i>	79	<i>cefepime in dextrose (iso-osm)</i>		.....
CABLIVI.....	58	.....	6	CHILD DELSYM COUGH-
CABOMETYX	15	<i>cefixime</i>	6	COLD
<i>caffeine citrate</i>	69	<i>cefoxitin</i>	6	CHILD DOMETUSS-DA ..
<i>calcipotriene</i>	63	<i>cefoxitin in dextrose (iso-osm)</i>	6	<i>child fever reducer-pain relvr</i>
<i>calcitonin (salmon)</i>	79	<i>cefpodoxime</i>	6	.....
<i>calcitriol</i>	63, 79	<i>cefprozil</i>	6	CHILD GILTUSS ALLERGY
<i>calcium acetate(phosphat bind)</i>		<i>ceftazidime</i>	6	PLUS(DM)
.....	140	<i>ceftriaxone</i>	6, 7	CHILD GILTUSS MULTSYM
<i>calcium chloride</i>	140	<i>ceftriaxone in dextrose (iso-</i>		COLD-FLU
<i>calcium gluconate</i>	140	<i>osm)</i>	6	CHILD MUCINEX COUGH-
CALQUENCE.....	15	<i>cefuroxime axetil</i>	7	CONGEST.....
CALQUENCE		<i>cefuroxime sodium</i>	7	CHILD MUCINEX
(ACALABRUTINIB MAL)		<i>celecoxib</i>	38	FREEFROM DY COLD
.....	15	<i>cephalexin</i>	7	CHILD MUCINEX M-S
<i>camila</i>	98	CEPROTIN (BLUE BAR) ...	58	COLD NIGHT.....
<i>camrese</i>	101	CEPROTIN (GREEN BAR)	58	CHILD MUCINEX STUFFY
<i>candesartan</i>	54	<i>cetiri-d</i>	112	NOSE-CHST
<i>candesartan-</i>		<i>cetirizine</i>	112	<i>child mucus relief cough</i>
<i>hydrochlorothiazide</i>	54	CETIRIZINE	112	<i>child mucus relief expectorant</i>
CAPLYTA	45	<i>cetirizine-pseudoephedrine</i>	112	.....
CAPRELSA	15	<i>cevimeline</i>	69	<i>child pain rel-fever reducer</i> ..
<i>captopril</i>	54	CHEMET.....	69	<i>child triaminic cold-allergy</i>
<i>captopril-hydrochlorothiazide</i>		CHENODAL	83	CHILD TRIAMINIC MS
.....	54	<i>cherry cough drops</i>	112	FEVER-COLD
<i>carbamazepine</i>	27	<i>cherry menthol</i>	112	<i>child wal-tap cold-allergy</i> ..
<i>carbidopa</i>	31	<i>chest congestion relief</i>	112	

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

CHILDREN DIMETAPP M-S	<i>children's ibuprofen</i>.....39	<i>chlordiazepoxide-clidinium</i> ..81
COLD-FLU 113	CHILDREN'S LORATADINE	<i>chlorhexidine gluconate</i> .....72
<i>children's acetaminophen</i>.....39	..... 114	<i>chlorhist</i>.....116
<i>children's advil</i> .....39	<i>children's mapap</i> .....39	<i>chloroprocaine (pf)</i>.....64
<i>children's allegra allergy</i> ...113	CHILDREN'S MOTRIN .....39	<i>chloroquine phosphate</i> .....8
<i>children's allergy (diphenhyd)</i>	<i>children's motrin jr strength</i> .39	<i>chlorothiazide sodium</i> .....54
..... 113	<i>children's mucinex cough</i> ...114	<i>chlorpheniramine maleate</i> ..116
CHILDREN'S ALLERGY	CHILDREN'S MUCINEX	<i>chlorpromazine</i>.....46
RELIEF(FEX)..... 113	COUGH.....114	<i>chlortabs</i>.....116
<i>children's allergy relief(lor)</i> 113	CHILDREN'S MUCINEX	<i>chlorthalidone</i>.....54
CHILDREN'S ALLERGY	MULTI-SYMP 115	CHOLBAM.....83
RELIEF(LOR)..... 113	CHILDREN'S MULTI-	<i>cholestyramine (with sugar)</i> .60
<i>children's allergy (cetirizine)</i>	SYMPTOM COLD 115	<i>cholestyramine light</i> .....60
..... 114	<i>children's non-aspirin</i>.....39	CIALIS .....139
<i>children's aller-tec</i> 114	<i>children's pain relief</i>.....39	CIBINQO .....64
<i>children's aspirin</i>.....39	<i>children's pain reliever</i>.....39	<i>ciclodan</i> .....66
<i>children's cetirizine</i> 114	<i>children's pain-fever relief</i> ...39	<i>ciclopirox</i>.....66
CHILDREN'S CETIRIZINE	<i>childrens plus cold</i> 115	<i>cidofovir</i>.....2
..... 114	<i>children's plus flu</i> 115	<i>cilostazol</i>.....58
<i>children's chest congestion</i> .114	CHILDRENS PLUS MULTI-	CIMDUO.....2
CHILDREN'S CLARITIN .114	SYMP COLD 115	CIMERLI.....105
<i>children's cold and cough (pe)</i>	<i>children's profen ib</i>.....39	<i>cimetidine</i> .....87
..... 114	CHILDREN'S STUFFY	CIMZIA.....83
<i>children's cold and cough dm</i>	NOSE-COLD 115	CIMZIA POWDER FOR
..... 114	<i>children's sudafed pe cough</i> 115	RECONST.....83
<i>children's cold-allergy (pe)</i> 114	CHILDREN'S SUDAFED PE	CIMZIA STARTER KIT .....83
CHILDREN'S COLD-COUGH	NASAL.....115	<i>cinacalcet</i>.....79
DAYTIME 114	<i>children's tylenol</i> .....39	CINRYZE.....135
CHILDREN'S COLD-	CHILDREN'S TYLENOL ...39	CINVANTI.....83
COUGH-SORE 114	<i>children's wal-dryl allergy</i> .115	<i>ciprofloxacin</i>.....12
<i>children's cough</i> 114	<i>children's wal-fex</i> 115	<i>ciprofloxacin hcl</i>....12, 73, 104
CHILDREN'S COUGH DM	<i>children's wal-zyr</i> 115	<i>ciprofloxacin in 5 % dextrose</i>
ER..... 114	CHILDREN'S WAL-ZYR .115	.....12
CHILDREN'S DELSYM	CHILDREN'S ZYRTEC	<i>ciprofloxacin-dexamethasone</i>
COUGH..... 114	ALLERGY 115	.....74
<i>children's dibromm cold-allerg</i>	<i>child's all day allergy(cetir)</i> 115	<i>cisplatin</i> .....15
..... 114	CHILD'S MUCUS RELIEF M-	<i>citalopram</i>.....46
<i>children's dibromm dm cold-</i>	S COLD..... 115	<i>cladribine</i>.....15
<i>cou</i> 114	<i>childs triacting cold-cough</i> .115	<i>claravis</i> .....65
<i>children's easy-melts</i> .....39	<i>chld robitussin cough-chest dm</i>	<i>clarithromycin</i> .....7
<i>children's fever reducing</i>.....39	..... 115	CLARITIN .....116
<i>children's flu relief</i> 114	<i>chloramphenicol sod succinate</i>	CLARITIN LIQUI-GEL ...116
<i>children's giltuss cough-chest</i>	.....8	CLARITIN REDITABS .....116
..... 114	CHLORASEPTIC MAX	CLARITIN-D 12 HOUR...116
CHILDRENS GILTUSS	SORE THROAT.....72	CLARITIN-D 24 HOUR...116
COUGH-COLD 114	<i>chloraseptic sore throat</i>.....64	<i>clearcanal earwax softener</i> ..73
<i>childrens giltuss ex</i> 114	<i>chloraseptic throat spray</i>.....72	<i>clindamycin hcl</i>.....8

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

<i>clindamycin in 5 % dextrose</i> ..8	COLD AND FLU SEVERE	CONTAC COLD-FLU NIGHT
<i>clindamycin phosphate</i> ....8, 65,	..... 116	.....117
100	<i>cold and sinus pain relief</i> ...116	COPIKTRA .....15
<i>clinere ear wax removal</i> .....73	COLD HEAD	CORICIDIN HBP CHEST
CLINIMIX 5%/D15W	CONGEST(GG-PE-	CONG-COUGH .....117
SULFITE FREE 142	ACETM)..... 116	CORICIDIN HBP COLD
CLINIMIX 4.25%/D10W	COLD HEAD CONGESTION	AND FLU .....39
SULFITE FREE 142	DAY/NITE 116	CORICIDIN HBP COUGH
CLINIMIX 4.25%/D5W	COLD HEAD CONGESTION	AND COLD.....117
SULFITE FREE 69	DAYTIME..... 116	CORICIDIN HBP FLU .....117
CLINIMIX 5%-D20W	COLD HEAD CONGESTION	CORLANOR .....61
SULFITE FREE 142	NIGHTTIME..... 116	CORTANE-B .....64
CLINIMIX 6%-D5W	<i>cold head congestion sever day</i>	CORTIFOAM.....83
(SULFITE-FREE) 142	..... 116	<i>cortisone</i> 74
CLINIMIX 8%-	COLD MAX DAY-NIGHT116	COSMEGEN 15
D10W(SULFITE-FREE)142	COLD MAX DAYTIME ...116	COTELLIC.....15
CLINIMIX 8%-	COLD MULTI-SYMP TOM	COUGH AND COLD
D14W(SULFITE-FREE)142	..... 117	(CHLORPHEN-DM).....117
<i>clobazam</i> .....27	COLD MULTI-SYMP TOM	COUGH AND COLD
<i>clobetasol</i> 68	(CHLORPHEN) 116	MUCUS RELIEF CF ....117
<i>clobetasol-emollient</i> 68	COLD MULTI-SYMP TOM	COUGH AND SEVERE
<i>clodan</i> 68	DAY/NIGHT 117	COLD .....117
<i>clofarabine</i> 15	COLD MULTI-SYMP TOM	COUGH DM ER .....117
<i>clomid</i> 79	NIGHTTIME..... 117	COUGH DROPS 72
<i>clomiphene citrate</i> 79	COLD RELIEF..... 117	<i>cough drops (with eucalyptus)</i>
<i>clomipramine</i>.....46	COLD RELIEF M/S	.....117
<i>clonazepam</i>.....27	DAY/NIGHT 117	COUGH SYRUP DM.....118
<i>clonidine</i> 54	<i>cold relief plus</i> 117	<i>cough-chest congestion dm.</i> 118
<i>clonidine (pf)</i> 39, 54	<i>cold-flu relief</i> 117	COUGH-COLD RELIEF HBP
<i>clonidine hcl</i> 46, 54	<i>cold-sinus relief</i> 117	..... 118
<i>clopidogrel</i> 58	COLD-SINUS RELIEF	<i>cough-sore throat night</i> .....118
<i>clorazepate dipotassium</i>.....46	(IBUPROFEN) 117	<i>covaryx</i> .....98
<i>clotrimazole</i> 1, 66	<i>colesevelam</i> .....60	<i>covaryx h.s.</i> .....98
<i>clotrimazole-betamethasone</i> 66,	<i>colestipol</i> .....60	CREON.....83
67	<i>colistin (colistimethate na)</i> .....8	CRESEMBA.....1
<i>clozapine</i>.....46	COLUMVI 15	<i>cromolyn</i> .....83, 105, 135
COARTEM .....8	COMBIVENT RESPIMAT135	<i>crotan</i>.....69
CODEINE-GUAIFENESIN	COMETRIQ 15	<i>cryselle (28)</i> .....101
..... 116	COMPLERA .....2	CRYSVITA .....79
CODITUSSIN AC 116	<i>complete</i>.....87	<i>cyanocobalamin (vitamin b-12)</i>
CODITUSSIN DAC..... 116	<i>complete allergy</i> 117	.....143
<i>colchicine</i> 94	<i>complete allergy medicine</i> ..117	<i>cyclobenzaprine</i> .....34
<i>cold and cough elixir</i> 116	<i>compro</i> .....83	<i>cyclophosphamide</i> .....16
<i>cold and flu hbp</i>.....39	<i>conex</i>.....117	CYCLOPHOSPHAMIDE ....16
COLD AND FLU	CONEX 117	<i>cyclosporine</i>.....16, 105
RELIEF(DIPHEN-PE) ... 116	CONEX PEDIATRIC 117	<i>cyclosporine modified</i>.....16
	<i>constulose</i> 83	CYLTEZO(CF) .....96

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

CYLTEZO(CF) PEN	95	<i>deblitane</i>	98	<i>dextromethorphan hbr</i>	118
CYLTEZO(CF) PEN		DEBROX.....	73	<i>dextromethorphan polistirex</i>	
CROHN'S-UC-HS.....	95	<i>decitabine</i>	16	.....	118
CYLTEZO(CF) PEN		DECONEX DMX.....	118	<i>dextromethorphan-guaifenesin</i>	
PSORIASIS-UV	95	<i>deferasirox</i>	70	.....	118, 119
CYRAMZA	16	<i>deferiprone</i>	70	<i>dextrose 10 % and 0.2 % nacl</i>	
<i>cyred eq</i>	101	<i>deferoxamine</i>	70	.....	70
CYSTAGON	139	DELSTRIGO.....	2	<i>dextrose 10 % in water (d10w)</i>	
CYSTARAN	105	DELSYM 12 HOUR	118	.....	70
<i>cytarabine</i>	16	<i>delsym cough-chest congest dm</i>		<i>dextrose 25 % in water (d25w)</i>	
<i>cytarabine (pf)</i>	16	.....	118	.....	70
D		DELTUSS DMX		<i>dextrose 5 % in water (d5w)</i>	70
<i>d10 %-0.45 % sodium chloride</i>		(DEXCHLORPHEN)	118	<i>dextrose 5 %-lactated ringers</i>	
.....	69	<i>demeclocycline</i>	12	.....	70
<i>d2.5 %-0.45 % sodium</i>		DENGVAXIA (PF).....	91	<i>dextrose 5%-0.2 % sod</i>	
<i>chloride</i>	69	<i>denta 5000 plus</i>	72	<i>chloride</i>	70
<i>d5 % and 0.9 % sodium</i>		<i>dentagel</i>	72	<i>dextrose 5%-0.3 %</i>	
<i>chloride</i>	70	DEPO-SUBQ PROVERA	104	<i>sod.chloride</i>	70
<i>d5 %-0.45 % sodium chloride</i>		.....	98	<i>dextrose 50 % in water (d50w)</i>	
.....	70	<i>dermacinrx lidocan</i>	64	.....	70
<i>dabigatran etexilate</i>	58	DESCOVY	2	<i>dextrose 70 % in water (d70w)</i>	
<i>dacarbazine</i>	16	DESGEN	118	.....	70
<i>dactinomycin</i>	16	<i>desgen dm</i>	118	<i>diabetic tussin dm</i>	119
<i>dalfampridine</i>	32	<i>desipramine</i>	46	DIACOMIT	27
<i>danazol</i>	79	<i>desmopressin</i>	79, 80	<i>diazepam</i>	27, 46
<i>dantrolene</i>	34	<i>desog-e.estradiol/e.estradiol</i>		<i>diazepam intensol</i>	46
DANYELZA	16	.....	101	<i>diazoxide</i>	75
<i>dapsone</i>	8	<i>desogestrel-ethinyl estradiol</i>		<i>diclofenac potassium</i>	39
DAPTACEL (DTAP		.....	101	<i>diclofenac sodium</i>	39, 40, 64,
PEDIATRIC) (PF)	91	<i>desonide</i>	68	106	
<i>daptomycin</i>	8	<i>despec dm-g</i>	118	<i>diclofenac-misoprostol</i>	40
DAPTOMYCIN	8	<i>despec eda cough-cold drops</i>		<i>dicloxacillin</i>	11
<i>darunavir</i>	2	.....	118	<i>dicyclomine</i>	81, 82
DARZALEX	16	<i>despec-dm (phenyleph-dm-</i>		DIFICID	7
<i>dasetta 1/35 (28)</i>	101	<i>guaif</i>)	118	<i>diflunisal</i>	40
<i>dasetta 7/7/7 (28)</i>	101	<i>desvenlafaxine succinate</i>	46	<i>digoxin</i>	62
<i>daunorubicin</i>	16	<i>dexamethasone</i>	74	<i>dihydroergotamine</i>	31
DAURISMO.....	16	<i>dexamethasone intensol</i>	74	DILANTIN 30 MG.....	27
<i>day multi-symp flu-severe cold</i>		<i>dexamethasone sodium phos</i>		<i>diltiazem hcl</i>	54
.....	118	<i>(pf)</i>	74	<i>dilt-xr</i>	54
<i>dayhist allergy</i>	118	<i>dexamethasone sodium</i>		<i>dimaphen dm</i>	119
DAY-NIGHT SEVERE		<i>phosphate</i>	74, 107	<i>dimenhydrinate</i>	83
COLD-FLU	118	DEXCHLORPHEN-PSE-		DIMETAPP COLD-	
<i>daysee</i>	101	CHLOPHEDIANOL	118	ALLERGY (PE)	119
DAYTIME COLD-FLU.....	118	<i>dexrazoxane hcl</i>	13	<i>dimetapp cold-congestion</i> ...	119
DAYTIME COLD-FLU		<i>dextroamphetamine-</i>		DIMETAPP DM COLD-	
RELIEF (PE).....	118	<i>amphetamine</i>	46	COUGH (PE).....	119

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

<i>dimethyl fumarate</i>	32, 33	<i>dronabinol</i>	83	<i>electrolyte-148</i>	142
<i>diphedryl</i>	119	<i>droperidol</i>	83	<i>electrolyte-48 in d5w</i>	142
<i>diphedryl allergy</i>	119	<i>drospirenone-e.estradiol-lm.fa</i>		<i>electrolyte-a</i>	142
<i>diphen</i>	119	.....	101	<i>eletriptan</i>	32
<i>diphenhydramine hcl</i>	119	<i>drospirenone-ethinyl estradiol</i>		ELIGARD.....	17
<i>diphenoxylate-atropine</i>	82	.....	101	ELIGARD (3 MONTH)	17
<i>dipyridamole</i>	58	DROXIA	17	ELIGARD (4 MONTH)	17
<i>disulfiram</i>	70	<i>droxidopa</i>	70	ELIGARD (6 MONTH)	17
<i>divalproex</i>	27, 28	<i>dual action complete</i>	87	<i>elinest</i>	101
<i>dm max</i>	119	DUAVEE.....	98	ELIQUIS.....	58
DOAN'S EXTRA STRENGTH		DULERA.....	135	ELIQUIS DVT-PE TREAT	
.....	40	<i>duloxetine</i>	46	30D START.....	58
<i>dobutamine</i>	62	DUPIXENT PEN	64	ELITEK	13
<i>dobutamine in d5w</i>	62	DUPIXENT SYRINGE.....	64	ELIXOPHYLLIN	135
<i>docetaxel</i>	16	DURAFLU	119	ELMIRON.....	139
<i>dodex</i>	143	<i>dutasteride</i>	138	ELREXFIO.....	17
<i>dofetilide</i>	53	<i>dutasteride-tamsulosin</i>	138	<i>eluryng</i>	100
<i>dometuss-dmx</i>	119	E		ELZONRIS.....	17
<i>donepezil</i>	33	<i>e.e.s. 400</i>	7	EMCYT	17
DONNATAL.....	82	<i>ear drops (carbamide</i>		EMEND.....	83
<i>dopamine</i>	62	<i>peroxide)</i>	73	EMGALITY PEN.....	32
<i>dopamine in 5 % dextrose</i>	62	<i>ear wax removal drops</i>	73	EMGALITY SYRINGE.....	32
DOPTELET (10 TAB PACK)		<i>ear wax removal kit</i>	73	EMPLICITI	17
.....	58	<i>eazze the pain</i>	40	EMSAM	47
DOPTELET (15 TAB PACK)		<i>ec-naproxen</i>	40	<i>emtricitabine</i>	2
.....	58	<i>econazole</i>	67	<i>emtricitabine-tenofovir (tdf)</i> ...	2
DOPTELET (30 TAB PACK)		ECOTRIN.....	40	EMTRIVA.....	2
.....	58	<i>ecotrin low strength</i>	40	EMVERM.....	8
<i>dorzolamide</i>	106	<i>ed a-hist</i>	119	<i>enalapril maleate</i>	55
<i>dorzolamide-timolol</i>	106	<i>ed a-hist dm</i>	119	<i>enalaprilat</i>	55
<i>dotti</i>	98	ED A-HIST DM.....	119	<i>enalapril-hydrochlorothiazide</i>	
DOVATO.....	2	<i>ed bron gp</i>	119	.....	55
<i>doxazosin</i>	55	<i>ed chlorped jr</i>	119	ENBREL.....	96
<i>doxepin</i>	46	<i>ed-apap</i>	40	ENBREL MINI	96
<i>doxercalciferol</i>	80	EDARBI.....	55	ENBREL SURECLICK	96
<i>doxorubicin</i>	16	EDARBYCLOR.....	55	<i>endacof - dm</i>	119
<i>doxorubicin, peg-liposomal</i> ..	17	EDEX	139	ENDARI	70
<i>doxy-100</i>	12	EDURANT.....	2	<i>endocet</i>	35
<i>doxycycline hyclate</i>	13	<i>eemt</i>	98	ENGERIX-B (PF)	91
<i>doxycycline monohydrate</i>	13	<i>eemt hs</i>	98	ENGERIX-B PEDIATRIC	
DRAMAMINE.....	83	<i>efavirenz</i>	2	(PF).....	91
<i>dramamine (meclizine)</i>	83	<i>efavirenz-emtricitabin-tenofov</i> 2		<i>enoxaparin</i>	58, 59
<i>dramamine less drowsy</i>	83	<i>efavirenz-lamivu-tenofov disop</i>		<i>enpresse</i>	101
<i>driminate</i>	83	.....	2	<i>enskyce</i>	101
DRISDOL	143	<i>effe-k</i>	140	<i>entacapone</i>	31
<i>dristan cold</i>	119	<i>efferves pain relief antacid</i> ...	40	<i>entecavir</i>	2
DRIZALMA SPRINKLE.....	46	ELAPRASE.....	80	ENTERTAINER'S SECRET 72	

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

ENTEX T	119	ETOPOPHOS.....	17	<i>fenofibric acid</i>	61
ENTRESTO	62	<i>etoposide</i>	17	<i>fenofibric acid (choline)</i>	61
ENTYVIO	83	<i>etravirine</i>	3	<i>fentanyl</i>	35
<i>enulose</i>	83	<i>euthyrox</i>	81	<i>fentanyl citrate</i>	35
ENVARUS XR	17	<i>everolimus (antineoplastic)</i> ..	17	<i>fentanyl citrate (pf)</i>	35
EPCLUSA	3	<i>everolimus</i>		FERAHEME.....	143
EPIDIOLEX	28	(<i>immunosuppressive</i>).....	18	FERRLECIT	70
<i>epinastine</i>	105	EVOTAZ.....	3	<i>ferumoxytol</i>	143
<i>epinephrine</i>	119, 120	EXCEDRIN EXTRA		<i>fesoterodine</i>	138
<i>epirubicin</i>	17	STRENGTH.....	40	FETZIMA.....	47
<i>epitol</i>	28	EXCEDRIN MIGRAINE....	40	<i>feverall</i>	40
EPKINLY	17	EXCEDRIN TENSION		FEVERALL.....	40
<i>eplerenone</i>	55	HEADACHE	40	<i>fexofenadine</i>	120
EPRONTIA	28	<i>exemestane</i>	18	<i>fexofenadine-pseudoephedrine</i>	
ERBITUX	17	EXKIVITY	18	.....	120
<i>ergocalciferol (vitamin d2)</i>	143	<i>expectorant</i>	120	FIASP FLEXTOUCH U-100	
<i>ergotamine-caffeine</i>	32	EXTRA STRENGTH BAYER		INSULIN	75
ERIVEDGE.....	17	.....	40	FIASP PENFILL U-100	
ERLEADA	17	<i>extraprin</i>	40	INSULIN	75
<i>erlotinib</i>	17	EYLEA.....	105	FIASP U-100 INSULIN	75
<i>errin</i>	99	<i>ezetimibe</i>	60	<i>finasteride</i>	138
<i>ertapenem</i>	8	<i>ezetimibe-simvastatin</i>	60	<i> fingolimod</i>	33
ERWINASE	17	F		FINTEPLA	28
<i>ery pads</i>	66	FABRAZYME	80	FIRDAPSE	33
<i>ery-tab</i>	7	<i>falmina (28)</i>	101	FIRMAGON KIT W	
<i>erythrocin (as stearate)</i>	7	<i>famciclovir</i>	3	DILUENT SYRINGE	18
<i>erythromycin</i>	7, 104	<i>famotidine</i>	88	<i>flac otic oil</i>	73
<i>erythromycin ethylsuccinate</i>	7	<i>famotidine (pf)</i>	87	<i>flanax (naproxen)</i>	40
<i>erythromycin with ethanol</i>	66	<i>famotidine (pf)-nacl (iso-osm)</i>		<i>flavoxate</i>	138
<i>escitalopram oxalate</i>	47	.....	87	<i>flecainide</i>	53
<i>esmolol</i>	55	FANAPT	47	<i>floxuridine</i>	18
<i>esomeprazole magnesium</i>	87	FARXIGA	75	<i>flu hbp</i>	120
<i>esomeprazole sodium</i>	87	FASENRA.....	135	FLU HBP.....	120
<i>estarylla</i>	101	FATHER JOHN'S COUGH		FLU SEVERE COLD-	
<i>estradiol</i>	99	SUPPRESSNT.....	120	NIGHT(DIPH-PE).....	120
<i>estradiol valerate</i>	99	FATHER JOHN'S MEDICINE		<i>fluconazole</i>	1
<i>estradiol-norethindrone acet</i>	99	PLUS	120	<i>fluconazole in nacl (iso-osm)</i> ..	1
<i>estrogens-methyltestosterone</i>	99	<i>febuxostat</i>	94	<i>flucytosine</i>	1
<i>eszopiclone</i>	47	<i>felbamate</i>	28	<i>fludarabine</i>	18
<i>ethacrynate sodium</i>	55	<i>felodipine</i>	55	<i>fludrocortisone</i>	74
<i>ethambutol</i>	8	<i>fenesin dm ir</i>	120	<i>flumazenil</i>	47
<i>ethosuximide</i>	28	<i>fenesin ir</i>	120	<i>flunisolid</i>	135
<i>ethynodiol diac-eth estradiol</i>		<i>fenesin pe ir</i>	120	<i>fluocinolone</i>	68
.....	101	<i>fenofibrate</i>	61	<i>fluocinolone acetonide oil</i>	73
<i>etodolac</i>	40	<i>fenofibrate micronized</i>	61	<i>fluocinolone and shower cap</i>	68
<i>etonogestrel-ethinyl estradiol</i>		<i>fenofibrate nanocrystallized</i>	61	<i>fluocinonide</i>	68
.....	100			<i>fluocinonide-emollient</i>	68

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

<i>fluoride (sodium)</i>	72, 143	GATTEX 30-VIAL	83	<i>glycine urologic solution</i>	139
<i>fluorometholone</i>	107	GATTEX ONE-VIAL	84	<i>glycopyrrolate</i>	82
<i>fluorouracil</i>	18, 64	GAUZE PAD	94	<i>glycopyrrolate (pf) in water</i> ..	82
<i>fluoxetine</i>	47	<i>gavilyte-c</i>	84	<i>glydo</i>	64
<i>fluoxetine (pmd)</i>	47	<i>gavilyte-g</i>	84	GLYXAMBI.....	76
<i>fluphenazine decanoate</i>	47	GAVRETO.....	18	GRALISE	28
<i>flurphenazine hcl</i>	47	GAZYVA	18	<i>granisetron (pf)</i>	84
<i>flurbiprofen</i>	40	<i>gefitinib</i>	18	<i>granisetron hcl</i>	84
FLURBIPROFEN (BULK)..	40	<i>gemcitabine</i>	18	<i>griseofulvin microsize</i>	1
<i>flurbiprofen sodium</i>	106	GEMCITABINE	18	<i>griseofulvin ultramicronsize</i>	1
FLU-SEVERE COLD-		<i>gemfibrozil</i>	61	G-SUPRESS DX	121
COUGH DAYTIME	120	GENCONTUSS.....	120	G-TUSICOF	121
FLU-SEVERE COLD-		<i>generlac</i>	84	<i>guaiasorb dm</i>	121
COUGH NIGHT	120	<i>gengraf</i>	18	<i>guaifenesin</i>	121
<i>fluticasone propionate</i>	135	<i>gentamicin</i>	8, 66, 104	GUAIFENESIN.....	121
<i>fluticasone propion-salmeterol</i>		<i>gentamicin in nacl (iso-osm)</i> ..	8	GVOKE	76
.....	135	<i>gentamicin sulfate (ped) (pf)</i> ..	8	GVOKE HYPOPEN 1-PACK	
<i>fluvastatin</i>	61	GENVOYA	3	.....	76
<i>fluvoxamine</i>	47	<i>geri-dryl</i>	120	GVOKE HYPOPEN 2-PACK	
<i>folic acid</i>	143	<i>geri-tussin</i>	120	.....	76
FOLOTYN	18	<i>geri-tussin dm</i>	120	GVOKE PFS 1-PACK	
<i>fomepizole</i>	91	GILOTRIF.....	18	SYRINGE.....	76
<i>fondaparinux</i>	59	GILTUSS ALLERGY PLUS		GVOKE PFS 2-PACK	
<i>formoterol fumarate</i>	135	(DM).....	120	SYRINGE.....	76
FOSAMAX PLUS D.....	94	GILTUSS COUGH-COLD	120	G-ZYNCOF.....	121
<i>fosamprenavir</i>	3	<i>giltuss cough-congestion</i>	120	H	
<i>fosaprepitant</i>	83	<i>giltuss diabetic</i>	120	HALAVEN.....	19
<i>fosinopril</i>	55	<i>giltuss ex</i>	120	HALLS COUGH DROPS	72
<i>fosinopril-hydrochlorothiazide</i>		<i>giltuss hbp</i>	121	<i>halobetasol propionate</i>	68
.....	55	<i>giltuss honey dm cough</i>	121	<i>haloperidol</i>	48
<i>fosphenytoin</i>	28	GILTUSS MULTI-		<i>haloperidol decanoate</i>	47
FOTIVDA	18	SYMPTOM COLD-FLU	121	<i>haloperidol lactate</i>	48
FRUZAQLA.....	18	GILTUSS TR	121	HARVONI.....	3
<i>fulvestrant</i>	18	GILTUSS-D ALLERGY-		HAVRIX (PF)	91
<i>furosemide</i>	55	CONGESTION	121	HEAD CONGESTION DAY-	
FUZEON	3	<i>glatiramer</i>	33	NIGHT.....	121
FYARRO.....	18	<i>glatopa</i>	33	HEAD CONGESTION-	
<i>fyavolv</i>	99	GLENMAX PEB.....	121	MUCUS.....	121
FYCOMPA	28	<i>glenmax peb dm</i>	121	<i>headache pm</i>	40
G		GLENMAX PEB DM FORTE		<i>headache relief (asa-acet-caf)</i>	
<i>g tussin ac</i>	120	.....	121	.....	40
<i>gabapentin</i>	28	GLENTUSS.....	121	<i>headache relief pm</i>	40
<i>galantamine</i>	33	GLEOSTINE	18	<i>heartburn prevention</i>	88
GAMASTAN	91	<i>glimepiride</i>	75, 76	<i>heartburn relief (cimetidine)</i> 88	
<i>ganciclovir sodium</i>	3	<i>glipizide</i>	76	<i>heartburn relief (famotidine)</i> 88	
GARDASIL 9 (PF)	91	<i>glipizide-metformin</i>	76	<i>heather</i>	99
<i>gatifloxacin</i>	104	<i>glycine urologic</i>	139	<i>hemmorex-hc</i>	84

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

<i>heparin (porcine)</i>	59	STARTING WITH 00074)		HYRIMOZ PEN PSORIASIS	
<i>heparin (porcine) in 5 % dex</i>	59	.....	97	STARTER (PREFERRED	
<i>heparin (porcine) in nacl (pf)</i>		HUMIRA(CF) PEN		NDCS STARTING WITH	
.....	59	PEDIATRIC UC		61314).....	97
<i>heparin(porcine) in 0.45% nacl</i>		(PREFERRED NDCS		HYRIMOZ(CF)	
.....	59	STARTING WITH 00074)		(PREFERRED NDCS	
HEPARIN(PORCINE) IN		.....	97	STARTING WITH 61314)	
0.45% NACL.....	59	HUMIRA(CF) PEN PSOR-		.....	97
<i>heparin, porcine (pf)</i>	59	UV-ADOL HS		HYRIMOZ(CF) PEDI	
HEPARIN, PORCINE (PF) .	59	(PREFERRED NDCS		CROHN STARTER	
HEPLISAV-B (PF)	91	STARTING WITH 00074)		(PREFERRED NDCS	
HERBIOMED ALLERGY		.....	97	STARTING WITH 61314)	
COLD-SINUS	121	HYCODAN	122	.....	97
HERBIOMED BODY		HYCODAN (WITH		HYRIMOZ(CF) PEN	
ACHES-SINUS M-S.....	121	HOMATROPINE)..	121, 122	(PREFERRED NDCS	
HERBIOMED DEEP COLD-		<i>hydralazine</i>	55	STARTING WITH 61314)	
FLU NIGHT	121	<i>hydrochlorothiazide</i>	55	.....	97
HIBERIX (PF)	91	<i>hydrocodone-acetaminophen</i>	35	I	
HISTEX-AC.....	121	<i>hydrocodone-</i>		<i>ibandronate</i>	94
HIZENTRA	91	<i>chlorpheniramine</i>	122	IBRANCE.....	19
<i>honey lemon</i>	121	<i>hydrocodone-homatropine</i> .	122	<i>ibu</i>	40
HUMIRA (PREFERRED		<i>hydrocodone-ibuprofen</i>	35	<i>ibu-200</i>	41
NDCS STARTING WITH		<i>hydrocortisone</i>	68, 74, 84	<i>ibuprofen</i>	41
00074)	96	<i>hydrocortisone acetate</i>	84	<i>ibuprofen cold-sinus(with pse)</i>	
HUMIRA PEN (PREFERRED		<i>hydrocortisone-acetic acid</i> ...	73	.....	122
NDCS STARTING WITH		<i>hydrocortisone-iodoquinl-</i>		<i>ibuprofen ib</i>	41
00074)	96	<i>aloe2</i>	66	<i>ibuprofen jr strength</i>	41
HUMIRA PEN PSOR-		<i>hydrocortisone-iodoquinol</i> ...	66	<i>ibuprofen pm</i>	41
UVEITS-ADOL HS		<i>hydrocortisone-pramoxine</i> ..	63,	IBUPROFEN PM	41
(PREFERRED NDCS		84		<i>ibutilide fumarate</i>	53
STARTING WITH 00074)		<i>hydromet</i>	122	<i>icatibant</i>	135
.....	96	<i>hydromorphone</i>	35	ICLUSIG	19
HUMIRA(CF) (PREFERRED		<i>hydromorphone (pf)</i>	35	<i>icosapent ethyl</i>	61
NDCS STARTING WITH		<i>hydroxocobalamin</i>	143	<i>idarubicin</i>	19
00074)	96	<i>hydroxychloroquine</i>	8	IDHIFA.....	19
HUMIRA(CF) PEDI		<i>hydroxyprogesterone caproate</i>		<i>ifosfamide</i>	19
CROHNS STARTER		.....	99	ILARIS (PF)	89
(PREFERRED NDCS		<i>hydroxyurea</i>	19	<i>imatinib</i>	19
STARTING WITH 00074)		<i>hydroxyzine hcl</i>	122	IMBRUVICA	19
.....	96	HYPERHEP B.....	91	IMFINZI	19
HUMIRA(CF) PEN		HYPERHEP B NEONATAL		<i>imipenem-cilastatin</i>	9
(PREFERRED NDCS		.....	91	<i>imipramine hcl</i>	48
STARTING WITH 00074)		HYRIMOZ PEN CROHN'S-		<i>imipramine pamoate</i>	48
.....	96	UC STARTER		<i>imiquimod</i>	64
HUMIRA(CF) PEN		(PREFERRED NDCS		IMJUDO	19
CROHNS-UC-HS		STARTING WITH 61314)		IMOVAX RABIES VACCINE	
(PREFERRED NDCS		.....	97	(PF)	91

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

IMVEXXY MAINTENANCE PACK	99	<i>irinotecan</i>	19	<i>kariva</i> (28)	101
IMVEXXY STARTER PACK	99	ISENTRESS	3	<i>kelnor 1/35</i> (28)	101
<i>incassia</i>	99	ISENTRESS HD	3	<i>kelnor 1-50</i> (28).....	101
INCRELEX	71	<i>isibloom</i>	101	KEPIVANCE	13
<i>indapamide</i>	55	ISOLYTE S PH 7.4	142	KERENDIA.....	55
INFANRIX (DTAP) (PF)	92	ISOLYTE-P IN 5 % DEXTROSE	142	KESIMPTA PEN.....	33
<i>infant fever reducer-pain relf</i>	41	ISOLYTE-S.....	142	<i>ketoconazole</i>	1, 67
<i>infant's acetaminophen</i>	41	<i>isoniazid</i>	9	KETOPROFEN (BULK).....	41
<i>infant's advil</i>	41	<i>isosorbide dinitrate</i>	62	<i>ketorolac</i>	106
<i>infant's ibuprofen</i>	41	<i>isosorbide mononitrate</i>	62	KEYTRUDA	20
INFANT'S MOTRIN	41	<i>isosorbide-hydralazine</i>	55	KHAPZORY	13
<i>infants' pain and fever</i>	41	<i>isotretinoin</i>	66	KIMMTRAK.....	20
<i>infants' pain relief</i>	41	<i>isradipine</i>	55	<i>kinderved infants pain-fever</i>	41
<i>infants profenib</i>	41	ISTODAX	19	<i>kinderved kid night cold-</i> <i>cough</i>	122
INFANT'S TYLENOL.....	41	<i>itraconazole</i>	1	<i>kinderved kids cough-congest</i>	122
INFED	143	<i>ivermectin</i>	9, 66	<i>kinderved kids pain-fever</i>	41
INFUVITE ADULT.....	143	IWILFIN.....	19	KINRIX (PF)	92
INFUVITE PEDIATRIC....	143	IXCHIQ.....	92	KISQALI	20
INGREZZA.....	33	IXEMPRA	19	KISQALI FEMARA CO- PACK	20
INGREZZA INITIATION PACK	33	IXIARO (PF).....	92	<i>klayesta</i>	67
INJECTAFER	143	J		<i>klor-con</i>	140
INLYTA	19	JAKAFI	19	<i>klor-con 10</i>	140
INPEFA.....	76	<i>jantoven</i>	60	<i>klor-con 8</i>	140
INQOVI.....	19	JANUMET	76	<i>klor-con m10</i>	140
INREBIC.....	19	JANUMET XR.....	76	<i>klor-con m15</i>	140
INSULIN GLARGINE	76	JANUVIA.....	76	<i>klor-con m20</i>	140
INSULIN SYRINGE- NEEDLE U-100	94	JARDIANCE.....	76	<i>klor-con/ef</i>	140
INSULIN SYRINGES (NON- PREFERRED BRANDS).94		<i>jasmiel</i> (28).....	101	KORLYM.....	80
INTELENCE.....	3	JAYPIRCA.....	19	KOSELUGO.....	20
<i>intralipid</i>	142	JEMPERLI	20	<i>kourzeq</i>	73
<i>introvale</i>	101	<i>jencycla</i>	99	K-PHOS NO 2.....	139
INVEGA HAFYERA.....	48	JENTADUETO	76	K-PHOS ORIGINAL	139
INVEGA SUSTENNA.....	48	JENTADUETO XR.....	77	KRAZATI.....	20
INVEGA TRINZA	48	JEVTANA	20	<i>kurvelo</i> (28)	101
INVELTYS	107	<i>jinteli</i>	99	KYPROLIS.....	20
IPOL	92	<i>jolessa</i>	101	L	
<i>ipratropium bromide</i>	73, 135	<i>jr. strength pain reliever</i>	41	<i>l norgest/e.estradiol-e.estrad</i>	101, 102
<i>ipratropium-albuterol</i>	135	<i>juleber</i>	101	<i>labetalol</i>	55, 56
<i>i-prin</i>	41	JULUCA.....	3	<i>lacosamide</i>	28, 29
<i>irbesartan</i>	55	JUXTAPID.....	61	<i>lactated ringers</i>	69, 140
<i>irbesartan-hydrochlorothiazide</i>	55	JYNNEOS (PF).....	92	<i>lactulose</i>	84
		K		LAGEVRIO (EUA).....	3
		KADCYLA	20	<i>lamivudine</i>	3
		<i>kalliga</i>	101		
		KALYDECO	135		
		KANUMA	80		

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

<i>lamivudine-zidovudine</i>	3	<i>lidocaine in 5 % dextrose (pf)</i>	53	<i>low-ogestrel (28)</i>	102
<i>lamotrigine</i>	29	.....	53	<i>loxapine succinate</i>	49
<i>lansoprazole</i>	88	<i>lidocaine viscous</i>	65	<i>lo-zumandimine (28)</i>	102
LANTUS SOLOSTAR U-100		<i>lidocaine-epinephrine</i>	65	<i>lubiprostone</i>	84
INSULIN.....	77	<i>lidocaine-epinephrine (pf)</i>	65	LUMAKRAS.....	21
LANTUS U-100 INSULIN..	77	<i>lidocaine-prilocaine</i>	65	LUMIGAN	106
<i>lapatinib</i>	20	<i>lidocan iii</i>	65	LUMIZYME.....	80
<i>larin 1.5/30 (21)</i>	102	<i>lincomycin</i>	9	LUNSUMIO	21
<i>larin 1/20 (21)</i>	102	<i>linezolid</i>	9	LUPRON DEPOT	21
<i>larin 24 fe</i>	102	<i>linezolid in dextrose 5%</i>	9	<i>lurasidone</i>	49
<i>larin fe 1.5/30 (28)</i>	102	<i>linezolid-0.9% sodium chloride</i>	9	<i>lutea (28)</i>	102
<i>larin fe 1/20 (28)</i>	102	.....	9	<i>lyleq</i>	99
<i>latanoprost</i>	106	LINZESS	84	<i>lyllana</i>	99
<i>leflunomide</i>	97	LIORESAL.....	34	LYNPARZA.....	21
<i>lenalidomide</i>	20	<i>liothyronine</i>	81	LYSODREN.....	21
LENVIMA	20	LIQUITUSS GG.....	122	LYTGOBI.....	21
<i>lessina</i>	102	<i>lisinopril</i>	56	<i>lyza</i>	99
<i>letrozole</i>	20	<i>lisinopril-hydrochlorothiazide</i>	56	M	
<i>leucovorin calcium</i>	13	.....	56	<i>magnesium chloride</i>	140
LEUKERAN	20	<i>lithium carbonate</i>	48	<i>magnesium sulfate</i>	140
LEUKINE.....	89	<i>lithium citrate</i>	48	MAGNESIUM SULFATE IN	
<i>leuprolide</i>	20	<i>little remedies fever and pain</i>	41	D5W	140
<i>levabuterol hcl</i>	135	.....	41	<i>magnesium sulfate in water</i>	140
<i>levetiracetam</i>	29	LITTLE REMEDIES HONEY		<i>malathion</i>	69
<i>levetiracetam in nacl (iso-osm)</i>	29	COUGH.....	122	<i>mannitol 20 %</i>	56
.....	29	<i>lohist - d</i>	122	<i>mannitol 25 %</i>	56
<i>levobunolol</i>	105	<i>lohist-dm</i>	122	<i>mapap (acetaminophen)</i>	41
<i>levocarnitine</i>	71	LOKELMA	71	<i>mapap cold formula</i>	122
<i>levocarnitine (with sugar)</i>	71	LONSURF.....	21	<i>maraviroc</i>	4
<i>levocetirizine</i>	122	<i>loperamide</i>	82	MAR-COF CG	122
<i>levofloxacin</i>	12, 104	<i>lopinavir-ritonavir</i>	4	MARGENZA	21
<i>levofloxacin in d5w</i>	12	LOQTORZI	21	<i>marlissa (28)</i>	102
<i>levoleucovorin calcium</i>	13	<i>loradamed</i>	122	MARPLAN.....	49
<i>levonest (28)</i>	102	<i>lorata-d</i>	122	MATULANE.....	21
<i>levonorgestrel-ethinyl estrad</i>	102	<i>loratadine</i>	122	<i>matzim la</i>	56
.....	102	<i>lorata-dine d</i>	122	<i>maxallergy kids</i>	122
<i>levonorg-eth estrad triphasic</i>	102	<i>loratadine-d</i>	122	MAXICHLOR PEH DM....	122
.....	102	<i>lorazepam</i>	48, 49	MAXIFED TR.....	123
<i>levora-28</i>	102	<i>lorazepam intensol</i>	48	<i>maxi-tuss ac</i>	123
<i>levo-t</i>	81	LORBRENA	21	MAXI-TUSS CD.....	123
<i>levothyroxine</i>	81	LORTUSS LQ.....	122	<i>maxi-tuss g</i>	123
<i>levoxyl</i>	81	<i>loryna (28)</i>	102	<i>maxi-tuss gmx</i>	123
LEXIVA	3	<i>losartan</i>	56	MAXI-TUSS JR	123
LIBTAYO	20	<i>losartan-hydrochlorothiazide</i>	56	MAXI-TUSS PE.....	123
<i>lidocaine</i>	65	.....	56	MAXI-TUSS PE JR	123
<i>lidocaine (pf)</i>	53, 64	<i>loteprednol etabonate</i>	107	<i>maxi-tuss pe max</i>	123
<i>lidocaine hcl</i>	64	<i>lovastatin</i>	61	<i>maxi-tuss tr</i>	123

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

MAXRELIEF JUNIOR.....	41	<i>methotrexate sodium (pf)</i>	21	<i>modafinil</i>	49
<i>maxtussin</i>	123	<i>methoxsalen</i>	65	<i>moexipril</i>	56
<i>maxtussin dm</i>	123	<i>methsuximide</i>	29	<i>molindone</i>	49
<i>m-dryl</i>	123	<i>methylergonovine</i>	104	<i>mometasone</i>	68, 135
<i>meclizine</i>	84	<i>methylphenidate hcl</i>	49	<i>mondoxyne nl</i>	13
MECOBALAMIN (VITAMIN B12).....	143	<i>methylprednisolone</i>	74	MONJUVI.....	21
<i>medicaid-d</i>	123	<i>methylprednisolone acetate</i> ..	74	MONOFERRIC.....	143
<i>medikoff drops</i>	123	<i>methylprednisolone sodium succ</i>	74	<i>mono-lynyah</i>	102
<i>medi-meclizine</i>	84	<i>metoclopramide hcl</i>	84, 85	<i>montelukast</i>	135, 136
<i>mediproxen</i>	41	<i>metolazone</i>	56	<i>morphine</i>	36
<i>medi-seltzer</i>	42	<i>metoprolol succinate</i>	56	<i>morphine (pf)</i>	36
<i>medroxyprogesterone</i>	99	<i>metoprolol tartrate</i>	56	<i>morphine concentrate</i>	36
<i>mefloquine</i>	9	<i>metoprolol tartrate- hydrochlorothiazide</i>	56	<i>motion sickness</i>	85
<i>megestrol</i>	21	<i>metro i.v.</i>	9	<i>motion sickness (meclizine)</i> ..	85
MEKINIST.....	21	<i>metronidazole</i>	9, 66, 100	<i>motion sickness relief</i>	85
MEKTOVI.....	21	<i>metronidazole in nacl (iso- osm)</i>	9	<i>motion sickness relief(mecliz)</i>	85
<i>meloxicam</i>	42	<i>metirosine</i>	56	<i>motion-time</i>	85
<i>melphalan hcl</i>	21	<i>mexiletine</i>	53	<i>motrin ib</i>	42
<i>memantine</i>	33	<i>micafungin</i>	1	MOTRIN IB.....	42
MENACTRA (PF).....	92	MICLARA LQ.....	123	<i>motrin pm</i>	42
M-END DMX.....	123	<i>microgestin 1.5/30 (21)</i>	102	MOUNJARO.....	77
MENEST.....	99	<i>microgestin 1/20 (21)</i>	102	MOVANTIK.....	85
MENQUADFI (PF).....	92	<i>microgestin fe 1.5/30 (28)</i> ..	102	<i>moxifloxacin</i>	12, 104
MENSTRUAL RELIEF.....	42	<i>microgestin fe 1/20 (28)</i>	102	<i>moxifloxacin-sod.chloride(iso)</i>	12
<i>menstrual relief(pamabr-pyril)</i>	42	<i>midodrine</i>	71	MOZOBIL.....	89
<i>menthol drops</i>	123	MIDOL COMPLETE.....	42	<i>m-pap</i>	42
MENVEO A-C-Y-W-135-DIP (PF).....	92	MIDOL MAX ST MENSTRUAL.....	42	<i>mucinex</i>	124
MEPSEVII.....	80	<i>midol pm</i>	42	MUCINEX.....	124
<i>mercaptapurine</i>	21	<i>mifepristone</i>	80, 100	<i>mucinex cough-chest congest hb</i>	123
<i>meropenem</i>	9	<i>migraine formula</i>	42	<i>mucinex d</i>	123
<i>mesalamine</i>	84	<i>migraine relief</i>	42	<i>mucinex d maximum strength</i>	123
<i>mesalamine with cleansing wipe</i>	84	<i>mili</i>	102	<i>mucinex dm</i>	123
<i>mesna</i>	13	<i>milrinone</i>	62	MUCINEX DM.....	123
MESNEX.....	13	<i>milrinone in 5 % dextrose</i>	62	MUCINEX FAST-MAX COLD-FLU.....	123
<i>metformin</i>	77	<i>mimvey</i>	99	MUCINEX FAST-MAX COLD-FLU-THRT.....	123
<i>methadone</i>	35	<i>minocycline</i>	13	MUCINEX FAST-MAX CONGEST-COUGH.....	123
<i>methadone intensol</i>	35	<i>minoxidil</i>	56	MUCINEX FAST-MAX CONG-HA (DM).....	124
<i>methadose</i>	35	<i>miostat</i>	106	<i>mucinex fast-max dm max</i> ..	124
<i>methazolamide</i>	106	<i>mirtazapine</i>	49		
<i>methenamine hippurate</i>	13	<i>misoprostol</i>	88		
<i>methenamine mandelate</i>	13	<i>mitomycin</i>	21		
<i>methimazole</i>	75	<i>mitoxantrone</i>	21		
<i>methotrexate sodium</i>	21	M-M-R II (PF).....	92		

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

MUCINEX SINUS-MAX	MUSE.....	139	NEOTUSS PLUS	125
CNG-PAIN(DM).....	124	MYALEPT	80	NEOTUSS-D (IMPROVED
MUCINEX SINUS-MAX	<i>mycophenolate mofetil</i>	22	FORMULA)	125
CNG-PAIN(GG)	124	<i>mycophenolate mofetil (hcl)</i> .	22	NERLYNX
MUCINEX SINUS-MAX	<i>mycophenolate sodium</i>	22	NEUPRO	31
NITE CONGEST	124	MYFEMBREE	4	<i>nevirapine</i>
MUCINEX SINUS-MAX	100	MYLOTARG	88	NEXIUM 24HR.....
PRESSURE-CGH	124	MYRBETRIQ	61	NEXLETOL
MUCINEX SINUS-MAX SEV	N		61	NEXLIZET.....
CONGESTN.....	<i>nabumetone</i>	42	100	NEXPLANON.....
<i>mucosa</i>	<i>nadolol</i>	56	<i>niacin</i>	61
<i>mucosa dm</i>	<i>nafcillin</i>	11	<i>nicardipine</i>	56
<i>mucus d</i>	<i>nafcillin in dextrose (iso-osm)</i>	11	NICODERM CQ	72
<i>mucus dm</i>.....	.....	11	<i>nicotine</i>	72
<i>mucus dm max er</i>	<i>naftifine</i>	67	NICOTROL.....	72
<i>mucus relief</i>	125	NAGLAZYME.....	72	NICOTROL NS.....
MUCUS RELIEF COLD AND	80	<i>nalbuphine</i>	56	<i>nifedipine</i>
SINUS	124	<i>naloxone</i>	42	NIGHT TIME COLD AND
MUCUS RELIEF COLD-		<i>naltrexone</i>	42	FLU RELIEF.....
FLU-SORE THR.....	124	NAMZARIC.....	33	<i>night time pain medicine</i>
MUCUS RELIEF		<i>naproxen</i>	42	<i>nighttime sleep</i>
CONGESTION-COUGH		<i>naproxen sodium</i>	42	<i>nighttime allergy relief</i>
.....	124	<i>naratriptan</i>	32	NIGHTTIME COLD-FLU .
<i>mucus relief d (pseudoephed)</i>		<i>nasal decongestant (pe)</i>	125	125
.....	124	NASALCROM.....	136	NIGHTTIME COLD-FLU
MUCUS RELIEF D		NASCOBAL	143	RELIEF.....
(PSEUDOEPHED).....	124	NATACYN	104	<i>nighttime cough</i>
<i>mucus relief dm</i>	125	<i>nateglinide</i>	77	<i>nighttime sleep aid (diphen)</i>
<i>mucus relief dm cough</i>	124	NAYZILAM.....	29	.....
<i>mucus relief dm max</i>	124	<i>nebivolol</i>	56	NIGHTTIME SLEEP AID
<i>mucus relief er</i>	125	<i>nefazodone</i>	49	(DIPHEN).....
MUCUS RELIEF ER.....	125	<i>nelarabine</i>	22	<i>nighttime sleep-aid (doxylamn)</i>
<i>mucus relief pe</i>	125	<i>neomycin</i>	9	.....
MUCUS RELIEF SEV		<i>neomycin-bacitracin-poly-hc</i>	106	<i>nikki (28)</i>
CONGEST-COLD	125	.....	106	<i>nilutamide</i>
MUCUS RELIEF		<i>neomycin-bacitracin-</i>		<i>nimodipine</i>
SINUSPRESSUR-PAIN	125	<i>polymyxin</i>	104	NINJACOF-XG.....
MUCUS RLF SEVERE		<i>neomycin-polymyxin b gu</i>	69	22
SINUS CONGEST	125	<i>neomycin-polymyxin b-</i>		<i>nisoldipine</i>
MUCUS-ER MAX.....	125	<i>dexameth</i>	106, 107	<i>nitazoxanide</i>
<i>multi-symptom cold (pe)</i>	125	<i>neomycin-polymyxin-</i>		9
MULTI-SYMPTOM SEVERE		<i>gramicidin</i>	104	NITE TIME COLD-FLU ...
COLD-NT	125	<i>neomycin-polymyxin-hc</i>	74, 107	<i>nite time cold-flu relief</i>
<i>mupirocin</i>	66	NEONATAL FE.....	143	<i>nite time-d cold-flu relief</i>
MURINE EAR	73	<i>neo-polycin</i>	104	<i>nitetime multi-symptom</i>
<i>murine ear wax removal</i>		<i>neo-polycin hc</i>	107	<i>nitisinone</i>
<i>system</i>	74	<i>neo-tuss</i>	125	<i>nitro-bid</i>
				<i>nitrofurantoin macrocrystal</i> .
				13

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

<i>nitrofurantoin monohyd/m-</i>	NOVOLOG MIX 70-	OPDUALAG	22
<i>cryst</i>	30FLEXPEN U-100	<i>opium tincture</i>	82
<i>nitroglycerin</i>	NOVOLOG PENFILL U-100	OPSUMIT	136
<i>nitroglycerin in 5 % dextrose</i>	INSULIN	<i>ora relief</i>	73
.....	NOVOLOG U-100 INSULIN	<i>oral relief sore throat spray</i> .	73
<i>nitro-time</i>	ASPART	<i>oralone</i>	73
NIVESTYM	NUBEQA	ORENCIA	98
<i>nizatidine</i>	NUCALA	ORENCIA (WITH	
<i>nohist-dm</i>	NUEDEXTA	MALTOSE)	97
<i>nohist-lq</i>	NULOJIX	ORENCIA CLICKJECT	97
<i>non-aspirin</i>	NUPLAZID	ORGOVYX	22
<i>non-aspirin extra strength</i>	NURTEC ODT	ORKAMBI	136
<i>non-aspirin pain relief</i>	<i>nyamyc</i>	ORSERDU	22
<i>non-aspirin pm</i>	<i>nystatin</i>	<i>oseltamivir</i>	4
<i>nora-be</i>	<i>nystatin-triamcinolone</i>	<i>osmitrol 20 %</i>	56
NOREL AD	<i>nystop</i>	OTEZLA	98
<i>norepinephrine bitartrate</i>	<i>nytol</i>	OTEZLA STARTER	98
<i>norethindrone (contraceptive)</i>	NYVEPRIA	<i>oxacillin</i>	11
.....	O	<i>oxacillin in dextrose(iso-osm)</i>	
<i>norethindrone acetate</i>	OCALIVA .....	.....	11
<i>norethindrone ac-eth estradiol</i>	<i>octreotide acetate</i>	<i>oxaliplatin</i>	22
.....	ODEFSEY	<i>oxaprozin</i>	43
<i>norethindrone-e.estradiol-iron</i>	ODOMZO	<i>oxcarbazepine</i>	29
.....	OFEV	OXERVATE	105
<i>norgestimate-ethinyl estradiol</i>	<i>ofloxacin</i>	<i>oxybutynin chloride</i>	138
.....	OJJAARA	<i>oxycodone</i>	36
<i>nortrel 0.5/35 (28)</i>	<i>olanzapine</i>	<i>oxycodone-acetaminophen</i>	36
<i>nortrel 1/35 (21)</i>	<i>olanzapine-fluoxetine</i>	OXYCONTIN	36
<i>nortrel 1/35 (28)</i>	<i>olmesartan</i>	OZEMPIC	78
<i>nortrel 7/7/7 (28)</i>	<i>olmesartan-amlodipine-</i>	OZURDEX	107
<i>nortriptyline</i>	<i>hydrochlorothiazide</i>	P	
NORVIR	<i>olmesartan-</i>	<i>pacerone</i>	53
NOVO PEN NEEDLE	<i>hydrochlorothiazide</i>	<i>paclitaxel</i>	23
NOVOLIN 70/30 U-100	<i>olopatadine</i>	PADCEV	23
INSULIN	<i>omega-3 acid ethyl esters</i>	<i>pain relief (acetaminophen)</i> .	43
NOVOLIN 70-30 FLEXPEN	<i>omeprazole</i>	<i>pain relief adult</i>	43
U-100	<i>omeprazole magnesium</i>	<i>pain relief es (acetaminophen)</i>	
NOVOLIN N FLEXPEN	OMEPRAZOLE-SODIUM	.....	43
NOVOLIN N NPH U-100	BICARBONATE	<i>pain relief pm</i>	43
INSULIN	OMNITROPE	<i>pain relief pm rapid release</i> .	43
NOVOLIN R FLEXPEN	ONCASPAR	<i>pain reliever (acetam-aspirin)</i>	
NOVOLIN R REGULAR	<i>ondansetron</i> .....	.....	43
U100 INSULIN	<i>ondansetron hcl</i>	<i>pain reliever (acetaminophen)</i>	
NOVOLOG FLEXPEN U-100	<i>ondansetron hcl (pf)</i> .....	.....	43
INSULIN	ONIVYDE	<i>pain reliever es(acetaminophn)</i>	
NOVOLOG MIX 70-30 U-100	ONUREG .....	.....	43
INSULN	OPDIVO	<i>pain reliever plus</i>	43

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

<i>pain reliever pm ex-strength</i>	43	PERJETA	23	<i>podofilox</i>	65
<i>pain-off</i>	43	<i>permethrin</i>	69	POLIVY	23
<i>paliperidone</i>	49, 50	<i>perphenazine</i>	50	<i>polocaine</i>	65
<i>palonosetron</i>	85	PERSERIS	50	<i>polocaine-mpf</i>	65
<i>pamidronate</i>	80	<i>pfizerpen-g</i>	12	<i>polycin</i>	104
PANRETIN	65	<i>pharbechlor</i>	126	<i>polymyxin b sulf-trimethoprim</i>	104
<i>pantoprazole</i>	88	<i>pharbedryl</i>	126	POLY-TUSSIN AC	126
<i>paraplatin</i>	23	<i>pharbetol</i>	43	POMALYST	23
<i>paricalcitol</i>	80	<i>pharbinex-dm</i>	126	<i>portia 28</i>	103
<i>paromomycin</i>	9	PHENAGIL	126	PORTRAZZA	23
<i>paroxetine hcl</i>	50	PHENAGIL CH (CPM-PE- DM)	126	<i>posaconazole</i>	1
PAXLOVID	4	<i>phenaseptic</i>	73	<i>potassium acetate</i>	140
<i>pazopanib</i>	23	<i>phenelzine</i>	50	<i>potassium chlorid-d5-</i> <i>0.45%nacl</i>	140
PEGGEN PSE	126	PHENOBARB-HYOSCY- ATROPINE-SCOP	82	<i>potassium chloride</i>	141
PEDIARIX (PF)	92	<i>phenobarbital</i>	29	<i>potassium chloride in</i> <i>0.9%nacl</i>	140
PEDIAVENT	126	<i>phenobarbital sodium</i>	29	<i>potassium chloride in 5 % dex</i>	140
PEDVAX HIB (PF)	92	<i>phenohytro</i>	82	<i>potassium chloride in lr-d5</i>	140
<i>peg 3350-electrolytes</i>	85	<i>phentolamine</i>	56	<i>potassium chloride in water</i>	141
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	85	<i>phenylephrine hcl</i>	126	<i>potassium chloride-0.45 %</i> <i>nacl</i>	141
PEGASYS	90	<i>phenytoin</i>	29	<i>potassium chloride-d5-</i> <i>0.2%nacl</i>	141
<i>peg-electrolyte</i>	85	<i>phenytoin sodium</i>	29	<i>potassium chloride-d5-</i> <i>0.9%nacl</i>	141
PEMAZYRE	23	<i>phenytoin sodium extended</i> ..	29	<i>potassium citrate</i>	139
<i>pemetrexed disodium</i>	23	<i>philith</i>	103	<i>potassium phosphate m-/d-</i> <i>basic</i>	141
PEN NEEDLE, DIABETIC ..	94	PHOSPHOLINE IODIDE ..	105	POTELIGEO	23
PENBRAYA (PF)	92	PHYSICIANS EZ USE B-12	143	<i>pramipexole</i>	31
<i>penciclovir</i>	67	<i>phytonadione (vitamin k1)</i>	60	PRAMOSONE	63
<i>penicillamine</i>	98	PHYTONADIONE (VITAMIN K1)	60	<i>prasugrel</i>	60
PENICILLIN G POT IN DEXTROSE	11	PIFELTRO	4	<i>pravastatin</i>	61
<i>penicillin g potassium</i>	11	<i>pilocarpine hcl</i>	71, 105	<i>praziquantel</i>	9
<i>penicillin g sodium</i>	12	<i>pimecrolimus</i>	65	<i>prazosin</i>	57
<i>penicillin v potassium</i>	12	<i>pimozide</i>	50	<i>prednicarbate</i>	69
PENTACEL (PF)	92	<i>pimtrea (28)</i>	103	<i>prednisolone</i>	74
<i>pentamidine</i>	9	<i>pindolol</i>	57	<i>prednisolone acetate</i>	107
PENTASA	85	<i>pioglitazone</i>	78	<i>prednisolone sodium</i> <i>phosphate</i>	74, 75, 107
<i>pentoxifylline</i>	60	<i>piperacillin-tazobactam</i>	12	<i>prednisone</i>	75
<i>pepcid ac</i>	89	PIQRAY	23	<i>prednisone intensol</i>	75
PEPCID AC	89	<i>pirfenidone</i>	136	<i>pregabalin</i>	30
PEPCID AC MAXIMUM STRENGTH	89	<i>piroxicam</i>	43	PREHEVBRIO (PF)	92
PEPCID COMPLETE	89	<i>pitavastatin calcium</i>	61		
<i>percogesic</i>	43	PLASMA-LYTE A	142		
<i>percogesic backache relief</i> ..	43	PLEGRIDY	90		
<i>percogesic extra strength</i>	43	PLENAMINE	142		
<i>perindopril erbumine</i>	56	PLERIXAFOR	90		
<i>perio gard</i>	73				

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

PREMARIN	99, 100	<i>promethazine</i>	126	<i>refenesen</i>	127
<i>premasol 10 %</i>	142	<i>promethazine vc-codeine</i>	126	<i>refenesen dm</i>	127
<i>pre-menstrual relief</i>	43	<i>promethazine-codeine</i>	126	<i>refenesen pe</i>	127
PREMPHASE	100	<i>promethazine-dm</i>	126	REGRANEX	65
PREMPRO	100	<i>propafenone</i>	53	RELENZA DISKHALER	4
<i>prenatal vitamin oral tablet</i>	143	<i>propranolol</i>	57	RELISTOR.....	86
<i>pres gen</i>	126	<i>propylthiouracil</i>	75	REMICADE	86
PRES GEN PEDIATRIC ...	126	PROQUAD (PF).....	92	RENACIDIN	139
PRESGEN B	126	<i>protamine</i>	60	<i>repaglinide</i>	78
PRESSURE-PAIN PE PLUS		<i>protriptyline</i>	50	REPATHA.....	61
MUCUS.....	126	<i>pseudoephedrine-guaifenesin</i>		REPATHA PUSHTRONEX	61
PREVACID 24HR	89	.....	127	REPATHA SURECLICK ...	61
<i>prevalite</i>	61	PSEUDOEPHEDRINE-		RESCON	127
PREVIDENT 5000 BOOSTER		GUAIFENESIN.....	126	RESCON-DM.....	127
PLUS	73	PULMICORT FLEXHALER		<i>rescon-gg</i>	127
PREVIDENT 5000 DRY		.....	136	RESPA-AR.....	127
MOUTH	73	PULMOZYME.....	136	<i>rest simply nighttime sleep</i> .	127
PREVYMIS.....	4	PURIXAN	23	RETACRIT.....	90
PREZCOBIX.....	4	<i>pyrazinamide</i>	9	RETEVMO.....	23
PREZISTA	4	<i>pyridostigmine bromide</i>	34	RETROVIR	4
PRIFTIN.....	9	<i>pyridoxine (vitamin b6)</i>	143	REVCOVI	71
PRILOSEC OTC.....	89	<i>pyrimethamine</i>	9	<i>revonto</i>	34
PRIMAQUINE.....	9	Q		REXULTI.....	50
PRIMATENE ASTHMA ...	126	QINLOCK	23	REYATAZ	4
<i>primidone</i>	30	QTERN.....	78	REZLIDHIA	23
PRIMIDONE.....	30	QUADRACEL (PF)	92	REZUROCK.....	23
PRIORIX (PF).....	92	<i>quetiapine</i>	50	RHOPRESSA	106
PRIVIGEN	92	<i>quinapril</i>	57	<i>ribavirin</i>	4
<i>probenecid</i>	94	<i>quinapril-hydrochlorothiazide</i>		RIDAURA.....	98
<i>probenecid-colchicine</i>	94	.....	57	<i>rifabutin</i>	9
<i>procainamide</i>	53	<i>quinidine sulfate</i>	53	<i>rifampin</i>	9
<i>prochlorperazine</i>	85	<i>quinine sulfate</i>	9	<i>riluzole</i>	71
<i>prochlorperazine edisylate</i> ...	85	QULIPTA.....	32	<i>rimantadine</i>	4
<i>prochlorperazine maleate oral</i>		QVAR REDIHALER.....	136	<i>ringer's</i>	69, 141
.....	85	R		RINVOQ.....	98
PROCRIT	90	RABAVERT (PF)	92	<i>risedronate</i>	71, 95
PROCTOCORT	85	RADICAVA ORS	33	RISPERDAL CONSTA	50
<i>procto-med hc</i>	85	RADICAVA ORS STARTER		<i>risperidone</i>	50, 51
<i>proctosol hc</i>	85	KIT SUSP.....	33	<i>risperidone microspheres</i>	50
<i>proctozone-hc</i>	86	<i>raloxifene</i>	94	<i>ritonavir</i>	4
<i>progesterone</i>	100	<i>ramelteon</i>	50	<i>rivastigmine</i>	34
<i>progesterone micronized</i>	100	<i>ramipril</i>	57	<i>rivastigmine tartrate</i>	33
PROGRAF	23	<i>ranolazine</i>	62	<i>rizatriptan</i>	32
PROLASTIN-C.....	71	<i>rasagiline</i>	31	<i>robafen cf (phenylephrine)</i> .	127
PROLENSA	106	<i>reclipsen (28)</i>	103	ROBITUSSIN COLD-FLU	
PROLIA	94	RECOMBIVAX HB (PF)	93	NIGHT (PE)	127
PROMACTA.....	60	RECTIV	86		

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

<i>robitussin cough and cold cf</i>	<i>saxagliptin-metformin</i>	<i>siltussin sa</i>
..... 127	78	128
<i>robitussin cough-chest cong</i>	SCSEMBLIX.....	<i>silver sulfadiazine</i>
<i>dm</i>	24	65
127	<i>scopolamine base</i>	SIMBRINZA
ROBITUSSIN ER	86	106
127	SCOT-TUSSIN DIABETES	<i>simply sleep</i>
<i>robitussin honey max dm</i>....	..... 128	128
127	SCOT-TUSSIN DIABETES	SIMULECT
ROBITUSSIN LONG-	CF	24
ACTING.....	127	<i>simvastatin</i>
127	SCOT-TUSSIN DM.....	61
ROCKLATAN	128	<i>sinus and allergy pe</i>
106	SCOT-TUSSIN	128
<i>roflumilast</i>	EXPECTORANT	SINUS CONGESTION AND
136	128	PAIN.....
<i>romidepsin</i>	SCOT-TUSSIN SENIOR... 128	128
23	SECUADO	<i>sinus congestion-pain(chlorph)</i>
RONDEC-D	51	..... 128
127	SEGLUROMET	SINUS CONGESTION-
<i>ropinirole</i>	78	PAIN(GUAIF).....
31	<i>selegiline hcl</i>	128
<i>rosuvastatin</i>	31	<i>sinus decongestant (pe)</i>
61	<i>selenium sulfide</i>	128
ROSTARIX	63	SINUS HEADACHE PE....
93	SELZENTRY	128
ROTATEQ VACCINE	4	SINUS PAIN-PRESSURE
93	<i>sertraline</i>	(PE).....
<i>roweepra</i>	51	128
30	<i>setlakin</i>	<i>sinus pe decongestant</i>
ROZLYTREK	103	128
23	<i>sevelamer carbonate</i>	<i>sinus relief (non-drowsy)</i>
RUBRACA	71	128
23	<i>severe allergy</i>	SINUS RELIEF PRESSURE
<i>rufinamide</i>	43	AND PAIN
30	SEVERE ALLERGY-SINUS	129
RU-HIST D	HEADACHE	SINUS-HEADACHE DAY-
127	128	NIGHT.....
RUKOBIA.....	<i>severe cold</i>	129
4	128	<i>sirolimus</i>
RUXIENCE.....	SEVERE COLD AND FLU	24
23	(PE).....	SIRTURO
RYBELSUS	128	9
78	SEVERE COLD AND FLU	SKYRIZI
RYBREVANT	NIGHTTIME.....	63, 86
23	128	<i>sleep aid (diphenhydramine)</i>
RYCONTUSS	SEVERE COLD AND FLU-	..... 129
127	DAY (DM)	SLEEP AID
RYDAPT	128	(DIPHENHYDRAMINE)
23	SEVERE COLD MULTI-	..... 129
RYLAZE	SYMPTOM	<i>sleep aid (doxylamine)</i>
23	128	51
RYMED	SEVERE CONGESTION	<i>sleep ii</i>
(DEXCHLORPHENIRAMI	RELIEF	129
NE-PE)	128	<i>sleep tablet (diphenhydramine)</i>
127	SEVERE COUGH-	..... 129
<i>rynex dm</i>	CONGESTION	SLEEP TIME.....
127	128	129
<i>rynex pe</i>	SEVERE SINUS	<i>sleep-tabs</i>
127	128	129
<i>rynex pse</i>	<i>sf 73</i>	<i>sodium acetate</i>
127		141
S	<i>sf 5000 plus</i>	<i>sodium benzoate-sod</i>
SAFE TUSSIN DM.....	73	<i>phenylacet</i>
127	<i>shake that ache</i>	71
<i>sajazir</i>	43	<i>sodium bicarbonate</i>
136	<i>sharobel</i>	141
<i>salsalate</i>	100	<i>sodium chloride</i>
43	SHINGRIX (PF).....	71, 141
SANCUSO	93	<i>sodium chloride 0.45 %</i>
86	SIGNIFOR.....	141
SANDIMMUNE	24	<i>sodium chloride 0.9 %</i>
23	<i>siladryl sa</i>	71
SANDOSTATIN LAR	<i>sildenafil</i>	<i>sodium chloride 3 %</i>
DEPOT	128	<i>hypertonic</i>
24	<i>sildenafil (pulmonary arterial</i>	141
SANTYL	<i>hypertension)</i>	
65	136	
<i>sapropterin</i>	<i>silodosin</i>	
80	138	
SARCLISA		
24		
SAVELLA.....		
98		
<i>saxagliptin</i>		
78		

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

<i>sodium chloride 5 %</i>	STEGLATRO.....	78	T	TABLOID.....	24	
<i>hypertonic</i>	STELARA	63		TABRECTA	24	
<i>sodium ferric gluconat-sucrose</i>	STIOLTO RESPIMAT.....	137		<i>tacrolimus</i>	24, 65	
.....	STIVARGA.....	24		<i>tadalafil</i>	139	
<i>sodium fluoride 5000 dry</i>	STRENSIQ.....	80		TADALAFIL (BULK)	139	
<i>mouth</i>	STREPTOMYCIN	10		<i>tadalafil (pulm. hypertension)</i>	137	
<i>sodium fluoride 5000 plus</i>	STRIBILD	4		.....	137
<i>sodium fluoride-pot nitrate</i> ... 73	STRIVERDI RESPIMAT ..	137		TAFINLAR	24	
<i>sodium nitroprusside</i>	<i>subvenite</i>	30		<i>tafluprost (pf)</i>	106	
SODIUM OXYBATE.....	<i>subvenite starter (blue) kit</i>	30		<i>tagamet hb</i>	89	
<i>sodium phenylbutyrate</i>	<i>subvenite starter (green) kit</i> .	30		TAGRISSE.....	24	
<i>sodium phosphate</i>	<i>subvenite starter (orange) kit</i>	30		TALTZ AUTOINJECTOR ..	63	
<i>sodium polystyrene sulfonate</i>	SUCRAID	86		TALTZ AUTOINJECTOR (2	PACK)	63
.....	<i>sucralfate</i>	89		TALTZ AUTOINJECTOR (3	PACK)	63
<i>solifenacin</i>	SUDAFED PE.....	129		TALTZ SYRINGE	64	
SOLIQUA 100/33	<i>sudogest cold and allergy</i> ... 129			TALVEY	24	
SOLTAMOX.....	<i>sulfacetamide sodium</i>	105		TALZENNA.....	24	
SOMATULINE DEPOT.....	<i>sulfacetamide sodium (acne)</i> 66			<i>tamoxifen</i>	24	
SOMAVERT	<i>sulfacetamide-prednisolone</i> 105			<i>tamsulosin</i>	138	
<i>sominex</i>	<i>sulfadiazine</i>	12		<i>tarina 24 fe</i>	103	
SOMINEX MAXIMUM	<i>sulfamethoxazole-trimethoprim</i>	12		<i>tarina fe 1-20 eq (28)</i>	103	
STRENGTH.....	.....	12		TASIGNA.....	24
<i>sorafenib</i>	<i>sulfasalazine</i>	86		<i>tasimelteon</i>	51	
<i>sorbugen nr</i>	<i>sulindac</i>	43		<i>tazarotene</i>	66	
SORBUTUSS.....	<i>sumatriptan</i>	32		<i>tazicef</i>	7	
<i>sore throat</i>	<i>sumatriptan succinate</i>	32		<i>taztia xt</i>	57	
<i>sore throat (benzocaine-menth)</i>	<i>sunitinib malate</i>	24		TAZVERIK	24	
.....	SUNLENCA.....	5		TDVAX	93	
<i>sore throat (phenol)</i>	<i>suphedrine pe cold and allergy</i>	129		TECENTRIQ.....	24	
<i>sorine</i>.....	.....	129		TECVAYLI.....	24
<i>sotalol</i>	<i>suphedrine pe sinus and allergy</i>	129		TEFLARO	7	
<i>sotalol af</i>.....	.....	129		<i>telmisartan</i>	57
SPIRIVA RESPIMAT	<i>suphedrine pe sinus headache</i>	129		<i>telmisartan-</i>		
<i>spironolactone</i> .....	.....	129		<i>hydrochlorothiazide</i>	57
<i>spironolactone-</i>	SUPRESS DM.....	129		TEMODAR	25	
<i>hydrochlorothiazide</i>	<i>supress dx</i>	129		<i>temsirolimus</i>	25	
SPRAVATO.....	<i>syeda</i>	103		TENIVAC (PF)	93	
<i>sprintec (28)</i>	SYMDEKO	137		<i>tenofovir disoproxil fumarate</i> .	5	
SPRITAM	SYMLINPEN 120	78		TENSION HEADACHE.....	43	
SPRYCEL	SYMLINPEN 60	78		TENSION HEADACHE PAIN		
<i>sps (with sorbitol)</i>	SYMPAZAN	30		RELIEVER.....	43	
<i>sronyx</i>	SYMTUZA.....	5		TEPMETKO.....	25	
<i>ssd</i>	SYNAGIS.....	5		<i>terazosin</i>	57	
<i>st joseph aspirin</i>	SYNJARDY	78				
<i>st. joseph aspirin</i>	SYNJARDY XR.....	78				
STAHIST AD.....	SYNTHROID.....	81				

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

<i>terbinafine hcl</i>	1	<i>tolterodine</i>	138	<i>tri-legest fe</i>	103
<i>terbutaline</i>	137	<i>tolvaptan</i>	81	<i>tri-linyah</i>	103
<i>terconazole</i>	100	<i>topiramate</i>	30	<i>tri-lo-estarylla</i>	103
<i>teriflunomide</i>	34	<i>topotecan</i>	25	<i>tri-lo-marzia</i>	103
TERIPARATIDE	95	<i>toremifene</i>	25	<i>tri-lo-sprintec</i>	103
<i>testosterone</i>	80, 81	<i>torsemide</i>	57	<i>trimethoprim</i>	13
<i>testosterone cypionate</i>	80	<i>total allergy medicine</i>	130	<i>trimipramine</i>	51
<i>testosterone enanthate</i>	80	TOUJEO MAX U-300		TRIMO-SAN JELLY	100
TETANUS,DIPHTHERIA		SOLOSTAR	79	TRINTELLIX.....	51
TOX PED(PF).....	93	TOUJEO SOLOSTAR U-300		TRISPEC PSE	130
<i>tetrabenazine</i>	34	INSULIN	79	<i>tri-sprintec (28)</i>	103
<i>tetracycline</i>	13	TRADJENTA.....	79	TRIUMEQ.....	5
THALOMID.....	25	<i>tramadol</i>	43	TRIUMEQ PD.....	5
THEO-24.....	137	<i>tramadol-acetaminophen</i>	43	<i>trivora (28)</i>	103
<i>theophylline</i>	137	<i>trandolapril</i>	57	TRIZIVIR	5
THERAFLU EXPRESSMAX		<i>trandolapril-verapamil</i>	57	TRODELVY.....	25
COLD DAY	129	<i>tranexamic acid</i>	100	TROGARZO	5
THERAFLU EXPRESSMAX		<i>tranylcypromine</i>	51	TROPHAMINE 10 %.....	142
COLD NIGHT	129	<i>travasol 10 %</i>	142	<i>trospium</i>	138
THERAFLU MULTI-		<i>travel sickness</i>	86	TRULANCE.....	86
SYMPTOM COLD	129	<i>travel-ease (meclizine)</i>	86	TRULICITY	79
THERAFLU NIGHT SEVERE		<i>travoprost</i>	106	TRUMENBA.....	93
COLD-CGH	130	TRAZIMERA.....	25	TRUQAP	25
<i>thiamine hcl (vitamin b1)</i> ...	144	<i>trazodone</i>	51	TUKYSA.....	25
<i>thioridazine</i>	51	TRECATOR.....	10	<i>tums dual action (famotidine)</i>	
<i>thiotepa</i>	25	TRELEGY ELLIPTA.....	137	.....	89
<i>thiothixene</i>	51	TRELSTAR.....	25	TURALIO.....	25
<i>tiadylt er</i>	57	<i>treprostinil sodium</i>	57	<i>turqoz (28)</i>	103
<i>tiagabine</i>	30	<i>tretinoin (antineoplastic)</i>	25	TUSICOF	130
TIBSOVO	25	<i>tretinoin topical</i>	66	<i>tusnel diabetic</i>	130
TICE BCG.....	93	<i>triamcinolone acetonide 69, 73,</i>		TUSNEL DM	130
TICOVAC	93	75		TUSNEL DM	
<i>tigecycline</i>	10	TRIAMINIC COLD AND		PEDIATRIC(PHENYLEPH	
<i>tilia fe</i>	103	COUGH (PE)	130	).....	130
<i>timolol maleate</i>	57, 105	TRIAMINIC COLD AND		TUSNEL NEW FORMULA	
<i>tinidazole</i>	10	COUGHNT(PE)	130	.....	130
<i>tiotropium bromide</i>	137	<i>tiarterene-</i>		TUSNEL PEDIATRIC	130
TIVDAK.....	25	<i>hydrochlorothiazide</i>	57	<i>tusnel-ex</i>	130
TIVICAY	5	<i>tri-buffered aspirin</i>	44	<i>tussi pres-b</i>	130
TIVICAY PD	5	<i>triderm</i>	69	TUSSI PRES-B	130
<i>tizanidine</i>	34	<i>trientine</i>	71	<i>tussin</i>	131
TOBI PODHALER	10	<i>tri-estarylla</i>	103	<i>tussin cf (pe-dm-guaif)</i>	130
TOBRADEX	107	TRIFERIC	144	<i>tussin cf cough-cold</i>	130
<i>tobramycin</i>	10, 104	<i>trifluoperazine</i>	51	TUSSIIN CF MAX.....	130
<i>tobramycin in 0.225 % nacl</i> .	10	<i>trifluridine</i>	104	<i>tussin chest congestion</i>	130
<i>tobramycin sulfate</i>	10	TRIJARDY XR.....	79	<i>tussin cough (dm only)</i>	130
<i>tobramycin-dexamethasone</i>	107	TRIKAFTA	137		

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

<i>tussin cough-chest congestion</i>	130	V		VERQUVO.....	62
<i>tussin dm</i>	130, 131	<i>valacyclovir</i>	5	VERSACLOZ.....	52
<i>tussin dm clear</i>	130	VALCHLOR	65	VERZENIO	25
<i>tussin dm cough and chest</i> ..	130	<i>valganciclovir</i>	5	<i>vestura (28)</i>	103
<i>tussin dm max</i>	130	<i>valihist</i>	131	VIAGRA.....	139
<i>tussin long-acting</i>	131	<i>valproate sodium</i>	30	VIBATIV.....	10
<i>tussin mucus-chest congestion</i>		<i>valproic acid</i>	30	VIBERZI	86
.....	131	<i>valproic acid (as sodium salt)</i>		<i>vicks dayquil cold-flu relief</i>	131
<i>tussi-pres</i>	131	.....	30	VICKS DAYQUIL COLD-	
TUSSI-PRES PEDIATRIC	131	<i>valrubicin</i>	25	FLU RELIEF	131
TUSSLIN	131	<i>valsartan</i>	57	VICKS DAYQUIL SEVERE	
TUXARIN ER.....	131	<i>valsartan-hydrochlorothiazide</i>		COLD-FLU	131
TWINRIX (PF)	93	.....	57	<i>vicks nyquil cold/flu liquicap</i>	
TYLENOL	44	VALTOCO.....	30	.....	131
TYLENOL 8 HOUR	44	VANACOF.....	131	VICKS NYQUIL COUGH.	131
TYLENOL ARTHRITIS PAIN		VANATAB DM.....	131	VICKS NYQUIL	
.....	44	<i>vancomycin</i>	10	NIGHTTIME RELIEF ..	131
TYLENOL COLD AND FLU		VANCOMYCIN	10	VICKS NYQUIL SEVERE	
SEVERE.....	131	VANCOMYCIN IN 0.9 %		COLD-FLU	131
TYLENOL COLD HEAD		SODIUM CHL	10	<i>vienna</i>	103
CONGEST SEVR	131	<i>vandazole</i>	100	<i>vigabatrin</i>	30
TYLENOL COLD MAX DAY		VANFLYTA	25	<i>vigadrone</i>	30
.....	131	VANQUISH.....	44	<i>vigpoder</i>	30
TYLENOL EXTRA		VAQTA (PF).....	93	<i>vilazodone</i>	52
STRENGTH.....	44	<i>vardenafil</i>	139	VIMIZIM.....	81
TYLENOL PM EXTRA		VARDENAFIL HCL (BULK)		<i>vinblastine</i>	25
STRENGTH.....	44	.....	139	<i>vincristine</i>	25
TYLENOL SINUS SEVERE		<i>varenicline</i>	72	<i>vinorelbine</i>	26
.....	131	VARIVAX (PF)	93	VIOKACE	86
TYPHIM VI	93	VARIZIG.....	94	<i>viorele (28)</i>	103
TYVASO.....	137	VARUBI.....	86	VIRACEPT.....	5
TYVASO INSTITUTIONAL		VECAMYL	62	VIREAD	5
START KIT	137	VECTIBIX	25	<i>virtussin ac</i>	131
TYVASO REFILL KIT	137	VEKLURY	5	VISTOGARD	14
TYVASO STARTER KIT ..	137	<i>veletri</i>	58	VITALIPID N INFANT	144
U		<i>velivet triphasic regimen (28)</i>		<i>vitamin k</i>	60
UBRELVY	32	.....	103	<i>vitamin k1</i>	60
UNISOM (DOXYLAMINE)51		VELPHORO.....	71	VITLIPID N ADULT	144
UNISOM PM PAIN	44	VELTASSA.....	71	VITLIPID N INFANT.....	144
<i>unisom sleepgels</i>	131	VEMLIDY.....	5	VITRAKVI.....	26
UNISOM SLEEPMINIS	131	VENCLEXTA	25	VIVITROL	44
<i>unithroid</i>	81	VENCLEXTA STARTING		VIZIMPRO.....	26
UNITUXIN	25	PACK	25	VONJO	26
UPTRAVI	57	<i>venlafaxine</i>	52	<i>voriconazole</i>	1
<i>ursodiol</i>	86	VENOFER.....	144	VOSEVI	5
UZEDY	51, 52	VENTOLIN HFA.....	137	VOTRIENT	26
		<i>verapamil</i>	58	VRAYLAR.....	52

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

VUMERITY	34	<i>wal-tussin cough and cold cf</i>	<i>yuvafem</i>	100
VYNDAMAX	62	.....	Z	
VYXEOS.....	26	<i>wal-tussin dm</i>	<i>zafemy</i>	100
W		<i>wal-tussin max strength cough</i>	<i>zafirlukast</i>	138
<i>wal-act d cold and allergy</i> ..	131	.....	<i>zaleplon</i>	52
<i>wal-dram</i>	86	<i>wal-zyr (cetirizine)</i>	ZALTRAP	26
<i>wal-dram 2</i>	86	<i>wal-zyr d</i>	ZANOSAR	26
<i>wal-dryl allergy</i>	132	<i>warfarin</i>	<i>zantac-360 (famotidine)</i>	89
<i>wal-dryl severe allergy-sinus</i>		<i>water for irrigation, sterile</i> ...71	ZARXIO.....	90
.....	132	WELIREG	ZEGALOGUE	
<i>wal-dryl-d allergy and sinus</i>		<i>wera (28)</i>	AUTOINJECTOR.....	79
.....	132	<i>wescap-pn dha</i>	ZEGALOGUE SYRINGE...79	
<i>wal-fex allergy</i>	132	<i>wixela inhub</i>	ZEGERID OTC.....	89
<i>wal-fex d 12 hour</i>	132	WOMEN'S ASPIRIN WITH	ZEJULA	26
<i>wal-fex d 24 hour</i>	132	CALCIUM.....	ZELBORAF	26
<i>wal-finatone</i>	132	X	<i>zenatane</i>	66
<i>wal-finatone-d</i>	132	XALKORI.....	ZENPEP.....	87
WAL-FLU DAY-NIGHT		XARELTO.....	ZEPOSIA.....	34
COLD-COUGH	132	XARELTO DVT-PE TREAT	ZEPOSIA STARTER KIT (28-	
<i>wal-flu night severe cold</i>	132	30D START	DAY).....	34
WAL-FLU SEVERE COLD		XATMEP.....	ZEPOSIA STARTER PACK	
AND COUGH.....	132	XCOPRI.....	(7-DAY)	34
WAL-FLU SEVERE COLD-		XCOPRI MAINTENANCE	ZEPZELCA	26
COUGH.....	132	PACK	<i>zidovudine</i>	5
<i>wal-itin</i>	132	XCOPRI TITRATION PACK	ZIEXTENZO.....	90
<i>wal-itin d</i>	132	.....	<i>ziprasidone hcl</i>	52
<i>wal-itin d 12 hour</i>	132	XDEMVI	<i>ziprasidone mesylate</i>	52
<i>wal-phed</i>	132	XELJANZ	ZIRABEV.....	26
<i>wal-phed pe</i>	132	XELJANZ XR.....	ZIRGAN.....	105
<i>wal-phed pe nighttime cold</i>	132	XERMELO.....	ZOLADEX.....	27
<i>wal-phed pe sinus and allergy</i>		XGEVA	<i>zoledronic acid</i>	81
.....	132	XIAFLEX.....	<i>zoledronic acid-mannitol-water</i>	
WAL-PHED PE SINUS		XIFAXAN.....	.....	72, 81
HEADACHE.....	132	XIGDUO XR.....	ZOLINZA.....	27
WAL-PHED PE TRIPLE		XIIDRA	<i>zolmitriptan</i>	32
RELIEF	132	XOFLUZA	<i>zolpidem</i>	52
<i>wal-profen</i>	44	XOLAIR.....	ZONISADE.....	31
<i>wal-profen cold-sinus</i>	132	XOSPATA.....	<i>zonisamide</i>	31
<i>wal-profen d cold and sinus</i>	132	XPOVIO.....	<i>zovia 1-35 (28)</i>	104
<i>wal-proxen</i>	44	XTANDI.....	ZTALMY	31
WAL-SLEEP Z.....	133	<i>xulane</i>	ZUBSOLV.....	44
<i>wal-som (diphenhydramine)</i>		XYZAL	<i>zumandimine (28)</i>	104
.....	133	Y	ZURZUVAE.....	52
<i>wal-som (doxylamine)</i>	52	YERVOY	ZYDELIG.....	27
<i>wal-tap dm</i>	133	YF-VAX (PF).....	ZYKADIA.....	27
<i>wal-tussin cough</i>	133	YOHIMBINE HCL (BULK)71	<i>zyncof</i>	133
		YONDELIS.....	ZYNCOF	133

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

ZYNLONTA.....	27	ZYPREXA RELPREVV	52	ZYRTEC-D	133
ZYNYZ	27	ZYRTEC	133	ZZZQUIL	133

Brand-name drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vi.

This drug list was last updated on 04/16/2024.



This formulary was updated on 05/01/2024. For more recent information or other questions, please contact EmblemHealth Medicare HMO at **877-344-7364**, for TTY users, **711**, Monday to Sunday, 8 a.m. to 8 p.m., or visit **[emblemhealth.com/medicare](https://www.emblemhealth.com/medicare)**.

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