



CareSource Georgia Medicaid

7/1/2024

INTRODUCTION

This is the 2024 **CareSource Medicaid Formulary or Preferred Drug List (PDL)**. This list can help providers in picking clinically appropriate and lower priced products. All Georgia Medicaid drugs are covered by CareSource. This is just a list of preferred drugs.

These drugs have been reviewed by the CareSource Pharmacy and Therapeutics (P&T) Committee. The list is up to date at the time of review.

We do not promise the accuracy of the data. It is also not meant to be a full list. It does not substitute for the provider's knowledge, skill and judgment. All the data in the list is a guide. Providers are fully responsible for all drug choices.

The list is subject to state-specific laws and rules. This can be, but is not limited to:

- those about generic option
- controlled substance schedules
- brand preference
- mandatory generics (when it applies)

We take no responsibility for the actions or gaps of any provider. They should review the drug maker's product data or standard references.

PREFACE

The list is set up in sections. Each section is split up by therapeutic drug class by method of action. Products are listed by generic name. The brand name is also listed. This is for information only. Unless the drug is an injection or special case, the dosage, forms and strengths are listed.

P&T COMMITTEE

A national P&T Committee are used to approve safe and useful drug therapies. It is made up of:

- the plan's medical directors
- pharmacy staff
- those in the medical community

DRUG COVERAGE DETAILS

Only a strength, dosage or other formulation may be covered if listed. Other strengths/dosages/formulations are not covered. For example: injectable forms of the product. Extended- and delayed-release products have their own listing.

metformin Glucophage

The immediate-release product listing would not have the extended-release product.

metformin ext-rel Glucophage XR

A second listing shows the extended-release product.

Dosage forms will be part of the section where listed.

Neomycin/polymyxin B/hydrocortisone Cortisporin

Cortisporin is only in the OTIC list. It is limited to the solution and suspension. The cream cannot be assumed to be on the list. It would need to be part of the DERMATOLOGY section.

Prior Authorizations (PA)

CareSource may need providers to send us why a drug or amount is needed. This is called a PA. CareSource must approve this before a member can get the drug. "PA" means that a PA is needed. Here are some reasons for a PA:

- A generic or alternative drug is available.
- The drug can be misused or abused.
- The drug needs special handling, monitoring or has limited shipping.
- There are other drugs that must be tried first.

PA Requests

Health partners may ask for a PA online or by fax. Find out more on the Providers page at **CareSource.com**. We may not approve a PA ask for a drug. If we don't, we will tell the member how to appeal.

Quantity Limits

Some drugs have limits on how much can be given at a time. "QL" is used to show there is a quantity limit. QLs are based on the drug makers' suggested dosing. Patient safety is also kept in mind. Therapy with opioid analgesics may have quantity limits. These are based on drug makers' recommended dosing and/or state regulations.

The quantity limits are in the list below.

Step Therapy

Members may need to try one drug before taking another. This is called Step Therapy. One drug must be tried before another will be approved for use. CareSource will cover some drugs only if the Step Therapy protocol is followed. "ST" is used in the list when it is needed.

Generic Substitution and Therapeutic Interchange

Generic substitution is a pharmacy action. A generic version is given instead of a brand-name product. *Italic type* means there is a generic. Not all strengths or dosage forms of the generic may be generically on hand. A brand-name drug that has a generic product

will become non-formulary. The generic product will be covered in place of the brand-name product. The list is subject to state-specific regulations and rules about generic substitution.

Generic drugs are often priced lower than the brand-name. They should be prescribed first if the standards are followed. Prescription generic drugs are:

- Approved by the U.S. FDA. This is for safety and effectiveness. They are made under the same strict standards as brand-name products.
- Tested in humans. The generic must be absorbed at the same rate as the brand-name product. They may differ from the brand in size, color, and inactive ingredients. This does not alter their use.
- Made in the same strength and dosage form as the brand-name products.

A generic drug will have the same effect and safety as the brand name.

PLAN DESIGN

The list shows a closed formulary plan design. The drugs listed are covered by the plan as listed. Certain drugs are covered if utilization management standards are met. This can be ST, PA, and/or QL. Asks for drugs outside of the listed standards will be reviewed. If a drug is not listed, a formulary exception may be asked for coverage. Medical need or formulary exception asks will be reviewed. This is based on PA measures or standard non-formulary prescription criteria. A member or a provider can ask for a formulary exception. Fill out the form found on the PDL page at **CareSource.com**.

NOTICE

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This list has brand-name prescription drugs that are trademarks or registered trademarks.

CareSource does not operate the organizations listed here. CareSource is not responsible for the reliability of the content. These listings are not a recommendation by CareSource.

Note: this list is updated regularly. Changes may show before their effective date.

List of Abbreviations

1: Preferred generic product

2: Preferred brand product

ACA: Affordable Care Act

AR: Age Restriction. For certain drugs, the drug may be covered for members in a certain age range without a prior authorization.

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

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

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

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

Georgia Medicaid Preferred Drug List (PDL)

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CURRENT AS OF 7/1/2024

Drug Name	Tier	Restrictions / Limits
ANALGESICS		
<i>acetaminophen-codeine oral solution</i>	1	QL (125 ML per 1 day)
<i>acetaminophen-codeine oral tablet</i>	1	QL (10 EA per 1 day)
AIMOVIG AUTOINJECTOR	2	PA; QL (1 ML per 30 days); AR
<i>almotriptan malate</i>	1	QL (12 EA per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	QL (48 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	1	QL (48 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	QL (48 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diflunisal</i>	1	
ELMIRON	2	
EMGALITY PEN	2	PA; QL (3 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (3 ML per 30 days)
ENDOCET	1	QL (10 EA per 1 day)
<i>ergotamine-caffeine</i>	1	
ESGIC ORAL CAPSULE	2	QL (48 EA 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>	1	PA; QL (1 EA per 3 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (125 ML per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (10 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (5 EA per 1 day)
<i>hydromorphone oral liquid</i>	1	QL (6 ML per 1 day)
<i>hydromorphone oral tablet</i>	1	QL (6 EA per 1 day)
<i>ketorolac oral</i>	1	QL (20 EA per 30 days)
METHADONE INTENSOL	1	PA
<i>methadone oral concentrate</i>	1	PA
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; QL (8.67 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; QL (20 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	1	PA; QL (2 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	1	PA; QL (4 EA per 1 day)
MIGERGOT	1	
<i>morphine concentrate oral solution</i>	1	QL (6 ML per 1 day)
<i>morphine oral capsule, extend.release pellets 10 mg, 20 mg, 50 mg, 80 mg</i>	1	PA; QL (2 EA per 1 day)
<i>morphine oral capsule, extend.release pellets 100 mg</i>	1	PA; QL (1 EA per 1 day)
<i>morphine oral solution</i>	1	QL (30 ML per 1 day)
<i>morphine oral tablet</i>	1	QL (6 EA per 1 day)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	1	PA; QL (2 EA per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	PA; QL (4 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>morphine rectal</i>	1	QL (6 EA per 1 day)
<i>naratriptan</i>	1	QL (9 EA per 30 days)
<i>oxycodone oral capsule</i>	1	QL (6 EA per 1 day)
<i>oxycodone oral concentrate</i>	1	QL (6 ML per 1 day)
<i>oxycodone oral solution</i>	1	QL (6 ML per 1 day)
<i>oxycodone oral tablet</i>	1	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	1	
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	QL (1385 ML per 25 days)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (10 EA per 1 day)
<i>rizatriptan</i>	1	QL (12 EA per 30 days)
<i>sumatriptan</i>	1	QL (12 EA per 30 days)
<i>sumatriptan succinate oral</i>	1	QL (12 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe</i>	1	QL (5 ML per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (8 EA per 1 day)
<i>tramadol-acetaminophen</i>	1	QL (40 EA per 25 days)

Drug Name	Tier	Restrictions / Limits
<i>zolmitriptan oral</i>	1	QL (12 EA per 30 days)
ANESTHETICS		
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
LIDOCAINE VISCOUS	1	QL (100 ML per 30 days)
<i>lidocaine-prilocaine topical cream</i>	1	QL (30 GM per 30 days)
<i>midazolam (pf)</i>	1	AR
<i>midazolam injection</i>	1	AR
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PLIAGLIS	2	PA
ANTIALLERGY		
<i>cromolyn oral</i>	1	PA
ANTIARTHRITICS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>celecoxib</i>	1	ST
<i>colchicine oral tablet</i>	1	QL (1 EA per 1 day)
<i>diclofenac sodium oral</i>	1	
<i>diclofenac-misoprostol</i>	1	
EC-NAPROXEN	1	
<i>etodolac</i>	1	
<i>flurbiprofen</i>	1	
IBU	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>leflunomide</i>	1	
<i>meloxicam oral tablet</i>	1	
<i>nabumetone</i>	1	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>naproxen-esomeprazole</i>	1	
OLUMIANT ORAL TABLET 2 MG	2	PA; QL (1 EA per 1 day)
OTEZLA	2	PA; QL (2 EA per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; QL (55 EA per 274 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	2	PA
<i>oxaprozin oral tablet</i>	1	
<i>penicillamine oral tablet</i>	1	PA
<i>probenecid</i>	1	
<i>sulindac</i>	1	
XELJANZ ORAL TABLET 10 MG	2	PA; QL (60 EA per 28 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG	2	PA; QL (30 EA per 30 days)
ANTIASTHMATICS		
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL (4 EA per 90 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 %)</i>	1	QL (375 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	1	QL (2 EA per 1 day)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	QL (2 ML per 1 day)
<i>albuterol sulfate oral</i>	1	
ARNUITY ELLIPTA	2	QL (1 EA per 1 day)
ATROVENT HFA	2	QL (65 GM per 30 days)

Drug Name	Tier	Restrictions / Limits
<i>budesonide inhalation</i>	1	QL (4 ML per 1 day)
COMBIVENT RESPIMAT	2	QL (4 GM per 30 days)
<i>cromolyn inhalation</i>	1	QL (8 ML per 1 day)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	2	QL (13 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	2	
ELIXOPHYLLIN	2	
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	2	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	2	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	2	QL (11 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	2	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	QL (2 EA per 1 day)
<i>ipratropium bromide inhalation</i>	1	QL (10 ML per 1 day)
<i>ipratropium-albuterol</i>	1	QL (18 ML per 1 day)
<i>levalbuterol tartrate</i>	2	QL (1 GM per 1 day)
<i>montelukast</i>	1	
QVAR REDIHALER	2	AR
SEREVENT DISKUS	2	QL (2 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
SPIRIVA RESPIMAT	2	QL (4 GM per 30 days)
STIOLTO RESPIMAT	2	QL (4 GM per 30 days)
STRIVERDI RESPIMAT	2	QL (4 GM per 30 days)
<i>terbutaline oral</i>	1	
THEO-24	2	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
XOPENEX HFA	2	ST; QL (2 EA per 180 days)
ANTIBIOTICS		
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</i>	1	
AVAR	1	QL (341 GM per 30 days)
AVAR-E	2	
AVAR-E GREEN	2	
AVAR-E LS	2	QL (57 GM per 30 days)
AVIDOXY	1	
<i>azithromycin oral</i>	1	
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BICILLIN L-A	2	
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil</i>	1	
CENTANY	2	QL (22 GM per 30 days)

Drug Name	Tier	Restrictions / Limits
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet 250 mg</i>	1	
CIPRO ORAL SUSPENSION, MICRO CAPSULE RECON	2	
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml</i>	1	
<i>clarithromycin</i>	1	
CLEOCIN VAGINAL SUPPOSITORY	2	
<i>clindamycin hcl</i>	1	
CLINDAMYCIN PEDIATRIC	1	
<i>clindamycin phosphate topical gel</i>	1	
<i>clindamycin phosphate topical gel, once daily</i>	1	
<i>clindamycin phosphate topical lotion</i>	1	QL (2 ML per 1 day)
<i>clindamycin phosphate topical solution</i>	1	QL (2 ML per 1 day)
<i>clindamycin phosphate vaginal</i>	1	
<i>dapsone oral</i>	1	
<i>dicloxacillin</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
E.E.S. 400	1	
ERY PADS	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	2	
ERYTHROCIN (AS STEARATE)	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	1	
<i>erythromycin with ethanol</i>	1	
<i>ethambutol</i>	1	
<i>gentamicin ophthalmic (eye)</i>	1	
<i>gentamicin topical cream</i>	1	QL (1 GM per 1 day)
<i>gentamicin topical ointment</i>	1	QL (15 GM per 30 days)
<i>isoniazid oral</i>	1	
<i>levofloxacin oral</i>	1	
<i>methen-sod phos-meth blue-hyos</i>	1	
<i>metronidazole oral</i>	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	QL (70 GM per 30 days)
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	

Drug Name	Tier	Restrictions / Limits
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
MORGIDOX	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
<i>mupirocin</i>	1	QL (22 GM per 30 days)
<i>neomycin</i>	1	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
NEO-POLYCIN	1	
NEO-POLYCIN HC	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
<i>ofloxacin ophthalmic (eye)</i>	1	QL (10 ML per 30 days)
<i>ofloxacin oral</i>	1	QL (2 EA per 1 day)
<i>ofloxacin otic (ear)</i>	1	
PASER	2	PA
<i>penicillin v potassium</i>	1	
PLEXION TOPICAL CLEANSER	2	PA
POLYCIN	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin oral</i>	1	
<i>silver sulfadiazine</i>	1	
SSD	1	

Drug Name	Tier	Restrictions / Limits
SSS 10-5 TOPICAL CREAM	1	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	QL (341 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	1	ST
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>	1	QL (57 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	ST
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	1	ST
<i>sulfacetamide-prednisolone</i>	1	
SULFACLEANSE 8-4	1	ST
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
SULFATRIM	1	
<i>tetracycline oral capsule</i>	1	
THALOMID ORAL CAPSULE 100 MG	2	PA
<i>tobramycin ophthalmic (eye)</i>	1	
<i>tobramycin sulfate injection solution 40 mg/ml</i>	1	PA; AR
<i>tobramycin with nebulizer</i>	2	QL (10 ML per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>tobramycin-dexamethasone</i>	1	
<i>trimethoprim</i>	1	
URETRON D-S	1	
URO-458	1	
URYL	1	
VANDAZOLE	1	QL (70 GM per 30 days)
ANTICOAGULANTS		
ELIQUIS	1	
ELIQUIS DVT-PE TREAT 30D START	1	
<i>enoxaparin</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
JANTOVEN	1	
PRADAXA ORAL CAPSULE	2	PA
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	2	QL (51 EA per 26 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	
XARELTO ORAL TABLET 2.5 MG	2	ST
ANTIDOTES		
KLOXXADO	2	QL (2 EA per 30 days)
<i>nalmefene</i>	2	QL (2 Units per 1 Month)
<i>naloxone injection solution</i>	1	QL (2 ML per 30 days)
<i>naloxone injection syringe 1 mg/ml</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>naltrexone</i>	1	
OPVEE	2	QL (2 EA per 30 days)
ANTIFUNGALS		
CICLODAN KIT TOPICAL SOLUTION	1	
CICLODAN TOPICAL CREAM	1	QL (3 GM per 1 day)
CICLODAN TOPICAL SOLUTION	1	QL (6.6 ML per 30 days)
<i>ciclopirox topical cream</i>	1	QL (3 GM per 1 day)
<i>ciclopirox topical gel</i>	1	QL (3 GM per 1 day)
<i>ciclopirox topical shampoo</i>	1	
<i>ciclopirox topical solution</i>	1	QL (6.6 ML per 30 days)
<i>ciclopirox topical suspension</i>	1	QL (3 ML per 1 day)
<i>clotrimazole mucous membrane</i>	1	
<i>clotrimazole- betamethasone topical cream</i>	1	QL (45 GM per 30 days)
<i>fluconazole</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>ketoconazole oral</i>	1	
<i>ketoconazole topical cream</i>	1	QL (2 GM per 1 day)
<i>ketoconazole topical shampoo</i>	1	QL (4 ML per 1 day)
NATACYN	2	QL (15 ML per 30 days)
NYAMYC	1	QL (2 GM per 1 day)
<i>nystatin oral</i>	1	
<i>nystatin topical cream</i>	1	QL (30 GM per 28 days)
<i>nystatin topical ointment</i>	1	QL (30 GM per 28 days)

Drug Name	Tier	Restrictions / Limits
<i>nystatin topical powder</i>	1	QL (2 GM per 1 day)
NYSTOP	1	QL (2 GM per 1 day)
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA
<i>terbinafine hcl oral</i>	1	QL (1 EA per 1 day)
<i>terconazole</i>	1	
<i>voriconazole oral</i>	1	PA
ANTI-HISTAMINE AND DECONGESTANT COMBINATION		
PROMETHAZINE VC	1	
ANTI-HISTAMINES		
<i>azelastine ophthalmic (eye)</i>	1	
<i>clemastine oral tablet</i>	1	
<i>cyproheptadine</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>levocetirizine oral solution</i>	1	
<i>promethazine oral</i>	1	
ANTIHYPER-GLYCEMICS		
<i>acarbose</i>	1	
<i>alogliptin</i>	1	ST; QL (1 EA per 1 day)
<i>alogliptin-metformin</i>	1	ST
<i>alogliptin-pioglitazone</i>	1	ST
<i>glimepiride</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (8 EA per 1 day)
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (4 EA per 1 day)
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (2 EA per 1 day)
<i>glyburide oral tablet 1.25 mg</i>	1	QL (16 EA per 1 day)
<i>glyburide oral tablet 2.5 mg</i>	1	QL (8 EA per 1 day)
<i>glyburide oral tablet 5 mg</i>	1	QL (4 EA per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (260 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (5 EA per 1 day)
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
<i>insulin glargine-yfjn</i>	2	
<i>insulin lispro subcutaneous insulin pen</i>	2	QL (45 ML per 30 days)
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	2	QL (1 ML per 1 day)
<i>insulin lispro subcutaneous solution</i>	2	QL (45 ML per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG	2	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>migliitol</i>	1	PA; ST
<i>nateglinide</i>	1	
OZEMPIC	2	ST; QL (3 ML per 28 days)
<i>pioglitazone</i>	1	
<i>pioglitazone-metformin</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>repaglinide</i>	1	
RYBELSUS	2	QL (1 EA per 1 day)
SEGLUROMET	2	ST; QL (2 EA per 1 day)
SOLQUA 100/33	2	QL (6 ML per 30 days)
STEGLATRO	2	ST; QL (1 EA per 1 day)
SYMLINPEN 120	2	ST
SYMLINPEN 60	2	ST
ANTIINFECTIVES/ MISCELLANEOUS		
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QL (12 EA per 180 days)
COARTEM	2	QL (24 EA per 180 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>ivermectin oral</i>	1	QL (20 EA per 90 days)
<i>mefloquine</i>	1	QL (6 EA per 180 days)
<i>paromomycin</i>	1	PA
<i>praziquantel</i>	1	PA
<i>pyrimethamine</i>	1	
ANTIINFLAM. TUMOR NECROSIS FACTOR INHIBITING AGENTS		
<i>adalimumab-adaz</i>	2	PA
<i>adalimumab-fkjp</i>	2	PA
ENBREL	2	
ENBREL MINI	2	
ENBREL SURECLICK	2	
HADLIMA	2	PA
HADLIMA PUSHTOUCH	2	PA
HADLIMA(CF)	2	PA
HADLIMA(CF) PUSHTOUCH	2	PA

Drug Name	Tier	Restrictions / Limits
ANTINEOPLASTICS		
<i>anastrozole</i>	1	
<i>bicalutamide</i>	1	
CAPRELSA	2	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	2	PA
<i>cyclophosphamide oral capsule</i>	1	PA
ERIVEDGE	2	PA
<i>etoposide oral</i>	1	
<i>exemestane</i>	1	
<i>fluorouracil topical cream 5 %</i>	1	QL (3 GM per 1 day)
<i>fluorouracil topical solution</i>	1	QL (10 ML per 30 days)
GILOTRIF	2	PA
<i>hydroxyurea</i>	1	
IBRANCE ORAL CAPSULE	2	PA
IMBRUVICA ORAL CAPSULE 140 MG	2	PA; AR
IMBRUVICA ORAL CAPSULE 70 MG	2	PA; QL (1 EA per 1 day); AR
IMBRUVICA ORAL TABLET	2	PA; QL (1 EA per 1 day); AR
INLYTA	2	PA
JAKAFI	2	PA; QL (2 EA per 1 day)
<i>lapatinib</i>	1	PA
LEUKERAN	2	PA
MATULANE	2	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL TABLET	2	PA
<i>mercaptopurine</i>	1	
<i>methotrexate sodium oral</i>	1	
MYLERAN	2	PA
<i>sorafenib</i>	1	
SUTENT	2	

Drug Name	Tier	Restrictions / Limits
TAFINLAR ORAL CAPSULE	2	PA
<i>tamoxifen</i>	1	
<i>tretinoin (antineoplastic)</i>	1	
TREXALL	2	
TYKERB	2	
VOTRIENT	2	
ZELBORAF	2	PA
ZOLINZA	2	PA
ANTIPARASITICS		
<i>malathion</i>	1	QL (59 ML per 30 days)
<i>permethrin</i>	1	QL (2 GM per 1 day)
<i>spinosad</i>	1	PA; QL (4 ML per 1 day)
ANTIPARKINSON DRUGS		
<i>amantadine hcl</i>	1	
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	
<i>pramipexole oral tablet</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg</i>	1	PA
<i>ropinirole oral tablet</i>	1	
<i>selegiline hcl</i>	1	
<i>trihexyphenidyl</i>	1	
ANTIPLATELET DRUGS		
<i>anagrelide</i>	1	
BRILINTA	2	PA; ST
<i>cilostazol</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>clopidogrel</i>	1	
<i>dipyridamole oral</i>	1	
<i>prasugrel</i>	1	
ANTIVIRALS		
<i>abacavir oral solution</i>	1	QL (30 ML per 1 day)
<i>abacavir oral tablet</i>	1	QL (2 EA per 1 day)
<i>abacavir-lamivudine</i>	1	QL (1 EA per 1 day)
<i>acyclovir oral</i>	1	
APTIVUS	2	QL (4 EA per 1 day)
<i>atazanavir oral capsule 150 mg</i>	1	QL (1 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i>	1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i>	1	
ATRIPLA	2	QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION	2	PA
BIKTARVY ORAL TABLET 30-120-15 MG	2	
BIKTARVY ORAL TABLET 50-200-25 MG	2	QL (1 EA per 1 day)
COMPLERA	2	QL (1 EA per 1 day)
<i>darunavir</i>	1	
DELSTRIGO	2	QL (1 EA per 1 day)
DESCOVY	1	PA
<i>didanosine</i>	1	QL (1 EA per 1 day)
DOVATO	2	QL (1 EA per 1 day)
<i>efavirenz oral tablet</i>	1	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofov</i>	1	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>emtricitabine</i>	1	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf)</i>	1	QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE	2	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	2	QL (680 ML per 30 days)
<i>entecavir</i>	1	PA
<i>etravirine oral tablet 100 mg</i>	1	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	1	QL (2 EA per 1 day)
EVOTAZ	2	QL (1 EA per 1 day)
<i>fosamprenavir</i>	1	QL (2 EA per 1 day)
GENVOYA	2	QL (1 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET	2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET	2	QL (4 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE	2	QL (6 EA per 1 day)
JULUCA	2	QL (1 EA per 1 day)
KALETRA ORAL TABLET 100-25 MG	2	QL (8 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	2	QL (4 EA per 1 day)
LAGEVRIO (EUA)	2	QL (8 units per 1 day); AR
<i>lamivudine oral solution</i>	1	QL (30 ML per 1 day)
<i>lamivudine oral tablet 150 mg</i>	1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	1	QL (1 EA per 1 day)
<i>lamivudine-zidovudine</i>	1	QL (2 EA per 1 day)
<i>ledipasvir-sofosbuvir</i>	1	
<i>lopinavir-ritonavir oral solution</i>	1	QL (13 ML per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1	QL (8 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	1	QL (4 EA per 1 day)
<i>maraviroc oral tablet 150 mg</i>	1	PA; QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	1	PA; QL (4 EA per 1 day)
<i>nevirapine oral suspension</i>	1	QL (40 ML per 1 day)
<i>nevirapine oral tablet</i>	1	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	QL (1 EA per 1 day)
NORVIR ORAL POWDER IN PACKET	2	QL (6 EA per 180 days)
ODEFSEY	2	
<i>oseltamivir oral capsule 30 mg</i>	1	QL (40 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	QL (20 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	1	QL (360 ML per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	2	QL (4 EA per 1 day); AR
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (6 EA per 1 day); AR
<i> penciclovir</i>	1	PA; QL (5 GM per 30 days)
PIFELTRO	2	QL (1 EA per 1 day)
PREZCOBIX	2	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION	2	QL (1 ML per 1 day)
PREZISTA ORAL TABLET 150 MG	2	QL (6 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
PREZISTA ORAL TABLET 75 MG	2	QL (10 EA per 1 day)
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	
SELZENTRY ORAL SOLUTION	2	PA; QL (1840 ML per 25 days)
<i>sofosbuvir-velpatasvir</i>	1	
<i>stavudine</i>	1	QL (2 EA per 1 day)
STRIBILD	2	QL (1 EA per 1 day)
SYMTUZA	2	QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate</i>	1	QL (1 EA per 1 day)
TIVICAY	2	QL (2 EA per 1 day)
<i>trifluridine</i>	1	
TRIUMEQ	2	PA; QL (1 EA per 1 day)
TRUVADA	2	QL (1 EA per 1 day)
<i>valacyclovir</i>	1	
VIRACEPT ORAL TABLET 250 MG	2	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG	2	QL (4 EA per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL (1 EA per 1 day)
<i>zidovudine oral capsule</i>	1	QL (6 EA per 1 day)
<i>zidovudine oral syrup</i>	1	QL (60 ML per 1 day)
<i>zidovudine oral tablet</i>	1	
AUTONOMIC DRUGS		
<i>bethanechol chloride</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (4 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	1	
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet</i>	1	QL (3 EA per 1 day)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	2	QL (4 EA per 365 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (4 EA per 365 days)
<i>galantamine</i>	1	
<i>midodrine</i>	1	
<i>phenoxybenzamine</i>	1	PA
<i>pilocarpine hcl oral</i>	1	
<i>pyridostigmine bromide oral syrup</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>rivastigmine tartrate</i>	1	
ZENZEDI ORAL TABLET 2.5 MG	2	QL (1 EA per 1 day)
BIOLOGICALS		
ABRYSVO (PF)	2	AR
ACTHIB (PF)	2	
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	

Drug Name	Tier	Restrictions / Limits
BEXSERO	2	
BOOSTRIX TDAP	2	
DAPTACEL (DTAP PEDIATRIC) (PF)	2	
ENGERIX-B (PF)	2	
ENGERIX-B PEDIATRIC (PF)	2	
GARDASIL 9 (PF)	2	
HAVRIX (PF)	2	
HEPLISAV-B (PF)	2	
HIBERIX (PF)	2	
INFANRIX (DTAP) (PF)	2	
IPOL	2	
KINRIX (PF)	2	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	2	
M-M-R II (PF)	2	
PEDIARIX (PF)	2	
PEDVAX HIB (PF)	2	
PENTACEL (PF)	2	
PENTACEL ACTHIB COMPONENT (PF)	2	
PNEUMOVAX-23	2	
PROQUAD (PF)	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML, 5 MCG/0.5 ML	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	2	
RHOGAM ULTRA-FILTERED PLUS	2	
ROTATEQ VACCINE	2	
SHINGRIX (PF)	2	
TDVAX	2	
TENIVAC (PF)	2	

Drug Name	Tier	Restrictions / Limits
TRUMENBA	2	
TWINRIX (PF)	2	
VAQTA (PF)	2	
VARIVAX (PF)	2	
VARIZIG	2	
BLOOD		
EMPAVELI	2	QL (8 Vials per 28 days); AR
<i>pentoxifylline</i>	1	
PYRUKYND ORAL TABLETS,DOSE PACK	2	PA; QL (2 EA per 1 day); AR
CARDIAC DRUGS		
<i>amiodarone oral tablet 200 mg, 400 mg</i>	1	
<i>amlodipine</i>	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	2	
CARTIA XT	1	
DIGITEK	1	
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
DILT-XR	1	

Drug Name	Tier	Restrictions / Limits
<i>disopyramide phosphate</i>	1	
<i>dofetilide</i>	1	
<i>felodipine</i>	1	
<i>flecainide</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate</i>	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	2	
MATZIM LA	1	
<i>nifedipine oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
NITRO-DUR	2	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin translingual</i>	1	
NITRO-TIME	1	
NORPACE CR	2	
PACERONE ORAL TABLET 200 MG, 400 MG	1	
<i>propafenone</i>	1	
<i>ranolazine</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	
<i>verapamil oral tablet 120 mg, 80 mg</i>	1	
<i>verapamil oral tablet 40 mg</i>	1	QL (12 EA per 1 day)
<i>verapamil oral tablet extended release</i>	1	
CARDIOVASCULAR		
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>amlodipine-valsartan-hcthiamid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>atorvastatin</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
<i>cholestyramine (with sugar)</i>	1	
CHOLESTYRAMINE LIGHT	1	
<i>cholestyramine-aspartame</i>	1	
<i>clonidine</i>	1	
<i>clonidine hcl oral tablet 0.1 mg</i>	1	QL (24 EA per 1 day)
<i>clonidine hcl oral tablet 0.2 mg</i>	1	QL (12 EA per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	1	QL (8 EA per 1 day)
<i>colestipol oral tablet</i>	1	
<i>doxazosin</i>	1	
<i>enalapril maleate oral solution</i>	1	AR
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO	2	PA; QL (60 EA per 30 days)
EPANED	2	
<i>ezetimibe</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>gemfibrozil</i>	1	
<i>guanfacine oral tablet</i>	1	
<i>hydralazine oral</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>labetalol oral</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>lovastatin</i>	1	
<i>methyldopa</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metyrosine</i>	1	PA
<i>minoxidil oral</i>	1	
<i>nadolol</i>	1	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiamid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
<i>pravastatin</i>	1	
<i>prazosin</i>	1	

Drug Name	Tier	Restrictions / Limits
PRESTALIA ORAL TABLET 14-10 MG	2	PA
PREVALITE	1	
<i>propranolol oral</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
REPATHA PUSHTRONEX	2	PA; QL (3.5 ML per 28 days)
<i>rosuvastatin</i>	1	ST
<i>simvastatin</i>	1	
SOTALOL AF	1	
<i>sotalol oral</i>	1	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
<i>terazosin</i>	1	
<i>trandolapril</i>	1	
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
CNS DRUGS		
AUSTEDO ORAL TABLET 12 MG	2	PA
AUSTEDO ORAL TABLET 6 MG	2	PA; QL (60 EA per 30 days)
AUSTEDO ORAL TABLET 9 MG	2	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	2	PA
AUSTEDO XR TITRATION KT(WK1-4)	2	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; QL (30 MCG per 7 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; QL (4 EA per 30 days)

Drug Name	Tier	Restrictions / Limits
BANZEL	2	PA
<i>carbamazepine</i>	1	
CARBATROL	2	
<i>clobazam</i>	1	ST
<i>clonazepam oral tablet</i>	1	QL (4 EA per 1 day)
<i>diazepam rectal</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	2	
DILANTIN INFATABS	2	
DILANTIN-125	2	
<i>divalproex</i>	1	
EPITOL	1	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
<i> fingolimod</i>	1	PA; QL (1 EA per 1 day)
FYCOMPA ORAL SUSPENSION	2	PA; AR
FYCOMPA ORAL TABLET 10 MG	2	PA; ST; AR
FYCOMPA ORAL TABLET 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	PA; AR
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (6 EA per 1 day)
<i>gabapentin oral capsule 300 mg</i>	1	QL (12 EA per 1 day)
<i>gabapentin oral solution</i>	1	QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg</i>	1	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	1	QL (4 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	2	PA; QL (1 EA per 1 day); AR
<i>lacosamide oral tablet</i>	1	PA; AR
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>levetiracetam oral</i>	1	
<i>memantine oral solution</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>memantine oral tablet</i>	1	
<i>memantine oral tablets, dose pack</i>	2	
<i>methsuximide</i>	1	
<i>oxcarbazepine</i>	1	
OXTELLAR XR	2	
PHENYTEK	2	
<i>phenytoin</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	PA; QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	1	PA; QL (30 ML per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
REBIF (WITH ALBUMIN)	2	PA; QL (6 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; QL (4.2 ML per 28 days)
REBIF TITRATION PACK	2	PA
ROWEEPRA	1	
ROWEEPRA XR	1	
<i>rufinamide oral suspension</i>	1	PA
<i>rufinamide oral tablet</i>	1	ST
SUBVENITE	1	
TEGRETOL	2	
TEGRETOL XR	2	
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>topiramate oral tablet</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
ZEPOSIA	2	PA; QL (30 EA per 30 days); AR
ZEPOSIA STARTER KIT (28-DAY)	2	PA; AR
ZEPOSIA STARTER PACK (7-DAY)	2	PA; QL (1 PACK per 365 days); AR
<i>zonisamide</i>	1	
COLONY STIMULATING FACTORS		
NEULASTA	2	PA; QL (1.2 ML per 28 days)
NEULASTA ONPRO	2	PA; QL (1.2 ML per 28 days)
PROMACTA ORAL TABLET 12.5 MG	2	PA; QL (90 EA per 28 days)
PROMACTA ORAL TABLET 25 MG	2	PA; QL (30 EA per 28 days)
PROMACTA ORAL TABLET 75 MG	2	PA; QL (60 EA per 28 days)
CONTRACEPTIVES		
AFIRMELLE	1	
ALTAVERA (28)	1	
ALYACEN 1/35 (28)	1	
ALYACEN 7/7/7 (28)	1	
AMETHIA	1	QL (1 EA per 1 day)
AMETHYST (28)	1	QL (1 EA per 1 day)
APRI	1	
ARANELLE (28)	1	
ASHLYNA	1	QL (1 EA per 1 day)
AUBRA	1	
AUBRA EQ	1	
AUROVELA 1.5/30 (21)	1	
AUROVELA 1/20 (21)	1	

Drug Name	Tier	Restrictions / Limits
AUROVELA 24 FE	1	
AUROVELA FE 1.5/30 (28)	1	
AUROVELA FE 1-20 (28)	1	
AVIANE	1	
AYUNA	1	
AZURETTE (28)	1	
BALZIVA (28)	1	
BLISOVI 24 FE	1	
BLISOVI FE 1.5/30 (28)	1	
BLISOVI FE 1/20 (28)	1	
BRIELLYN	1	
CAMILA	1	
CAMRESE	1	QL (1 EA per 1 day)
CAMRESE LO	1	QL (1 EA per 1 day)
CAYA CONTOURED	2	QL (2 EA per 365 days)
CAZIAN (28)	1	
CHATEAL (28)	1	
CHATEAL EQ (28)	1	
CRYSSELLE (28)	1	
CYRED	1	
CYRED EQ	1	
DASETTA 1/35 (28)	1	
DASETTA 7/7/7 (28)	1	
DAYSEE	1	QL (1 EA per 1 day)
DEBLITANE	1	
DEPO-SUBQ PROVERA 104	2	
<i>desog-e.estradiol/e.estradiol</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	PA

Drug Name	Tier	Restrictions / Limits
<i>drospirenone-ethinyl estradiol</i>	1	
ELINEST	1	
ELLA	2	
ELURYNG	1	
ENPRESSE	1	
ENSKYCE	1	
ERRIN	1	
ESTARYLLA	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
FALMINA (28)	1	
FEMCAP	2	QL (2 EA per 365 days)
HAILEY 24 FE	1	
HAILEY FE 1.5/30 (28)	1	
HAILEY FE 1/20 (28)	1	
HEATHER	1	
INCASSIA	1	
ISIBLOOM	1	
JASMIEL (28)	1	
JENCYCLA	1	
JOLESSA	1	QL (1 EA per 1 day)
JULEBER	1	
JUNEL 1.5/30 (21)	1	
JUNEL 1/20 (21)	1	
JUNEL FE 1.5/30 (28)	1	
JUNEL FE 1/20 (28)	1	
JUNEL FE 24	1	
KAITLIB FE	1	
KARIVA (28)	1	
KELNOR 1/35 (28)	1	
KELNOR 1-50 (28)	1	
KURVELO (28)	1	

Drug Name	Tier	Restrictions / Limits
<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	QL (1 EA per 1 day)
LARIN 1.5/30 (21)	1	
LARIN 1/20 (21)	1	
LARIN 24 FE	1	
LARIN FE 1.5/30 (28)	1	
LARIN FE 1/20 (28)	1	
LAYOLIS FE	1	
LEENA 28	1	
LESSINA	1	
LEVONEST (28)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	1	QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	QL (1 EA per 1 day)
<i>levonorg-eth estrad triphasic</i>	1	
LEVORA-28	1	
LORYNA (28)	1	
LOW-OGESTREL (28)	1	
LO-ZUMANDIMINE (28)	1	
LUTERA (28)	1	
LYZA	1	
MARLISSA (28)	1	
<i>medroxyprogesterone intramuscular</i>	1	
MICROGESTIN 1.5/30 (21)	1	
MICROGESTIN 1/20 (21)	1	
MICROGESTIN FE 1.5/30 (28)	1	

Drug Name	Tier	Restrictions / Limits
MICROGESTIN FE 1/20 (28)	1	
MILI	1	
MONO-LINYAH	1	
NECON 0.5/35 (28)	1	
NIKKI (28)	1	
NORA-BE	1	
<i>noreth-ethinyl estradiol-iron</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
NORTREL 0.5/35 (28)	1	
NORTREL 1/35 (21)	1	
NORTREL 1/35 (28)	1	
NORTREL 7/7/7 (28)	1	
OCELLA	1	
PHILITH	1	
PIMTREA (28)	1	
PORTIA 28	1	
RECLIPSEN (28)	1	
SETLAKIN	1	QL (1 EA per 1 day)
SHAROBEL	1	
SIMLIYA (28)	1	
SIMPESSE	1	QL (1 EA per 1 day)
SPRINTEC (28)	1	
SRONYX	1	
SYEDA	1	
TARINA 24 FE	1	
TARINA FE 1/20 (28)	1	
TARINA FE 1-20 EQ (28)	1	

Drug Name	Tier	Restrictions / Limits
TILIA FE	1	
TRI-ESTARYLLA	1	
TRI-LEGEST FE	1	
TRI-LINYAH	1	
TRI-LO-ESTARYLLA	1	
TRI-LO-MARZIA	1	
TRI-LO-MILI	1	
TRI-LO-SPRINTEC	1	
TRI-MILI	1	
TRI-SPRINTEC (28)	1	
TRIVORA (28)	1	
TRI-VYLIBRA	1	
TRI-VYLIBRA LO	1	
TULANA	1	
VELIVET TRIPHASIC REGIMEN (28)	1	
VESTURA (28)	1	
VIENVA	1	
VIORELE (28)	1	
VYFEMLA (28)	1	
VYLIBRA	1	
WERA (28)	1	
WIDE-SEAL DIAPHRAGM 60	2	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 65	2	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 70	2	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 75	2	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 80	2	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 85	2	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 90	2	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 95	2	QL (2 EA per 365 days)
WYMZYA FE	1	
XULANE	1	
ZAFEMY	1	

Drug Name	Tier	Restrictions / Limits
ZARAH	1	
ZOVIA 1-35 (28)	1	
ZUMANDIMINE (28)	1	
COUGH/COLD PREPARATIONS		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	QL (4 EA per 1 day)
<i>benzonatate oral capsule 150 mg</i>	1	
BROMFED DM	2	
<i>brompheniramine-pseudoeph-dm</i>	1	
<i>hydrocodone-homatropine oral syrup</i>	1	QL (4 ML per 1 day); AR
HYDROMET	1	QL (4 ML per 1 day); AR
<i>promethazine-codeine</i>	1	AR
<i>promethazine-dm</i>	1	
DIURETICS		
<i>acetazolamide</i>	1	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
<i>chlorthalidone</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methazolamide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>torseamide</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	1	
EENT PREPS		
<i>acetic acid otic (ear)</i>	1	
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment</i>	1	
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	1	
<i>azelastine-fluticasone</i>	1	
<i>betaxolol ophthalmic (eye)</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cyclopentolate</i>	1	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
DEXTENZA	1	PA
DEXYCU (PF)	1	PA; AR
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>dorzolamide</i>	1	
<i>dorzolamide (pf)</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>fluorometholone</i>	1	
HOMATROPAIRE	1	
<i>hydrocortisone-acetic acid</i>	1	QL (10 ML per 30 days)
<i>ipratropium bromide nasal</i>	1	QL (4 ML per 1 day)
ISOPTO ATROPINE	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	1	QL (5 ML per 30 days)

Drug Name	Tier	Restrictions / Limits
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	1	
<i>latanoprost</i>	1	
<i>levobunolol</i>	1	
<i>pilocarpine hcl ophthalmic (eye)</i>	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone acetate (pf)</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	2	
<i>tropicamide</i>	1	
ELECT/CALORIC/H2O		
AURYXIA	2	
BAQSIMI	2	PA; ST; QL (2 EA per 365 days)
<i>calcium acetate(phosphat bind)</i>	1	
DENTA 5000 PLUS	1	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	1	
GLUCAGEN HYPOKIT	2	QL (2 EA per 30 days)
GLUCAGON (HCL) EMERGENCY KIT	2	
GLUCAGON EMERGENCY KIT (HUMAN)	2	QL (2 EA per 30 days)
KLOR-CON 10	1	
KLOR-CON 8	1	

Drug Name	Tier	Restrictions / Limits
KLOR-CON M10	1	
KLOR-CON M15	1	
KLOR-CON M20	1	
KLOR-CON/EF	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet, er particles/crystals</i>	1	
<i>potassium citrate oral tablet extended release</i>	1	
<i>potassium iodide oral solution</i>	1	
SF 5000 PLUS	1	
SODIUM FLUORIDE 5000 PLUS	1	
<i>sodium polystyrene sulfonate</i>	1	
SPS (WITH SORBITOL)	1	
GASTRO-INTESTINAL		
<i>amoxicil-clarithromy-lansopraz</i>	1	
<i>balsalazide</i>	1	
CARAFATE ORAL SUSPENSION	2	
<i>chlordiazepoxide-clidinium</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
CONSTULOSE	1	
CREON	2	
<i>dicyclomine oral</i>	1	
<i>diphenoxylate-atropine</i>	1	
ED-SPAZ	1	
ENULOSE	1	

Drug Name	Tier	Restrictions / Limits
<i>famotidine oral tablet 40 mg</i>	1	
GAVILYTE-C	1	
GAVILYTE-G	1	
<i>glycopyrrolate oral solution</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>granisetron hcl oral</i>	1	QL (15 EA per 30 days)
<i>hyoscyamine sulfate oral</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>lactulose oral solution</i>	1	
<i>loperamide oral capsule</i>	1	QL (2 EA per 1 day)
<i>lubiprostone</i>	1	ST; QL (60 EA per 26 days)
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>metoclopramide hcl oral</i>	1	
<i>misoprostol</i>	1	QL (4 EA per 1 day)
<i>nizatidine</i>	1	
NULEV	2	
<i>omega-3 acid ethyl esters</i>	1	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	QL (2 EA per 1 day)
<i>ondansetron</i>	1	
<i>ondansetron hcl oral</i>	1	
OSCIMIN	1	
OSCIMIN SL	1	
PANCREAZE	2	
<i>pantoprazole oral granules dr for susp in packet</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL (6 EA per 1 day)
<i>peg 3350-electrolytes</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	PA
<i>peg-electrolyte soln</i>	1	
PEPCID	2	
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 16,000-57,500- 60,500 UNIT, 8,000-28,750-30,250 UNIT	2	PA
<i>prochlorperazine maleate</i>	1	
<i>promethazine rectal</i>	1	
PROMETHEGAN	1	
<i>sucralfate oral suspension</i>	1	
<i>sucralfate oral tablet</i>	1	QL (4 EA per 1 day)
<i>sulfasalazine</i>	1	
SYMAX-SR	1	
<i>trimethobenzamide</i>	1	
<i>ursodiol</i>	1	
VIOKACE	2	
HORMONES		
AMABELZ	1	
<i>budesonide oral capsule, delayed, extend. release</i>	1	
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal</i>	1	
COMBIPATCH	2	
CORTIFOAM	2	
COVARYX	1	
COVARYX H.S.	1	
CRINONE VAGINAL GEL 4 %	2	
<i>danazol</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>desmopressin nasal spray with pump</i>	1	
<i>desmopressin oral</i>	1	
DEXAMETHASONE INTENSOL	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
DEXONTO	2	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	1	PA
EEMT	1	
EEMT HS	1	
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	PA
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol vaginal tablet</i>	1	
<i>estradiol-norethindrone acet</i>	1	
<i>estrogens-methyltestosterone</i>	1	
<i>fludrocortisone</i>	1	
FYAVOLV	1	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal</i>	1	
INCRELEX	2	AR
JINTELI	1	
<i>medroxyprogesterone oral</i>	1	
<i>methylergonovine oral</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets, dose pack</i>	1	
MIMVEY	1	
NOCDURNA (MEN)	2	PA; AR
NOCDURNA (WOMEN)	2	PA; AR
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
OMNITROPE SUBCUTANEOUS RECON SOLN	2	PA
ORIAHNN	2	PA; QL (2 EA per 1 day); AR
ORLISSA ORAL TABLET 150 MG	2	PA; QL (1 EA per 1 day); AR
ORLISSA ORAL TABLET 200 MG	2	PA; QL (2 EA per 1 day); AR
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	PA
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	1	
<i>prednisone</i>	1	
PREDNISONE INTENSOL	1	
<i>progesterone micronized</i>	1	
SYNAREL	2	PA

Drug Name	Tier	Restrictions / Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1	PA
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	1	PA; QL (100 GM per 30 days)
IMMUNO-SUPPRESSANTS		
ACTEMRA ACTPEN	2	PA
<i>azathioprine oral tablet 50 mg</i>	1	
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral</i>	1	
ENSPRYNG	2	PA; QL (1 SYRINGE per 28 days); AR
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	
GENGRAF	1	
HYFTOR	2	PA
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
NEORAL	2	
<i>pimecrolimus</i>	1	PA
SANDIMMUNE ORAL CAPSULE	2	
<i>sirolimus oral tablet</i>	1	
<i>tacrolimus oral</i>	1	
<i>tacrolimus topical</i>	1	QL (1 GM per 1 day)
MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG		
ACE AEROSOL CLOUD ENHANCER	2	QL (2 EA per 365 days)
AEROCHAMBER MINI	2	QL (2 EA per 365 days)

Drug Name	Tier	Restrictions / Limits
AEROCHAMBER MV	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU,L MSK	2	
AEROCHAMBER PLUS FLOW-VU,M MSK	2	
AEROCHAMBER PLUS FLOW-VU,S MSK	2	
AEROCHAMBER PLUS Z STAT	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS Z STAT LG MSK	2	
AEROCHAMBER PLUS Z STAT MD MSK	2	
AEROCHAMBER PLUS Z STAT SM MSK	2	
AEROCHAMBER Z-STAT PLUS-FLW SG	2	QL (2 EA per 365 days)
AEROTRACH PLUS	2	QL (2 EA per 365 days)
AEROVENT PLUS	2	QL (2 EA per 365 days)
BD INSULIN SYRINGE U-500	2	QL (400 EA per 30 days)
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 27 X 1/2"	2	QL (400 EA per 30 days)
BREATHERITE MDI SPACER	2	QL (2 EA per 365 days)
BREATHERITE SPACER-MASK, NEO.	2	
BREATHERITE SPACER-MASK,ADULT	2	
BREATHERITE SPACER-MASK,CHILD	2	
BREATHERITE SPACER-MASK,INFANT	2	
BREATHERITE SPACER-MASK,S.CHLD	2	

Drug Name	Tier	Restrictions / Limits
BREATHERITE VALVED MDI CHAMBER	2	QL (2 EA per 365 days)
BREATHERITE VALVED MDI SPACER	2	QL (2 EA per 365 days)
CLEVER CHOICE CHAMBER-LRG MASK	2	
CLEVER CHOICE CHAMBER-MED MASK	2	
CLEVER CHOICE CHAMBER-SM MASK	2	
COMPACT SPACE CHAMBER	2	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER-LRG MASK	2	
COMPACT SPACE CHAMBER-MED MASK	2	
COMPACT SPACE CHAMBER-SM MASK	2	
DEXCOM G6 RECEIVER	2	PA; QL (1 EA per 1 LIFETIME); AR
DEXCOM G6 SENSOR	2	PA; QL (3 EA per 28 days); AR
DEXCOM G6 TRANSMITTER	2	PA; QL (1 EA per 90 days); AR
DEXCOM G7 RECEIVER	2	AR
DEXCOM G7 SENSOR	2	AR
EASIVENT HOLDING CHAMBER	2	QL (2 EA per 365 days)
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
EASYPPOINT NEEDLE NEEDLE 25 GAUGE X 1 1/2"	2	
ECLIPSE NEEDLE NEEDLE 25 GAUGE X 5/8"	2	

Drug Name	Tier	Restrictions / Limits
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"	2	QL (400 EA per 30 days)
FLEXICHAMBER	2	QL (2 EA per 365 days)
FLEXICHAMBER-LG CHILD MASK	2	
FLEXICHAMBER-SM ADULT MASK	2	
FLEXICHAMBER-SM CHILD MASK	2	
FREESTYLE LIBRE 14 DAY READER	2	PA; QL (1 EA per 1 LIFETIME); AR
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; QL (2 EA per 28 days); AR
FREESTYLE LIBRE 2 READER	2	PA; QL (1 EA per 1 LIFETIME); AR
FREESTYLE LIBRE 2 SENSOR	2	PA; QL (2 EA per 28 days); AR
FREESTYLE LIBRE 3 READER	2	QL (1 EA per 1 LIFETIME); AR
FREESTYLE LIBRE 3 SENSOR	2	QL (2 EA per 28 days); AR
INTEGRA SYRINGE	2	QL (400 EA per 30 days)
LITEAIRE MDI CHAMBER	2	QL (2 EA per 365 days)
MAGELLAN INSULIN SAFETY SYRNG	2	QL (400 EA per 30 days)
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	2	QL (400 EA per 30 days)
MICROCHAMBER	2	QL (2 EA per 365 days)
MICROSPACER	2	QL (2 EA per 365 days)
MINI WRIGHT PEAK FLOW METER	2	

Drug Name	Tier	Restrictions / Limits
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	2	QL (400 EA per 30 days)
MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1"	2	QL (400 EA per 30 days)
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 22 GAUGE X 1 1/2"	2	QL (400 EA per 30 days)
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	2	QL (400 EA per 30 days)
OPTICHAMBER ADULT MASK-LARGE	2	
OPTICHAMBER DIAMOND LG MASK	2	
OPTICHAMBER DIAMOND VHC	2	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-MED MSK	2	
OPTICHAMBER DIAMOND-SML MASK	2	
PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	2	
POCKET CHAMBER	2	QL (2 EA per 365 days)
PROCARE SPACER WITH ADULT MASK	2	
PROCARE SPACER WITH CHILD MASK	2	
PROCHAMBER	2	QL (2 EA per 365 days)
RITFLO AEROCHAMBER	2	QL (2 EA per 365 days)
TRUZONE PEAK FLOW METER	2	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1"	2	QL (400 EA per 30 days)
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	2	QL (400 EA per 30 days)
V-GO 20	2	

Drug Name	Tier	Restrictions / Limits
V-GO 30	2	
V-GO 40	2	
VORTEX HOLDING CHAMBER	2	QL (2 EA per 365 days)
VORTEX VHC FROG MASK-CHILD	2	
MUSCLE RELAXANTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene oral</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate oral</i>	1	
<i>tizanidine oral tablet</i>	1	
PRE-NATAL VITAMINS		
KOSHER PRENATAL PLUS IRON	2	
M-NATAL PLUS	1	
PRENATABS FA	1	
PRENATABS RX	1	
PRENATAL PLUS	1	
PRENATAL PLUS (CALCIUM CARB)	1	
PRENATAL VITAMIN PLUS LOW IRON	1	
SE-NATAL 19 CHEWABLE	1	
THRIVITE RX	2	
TRICARE	2	
TRINATAL RX 1	1	
PSYCHO-THERAPEUTIC DRUGS		
ABILIFY MAINTENA	2	
<i>alprazolam oral tablet</i>	1	QL (4 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 30 mg</i>	1	QL (1 EA per 1 day)
<i>aripiprazole oral tablet 2 mg, 20 mg</i>	1	QL (2 EA per 1 day)
<i>aripiprazole oral tablet 5 mg</i>	1	QL (1.5 EA per 1 day)
ARISTADA INITIO	2	QL (3 ML per 180 days); AR
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	2	QL (4 ML per 60 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	2	QL (2 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	2	QL (3 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	2	QL (3.2 ML per 28 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (2 EA per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (1 EA per 1 day)
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	
<i>bupirone</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>chlordiazepoxide hcl</i>	1	QL (4 EA per 1 day)
<i>chlorpromazine oral tablet</i>	1	
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	
<i>clomipramine</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	QL (4 EA per 1 day)
<i>clorazepate dipotassium</i>	1	QL (4 EA per 1 day)
<i>clozapine oral tablet</i>	1	
<i>desipramine</i>	1	
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg</i>	1	QL (4 EA per 1 day)
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	1	QL (2 EA per 1 day)
<i>diazepam oral tablet</i>	1	QL (4 EA per 1 day)
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>duloxetine</i>	1	
<i>escitalopram oxalate</i>	1	
<i>fluoxetine oral capsule</i>	1	
<i>fluoxetine oral solution</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>fluvoxamine oral tablet</i>	1	
<i>guanfacine oral tablet extended release 24 hr</i>	1	QL (1 EA per 1 day)
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INVEGA SUSTENNA	2	

Drug Name	Tier	Restrictions / Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	QL (1 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML, 546 MG/1.75 ML	2	QL (2 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	QL (3 ML per 90 days)
<i>lithium carbonate</i>	1	
LITHOBID	2	
<i>lorazepam oral tablet</i>	1	QL (3 EA per 1 day)
<i>loxapine succinate</i>	1	
METADATE ER	1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 20 mg, 40 mg</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i>	1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet</i>	1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 72 mg</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 54 mg</i>	1	QL (2 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg</i>	2	
<i>methylphenidate hcl oral tablet, chewable</i>	1	QL (3 EA per 1 day)
<i>mirtazapine</i>	1	
<i>nefazodone</i>	1	QL (2 EA per 1 day)
<i>nortriptyline</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg</i>	1	QL (2 EA per 1 day)
<i>olanzapine oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	QL (1 EA per 1 day)
<i>olanzapine oral tablet 20 mg</i>	1	QL (3 EA per 1 day)
<i>oxazepam</i>	1	QL (4 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	QL (2 EA per 1 day)
<i>paroxetine hcl oral tablet</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	PA; QL (1 EA per 1 day)
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
<i>pimozide</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (3 EA per 1 day)
<i>quetiapine oral tablet 300 mg</i>	1	QL (2 EA per 1 day)
<i>quetiapine oral tablet 400 mg</i>	1	QL (4 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	1	QL (3 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 400 mg, 50 mg</i>	1	QL (2 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	2	
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG	2	QL (1 EA per 1 day)
RISPERDAL CONSTA	2	
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
<i>venlafaxine oral capsule, extended release 24hr</i>	1	
<i>venlafaxine oral tablet</i>	1	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg</i>	1	QL (2 EA per 1 day)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	QL (3 EA per 1 day)
SEDATIVE/ HYPNOTICS		
<i>doxepin oral tablet</i>	1	
<i>estazolam</i>	1	QL (1 EA per 1 day)
<i>phenobarbital</i>	1	
<i>triazolam</i>	1	
<i>zolpidem oral tablet</i>	1	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
SKIN PREPS		
ALA-CORT	1	QL (28.25 GM per 30 days)
<i>alclometasone</i>	1	QL (2 GM per 1 day)
AVITA TOPICAL CREAM	1	QL (45 GM per 30 days)
AVITA TOPICAL GEL	2	QL (45 GM per 30 days)
BESER	1	PA; QL (4 ML per 1 day)
<i>betamethasone dipropionate topical cream</i>	1	QL (45 GM per 30 days)
<i>betamethasone dipropionate topical lotion</i>	1	QL (2 ML per 1 day)
<i>betamethasone dipropionate topical ointment</i>	1	PA; QL (45 GM per 30 days)
<i>betamethasone valerate topical cream</i>	1	QL (45 GM per 30 days)
<i>betamethasone valerate topical lotion</i>	1	QL (2 ML per 1 day)
<i>betamethasone valerate topical ointment</i>	1	QL (45 GM per 30 days)
<i>betamethasone, augmented topical cream</i>	1	QL (50 GM per 30 days)
<i>betamethasone, augmented topical lotion</i>	1	QL (2 ML per 1 day)
<i>betamethasone, augmented topical ointment</i>	1	QL (45 GM per 30 days)
<i>calcipotriene scalp</i>	1	QL (2 ML per 1 day)
<i>calcipotriene topical cream</i>	1	QL (4 GM per 1 day)
<i>calcipotriene topical ointment</i>	1	QL (4 GM per 1 day)
<i>clobetasol scalp</i>	1	PA; QL (50 ML per 30 days)
<i>clobetasol topical cream</i>	1	PA; QL (2 GM per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>clobetasol topical gel</i>	1	PA; QL (2 GM per 1 day)
<i>clobetasol topical ointment</i>	1	QL (2 GM per 1 day)
<i>clobetasol topical shampoo</i>	1	PA; QL (118 ML per 30 days)
<i>clobetasol-emollient topical cream</i>	1	QL (2 GM per 1 day)
CLODAN	1	PA; QL (118 ML per 30 days)
COSENTYX (2 SYRINGES)	2	
COSENTYX PEN	2	
COSENTYX PEN (2 PENS)	2	
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	2	
<i>desonide topical cream</i>	1	QL (2 GM per 1 day)
<i>desonide topical ointment</i>	1	QL (2 GM per 1 day)
<i>desoximetasone topical cream 0.25 %</i>	1	QL (2 GM per 1 day)
<i>diflorasone</i>	1	PA; QL (2 GM per 1 day)
DRYSOL	2	QL (37.5 ML per 30 days)
DRYSOL DAB-O-MATIC	2	QL (37.5 ML per 30 days)
<i>fluocinolone and shower cap</i>	1	QL (1 PACK per 28 days)
<i>fluocinolone topical cream 0.01 %</i>	1	QL (120 GM per 30 days)
<i>fluocinolone topical cream 0.025 %</i>	1	QL (2 GM per 1 day)
<i>fluocinolone topical oil</i>	1	QL (120 ML per 30 days)
<i>fluocinolone topical ointment</i>	1	QL (2 GM per 1 day)
<i>fluocinolone topical solution</i>	1	QL (120 ML per 30 days)

Drug Name	Tier	Restrictions / Limits
<i>fluocinonide topical cream 0.05 %</i>	1	PA; QL (2 GM per 1 day)
<i>fluocinonide topical gel</i>	1	PA; QL (2 GM per 1 day)
<i>fluocinonide topical ointment</i>	1	PA; QL (2 GM per 1 day)
<i>fluocinonide topical solution</i>	1	QL (4 ML per 1 day)
FLUOCINONIDE-E	1	QL (2 GM per 1 day)
<i>fluocinonide-emollient</i>	1	QL (120 GM per 30 days)
<i>fluticasone propionate topical cream</i>	1	QL (2 GM per 1 day)
<i>fluticasone propionate topical lotion</i>	1	PA; QL (4 ML per 1 day)
<i>fluticasone propionate topical ointment</i>	1	QL (2 GM per 1 day)
<i>hydrocortisone butyrate topical cream</i>	1	QL (45 GM per 30 days)
<i>hydrocortisone topical cream 2.5 %</i>	1	QL (1 GM per 1 day)
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	QL (118 ML per 30 days)
<i>hydrocortisone topical ointment 2.5 %</i>	1	QL (28.25 GM per 30 days)
<i>hydrocortisone valerate topical cream</i>	1	QL (2 GM per 1 day)
<i>imiquimod topical cream in packet 3.75 %</i>	1	
<i>imiquimod topical cream in packet 5 %</i>	1	PA; QL (24 EA per 28 days)
<i>metronidazole topical cream</i>	1	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	1	QL (45 GM per 30 days)
<i>metronidazole topical lotion</i>	1	QL (59 ML per 30 days)
<i>mometasone topical cream</i>	1	QL (45 GM per 30 days)
<i>mometasone topical ointment</i>	1	QL (45 GM per 30 days)

Drug Name	Tier	Restrictions / Limits
<i>mometasone topical solution</i>	1	QL (2 ML per 1 day)
<i>podofilox topical solution</i>	1	QL (1 PACK per 28 days)
PRAMOSONE TOPICAL CREAM	2	PA
PRAMOSONE TOPICAL LOTION 2.5-1 %	2	PA
<i>prednicarbate topical cream</i>	1	QL (2 GM per 1 day)
<i>prednicarbate topical ointment</i>	1	
PROCTO-MED HC	1	
PROCTOSOL HC	1	
PROCTOZONE-HC	1	
ROSADAN TOPICAL CREAM	1	QL (45 GM per 30 days)
ROSADAN TOPICAL GEL	1	QL (45 GM per 30 days)
<i>salicylic acid topical cream</i>	1	QL (454 GM per 30 days)
<i>salicylic acid topical cream, extended release</i>	1	QL (454 GM per 30 days)
<i>salicylic acid topical lotion</i>	1	QL (473 ML per 30 days)
<i>salicylic acid topical lotion, extended release</i>	1	QL (473 GM per 30 days)
<i>salicylic acid topical shampoo</i>	1	QL (177 ML per 30 days)
SANTYL	2	QL (60 GM per 28 days)
<i>selenium sulfide topical lotion</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	QL (118 ML per 30 days)
<i>tretinoin</i>	1	QL (45 GM per 30 days); AR
<i>triamcinolone acetonide topical cream</i>	1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i>	1	QL (2 ML per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	
TRIDERM TOPICAL CREAM 0.5 %	1	QL (454 GM per 30 days)
<i>urea topical cream 40 %</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	
THYROID PREPS		
EUTHYROX	1	
<i>levothyroxine oral tablet</i>	1	
LEVOXYL	1	
<i>liothyronine oral</i>	1	
<i>methimazole</i>	1	
NP THYROID	1	
<i>propylthiouracil</i>	1	
SYNTHROID	2	
UNITHROID	1	
UNCLASSIFIED DRUG PRODUCTS		
<i>acamprosate</i>	1	
<i>alendronate oral tablet</i>	1	
<i>alfuzosin</i>	1	
<i>buprenorphine hcl sublingual</i>	1	QL (3 EA per 1 day); AR
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	PA; QL (1 Tablet per 1 day); AR
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (1 Tablet per 1 day); AR
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>disulfiram</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>flavoxate</i>	1	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	2	PA; AR
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	2	PA
<i>ibandronate oral</i>	1	
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	2	PA; QL (56 EA per 30 days); AR
KALYDECO ORAL TABLET	2	PA; QL (60 EA per 30 days); AR
KUVAN ORAL TABLET, SOLUBLE	2	PA; AR
<i>leucovorin calcium oral</i>	1	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	PA
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	1	
OFEV ORAL CAPSULE 100 MG	2	PA; QL (3 EA per 1 day)
OFEV ORAL CAPSULE 150 MG	2	PA; QL (60 EA per 30 days)
ORALONE	1	
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG	2	PA; QL (112 EA per 30 days); AR
ORKAMBI ORAL GRANULES IN PACKET 150-188 MG, 75-94 MG	2	PA; QL (56 EA per 30 days); AR
ORKAMBI ORAL TABLET	2	PA; QL (112 EA per 30 days); AR

Drug Name	Tier	Restrictions / Limits
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
PAROEX ORAL RINSE	1	
PERIOGARD	1	
PULMOSAL	1	
<i>raloxifene</i>	1	
<i>sapropterin oral powder in packet 500 mg</i>	1	
<i>sapropterin oral tablet, soluble</i>	1	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %</i>	1	
<i>sodium chloride inhalation solution for nebulization 10 %</i>	1	QL (4 ML per 1 day)
SYMDEKO	2	PA; QL (56 EA per 30 days); AR
<i>tamsulosin</i>	1	
<i>tolterodine oral capsule, extended release 24hr</i>	1	ST
<i>tolterodine oral tablet</i>	1	
<i>triamcinolone acetate dental</i>	1	
TRIKAFTA	2	PA; QL (84 EA per 28 days); AR
<i>trospium</i>	1	ST
TYBOST	2	
VIVITROL	2	QL (1 EA per 30 days)
VITAMINS		
<i>calcitriol oral</i>	1	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL (15 EA per 28 days)
VITAMIN D2	1	

Medical Benefit

Drug Name	Tier	Restrictions / Limits
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XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	2	PA

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<i>levetiracetam</i>	17	<i>methen-sod phos-meth blue-</i>		<i>mycophenolate sodium</i>	25
<i>levobunolol</i>	22	<i>hyos</i>	7	MYLERAN.....	11
<i>levocetirizine</i>	9	<i>methimazole</i>	33	<i>nabumetone</i>	4
<i>levofloxacin</i>	7	<i>methocarbamol</i>	28	<i>nadolol</i>	16
LEVONEST (28)	20	<i>methotrexate sodium</i>	11	<i>nalmefene</i>	8
<i>levonorgestrel-ethinyl estrad</i>	20	<i>methsuximide</i>	18	<i>naloxone</i>	8
<i>levonorg-eth estrad triphasic</i>	20	<i>methyldopa</i>	16	<i>naltrexone</i>	9
LEVORA-28	20	<i>methylergonovine</i>	24	<i>naproxen</i>	4
<i>levothyroxine</i>	33	<i>methyphenidate hcl</i>	29, 30	<i>naproxen sodium</i>	4
LEVOXYL	33	<i>methyprednisolone</i>	25	<i>naproxen-esomeprazole</i>	5
<i>lidocaine hcl</i>	4	<i>metoclopramide hcl</i>	23	<i>naratriptan</i>	4
LIDOCAINE VISCOUS.....	4	<i>metolazone</i>	21	NATACYN.....	9
<i>lidocaine-prilocaine</i>	4	<i>metoprolol succinate</i>	16	<i>nateglinide</i>	10
<i>liothyronine</i>	33	<i>metoprolol ta-hydrochlorothiaz</i>	16	NEBUSAL	33
<i>lisinopril</i>	16	<i>metoprolol tartrate</i>	16	NECON 0.5/35 (28)	20
<i>lisinopril-hydrochlorothiazide</i>	16	<i>metronidazole</i>	7, 32	<i>nefazodone</i>	30
LITEAIRE MDI CHAMBER.....	27	<i>metryrosine</i>	16	<i>neomycin</i>	7
<i>lithium carbonate</i>	29	MICROCHAMBER	27	<i>neomycin-bacitracin-poly-hc</i>	7
LITHOBID	29	MICROGESTIN 1.5/30 (21)	20	<i>neomycin-bacitracin-polymyxin</i>	7
<i>loperamide</i>	23	MICROGESTIN 1/20 (21).....	20	<i>neomycin-polymyxin b-</i>	
<i>lopinavir-ritonavir</i>	12, 13	MICROGESTIN FE 1.5/30 (28)	20	<i>dexameth</i>	7
<i>lorazepam</i>	29	MICROGESTIN FE 1/20 (28)	20	<i>neomycin-polymyxin-gramicidin</i>	7
LORYNA (28).....	20	MICROSPACER.....	27	<i>neomycin-polymyxin-hc</i>	7
<i>losartan</i>	16	<i>midazolam</i>	4	NEO-POLYCIN.....	7
<i>losartan-hydrochlorothiazide</i>	16	<i>midazolam (pf)</i>	4	NEO-POLYCIN HC.....	7
<i>lovastatin</i>	16	<i>midodrine</i>	14	NEORAL	25
LOW-OGESTREL (28).....	20	MIGERGOT.....	3	NEULASTA	18
<i>loxapine succinate</i>	29	<i>miglitol</i>	10	NEULASTA ONPRO	18
LO-ZUMANDIMINE (28).....	20	MILI.....	20	<i>nevirapine</i>	13
<i>lubiprostone</i>	23	MIMVEY.....	25	<i>nifedipine</i>	15
LUTERA (28).....	20	MINI WRIGHT PEAK FLOW		NIKKI (28)	20
LYZA.....	20	METER	27	NITRO-DUR	15
MAGELLAN INSULIN SAFETY		<i>minocycline</i>	7	<i>nitrofurantoin</i>	7
SYRNG.....	27	<i>minoxidil</i>	16	<i>nitrofurantoin macrocrystal</i>	7
MAGELLAN SYRINGE.....	27	<i>mirtazapine</i>	30	<i>nitrofurantoin monohyd/m-cryst</i>	7
<i>malathion</i>	11	<i>misoprostol</i>	23	<i>nitroglycerin</i>	15
<i>maraviroc</i>	13	M-M-R II (PF)	14	NITRO-TIME	15
MARLISSA (28).....	20	M-NATAL PLUS	28	<i>nizatidine</i>	23
MATULANE	11	<i>mometasone</i>	32	NOCDURNA (MEN)	25
MATZIM LA.....	15	MONDOXYNE NL	7	NOCDURNA (WOMEN)	25
<i>medroxyprogesterone</i>	20, 24	MONOJECT INSULIN SAFETY		NORA-BE.....	20
<i>mefloquine</i>	10	SYRING	27	<i>noreth-ethinyl estradiol-iron</i>	20
<i>megestrol</i>	11, 33	MONOJECT MAGELLAN		<i>norethindrone (contraceptive)</i>	20
MEKINIST.....	11	SYRINGE.....	27	<i>norethindrone acetate</i>	25
<i>meloxicam</i>	4	MONOJECT SAFETY		<i>norethindrone ac-eth estradiol</i>	
<i>memantine</i>	17, 18	SYRINGES	27	20, 25
MENVEO A-C-Y-W-135-DIP		MONOJECT SYRINGE	27	<i>norethindrone-e.estradiol-iron</i>	20
(PF).....	14	MONO-LINYAH.....	20	<i>norgestimate-ethinyl estradiol</i>	20
<i>mercaptapurine</i>	11	<i>montelukast</i>	5	NORPACE CR	15
<i>mesalamine</i>	23	MORGIDOX	7	NORTREL 0.5/35 (28)	20

NORTREL 1/35 (21).....	20	PANCREAZE	23	PRAMOSONE	32		
NORTREL 1/35 (28).....	20	<i>pantoprazole</i>	23, 24	<i>prasugrel</i>	12		
NORTREL 7/7/7 (28).....	20	PAROEX ORAL RINSE.....	34	<i>pravastatin</i>	16		
<i>nortriptyline</i>	30	<i>paromomycin</i>	10	<i>praziquantel</i>	10		
NORVIR.....	13	<i>paroxetine hcl</i>	30	<i>prazosin</i>	16		
NP THYROID.....	33	PASER.....	7	<i>prednicarbate</i>	32		
NULEV.....	23	PAXLOVID	13	<i>prednisolone</i>	25		
NYAMYC	9	PEDIARIX (PF)	14	<i>prednisolone acetate</i>	22		
<i>nystatin</i>	9	PEDVAX HIB (PF).....	14	<i>prednisolone acetate (pf)</i>	22		
NYSTOP	9	<i>peg 3350-electrolytes</i>	24	<i>prednisolone sodium phosphate</i>22, 25		
OCELLA.....	20	<i>peg3350-sod sul-nacl-kcl-asb-c.</i>	24	<i>prednisone</i>	25		
ODEFSEY.....	13	<i>peg-electrolyte soln</i>	24	PREDNISON INTENSOL.....	25		
OFEV	33	PEN NEEDLE	27	<i>pregabalin</i>	18		
<i>ofloxacin</i>	7	<i>penciclovir</i>	13	PRENATABS FA	28		
<i>olanzapine</i>	30	<i>penicillamine</i>	5	PRENATABS RX.....	28		
<i>olmesartan</i>	16	<i>penicillin v potassium</i>	7	PRENATAL PLUS	28		
<i>olmesartan-amlodipin-hcthiazid</i>	16	PENTACEL (PF)	14	PRENATAL PLUS (CALCIUM	CARB).....	28	
<i>olmesartan-hydrochlorothiazide.</i>	16	PENTACEL ACTHIB	COMPONENT (PF)	28	PRENATAL VITAMIN PLUS	LOW IRON.....	28
OLUMIANT	5	<i>pentoxifylline</i>	14	PRESTALIA	17		
<i>omega-3 acid ethyl esters</i>	23	PEPCID.....	15	PREVALITE	17		
<i>omeprazole</i>	23	PERIOGARD.....	24	PREZCOBIX.....	13		
OMNITROPE	25	<i>permethrin</i>	34	PREZISTA.....	13		
<i>ondansetron</i>	23	<i>perphenazine</i>	11	<i>primidone</i>	18		
<i>ondansetron hcl</i>	23	<i>perphenazine-amitriptyline</i>	30	<i>probenecid</i>	5		
OPTICHAMBER ADULT		PERTZYE	30	PROCARE SPACER WITH	ADULT MASK	27	
MASK-LARGE	27	PHENAZOPYRIDINE	24	PROCARE SPACER WITH	CHILD MASK	27	
OPTICHAMBER DIAMOND LG		<i>phenazopyridine</i>	4	PROCHAMBER.....	27		
MASK.....	27	<i>phenobarbital</i>	30	<i>prochlorperazine maleate</i>	24		
OPTICHAMBER DIAMOND		<i>phenoxybenzamine</i>	14	PROCTO-MED HC.....	32		
VHC	27	PHENYTEK.....	18	PROCTOSOL HC.....	32		
OPTICHAMBER DIAMOND-		<i>phenytoin</i>	18	PROCTOZONE-HC.....	32		
MED MSK.....	27	<i>phenytoin sodium extended</i>	18	<i>progesterone micronized</i>	25		
OPTICHAMBER DIAMOND-		PHILITH	20	PROMACTA.....	18		
SML MASK	27	<i>phytonadione (vitamin k1)</i>	34	<i>promethazine</i>	9, 24		
OPVEE	9	PIFELTRO	13	PROMETHAZINE VC.....	9		
ORALONE	33	<i>pilocarpine hcl</i>	14, 22	<i>promethazine-codeine</i>	21		
ORIAHNN	25	<i>pimecrolimus</i>	25	<i>promethazine-dm</i>	21		
ORLISSA	25	<i>pimozide</i>	30	PROMETHEGAN	24		
ORKAMBI	33	PIMTREA (28).....	20	<i>propafenone</i>	15		
<i>orphenadrine citrate</i>	28	<i>pioglitazone</i>	10	<i>propranolol</i>	17		
OSCIMIN	23	<i>pioglitazone-metformin</i>	10	<i>propylthiouracil</i>	33		
OSCIMIN SL.....	23	PLEXION	7	PROQUAD (PF)	14		
<i>oseltamivir</i>	13	PLIAGLIS	4	PULMOSAL.....	34		
OTEZLA.....	5	PNEUMOVAX-23	14	<i>pyrazinamide</i>	7		
OTEZLA STARTER	5	POCKET CHAMBER.....	27	<i>pyridostigmine bromide</i>	14		
<i>oxaprozin</i>	5	<i>podofilox</i>	32	<i>pyrimethamine</i>	10		
<i>oxazepam</i>	30	POLYCIN	7	PYRUKYND	15		
<i>oxcarbazepine</i>	18	<i>polymyxin b sulf-trimethoprim</i>	7	QUADRACEL (PF)	14		
OXTELLAR XR	18	PORTIA 28.....	20	<i>quetiapine</i>	30		
<i>oxybutynin chloride</i>	34	<i>posaconazole</i>	9	<i>quinapril</i>	17		
<i>oxycodone</i>	4	<i>potassium chloride</i>	23				
<i>oxycodone-acetaminophen</i>	4	<i>potassium citrate</i>	23				
OZEMPIC	10	<i>potassium iodide</i>	23				
PACERONE.....	15	PRADAXA.....	8				
<i>paliperidone</i>	30	<i>pramipexole</i>	11				

<i>quinapril-hydrochlorothiazide</i>	17	<i>sodium polystyrene sulfonate</i>	23	<i>telmisartan-hydrochlorothiazid</i> ...	17
QVAR REDIHALER	5	<i>sofosbuvir-velpatasvir</i>	13	TENIVAC (PF).....	14
<i>raloxifene</i>	34	SOLQUA 100/33	10	<i>tenofovir disoproxil fumarate</i>	13
<i>ramipril</i>	17	<i>sorafenib</i>	11	<i>terazosin</i>	17
<i>ranolazine</i>	15	<i>sotalol</i>	17	<i>terbinafine hcl</i>	9
REBIF (WITH ALBUMIN)	18	SOTALOL AF.....	17	<i>terbutaline</i>	6
REBIF REBIDOSE	18	<i>spinosad</i>	11	<i>terconazole</i>	9
REBIF TITRATION PACK.....	18	SPIRIVA RESPIMAT	6	<i>testosterone</i>	25
RECLIPSEN (28)	20	<i>spironolactone</i>	21	<i>tetracycline</i>	8
RECOMBIVAX HB (PF)	14	<i>spironolacton-hydrochlorothiaz</i>	21	THALOMID.....	8
RELEXXII.....	30	SPRINTEC (28).....	20	THEO-24	6
<i>repaglinide</i>	10	SPS (WITH SORBITOL).....	23	<i>theophylline</i>	6
REPATHA PUSHTRONEX.....	17	SRONYX.....	20	<i>thioridazine</i>	30
RHO GAM ULTRA-FILTERED		SSD	7	<i>thiothixene</i>	30
PLUS	14	SSS 10-5.....	8	THRIVITE RX.....	28
<i>rifabutin</i>	7	<i>stavudine</i>	13	<i>tiagabine</i>	18
<i>rifampin</i>	7	STEGLATRO	10	TILIA FE	21
<i>rimantadine</i>	13	STIOLTO RESPIMAT.....	6	<i>timolol maleate</i>	22
RISPERDAL CONSTA	30	STRIBILD.....	13	TIMOPTIC OCUDOSE (PF)	22
<i>risperidone</i>	30	STRIVERDI RESPIMAT	6	TIVICAY	13
RITEFLO AEROCHAMBER	27	SUBVENITE	18	<i>tizanidine</i>	28
<i>ritonavir</i>	13	<i>sucralfate</i>	24	<i>tobramycin</i>	8
<i>rivastigmine tartrate</i>	14	<i>sulfacetamide sodium</i>	8	<i>tobramycin sulfate</i>	8
<i>rizatriptan</i>	4	<i>sulfacetamide sodium (acne)</i>	32	<i>tobramycin with nebulizer</i>	8
<i>ropinirole</i>	11	<i>sulfacetamide sodium-sulfur</i>	8	<i>tobramycin-dexamethasone</i>	8
ROSDAN	32	<i>sulfacetamide-prednisolone</i>	8	<i>tolterodine</i>	34
<i>rosuvastatin</i>	17	SULFACLEANSE 8-4	8	<i>topiramate</i>	18
ROTATEQ VACCINE	14	<i>sulfadiazine</i>	8	<i>torseamide</i>	21
ROWEEPRA.....	18	<i>sulfamethoxazole-trimethoprim</i>	8	<i>tramadol</i>	4
ROWEEPRA XR.....	18	<i>sulfasalazine</i>	24	<i>tramadol-acetaminophen</i>	4
<i>rufinamide</i>	18	SULFATRIM.....	8	<i>trandolapril</i>	17
RYBELSUS.....	10	<i>sulindac</i>	5	<i>tranylcypromine</i>	30
<i>salicylic acid</i>	32	<i>sumatriptan</i>	4	<i>trazodone</i>	30
SANDIMMUNE	25	<i>sumatriptan succinate</i>	4	<i>tretinoin</i>	32
SANTYL.....	32	SUTENT.....	11	<i>tretinoin (antineoplastic)</i>	11
<i>sapropterin</i>	34	SYEDA.....	20	TREXALL	11
SEGLUROMET	10	SYMAX-SR	24	<i>triamcinolone acetonide</i> . 32, 33, 34	
<i>selegiline hcl</i>	11	SYMDEKO	34	<i>triamterene-hydrochlorothiazid</i>	
<i>selenium sulfide</i>	32	SYMLINPEN 120.....	10	21, 22
SELZENTRY	13	SYMLINPEN 60.....	10	<i>triazolam</i>	30
SE-NATAL 19 CHEWABLE	28	SYMTUZA.....	13	TRICARE	28
SEREVENT DISKUS.....	5	SYNAREL	25	TRIDERM.....	33
<i>sertraline</i>	30	SYNTHROID	33	TRI-ESTARYLLA.....	21
SETLAKIN	20	<i>tacrolimus</i>	25	<i>trifluoperazine</i>	30
SF 5000 PLUS	23	TAFINLAR.....	11	<i>trifluridine</i>	13
SHAROBEL	20	<i>tamoxifen</i>	11	<i>trihexyphenidyl</i>	11
SHINGRIX (PF).....	14	<i>tamsulosin</i>	34	TRIKAFTA.....	34
<i>silver sulfadiazine</i>	7	TARINA 24 FE	20	TRI-LEGEST FE.....	21
SIMLIYA (28)	20	TARINA FE 1/20 (28)	20	TRI-LINYAH	21
SIMPESSE	20	TARINA FE 1-20 EQ (28).....	20	TRI-LO-ESTARYLLA	21
<i>simvastatin</i>	17	TDVAX.....	14	TRI-LO-MARZIA.....	21
<i>sirolimus</i>	25	TEGRETOL.....	18	TRI-LO-MILI	21
<i>sodium chloride</i>	34	TEGRETOL XR.....	18	TRI-LO-SPRINTEC	21
SODIUM FLUORIDE 5000		<i>telmisartan</i>	17	<i>trimethobenzamide</i>	24
PLUS	23	<i>telmisartan-amlodipine</i>	17	<i>trimethoprim</i>	8

TRI-MILI.....	21	VOTRIENT.....	11
<i>trimipramine</i>	30	VYFEMLA (28).....	21
TRINATAL RX 1.....	28	VYLIBRA.....	21
TRI-SPRINTEC (28).....	21	<i>warfarin</i>	8
TRIUMEQ.....	13	WERA (28).....	21
TRIVORA (28).....	21	WIDE-SEAL DIAPHRAGM 60....	21
TRI-VYLIBRA.....	21	WIDE-SEAL DIAPHRAGM 65....	21
TRI-VYLIBRA LO.....	21	WIDE-SEAL DIAPHRAGM 70....	21
<i>tropicamide</i>	22	WIDE-SEAL DIAPHRAGM 75....	21
<i>trospium</i>	34	WIDE-SEAL DIAPHRAGM 80....	21
TRUMENBA.....	15	WIDE-SEAL DIAPHRAGM 85....	21
TRUVADA.....	13	WIDE-SEAL DIAPHRAGM 90....	21
TRUZONE PEAK FLOW METER.....	27	WIDE-SEAL DIAPHRAGM 95....	21
TUBERCULIN SYRINGE.....	27	WYMZYA FE.....	21
TULANA.....	21	XARELTO.....	8
TWINRIX (PF).....	15	XARELTO DVT-PE TREAT 30D START.....	8
TYBOST.....	34	XELJANZ.....	5
TYKERB.....	11	XELJANZ XR.....	5
ULTICARE.....	27	XOLAIR.....	35
UNITHROID.....	33	XOPENEX HFA.....	6
<i>urea</i>	33	XULANE.....	21
URETRON D-S.....	8	ZAFEMY.....	21
URO-458.....	8	ZARAH.....	21
<i>ursodiol</i>	24	ZELBORAF.....	11
URYL.....	8	ZENZEDI.....	14
<i>valacyclovir</i>	13	ZEPOSIA.....	18
<i>valproic acid</i>	18	ZEPOSIA STARTER KIT (28- DAY).....	18
<i>valproic acid (as sodium salt)</i>	18	ZEPOSIA STARTER PACK (7- DAY).....	18
<i>valsartan</i>	17	<i>zidovudine</i>	13
<i>valsartan-hydrochlorothiazide</i>	17	<i>ziprasidone hcl</i>	30
VANDAZOLE.....	8	ZOLINZA.....	11
VAQTA (PF).....	15	<i>zolmitriptan</i>	4
VARIVAX (PF).....	15	<i>zolpidem</i>	30
VARIZIG.....	15	<i>zonisamide</i>	18
VELIVET TRIPHASIC REGIMEN (28).....	21	ZOVIA 1-35 (28).....	21
<i>venlafaxine</i>	30	ZUMANDIMINE (28).....	21
<i>verapamil</i>	15		
VESTURA (28).....	21		
V-GO 20.....	27		
V-GO 30.....	28		
V-GO 40.....	28		
VIENVA.....	21		
VIOKACE.....	24		
VIORELE (28).....	21		
VIRACEPT.....	13		
VIREAD.....	13		
VITAMIN D2.....	34		
VIVITROL.....	34		
<i>voriconazole</i>	9		
VORTEX HOLDING CHAMBER.....	28		
VORTEX VHC FROG MASK- CHILD.....	28		